University Hospitals Coventry and Warwickshire NHS Trust

PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 03 FEBRUARY 2022
LIVESTREAM VIA MICROSOFT TEAMS

AGENDA

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

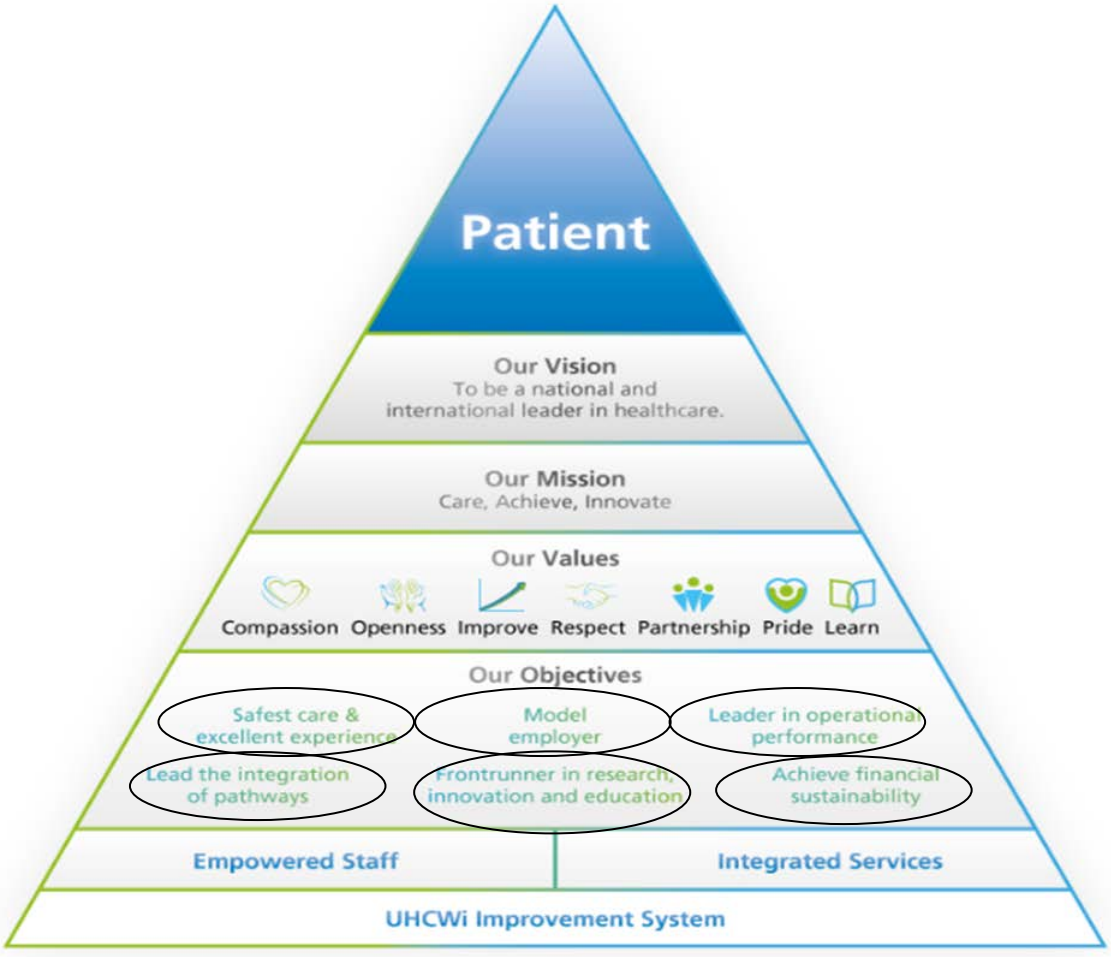
	Item	Lead	Format	Action	Duration
1.	Patient Story	M Hussain	Enclosure / Audio Clip	N	10 mins
2.	2.1 Apologies for Absence 2.2 Confirmation of Quoracy 2.3 Declarations of Interest	Chair	Verbal	As	5 mins
3.	3.1 Minutes of previous meeting 02 December 2021 3.2 Action Matrix 3.3 Matters Arising	Chair	Enclosures / Verbal	Ap/As	
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 14 October 2021 6.2 Meeting Report 13 January 2022	A Ismail	Enclosures	As	5 mins
	Finance, Resources and Performance Committee: 6.3 Approved Minutes 25 November 2021 6.4 Meeting Report 27 January 2022 (to follow)	J Gould			
	Quality and Safety Committee: 6.5 Approved Minutes 25 November 2021 6.6 Meeting Report 27 January 2022 (to follow)	S Kumar			
7.	Integrated Quality, Performance and Finance Report a. Operations b. Quality c. Finance d. Workforce	K Patel G Harris M Hussain S Rollason D Griffiths	Enclosure	As	15 mins
8.	Medical Revalidation & Appraisal Annual Report	K Patel	Enclosure	Ap	10 mins
9.	COVID and Restoration Update	G Harris	Enclosure	As	15 mins
BREAK 15 mins					
10.	Organisational Strategy Engagement	J Richards	Enclosure	N	10 mins
11.	Integrated Care System	J Richards	Enclosure	As	10 mins
12.	Improving Lives for Older People	J Richards	Enclosure	As	10 mins
13.	Strategic Delivery Board Update	A Hardy	Enclosure	As	5 mins

	Item	Lead	Format	Action	Duration
14.	Freedom to Speak Up / Raising Concerns Bi-Annual Report	M Hussain	Enclosure	As	5 mins
15.	Safeguarding Adults and Children Bi-Annual Report	T Brigstock	Enclosure	As	5 mins
16.	Safer Staffing	T Brigstock	Enclosure	As	5 mins
17.	Patient Experience and Engagement Report	M Hussain	Enclosure	As	5 mins
18.	Guardian of Safe Working Hours Annual Report 2021	K Patel	Enclosure	As	10 mins
19.	Radiotherapy ODN Annual Report	K Patel	Enclosure	N	0 mins
20.	Quality Account Priorities	M Hussain	Enclosure	Ap	10 mins
21.	Draft Agenda for 07 April 2022	Chair	Enclosure	N	0 mins
22.	Questions from Members of the Public which relate to matters on the Agenda Please submit questions to the Director of Corporate Affairs by no later than 10am on Wednesday 02 February 2022 (David.Walsh@uhcw.nhs.uk)	Chair	Verbal	D	5 mins

Next Meeting:
Thursday 07 April 2022 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.


Patient
Our Vision
To be a national and international leader in healthcare.
Our Mission
Care, Achieve, Innovate
Our Values
Compassion
Openness
Improve
Respect
Partnership
Pride
Learn
Our Objectives
Safest care & excellent experience
Model employer
Leader in operational performance
Lead the integration of pathways
Frontrunner in research, innovation and education
Achieve financial sustainability
Empowered Staff
Integrated Services
UHCWi Improvement System

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

Subject Title	Patient Story
Executive Sponsor	Mo Hussain, Chief Quality Officer
Author	Sarah Brennan, Patient Insight and Involvement Manager
Attachment	Patient Story recording from Robin, aged 55 about his missed diagnosis
Recommendation	The Board is asked to **NOTE** the Patient Story and to raise any questions or concerns.

Robin

Patient Story:

This month's story is shared by Robin aged 55 who was a patient who presented to Minor Injury Unit (MIU) in September 2020 with pain and bruising in left arm following a lifting incident. Radiology report showed no bony injuries and Robin was discharged with soft tissue injury advice. Robin was re-reviewed as a private patient in January 2021 and it was identified that he had ruptured distal biceps tendon as a result of the lifting injury in September 2020. The examination in MIU did not identify a positive 'hook test' and so the diagnosis was missed. This led to a Serious Incident investigation being implemented by the Patient Safety Team.

Below is a verbatim transcript of the interview that Robin gave to Sarah Brennan, Patient Insight and Involvement Manager:

"Hello, my name is Robin, I'm from Coventry. I am a 55 year old, married man. I came to A&E in October 2020 with an arm injury. Unfortunately the wrong diagnosis was given. I was told it was probably a soft tissue injury and if I got any problems to go back and see my GP, but it transpired that it was a much, more serious injury than that, it was a bicep tendon tear that needed to be treated very quickly or could not be treated.

"So I was asked to comment on how it made me feel and throughout the process I felt dismissed. I didn't feel that my pain or the injury or the circumstance was taken very seriously and I was left feeling like I had wasted people's time when I left the hospital but weeks on nothing improved and I had to seek more medical care.

"When I was asked to comment on the Covid restrictions, and it was in the middle of Covid, and it was actually very difficult to get into A&E. I was left outside, with very little knowledge, pressing a buzzer, reading a sign saying we know your there, just wait. I found that very difficult; I also found it difficult that when I was able to get through the door there was nobody to chaperone me and somebody volunteered and took me through to minor injuries unit. Again feeling like I was a spare part, rather than somebody that had come with an injury that needed treatment.

"In contrast to how I was treated for that time, once I made the complaint the experience with the Quality team and the Serious Incident team has been very good. They've listened, treated me like a human being and shown me respect and compassion. All the things I felt were missing at the first instance. In fact, Jenna and Heidi are people I remember that were very good, and showed the compassion and the respect that I wished I had when I first came.

"I had to seek further help from a consultant, Steve Drew; who again even with his seniority, he treated me like a human being, with a great deal of respect and that's what I hope to look for when I came to the Trust for care.

"Every day I'm reminded when I get out the shower and look in the mirror, and see that I have no bicep in my left arm or I do normal functions like carrying shopping or lifting a weight. I'm reminded that I have lost function in my arm that I will never get back and I am sad that situation could have been avoided with simple training. Now I understand the condition because it has been explained to me by the Consultant, there were simple tests that could have been done to identify the injury and have it repaired within the short time, but because I felt like I was ignored I now have to suffer with this injury.

"What I would ask the Trust to do is to treat everybody with respect and treat everybody with the care that they deserve. Thank you for listening."

Response:

Actions that arose from the Serious Incident Investigation and that have now been completed include:

- Enhanced Care Practitioners to seek advice from Registrar or above only and to have refresh training into this condition.
- Review Training Needs Analysis for the Enhanced Care Practitioners has been undertaken.
- Shared learning of this incident to all the Enhanced Care Practitioners and Junior Doctor Team.
- Identify other 'rare' conditions that are seen by Trauma and Orthopaedic which can enhance learning and raise awareness for the Enhanced Care Practitioners in the Emergency Department.
- The patient was provided the opportunity to read the investigation report and ask questions about the investigation through the Trust's Duty of Candour process.
- The Emergency Department have implemented with the approval of the Infection Prevention and Control team one metre social distancing measures for patients who are waiting within the Department. When Robin attended the Emergency Department the requirement for social distancing was two metres, which meant more patients at that time were required to wait outside of the Department due to the limited waiting area space. This only applies to non-respiratory patients, respiratory patients continue to be required to keep two metres apart and are provided with a side room to wait in when available. This new approach provides a better experience for our patients and reduces the number of patients waiting outside of the Department.

PREVIOUS DISCUSSIONS HELD

None.

KEY IMPLICATIONS

Financial	The cost of legal action from harm to patients alongside the need to readmit patients.
Patient Safety or Quality	The patient story links to our strategic objective to deliver excellent patient care and experience.
Workforce	The effect upon staff providing care who have not been supported despite providing excellent initial care,
Operational	The impact on patient experience given that the patients may need to be readmitted or face further issues.

University Hospitals Coventry and Warwickshire NHS Trust

MINUTES OF A PUBLIC MEETING OF THE TRUST BOARD OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST HELD ON 02 DECEMBER 2021 AT 10:00, VIA MICROSOFT TEAMS AND LIVE STREAMED

MINUTE REFERENCE	DISCUSSION	ACTION

HTB 21/138 **PRESENT**

Stella Manzie (SM), **CHAIR**
Tracey Brigstock (TB), Chief Nursing Officer
Guy Daly (GD), Non-Executive Director
Jerry Gould, Non-Executive Director
Donna Griffiths (DG), Chief People Officer
Gaby Harris (GH), Chief Operating Officer
Andy Hardy (AH), Chief Executive Officer
Mo Hussain (MH), Chief Quality Officer
Afzal Ismail (AI), Non-Executive Director
Sudhesh Kumar (SK) Non-Executive Director
Jenny Mawby-Groom (JMG), Non-Executive Director
Carole Mills (CM), Non-Executive Director (joined at 11am)
Kiran Patel, (KP), Chief Medical Officer
Justine Richards (JR), Chief Strategy Officer
Susan Rollason (SR), Chief Finance Officer

HTB 21/139 **IN ATTENDANCE**

Gaynor Armstrong (GA), Director of Midwifery *(for item HTB 21/140)*
Daisy Benson (DB), Chief of Staff
Simon Betteridge (SB), Head of Compassionate Community Development *(for item HTB 21/140)*
Alex Johnson (AJ), Minutes
Clive Robinson (CR), Sustainable Development Manager *(for item HTB 21/159)*
Jess Upton (JU), Workforce Business Partner *(for item HTB 21/140)*
David Walsh (DW), Director of Corporate Affairs

HTB 21/140 **STAFF STORY**

GA, SB and JU joined the meeting and gave a presentation on the Trust's compassionate leave review, explaining that the review had been undertaken as part of wider work in relation to the Trust's ambition to become a more compassionate organisation. SB summarised each staff story and JU outlined the improvements to the Trust's leave provision for staff affected by bereavement, pregnancy loss, premature babies and those who were undergoing fertility treatment. JU also explained that as part of the work in supporting parents of premature babies, the Trust would sign the "The Smallest Things - Employer with Heart" Charter.

DG thanked SB, JU and GA for the work they had undertaken and noted the positive steps being taken in support of staff affected by these circumstances. SM gave condolences on behalf of the Trust to all those staff who had suffered bereavement or had been affected by

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the topics raised in the review.

JG supported the work undertaken and the changes to the leave arrangements. He noted that as Chair of Finance, Resources and Performance Committee (FRPC), he would have expected the financial impact of the changes to be included in the report. SR acknowledged JG's point and explained that only a small group of staff would be affected by these changes and thus the financial impact would be insignificant, especially when viewed in the wider context of staff members returning to work before perhaps they were ready to do so.

The Board **NOTED and SUPPORTED** the changes to the compassionate leave arrangements.

HTB 21/141 APOLOGIES FOR ABSENCE

There were no apologies noted.

HTB 21/142 CONFIRMATION OF QUORACY

The meeting was declared quorate.

HTB 21/143 DECLARATIONS OF INTEREST

Declarations of interest were duly noted as follows:

- GD –Deputy Vice Chancellor (Education and Students) of Coventry University
- SK – Dean of the Warwick Medical School at the University of Warwick

HTB 21/144 MINUTES OF LAST PUBLIC TRUST BOARD MEETING HELD ON 07 OCTOBER 2021

JG noted that he was in attendance at the Trust Board meeting held on 7 October 2021 but the meeting minutes did not reflect he had been present.

Other than this one amendment, the minutes of the last Public Trust Board meeting were **APPROVED**.

HTB 21/145 ACTION MATRIX

The Board **RECEIVED** the updated action matrix and **NOTED** the following updates on the actions:

HTB 21/122 – SM advised that she had discussed the WRES and WDES data publication with DG and this was on track for presentation to the Trust Board in February.

HTB 21/127 – MH confirmed that he was engaged in discussions with Healthwatch and voluntary sector organisations in relation to the Community Partner Programme. A paper would be taken to the

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Patient Safety and Effectiveness Committee (PSEC). The action was closed.

HTB 21/131 – SM confirmed that work was ongoing in relation to common themes and learnings from serious case reviews and TB added that the Quality and Safety Committee would continue to oversee this. Action complete.

HTB 21/131 – GH confirmed that she and Luke Peachey had met with JMG regarding emergency preparedness and would continue to meet regularly in the future. Action closed.

HTB 21/146 MATTERS ARISING

There were no matters arising.

HTB 21/147 CHAIR'S REPORT

In addition to the information contained within the report, SM added that the effect of the new variant of Covid-19 (Omicron) was as yet uncertain and she thanked all staff who had redoubled their efforts to maintain infection prevention and control standards, continue elective care and tackle the challenging A&E position, whilst managing the ongoing Covid pandemic as well. SM encouraged members of the public to remain vigilant and continue to take the necessary precautions in terms of wearing PPE and regular hand-washing.

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

HTB 21/148 CHIEF EXECUTIVE OFFICER UPDATE

AH referred to the report and noted the following highlights:

- It was particularly enjoyable to have held the Outstanding Service and Care Awards (OSCAs) in November, at which staff were able to celebrate the world class care provided by the Trust
- AH had taken part in an "ideas den" and was involved in on-going development work with the Innovation Hub at the Trust
- UHCW continued to work towards sustainability and adoption of the Green Plan which reaffirmed its commitment to net zero emissions by 2045
- AH had spent time with mortuary colleagues and was impressed by the compassion demonstrated by the team.

AH referred to the consultants that had been appointed in anaesthetics and neurosurgery and requested ratification of these appointments by the Trust Board.

The Board **RECEIVED ASSURANCE** from the report and **RATIFIED** the following appointments:

- Dr Kavitkumar Dasari – Consultant Anaesthetist, Trauma
- Fahid Tariq Rasul – Consultant Neurosurgeon, Complex Spine

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HTB 21/149 ASSURANCE REPORTS

SM introduced the following items of business which formed part of the Trust's governance framework and provide an opportunity for the chairs of the board committees to report back formally to the Board on important issues and developments.

Audit and Risk Assurance Committee (ARAC)

AI provided the key points:

- The Trust was doing well in terms of the internal audit recommendations. There were a number of recommendations that were progressing more slowly than the Committee would like, however assurance had been provided that the reasons for delay were genuine and were due to complexities of each particular recommendation
- Counter fraud continues to be a key focus, however there were no concerns to report to Trust Board on this matter. A robust approach was in place to ensure any cases were investigated thoroughly
- ARAC had approved a number of SFIs (standing financial instructions)
- The ever-increasing cyber risk had been discussed at ARAC with James Matthews, Director of ICT. The Committee was assured by the work and controls in place, however it was important to remain vigilant and not become complacent on the potential cyber risk
- The EPR (electronic patient record) programme continued. Although complex and challenging, SK and AI received regular assurance updates from MH on the status and risks.

Finance, Resources and Performance Committee (FRPC)

JG summarised discussions held at the last FRPC meeting:

- NHSEI had agreed to underwrite £17.2m that the Trust would otherwise have suffered as a deficit due to changes to the Elective Recovery Fund (ERF) rules
- The Trust remained above the target expenditure for agency costs, however FRPC acknowledged that employment of agency staff was currently essential to achieve elective recovery and reduction of waiting list targets, though a prudent approach should be taken
- Waste reduction continued to be an area of increased focus and challenge, with a target of £17.1m for H2
- Focussed work was underway to eradicate long waiting patients, particularly those waiting 104+ weeks. The government target to reduce the number of 104+ week waiters to zero was March 2022, however UHCW was aiming for the end of December 2021
- The Trust remained challenged in terms of meeting emergency care targets. Work was taking place to address

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how the 4-hour target could be met
- FRPC had discussed revisions required to the Integrated Quality, Performance and Finance report and had requested an indication of process and timeframe for the structure of the new report.

Quality and Safety Committee (QSC)

SK provided an update on the key points of focus for QSC:

- Work was underway to ensure that QSC exercised its own good governance and was working with other committees to improve in this respect
- The Trust had improved in its Hospital Standardised Mortality Ratio (HSMR) and fell within the expected range
- Concerns had been discussed on elective recovery and RTT metrics
- New initiatives such as those related to maternity safety and national patient safety were discussed.

The Board **RECEIVED ASSURANCE** from the meeting reports and minutes from the Board Committees.

HTB 21/150 **Integrated Quality, Performance and Finance Report**

KP provided a summary of the report and noted the following areas of national focus:

1) RTT (referral to treatment) and backlog of elective care delivery – this was a significant pressure for the Trust and was being managed on a day to day basis, with the Chief Executive Officer Delivery Unit having full oversight of the position
2) LLOS (long length of stay) – there were currently 164 LLOS patients at UHCW. Forensic work with system partners was taking place in order to facilitate discharge
3) Diagnostics – the number of patients waiting for diagnostic tests was increasing
4) There had been an increase in staff absence rates.
5) Mandatory Covid vaccinations for NHS staff would come into effect by 5 April 2022 – UHCW continued to encourage its staff to have the vaccination
6) Mortality – UHCW's current HSMR was 87% and was one of the best in country.

SM referred to workforce shortages, in terms of both staff absence and lack of recruits for particular posts. She asked how shortages of staff were affecting various areas and wards across the Trust.

DG advised that the Trust continued to make progress in reducing its vacancy levels, however there were some areas where the Trust was more challenged, with higher than normal sickness absence rates. The Theatres team was one such area and this had, at times, impacted upon the Trust's ability to continue elective care. DG explained that many of the staff in theatres were redeployed during

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Covid peaks and this was perhaps the reason for the increase in absences.

The Trust had taken steps to support staff with emotional and psychological wellbeing, with a number of initiatives in place. These included the implementation of dedicated wellbeing officers, the "With Staff in Mind" hub and the CWPT mental health access hub. There had been some more practical elements of support introduced too, such as enhanced rates of pay in some areas.

GH added that the impact of increased absence in theatres was particularly challenging for the Trust, as support needed to be provided to run theatres not only for in-week sessions but for weekend sessions too. UHCW continued to prioritise the most urgent patients. However, this did mean that routine activity was most impacted by staff absence and therefore recovery plans were affected.

The same theme was being seen in critical care, where staff were undertaking additional activity in order to ensure safe staffing levels for beds in that area. There were other measures of post-operative care being put in place in order to help reduce pressure on critical care staff.

SM acknowledged that there were some staff still recovering from the impact of Covid and the trauma that the pandemic had brought with it. It was considered important that this was recognised and SM (who was Board Health and Wellbeing Guardian) gave assurance that steps were being taken by colleagues in Workforce and across the wider Trust to ensure the appropriate programmes of support were in place.

DG confirmed that the Trust was aware of the announcement on mandatory Covid vaccinations for NHS staff which would come into effect in April 2022. While formal legislation was awaited, conversations had started with those staff affected by this requirement and DG had briefed FRPC on this matter.

SR reiterated that the paper was written in the pre-reporting period, and prior to receipt of confirmation of the ERF underwrite by NHSEI. Therefore, the post-report adjustments to note were that the Trust was now more likely to be in a break even position.

In response to a request from SM, TB provided an update on the LLOS position. She confirmed that the LLOS metrics were reviewed daily and the system was working collaboratively in order to move patients through to give them the best experience of hospital discharge, with continuum of care and patient experience in mind.

TB added that there was a shift in availability of care packages across Coventry and Warwickshire to enable patients to get home with support in place. There were a number of reasons for this, including workforce challenges, increases in demand and care homes were more challenged in terms of patients and types of

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conditions they would accommodate. Work continued with external partners to address these issues and the internal focus was on those patients that could be discharged quickly.

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

HTB 21/151 CANCER SERVICES REPORT

The report provided the cancer performance of the Trust for September 2021. GH stated that the corporate and clinical teams were working together to review recovery plans and longer term strategies.

GH reported that the specialties experiencing particular challenge in meeting the TWW (two week wait) performance target were head and neck, gynaecology and skin pathways. The delays were due to workforce capacity within these areas. Teams were working on a longer term sustainable recovery position and building operational resilience for these tumour sites.

There was a challenge in meeting the 62-day performance for the following tumour sites; lung, gynaecology and urology. Lack of capacity in theatres at the end of the pathway was the main contributory factor. Head and neck and colorectal was also a challenge in meeting the 62-day performance, however this was largely due to the delays experienced at the start of the pathway (TWW) and timeliness of the first appointment.

The national 28-day faster diagnosis standard had been implemented. The year to date performance was 69.5% and this was an improving trajectory. However, there remained a challenge in the diagnostics pathway, particularly pathology.

UHCW was focussed on reducing the number of patients waiting 104+ weeks for cancer care, down to zero. Regular patient level reviews were taking place in order to ensure this target was achieved.

On a positive note, on the 31-day position for first treatment (decision to treat), the Trust was delivering 97.3% against the 96% tolerance.

GH assured the Board that although UHCW remained below the target for some of the key performance indicators, there was a huge amount of focus from both clinical and corporate teams on improving the position.

In response to a query from SM regarding coordination across the Coventry and Warwickshire Healthcare system and the extent to which single or separate cancer pathways were in place, GH explained that there were many forums in place across the system. These include the Cancer Forum, which primarily focussed on cancer care delivery across the system.

As a specialist centre, UHCW also supported acute trusts in the system and the wider region. For example, UHCW had recently

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supported University Hospital Leicester with urgent brachytherapy patients. There were clinical networks in place for cancer, where resource and attention was focussed on inequalities in waiting times in order to support all patients who need access to cancer care.

JR added that the Trust was linked into the regional Cancer Alliance, the Cancer Board for Coventry and Warwickshire, the local Cancer Board and Diagnostics Boards. UHCW was well-placed to understand the status of cancer and requirements in the system and across the region.

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

HTB 21/152 MEDICAL EDUCATION REPORT

KP introduced the item and gave the highlights from the report.

He congratulated Warwick Medical School on its achievement of being one of only five to show an increase in satisfaction rates from trainee doctors during the pandemic. He added that UHCW had adapted well in the circumstances presented by the pandemic and, in a GMC survey of trainees, was ranked in the top 5% for supervision out of hours and workload.

Digital working was a key focus and the report outlined the work being undertaken in order to allow further development of the infrastructure and capability to do more in this area.

Teaching and training links had been established with international partners in Saudi and Kuwait and the American University of Antigua. UHCW had been given the status of a Generalist School and could start to receive trainees as early as August 2022.

SK commended UHCW's improvement in performance over the last five years in the area of medical education, and in particular the actions taken during the pandemic in ensuring medical students were placed into the workforce quickly. He thanked UHCW colleagues for working in partnership with Warwick Medical School to ensure great doctors could be trained to the highest standard. SM thanked SK and Warwick Medical School too, and noted that the combination of education and practical experience provided by both organisations was essential for the students.

AI stated that it was encouraging to read about the work being undertaken in medical education to ensure that the workforce was robust for the future. He referred to the report and the work being done to strengthen governance, noting that ARAC recently discussed a number of areas for improvement and actions to be taken, such as increased efficiency of the surgical training centre to maximise its potential. KP confirmed that he reviews the actions taken to ARAC on a monthly basis and was content with the status. In particular, he noted that a new manager was now in place for the surgical training centre and it was now being managed on a commercial basis.

KP thanked Sailesh Sankar for the effort he had given to the

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development medical education at UHCW and thanked DG and the workforce team for the work undertaken on redeployment of staff during the pandemic on behalf of the 3 acute providers in the system.

SM reiterated the thanks given to Sailesh and also recognised the partnership working of Warwick Medical School and Coventry University in the training of the medical and nursing workforce.

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

HTB 21/153 MATERNITY IMPROVEMENT PLAN

TB introduced the item which aimed to provide continued assurance to the Trust Board on the requirements for maternity safety, Ockenden review outcomes and CNST compliance.

The detailed action plan was included in the report and TB gave an overview of the CNST maternity standards, for which there were six actions rated amber and related to a variety of areas, including reporting, staffing, monitoring and up-skilling. All actions were on track for delivery by the deadlines outlined in the report and assurance was provided through the Quality and Safety Committee and Patient Safety Committee.

TB noted that there had been a number of recent investments into the maternity team through externally sourced funding. This included fourteen midwives approved through the Ockenden review. A bid had been submitted for funding for the recruitment of maternity support workers. This would allow for an increased skill mix across the maternity service and would result in an increase in the workforce baseline establishment.

The formalised action plan for Ockenden recommendations was in place and this focussed on actions around job planning, alignment of consultants to the work required, system-wide working with the LMS, increasing equity of access to services and listening to the voices of service users in the design and delivery of the care that they received. All actions were in progress and there would be external validation on the progress being made.

CM thanked colleagues for the huge amount of work undertaken in the maternity service in addressing the action plans and recommendations. She referred to staffing challenges in maternity and the noted the reliance on optimised recruitment and retention of staff in order to ensure the actions and recommendations could be achieved.

TB acknowledged the workforce issues and informed that over recent months, existing staff had been mobilised to provide clinical skills required in order to meet the requirements. The current position was not sustainable and active recruitment was underway, with incentives in place to optimise recruitment and ensure retention of existing staff. The number of student midwives had been increased and the Trust was working in partnership with the LMS on recruitment to ensure that resource was allocated to the areas it was most needed.

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DG added the UHCW was working in partnership with Trusts in Northamptonshire and Leicestershire on a bid for international midwives and it hoped that this cohort would be in place by February 2022.

SK confirmed that Quality and Safety Committee had received assurance on the maternity plans and acknowledged the biggest challenge was ensuring availability of the workforce. He thanked CM for the work she was doing in her role as maternity safety champion.

SM asked about the use of recruitment incentives and reinforced the importance of leadership, working environment and opportunities for learning and development as contributory factors to successful retention of staff. TB said UHCW had invested in the structure of the maternity service to address some of these points. Maternity advocates were now in place and there had been a move to the EQUIP model where proactive, compassionate support was available to staff. DG added that more practical measures had been put in place too, such as improvements to staff facilities on the labour ward areas and ensuring a wide range of development opportunities were available.

JG referred to Safety Action 1 in the Executive Summary of the report and requested clarification on which element of the action had been amended to seven days, as this was currently unclear. TB advised that she would provide this clarification in writing to JG. **TB**

Trust Board **RECEIVED ASSURANCE** from the report and SM thanked all the team members involved in ensuring the action plans and recommendations were implemented.

HTB 21/154 MORTUARY ASSURANCE

KP advised that a letter had been received on 12 October from NHSEI requesting all NHS Trusts complete an assessment of their mortuary access and security. This review had now been completed and reported to Chief Officers' Group, prior to presentation to Trust Board. The outcome of the review indicated that there would be some actions to be taken to improve swipe card access, CCTV provision and installation of security fencing. There may also be some action needed on DBS checks for mortuary staff but this was currently being addressed.

The self-assessment had been completed and submitted to NHSEI and a full inspection by the Human Tissue Authority (HTA) would take place in January 2022.

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

HTB 21/155 INTEGRATED CARE SYSTEM (ICS) UPDATE

JR summarised the key points from the report, noting that the Health and Care Bill was expected to become law by April 2022, however

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the ICS was beginning to form and take shape.

The Chair of the Integrated Care Board (Danielle Oum) had been appointed and an interim CEO was in place. As the ICS moves forward, UHCW's role would develop from that of its prime role as healthcare provider to that of supporting collaborative work and partnerships across the system and would become host provider for the Care Collaborative.

Trust Board **RECEIVED ASSURANCE** from the update.

HTB 21/156 HEALTH INEQUALITIES STRATEGY

KP introduced the item, advising that one of the responsibilities of the emerging ICS would be to reduce inequalities in health across the system. The Trust Board had discussed UHCW's five-year strategy and the report outlines this draft strategy.

SM welcomed the report on health inequalities and noted that the Trust Board would receive regular updates on the progress. KP recorded his thanks to UHCW colleagues in the development of the strategy, including Chief Officers, Non-Executive Directors, Rachael Chapman and Deepika Yadav.

SM referred to the "logic model" approach for the health inequalities strategy, as contained in the report (page 15) and asked that the bullet points were replaced with a numbering system in order to allow for easier evaluation of progress against each element. **KP**

The Trust Board **RECEIVED ASSURANCE** from the Inequalities Strategy.

HTB 21/157 COVID AND RESTORATION UPDATE

GH introduced the report. It was noted that the paper was prepared prior to the emergence of the new Covid variant (Omicron) and as yet the impact of the variant upon patient admissions into critical care and for general hospital services was unknown. GH assured that the Trust had robust escalation plans in place, should the Covid variant become significant. At this time, there was a decline in the number of Covid patients within the hospital.

In terms of elective restoration, the Trust continued to build on the success of the Accelerator programme and was working with administrative teams and Deloitte to ensure theatres were well scheduled and waiting lists were validated. Insourcing was in place to support high volume, low complexity cases in ophthalmology and urology. In addition, funding had been secured to support elective provision over the winter, primarily at the St Cross site.

Operational plans were in place to manage any winter surge of Covid or non-Covid cases and any increase in ED presentations. A review of the Trust's FCP (Full Capacity Protocol) had taken place to ensure increased resilience over the winter period. Plans were also in place to allow elective recovery to continue, whilst ensuring patients were

MINUTE REFERENCE	DISCUSSION	ACTION

treated in priority order.

In response to a query from SM, GH confirmed that whilst each individual trust had its own process for implementation of FCP, learning had been taken from elsewhere in the development of UHCWs FCP. For example, the regional NHSEI team recently carried out a "critical friend" review in urgent and emergency care at UHCW and learnings from this had been incorporated into UHCW's FCP, along with points from the national publication of a ten point action plan for urgent and emergency care. UHCW had implemented FCP twice in recent months (September and November) and learnings from those occasions had also been considered in the development of the FCP.

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

HTB 21/158 MORTALITY (SHMI AND HSMR) UPDATE

KP summarised the key points of the report which included;

- Rates for completion of primary and secondary reviews were above 90% (on target)
- Reviews completed for 704 of the 774 observed deaths attributed to Covid
- The rate for Hospital Standardised Mortality Ratios (HSMR) was good (87.4%) and there was downward trajectory for this metric. This improvement was largely due to better clinical coding, as well as good clinical care.

In response to a query from CM on reporting of deaths of patients with learning disabilities and the potential for discrimination against these patients, KP confirmed that there was a nationally controlled mechanism in place for reviews of such deaths. An academic team in Bristol carried out the national assessments and once reports were returned to UHCW, a review took place to ensure any learnings were implemented. KP noted that there were currently no significant concerns about the way in which patients with learning difficulties were treated at UHCW.

SM referred to the data contained within the report relating to 774 observed deaths relating to Covid. KP confirmed this figure was in line with the national definition for declarations (deaths within 28 days of a positive Covid test) but did not represent the number of patients who had died in the Trust due to Covid, for which the figures would be much fewer. He further assured that peer benchmarking had been in place throughout the pandemic and the intensive care mortality rate for UHCW was lower than the national average.

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

HTB 21/159 UHCW GREEN PLAN

CR joined the meeting and introduced the report which outlined the plan to deliver net zero emissions by 2045. CR advised that this was

MINUTE REFERENCE	DISCUSSION	ACTION

now a mandatory requirement with a timeframe in place and UHCW must be able to demonstrate its plans for delivery over the next three years and its journey towards net zero.

CR explained that the requirements were now much wider than they had been in recent years. It was no longer only the remit for energy savings, estates and travel to contribute to the net zero ambition; the requirements were now all-encompassing, with new sustainable models of care required, consideration on how clinical areas could contribute and the difference that the food supply chain could make.

AI commended the work being undertaken in relation to the UHCW Green Plan and suggested that the governance approach and executive oversight was considered to ensure successful delivery. He recommended that a dedicated board was put in place to manage the delivery targets and measures, with an annual agenda item to Trust Board. He also noted that consideration should be given to the costs and investments required in order to meet the targets and suggested that it would be beneficial for the system to work in partnership to achieve the Green Plan ambition. AH confirmed that the appropriate governance processes were in place through the Waste Management Board and Chief Officers' Group.

TB summarised that the Green Plan was a continuation of work undertaken to date and now had increased focus areas and milestones in place. She noted that this piece of work had the power to had a huge, positive impact across clinical and non-clinical areas.

The Board **APPROVED** the areas of focus for the UHCW Green Plan and **SUPPORTED** the approach to be taken in working towards the ambition of net zero emissions by 2045.

HTB 21/160 END OF LIFE CARE (EOLC) ANNUAL UPDATE

TB summarised the content of the report which provided information on the palliative care service and how its work aligned to standards of national practice. TB noted that there were areas of excellence in the service and compassionate working was key feature. There was a continued focus on training and up-skilling of staff in order to support clinical decision making, along with a sustained focus on the patient's preferred place to die.

There were some areas of challenge, particularly in relation to the capacity and workforce. The team was focussed on CQC should-do actions, including provision of 7-day working.

The UHCW team works in partnership with Coventry and Warwickshire Partnership Trust (CWPT) and Myton Hospice to provide palliative care across the system. New models of working were being explored in order to ensure more effective use of resource across the system, digital strategy and integrated working.

In relation to workforce challenges, JG informed that he chaired a recent interview panel for a consultant in palliative care and the post

MINUTE REFERENCE	DISCUSSION	ACTION

had been offered to the successful candidate.

SM noted the training aspects of the report and in particular the importance of ensuring that staff in the community were trained in the use of equipment in order that patients were able to die in their preferred location.

The Trust Board **NOTED** the EOLC annual update and **RECEIVED ASSURANCE** that the service was working towards the national ambition.

HTB 21/161 PATIENT SAFETY AND RISK LEARNING REPORT

MH introduced the report which provided an overview of the serious incidents reported over the previous year. In particular, he noted the following areas of concern and focus:

- Increase in the number of incidents and falls reported in maternity. Work was on-going to track this through internal processes
- Overdue actions continue to be escalated with the appropriate clinical groups
- Ineffective information transfer and processes not being followed were key recurring themes.

SM noted with interest the work completed using the Human Factors Analysis Classification System (HFACS) and added that it may be helpful in serious case reviews into adult and child deaths, where information sharing was raised as an issue time after time in such cases.

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

HTB 21/162 DRAFT AGENDA FOR NEXT MEETING

The Board **NOTED** the agenda for the next public Trust Board.

HTB 21/163 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions raised.

HTB 21/164 DATE AND TIME OF NEXT MEETING

The next meeting would take place on 3 February 2022 at 10am.

SIGNED	**…….....**
	CHAIR
DATE	**…….....**

PUBLIC TRUST BOARD MASTER ACTION MATRIX 2022

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
02-Dec-21	Maternity Improvements	HTB 21/153	Provide clarificiation in writing to JG on which item had been changed in Safety Action 1.	TB	03-Feb-22	**Completed:** 27-Jan-22 email sent to JG to clarify that it is the actioning of the MBRRACE surveillance reports that has been amended from two days to seven days within the date of death
02-Dec-21	Health Inequalities	HTB 21/156	Replace bullet points in the 'logic model' of the Health Inequalities Strategy as requested by SM to allow for easier evaluation of progress	KP	03-Feb-22	**Completed:** changes have been implemented
07-Oct-21	Equality and Diversity Update	HTB 21/122	Detailed analysis of the WRES and WDES data (to be published in January 2022) to be presented to the Board after publication to facilitate continuing discussions at Board level.	DG		**Ongoing:** 27-Jan-22 awaiting published data

Deadline Key:	
	Not started
	In Progress
	Overdue
	Completed

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

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 report

EXECUTIVE SUMMARY

This report covers the period since the last Board meeting which took place in December 2021.

As everyone is aware, the new Covid-19 variant (Omicron) has seen the infection rates soar nationally since the start of the year and inevitably, combined with winter numbers of accident and emergency patients related to respiratory and other conditions, this has had an impact on the Trust. Numbers are relatively high but remain stable so the start of the year continues to be a delicate balancing act with all services across the Trust experiencing the pressures that winter usually brings combined with the challenges of infection prevention and control in the context of the Omicron variant. Of course since the last Board meeting we have had the Christmas and New Year period where many staff went "above and beyond" to keep services running during the festive season.

As usual, Andy Hardy has kept myself and my fellow Non-Executive Directors fully up to date on the operational issues facing the Trust. As well as those mentioned above we continue to focus on elective work such as cancer treatment and operations and tackling waiting lists for diagnostics and surgery. Key to all of our capability has been the wellness and motivation of our staff so I have been maintaining my focus on my role as Health and Wellbeing Guardian.

The Chief People Officer has kept me briefed on a number of issues such as staff illness and what various support measures we continue to provide to staff who remain under a great deal of pressure. I am happy to say that staff absence is reducing as the impact of Omicron reduces and the rules change in relation to periods of self–isolation. We are however very focused on enabling as many staff as possible to receive the appropriate double Covid vaccinations, in line with national rules about all health and care workers being vaccinated. We will be very sad to lose any staff through decisions about non-vaccination and we are of course assessing the risks to any particular work areas.

At a regional level I have continued to join the regular update calls with the NHS England and NHS Improvement Midlands Regional Director on Covid-19, Elective Restoration and Vaccination. I also participated on 20th January in a very useful meeting of the regional Health and Well-being Guardian Network. Interesting points raised included the links between staff's feelings of health and well–being and their Freedom to Speak Up.

In the Coventry and Warwickshire system I have attended meetings of the Integrated Care Board (ICB) Shadow Board/Assurance Group, participated in meetings of the Coventry and Warwickshire NHS Chairs, attended the Warwickshire Health and Wellbeing Board and been part of the recruitment process for the new ICB Chairs. I was also a guest speaker at the virtual

Coventry and Warwickshire Champions Event reviewing the role of the Trust during the Covid-19 pandemic. We were delighted to be able to host (virtually) the incoming Chair of the Integrated Care Board Danielle Oum at the UHCW Board's latest Strategy Workshop and we had a very productive discussion, particularly focusing on Health Inequalities and UHCW's role in the Coventry and Warwickshire health system.

Internally, early in December I joined the UHCW Clinical Leadership Summit for a day, thanking Professor Sir Chris Ham for his presentation to the summit. Hearing about the great work going on across specialisms and different Groups' aspirations for the future was extremely interesting and informative. Other internal commitments have included regular 'catch up's with fellow Non-Executive Directors and a meeting with Lorna Shaw (our Freedom to Speak Up Guardian) and designated Freedom to Speak Up NED, Jerry Gould.

With Andy Hardy I have had the pleasure of presenting a World Class Colleague Award to a hostess located on Ward 41 who has been praised for going 'above and beyond' for both patients and staff alike, and on 26th January I spent a morning visiting our Pharmacy Department to learn and understand more about the services they provide to the Trust. It has made me appreciate even more the way in which their work is fundamental to the Trust and some of the great work done by them to support the Covid-19 emergency when it was at its height.

I have also been delighted to participate in our discussions with staff about the proposed direction of our revised Organisational Strategy from 2022 to 2030. I look forward to continuing these discussions.

In the last few weeks, our Non-Executive colleague Guy Daly, Deputy Vice–Chancellor of Coventry University has announced his appointment to a new post overseas which means that with regret he will have to stand down from his role on our Board. We will take the opportunity to thank him when he leaves and we will of course be recruiting to fill the vacancy.

Thank you to all colleagues across the Trust for your continuing efforts to maximise the amount of care and treatment we can provide both locally to the citizens of Coventry and Warwickshire and in our role as a specialist, tertiary facility to wider populations regionally, or in mutual aid to other Trusts who need support because of current challenges. Thanks also to our colleagues at West Midlands Ambulance Trust with whom we have been working closely in these pressured times.

Stella Manzie

PREVIOUS DISCUSSIONS HELD

Not applicable

KEY IMPLICATIONS

Financial	Not relevant to this report
Patient Safety or Quality	The Board walk rounds relate to patient safety and quality
Workforce	The OSCAs awards are a key part of recognition of our staff
Operational	Operational issues were discussed at the Chief Executive's Covid Assurance meetings with NEDs and in other contexts

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

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

EXECUTIVE SUMMARY:

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 December 2021 and January 2022.

Professor Andrew Hardy – Chief Executive Officer

Firstly, I would like to reflect on the events of 8th December 2021 which marked the first anniversary of a momentous day in our history: UHCW NHS Trust administering the World's First Vaccination outside of clinical trials. We were joined on the day by Steve Powis (National Medical Director of NHS England), numerous media platforms including Sky News and Good Morning Britain and, of course, Margaret Keenan and May Parsons. The Trust also hosted a visit the same day from Ruth May (Chief Nursing Officer for England) and Donna Ockenden (Independent Chair of the Maternity Review of the Shrewsbury and Telford Hospital NHS Trust). Both were clearly impressed by what they saw, and it was rewarding for staff and myself to hear these two leading figures praising teams for their care and professionalism.

Winter is always a challenging time for everyone in the NHS and this year the new Covid-19 variant Omicron has brought additional pressure to our door. I would like to put on record my sincere thanks to every member of staff for their continued hard work and dedication at this time. We also welcomed back military personnel from the Royal Navy, the Army and the Royal Air Force who have been deployed to support the work of the Trust. How we are responding as a Trust to these multiple challenges was the subject of a BBC Panorama programme which aired on 12 January 2022. I would like to thank all the staff that were involved in what was a brilliant showcase for the commitment and compassion shown every single day by UHCW teams.

Panorama underlined something I am very proud of: the way that we have continued to treat urgent as well as routine cases throughout the pandemic despite the immense challenges faced. As we look ahead we must continue to put patients first and maintain our laser focus on reducing the elective backlog. Overall, I am optimistic that there is light at the end of the tunnel as we look forward to another exciting year of development and innovation at UHCW.

My internal commitments have included my regular update briefings with our Chair and Non-Executive Directors; the monthly local VMI Trust Guiding Teams meetings; my weekly discussion/update meeting in relation to Long Length of Stay (LLOS), Referral to Treatment Time (RTT) and Emergency Department (ED). I have also joined the regular Gold Covid Command calls and the local Gold meetings. Other internal meetings I have attended include Risk Committee, the Quarterly Performance Reviews with each of the Groups and Elective Recovery meetings, various Strategy Engagement sessions, joined the rest of the Board members for a Board Strategic Workshop, a Consultants meeting with Kiran Patel (Chef Medical Officer), Medical Negotiating Committee, monthly Strategic Delivery Board meetings, the EPR Programme Board and the Liaison Committee. I have also undertaken a couple of live interviews with BBC CWR, one of which provided an update on the impact of the new Omicron variant of Covid-19 on the Trust.

The Trust hosted a Clinical Leadership Summit and I was pleased to welcome Sir Chris Ham, outgoing Chair of Coventry and Warwickshire Integrated Care System, as keynote speaker. I also had the pleasure of presenting the DAISY awards to various members of staff who have been nominated as going 'above and beyond' their normal duties and presenting colleagues with our World Class Colleague Award.

The end of the year presented me with the annual opportunity I always welcome: to personally say 'thank you' to our fabulous volunteer staff both at University Hospital and at Rugby St Cross. I also had the pleasure of hand delivering 'thank you' gifts donated by the UHCW Charity to various wards and units across the Trust with Jo O'Sullivan (UHCW Charity Director). I attended the Christmas Carol Service in the Faith Centre (which was live-streamed making it available to all staff) and joined Bob Griffiths on his 'Feel Good Wednesday' show for a live radio interview for Coventry Hospital Radio.

My commitments in relation to NHSE/I have included the regular NHS Midlands Leaders Update calls with Dale Bywater (NHS England and NHS Improvement Midlands Regional Director) and the regional Covid-19 vaccination update calls.

The Integrated Care System remains a key focus and I attended a number of meetings associated with this including the monthly Partnership Executive Group (PEG) meetings; I also joined the NHS Chief Executive sessions with Phil Johns, Glen Burley and Mel Coombes along with my bi-weekly 'catch up' sessions with Phil Johns and the NHS-ICS Board (Assurance Group) meetings.

Our Members of Parliament take a keen interest in the activities of the Trust. I was pleased to welcome Mark Pawsey (MP for Rugby) back to Rugby St Cross to view the considerable investment and improvement for patients we have made on site including the Modular Theatres, Mobile Endoscopy Unit. I also hosted a visit to University Hospital by Colleen Fletcher (MP for Coventry North East) to provide an update on the latest issues facing the Trust and to pick up on any matters that the MP wished to share with myself. I also met with Matt Weston (MP for Warwick and Leamington) to provide an update around Covid, winter pressures and staff vaccinations.

My external commitments have included attending various HFMA related meetings namely the Annual Conference in London along with the President's Farewell Dinner and Annual Gala Dinner. This was personally a very special event as Su Rollason (the Trust's Chief Finance Officer) was shortlisted for the HFMA Chief Finance Officer of the Year Award. I also virtually joined the HFMA and Grant Thornton Roundtable event which looked at *how integrated care systems can accelerate healthcare transformation.* I also joined the CIPFA Remuneration Committee and their joint Commercial/Board Dinner and the ExtraCare Board of Strategy session and Board meeting.

I have attended a wide variety of other external engagements over the last few weeks which have included the Coventry and Warwickshire LEP Board meeting; the Virginia Mason Institute (VMI) Transformation Board; the West Midlands Acute Provider meeting; the Anchor Alliance Update meeting; the NHS Confed Joint ICS Chairs and Leads Network meeting; the West Midlands ICS Commissioning Board; a meeting with Cerner, and a visit to the George Eliot Hospital to see the new Theatres.

As part of our commitment to learning from others and being an international leader in healthcare, I had the pleasure of welcoming Tim Kelsey, the CEO of Beamtree (the Australian organisation setting new standards in healthcare data to improve safety and quality) to the Trust for a 'face to face' meeting with UHCW colleagues and we were able to remotely join the CEOs from the University Hospitals of Leicester NHS Trust, the Royal Free London NHS Foundation Trust and Cwm Taf Morgannwg University Health Board for 1:1 sessions to discuss the challenges facing the NHS for 2022. I also joined Tim for a dinner in London along with other Beamtree colleagues.

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 appointment:

Appointed Candidates
Consultant Restorative Dentist – Dr Alex Daly

KEY IMPLICATIONS:

Financial	None arising from this report
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 MEETING HELD ON THURSDAY 14 OCTOBER 2021 AT 9:30AM VIA MICROSOFT TEAMS

ITEM	DISCUSSION	ACTION

ARAC/21/102 PRESENT

Afzal Ismail (AI), Non-Executive Director – **Chair**
Guy Daly (GD), Non-Executive Director
Jerry Gould (JG), Non-Executive Director

ARAC/21/103 IN ATTENDANCE

Amar Bhagwan (AB), Director of Procurement (*for item ARAC/21/120)*
Sue Bunn, Corporate Governance Manager
Mo Hussain (MH), Chief Quality Officer
Alex Johnson (AJ), Minutes - via audio recording, post meeting
Sharon Naylor (SN), Associate Director of Finance
Susan Rollason (SR), Chief Finance Officer
Susan Rudd (SRu), Interim Director of Corporate Affairs
Sailesh Sankar (SSa), Consultant (*for item ARAC/21/129)*
Sarah Swan (SS), Coventry and Warwickshire Audit Services (CWAS)
Malcolm Taylor (MT), Associate CFS Manager, CWAS
Richard Walton (RW), Senior Manager, KPMG

ARAC/21/104 APOLOGIES FOR ABSENCE

Apologies were received from:

- Paul Capener (PC), Head of Internal Audit, CWAS
- Sudhesh Kumar (SK), Non-Executive Director
- Lisa O'Brien (LOB), Audit Manager, CWAS

ARAC/21/105 CONFIRMATION OF QUORACY

The meeting was declared quorate.

ARAC/21/106 DECLARATIONS OF INTEREST

There were no declarations of interest.

ARAC/21/107 MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE MEETING HELD ON 15 JULY 2021

The minutes of the Audit and Risk Assurance Committee meeting held on 15 July 2021 were **APPROVED** as a true record.

JG referred to item ARAC/21/93 – cyber security risks and mitigations. He asked if the publications from NHSX on subscription based services have yet been released (page 13). It was agreed that SRu would follow this up with James Matthews, Director of ICT to clarify whether the publications have been released. **SRu**

ITEM	DISCUSSION	ACTION
ARAC/21/108	**ACTION MATRIX**	
	The Committee **RECEIVED** the updated action matrix and **NOTED** the following updates on the actions:	
	ARAC/21/85 – TIAN Performance Reporting Survey – The impact of Covid-19. AI confirmed that a meeting has been arranged with SR and PC to consider the key themes and emerging trends and to identify any required actions for the Trust. Action closed.	
	ARAC/21/93 – Cyber security risks and mitigations. AI confirmed that the action is complete and can be removed from the action matrix. He noted that he and SK meet with James Matthews on a regular basis to discuss EPR progress and AI requested that an EPR annual update is scheduled on the ARAC annual work programme.	**SRu**
	ARAC/21/95 – Policies, Procedures and Strategies Update. MH confirmed that measures were in place in order to improve the policy expiry rate. The compliance rate at the end of November was expected to reach 92%, with 100% compliance target to be met in the new year. There was a need for better planning by the team to allow for time to be built in for changes to policies and inclusion of e-quality impact assessments. These matters were being addressed.	
ARAC/21/109	**MATTERS ARISING**	
	There were no matters arising.	
ARAC/21/110	**INTERNAL AUDIT RECOMMENDATIONS UPDATE**	
	SS reported that the number of internal audit recommendations had reduced significantly and this was due to the focussed work of the Chief Officers and SR/SN in particular.	
	There were three recommendations listed, for which there was a revision to the original/revised intended implementation date and SS asked for ARAC's support in approving these further revisions. SR confirmed that she and Donna Griffiths, Chief People Officer had fully reviewed the status of the three particular projects and they were content on the reasons provided for deferrals.	
	AI noted that, although members of ARAC had been dissatisfied with the position of the audit recommendations over the last few months, due to continuous deferrals, the reasons for the deferrals were understood and accepted by members of ARAC as genuine and unavoidable. The Committee was also assured that there was focus on ensuring that the appropriate controls and compliance levels were in place.	
	The Committee **RECEIVED ASSURANCE** from the report and **NOTED** and **SUPPORTED** the proposed actions and timescales of deferred recommendations.	
ARAC/21/111	**INTERNAL AUDIT PROGRESS REPORT**	
	SS confirmed that all elements of the work being undertaken against the audit plan were on track and there were no concerns to raise.	

ITEM	DISCUSSION	ACTION

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

ARAC/21/112 INNOVATE UK GRANT – PROJECT PATHLAKE PLUS

SS introduced the report and highlighted one area of reservation relating to VAT, which had been reported to ARAC previously and was included under item 3 of the report. SS confirmed that separate arrangements were in place for this reservation.

In response to a query from GD, it was confirmed that it was a requirement of the awarding body of the grant (Innovate UK), for all claims made by the Trust to be subject to audit.

SR confirmed that she was content with the findings as set out within the report.

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

ARAC/21/113 RECOVERY OF SALARY OVERPAYMENTS

SS advised that the report served as an interim update. The payroll audit was currently underway and was focussed on the recovery process for salary overpayments, as discussed at the last ARAC.

GD referred to the chart in Appendix 1 which provided a good summary. It suggested that in 2020/21 there were significant incidences of overpayments (when compared to figures for 2019/20 and 2021/22). SS and SR acknowledged the level of overpayment was high in 2020/21 and though not excusing the position, this was due to the unique circumstances of that year. In response to the pandemic, the Trust implemented a number of temporary posts, vaccination staff and medical students and these were brought on to payroll at pace, then decommissioned.

AI acknowledged the challenges presented by the pandemic in this respect and asked for assurance that the same position would be reached for the year 2021/22. SR assured that the appropriate controls were now in place as a result of the audit recommendations, to ensure that same high level of overpayment cannot happen again.

JG referred to the third paragraph on the Executive Summary of the report and noted that the figure for the total salary overpayment debtor position was missing. SS agreed this figure would be confirmed with JG. **SS**

AI noted that though the salary overpayment position was not satisfactory, the committee was content with the ongoing work to tackle the issue and prevent future such overpayments.

In response to a query from RW, SN confirmed that overpayments could only be written off once all avenues for recovery had been exhausted and that any write-offs were required to come to the Committee for approval.

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

ITEM	DISCUSSION	ACTION

ARAC/21/114 FINANCIAL GUIDANCE – ADHERANCE TO NATIONAL PLANNING GUIDANCE (H1)

AI commended the work undertaken by SR, SN and the rest of the team in order to achieve the level of full assurance.

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

ARAC/21/115 INTERNAL AUDIT OUTCOME MEASURES AND KPIS 2020/21

SS summarised the content of the report, informing that this was an overview of the last year.

The KPIs were outlined on page 8 of the report. One area of note was the performance target for the management response received within 10 working days of the draft report. The actual performance level for this KPI was 65% actual against target of >90%, and was therefore particularly low. SS noted that the low level of achievement in this area was in part due to the content of some reports, which were in some cases were large and complex in nature. The ongoing challenges presented by the pandemic may also be a contributory factor. However, this KPI in particular would be monitored closely.

AI acknowledged that 65% achievement of the target was not satisfactory, however given the circumstances, was understandable and he looked forward to seeing an improvement in the timeliness of management responses in future. SN confirmed that work was underway to ensure that managers were fully aware of the 10 day response time that should be adhered to.

AI referred to the performance targets for the annual customer survey, for which the actual achievement for 2019/20 was 94%. SS confirmed that in the previous year, the achievement was marginally lower and that the survey was due to be run again in the near future. AI noted that it would be useful to see the trends for this KPI.

The Committee **NOTED** the internal audit outcome measures and KPIS for 2020/21.

ARAC/21/116 COUNTER FRAUD PROGRESS REPORT

MT introduced the item and provided assurance that there were no significant issues to raise.

MT had been working on a number of areas of key focus, which included:

- An exercise relating to abuse of sickness leave whilst working elsewhere;
- MT would attend the Chief Officer Forum in November to increase awareness on counter fraud matters to senior managers of the Trust.
- Activities and communications on the upcoming international fraud awareness week.
- Fraud prevention guidance impact assessment exercise.

AI thanked MT for the information on fraud webinars and indicated

ITEM	DISCUSSION	ACTION
	he would join where possible. The Committee **RECEIVED ASSURANCE** from the report.	
ARAC/21/117	**NFI SUMMARY** MT confirmed that there were no concerns on NFI progress and it was hoped that most reports would be closed down by the end of Q3. The Committee **RECEIVED ASSURANCE** from the report.	
ARAC/21/118	**EXTERNAL AUDIT PROGRESS REPORT AND TECHNICAL UPDATE** RW introduced the item. He noted that KPMG was currently in discussions with SR and Andy Hardy, Chief Executive Officer, on the strategic direction of the Trust, the topics which were to feed in to planning for the next year and how best KPMG/UHCW could work together (e.g. hybrid working) over the coming year. The paper was a standard technical report. It referred to actions required for ARACs on climate change and reduction of emissions and provides links to KPMGs leadership event on digital healthcare, which RW recommended members listen to. RW advised that the next quarterly issue would be released shortly and he would arrange to circulate this via email, rather than wait until the next ARAC. AI thanked RW for the sector update and in particular the Trust's role and responsibilities in achieving net zero carbon emissions. He stated that this was an important area of focus and there was a need to ensure that the whole Trust Board was fully sighted on the requirements and roadmap. JG noted that some information was provided to FRPC earlier this year as part of the sustainable development update. AI added that it may be beneficial to hold a Board Strategic Workshop on the topic of net zero emissions. SRu agreed she would provide AI with a copy of the report that was taken to FRPC in July 2021, which gave information on sustainable development at UHCW. AI agreed he would discuss with Stella Manzie the potential to hold a Board Strategic Workshop on the topic of net zero carbon emissions. SR provided assurance to members that she and the finance team had been continuously working on previous learnings and implementing improvements and were well-prepared for the next audit. SS added that the topic of NHS sustainability was included in the audit plan this year. The Committee **RECEIVED ASSURANCE** from the report.	**RW** **SRu** **AI**

ITEM	DISCUSSION	ACTION

ARAC/21/119 LOSSES AND SPECIAL PAYMENTS

SR introduced the item which summarised the transactions recorded on the losses register for the period 1 June 2021 – 31 August 2021.

JG asked for more information regarding pharmacy stock losses and noted that the total figure for pharmacy stores in 2020/21 was missing (page 2 of the report). SR explained that the reason why there was no total figure for this period was because, prior to the recommendation from external audit to report stock losses to ARAC, the stock losses were only recorded through the normal stock process. The process had now been amended in line with the recommendation.

SR acknowledged the increasing value of pharmacy store stock losses from April 2021 to date and assured that this matter would be taken through the Waste Reduction Board.

In response to further queries from JG and AI, SR stated that it was not yet known how much of the stock loss was through waste and how much was lost in the system, through theft for example. SR acknowledged that theft of items could happen but assured that for some items, such as controlled drugs, there were increased control mechanisms in place to ensure these items cannot be easily stolen. For more general items of stock, it was more difficult to identify whether theft had taken place. However if any trends were spotted, or if there were witnesses, then the cases would be investigated.

The Committee **NOTED** the losses and special payments recorded in the losses register during the period 1 June 2021 to 31 August 2021, totalling a payment of £496.99 and the value of theatre and pharmacy stock losses for the same period of £57,298.

ARAC/21/120 DEBT WRITE-OFFS

SR introduced the item and drew the Committee's attention to two items in the report:

- Overseas visitors – a full report had previously been provided to ARAC on this matter.
- Single item related to staff account 12303.

The Committee **NOTED** the write-off of 121 uncollectable debts, totalling £285,349.20.

ARAC/21/121 WAIVERS OF SOs / SFIs / SRD

SR introduced the item and drew the committee's attention to some high value waivers detailed on page 3 of the report. She noted that some of those items relate to Covid testing, which fell under this category and many of the consumables were provided by a sole supplier. She also noted that there were national discussions taking place on how to move into a "business as usual" position for Covid testing and PPE.

The Committee noted that although the waiver position (£8.28 million

ITEM	DISCUSSION	ACTION

covered by waiver requests between June – September 2021), was certainly not ideal, the challenges presented by Covid were acknowledged and it was hoped that the position would improve in the near future.

In response to a query from AI, SR confirmed that a robust, multi-stage process was undertaken for single tenders or waivers. She noted that any potential conflicts of interest must be declared at the start of the procurement process and, in the context of any waiver, a specific reason had to be given on why it was to be signed off. In addition, if the waiver states that the supplier was a sole supplier, assurance would always be sought on whether this was truly the case.

MH added that the Trust's Code of Business Conduct policy clearly stated the requirements for all staff to provide any declarations of interest they may have. This policy was taken through Trust Board recently and had been further updated to strengthen the message that any close personal relationships between staff members must also be declared.

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.

ARAC/21/122 CORPORATE RISKS REPORT

MH introduced the item, which provided the risk overview and details of focussed risks for the committee. He provided an update on the Freedom to Speak Up activity currently underway, which includes:

- Freedom to Speak Up app was in the final stages of development. This app was unique to UHCW and would allow staff to raise concerns anonymously, with an audit trail in place;
- There was ongoing recruitment taking place for Freedom to Speak up ambassadors;
- Freedom to Speak Up annual report was taken to Trust Board recently.

In relation to EPR, MH informed that there was work underway on how to build audits into the EPR programme.

JG noted the importance of ensuring that the risk descriptions, controls and gaps outlined in the report were in line with the risk policy and were fully completed. At the moment, the only risk that was in line with the policy was that of raising concerns.

The Committee discussed how it could provide fuller assurance to the Trust Board through its Board Assurance Framework (BAF). A Trust Board session to discuss critical risks was to be arranged. MH added that a board development session would take place the following week and a further meeting would be scheduled to discuss the well-led framework. MH was also working with his team in order to ensure that lessons from national/regional CQC reviews were considered here at UHCW. He noted that the BAF was closely aligned to the Trust's strategic objectives and would be considered in

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	due course, once the ongoing strategy work with PWC was complete. *Post meeting note – Board session to discuss risk was arranged for 20 January 2022.*	
	The development of the Freedom to Speak Up app was welcomed, however GD noted the importance of ensuring it was used appropriately. MH confirmed that Lorna Shaw works closely with the HR team and to ensure that any concerns raised were managed pragmatically and taken through the correct channels.	
	The Committee **RECEIVED ASSURANCE** from the report.	
ARAC/21/123	**REVIEW OF CLINICAL AUDIT EFFECTIVENESS**	
	AI noted that the content of the report was useful and describes the process well. He added that it would be beneficial for the committee to had sight of the themes that come through clinical audits and any trends that may change from one year to the next. He recognised that this information was reported to Quality Safety Committee and doesn't wish to duplicate, however the remit of ARAC was both financial and non-financial and AI feels that the ARAC agenda was currently largely weighted towards financial aspects.	
	It was agreed that consideration would be given to how and what information could be presented to ARAC in order to ensure more balanced oversight on both non-financial and financial areas.	**MH**
	The Committee **RECEIVED ASSURANCE** from the report.	
ARAC/21/124	**REVIEW OF REGISTER OF INTERESTS, GIFTS AND HOSPITALITY**	
	AI apologised for the lateness of the report.	
	JG noted that a number of senior Trust Board members' declarations were not contained within the report. SRu assured that this was being followed up with those individuals, in order to ensure that their declarations were submitted and they were compliant.	
	SS noted that some declarations submitted may constitute breaches of the policy and it was important that these were reviewed and action taken if required.	
	It was noted that the entire list of staff declarations included within the report was lengthy, which in itself was positive and demonstrates that many staff were aware of the process and declaring where they need to.	
	However, the committee discussed its role in the governance of the register and assurance which was provided through this report. It was suggested that future such reports should be adapted in order to ensure that any key issues, concerns or breaches could be highlighted, perhaps within the executive summary, in order to ensure that the Committee was focussed on the key elements.	

ITEM	DISCUSSION	ACTION
	MH noted that it was important to understand the difference between an individual declaring an interest and understanding whether there was a conflict, which was more difficult to ascertain and would not necessarily be obvious to those reviewing the register. He suggested that there may be further work required in order to better understand how declarations of interest were considered through interview panels, procurement panels etc, in order that any conflicts were raised and managed at the appropriate point in time. SR added that although declarations should be made through the standard Trust-wide process for staff involved in procurement, there was an additional, separate process in place for procurement which adds an extra level of assurance. In response to a query from JG, MH confirmed that staff defined as key decision makers were required to make a declaration (or nil declaration) and that metrics and analysis could be provided on the compliance rates for this in future reports to ARAC. It was agreed that future reports to ARAC on declarations of interests, gifts and hospitality, would provide increased analysis and metrics for compliance amongst the Trust's key decision makers.	**SRu**
	The Committee **RECEIVED ASSURANCE** from the report.	
ARAC/21/125	**INFORMATION GOVERNANCE UPDATE** The Committee **REVIEWED, NOTED and RECEIVED ASSURANCE** from the report.	
ARAC/21/126	**ANY OTHER BUSINESS** There was no other business raised.	
ARAC/21/127	**DRAFT AGENDA FOR THE NEXT MEETING** The Committee **REVIEWED and NOTED** the next ARAC agenda.	
ARAC/21/128	**CHAIRS REPORT TO TRUST BOARD** AI informed that he would discuss the report to Trust Board with SRu.	
ARAC/21/129	**MEETING REFLECTIONS** AI reflected that today's discussions were useful and in-depth and although many of the papers provided the appropriate level of information, the executive summaries could be further improved in order to ensure the committee was focussed on the elements it needs to during the meeting.	
ARAC/21/130	**WEST MIDLANDS SURGICAL TRAINING CENTRE GOVERNANCE REVIEW** SSa joined the meeting and SS introduced the item. She provided	

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the background, informing that concerns had been raised around the way in which the West Midlands Surgical Training Centre had been run over recent years and that the audit team had been asked by the Trust to undertake a review and identify areas for improvement. This work had now been completed and limited assurance provided.

The main issues could be found in the executive summary of the report, and include elements related to conflicts of interest, procurement process, financial management and general governance concerns. Recommendations were included within the report.

SSa noted that the Centre was a state of the art facility and its primary purpose was to provide the highest quality training to surgical colleagues and staff, and was available for appropriate companies to hire. He outlined the complex nature of the way it runs in terms of the various types of training courses and funding routes.

Some of the issues raised as part of the audit relate to the previous manager of the Centre, who was no longer in post. A new manager had now been appointed and increased governance had been implemented through the set-up of a committee with surgical director membership, action plans and terms of reference. SSa stated that he was confident that the areas of concern were being addressed through the Committee and new management in place.

In relation to the financial issues raised through the audit, there was now a much clearer idea of the budget and this was further being explored, with a view to ensuring that the centre could be used most efficiently and any opportunities could be capitalised upon.

AI thanked SS and SSa for their work. He noted that it was positive that the request was made by UHCW management for an audit to be undertaken and he was pleased to hear that this had now been completed and that the improvements were being made. SR added that the audit had been extremely helpful in drawing out the issues and putting recommendations in place

In response to a query from GD, SS confirmed that there was no evidence found during the audit which would had prompted the fraud office to become involved in the case.

JG agreed that the report was very useful and comprehensive. He suggested that due to the low level of assurance given at this time, that a further review takes place in due course, in order to provide further assurance to ARAC that recommendations had been implemented and that the position had improved. AI agreed and asked for this update/review to take place in Q1 (2022/23) in order to allow time for the new manager to implement changes and for the results of the recommendations to become visible

It was agreed that SS would further review the position of the West Midlands Surgical Training Centre to take place in Q1 (2022/23) and a report would be provided back to ARAC. **SS**

AI summarised that although the Committee was concerned at the findings of the audit, it was positive to see such a high level of

ITEM	DISCUSSION	ACTION
	transparency and that progress was being made on the recommendations. The Committee **RECEIVED ASSURANCE** from the report.	
ARAC/21/131	**DATE AND TIME OF NEXT MEETING** The next meeting will take place on Thursday 13 January 2022 at 9:30am.	

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

Report of the **Audit and Risk Assurance Committee** following its meeting held on **13 January 2022**	
Committee Chair:	Afzal Ismail, Non-Executive Director
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: 1. **RECEIVE ASSURANCE** 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**
6. Internal Audit Recommendations Update	The Committee was advised that there were currently no overdue recommendations arising from audits which had been undertaken, though it was noted that there were three recommendations which had been subject to deferrals. The Committee expressed some concern over the frequency of deferrals that these recommendations had been subject to, while receiving reassurance from Chief Officers that this was an area to which attention was being given. There was also reassurance offered around the plans to meet the revised deadlines. The Committee separately noted the good work that had been undertaken to ensure the numbers of recommendations that remained outstanding was low and was assured by this.
7. Internal Audit Progress Report 2021/22 8. Internal Audit Reports 12. Salary Overpayments – April 2021-September 2021	The Committee received updates on several internal audit reports that had been completed and was assured by the positive outcomes that had been finalised. This included an audit of financial systems which returned 'significant assurance' findings in respect of Accounts Payable, Accounts Receivable and the Financial Ledger. 'Significant assurance' was also found in relation to an internal audit on Payroll. Internal auditors offered particular assurance in relation to the audit undertaken around Restoration and Recovery – Wellbeing, which also attracted a 'significant assurance' finding. A follow-up report was also received detailing work that had been undertaken following the November 2020 internal audit into salary overpayments. Progress was evidenced in the report, which had given rise to additional recommendations. Alongside this, the committee received and considered a separate report detailing how this area had progressed during the first half of 2021/22 and took further assurance.
11. External Audit Plan 2021/22	The committee received the updated plan from KMPG (external auditors) following its discussion with chief officers. The report detailed increased risk around valuation of land and buildings, stable risk around expenditure and revenue recognition and management of the override of control. A new risk area

ISSUE	DETAILS
	of focus around IFRS 16 transition was identified. The report detailed that the areas of risk were normal for a trust the size of UHCW and set out in detail planned response work in relation to them. The report detailed a year end audit fee of £126,032, compared to £113,250 in 2020/21, the majority of the difference being comprised of the £9,950 costs relating to the additional IFRS 16 work. The committee was assured at the plan that was in place.
Additional reports received	The Committee received reports on: • Counter Fraud Progress Report • NFI Summary Report • Losses and Special Payments • Debt write-offs • Waivers of SFIs/SOs/SoRD • Accounting Policies and Technical Accounting Update • Timetable for Annual Report and Quality Account 2021/22 • Board Assurance Framework • Corporate Risk Register • Draft committee work programme 2022/23

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

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	

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
and recommend modifications	
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of the Committee	12 Report of Salary Overpayments April 2021 to September 2021
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	
Review the Head of Internal Audit opinion	
Review any breaches of standing orders	15 Waivers of SO/SFIs/SoRD
Review write-off of losses or the making of special payments	13 Losses and Special Payments 14 Debt Write-Offs
Review the Trust's annual report, accounts and quality account and recommend approval to the Trust Board	17 Timetable for Annual Report and Quality Account 2021/22
Review the effectiveness of financial reporting	
Receive assurance about the effectiveness of arrangements for; • Governance • Risk management • Internal audit • Internal control • External audit • Counter fraud • Clinical audit • Information governance	06 Internal Audit Recommendations Update 07 Internal Audit Progress Report 08 Internal Audits Report 09 Counter Fraud Progress Report 10 NFI Summary Report 11 External Audit Plan 2021/22 16 Accounting Policies and Technical Accounting Update 20 Draft Committee Annual Work Programme 2022/23
Review the Standing Orders, Scheme of Reservation and Delegation and	14 Review of Scheme of Reservation and Delegation and Standing Financial Instructions

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
Standing Financial Instructions	
Review the Trust's policies and procedures for the management of risk	18 Board Assurance Framework 19 Corporate Risks Report
Review the arrangements for declaring interests, gifts and hospitality	
Other	

ATTENDANCE LOG						
		Apr 21	**Jun 21**	**Jul 21**	**Oct 21**	**Jan 22**
Was the meeting quorate?		Yes	Yes	Yes	Yes	Yes
Non-Executive Director (Afzal Ismail)	Chair	✓	✓	✓	✓	✓
Non-Executive Director (Guy Daly)	Member	✓	✓	×	✓	✓
Non-Executive Director (Jerry Gould)	Member	×	✓	✓	✓	✓
Non-Executive Director (Sudhesh Kumar)	Member	×	✓	✓	×	✓

MINUTES OF THE FINANCE, RESOURCES AND PERFORMANCE COMMITTEE MEETING HELD ON THURSDAY 25 NOVEMBER 2021 AT 1:30PM VIA MICROSOFT TEAMS

ITEM	DISCUSSION	ACTION
FRPC/21/146	**PRESENT** Jerry Gould (JG), Non-Executive Director - **Chair** Donna Griffiths (DG), Chief People Officer Jenny Mawby-Groom (JMG), Non-Executive Director Susan Rollason (SR), Chief Finance Officer	
FRPC/21/147	**IN ATTENDANCE** Chris Garner (CG), Deputy Chief Operating Officer (for item 21/160) Dan Gilks (DGi), Associate Director of Finance Contracting/Income/Costing (for item 21/155/6) Andrea Gordon (AG), Deputy Chief Operating Officer (for item 21/160) Antony Hobbs (AHo), Director of Operational Finance Kuldip Manota (KM), Executive Assistant (**Minute Taker**) David Walsh (DW), Director of Corporate Affairs	
FRPC/21/148	**APOLOGIES FOR ABSENCE** Gaby Harris (GH), Chief Operating Officer Carole Mills (CM), Non-Executive Director	
FRPC/21/149	**CONFIRMATION OF QUORACY** The meeting was declared quorate.	
FRPC/21/150	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
FRPC/21/151	**MINUTES OF THE LAST MEETING HELD ON 23 September 2021** The minutes of the Finance, Resources and Performance Committee meeting held on 21 October 2021 were **APPROVED** as a true and accurate record.	
FRPC/21/152	**ACTION MATRIX** <u>Item FRPC/21/088 Board Assurance Framework and Corporate Risks</u> It was noted that the existing Waste Reduction Programme Risk would be updated to cover future-year risks in view of the H2 Plan and indicative framework which had been separately reported to Trust Board. JG highlighted the necessity to ensure that internal controls such as groups managing the risks moving towards planning for the future to get ahead of the curve. SR recognised this and the necessity to report to the committee and provide adequate assurance around the planning for future years. It was agreed that the risk was adequately described but the controls could be reviewed to respond to this issue.	**SR**
	<u>Item FRPC21/090 Waste Reduction Programme</u> Terms of Reference for both the Programme Board and sub committees had had further amendments and would come to a future	

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meeting for approval. It was agreed to retain the action until such time as all of the ToRs had been presented at future meetings.

Item FRPC/21/113 IQPFR
It was considered that unsatisfactory progress had been made around this action and this should feature in the committee Chair's report to Board for the meeting on 2 December 2021. **JG/DW**

Item FRPC/21/139 Performance Benchmarking
It was agreed the item should remain on the action log pending opportunity to discuss with the Director of Performance and Informatics at the meeting in April 2022.

FRPC/21/153 INTEGRATED FINANCE REPORT – MONTH 7

SR presented the Integrated Finance Report (IFR) for Month 7 and highlighted the key points:

- Year to Date - The Trust reported a deficit of £6.0m at month 7, primarily driven by the change in reduction of system funding and changes to ERF income rules;
- The breakeven plan for the year included the assumption that the Trust would receive ERF income underwrite of £17.2m in H2, however formal confirmation was awaited;
- Without the ERF underwrite the planned position for H2 would be a £13.6m deficit, added to the £3.6m deficit for H1, would result in a full year deficit of £17.2m;
- Capital expenditure was forecast at £52m, compared to the initial plan of £51.4m plus an additional award of £0.55m for the accelerator and £0.14m for SDH funding totalling £52.1m
- Year to date agency expenditure was £15.7m, which was £3.6m above the ceiling set by NHSE/I.

Following a query around medical record storage forecasting where a £600,000 reported expenditure was expected to increase to £1m by the end of the year. SR clarified that the service was underspent and not overspent. It was explained that with the H2 plan having been submitted, this created a timing issue with month 7.

JMG queried the developments that were yet to be fully committed at £1.8m. AH stated that any items where there was spending for H1 and H2 had been included in the plan, while other items would be funded through the appropriate groups, subject to a ratification process. It was explained that the situation was moveable, and an example was given of critical care, which had been funded to a certain level but further funds were in reserves ready to be utilised. It was confirmed that these items were recorded as underspends within the reserves so would not become an overspend when funding was pushed to groups.

DG gave assurance that in relation to medical agency expenditure, a line by line assessment was being undertaken. This would be undertaken across all areas but given the costs had been commenced initially with medical agency expenditure through the medical

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workforce team. JMG requested an update on what the impact on staffing levels could be due to COVID vaccinations being made compulsory, which it was agreed would be discussed in more detail in the workforce report later in the agenda.

JG asked whether the ability to achieve of 95% clock stops related to activity itself, or to conversion from activity to clock stops. SR responded that it was a combination of both, with the activity and case mix being an issue as well as the proportion of activity that was being dealt with as an emergency. There were a finite number of beds so increased emergency cases would displace elective beds. Separately, SR reported that there was increase pressure in relation to mutual aid, with recent examples supporting Wolverhampton and Leicester acute trusts. While clock stops had been historically recorded, there was increased focus on the ratio of clocks stops to activity.

The Committee **RECEIVED ASSURANCE** of the Month 7 financial position.

FRPC/21/154 WASTE REDUCTION PROGRAMME UPDATE

SR presented the key highlights from the update on the Waste Reduction Programme.

- Delivery for H1 was £2.009m as per target for H1;
- The H2 target was £17.1m. £9.5m had been allocated to core for technical adjustments;
- £7.6m had been allocated to groups in line with the original plan;
- Groups had entered 49 waste reduction programme (WRP) schemes onto PM3, the Strategic Delivery programmes had identified £1.75m of financial benefits for 2021/22;
- Productivity dashboard was approved at Waste Board on 8 November and was launched to the groups on 16 November;
- The focus for the next two years would be on productivity due to the backlog, work was progressing and developing those programmes.

JMG suggested that an additional date showing the full year recurring impact would help the committee understand the longer-term picture, particularly the recurrent effect. SR agreed that this would be beneficial. **SR**

JG asked what comprised the forecast delivery for core technical adjustments. SR stated this included some non-recurrent slippage, Section 106 items, development schemes and VAT adjustments.

Following a question about the productivity dashboard from JG, SR confirmed there were three main productivity dashboards although these were being continually developed and expanded and had resulted in very positive feedback from groups. It was noted that the next stage would be to develop action plans to move some of the dials that featured. There was also a Use of Resources Dashboard that was under development, to look at the main KLOEs to improve the position

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	and be ready to respond to CQC enquiries as required.	
	JG asked that at a future meeting the committee be presented with an opportunity to look in greater detail at the dashboards to improve understanding around the informatics.	**SR**
	It was noted that the there was no requirement for approval of the terms of reference for the sub committees, as these were local groups, but these had been supplied for information. JG requested a specific change to the LWRSG terms of reference, namely that the second paragraph be reworded to: "The LWRP Steering Group will oversee, steer and monitor the delivery of the current year schemes and in-year progress against multi-year programmes and monitor the planning and development of schemes that will delivery waste reduction from the start of Q1 of the following and subsequent years."	
	It was agreed that any additional comments could be received outside of the meeting.	
	The Committee **RECEIVED ASSURANCE** from the update.	
FRPC/21/155	**CHARGEABLE OVERSEAS VISTORS – UPDATED POLICY**	
	DGi presented the Chargeable Overseas Visitors updated policy and highlighted that the Trust had a legal duty to both identify patients who were not eligible for free NHS treatment and to charge them. Due to Brexit, there had been a lot of change in the process and further changes were anticipated as some arrangements in place prior to the UK leaving the EU had been retained and would need to be addressed. For this reason, a short review date was planned. It was reported that two equality impact assessments that had been undertaken, as some areas were contentious and liable to lead to questions on compliance.	
	In response to a question around what work had been done in cases where normal residency was unclear, DGi stated that there were certain indicators which were looked at – including UK address and NHS number. However, there was an existing focus on emergency or urgent care, and more work in this area may be required if that focus was placed on elective care.	
	DG proposed that front line staff should be engaged to better understand how often the process was being followed and what challenges this posed, and to identify potential areas for further improvements.	
	The Committee **APPROVED** the updated Trust policy.	
FRPC/21/156	**NATIONAL COST COLLECTION SUBMISSION SIGN OFF**	
	DGi introduced the submission for the National Cost Collection (previously 'reference costs') and highlighted: • The UHCW index for 19/20 was 102; • Total cost quantum had increased by £528m (9%) since	

ITEM	DISCUSSION	ACTION

2019/20 from £636.6m to £694.7m, this was largely driven by operating expenses due to COVID;
- It was unclear when 2020/21 national cost collection index would be published as no communication had been released;
- The submission date had been extended by one month to the end of November 2021.

JG confirmed that the committee would like to see the full index showing UHCW and other trusts once they were published. **SR**

In view of the fact that 80% of costs were staffing related, and in consideration of the impact of Covid, JMG asked what was in place to address this for future cost collections, particularly given that there remained staff who were not in the right place. SR stated the Trust was looking at pathways and alignment of rotas to support those pathways. DG confirmed that the redeployment of staff was not at the same level as it had been at the height of the pandemic in 2020, and while there was still an area of movement relating to safer staffing, it was not at the same level.

The Committee **APPROVED** the completion and submission of the Trust's 2020/21 national cost collection with the NHSI timeframe.

FRPC/21/157 RESEARCH AND DEVELOPMENT INCOME AND EXPENDITURE

SR presented the Research and Development Income and Expenditure report and highlighted:
- The fall in commercial income due to COVID was being reversed, predominantly due to the commencement of a commercial vaccine trial;
- The research self-funding business model was being maintained, so that research was in line with income. To do this;
- There was a risk around commercial income, so the Trust would seek to prioritise and pursue activities that were 100% (or more) funded.
- A key part of the research strategy included the development of an in-patient facility to support research.

The Committee **RECEIVED ASSURANCE** from the report

FRPC/21/158 CORPORATE RISKS REPORT

DW presented the Corporate Risks report and highlighted:
- No risks had been added or closed since the last committee;
- Work was currently been done on the Trust Strategy so there was an opportunity to review the risks within the Board Assurance Framework relating to FRPC (and all committees) and this activity was planned for early in 2022;
- Focus risk was ID3785 Agency Expenditure 2021/22, which remained stable and against which there was triangulation around other areas that had been highlighted by committee members in earlier agenda items, and featured in subsequent reports later in the agenda.

ITEM	DISCUSSION	ACTION

JG asked why risk ID 3785 had a likelihood score of 2 given that there was an inevitability of high agency usage if we were to meet the accelerator targets. It was felt that a factor in this was that the Trust's arrangements for measuring likelihood was around annual occurrences, and as the agency ceiling would only be broken once annually, this resulted in a low score. It was felt this method of scoring "likelihood" needed to be considered in a future refresh of the Risk Management Policy.

The Committee **RECEIVED ASSURANCE** from the report

FRPC/21/159 QUARTERLY WORKFORCE INFORMATION REPORT

DG presented the Quarterly Workforce Information report which provides data with a focus on three priority areas: staff health wellbeing, violence and aggression and people processes. It was highlighted that there were an increased number of grievances and conduct complaints relating to inappropriate behaviour. DG also highlighted a new e-case tracker to oversee the breakdown of cases, and this had gone live in early November which would enable more information to be considered by the committee in the future.

JG noted the poor attendance at health and wellbeing sessions and asked what could be done to facilitate more staff being able to attend. DG agreed that uptake had been lower than anticipated and stated that the approach taken, group by group, was to first understand the barriers that were preventing people from being released. More work would be undertaken to support attendance in local areas as this was better understood.

JG asked whether there had been a change in speaking up reporting since the introduction of the Freedom to Speak Up app. DG advised that this was still at the trial stage and had been tested by 2000 colleagues, but some refinements were required before being rolled out wider. A key challenge is that the app is only compatible with the more recent versions of Apple and Android operating systems.

DG advised that the COVID vaccination would become mandatory for those who had patient contact. It would be mandated from 1 April 2022, so the key deadline for staff to receive a first vaccination was 3 February 2022 in order to allow time for the additional vaccinations in advance of the April deadline.

There were 89% of staff who had received the first vaccination and 84% had received a double vaccination. This data was, however, the worst case scenario on the basis that some staff members who had been vaccinated in community settings would not necessarily be recorded. Work was underway to better understand the true totals. From December 2021, contact would be made to all individuals who still require the double vaccination, as this would give staff an opportunity to provide evidence if they had had it elsewhere, and others would be asked if they were intending to receive the vaccination. An update would be brought back to the next meeting.

ITEM	DISCUSSION	ACTION

The Committee **RECEIVED ASSURANCE** from the report

FRPC/21/160 INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT

AG introduced the operational elements of the report for October 2021 and highlighted:

- The emergency four-hour wait was at 69.6% for October, which was unchanged from September;
- Ambulance handovers within 30 minutes stood at 81.7% and continued to be a challenge;
- The Trust had set a target for all 104-week wait patients and 52-week wait patients would be treated. There were 91 patients waiting at 104 weeks at the time of the meeting, compared to around 1,300 patients at neighbouring hospitals such as Leicester. It was recognised that this was an ambitious target but it was being relentless pursued;
- Four cancer standards were achieved in September. There were challenges around specific pathways including head and neck, gynaecology and breast, although progress had been made with recruitment in the head and neck area.

DG presented the workforce element of the report for October 2021 and highlighted:

- The Trust vacancy rate had decreased slightly from 8.8% in September to 8.78% in October, and the international midwifery recruitment campaign was pressing forward;
- Trust sickness absence rate had increased and work was underway at group level to help to support people to feel well and continue working;
- Non-Medical appraisal compliance continued to fluctuate as clinical groups respond to the full hospital protocol. Improvement trajectories had been agreed with expected improvements by the end of December 2021.

JG noted the challenges around vacancies, which was reflected nationally. DG advised that Nursing and Workforce were working together to explore healthcare apprenticeship recruitment which would commence from January 2022.

JG queried what the Trust's position was on midwifery vacancies. DG responded that there had not been a significant rise, although there was a vacancy gap of around 50 whole-time equivalent midwives. It was anticipated that ongoing work would see this reduce significantly by the end of January 2022.

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

FRPC/21/161 EMERGENCY CARE UPDATE

AG presented the Emergency Care update and highlighted:

- The Trust site occupancy had been over 97% since August with full hospital protocol occurring in September and early

ITEM	DISCUSSION	ACTION

November. There was an ongoing focus on looking at patients who were medically fit for discharge and best using the capacity that was available at Rugby to assist flow at Coventry;

- The reopening of ward 33 had provided an additional 24 beds. This was included in the winter plan;
- Direct pathways had been put in place for the Medical Decisions Unit (MDU) and Surgical Admissions Unit (SAU), to reduce the length of stay and improve flow;
- There had been huge pressures in critical care in terms of having adequate staffing in place.

It was highlighted that the table in the report detailing the impact of the timing of a decision being made on appropriate pathway by a decision-making clinician, within the four-hour limit, was not clear. It was agreed that this could be clarified for future reports. **CG**

Consideration was also given to the high number of ambulance wait times that were between 30-60 minutes, although an explanation was offered that successful focus on reducing the numbers waiting beyond 60 minutes had inevitably contributed to this increase. There was recognition that more work was required to continue to improve this area, particularly following receipt of the System Oversight Framework letter in October which made reference to this issue. However, the progress that had been made to date was recognised.

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

FRPC/21/162 DRAFT AGENDA FOR NEXT MEETING

It was agreed that the December meeting would be stood down although the following reports would be circulated:

- Elective Update
- Integrated Finance Report
- Update Mandatory COVID Vaccinations

The Committee **APPROVED** the agenda for the next meeting.

FRPC/21/163 ANY OTHER BUSINESS

None

FRPC/21/164 CHAIR'S REPORT TO TRUST BOARD

The following items were agreed to be included in the Chairs report to Trust Board:

- Emergency Care (Ambulance handover)
- Integrated Finance Report
- Mandatory COVID vaccinations update

FRPC/21/165 MEETING REFLECTIONS

JMG raised concerns about receiving late papers, as these should be circulated adequately in advance of the meeting to enable them to be effectively considered. It was agreed that this would be discussed with chief officers. **DW**

ITEM	DISCUSSION	ACTION
	It was noted that there were a lot of acronyms, and it was suggested that exploration could be undertaken into providing a document to support those attending committees with this.	**DW**

FRPC/21/166 DATE AND TIME OF NEXT MEETING

Next meeting would be held on Thursday 27 January 2022, 1.30 – 4.00pm.

MINUTES OF THE QUALITY AND SAFETY COMMITTEE MEETING
HELD ON THURSDAY 25 NOVEMBER 2021 AT 09:30 – 12:30
VIA MICROSOFT TEAMS

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/21/124	**PRESENT**	
	Sudesh Kumar (SK) Non-Executive Director – Chair Carole Mills (CM), Non-Executive Director Kiran Patel (KP), Chief Medical Officer Mo Hussain (MH), Chief Quality Officer Tracey Brigstock (TB), Chief Nursing Officer	
QSC/21/125	**IN ATTENDANCE**	
	Duncan Watson (DW), Deputy Chief Medical Officer David Walsh (DWa), Director of Corporate Affairs Fiona Wells (FW), Infection Prevention Control Nurse [For item 18 QSC/] Jenny Mawby-Groom (JmG), Non-Executive Director Kelly-Ascheley Gawono (KG), Executive Assistant (minutes) Sailesh Sankar (SS), Consultant Endocrinologist [for item 7 QSC/]	
QSC/21/126	**APOLOGIES FOR ABSENCE**	
	Prof. Guy Daly (GD), Non-Executive Director	
QSC/21/127	**CONFIRMATION OF QUORACY**	
	The meeting was confirmed as quorate.	
QSC/21/128	**DECLARATIONS OF INTEREST**	
	None relating to the agenda	
QSC/21/129	**MINUTES OF THE PREVIOUS MEETING**	
	The minutes of the meeting of 28 October 2021 were approved as an accurate record and for submission to the Trust Board.	

MINUTE REFERENCE	DISCUSSION	ACTION

QSC/21/130 ACTION MATRIX

The Committee **NOTED** the actions and **APPROVED** those suggested for closure.

QSC/21/131 MATTERS ARISING

SK led a discussion around whether the interim meeting scheduled for December 23 was still necessary, adding this meeting was scheduled as a precaution in case any items required escalation

The committee agreed that the date would be retained for use if required but there would not be a scheduled meeting.

QSC/21/132 End of Life Care Report Q1 and Q2 2021-2022

TB presented the End of Life Care Report, highlighting the workforce services and challenges, and flagged two red risks which were scored at 20 and 15. The first risk was around a seven-day service and the second related to medical staffing. It was noted that there were a number of quality initiates around new drugs, dressing and treatments outlined within the report. The Terms of Reference had been attached to the report for information.

In response to a question from CM regarding the use of locums, TB clarified that the trust had locums in the service and in future more reporting would be done on patient experience. DW added that during the pandemic the palliative team moved from a five-day service to a seven-day service. There had been an appointment of two colleagues and while it was important to build up the consultant group, it should be recognised that the specialist nurses did an excellent job

MH confirmed that the risk was on the medicine group risk register and the corporate risk register, and there had been a discussion involving a number of executives around resilience. It was recognised this was not something that the Trust could resolve alone, which was why it was also on the system risk register. This was also one of the Trust's outstanding areas, as it was pointed out in the last CQC visit.

SK concluded the discussion by confirming that the committee had noted actions were being taken to mitigate the risks and it was encouraging to see the way this was working ICS-wide, SK added it would be good to see some quality and safety KPIs in the future as it was evident that some savings could be made as patients could be moved from the hospital to being cared for in another setting.

MINUTE REFERENCE	DISCUSSION	ACTION

TB reported that an annual report and overview paper was due to go to Trust board, which highlighted the quality framework

The Committee **RECEIVED ASSURANCE and NOTED** the report

QSC/21/133 Medical Education Report

KP joined the meeting

SS introduced the Medical Education Report highlighting the Trust success with Medical Support Worker initiatives and the challenges faced due to the retirement of a number of senior educators.

KP added that he was keen to have the Medical Education Report as a regular item on the Q&SC agenda. SK stated that it was important to ensure the report complements that which was reported to Trust Board, while Q&SC's role was to highlight areas in which there were concerns. SK added that HEE was being absorbed into the NHS and any type of change carried a risk around what actions the trust was looking to take to ensure there were no major issues.

SS confirmed the timescale for this change was 2023, stating the main risk would be ensuring quality was paramount which was why medical education was going to be taking a closer look at the quality governance framework. The team would be rolling out the new method strategy which would focus a lot more on the governance. A quarterly progress and planning meeting had been introduced to each of the departments. A professional support and wellbeing champion had recently been appointed and the Trust was also looking at appointing an internal quality lead to the team.

KP clarified that although HEE would be incorporated into NHS England, the deliverables would not be changing

MH agreed that there was a good argument for the Medical Education report to be reported at Q&SC. However, as a People and Culture Committee was also being developed MH asked whether the Medical Education Report should report there. SK felt that Medical Education was one of the key purposes of the Trust, and for this reason it must be report to the Trust Board, and that Q&SC was more appropriate than the People and Culture Committee.

KP added that there was a clear link between the quality of education research the Trust delivered and the quality of healthcare outcomes which was why he agreed that the Medical Education Report should bring an update to Q&SC.

MINUTE REFERENCE	DISCUSSION	ACTION

SS shared his view that that the success the Medical Education Department had gained in the previous five years had been supported by the Board-level conversations that had happened; other trusts in the region were looking towards UHCW as a model of success.

SK added that in the future it would be beneficial to consider expansion without compromising quality.

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

QSC/21/134 UHCW Continuity of Carer Implementation Plan

TB presented the UHCW Continuity of Carer Implementation Plan highlighting why the continuity of care was so important and how it fitted with the local maternity review. In 2019/20 it was found that the continuity of carer was paramount in helping prevent still birth and premature birth. This was a team of eight people caring for the mother with a 1:36 ratio giving more consistent cover in and out of hours. A plan needed to be put in place by 31 January 2022 to be in place by March 2022 across the LMS. The Trust was recruiting a large number of midwives to meet the continuity of care requirements. The phasing of this focused on BAME patients, where outcomes of care were proven to be less than optimal.

CM asked about the workforce challenges. TB said the royal colleges were working in tandem, key markers would be around looking at risk appetite across the LMS which was why it was at pause point currently. UHCW needed to be mindful before moving onto any type of consultation around what this might mean for working practices, and UHCW must begin to recruit on that basis.

In response to a question from CM, TB confirmed the Trust was concerned about the wider challenges, however this report was one way to keep the committee sighted along the way. There was an element of control and a willingness to work in partnership to tackle these challenges

KP suggested it was worth presenting an overview of the vacancy levels of all clinical groups and not just the higher banded positions. SK suggested this may be an area for consideration by the new People and Culture Committee ahead of Board. **DWa**

MH mentioned the similarities between the Continuity of Carer Implementation Plan and the Lucinda birthing centre, highlighting the impact on the quality of services and patient experience. CM supported this, adding the way in which these

MINUTE REFERENCE	DISCUSSION	ACTION

reports were presented was important to avoid colleagues having to go to a number of different boards to talk about the same issues.

SK summarised that when staffing levels begin to impact on quality and safety and the levels of risk rises, chief officers should then make the decision as to whether this was brought forward to Q&SC or not.

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

QSC/21/135 Patient Safety Learning Report

MH updated the committee on the Patient Safety Learning Report, highlighting the increase in falls and pressure ulcers. MH informed the committee that he was developing a Quality Learning and Improvement Committee to collate learning from different areas such as complaints, serious incidents and never events etc to share learning across the organisation.

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

QSC/21/137 Never Events Report

MH updated the committee on the Never Event Report, highlighting wrong-site surgery in one case. A number of things had been put in place ensuring access to imaging was available in theatre, as this had been a factor in imaging not being undertaken. Additional computers had been purchased and would made available for theatre staff to check imaging.

A second incident was around a retained item following surgery. A counting issue had now been remedied, with a counting in-and-out procedure implemented in all orthopaedic theatres, as well as an additional checklist around an implant form.

The final item related to a misplaced naso-gastric tub. There was different learning associated with this as this consultant was not experienced enough to confirm that the correct processes were followed.

SK queried why maternity incidents had risen from 9 to 24 and whether this was due to any specific circumstances or something of concern. MH responded that there were no specific circumstances and it was being examined, with inspections planned in maternity.

DW added, the learning from the retained item which was in a complex fracture had been shared across the operating theatre network. In regards to maternity, he stated there had been a small increase in the number of still births that the team were

MINUTE REFERENCE	DISCUSSION	ACTION

investigating.

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

QSC/21/138 Corporate Risks Report

MH introduced the report, highlighting the addition of reporting risks that scored 15 or higher.

SK acknowledged that this had provided assurance which was promising and highlighted the fact that fire risks could now be considered for removal from the register

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

QSC/21/139 Staffing Assurance Framework for Winter 2021 Preparedness

TB presented the report, drawing attention to appendix 4 which was the 'risk appetite statement' around safer staffing, noting that the report was released on the 12 November 2021 so was in very recent.

SK recommended that this report be taken to Trust Board and then to the People and Culture Committee. KP agreed that there would be value in the framework being given a Board-level prominence. With the new committee still under development, the Strategic Workforce Committee was the correct place to oversee vacancies.

CM asked if data was collected to show how many times a senior nurse or matron was required to work a shift. TB stated that this was currently being refreshed and reviewed, and this would be reflected in future reports.

The Committee **NOTED** and **RECEIVED ASSURANCE** from the update.

QSC/21/140 Integrated Quality, Performance and Finance Report

KP presented the IQPFR report, highlighting elective care which was becoming increasingly difficult due to bed pressures, and urgent care where the forensic lens was on ambulance handovers and turnover times. Emergency Department attendance was up 20% creating internal pressures. It was confirmed the Trust would be reducing the social distancing measures in waiting rooms from two metres to one metre, which would enable more patients to be accommodated.

SK highlighted that the RTT was an ongoing issue, although

MINUTE REFERENCE	DISCUSSION	ACTION
	UHCW was no worse performing than other trusts. KP added that in terms of RTT, the Trust was one of the innovative ones which had developed a tool to help scheduling to reduce health inequality, which was being shared via prototype with several other trusts. The Committee **NOTED** and **RECEIVED ASSURANCE** from the update.	
QSC/21/141	**Mortality (SHMI and HSMR) Update** DW presented the Mortality (SHMI and HSMR) Update, highlighting that HSMR was on a decline, and the report now included three SIG investigations and the learning from those. The SJR had been moved from February, and the team was now working with colleagues in the Quality department to look at the Datix IQ cloud system. SK suggested changes in the way things were coded had made a dramatic difference to Trust numbers which showed the importance of correct coding. DWa thanked the coding team for their support. SK noted that structured reviews were good practice and remarked on the high quality of the report. The Committee **RECEIVED ASSURANCE** from the update.	
QSC/21/142	**Safe Staffing Report (Nursing) : April 2021 – Sept 2021 (Q1 and Q2)** TB presented the Safe Staffing Report, highlighting it was a follow-up report from the previous report submitted to Trust Board in Quarter 2. SK noted the work surrounding the number of vacancies was something that should be brought forward to the People and Culture Committee and then following that a conversation around where the staffing levels may contribute to the levels of quality and safety should be bought to Q&SC. It was important not to duplicate these two subjects The Committee **NOTED AND RECEIVED ASSURANCE** from the update.	**DWa**
QSC/21/142	**Infection Prevention and Control Quarter 2 - 2021/22** *FW Joined the meeting* FW Presented the Infection Prevention and Control Quarter 2	

MINUTE REFERENCE	DISCUSSION	ACTION

report, highlighting the annual threshold information. FW stated since the last paper submission in Quarter 1 some of the numbers had changed due to a paper released by NHS England which affected the CDIFF threshold.

SK queried whether there had been any change in the antibiotic policy over the past year FW responded that there had been a national increase and it had been fed back that this was due to the availably of antibiotics becoming somewhat easier during the pandemic. The Trust had locally re-joined the antimicrobial stewardship group along with colleagues from South Warwickshire Foundation Trust and George Elliott. Deep dives had been done into e-coli patients to review patterns and trends, and the acuity had been found to be later than it was historically which was something that had been fed back to the groups. In regards to critical care colleagues, it had been discovered that the common themes surrounding lines and catheters was acuity and COVID-19. This would continue to be monitored.

The Committee **NOTED** the report.

QSC/21/143 Draft Agenda for next meeting

The Committee reviewed and **APPROVED** the draft agenda.

QSC/21/144 Any Other Business

TB asked that the committee noted the action plan for continuity of carer for maternity services had been received.

KP added that he would be taking a verbal report on dermatology issues to the Trust Board.

QSC/21/145 Chair's Report to Trust Board

SK suggested collating the reports which mention the number of outstanding vacancies and take this to the Board and the People Committee.

MH added, the Never Events and learning associated with it should also be reported.

DW notified the committee that a mortality status report would soon be reported to the Board.

QSC/21/146 Meeting Reflections

It was felt that the meeting had been effective in the committee undertaking its duties.

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/21/147	**Date of next meeting** The next meeting was agreed as 27 January 2022 via MS Teams. **The meeting ended at 10.44am**.	

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Integrated Quality, Performance & Finance Report
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Daniel Hayes, Director of Performance & Informatics
Attachment	Integrated Quality, Performance & Finance Report – Reporting period: December 2021
Recommendation	The Board is asked to **RECEIVE ASSURANCE** from the contents of the report

EXECUTIVE SUMMARY

The attached Integrated Quality, Performance & Finance Report covers the reported performance for the period ending 31st December 2021.

The Trust has achieved 8 of the 30 indicators reported within the Trust's performance scorecard. The Trust scorecard aligns Trust level indicators with the objectives outlined in the Trusts 2018-2021 Organisational Strategy.

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

Key indicators in breach are the Trust's performance against:

- Never Events
- Cancer 62 day standard
- Breaches of the 28 Day Readmission Guarantee

Key indicators achieving the target include:

- Serious Incidents - Number
- Complaints Turnaround
- Patients Recruited into the NIHR Portfolio

The Trust delivered performance of 71.8% for December for the four hour standard, below the national standard of 95%. UHCW performance improved by 1.3% from last month. UHCW was below the benchmarked position for England and the Midlands.

The RTT incomplete position remains below the 92% national target and stands at 58.2% for November. The average weeks wait was 18.8.

The Trust has seen a decrease 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 3875 for November, a decrease of 380 from October. This compares to a national average of 1,717.

Diagnostic waiters performance was 5.12% in December, an improvement in performance of 0.55% on the previous month.

Cancer performance for November 2021 was:

Cancer TWW: 77.31% (target 93%)

Cancer 31 day diagnosis to treatment: 97.79% (target 96%)

Cancer 62 day referral to treatment: 55.09% (target 85%)

Cancer 104+ days wait: 20 breaches, 22 patients (target 0)

Cancer 62 day screening: 66.04% (target 90%)

Cancer 28 days Faster Diagnosis Overall: 71.86% (target 75%)

There has been a Medicine Related Serious Incident and a Never Event reported in December. Details of these, alongside a Never Event reported in November are included within this report.

The average number of long length of stay patients was 146.

Reason to Reside data collection compliance for eligible areas is 82%.

Dr Foster have not provided HSMR data for July or August 2021 due to system delays, the latest reported figure was for June 2021 which reported at 87.19 and was within Dr Foster's calculated relative risk range.

Complaints Turnaround time <= 25 days was 100%

Sickness Absence in December 2021 has risen by 0.59% to 6.55%.

The Trust has delivered 91,886 Covid-19 vaccinations (as at 17/01/2022).

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

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: December 2021

Contents

Executive Summary

8 KPIs achieved the target in December

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Safest care and excellent experience	3	5	0	8
Leader in operational performance	0	11	0	11
Model employer	0	2	2	4
Achieve financial sustainability	2	0	0	2
Frontrunner in research innovation and education	3	2	0	5
All domains	**8**	**20**	**2**	**30**

KPI Hotspot

What's Good?

- Serious Incidents - Number
- Complaints Turnaround
- Patients Recruited into NIHR Portfolio

What's Not So Good?

- Never Events
- Cancer 62 Day Standard
- Breaches of the 28 Day Readmission Guarantee

The Trust has achieved 8 of the 30 rag rated indicators reported within the Trust's performance scorecard. The Trust scorecard aligns Trust level indicators with the objectives outlined in the Trusts 2018-2021 Organisational Strategy.

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

The Trust delivered performance of 71.8% for December for the four hour standard below the national standard of 95%. This is an improvement of 1.3% from last month. UHCW remains below the benchmarked position for England and the Midlands

The RTT incomplete position remains below the 92% national target and stands at 58.2% for November. The average weeks wait was 18.8.

The Trust has seen a decrease 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 3,875 for November, a decrease of 380 from October. This compares to a national average of 1,717.

The Cancer Two Week Wait standards, 62 Day referral to treatment and screening standards were not achieved in November. The newly reported Faster Diagnosis Standard was also not achieved.

The Trust has reported two Never Events, one in November and one in December. Details are included in the report.

The month 9 financial position shows a £0.6m surplus, which is £2.4m better than plan.

Trust Scorecard
Reporting Month : December 2021

University Hospitals Coventry and Warwickshire NHS Trust

DoT
Improving
No change
Falling

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Trust Board Scorecard								
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Trend
Safest care and excellent experience								
	Infection Control							
	Healthcare associated incidents of Clostridioides difficile - Cumulative	47	53	⇩	52	70	CNO	
	MRSA Bacteremia - Trust Acquired - Cumulative	2	2	⇨	0	0	CNO	
	Safe Care							
	Never Events - Cumulative	4.0	5.0	⇩	0	0	CMO	
	Serious Incidents - Number	6	10	⇩	15	15	CQO	
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)				RR	RR	CMO	
	SHMI - Quarterly (6 months in arrears)	1.06	1.06	⇧	RR	RR	CMO	
	Average Number of Long Length of Stay Patients	162	146	⇧	109	109	CNO	
	Patient Experience							
	Friends & Family Test - Recommender Targets Achieved	3	1	⇩	7	7	CQO	
	Complaints Turnaround <= 25 Days (1 month in arrears)	97%	100%	⇧	90%	90%	CQO	
Leader in operational performance								
	Patient Flow							
	Emergency Care 4 Hour Wait	70.5%	71.8%	⇧	95%	95%	COO	
	Bed Occupancy Rate - KH03 (3 months in arrears)	96.7%	96.7%	⇨	93%	93%	COO	
	Breaches of the 28 Day Readmission Guarantee	11	16	⇩	0	0	COO	
	Diagnostic Waiters - 6 Weeks and Over	5.67%	5.12%	⇧	1%	1%	COO	
	RTT							
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	57.6%	58.2%	⇧	92%	92%	COO	
	RTT 52 Week Waits Incomplete (1 month in arrears)	4255	3875	⇧	0	0	COO	
	Last Minute Non-clinical Cancelled Operations - Elective	1.3%	0.9%	⇧	0.8%	0.8%	COO	
	Cancer							
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	55.46%	55.09%	⇩	85%	85%	COO	
	Cancer 104+ Day Waits (1 month in arrears)	16.5	20.0	⇩	0	0	COO	
	Cancer 28 Day Faster Diagnosis Overall	73.84%	71.86%	⇩	75%	75%	COO	
	National Cancer Standards Achieved (1 month in arrears)	4	5	⇧	12	12	COO	

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

Trust Scorecard

Reporting Month : December 2021

University Hospitals Coventry and Warwickshire NHS Trust

DoT
Improving
No change
Falling

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Trust Board Scorecard								
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Trend
Model employer								
	Mandatory Training Compliance	93.29%	93.41%	⇧	95%	95%	CPO	
	Appraisal - Non-Medical	79.52%	81.07%	⇧	90%	90%	CPO	
	Appraisal - Medical	79.53%	79.95%	⇧	90%	90%	CPO	
	Sickness Rate	5.96%	6.55%	⇩	4%	4%	CPO	
	Staff Survey - Recommending as a Place of Work (Quarterly)	N/A	N/A		70%	70%	CPO	
Achieve financial sustainability								
	Forecast Income & Expenditure - £'000	0	0	⇨	0		CFO	
	WRP Delivery - £'000	6143	8257	⇧	5810		CFO	
Frontrunner in research innovation and education								
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	2527	2937	⇧	2774	4756	CMO	
	Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	778	1033	⇧	600	900	CFO	
	NIHR Research Capability Funding (£000s) (3 months in arrears)	250	250	⇨	500	1000	CMO	
	Trial Recruitment Income (£000s) (3 months in arrears)	969	969	⇨	1062.5	2125	CMO	
	All Grant Income (£000s) (3 months in arrears)	1519	1519	⇨	1000	2000	CMO	

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

Trust Heatmap

Measure	Emergency Medicine	Medicine	Trauma and Neuro Services	Surgical Services	Women and Children's Services	Clinical Diagnostics Services	Clinical Support Services	Trust	Trust Target
Reporting Period:								**December 2021**	
Group Level Indicators									
Safest care and excellent experience									
Healthcare associated incidents of Clostridioides difficile - Cumulative	2	16	4	7	1		0	53	52
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	0	0	0		2	2	0
Never Events - Cumulative	1.0	0.0	2.0	2.0	0.0		0.0	5.0	0
Serious Incidents - Number	1	0	1	3	1	3	1	10	15
Average Number of Long Length of Stay Patients	0	76	44	12	0	0	13	146	109
Friends & Family Test - Recommender Targets Achieved	0	0	1	0	2		1	1	7
Complaints Turnaround <= 25 Days (1 month in arrears)	100%	100%	100%	100%	100%	100%	100%	100%	90%
Leader in operational performance									
Emergency Care 4 Hour Wait	69.6%			100.0%	91.4%			71.8%	95%
Breaches of the 28 Day Readmission Guarantee			12	2	2		N/A	16	0
Diagnostic Waiters - 6 Weeks and Over		17.67%	25.82%	29.24%		2.13%		5.12%	1%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)		63.3%	63.0%	53.2%	55.9%	81.1%	53.0%	58.2%	92%
RTT 52 Week Waits Incomplete (1 month in arrears)		820.0	633.0	1962.0	436.0	1.0	23.0	3875.0	0
Last Minute Non-clinical Cancelled Operations - Elective	0.0%	0.0%	2.8%	2.7%	0.0%	0.0%	0.0%	0.9%	0.8%
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)		70.41%	N/A	45.39%	53.33%			55.09%	85%
Cancer 104+ Day Waits (1 month in arrears)		2.0	0.0	17.0	1.0			20.0	0
Cancer 28 Day Faster Diagnosis Overall		N/A	N/A	N/A	N/A			71.86%	75%
National Cancer Standards Achieved (1 month in arrears)		3	5	4	3			5	12
Model employer									
Mandatory Training Compliance	91.17%	92.07%	93.18%	92.73%	91.68%	94.07%	95.47%	93.41%	95%
Appraisal - Non-Medical	86.03%	76.39%	75.08%	84.90%	78.22%	82.17%	88.30%	81.07%	90%
Appraisal - Medical	82.56%	77.46%	80.15%	78.15%	78.00%	79.45%	83.70%	79.95%	90%
Sickness Rate	9.71%	6.22%	6.09%	6.53%	7.79%	5.78%	6.63%	6.55%	4%
Achieve financial sustainability									
WRP Delivery - £'000	243	1354	22	3	173	55	754	8257	5810
Frontrunner in research innovation and education									
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	668	804	176	58	1006	0	225	2937	2774

Performance Trends

Improving

(3 months consecutive improvement)

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Appraisal - Non-Medical	90%	78.20%	79.85%	81.57%	84.13%	80.55%	80.40%	78.21%	76.71%	76.24%	79.00%	79.52%	81.07%
Average Number of Long Length of Stay Patients	109	118	127	131	120	122	130	132	149	164	163	162	146
Emergency Care 4 Hour Wait	95%	78.3%	81.3%	85.3%	86.2%	81.1%	78.4%	74.3%	74.6%	69.6%	69.6%	70.5%	71.8%

- Appraisal – Non-Medical: There has been an increase (1.55%) in compliance levels from November 2021. All groups have seen an increase in compliance except for Emergency medicine (1.26% decline) and Medicine (0.45% decline). Across clinical groups there has been fluctuating compliance which has been partially attributed to staffing capacity gaps and absence.
- Average Number of Long Length of Stay Patients: The Trust works with system partners daily to discuss all patients that have no right to reside on pathways 1-3. Weekly check and challenge takes for all patients over 21 days and a team will go to every ward to look at patients that have a length of stay over 14 days. There are robust plans in place to track the patients that are planned to go the following day to ensure that everything is ready.
- Emergency Care 4 Hour Wait - All streams have seen a marginal improvement which has contributed to the improved Local Health Economy position. Within the group a focused piece of work is on-going for Minor Injuries.

Deteriorating

(green indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Serious Incidents - Number	15	4	10	11	6	11	9	9	9	3	5	6	10

- Serious Incidents – Number: The Trust has a robust mechanism in place for the review of all incidents which meet the Serious Incident Framework and those cases identified as significant learning. All trends or themes for Serious Incident are presented monthly to the Patient Safety and Effectiveness.

Deteriorating

(red indicators worsening)

(3 months consecutive deterioration)

- No indicators that are failing their target have 3 months of consecutive deterioration.

Failed Year End Target

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Never Events - Cumulative	0	1.0	2.0	2.0	0.0	0.0	0.0	2.0	3.0	3.0	3.0	4.0	5.0
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	0	0	1	1	2	2	2	2	2	2	2

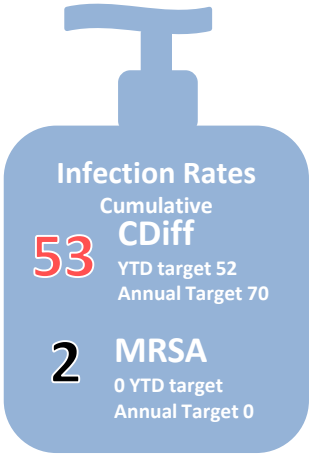
- 5 Never Events have been reported, 2 in July and 1 each in August, November and December. Further details of the latest events are included in this report.
- Trust acquired MRSA Bacteremia were reported in April and June.

Quality and Safety | Headlines December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

INFECTION CONTROL

This month 0 MRSA and 6 CDiff cases were reported.



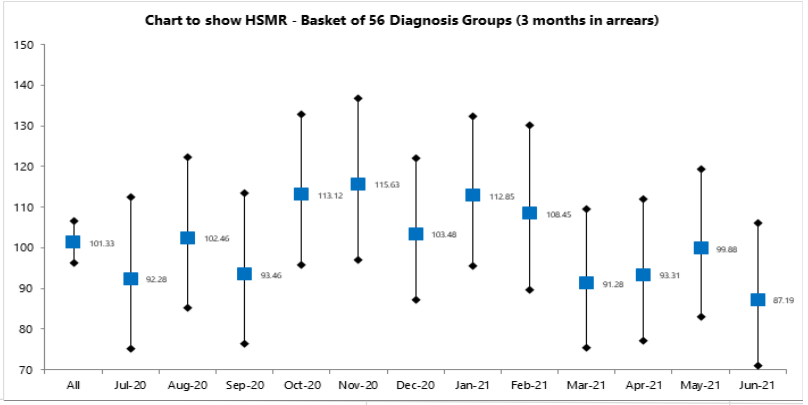
- **CDiff 1 RCA** carried out and reviewed. 1 deemed avoidable. No further RCAs held.
- **MRSA** High Risk Elective Inpatient Screening: **97.8%**
- **MRSA** High Risk Emergency Screening: **92.2%**

MEDICINE RELATED SERIOUS INCIDENTS

1 medication error causing serious harm has been reported.

HSMR

The latest HSMR score reported from Dr Foster is 87.19



Summary

RIDDOR – There were four reported incidents in December. All were injuries relating to staff members.

The average number of patients with a length of stay of 21 days has fallen to 146 but remains above the Trusts target of 109.

1 Never Event and 1 Medicine Related Serious Incident have been reported. Details are included in this report along with those of the Never Event reported in November.

An update of the HSMR data is delayed by Telstra Health UK (formerly Dr Foster).

1 12 hour trolley wait

RIDDOR

4 Incidents reported for December

No urgent operations have been cancelled for a second time

Never Events

1

5 YTD performance against target of 0

4hr Achievement Overview - as at 17/1/2022

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	31.77%	33.94%	54.39%	36.96%
Type 1 Resus	65.90%	65.16%	92.81%	70.86%
Type 1 Paediatrics	71.78%	67.71%	86.13%	74.59%
Local Health Economy	71.78%	67.71%	86.13%	74.59%

100% Complaints turnaround in <= 25 days

Last month 97%
Target 90%

Urgent Clinic Letters sent in 7 calendar days

69.9%

Last month: 70.4%
Target 100%

LLOS

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

146

Reason to Reside

Data Collection compliance for eligible areas: 82%

Incomplete RTT pathways

52 Weeks

3,875
(November)

Previous month 4,255
Target 0

Integrated Quality, Performance and Finance Reporting Framework

Quality and Safety Summary

Trust Scorecard – Quality and Safety Committee

Reporting Month : December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Quality and Safety Summary

Quality and Safety Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
	Patient Outcomes								
	MRSA Bacteremia - Trust Acquired - Cumulative	2	2	⇨	0	0	2	CNO	
	Healthcare associated incidents of Clostridioides difficile - Cumulative	47	53	⇩	52	70	70	CNO	
	E. Coli - Trust Acquired - Cumulative	96	102	⇩	98	130	130	CNO	
	Pseudomonas - Trust Acquired - Cumulative	26	31	⇩	28	37	37	CNO	
	Klebsiella - Trust Acquired - Cumulative	48	56	⇩	44	58	58	CNO	
	MRSA High Risk Elective Inpatient Screening	98.6%	97.8%	⇩	95%	95%	95%	CNO	
	MRSA High Risk Emergency Screening	93.3%	92.2%	⇩	90%	90%	90%	CNO	
	Serious Incidents - Number	6	10	⇩	15	15	15	CQO	
	Serious Incidents - Overdue	7	0	⇧	0	0	0	CQO	
	Medicine related serious incidents	0	1	⇩	0	0	0	CQO	
	Reported Harmful Patient Safety Incidents (1 month in arrears)	31.6%	32.4%	⇩	24.94%	24.94%	24.94%	CQO	
	CAS Alerts - Overdue	0	0	⇨	0	0	0	CQO	
	NCE POD Categorised E Deaths - Cumulative (3 months in arrears)	1	1	⇨	5	10	10	CMO	
	Never Events - Cumulative	4.0	5.0	⇩	0	0	5	CMO	
	Mixed Sex Accommodation Breaches	0	0	⇨	0	0	0	COO	
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)				RR	RR	RR	CMO	
	SHMI - Quarterly (6 months in arrears)	1.06	1.06	⇧	RR	RR	RR	CMO	
	Pressure Ulcers Category 3 - Trust Associated (1 month in arrears)	0	0	⇨	1	1	1	CNO	
	Pressure Ulcers Category 4 - Trust Associated (1 month in arrears)	0	0	⇨	0	0	0	CNO	
	Pressure Ulcers Unstageable Category - Trust Associated (1 month in arrears)	0	1	⇩	2	2	2	CNO	
	Falls with Moderate Harm or Above per 1000 Occupied Bed Days	0.20	0.06	⇧	0.08	0.08	0.08	CNO	
	Eligible Patients Having VTE Risk Assessment (1 month in arrears)	96.5%	96.2%	⇩	95%	95%	95%	CNO	
	Average Number of Long Length of Stay Patients	162	146	⇧	109	109	109	CNO	
	Reason to Reside	83%	82%	⇩	95%	95%	95%	CNO	
	Transfer of Patients at Night (UH to Rugby)	18	9	⇧	0	0	0	COO	
	Patient Experience								
	Friends & Family Test Inpatient Recommenders (Inc. Day Cases)	87.4%	89.0%	⇧	95%	95%	95%	CQO	
	Friends & Family Test Inpatient Coverage (Inc. Day Cases)	21.2%	19.1%	⇩	26%	26%	26%	CQO	
	Friends & Family Test A&E Recommenders	71.8%	77.3%	⇧	87%	87%	87%	CQO	
	Friends & Family Test A&E Coverage	10.2%	10.1%	⇩	15%	15%	15%	CQO	
	Friends & Family Test Outpatient Coverage	3.45%	3.13%	⇩	8%	8%	8%	CQO	
	Maternity FFT Recommenders - 36 weeks	100.00%	0.00%	⇩	97%	97%	97%	CQO	
	Maternity FFT Recommenders - Labour / Birth	100.00%	100.00%	⇨	97%	97%	97%	CQO	
	Maternity FFT Recommenders - Postnatal Hospital	100.00%	66.67%	⇩	97%	97%	97%	CQO	
	Maternity FFT Recommenders - Postnatal Community	N/A	N/A		97%	97%	97%	CQO	
	Maternity FFT No of Touchpoints Achieving a 15% Response Rate	0	0	⇨	4	4	4	CQO	
	Number of Registered Complaints (1 month in arrears)	34	24	⇧	32	34	34	CQO	
	Complaints per 1000 Occupied Bed Days (1 month in arrears)	1.10	0.80	⇧	0.99	0.99	0.99	CQO	
	Complaints Turnaround <= 25 Days (1 month in arrears)	97%	100%	⇧	90%	90%	90%	CQO	

RR = Relative Risk : The target for this indicator uses the relative risk as calculated by Dr Foster. The performance is classed as achieving target if the UHCW value is either below or within the expected range.

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

DoT
⇧ Improving
⇨ No change
⇩ Falling

Trust Scorecard – Quality and Safety Committee

Reporting Month : December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Quality and Safety Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
	Theatres								
	Surgical Safety Checklist - WHO	100.00%	100.00%	⇨	100%	100%	100%	CMO	
	National Quality Requirements								
	Valid NHS Number - Inpatients - Cumulative (2 months in arrears)	99.8%	99.7%	⇩	99%	99%	99%	COO	
	Valid NHS Number - A&E - Cumulative (2 months in arrears)	97.5%	97.6%	⇧	95%	95%	95%	COO	
	Operational Quality Measures								
	12 Hour Trolley Waits in Emergency Care	1	1	⇨	0	0	0	COO	
	Ambulance Handover within 30 Minutes	78.1%	78.6%	⇧	100%	100%	100%	COO	
	Ambulance Handover within 60 Minutes	93.9%	95.7%	⇧	100%	100%	100%	COO	
	Urgent Operations Cancelled for the Second Time	0	0	⇨	0	0	0	COO	
	RTT 52 Week Waits Incomplete (1 month in arrears)	4255	3875	⇧	0	0	0	COO	
Leading research based health care organisation									
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	2527	2937	⇧	2774	4756	4756	CMO	
	Performance in Initiating Trials - Quarterly	18.8%	18.8%	⇨	80%	80%	80%	CMO	
	Performance in Delivery of Trials - Quarterly	91.7%	91.7%	⇨	80%	80%	80%	CMO	
	Research Critical Findings and Serious Incidents - Quarterly	0	0	⇨	0	0	0	CQO	
	Peer Reviewed Publications - Calendar Year Cumulative (2 months in arrears)	187	187	⇨	182	246	246	CMO	

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

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

DoT	
⇧	Improving
⇨	No change
⇩	Falling

Performance Trends

Improving

(3 months consecutive improvement)

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Average Number of Long Length of Stay Patients	109	118	127	131	120	122	130	132	149	164	163	162	146

- Average Number of Long Length of Stay Patients: The Trust works with system partners daily on bronze calls to discuss all patients that have no right to reside on pathways 1-3. Silver and gold system escalation calls happen 2 – 3 times per week but can flex up to daily when the numbers are increasing. The trust has a weekly check and challenge on all patients over 21 days and a team will go to every ward to look at patients that have a length of stay over 14 days. Currently 50% of patients that are over 21 days do not have a right to reside. There are capacity challenges across the system and the increase in outbreaks across the system is proving problematic. There are robust plans in place to track the patients that are planned to go the following day to ensure that everything is ready e.g. TTOs and transport.

Deteriorating

(green indicators worsening)

(3 months consecutive deterioration)

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Serious Incidents - Number	15	4	10	11	6	11	9	9	9	3	5	6	10

- Serious Incidents – Number: The Trust has a robust mechanism in place for the review of all incidents which meet the Serious Incident Framework and those cases identified as significant learning. All trends or themes for Serious Incident are presented monthly to the Patient Safety and Effectiveness.

Deteriorating

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Reason to Reside	95%	71%	75%	81%	86%	85%	90%	89%	86%	85%	84%	83%	82%

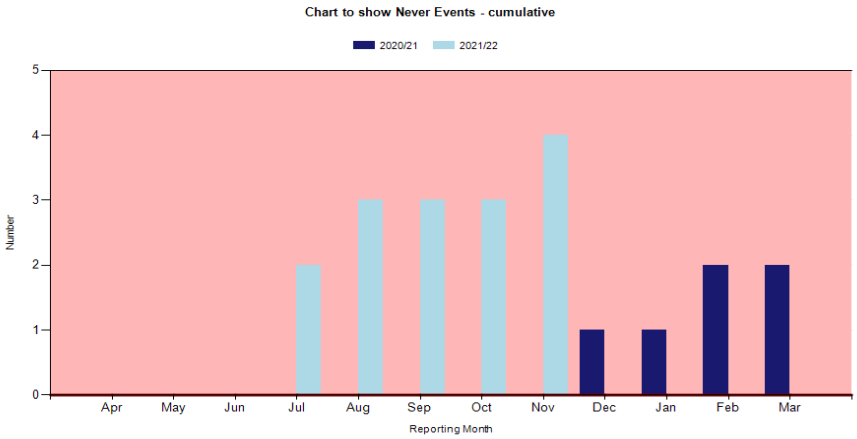
- Reason to reside compliance has shown some reduction over time following a peak of 90% in June. Communications have gone to the triumvirates to ensure that this is discussed and recorded at every board round..

Failed Year End Target

Measure	Target	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Never Events - Cumulative	0	1.0	2.0	2.0	0.0	0.0	0.0	2.0	3.0	3.0	3.0	4.0	5.0
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	0	0	1	1	2	2	2	2	2	2	2

- 5 Never Events have been reported, 2 in July and 1 each in August, November and December. Further details of the latest events are included in this report.
- Trust acquired MRSA Bacteremia were reported in April and June.

A Never Event has been reported in November – Wrong Implant Prosthesis



Wrong Implant Prosthesis

Patient admitted and planned for urgent surgery on both wrists: A left distal radius open reduction internal fixation (Geminus Plating System) and a right distal radius open reduction internal fixation (Synthesis Variable Angle Plating System).

Post-surgery, it was noted a single screw did not appear to go in as easily as normal and fell a little short; however it was decided to keep in situ.

Following the end of the list, the surgeon identified the screw did not completely fit and that a left plate was used on the right wrist in error.

The correct plate has been used on the left wrist. The patient did not come to any harm as a result of the incident.

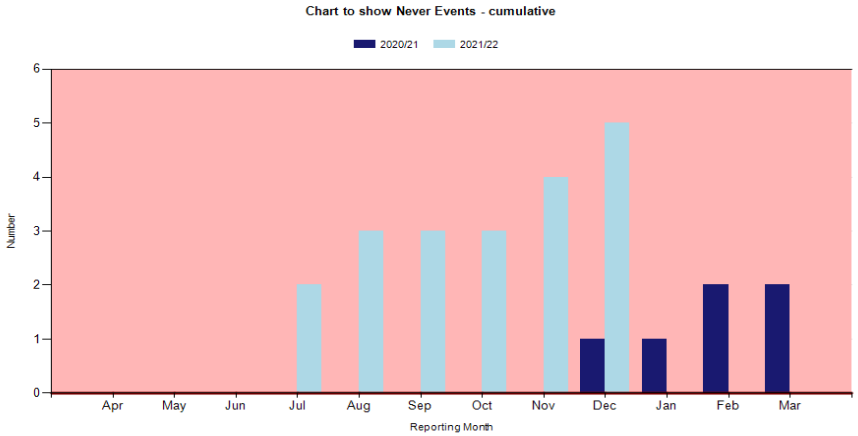
The following actions were taken immediately or within days of the event:

- Reviewed and implemented Clinical Operating Procedure (COP) entitled: Procedure for checking implants during orthopaedic procedures (COP 496).
- The separate drawers with the plates to be reviewed to ensure there is an draw for left multiple sizes and right with multiple sizes.
- Surgeon contacted the supplier of the plates to arrange clearer identification of the product on the packaging. The left and right is not always clear on the narrow plates packaging and they are often labelled in different orders. This is pending an update from the manufacturer.
- To update the patient's electronic record to include a description of use of the unintended plate for future / archival reference. This was completed contemporaneously and continues to be clearly documented on subsequent outpatient clinic letters.

A Serious Incident Investigation is underway to generate learning and develop recommendations. The Root Cause Analysis is in progress and due for completion by the end of January 2022.

Area of underperformance – Never Event

A Never Event has been reported in December - Retained Foreign Object post-procedure



Never Event - Retained Foreign Object post-procedure

Patient underwent an emergency biopsy and antibiotic injection into their right eye. As part of this procedure, a trocar was inserted into the patient's eye and should have been removed during the procedure. The patient attended a planned follow up appointment post-surgery, where it was identified that the trocar had been retained in the patient's eye. This was removed during the appointment.

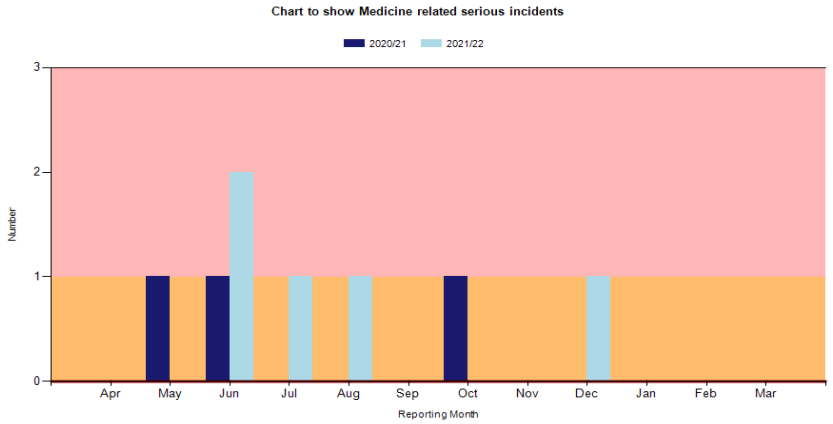
This incident did not cause harm to the patient but was found to meet the Never Event criteria of a *retained foreign object post procedure*.

The following actions were taken immediately or within days of the event:

- A Patient Safety Response visit was held and learning focused on how the checks for instruments are performed during the course of surgery.
- To ensure same standards are being applied across theatres when checking the integrity of instruments that may be inserted into or removed from a patient.

A Serious Incident Investigation is underway to generate learning and develop recommendations. The Root Cause Analysis is in progress and due for completion by the end of February 2022.

A medicine related serious incident has been reported in December



A medicine related serious incident has been reported in December 2022

Incident:
74 year old patient was admitted to University Hospitals Coventry and Warwickshire NHS Trust following a fall at home, on assessment it was noted the patient sustained multiple fractures, including ribs, pubic rami, thoracic spine and clavicle.

The patient was admitted for conservative management of their injuries which included being given analgesia and nerve blocks. An electronic VTE (Venous Thromboembolism) risk assessment was completed on admission and advised both mechanical and chemical prophylaxis for the patient. When the medical records were re-reviewed it was noted the prophylactic enoxaparin had been prescribed but doses had been crossed off, resulting in it not being administered.

The patient remained on Ward 53 where, over the next few days, they deteriorated and sadly passed away. Cause of death is to be established via coronial process.

The following actions were taken immediately or within days of the event:

Shared learning disseminated:

- The prescription and administration of pharmacological and mechanical thromboprophylaxis (or non-pharmacological interventions) should be monitored and re-assessed at senior review; then assessed again whenever the patient's clinical situation changes.
- Crosses (X) not to be used on medication Kardex.

<u>Each prescription must be written clearly and include:</u>

- Drug name (in block capitals)
- Dose
- Route
- Formulation, where others are available; e.g. pre-filled pen, metered dose inhaler, dry powder inhaler
- Times of administration
- Sign, Date (include day/month/year) and add bleep number

<u>Prescribers must affix a patient identification label and ensure that the following information is recorded on the prescription sheet:</u>

- Patient's full name, date of birth and hospital number
- Consultant and Ward
- Age and weight
- Drug Allergies/Hypersensitivity and reaction

A Serious Incident Investigation is underway to generate learning and develop recommendations. The Root Cause Analysis is in progress and due for completion by the end of February 2022

Operational Performance | Headlines December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Operational Summary

Emergency 4 hour wait:
December 2021 - **71.8%**

Latest benchmarked month:
England – December 73.3%
Midlands – December 74.8%

4hr Achievement Overview - as at 17/1/2022

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	31.77%	33.94%	54.39%	36.96%
Type 1 Resus	65.90%	65.16%	92.81%	70.86%
Type 1 Paediatrics	71.78%	67.71%	86.13%	74.59%
Local Health Economy	71.78%	67.71%	86.13%	74.59%

Diagnostic Waiters 6 Weeks and Over

5.12% : 739 breaches across all areas

Imaging	89
Cardiology	152
Endoscopy	56
Neurophysiology	190
Urology	81
Audiology	171

Ambulance Handover

Within 30 minutes : **78.6%**
Within 60 minutes : **95.7%**

Summary

Emergency 4 hour wait was 71.8% for December, an improvement of 1.3% from last month. UHCW remains below the benchmarked position for England and the Midlands.

The Cancer Two Week Wait standards, 62 Day referral to treatment and screening standards were not achieved in November. The newly reported Faster Diagnosis Standard was also not achieved. 22 patients were treated after the 104+ day target.

Diagnostic waiters performance improved by 0.55% to 5.12% in December.

Covid-19 Vaccinations

91,886
as at
17/01/2022

Urgent Clinic Letters sent in 7 calendar days

69.9%

Last month: 70.4%
Target 100%

Incomplete RTT pathways

Submitted Position	Inc %	Backlog (Over 18 Weeks)	Latest Benchmarked Month	UHCW	NHS England
Nov 2021	58.2%	23,023	01/11/2021	58.2%	64.8%
Nov 2020	57.9%	12,761	01/11/2020	57.9%	67.9%
YTD UHCW Change	0.3%	10,262	Benchmark Change	0.3%	-3.1%

52 Weeks

3,875 (November)
Previous month 4,255
Target 0

LLOS

Average number of patients with a length of stay 21 days and over
146

1 12 hour trolley wait

Reason to Reside

Data Collection compliance for eligible areas: 82%

Cancer standards - November

	Mth
TWW:	77.31%
31 day:	97.79%
62 day:	55.09%
FD Overall:	71.86%
TWW Breast Symp	37.86%
62 day Screening	66.04%

20 breaches (22 patients) treated over 104 days

Last minute Non-Clinical Operations – Elective
0.9%
of elective admissions – 54 Patients
Last month – 87 Patients

CANCELLED

Trust Scorecard – Finance, Resources and Performance Committee

Reporting Month : December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Finance and Workforce Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
	Emergency care								
	Emergency Care 4 Hour Wait	70.5%	71.8%	⇧	95%	95%	95%	COO	
	12 Hour Trolley Waits in Emergency Care	1	1	⇨	0	0	0	COO	
	Ambulance Handover within 30 Minutes	78.1%	78.6%	⇧	100%	100%	100%	COO	
	Ambulance Handover within 60 Minutes	93.9%	95.7%	⇧	100%	100%	100%	COO	
	30 Day Emergency Readmissions (1 month in arrears)	8.3%	7.3%	⇧	7.6%	7.6%	7.6%	COO	
	Number of Medical Outliers - Average per Day	43.9	50.5	⇩	50	50	50	COO	
	Length of Stay Acute - Average	6.7	6.5	⇧	6.9	6.9	6.9	COO	
	Non emergency care								
	Last Minute Non-clinical Cancelled Operations - Elective	1.3%	0.9%	⇧	0.8%	0.8%	0.8%	COO	
	Breaches of the 28 Day Readmission Guarantee	11	16	⇩	0	0	89	COO	
	Urgent Operations Cancelled for the Second Time	0	0	⇨	0	0	0	COO	
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	57.6%	58.2%	⇧	92%	92%	92%	COO	
	RTT 52 Week Waits Incomplete (1 month in arrears)	4255	3875	⇧	0	0	0	COO	
	E-referral Appointment Slot Issues – National data (1 month in arrears)	3.9%	4.2%	⇩	4%	4%	4%	COO	
	Diagnostic Waiters - 6 Weeks and Over	5.67%	5.12%	⇧	1%	1%	1%	COO	
	Bed Occupancy Rate - KH03 (3 months in arrears)	96.7%	96.7%	⇨	93%	93%	93%	COO	
	Cancer								
	Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	84.70%	77.31%	⇩	93%	93%	93%	COO	
	Cancer 2 Week Wait Breast Symptom (1 month in arrears)	91.51%	37.86%	⇩	93%	93%	93%	COO	
	Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	93.02%	97.79%	⇧	96%	96%	96%	COO	
	Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	94.00%	96.15%	⇧	94%	94%	94%	COO	
	Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	100.00%	100.00%	⇨	98%	98%	98%	COO	
	Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	97.83%	97.24%	⇩	94%	94%	94%	COO	
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	55.46%	55.09%	⇩	85%	85%	85%	COO	
	Cancer 62 Day Screening Standard (1 month in arrears)	68.89%	66.04%	⇩	90%	90%	90%	COO	
	Cancer 62 Day Consultant Upgrades (1 month in arrears)	63.8%	64.9%	⇧	85%	85%	85%	COO	
	Cancer 104+ Day Waits (1 month in arrears)	16.5	20.0	⇩	0	0	0	COO	
	Cancer 28 Day Faster Diagnosis Overall	73.84%	71.86%	⇩	75%	75%	75%	COO	
	Cancer 28 Day Faster Diagnosis Two Week Referral	73.86%	71.61%	⇩	75%	75%	75%	COO	
	Cancer 28 Day Faster Diagnosis Breast Symptomatic Referral	98.15%	100.00%	⇧	75%	75%	75%	COO	
	Cancer 28 Day Faster Diagnosis Screening	60.10%	56.25%	⇩	75%	75%	75%	COO	

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

DoT	
⇧	Improving
⇨	No change
⇩	Falling

Trust Scorecard – Finance, Resources and Performance Committee

Reporting Month : December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Finance and Workforce Scorecard									
Type	Measure	Previous Position	Latest Position	DoT	Current Target	Annual Target	Annual FOT	Executive Lead	Trend
Excellence in patient care and experience									
	Theatre Productivity								
	Theatre Efficiency - Main	57.6%	62.2%	⇧	85%	85%	85%	COO	
	Theatre Efficiency - Rugby	69.9%	68.6%	⇩	85%	85%	85%	COO	
	Theatre Efficiency - Day Surgery	55.9%	55.3%	⇩	85%	85%	85%	COO	
	Theatre Utilisation - Main	76.5%	78.0%	⇧	85%	85%	85%	COO	
	Theatre Utilisation - Rugby	81.9%	80.1%	⇩	85%	85%	85%	COO	
	Theatre Utilisation - Day Surgery	72.5%	71.7%	⇩	85%	85%	85%	COO	
	Surgical Safety Checklist - WHO	100.00%	100.00%	⇨	100%	100%	100%	CMO	
	Theatre Lists Started within 15 mins of Start Time	29.6%	29.9%	⇧	75%	75%	75%	COO	
Deliver value for money									
	Forecast Income & Expenditure - £'000	0	0	⇨	0		0	CFO	
	WRP Delivery - £'000	6143	8257	⇧	5810		19109	CFO	
	YTD Income & Expenditure Trust - £'000	-310	623	⇧	-1824		0	CFO	
	Agency Expenditure (£'000)	2085	1945	⇧	1903	1903	1903	CPO	
Employer of choice									
	Appraisal - Non-Medical	79.52%	81.07%	⇧	90%	90%	90%	CPO	
	Appraisal - Medical	79.53%	79.95%	⇧	90%	90%	90%	CPO	
	Mandatory Training Compliance	93.29%	93.41%	⇧	95%	95%	95%	CPO	
	Sickness Rate	5.96%	6.55%	⇩	4%	4%	4%	CPO	
	Staff Turnover Rate	10.94%	11.19%	⇩	10%	10%	10%	CPO	
	Vacancy Rate Compared to Funded Establishment	8.09%	8.55%	⇩	10%	10%	10%	CPO	
	Staff Survey - Recommending as a Place of Work (Quarterly)	N/A	N/A		70%	70%	70%	CPO	
Leading research based health care organisation									
	Submitted Research Grant Applications - Quarterly - Cumulative	76	76	⇨	67	134	134	CMO	
	Commercial Income Invoiced £000s - Cumulative (1 month in arrears)	778	1033	⇧	600	900	900	CFO	
	NIHR Research Capability Funding (£000s) (3 months in arrears)	250	250	⇨	500	1000	1000	CMO	
	Trial Recruitment Income (£000s) (3 months in arrears)	969	969	⇨	1062.5	2125	2125	CMO	
	All Grant Income (£000s) (3 months in arrears)	1519	1519	⇨	1000	2000	2000	CMO	

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

Target Type
National Target
Regional Target
Local Target

No Target or RAG rating
Achieving or exceeding target
Slightly behind target
Not achieving target
Data not currently available
Annual target breached

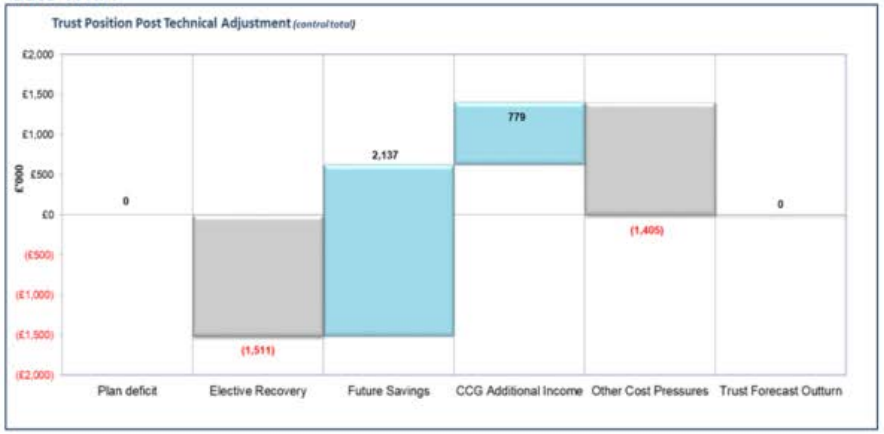
DoT	
⇧	Improving
⇨	No change
⇩	Falling

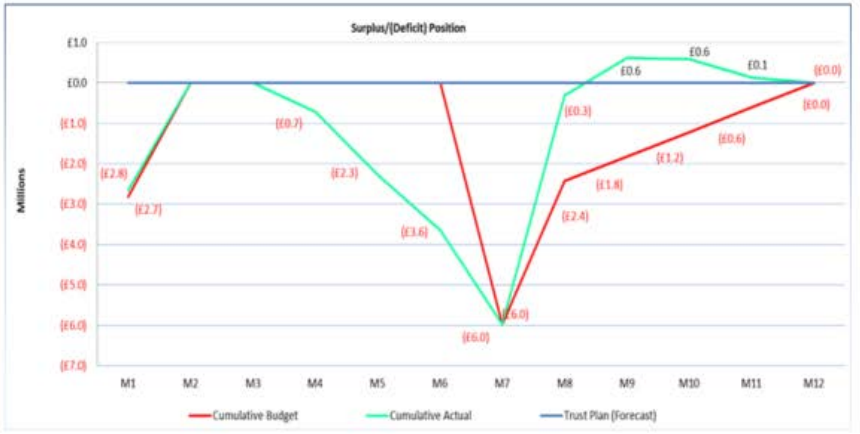
Integrated Finance Report |Finance Headlines

Reporting Month: December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

As Part of the on-going emergency financial regime the Trust has set a surplus plan of £3.6m for H2 on top of the £3.6m deficit in H1 making the overall plan breakeven. The month 9 position shows a £0.6m surplus, which is £2.4m better than plan. The positive variance is mainly driven by over delivery of the year-to date WRP.





Movements on the waterfall shows a break even position at the year end in line with plan largely driven by future savings £2.1m and additional H1 ERF income £0.8m, an increase in EFR Activity Costs (£1.5m) and other slippages (£1.4m).

At month 9 the year to date financial position is £0.6m and the forecast position is breakeven in line with the Trust plan.
The reported position in month 1 was a deficit of (£2.8m) due to ERF Income not accounted for until month 2.

CONTRACT & ACTIVITY INCOME

0.1 %
Year to date Over perfomance

The Trust reported a £0.6m favourable variance compared to plan at Month 9 which is mainly the Elective Recovery Funding (ERF) associated with the Accelerator Programme from H1.

Waste Reduction Programme

Full year target is now £19.1m based on the H2 submission.

£15.8m has been identified with a further £3.3m of savings to be identified and delivered

Capital

Capital Plan £52.4m

Capital Expenditure of £20.0m at Month 9. Full Year forecast expenditure £53.7m

YTD £19.7m AGENCY SPEND

Agency Ceiling is £20.8m.

Year to date expenditure at Month 9 equates to £19.7m, compared to year to date agency ceiling of £13.9m
Forecast expenditure at Month 9 equates to £25.8m compared to an agency ceiling of £20.8m

Integrated Finance Report |Trust Financial Position

Reporting Month: December 2021

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Finance Summary

9 Months Ended 31st December 2021	YTD Budget £'000	YTD Actual £'000	YTD Variance to Budget £'000	Annual Budget £'000	Forecast Actual £'000	Forecast Variance to Budget £'000
Total Income From Patient Care Activities	580,871	580,415	(456)	777,456	777,337	(119)
Adjusted Top Up Income	9,710	10,787	1,077	12,930	14,673	1,743
Total Other Operating Income	39,535	39,588	53	51,658	53,913	2,255
Total Operating Income	630,116	630,790	674	842,044	845,923	3,879
Total Medical and Dental - Substantive	(103,969)	(101,399)	2,570	(141,028)	(136,580)	4,448
Total Agenda for Change - Substantive	(224,788)	(216,311)	8,477	(304,118)	(290,527)	13,591
Total Medical and Dental - Bank	(8,028)	(9,133)	(1,105)	(8,534)	(12,041)	(3,507)
Total Agenda for Change - Bank	(13,345)	(19,605)	(6,260)	(14,215)	(26,709)	(12,494)
Total Medical and Dental - Agency	(8,643)	(9,261)	(618)	(10,229)	(11,702)	(1,473)
Total Agenda for Change - Agency	(9,813)	(10,445)	(632)	(11,132)	(14,074)	(2,942)
Other gross staff costs	(989)	(990)	(1)	(1,372)	(1,179)	193
Total Employee Expenses	(369,575)	(367,144)	2,431	(490,628)	(492,812)	(2,184)
Total Operating Expenditure excluding Employee Expenditure	(219,504)	(219,276)	228	(294,399)	(296,120)	(1,721)
Total Operating Expenditure	(589,079)	(586,420)	2,659	(785,027)	(788,932)	(3,905)
Additional savings	0	0	0	0	2,137	2,137
Total Future Savings	0	0	0	0	2,137	2,137
Operating Surplus/Deficit	41,037	44,370	3,333	57,017	59,128	2,111
Total Finance Expense	(38,438)	(40,111)	(1,673)	(51,267)	(53,490)	(2,223)
PDC dividend expense	(3,865)	(3,892)	(27)	(5,301)	(5,189)	112
Movements in Investments & Liabilities	0	0	0	0	0	0
Net Finance Costs	(42,303)	(44,003)	(1,700)	(56,568)	(58,679)	(2,111)
Surplus/Deficit For The Period	(1,266)	367	1,633	449	449	0
Control Total adjustments						
Donated assets (income)	(879)	(64)	815	(879)	(880)	(1)
Donated assets (depn)	321	320	(1)	430	431	1
Impairments	0	0	0	0	0	0
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	(1,824)	623	2,447	0	0	0

Year to date Financial Performance – The Trust is reporting a YTD favourable position of £0.6m, which is £2.4k better that plan

Income from Patient Care Activities (including Adjusted Top Up £0.6m favourable:
- Testing and vaccinations £1.1m
- ERF Income Relating to H1 £0.2m
- RTA Income (£0.7m)

Other Operating Income: £0.1m
- Screening services (£0.3m)
- Section 106 £0.4m

Expenditure: £2.7m favourable
- Screening Services £0.3m
- Developments not fully committed £2.4m

Forecast Financial Performance- The Trust is reporting a forecast breakeven position in line with plan however, this assumes that additional savings will be identified and delivered

Income from Patient Care Activities (including Adjusted Top Up £1.6m Favourable
- Testing and vaccinations £1.7m

Other Operating Income: £2.3m favourable
- Education & Research £2.4m

Expenditure: (£3.9m) adverse
- Drugs and bloods £2.4m
- Medical records storage £1.0m
- Screening Services £0.5m
- Education & Research (£5.6m)
- Developments not fully committed (£2.2m)

Integrated Finance Report |Statement of Financial Position

Reporting Month: December 2021

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Statement of Financial Position 9 months ended 31 December 2021	Year To Date Internal Plan (£'000)	Actual (£'000)	Variance (£'000)
Non-current assets			
Property, plant and equipment	394,282	383,384	(10,899)
Intangible assets	5,824	4,026	(1,798)
Investment Property	10,500	10,500	0
Trade and other receivables	33,056	23,952	(9,104)
Total non-current assets	**443,662**	**421,862**	**(21,801)**
Current assets			
Inventories	13,920	15,502	1,582
Trade and other receivables	40,277	61,249	20,972
Cash and cash equivalents	39,776	61,571	21,795
	93,973	**138,322**	**44,349**
Non-current assets held for sale	0	0	0
Total current assets	**93,973**	**138,322**	**44,349**
Total assets	**537,635**	**560,184**	**22,549**
Current liabilities			
Trade and other payables	(88,295)	(104,079)	(15,784)
Borrowings	(5,281)	(5,781)	(500)
DH Interim Revenue Support loan	0	0	0
DH Capital loan	(896)	(894)	2
Provisions	(2,811)	(2,271)	540
Total current liabilities	**(97,283)**	**(113,025)**	**(15,742)**
Net current assets/(liabilities)	**(3,310)**	**25,297**	**28,607**
Total assets less current liabilities	**440,352**	**447,159**	**6,807**
Non-current liabilities:			
Trade and other payables	0	0	0
Borrowings	(234,352)	(232,134)	2,218
DH Interim Revenue Support loan/RWCSF	0	0	0
DH Capital loan	(1,780)	(1,780)	0
Provisions	(2,863)	(2,863)	0
Total assets employed	**201,357**	**210,382**	**9,025**
Financed by taxpayers' equity:			
Public dividend capital	213,065	204,899	(8,166)
Retained earnings	(87,128)	(69,938)	17,191
Revaluation reserve	75,420	75,420	0
Total Taxpayers' Equity	**201,357**	**210,382**	**9,025**

The Statement of Financial Position ("SoFP") shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity, financial, credit and business risks.

A H2 detailed balance sheet Plan is not in place at Month 09 and is unlikely to be submitted this financial year, therefore for comparison purposes, the internal plan compiled at the beginning of the year is shown here. This internal plan has a forecast year-end cash balance equating to £18m. The year-end cash balance is being reported on a monthly basis to NHS Improvement.

Some of the key points to note in this report are:

Year to Date Results

- Property plant and equipment balances are lower than plan due to reduced PFI equipment lifecycling and lower capital expenditure to date;
- Receivables balances are more than planned as a result of income accruals not anticipated at the time the plan was compiled and slippage on the use of PFI lifecycle prepayment to fund PFI equipment;
- Payables balances are higher than planned due to extra expenditure accruals, particularly for the provision of pathology analysers and associated consumables and pharmacy costs;
- Retained earnings are close to break-even as at Mth 09 compared to the original internal plan of a significant deficit;
- Public dividend capital is lower than plan due to deferring the drawing down of funding;
- The above movements have resulted in a higher cash balance than forecast at the end of December.

Workforce Information | Headlines December 2021

NHS
University Hospitals Coventry and Warwickshire NHS Trust

This report provides a summary overview of workforce data. A detailed analysis of this data is provided within the monthly workforce report presented to the Finance, Performance & Resources Committee.

Agency Spend
£ 1,939,997

Headcount
9804 Headcount
8644.89 WTE
(Inclusive of ISS/ROE)
Bank not included

Training
93.38%
(Substantive Employees)

Target ≥ 95%

Vacancy Rate
8.55%
777.49 WTE

Target ≤ 10%

Medical
79.95%
(Source RMS – the dispensation period for Covid has now ended)
81.07%

Target ≥ 90%

Turnover
11.18%
(12 months rolling average this data excludes staff employed to support Covid-19)

Target ≤ 10%

Sickness
6.55%

Target ≤ 4%

Workforce Summary

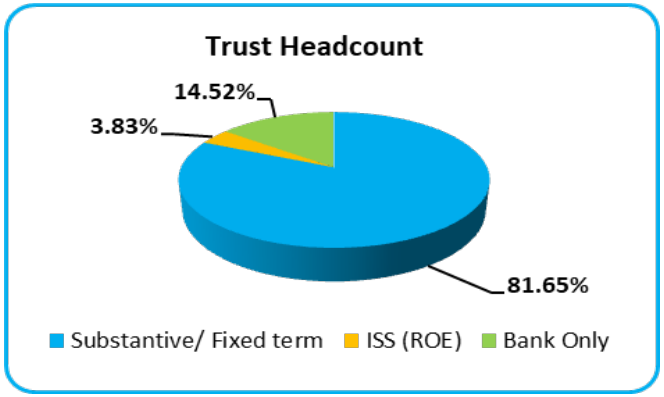
Workforce Information | December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Headcount | WTE

The tables on this page shows the primary headcount and WTE for UHCW and ISS staff, exclusive of any staff employed to support Covid-19 activity.

Staff Headcount Breakdown	Oct-21	Nov-21	Dec-21
Substantive/Fixed Term	9318	9,371	9,365
ISS (ROE)	457	446	439
Trust Total	**9775**	**9817**	**9804**
Bank Only	1785	1598	1665



Staff WTE Breakdown	Oct-21	Nov-21	Dec-21
Substantive/Fixed Term	8285.84	8326.34	8311.79
ISS (ROE)	347.70	338.80	333.10
Trust Total	**8633.54**	**8665.14**	**8644.89**

Staff Group in Post | Monthly Variation

Including C-19 Additional Medical Staff

Staff Group Variances (WTE)	Staff in Post Nov-21	Staff in Post Dec-21	Starters in Month	Leavers in Month
Add Professional	306.57	305.93	2.17	1.00
Add Clinical Services	1944.75	1912.75	36.57	12.98
Admin & Clerical	1452.96	1440.64	7.33	17.60
Allied Health Professional	475.18	497.92	22.25	1.00
Estates & Ancillary	2.00	2.00	0.00	0.00
Healthcare Scientists	370.08	371.59	5.00	7.60
Medical & Dental	1159.74	1153.36	53.00	5.93
Nursing & Midwifery	2614.06	2627.30	11.85	16.22
Students	1.00	1.00	0.00	0.00
Total	**8326.34**	**8312.49**	**138.19**	**62.33**

Starters

There were **138.19 WTE** new starters in month, of which **40.11%** are M&D (**53.00 WTE, 71 Headcount**). This primarily consists of 43 WMD Rotational Doctors, 9 Trust Grade Doctors and 1 Consultant (Intervention Radiologist) plus 1 Locum Consultant in and 17 Bank Trust Grades.

Additional Clinical Services had a new starter headcount of **43 (36.57 WTE)** which consisted of **17** Health Care Assistants and **16** International Overseas Nurses (awaiting PIN). Plus 2 Phlebotomist, 2 Assistant Practitioners Nursing, 3 Technician and 3 Healthcare Science Assistants.

Nursing and Midwifery had a headcount of **16** new starters (**11.85 WTE**), including **8** Band 5, **5** Band 6**, 1** Band 7**, plus 1** bank Midwife and 1 bank Band 5.

Leavers

Nursing & Midwifery had the highest numbers of leavers **20 Headcount** (**16.22 WTE**), of which **9** were Staff nurse, **5** Sister/Charge Nurse**, 2** Midwifes, **3** Specialist Nurse Practitioner and **1** Modern Matron. **Additional Clinical Services** had **12.98** WTE (**19** Headcount), of which **14** were HCAs, 1 support workers, 1 Assistant Practitioner 3 others. Admin & Clerical had **19 Leavers (17.60 WTE)**.

Leaving Reasons

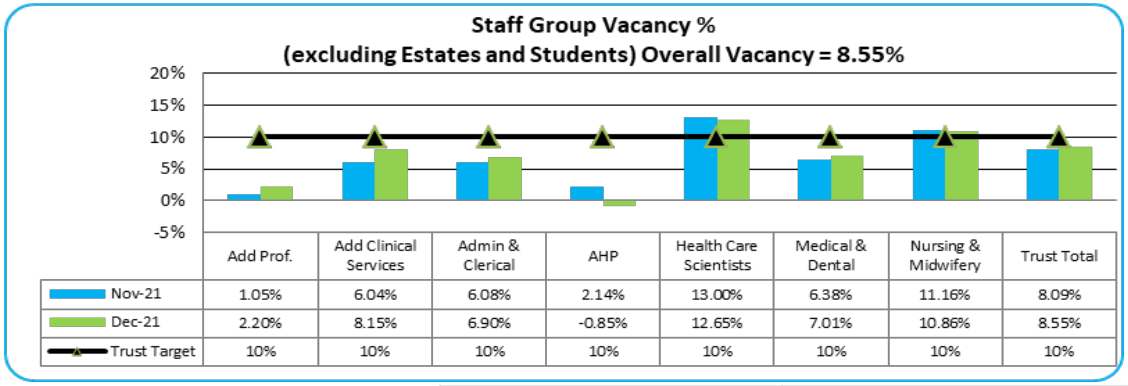
73% of the leavers were due to Voluntary Resignation, **16%** Retirement, **9%** end of Fixed Term Contract and **2%** other reasons.

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.*

Workforce Information | December 2021

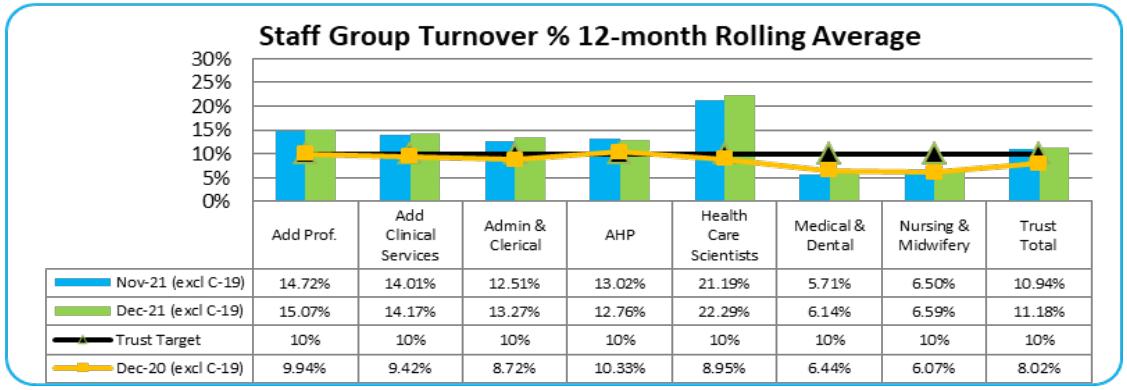
NHS University Hospitals Coventry and Warwickshire NHS Trust

Vacancy | by Staff Group



	Add Prof.	Add Clinical Services	Admin & Clerical	AHP	Health Care Scientists	Medical & Dental	Nursing & Midwifery	Trust Total
Nov-21	1.05%	6.04%	6.08%	2.14%	13.00%	6.38%	11.16%	8.09%
Dec-21	2.20%	8.15%	6.90%	-0.85%	12.65%	7.01%	10.86%	8.55%
Trust Target	10%	10%	10%	10%	10%	10%	10%	10%

Staff Group	Nov-21 Funded (WTE)	Nov-21 Staff In Post (WTE)	Nov-21 Funded Vacancies (WTE)	Dec-21 Funded (WTE)	Dec-21 Staff In Post (WTE)	Dec-21 Funded Vacancies (WTE)
Add Prof Scientific and Technic	309.82	306.57	3.25	312.80	305.93	6.87
Additional Clinical Services	2069.72	1944.75	124.97	2082.5	1912.75	169.75
Administrative and Clerical	1546.99	1452.96	94.03	1547.49	1440.64	106.85
Allied Health Professionals	485.59	475.18	10.41	493.72	497.92	-4.2
Healthcare Scientists	425.38	370.08	55.30	425.38	371.59	53.79
Medical and Dental	1238.78	1159.74	79.04	1240.24	1153.36	86.88
Nursing and Midwifery Registered	2942.58	2614.06	328.52	2947.44	2627.3	320.14
Grand Total (please note Estates & Students are not included in the total)	**9,018.86**	**8,323.34**	**695.52**	**9,049.57**	**8,309.49**	**740.08**



	Add Prof.	Add Clinical Services	Admin & Clerical	AHP	Health Care Scientists	Medical & Dental	Nursing & Midwifery	Trust Total
Nov-21 (excl C-19)	14.72%	14.01%	12.51%	13.02%	21.19%	5.71%	6.50%	10.94%
Dec-21 (excl C-19)	15.07%	14.17%	13.27%	12.76%	22.29%	6.14%	6.59%	11.18%
Trust Target	10%	10%	10%	10%	10%	10%	10%	10%
Dec-20 (excl C-19)	9.94%	9.42%	8.72%	10.33%	8.95%	6.44%	6.07%	8.02%

This graph highlights the turnover including and excluding staff employed to support COVID-19.

Vacancy | by Staff Group

The Trust overall vacancy rate has increased by **0.46%** from **8.09%** in November to **8.55%** in December. AHP's recorded **2.99%** reduction due to an increase of **22.74 WTE** staff in post following the transfer of MSK practitioners in December.

International Recruitment (IR) - **253 WTE overseas nurses** have joined the trust between October 2020 and December 2021. During December, **16 WTE** arrived and are working as Band 4 pending NMC PIN registration. There are a further **28 WTE** appointed, but not yet in the country; following their arrival, the Trust will achieve its recruitment target of **281 WTE**. We have received confirmation of funding for a further 100 international nurses and these plans and future trajectory are being developed.

Vacancy Trajectory

***Local Band 5 Nurses** - There are **165.87** in the recruitment pipeline with **82.25 WTE** at pre-employment check stage and **15.92 WTE** starting in January/February. Our combined recruitment activities will lead to a local vacancy position of **9.07%**

****Healthcare Support Worker Programme** — Our vacancy target is now 0% by end of March and we have revised our January recruitment campaign and method of assessment to achieve this. Our first recruitment day was held on 15th January which resulted in 50 offers of employment.

*includes Band 5 Nurses, Nursing Associates, Pre-reg. International Nurses, Pre-reg. Newly Qualified and Pre-reg. Nursing Associates.
**includes HCA Band 2, HCA Apprentices, Transfer Team and Enhanced Care Assistants Band 2 and 3.

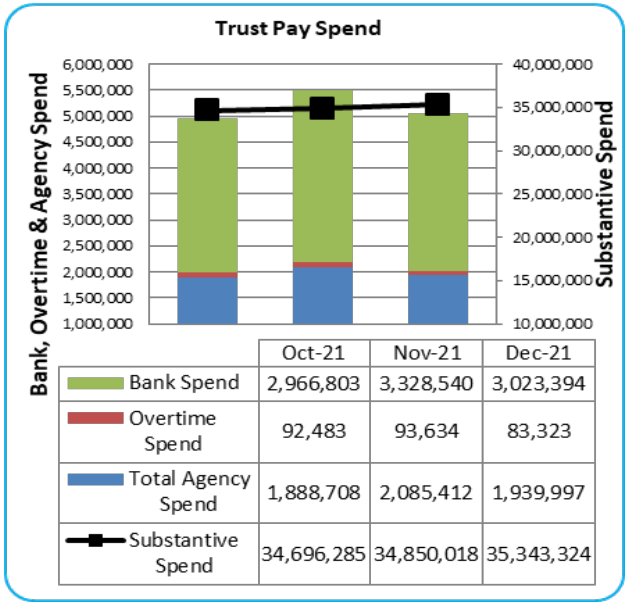
Turnover | by Staff Group

We are still referencing the impact of Covid-19 appointments on our rolling turnover figures as this information is included in other national information returns but excluded from local results. If we exclude the additional support for the pandemic response the turnover rate for the Trust is **11.18%** an increase (**0.24%**) from last month. The TUPE staff to Burton (**67 headcount**) continue to have an impact on the overall rolling 12 month average.

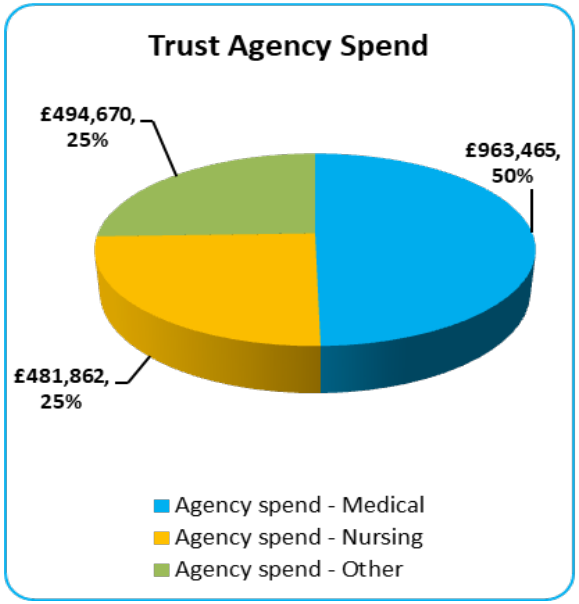
Workforce Information | December 2021

University Hospitals Coventry and Warwickshire NHS Trust

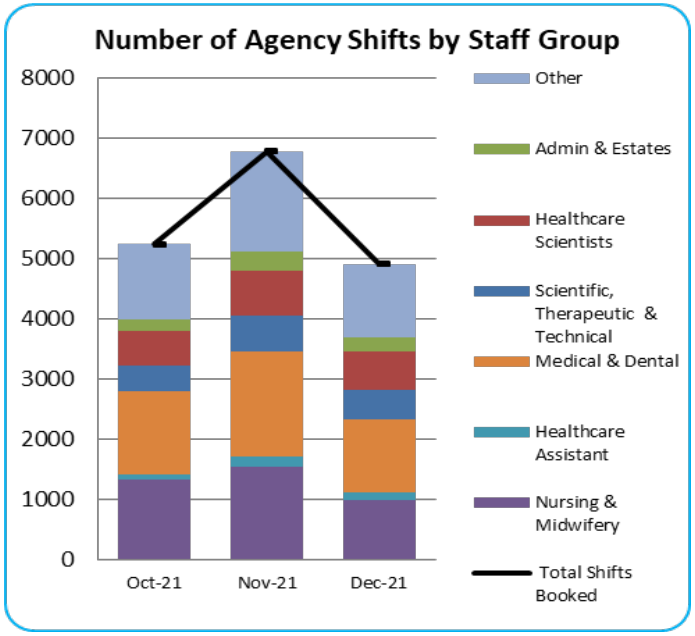
Pay Costs| Provided by Finance



	Oct-21	Nov-21	Dec-21
Bank Spend	2,966,803	3,328,540	3,023,394
Overtime Spend	92,483	93,634	83,323
Total Agency Spend	1,888,708	2,085,412	1,939,997
Substantive Spend	34,696,285	34,850,018	35,343,324



Agency | Number of Shifts Booked



Agency Shifts Booked | Reasons for Shifts Booked

The Trust has been under significant operational pressure during November/December, although the number of agency shifts booked has reduced across all staff groups.

Medical and Dental shifts has decreased to 1214, this is a reduction of 529 shifts on last month. The highest decrease between November and December was for Nursing and Midwifery, where there has been significant drop in shifts from 1535 to 984. We have also seen a decrease across all other staff groups including HCA, AHP, Healthcare Scientists, Admin & Clerical and Other. The large decrease in shifts (bank and agency) is a result of the lack of temporary and bank staff availability due to covid absence and isolation.

The decrease in shifts booked has been reflected in the Trust Agency spend, a decrease by £145,416 from £2m in November to £1m in December.

Staff Group	Oct-21	Nov-21	Dec-21
Nursing & Midwifery	1322	1535	984
Healthcare Assistant	98	170	135
Medical & Dental	1384	1743	1214
Scientific, Therapeutic & Technical	410	600	491
Healthcare Scientists	588	754	636
Admin & Estates	181	313	223
Other	1258	1662	1230
Total Shifts Booked	**5241**	**6777**	**4913**

Workforce Information | December 2021

NHS University Hospitals Coventry and Warwickshire NHS Trust

Absence | by Group

Overview

Trust Group	Covid-19 Absence %	Sickness Absence with Covid-19 Excluded
218 Clinical Diagnostics	1.31%	4.45%
218 Clinical Support Services	1.48%	5.15%
218 Core Services	1.13%	4.24%
218 Emergency Medicine	2.32%	7.39%
218 Medicine	1.21%	5.00%
218 Surgical Services	1.65%	4.86%
218 Trauma and Neuro Services	1.40%	4.69%
218 Women and Children	2.54%	5.24%
Grand Total	**1.53%**	**5.02%**

Group Rolling Sickness Absence Rate % (including Covid 19 sickness)	Oct-21	Nov-21	Dec-21
218 Clinical Diagnostics	6.63%	6.16%	5.78%
218 Clinical Support Services	6.33%	6.40%	6.63%
218 Core Services	4.72%	5.07%	5.38%
218 Emergency Medicine	7.19%	7.72%	9.71%
218 Medicine	6.13%	5.71%	6.22%
218 Surgical Services	6.00%	5.40%	6.53%
218 Trauma and Neuro Services	5.91%	5.42%	6.09%
218 Women and Children	6.31%	6.21%	7.79%
Trust Total %	**6.10%**	**5.96%**	**6.55%**

ABSENCE:

The overall Trust sickness absence rate has increased by 0.59% from November 5.96% to 6.55% . The main reason for the increase is Covid-19. Sickness absence excluding Covid-19 for the same period equates to **5.02%**, which is a 0.4% decrease on the previous month. Covid-19 absence has increased by **1%** from November **0.53%** to **1.53%**.

The highest reason for absence was Infectious Diseases **798 episodes** (**23.80%** of overall sickness), followed by **406 episodes** due to Cold, Cough & Flu - Influenza (**7.70%**). Mental Health related sickness has decreased **(2.68%)** with **290 episodes.**

Emergency Medicine continues to see the highest sickness level of **9.71%** an increase of **1.99%** since November. The Group have appointed Health and Wellbeing Champions and have introduced Check and Challenge meetings, a Brilliance box, a mug-full of goodies and Time for Tea, all of which aim to support and thank staff. Women's & Children's is at 7.79%. The Group continue to hold daily safe staffing meetings, check and challenge meetings and have held a Table Top review with Chief Officers. As part of their wellbeing programme they are holding compassionate conversations as part of their 1-2-1's and Team Touch Base.

Our new Compassionate Leave Policy was launched on 1st January to offer enhanced leave for those experiencing bereavement, those undergoing fertility treatment, those experiencing pregnancy loss and for parents of premature babies.

Absence | Reasons

The table below shows the top 5 absence reasons by Days Lost (WTE) and the Absence percentage.

Top Five Absence Reasons	Total WTE Days Lost	Absence %
Infectious diseases (Inc Covid-19 related)	4024.59	23.80%
Mental Health	3962.71	23.43%
Other musculoskeletal problems	1984.92	11.74%
Cold, Cough, Flu - Influenza	1301.84	7.70%
Injury, fracture	891.76	5.27%
Overall All Absence Trust Totals	**16909.38**	**6.55%**

Workforce Information | December 2021

University Hospitals Coventry and Warwickshire NHS Trust

Mandatory Training | by Group

Group Mandatory Training %	Oct-21	Nov-21	Dec-21
Clinical Diagnostics	92.68%	93.56%	94.07%
Clinical Support Services	95.47%	95.49%	95.47%
Core Services	94.10%	94.08%	93.92%
Emergency Medicine	91.57%	91.70%	91.17%
Medicine	91.36%	91.72%	92.07%
Surgical Services	92.53%	92.78%	92.73%
Trauma and Neuro Services	92.71%	93.08%	93.18%
Women & Children	91.79%	92.00%	91.68%
Trust Total	93.05%	93.29%	93.41%
Substantive Staff Only	92.99%	91.92%	93.38%
Bank Staff Only	94.00%	92.47%	93.79%

Appraisals | by Group

Appraisal % by Group	Non-Medical Appraisals			Medical Appraisals		
	Oct-21	Nov-21	Dec-21	Oct-21	Nov-21	Dec-21
Clinical Diagnostics	75.62%	79.32%	82.17%	81.16%	79.17%	79.45%
Clinical Support Services	88.62%	88.09%	88.30%	87.50%	83.70%	83.70%
Core Services	71.78%	72.86%	76.15%	100.00%	100.00%	100.00%
Emergency Medicine	86.26%	87.29%	86.03%	79.76%	82.14%	82.56%
Medicine	76.77%	76.84%	76.39%	74.56%	76.79%	77.46%
Surgical Services	83.83%	82.02%	84.90%	83.62%	77.97%	78.15%
Trauma and Neuro Services	73.49%	72.11%	75.08%	78.29%	79.84%	80.15%
Women & Children	71.43%	74.03%	78.22%	88.68%	78.00%	78.00%
Temporary Staffing				76.19%	80.00%	82.00%
Trust Total	79.00%	79.52%	81.07%	80.58%	79.53%	79.95%

Mandatory Training

- Overall Mandatory Training compliance for the Trust has increased by 0.12% in December 2021. The Trust target of 95% has been achieved by 2 groups and overall all Groups are over 91% compliant (amber).
- Mandatory training compliance has increased in 25 of the 36 mandatory training topics.
- As part of pre hire e-learning the compliance rate has increased in 5 out of the 8 subjects.

Non Medical Appraisals

There has been a 1.55% improvement at a Trust level on compliance with improvements seen in all Clinical Groups with the exception of Emergency Medicine and Medicine who have had a partial decline in compliance.

All Groups have been adversely impacted on compliance levels by fluctuating sickness absence and self-isolation cases. Named non-compliance lists continue to be shared with specialty management and clinical leads for oversight and action plans set to support improvement at specialty / Department level.

Medical Appraisals

The compliance position remains stable but below the target. Following further guidance from NHSE in May 2021 medical appraisals for appraisal year 1st April 2021 – 31st March 2022 continue to allow flexibility for doctors. All appraisals will continue to be recorded on the PreP platform and should be completed by 31st March 2022 for compliance purposes. Doctors which still have outstanding appraisals from appraisal year 2020/2021 are being managed with support from Clinical Leads.

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Medical Revalidation & Appraisal Annual Report
Executive Sponsor	Professor Kiran Patel, Chief Medical Officer
Author	Parminder Jandu, Medical Revalidation Officer
Attachment	A framework of quality assurance for responsible officers and revalidation -- Annex D Annual Board and Statement of Compliance
Recommendation	The Board is asked to **NOTE** the report and new objectives and actions; and **APPROVE** the 'Statement of Compliance' confirming that the Trust, as a Designated Body is compliant with regulations, appreciating this will be shared with the Higher Level Responsible Officer (RO)

EXECUTIVE SUMMARY

This report provides an update on Medical Appraisal and Revalidation within the Trust, confirming the actions to date and those expected over the next year to provide assurance to the Board.

Please note actions to date that provide assurance that the Trust is compliant with Core Standards of the Responsible Officer Regulations:

- Collaborative working with Medical Workforce Team – with the introduction of guidance for all new doctors at recruitment and the establishment of processes to ensure governance is executed and maintained for information sharing and medical concerns management.
- Support for all doctors with flexibility with the use of a simplified appraisal model, focus on health and well-being and encouraging group support for doctors
- Appraiser training being undertaken quarterly – allowing an increase in appraisers and a support platform for appraisers
- PreP Migration – Relinquishing the use of Equiniti – with the availability of training on a rolling basis to allow flexibility and support for doctors

Please note actions for the forthcoming year:

- Continue to build compliancy through flexibility and doctor support
- Strengthen processes and procedures with medical workforce to ensure robustness in our practices
- Review support to the Medical Revalidation Team in terms of administrative support
- Implement benefits of medical educational programmes for locum or short term placement doctors
- Focus on individual impact on health inequalities and population health in line with national strategy

• Formalise Medical Concerns with development of terms of reference and formalising Medical Concerns management • Build on the appraiser support – appraiser support networks and review appraiser to appraise ratios
PREVIOUS DISCUSSIONS HELD
None

KEY IMPLICATIONS	
Financial	N/A
Patients Safety or Quality	Revalidation & Appraisal provides a greater assurance to patients, public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise within the organisation.
Workforce	N/A
Operational	N/A

Classification: Official

Publications approval reference: B0614

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.[1] This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Designated Body Annual Board Report

Section 1 – General:

The Board of University Hospitals Coventry & Warwickshire NHS Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: N/A Comments: Prof Kiran Patel and Dr Richard de Boer continue to remain compliant in all modules of RO training and have regularly attended the required quota of NHSE Networking Events when these events have been available to attend. Action for next year: N/A

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes Action from last year: N/A Comments: A revalidation team consisting of Appraisal Lead, Associate Medical Director and Revalidation Officer. A new medical workforce team has been implemented to support the RO to carry out wider RO responsibilities. This team continues to develop and embed processes to strengthen measures including governance around responding to concerns. Action for next year: Review of staffing levels within the Revalidation function for added administrative support in order to support Revalidation Officer with processes and procedures. Workforce to continue to review processes to ensure robust measures and processes are in place.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: N/A Comments: A local database of all prescribed connections is held and data is maintained monthly using the Trust Starter and Leaver information generated by the Workforce department. Action for next year: N/A

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: N/A

Comments: Medical Appraisal Policy is in place with core content which is compliant with national guidelines. Policy last updated in April 2021

Action for next year: N/A

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: N/A

Comments: Regional team to inspect processes.

Action for next year: Scope external review of RO functions

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: N/A

Comments: The Trust undertakes appraisals for all locum doctors that are connected via GMC where the trust acts as primary employer. The Trust procured appraisal system can be used to undertake 3 way appraisals.

Action for next year: Proactively ensure locum Drs and short term placement Drs are benefitting from medical education programmes. Furthermore, currently there is no clinical supervision for non training grade Doctors and we seek to resource and ensure adequate supervision and training for this cohort of Doctors as occurs in other trusts. This will be work which needs to be scoped in the forthcoming year.

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change.

Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: N/A

Comments: Appraisals were restarted in September 2020 following the guidance received to suspend appraisal activity during the pandemic. The Trust has allowed flexibility in terms of completion dates allowing appraisal to be completed by 31st March 2021 instead of each appraisal month as well as adopting the Appraisal 2020 model.

The Appraisal suspension in 2020 had been appreciated yet many doctors have chosen to continue to proceed with full appraisals incorporating CPD that had already been undertaken and wished for this be reflected upon.

- Workloads/Clinical commitments cause pressure on doctors to undertake appraisals in both appraisee and appraiser capacity
- Doctors personal circumstances have impacted with many doctors shielding, off sick due to Covid – resulting in increasing workloads for others. Health and well-being support has therefore been important this year.
- Appraisal system migration – In April 2021 the Trust underwent a system migration causing further pressure. All doctors have had to learn and adopt a new appraisal system called PreP-IT, having relinquished use of Equiniti.

Action for next year: Recognise further constraints on appraisals to provide further support for doctors, yet encourage appraisal as a formative and supportive exercise for the individual. The RO also encourages appraisal to consider the impact of individuals on health inequality and population health, in line with national strategy.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: N/A

Comments: The above reasons have been determined and the Revalidation Team is currently working closely with all groups to support these doctors.

• Further training dates have been made available for the new IT system

• Appraisals have been undertaken virtually where required

• Support from Clinical Leaderships Teams has been sought to support individuals with appraisals

• The number of Appraisers has been increased to support appraisal workloads

Action for next year: Continue this Trust approach by being proactive to react in order to support doctors with appraisals for appraisal year 2021/2022. We will also establish governance to formalise our Medical Concerns meeting to receive an update on scheduled, delivered, postponed and missed appraisals with escalation and management in line with GMC guidance.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: N/A

Comments: Medical Appraisal Policy is in place with core content which is compliant with national guidelines. Policy last updated in April 2021 and reviewed and accepted Trust Medical Negotiating Committee and Strategic Workforce Committee

Action for next year: Establish formal receipt of appraisal update to RO via Medical Concerns committee Chaired by the Responsible officer or Deputy CMO for Professional Regulation

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: N/A

Comments: UHCW currently have 149 trained appraisers. The ratio of appraisers to doctors is 1:6. The Trust continues to run in-house Appraiser training for new and current appraisers. The current appraiser training incorporates a network session where existing and new appraisers have the opportunity to reflect and raise concerns. Training takes place on a quarterly basis.

Action for next year: Review of Appraiser to Appraisee ratios and report of any risks to RO at Medical SMT

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: To continue the Bi-Annual Appraiser Support Group

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

Comments: Due to the current circumstances the Appraiser Support Group has not taken place. The Appraiser training environment has provided a platform for appraisers for support with regular communications in the format of bulletins, leadership meetings with added support from the Appraisal & Revalidation Team

Action for next year: Introduction of virtual Appraiser Support Groups and Quality assurance of appraisal by DCMO for Professional Regulation

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: N/A

Comments: 10% of medical appraisals are reviewed on a quarterly basis which is reviewed at Revalidation Team meetings to determine any areas of focus for continued improvement.

Action for next year: New Audit to focus on new appraisers and continuation of existing QA with formal QA reports to RO at Medical SMT

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	University Hospital Coventry & Warwickshire
Total number of doctors with a prescribed connection as at 31 March 2021	794
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	374
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	399
Total number of agreed exceptions	21

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: N/A Comments: Since the restart of revalidation in 2020 to date University Hospital Coventry & Warwickshire have submitted over 200 revalidation submissions via the Trust GMC Connect portal with minimum disruption. Action for next year: RO (at Medical SMT) to receive update on revalidation recommendations and deferrals and any medical concerns to be governed via Medical Concerns Committee chaired by RO, where appropriate

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: N/A Comments: Doctors are issued with a Trust revalidation letter to confirm their revalidation submission to the GMC within 48 hours of submission. Revalidation submissions are predominantly made 1 month prior to submission date. Action for next year: Schedule of forthcoming revalidations and recommendations to be formally signed by DCMO and RO with commensurate communication to Doctors on behalf of the trust and RO.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: N/A Comments: 1. Trustwide policies continue to apply to individuals on the GMC register: Raising Concerns Policy; freedom to Speak Up Policy - providing staff with access to a proper and widely procedure for voicing concerns when they encounter or suspect wrong-doing or malpractice – safe in the knowledge that they will not suffer personal detriment as a result of having done so. Action for next year: Formal terms of reference to be developed with standards, for Medical Concerns meeting, with structured approach to notification of appraisal non-engagement, revalidation deferral, medical professional information transfer, all medical concerns and consequent recommendations for trust and/or RO and/or GMC.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: N/A Comments: University Hospitals Coventry and Warwickshire NHS Trust are committed to ensuring that concerns in relation to the conduct and capability of doctors and dentists are dealt with in a fair and consistent manner, in line with the national framework “Maintaining High Professional Standards in the Modern NHS”. Action for next year: See 4.1

3. There is a process established for responding to concerns about any licensed medical practitioner’s[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:

Comments: University Hospitals Coventry and Warwickshire NHS Trust are committed to ensuring that concerns in relation to the conduct and capability of doctors and dentists are dealt with in a fair and consistent manner, in line with the national framework "Maintaining High Professional Standards in the Modern NHS".

Action for next year: See 4.1

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year: N/A

Comments: Conduct and capability concerns are reported and reviewed at bi-weekly Medical Concerns Committee.

Action for next year: Annual audit of Medical concerns to be undertaken from 22/23 onwards

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year: The systematic use of MPITs has been absent at UHCW.

Comments: The Trust now adopts the use of MPIT forms and complies with any Transfer of Information requests via the "Information Requests Process" under Medical Appraisal & Revalidation. The current process adopts a 5 working day turnaround time for all requests and details are recorded locally on a database.

Action for next year: The Trust will be proactive in providing MPITs for all Medical and dental practitioners leaving the organisation and will

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

proactively seek MPITs for those commencing employment at UHCW, led by the new Medical Workforce team.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: N/A

Comments: The Conduct and Capability Concerns Policy provides comprehensive steps and principles for dealing with concerns raised regarding doctors and dentists. This enables prompt actions to be taken in the interests of patients, staff and the practitioner - ensuring that safeguarding protocols are in place.

Action for next year: N/A

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: N/A

Comments: Pre-employment checks are undertaken in line with NHS employers standards where qualifications/professional registrations are mandatory to be checked prior to commencement within the organisation to ensure for safe working and allows them to work at the appropriate level.

Action for next year: To document receipt of MPITs as part of pre-employment checks

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report –**

  As at 31st March 2021 approximately half of all appraisals had been completed following 5 months of no appraisal activity. Appraisals restarted in September 2020 and to date we are now in a position of 76 appraisals outstanding for this appraisal year and of all these doctors are being supported by the team.

  Appraisal and Revalidation processes are now embedded in order to ensure robustness and consistency. Compliance of appraisals remains a focus with support from the Groups in management of appraisals.

- **Actions still outstanding**
  - Allocation of Appraisers – remains a focus for next appraisal year

- **Current Issues**
  - Increased clinical workloads
  - Increased levels of sickness within the Trust

- **New Actions:**
  - Review of staffing levels within the Revalidation function for added administrative support in order to support Revalidation Officer with processes and procedures
  - Close working with Workforce team to establish Medical Workforce group and formalise Medical Concerns group to advise RO.
  - Recognise further constraints on appraisals to provide further support for doctors
  - Continue this Trust approach by being proactive to react in order to support doctors with appraisals for appraisal year 2021/2022
  - Review of Appraiser to Appraisee ratios
  - Introduction of virtual Appraiser Support Groups
  - New Audit to focus on new appraisers
  - Introduction of a new consultant pack for appraisal
  - Waste Management to be included as focus of discussion in appraisal
  - Systematise use of MPIT to provide support to new and departing employees where appropriate and enable the trust to be fully informed in order to manage Medical and Dental Practitioners

- **Overall conclusion:**

  The focus for appraisals within the Trust has been to ensure doctors are supported with

the adoption of the Model 2020 appraisal along with flexibility collating evidence for revalidation. This along with the system migration - now seems to have been embedded well.

Priority for end of appraisal year 2021/2022 will be ensure all appraisals are completed for year-end as we anticipate changes in appraisal and revalidation moving into appraisal year 2022/2023.

Section 7 – Statement of Compliance:

The Board of University Hospitals Coventry & Warwickshire NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief Executive or Chair

The Board of University Hospitals Coventry & Warwickshire NHS Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _ _

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This publication can be made available in a number of other formats on request.

Publication approval reference: PAR614

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

Subject Title	COVID and Restoration Update
Executive Sponsor	Gaby Harris, Chief Operating Officer
Author	Andrea Gordon, Deputy Chief Operating Officer - Elective
Attachment	COVID and Restoration Update
Recommendations	The Board is asked to **NOTE** and **RECEIVE ASSURANCE** from the COVID and Restoration Update.

EXECUTIVE SUMMARY

This paper outlines the current COVID numbers at UHCW including a comparison of previous waves/surges and alongside the forecasted numbers anticipated across the next few weeks.

The Trust is prepared to accommodate the anticipated numbers but it is worth noting the impact is across our general bed base and the impact to Critical Care remains lower than previous predications.

At the time of writing this paper (25 January 2022) there are 173 patients who are SARS COVID19 positive in the hospital, with three of those in Critical Care.

The paper describes how the vaccination and booster programme has supported UHCW admittance numbers and the number of patients being admitted to Critical Care across December 2021/January 2022 is significantly lower than in previous waves. This also supports the view that the severity of the Omicron variant is less than previous variants albeit the reproductive rate is greater.

UHCW is running at a consistent rate at around 98% occupancy of the General & Acute (G&A) beds, which brings with it daily challenges of maintaining flow to general and specialist, and also protected beds. As a result of this UHCW developed and submitted an additional 'Super Surge' plan as requested by the CCG.

There are on-going and continued efforts to deliver our Elective recovery and minimise the long waits of patients on all pathways. The Trust will continue to ensure that patients are cared for in clinical priority order and with Infection Prevention Guidelines firmly adhered to.

UHCW has not stood down any service provision due to COVID and the only Elective cancellations have been patient driven through a positive COVID test result or self-isolation due to COVID and therefore not able to attend.

The paper also describes the efforts made by the Trust and the governance forums in place to support and increase elective activity through restoration.

Key deliverables to date are:

There are currently 141 patients waiting over 104 weeks (as of 20 January 2022) and based on our current performance the current forecast is to have seven patients in this category by 31 March 2022.

There are currently 3,487 patients waiting over 52 weeks (as of 20 January 2022) and based on our current performance the current forecast is to have 2,710 patients in this category by 31 March 2022.

UHCW performance against key National Cancer Waiting Times year to date 2021/2022 is summarised as:

- Two Week Wait Suspected Cancer 83% YTD, against 93% tolerance
- 31 Day - 1st Treatment 97.3% YTD, against 96% tolerance
- 62 Day - National Screening Programme 76.2%, against 85% tolerance
- 62 Day - 1st Treatment 65.3% YTD, against 85% tolerance

28 Day Faster Diagnosis (FD) is reporting 71.9% against a standard of 75%. In December 2021, Coventry & Warwickshire Pathology Services (CWPS) were awarded a significant funding allocation from West Midlands Cancer Alliance (WMCA) to support in clinical diagnosis. The funding will support patients receiving a more timely diagnostic outcome and also help achieve 28 Day Faster Diagnosis standard

The Trust has robust plans to support any future surge in COVID cases along with surges in emergency care usually experienced at this time of year. Our Full Capacity Protocol has also recently been re-written to ensure resilience throughout.

PREVIOUS DISCUSSIONS HELD

Standing item of discussion at Public Trust Board meetings

KEY IMPLICATIONS	
Financial	Nil
Patients Safety or Quality	The Trust has robust plans in place to accommodate surges of COVID-positive patients and to manage any winter surge usually experienced at this time of year.
Workforce	There are still challenges with Staff contacts and isolation which impact on staffing levels.
Operational	Robust plans have been developed to ensure safe flow during the winter period supported by system investment to enact schemes across Clinical Groups which focus on Organisational Flow, Reducing LoS and Bed Days and Admission Avoidance. Elective activity has been restored to reduce long waiters.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

COVID and Restoration Update

1. INTRODUCTION

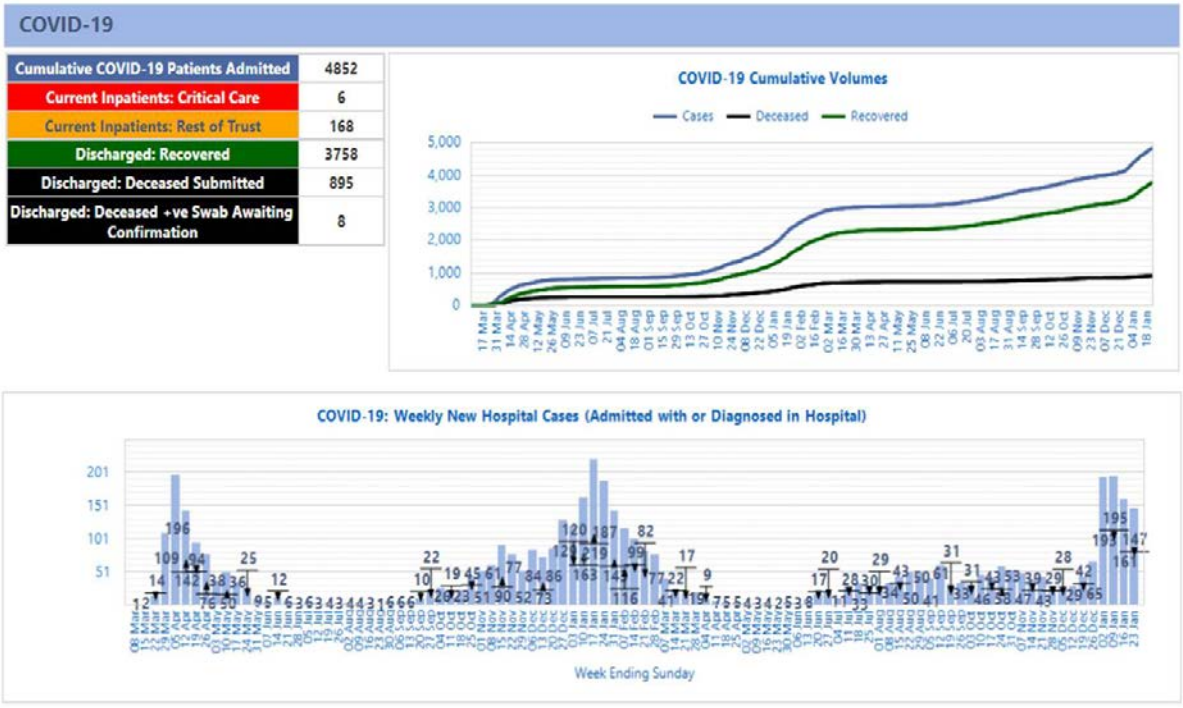
1.1 This paper describes the current COVID numbers at UHCW and the expected numbers anticipated in Q4 of the current financial year.

1.2 The Trust is forecasting a gradual decline in both the number hospitalised as a sole result of COVID and fewer acquiring Critical Care support during their stay.

1.3 This paper also describes the efforts made by the Trust to increase Elective activity through restoration.

2. COVID UPDATE & CURRENT PREDICTIONS

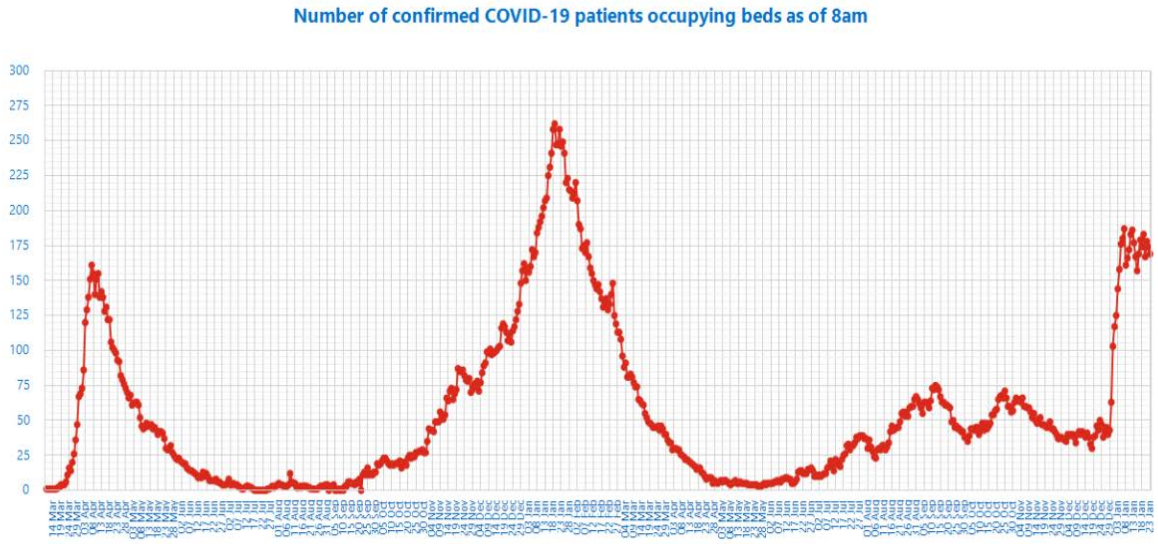
2.1 The COVID cases that have been treated at UHCW are:

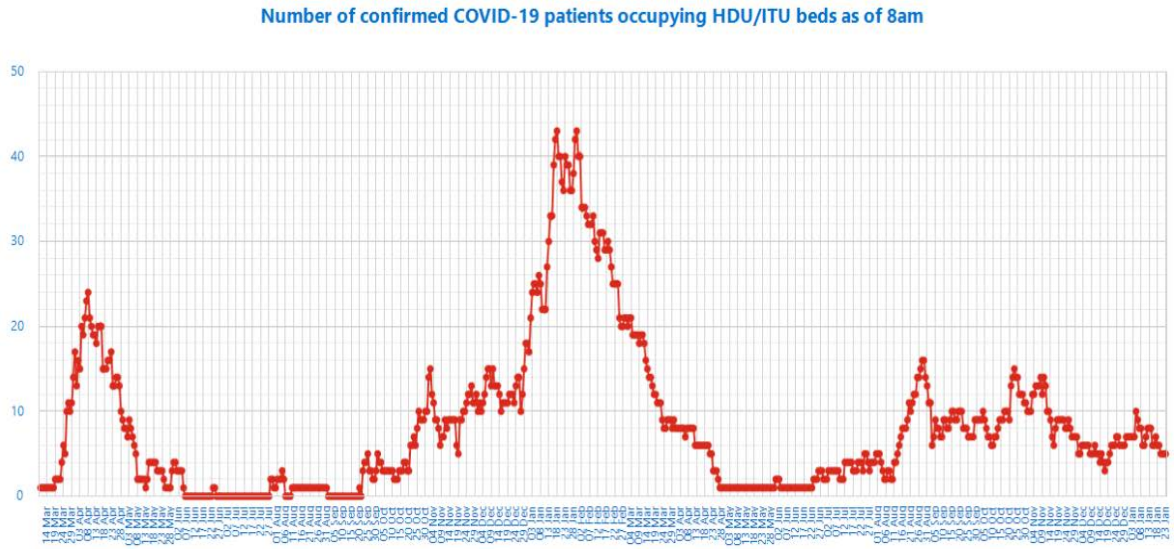


This compares to 3,995 cumulative patients in the last report in December 2021. We saw a spike in the rate of COVID-19 patients being admitted and also being discharged/recovered from the third week in December 2021 which was largely driven by the Omicron vairant. The spike can also be attributed to patients coming in for unrelated conditions and subsequently testing positive for COVID whilst in hospital care. This supports our understanding that the Omicron variant is less severe which is also shown as our discharged/deceased line has remained farily static.

2.2 An important challenge to note has been the impact to staffing numbers and models in terms of COVID and isolation rules over the past few weeks. A challenge that has seen up to 10% of our planned workforce unable to attend work in their usual way.

2.3 The Trust is no longer planning for a significant Winter surge of COVID cases, although the Trust is expecting to see high numbers on non COVID emergency admissions in both the adult and paediatric pathways. The below data again shows the COVID spike from the third week of December 2021 to present.





2.4 During Wave 1 the peak general bed requirement was 161 on 6 April 2020. Wave 2 saw the peak at 262 general beds on 19 January 2021. Subsequent peaks were lower at between 65-70 patients. We have however been at c.170 general beds for COVID across the past 5wks.

2.5 UHCW forecast that the demand for all COVID beds will be between 54 and 162 by 11 February 2022.

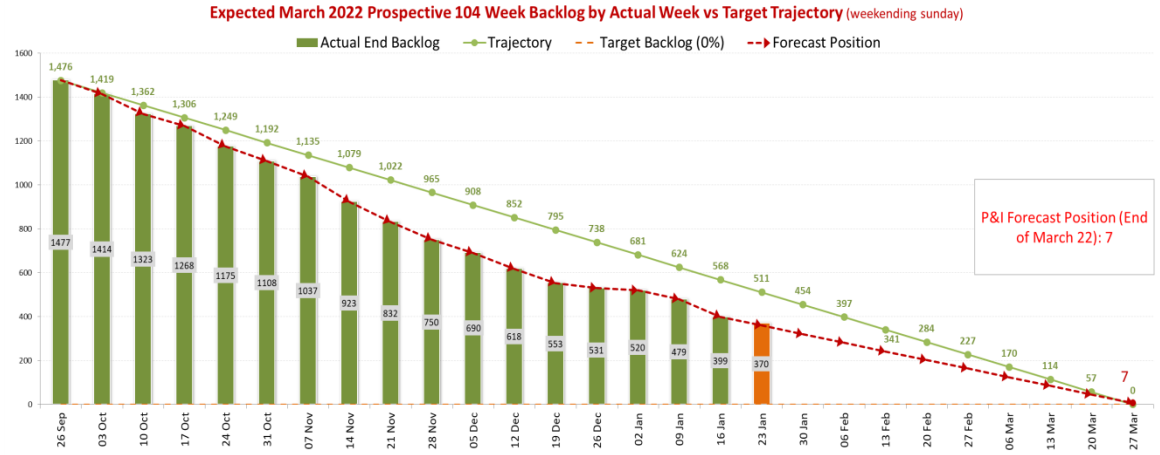
2.6 The demand for Critical Care COVID beds has not experienced a similar spike in demand, again supporting the understanding that the severity of Omicron is less than previous variants. Predictions for Critical Care COVID beds will be between 0 and 9 by 11 February 2022.

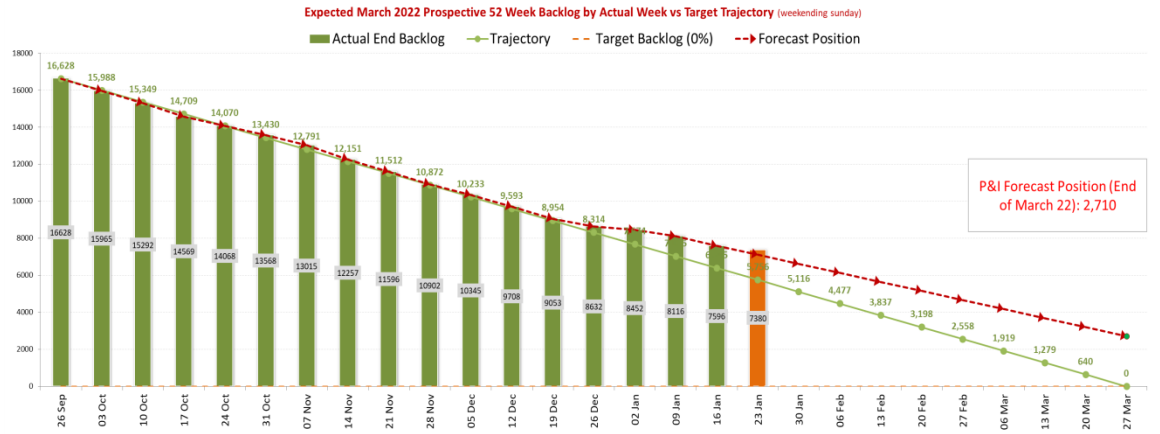
2.7 The effectiveness of the Vaccination and Booster programme has also contributed to the level of demand for Critical Care beds and we have continued to see hospitalisation decrease due to infection.

3. RESTORATION OF SERVICES – ELECTIVE CARE

3.1 It is important to note that UHCW has not stood down any services due to COVID. The only cancellations due to COVID have been patient driven through a positive test result or self-isolation due to COVID and therefore not able to attend.

3.2 There is progressive improvement in key Elective metrics for those patients waiting over 104 and 52 weeks. There are a number of areas in place to support Elective recovery such as micromanagement of Theatre lists ensuring that utilisation is maximised, a weekly Theatre Planning meeting to ensure to improve communication across Groups and effective utilisation, weekly Waiting List and Cancer Access meetings. Validation of waiting lists to ensure each patient is still available for surgery and prioritising of pre-op assessments to support robust scheduling of patients is also taking place.





3.3 There are currently 141 patients waiting over 104 weeks (as of 20 January 2022) and based on our current performance the current forecast is to have seven patients in this category by 31 March 2022.

3.4 There are currently 3,487 patients waiting over 52 weeks (as of 20 January 2022) and based on our current performance the current forecast is to have 2,710 patients in this category by 31 March 2022.

3.5 UHCW performance against key National Cancer Waiting Times year to date 2021/2022 is summarised as:

- Two Week Wait Suspected Cancer 83% YTD, against 93% tolerance
- 31 Day - 1st Treatment 97.3% YTD, against 96% tolerance
- 62 Day - National Screening Programme 76.2%, against 85% tolerance
- 62 Day - 1st Treatment 65.3% YTD, against 85% tolerance

3.6 28 Day Faster Diagnosis (FD) has been adopted as a National cancer standard from 1st October 2021. National best practice pathways are being adopted across a number of tumour sites. The Trust is reporting 71.9% against a standard of 75%. Cancer services are engaging with all screening programmes to ensure correct understanding of 28 day FD standard and now working towards achieving.

3.7 In December 2021, Coventry & Warwickshire Pathology Services (CWPS) were awarded a significant funding allocation from West Midlands Cancer Alliance (WMCA) to support in clinical diagnosis. The funding will support patients receiving a more timely diagnostic outcome and also help achieve 28 Day Faster Diagnosis standard.

3.8 The backlog of patients on 62 day 1st treatment pathway has increased from 80 patients in April 2021 to 245 in December 2021. This is due to month on month increase in the number of referrals since April 2021 that compares to pre COVID (2019) levels, alongside services that had not fully restored at that time, and subsequent delays to diagnostics following increase in demand for patient services since Q1 2021.

3.9 The Trust continues to collaborate with system partners and the Independent Sector to ensure patients are treated faster by utilising this resource and insourcing support for some specialities, for example, Ophthalmology, General Surgery and Dermatology.

3.10 As part of the Outpatient Governance there are initiatives such as advice and guidance, patient initiated follow up (PIFU) and percentage of Virtual clinics for which the Trust is monitored. The expectation is across the system 25% of Outpatient clinics should be Virtual. In December 2021 there were over 700 patients on PIFU pathway.

3.11 The Trust has recently been awarded Targeted Investment Fund monies across three schemes (Dermatology Hub, Orthopaedic Enhanced Care Unit, Rugby Theatre re-commissioning) that supports our Elective recovery.

3.12 We have an Operational Winter Delivery Plan that has been supported by system investment of approximately £2m. The plan has taken learning's from prior years and focuses on admission reduction/avoidance, reducing length of stay (LoS) improving Flow and Maximising Capacity at a Trust level, which also includes more granular detail by group of specific actions and processes that will be enacted to support the organisation. This approach therefore mitigates the impact on our Elective recovery.

3.13 We have now finalised our Full Capacity Protocol which again mitigates risk on Elective activity.

4. DISCHARGES

4.1 The Discharge Lounge at UH is operational seven days per week and supports flow within the organisation which in turn improves our patient experience.

4.2 UHCW @ Home is in operation and continues to develop. The Trust is discussing greater support to mental health patients with CWPT. This is for patients who present to the Emergency Department, as a place of last resort, as they are unable to find community mental health support in a timely manner.

4.3 Twice-weekly system Chief Operating Officers meetings, chaired by the CCG and with primary care, mental health and social care partners, continue to maintain a holistic system overview and act as a focus for mutual aid.

5. CONCLUSION

5.1 UHCW is prepared and has robust plans in place to accommodate surges of COVID-positive patients and to manage any winter surge usually experienced at this time of year from an Urgent and Emergency Care perspective, which also mitigates risk and protects our Elective pathways.

5.2 UHCW is committed and has formalised Governance routines in place to regularly review and drive Elective recovery and activity. UHCW focus continues to minimise long waits patients on all pathways.

5.3 The Trust will continue to ensure that patients are cared for in clinical priority and within Infection Prevention Guidelines.

Author Name: Andrea Gordon
Author Role: Deputy Chief Operating Officer
Date report written: 25 January 2022

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Organisational Strategy Engagement
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Jamie Deas, Director of Strategy and Integration
Attachments	UHCW Organisational Strategy – Engagement Strategy Organisational Strategy Document – Staff Organisational Strategy – Public
Recommendation	The Board is asked to **NOTE** the engagement and analysis approach outlined in this paper.

EXECUTIVE SUMMARY

- Internal and external facing documents (attached) produced outlining our focus areas, our ambitions and associated actions to achieve these to help us to engage with our staff, patients, communities, and partners.
- A series of face to face engagement sessions with our staff (five in total) throughout late January and February led by the Chief Executive and supported by Non-executive Directors and Chief Officers.
- A brief two page public facing document has been developed to invite patients and citizens to share their views on our direction of travel.
- We will request time on the existing agendas of key partners for us to share our plans and capture their thoughts and suggestions.
- A short film accompanies the strategy documents and a brief on-line survey based around the content of the strategy has been developed for both staff and the public and responses to this will be analysed and themed by an external provider
- The engagement process will be completed during March and will align the collected feedback from the surveys and other channels to the strategy.
- The final organisational strategy and associated delivery plan will require sign off from the Trust Board for publication and launch in April 2022.

PREVIOUS DISCUSSIONS HELD

- Several Board Strategic Workshops have been held to develop the strategy over the past year

KEY IMPLICATIONS	
Financial	None
Patients Safety or Quality	None
Workforce	None
Operational	None

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD

UHCW Organisational Strategy – Engagement Strategy

1. INTRODUCTION

1.1 A programme of work to refresh our organisational strategy has been underway with the Trust Board for some time culminating in the production of a new Organisational Strategy including a refreshed vision statement and a set of purposes that describes our role in the context of rapidly evolving national and local agendas.

1.2 We have produced both internal and external facing documents (See appendix 1 and 2) outlining our focus areas, our ambitions and associated actions to achieve these to help us to engage with our staff, patients, communities, and partners. These will form the starting point for discussions with the above stakeholders and will open a path to the implementation of a refreshed strategic delivery plan.

1.3 Whist the Board has set the strategy it is essential that before beginning implementation of the strategic plan we ensure that our workforce are aligned on the same goals. This creates a shared understanding of the larger strategic plan throughout the organisation.

1.4 In addition to ensuring internal alignment it is important to understand how our strategy aligns with the needs of our communities and the strategies of our other stakeholders.

1.5 The purpose of this paper is to describe the approach we will be following to engage with the people who use our services, our workforce and our partners and how we will capture and act upon the outputs from the engagement.

2. ENGAGEMENT STRATEGY AND PLAN

2.1 As outlined above we have produced an internal facing document to share with our staff that describes the rationale for the refreshed strategy along with high level details as to our planned areas of focus and descriptions of how we propose to realise our vision.

2.2 We have planned a series of face to face engagement sessions with our staff (five in total) throughout late January and February led by the Chief Executive and supported by Non-executive Directors and Chief Officers to provide our staff the opportunity to hear about the strategy and to provide their views and suggestions that in turn will shape the final document. The timetable for these events is detailed below:

Date	Times	Venue	Audience
Thursday 27 January	10.00 – 15.30	Innovation Hub, University Hospital, Coventry	10.00 – 10.45 – Clinical Diagnostics 11.00 – 11.45 – Emergency Medicine 12.00 – 12.45 – Clinical Support Services 13.15 – 14.00 – Women and Children's 14.15 – 15.00 – Medicine
Monday 31 January	9.00 – 14.00	Octapus Centre, Hospital of St. Cross, Rugby	09.00 – 09.45 - CSS 10.00 – 10.45 - Medicine 11.00 – 11.45 – Surgery/Women and Children's/Emergency Medicine 12.00 – 12.45 – Trauma and Neuro 13.15 – 14.00 – Open

Date	Times	Venue	Audience
Friday 4 February	9.00 – 16.00	Innovation Hub, University Hospital, Coventry	09.00 – 09.45 - Women's and Childrens 10.00 – 10.45 – Trauma and Neuro 11.00 – 11.45 – Medicine 12.00 – 12.45 – Surgery 13.15 – 14.00 - Clinical Diagnostics 14.15 – 15.00 – CSS 15.15 – 16.00 – Core Services
Monday 14 February	9.00 – 14.00	Octapus Centre, Hospital of St. Cross, Rugby	09.00 – 09.45 - CSS 10.00 – 10.45 – Medicine 11.00 – 11.45 – Trauma and Neuro 12.00 – 12.45 – Surgery/Women and Children's/Emergency Medicine 13.15 – 14.00 – Open
Friday 18 February	9.00 – 12.00	TBC	09.00 – 09.45 - Open 10.00 – 10.45 – Open 11.00 – 11.45 – Open

2.3 To support the promotion of the strategy we have produced a short film which can be viewed on line and we will also be asking staff to complete a brief on-line survey based around the content of the strategy which will be analysed and themed by an external provider (https://thepulseagency.co.uk/) with expertise in interpreting engagement and consultation exercises.

2.4 Access to both the survey and the film are via QR codes that are prominently placed on both printed documents and will also feature on our on line and other promotional material.

2.5 A brief two page public facing document has been developed to invite patients and citizens to share their views on our direction of travel with a QR code that takes them to a public survey with slightly different questions (and also a link to the film). The results of the public survey will also be analysed and themed by Pulse and will be represented in the final documents.

2.6 We will promote the public engagement exercise via a range of channels including social media, local media outlets, patient groups, the UHCW Charity, and partner communications channels etc.

2.7 In relation to our key partners, we will ask them to provide us with time on their existing agendas for us to share our plans and capture their thoughts and suggestions. We will use a blended approach to this through a combination of face to face, written and on-line channels.

2.8 We are aiming to complete the engagement process during March and will align the collected feedback from the surveys and other channels to the strategy.

2.9 The final organisational strategy and associated delivery plan will require sign off from the Trust Board for publication and launch in April 2022.

3. RECOMMENDATIONS

3.1 The Trust Board is asked to **NOTE** the engagement and analysis approach outlined in this paper.

Author Name: Jamie Deas

Author Role: Director of Strategy and Integration

Date report written: 24 January 2022

NHS

University Hospitals
Coventry and Warwickshire
NHS Trust

Your views are invited to shape our organisational strategy for 2022-2030

More than a hospital

More than a hospital – thank you

We've been on an incredible journey over the last few years and achieved so much together in delivering great healthcare. As a Trust our five year partnership with Virginia Mason Institute and the establishment of our improvement system (UHCWi) have given us the tools and techniques to bring about change and deliver improvements to the quality of the care we provide for our patients. The commitment by our staff to provide excellent care was very visible for all to see during 2020/21.

Covid – a springboard for transformation

Responding to the Covid pandemic showed us all the benefits of working in partnership for the people of Coventry and Warwickshire. We were united in the battle against Covid with individuals, communities and businesses - all helping us to make a difference, however big or small.

Reflecting on the impact that Covid had on us as individuals, our families and on those people who are vulnerable, there has never been a better time for us to ensure that we place more emphasis on keeping people fit and healthy. Many people have fed back to us the life changing impact living through the pandemic has had and their promise to take this opportunity to make long lasting lifestyle improvements.

We need to continue to help build and strengthen resilience within our communities and be more proactive in reaching out and ensuring people can access the services they need. We recognise that we cannot achieve this on our own and are working hard with our partners to create more joined up services to support the health and well-being of our population.

Healthcare is changing

The new Health and Care bill published on 6 July 2021 set out key changes to reform the delivery and organisation of health services in England. The ambition is to not only provide healthcare, but to work together with a strong local focus and fundamentally improve the health and well-being of local people. In the near future, we will be increasingly connected to all the health and care organisations in our local area, collaborating more closely to deliver joined up care for our local communities. These new ways of working will be supported by evolving governance, finance and commissioning structures with regulatory oversight from NHS England and Improvement at a system level.

This transition to care that is more proactive, preventative and centred around individuals' needs presents our Trust with significant challenges and opportunities. Effective collaboration with partners, particularly primary and social care, is vital to overcoming these challenges and delivering the best care for our patients.

Next steps – building better health together

Our draft organisational strategy 2022-2030 sets out the next part of our journey for University Hospitals Coventry and Warwickshire NHS Trust. Every one of us has an important part to play in this and we really would like to hear your thoughts and feedback as well as give you the chance to shape the way we deliver this. Please take your time to view our survey and video **(see details on the back page of this document)** and let us have your views to help us deliver a better future together. We will share the findings and publish our strategy in April 2022.

Dame Stella Manzie DBE
Chair

Professor Andy Hardy
Chief Executive Officer

1 Rooted in our communities

Leader in healthcare

Our last organisational strategy stated the vision for our organisation to be a "national and international leader in healthcare." It recognised how passionate we are about improving the quality of our care for our patients and being the best we can be. That goal of being the best we can be, continues. However, we want to add to it.

Rooted in our communities

Good health requires more than a hospital or the services within it. It requires access to good housing, exercise, a healthy diet, meaningful employment and a feeling of belonging and support.

By effectively utilising our considerable resources and influence we can be a major contributor to the good health and well-being of our local population. That is why our new vision reflects the new world we are in **"to be a national and international leader in healthcare rooted in our communities".**

For example, as one of the biggest employers in Coventry and Warwickshire, more than 80% of our staff live in the area with their families relying on us as an employer we can really make a difference in strengthening the future health of our population now and for future generations.

Collectively we all have a crucial part to play as both employees and residents in actively contributing to supporting the good health and well-being of the people of Coventry and Warwickshire.

Ensuring that local integration and being the best is in all we do

Our organisational strategy proposes three interconnected purposes or focus areas for UHCW for the next eight years - **local integrated care; research innovation and training, and being a regional centre of excellence.** In other words we wish to deliver the best care possible for our patients, delivered in a more seamless and integrated way with our health and care partners. Our staff are trained with the latest knowledge and research and they will always strive for the best outcomes for our patients. To help us to deliver the vision and the three purposes, we will have strategies which support quality of care, our people, digital technology and sustainability as we move into the future.

Patient Story

What integrated care will look like

Raj is a 55 year old teacher. Five years ago he had chemotherapy for cancer. He recovered and went back to work.

He has been feeling breathless and fatigued for about six months. It's really affecting his work.

Raj goes to his GP. His symptoms are not telling a clear story but his GP can use the GP data system to link his symptoms to his previous chemotherapy and help make a diagnosis of potential Heart Failure.

Raj's GP books blood tests and an echocardiogram at the local Community Diagnostic Centre.

Raj's results come back and show that he is in Heart Failure. Raj's GP links to the specialist Heart Failure team via the virtual advice and guidance system to discuss his care and organise a review.

Raj does not need to go to the hospital but can go to the community clinic to see the specialist team who explain his diagnosis and plan. He is offered cardiac rehabilitation and psychological support and is linked into the patient support group.

His diagnosis, management plan and personal goals are documented in the shared electronic record which is accessible by Raj, his GP and specialist team. Raj knows that he can speak to his GP, specialist team or peers at the support group if he has concerns about her condition.

If his symptoms deteriorate he can access the specialist team directly or via his GP.

...Raj has lived with Heart Failure now for ten years. He is still working. There have been times when things deteriorated but he was able to quickly get help. He has never been admitted to hospital for care.

He now leads the patient support group and has used his teaching skills to co-design the education programme for patients with low literacy skills.

2 A vision for health

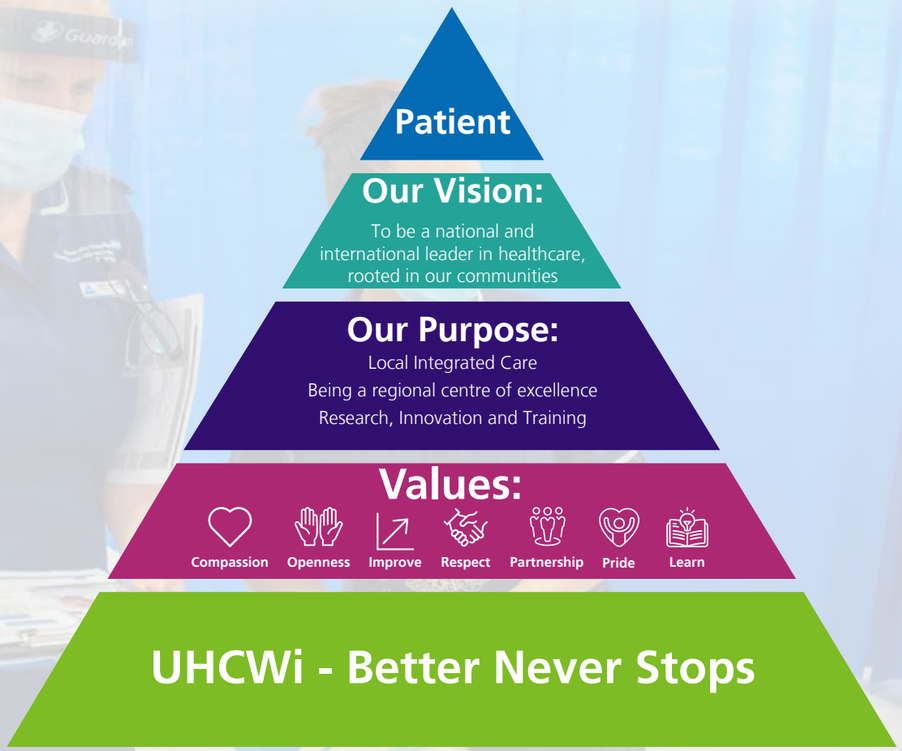
Transforming and improving health for Coventry and Warwickshire requires compassionate and collaborative **leadership**. For UHCW, leadership means supporting those around us to achieve and recognising our partners' strengths so we can all excel. Above all, it means leading the delivery of outstanding, joined up care for our communities.

The diagram below summarises our leadership approach with the patient first in all that we do and how everything we do connects to care for our patients. Our vision captures our ambition to deliver world-leading care for our communities, and our three purposes set out how we will achieve this.

We lead by living our values in every interaction with our patients, people, and partners. We will invest in other enablers to improve care quality, treatment outcomes, and the experience of patients and their families.

Our commitment to improvement through the use of our UHCWi methodology continues to drive us forward as an organisation as we know "better never stops".

Fig. 2.1 Our strategic triangle



3 Our vision, purpose, and values

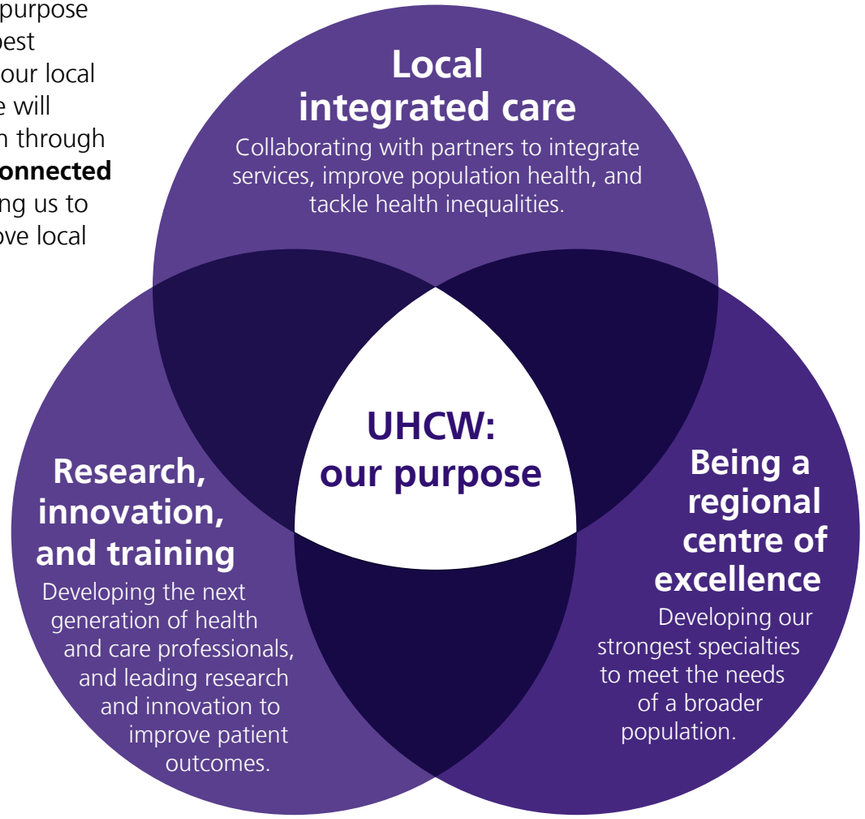
Our Vision

To be a national and international leader in healthcare, rooted in our communities

For UHCW, being a national and international leader means **delivering the best care for our communities.** It means **being exceptional in everything we do** – from providing proactive, joined up support for local people to delivering specialised services for those with the most complex health conditions. It means creating the best experiences and opportunities for our staff, and being a supportive and collaborative partner. Above all, in the changing health and care landscape we aim to be an **outstanding partner in local care**, with our regional work enabling us to improve care quality and outcomes for everyone.

Our Purpose

Our overarching purpose is to deliver the best possible care for our local communities. We will achieve our vision through our **three interconnected purposes** enabling us to continually improve local care.



Our Values

Our values reflect the culture we want to create. Developed by our staff, our seven core values guide what we do daily to achieve what we envision. Wherever we work within our organisation, we commit to uphold these values as we work together to deliver world-class care:

Compassion – We treat everyone with courtesy and compassion.

Partnership – We work in partnership to deliver and improve the services we provide for our patients.

Respect – We treat everyone with respect and dignity.

Improve – We are open to change and seek to innovate to improve what we do.

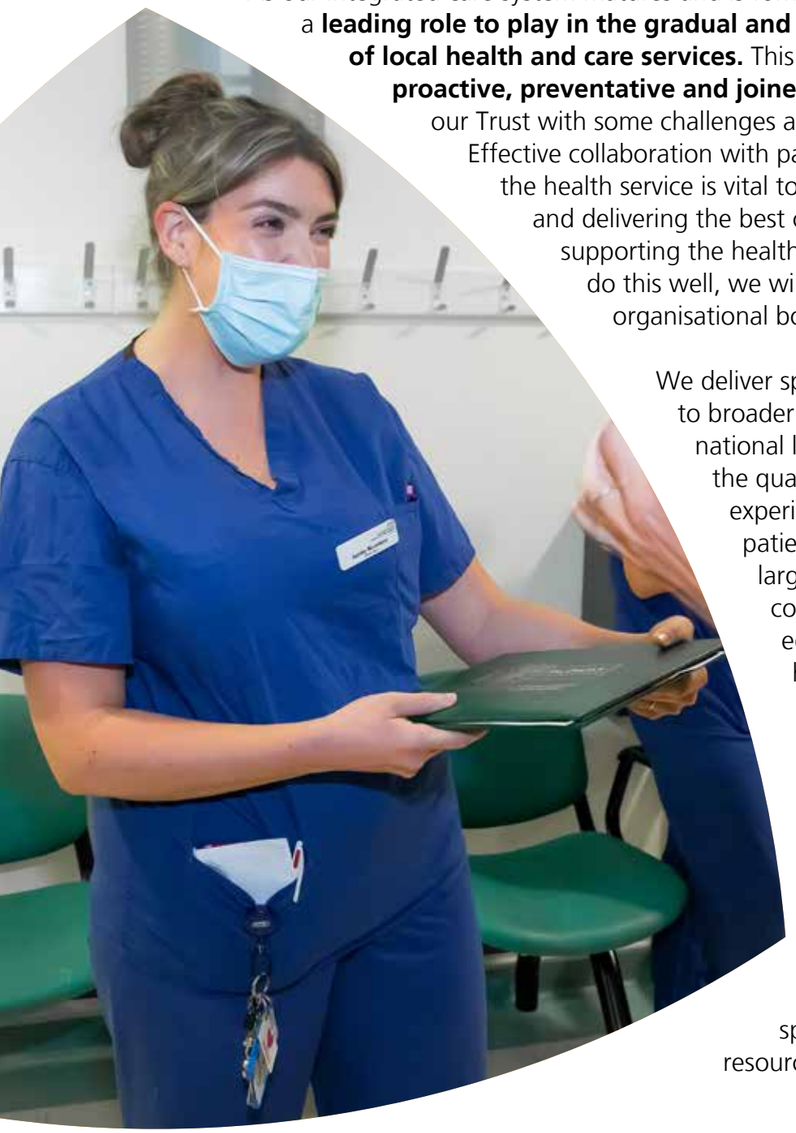
Learn – We see education, research, and innovation as central to improvement.

Openness – We act with openness, honesty and integrity in all we do.

Pride – We take pride in all we do and aspire to do.

4 So what does this actually mean for us?

Our purpose is evolving. Putting patients first remains at the heart of what we do. Integrating services around patients and communities is both a national and local priority and our role will move beyond providing care for people who are acutely unwell.



As our integrated care system matures and is formalised in July 2022, we have a **leading role to play in the gradual and sustained transformation of local health and care services.** This transition to care that is **proactive, preventative and joined up around people** presents our Trust with some challenges and more opportunities. Effective collaboration with partners, inside and outside the health service is vital to overcoming these challenges and delivering the best care for our patients whilst supporting the health and well-being of our staff. To do this well, we will need to work across traditional organisational boundaries and in different ways.

We deliver specialised and acute services to broader populations at a regional and national level, which helps us to improve the quality of care, outcomes, and experience that we deliver for all patients. We are also one of the largest teaching hospitals in the country, and engage in cutting-edge research and innovation that helps us improve everything we do and contribute to the wider health and care system.

Our three refreshed purposes will be used to engage our people, partners, and communities in the new direction we are taking as an organisation. These purposes will determine how our Trust spends its time and focuses its resources and efforts.

Staff stories

Abeesh Panicker, Cardiology Research Nurse has been able to be supported through iCAhRETM – Interdisciplinary Clinical Academic health Research Excellence programme which supports our staff to be the research leaders of the future.

"Going forward my aim is to continue my journey towards a PhD. I am grateful to UHCW and Coventry University for supporting me to complete this programme to the best of my ability and National Institute for Health Research (NIHR) for their help throughout. Research not only improves patient outcomes and identifies new treatments, but is also a rewarding clinical and academic career which is an option open to all staff within the NHS."

Born in India, **Consultant Smruta Shanbhag** joined UHCW as our Gynaecological Cancer consultant from Glasgow in 2019 where she had been a Consultant for 10 years. She chose to become the lead for Gynaecological cancer as well as Lead for Gynaecology, as Smruta believes that change is driven by clinicians and non-clinicians working together for world class patient care. Her passion for quality care for her patients and pushing boundaries was seen first hand on BBC Hospital where she continually sought out any options or treatments that might help her patient Natasha.

"I've been so impressed with the commitment towards our Trust values, especially those of openness and honesty with patients and colleagues. We feel like a family that strive to work toward a common and higher goal of world class patient care across all services. This is a great place to build a medical career and working as part of a fantastic team of supportive and innovative professionals"

Juliet Starkey joined UHCW in June 1999 as a band two waiting list clerk working part time in her local hospital in Rugby. Twenty-plus years later and continuous progress has seen her become the Group Director of Operations for Trauma and Neuro. Her roles along the way have included Orthopaedic Theatre Scheduler, Administration Manager, Ops and Performance Manager and General Manager at Hospital of St Cross, Rugby. Support from the Trust has allowed Juliet to complete the Leading Together programme and an Institute of Line Management course. She is also currently undertaking a Masters of Business Administration. She says they have helped her to develop compassionate leadership and an appreciation for developing the teams she manages.

"I have benefitted from a succession of managers who have supported me in fulfilling my potential,"

4.1 Local integrated care

Our most fundamental purpose is to care for our communities. UHCW is committed to playing an active role in helping people to live happier, healthier lives, as well as providing care for those who are acutely unwell. UHCW will work closely with health and care partners to provide proactive, joined up care to local people – delivered with world-leading quality. A vital part of this will be tackling health inequalities, addressing underlying health factors and reducing variation in our services.

Focus areas	Actions
Integration. Integration puts people rather than organisations at the centre of care. This helps improve the quality of care, outcomes and makes the best use of resources. We will support health and care organisations across our system to deliver joined up services for our communities.	**To integrate care, we will:** • Work with healthcare partners and form multidisciplinary teams to make joint leadership decisions. • Work together to plan how we improve services and share information collaboratively.
Population health. We will work together with partners to design and deliver services that prevent ill health, improve patient outcomes and well-being. We are focused on proactive care, and prevention approaches that make a difference to individuals and the population as a whole.	**To improve the health of our population, we will:** • Facilitate data sharing and analysis to develop a clear picture of our population's health needs. • Work with partners to change what we do, to support the health needs of local people better. • Develop a strategy for how we can best utilise our Hospital of St Cross, Rugby site for more health and well-being.
Health inequalities. Good health is affected by wider factors such as housing, access to education and employment. With partners, we will take action to address these and ensure our services are accessible to everyone. We will tailor health and care services to meet the needs of deprived communities.	**To overcome health inequalities, we will:** • Work with partners whose roles influence local people's health for example in housing and education. • Look at how we could change services to ensure patients get consistently good quality services which overcome inequalities.

What we want to achieve	Patient experience
For our patients: • Local people should live longer, healthier lives, supported by effective, joined up services. • Improve outcomes by timely support in areas such as diabetes, cancer, smoking and obesity. **For our people** • A sustainable workforce equipped to provide the best care. • Opportunities to work across other organisations, strengthen relationships and gain new skills. • More satisfaction from delivering holistic, joined up care that helps patients to stay well. **For our organisation:** • Leading collaborative work with our partners in integration, population health and health inequality. • Embedding multi-disciplinary teams across services and areas.	**Our patients will:** ✓ Experience responsive and proactive services: where we can to reduce the number of patients getting ill. ✓ Have timely access to the right care, in the right place, at the right time. ✓ Experience holistic care and support that considers their emotional and well-being needs. ✓ Have the confidence that wherever care is provided, people will understand and meet their social, emotional, and health needs. ✓ Only need to tell their story once, because our local health and care services are joined up seamlessly around patient needs.

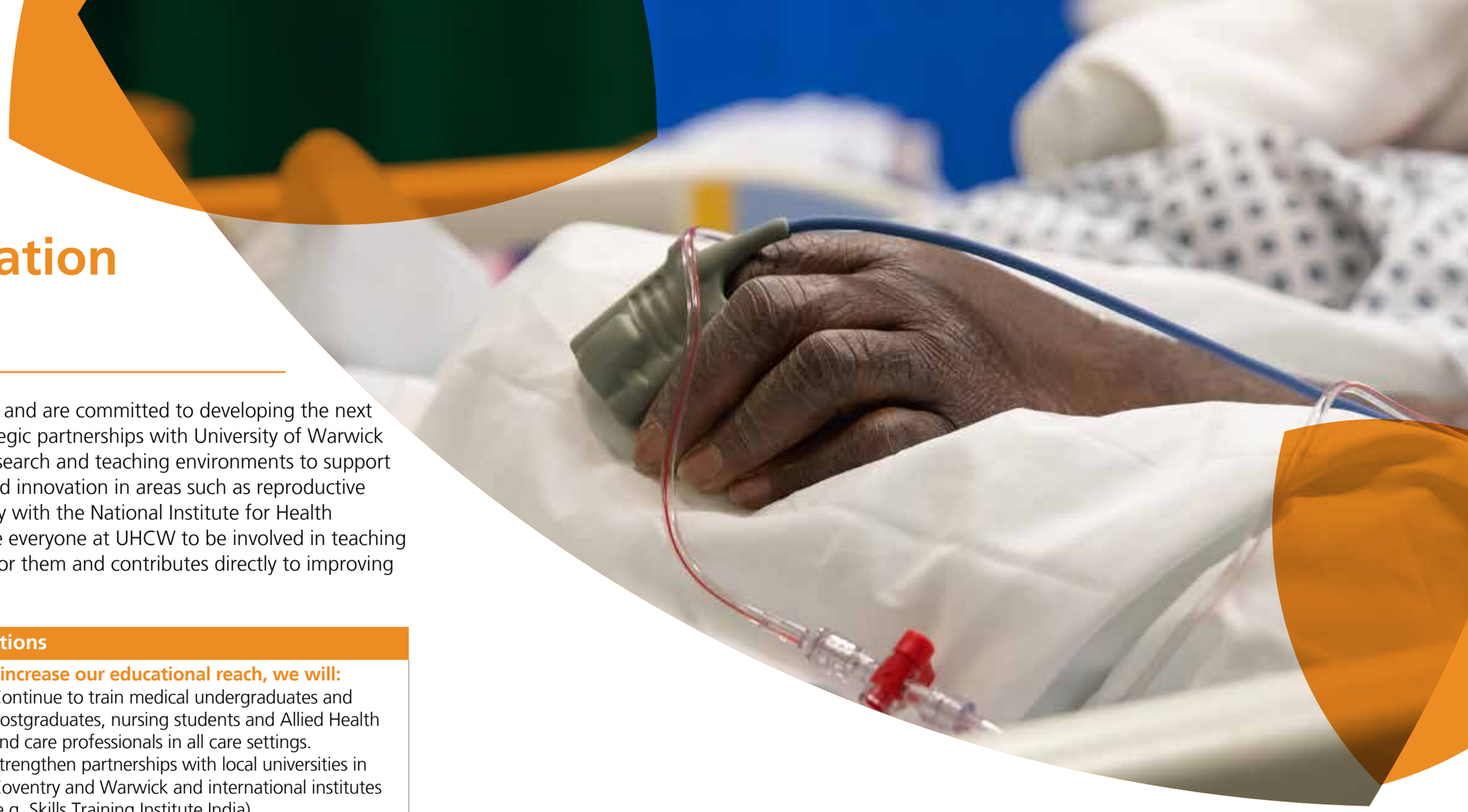
4.2 Regional centre of excellence

Providing regional acute and specialised services is vital for improving care quality and outcomes for a broader patient population. To do this successfully, we need an evidence-based understanding of which services we can offer to patients at a regional level based on excellent treatment outcomes and strong operational performance. We also need to further develop strategic partnerships with other regional acute providers so we can work together to meet the health needs of a broader population across our region.

Focus areas	Actions
Develop our strengths. We deliver a number of regional specialist services that we are proud of and wish to build on. To make strategic decisions about which services we deliver for our region in the future, we need to establish clear evidence for evidence for our resources related to the ability to achieve outstanding outcomes. to achieve outstanding outcomes.	**To develop our strengths, we will:** • Analyse our patient outcomes and operational performance for high performing specialties, and benchmark against other NHS trusts to help us deliver the best outcomes for patients. • We will model the demand and identify gaps to meet the needs of patients to inform our developing services for the future, wherever they need to be. • Collaborate with regional partners to embed hub and spoke models for selected specialties.
Meet a broader population's needs. UHCW is in a unique position to serve multiple geographies at system and regional level. By understanding the needs across these areas and through partnerships, we have the potential to deliver even more specialised care across the Midlands.	**To meet a broader population's needs, we will:** • Conduct analysis to understand which populations depend on our services. • Establish regional agreements that set out which services each organisation will lead on. • Collaborate closely with primary care networks to streamline referrals.

What we want to achieve	Patient experience
For our patients: • Local and regional patients will have consistently excellent health outcomes. • Patients with highly complex conditions will achieve the best possible outcomes from treatment. **For our people we will provide opportunities:** • To develop in specialised areas and build a career with us and our partners. • To work with regional partners and different communities of patients. **For our organisation:** • Attract and retain the best talent to build a culture of excellence. • Improved productivity and operational performance. • Be a regional leader that recognises partners'. strengths and learns from them, to support our service improvement.	**Our patients will have:** ✓ Timely access to the best specialised treatment. ✓ Seamless, joined up services that maintain excellent communication with their closest health and care organisations. ✓ More appropriate choice in where and how they receive care, including in community outpatient settings close to their homes and virtually where appropriate. ✓ Dedicated support for families and visitors. ✓ Interactions and processes that are clear, straightforward, and instil confidence in our ability to deliver excellent care.

4.3 Research, innovation and training



We are one of the country's largest teaching hospitals and are committed to developing the next generation of health and care professionals. Our strategic partnerships with University of Warwick and Coventry University enable us to have the best research and teaching environments to support our staff. We are involved in cutting-edge research and innovation in areas such as reproductive health and human metabolism, and collaborate closely with the National Institute for Health Research (NIHR) to deliver this. We want to encourage everyone at UHCW to be involved in teaching and research at scale and in a way that makes sense for them and contributes directly to improving patient outcomes.

Focus areas	Actions
Expand our educational reach. Alongside our core teaching activities for students and trainees, we will play a greater role in training health and care professionals in all settings. We will enhance our learning offer to students, and invest in providing this education to a wider audience abroad.	**To increase our educational reach, we will:** • Continue to train medical undergraduates and postgraduates, nursing students and Allied Health and care professionals in all care settings. • Strengthen partnerships with local universities in Coventry and Warwick and international institutes (e.g. Skills Training Institute India). • Invest in digital virtual learning.
Develop a learning health system. A learning health system continuously analyses data which is collected as part of routine care to monitor outcomes, identify improvements in care, and implement changes. Our UHCWi improvement methodology enables us to do this through embedding a culture of continuous learning and improvement. We will use this approach to help us drive innovation forward in our organisation, and across our local system.	**To develop a learning health system, we will:** • Continue to embed our UHCWi methodology and share learning from this across our system. • Provide ongoing learning opportunities for all our people, focused on using data to generate evidence-based improvements.
Broaden and develop research areas. Much of our current research is in clinical areas connected to our strongest specialties and through our pioneering Centre for Care Excellence (CCE). Our CCE will help us champion clinical academic careers and leadership development in nursing and Allied Health Professions. We will continue to advance in this, while broadening our research to include areas such as quality improvement, innovation, and organisational design.	**To broaden and develop research areas, we will:** • Promote research excellence for all staff. • Develop institutes of excellence, in line with our emerging R&D strategy. • Become a Biomedical Research Centre (BRC). • Increase awareness by publishing papers, attending conferences, and applying for awards.

What we want to achieve	Patient experience
For our patients: • Improved care quality and better treatment outcomes. **For our people:** • Continuous learning, development, and leadership opportunities for all. • Opportunities to innovate and experiment in a supportive environment. • Increased satisfaction from delivering successful, cutting-edge treatments for patients. **For our organisation:** • Strong national and international reputation for teaching, research, and innovation. • Increased ability to attract students and professionals in all health and care disciplines. • Greater ability to attract investment for continued research and innovation.	**Our patients will benefit from:** ✓ Access to clinical trials and experimental treatments that may not be available elsewhere. ✓ Continual improvement in the quality of services and care experiences. ✓ Care from highly motivated professionals who strive to deliver the best treatment. ✓ Digital and technological innovations that will streamline care interactions. ✓ Feeling involved in every aspect of what we do, and know that their voice influences our services and the way we deliver care. ✓ Additional education resources.

5 Enablers

Our ability to deliver outstanding care is dependent on how we **improve quality, support our people, invest in digital technology and data insights, and promote a sustainable future.** These cross-cutting enabling strategies relate to our three interconnected purposes of local integrated care, being a regional centre of excellence and research, training and innovation.

5.1 Quality

The primary purpose of the NHS, and everyone working within it, is to provide a high quality service, free at the point of delivery to everyone who needs it. As such, achieving high quality care is the foundation to everything we do. However, achieving this standard is not an easy task; quality is a moving target. Continuous improvement in quality means that what is considered an acceptable quality today may not be acceptable next year. Our Quality Strategy therefore outlines a journey towards providing exceptional, safe, clinically effective care experienced in a way our patients wish. To meet these ambitions we will focus on a number of key themes:

Embedding a culture of Continuous Quality Improvement: Utilising the UHCW improvement system (UHCWi being a system of tools and techniques based on Lean principles and continuous improvement), we will continue to focus on a culture within UHCW that enables clinicians to work at their best. This requires them to systematically learn, measure and monitor quality at all levels (within and outside of the hospital setting), whilst having capacity for innovation and improvement.

Making a real difference to clinical outcomes for our population - Our long term aim is to achieve the best and most equitable clinical outcomes for the population we serve. This will require us to not only focus on how we improve the quality of our core services, but think beyond our hospital walls and require us to explore the quality of care at a pathway level across acute, community and primary care settings.

Improve the experience of patients and their families who use our services: To ensure that patients continue to be right at the heart of all we do, we need to build upon and spread what our patients and carers value. To achieve our commitment to deliver exceptional care, we will involve and use the experiences of our patients, carers and other advocates to shape the provision of our services.

5.2 Our People

Our people define UHCW and are vital to the care we deliver and the outcomes we achieve for patients. Our Organisational Development, Workforce & Innovation Strategy is to be redeveloped and will include a People Strategy – to **transform our culture, and make UHCW a great place to work**.

We have focused on two areas:

- **People** – supporting staff at every step of their journey to reach their potential and deliver the best patient care. This involves enabling continuous learning, development and progression, flexible working, and proactively supporting their health and well-being. We are a values- based organisation, committed to attracting and retaining the best people who reflect our communities.
- **Culture** - creating an environment where staff feel empowered and supported to make decisions and deliver change. This involves embedding a culture of coaching, learning and inclusivity where equality and diversity (including of skills, knowledge and experience) are celebrated. It is underpinned by our UHCWi improvement system.

As we deliver, we will focus on supporting our people in the following ways:

Local integrated care	Regional centre of excellence	Research, innovation and training
✔ Explore flexible workforce models, including shared roles and cross-organisational multidisciplinary teams. ✔ Help increase people's skills, e.g. in population health analytics.	✔ Support health and care professionals to deepen their expertise in our regional services. ✔ Empower people to build relationships at a regional level.	✔ Embed teaching and learning opportunities for all our staff. ✔ Recruit nationally and internationally to support UHCW's long term sustainability.

5.3 Digital

Digital technology and advancements in the way we use data to help us plan services more effectively, will inform how we deliver healthcare in the future.

Our Digital Strategy sets out five principles for transforming the way we enable and deliver care, notably focussing on:

- **Patients:** Patient led care through Digital Empowerment
- **Population health:** Digitally supporting Integrated Care and Population Health across the system
- **Staff:** Provide outstanding experience for all staff using digital technology
- **Quality:** Enhance Patient care through an integrated Electronic Patient Record solution
- **Value:** Drive standardised efficient processes through the use of innovative technology including Artificial Intelligence (AI) and automation

Local integrated care	Regional centre of excellence	Research, innovation and training
✓ Implement an integrated Electronic Patient Record (potentially system wide) that allows seamless access to patient health information for all clinicians. ✓ Enable integrated digital pathways with full secure data sharing between clinicians and social care. ✓ Enable patients to take control of their own healthcare with digital access to their records, remote monitoring and self-care tools. ✓ Minimise inequalities by supporting our population to optimize digital and health literacy.	✓ Improve the way information flows for more specialist services. ✓ Use technology to support relationships with regional acute and primary care providers for data sharing. ✓ Deliver solutions that enable care closer to people's home. ✓ Support our people to deliver care remotely where appropriate. ✓ Optimise the ICT infrastructure to maximise effectiveness of digital solutions and staff workflows.	✓ Maximise and improve the use of technology to deliver benefits and standards of care and patient outcomes. ✓ Use technology to expand our educational reach, for example streaming robotic surgery to students across the world. ✓ Maximise use of data and AI to enable world leading research. ✓ Invest in innovative technology and systems to be a leader in healthcare. ✓ Enhance our staff experience by investing in digital skills.

We will be investing in an outstanding, secure and resilient infrastructure (including cyber security), and processes that are easy for staff and patients.

5.4 A Sustainable Future - clinical, environmental, and financial

Building a sustainable future for our Trust involves a holistic consideration of clinical, environmental, and financial factors. We are a major 'anchor' organisation, part of the long term fabric of Coventry and Warwickshire. We must play a positive and sustainable contribution to the local economy as well as influencing the health and well-being of individuals and communities.

Our 2018 Finance Strategy sets out how we are prioritising reducing costs by removing unnecessary processes and maximising value in service delivery. This will also include a clear plan to address future capital investment needs for responsive services that offer the best outcomes for patients. As we move to being part of a formalised integrated care system, we will consider **financial sustainability on a wider scale** – NHS England and Improvement will assess the combined financial performance of health and care organisations in Coventry and Warwickshire. We will need to consider environmental sustainability at both organisational and system levels. Building on our membership of the Coventry and Warwickshire Anchor Alliance, we will continue our joint work around minimising the impact we have. We will ensure we achieve our net zero carbon commitment by 2045 as we develop our refreshed strategy. We will also consider how our ambitions can contribute to **clinical sustainability**:

Local integrated care	Regional centre of excellence	Research, innovation and training
✓ Focus on collaboration, integrating services, and proactively managing the health of our communities will help us be more clinically sustainable. ✓ Optimise the skill mix across our people by innovative approaches e.g. role substitution and skills enhancement.	✓ Collaborate with partners to organise certain services at a regional level will contribute to our clinical sustainability. More specialised services require a critical mass of patients and health and care professionals to be viable, and are best delivered across a wider geography.	✓ Train the next generation of health and care professions. ✓ Critical research areas mean we are contributing to the local and national sustainability of health services.

6 Your Views

Thank you for reading our draft organisational strategy for 2022-30. We hope you like what you have heard and we encourage you to let us know your views to help inform our work. This is our future together.

We have a quick online survey that allow you to offer your feedback. This should take no more than five minutes to complete. Additional information is also available in our special video outlining why we are so much more than a hospital.

Take our survey

View our video

Please complete the survey by Monday 28th February 2022. We will publish our final strategy in April 2022 including a summary of feedback we have received.

If you have any queries about this strategy please email **Strategy@uhcw.nhs.uk**

NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Help us to deliver a better future together

Tell us what you think about our 2022-2030 plan.

More than a hospital

We've been on an incredible journey over the last few years and achieved so much in delivering great healthcare for our patients and communities.

Responding to the Covid pandemic has already showed us the benefit of working in partnership for the people of Coventry and Warwickshire. We were united with our communities, individuals and local business in the battle against Covid - all helping to make a difference, however big or small.

Our experience of the pandemic has placed an emphasis of keeping people healthy and well and ensuring that people can access the services they need, when they need them.

Our hospitals and other local health and care services are committed to working together more closely so that we can meet growing demand; deliver care in partnership; keep our population healthy and join our resources together.

We have been working on a new plan that sets out the next part of our journey for University Hospitals Coventry and Warwickshire NHS Trust.

What's changing?

The challenges that we and other organisations providing health and care services are facing means we need to strengthen how we work together and combine our resources to have the biggest impact.

We are working differently to create services that have an even stronger local focus. This means that we are working more closely with local authorities, other hospitals, care providers and GP practices to meet the needs of our local population.

We want to do more to improve health and well-being, so that fewer people require hospital care and those preparing for major treatment get the right support at the right time.

How will we do this?

Our priority is to deliver the best possible care and treatment for our local communities.

Good health requires more than a hospital or the services within it; it requires good housing, a healthy diet, employment and a feeling of belonging and support. This is doubly important to us as not only do we provide health and care services for local people, but as more than 80% of our staff and their families live in Coventry and Warwickshire, they also rely on us as their employer. With this is mind, we wish to strengthen the health of both our local population and our workforce now and for future generations.

We also want to carry on improving the services we deliver. Our new vision - "to be a national and international leader in healthcare rooted in our communities" - reflects the new world we are in. Our plans propose that we focus on three priorities.

Local integrated care – working with other NHS services, local authorities and other partners so that people experience well-coordinated health and social care. This will mean that:

- Where people need care, we can make it as seamless and efficient as possible, reinforcing and enhancing independence and quality of life
- We do better at delivering effective care in people's own homes and their communities, breaking down the barriers between services
- We share data appropriately to understand our population's health needs
- Health inequalities are tackled better through making our services more accessible.

Research Innovation and Training – as one of the largest teaching hospitals in the country, we will nurture the next generation of health and care staff and undertake research to improve patient outcomes. We will do this by:

- Strengthening partnerships with our local universities (Warwick and Coventry) and internationally
- Develop a learning culture meaning that we will always strive to improve
- Build upon our research opportunities.

A Regional Centre of Excellence – we are proud to deliver a range of specialist services delivering care to people across Coventry and Warwickshire and the Midlands. We will work closely with other regional hospitals to:

- Improve the quality and outcomes for everyone
- Collaborate constructively so that care can be delivered as part of a regional network to the benefit of everyone
- Understand our wider population needs in detail to develop more specialised care.

And finally, all of this is only possible if we continue to support our staff to reach their full potential, improving patient outcomes and keeping our patients safe from harm, while making the most of technological advancements and ensuring we run a sustainable organisation, both financially and environmentally.

How can you be involved?

Every one of us has an important part to play in this and we would really like to hear your thoughts and feedback. Please watch our film and take our short survey and help us deliver a better future together. We will publish our Plan in April 2022 once we have learnt from your feedback.

Take our survey

View our video

Dame Stella Manzie DBE
Chair

Professor Andy Hardy
Chief Executive Officer

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Integrated Care System
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Jamie Deas, Director of Strategy and Integration
Attachment	Integrated Care System Update
Recommendation	The Trust Board is asked to **RECEIVE ASSURANCE** from the Integrated Care System Update

EXECUTIVE SUMMARY

- Due to the status of the Health and Care bill a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and ICBs to be legally and operationally established. This replaces the previously stated target date of 1 April 2022.
- At a system level the ICB is operating in shadow form and work continues in developing the infrastructure and governance arrangements.
- The development of the two geographic care collaboratives for Coventry and Warwickshire is work in progress.
- A working group of providers is developing a programme of work and defining the form of the Coventry Care Collaborative to enable the collaborative to operate in shadow form as from July 22 in line with the new target date for the establishment of ICBs.

PREVIOUS DISCUSSIONS HELD

This is a regular update paper.

KEY IMPLICATIONS	
Financial	Alignment of financial planning across the ICS
Patients Safety or Quality	Improve health and wellbeing of the wider C&W population served by the ICS.
Workforce	Opportunity to recruit, develop and retain staff to sustain care across wider footprint
Operational	Equity of access and outcome across the ICS footprint

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Integrated Care System Update

1. INTRODUCTION

1.1 The purpose of this paper is to update the Trust Board on the development of Integrated Care Systems (ICS) and in particular the current status of this at local level.

2. NATIONAL LEVEL

2.1 The bill is currently at the committee stage in the House of Lords and to allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICB) to be legally and operationally established. This replaces the previously stated target date of 1 April 2022.

2.2 The establishment of statutory ICSs, and timing of this, remains subject to the passage of the Bill through Parliament. An implementation date of 1 July would mean the current statutory arrangements would remain in place until then, with the first quarter of 2022/23 serving as a continued preparatory period.

3. COVENTRY AND WARWICKSHIRE SYSTEM LEVEL

3.1 At a system level the ICB is operating in shadow form and work continues in developing the infrastructure and governance arrangements.

3.2 This is to ensure that by March 2022, the ICB CEO designate will be in a position to co-sign a readiness to operate statement (ROS) with the relevant regional director, to confirm that all legally required and operationally critical elements are in place ready for the establishment of the ICB as a statutory body on 1 July 2022; and arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership with the relevant Local Authorities

4. PLACE LEVEL

4.1 As previously reported, at Place level it is proposed to create two geographical care collaboratives with whom the ICB will delegate a population budget and who will be responsible for improving outcomes, addressing the needs of their populations and working together to tackle inequalities and unnecessary variance.

4.2 The development of the two geographic care collaboratives for Coventry and Warwickshire is work in progress.

4.3 A key consideration in the development and establishment of the care collaboratives is around agreeing the form and governance arrangements required to enable providers in the collaborative to work together and to make effective decisions. This includes determining:

- What boards, committees and links to partners are needed to carry out the collaboratives work?
- What decision making arrangements will best support effective collaborative working?
- How risks and benefits will be managed?
- What people and roles will be required?
- What written agreements are necessary to underpin the above?

4.4 A working group including representatives from UHCW, Coventry and Warwickshire Partnership NHS Trust (CWPT), Coventry City Council, the Clinical Commissioning Group (CCG), and primary care is developing the Coventry Care Collaborative and has held two workshops focussed on agreeing firstly the function and then the form the collaborative will take. There is a follow up workshop scheduled in February to consider the role of the host, agree the work programme and ensure alignment with Warwickshire to enable the collaboratives to operate in shadow form as from July 22 in line with the new target date for the establishment of ICBs.

4.5 Internally, a working group will be established to determine the operating model including the resources required (and how these might be provided e.g. functions transferred from the CCG) to establish UHCW as the host for the Coventry Care Collaborative. This will also include a mobilisation plan.

5. RECOMMENDATION

5.1 The Trust Board is asked to **RECEIVE ASSURANCE** from the Integrated Care System Update.

Author Name: Jamie Deas
Author Role: Director of Strategy and Integration
Date report written: 21 January 2022

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University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Improving Lives for Older People
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Jamie Deas, Director of Strategy and Integration
Attachment	Improving Lives for Older People – Programme Update
Recommendation	The Board is asked to **RECEIVE ASSURANCE** from the contents of the report and the attached Programme Update.

EXECUTIVE SUMMARY

- Acute attendances, emergency admissions and emergency readmission for adults over 65 in Coventry are considerably higher than those of comparator organisations.
- An in-depth diagnostic of urgent and emergency pathways for older people in Coventry undertaken by operational improvement specialists Newton has found a range of opportunities to reduce ED attendances which in turn has the potential to reduce the number of non-elective beds required through reduced admissions and shortened length of stay leading to improved outcomes for older people in Coventry..
- The diagnostic has clearly shown that there is an opportunity to bring about improvements to the existing pathways across all aspects of primary, community, acute and social care.
- Newton has proposed a way forward to co-design and test with operational leads and front line staff, a set of sustainable solutions to the opportunities identified in the diagnostic.
- The next phase of this work will look towards designing a new care model which in turn will provide the system with a blueprint for a new out of hospital specification.
- Partners will now consider the next steps required to address the opportunities.
- A summary of the work completed to date is attached to this report.

PREVIOUS DISCUSSIONS HELD

None

KEY IMPLICATIONS

Financial	£125K (of £500K) to proceed to next phase. Financial benefit opportunities identified
Patients Safety or Quality	Implementation will improve patients' experience and outcomes
Workforce	Potential for new roles in new model
Operational	Process changes

Improving Lives For Older People

Programme Update

January 2022

Why Are We Carrying Out This Work?

What Are The Challenges Facing Our System?

To deal with the **elective backlog**, whilst maintaining care for non-elective demand, we need to shift care out of the acute, reducing the requirement for medical outliers and bed base, shifting the case mix of the acute to more elective/tertiary.

We are **underperforming against our comparators** when it comes to acute attendances, emergency admissions and emergency readmission for adults over 65. And these measures are all getting worse:

15,000 acute attendances per 100,000 population over 65 vs. 9,700 in comparators

8,600 emergency admissions per 100,000 population over 65 vs. 7,300 in comparators

22% of those over 65 readmitted to the acute within 30 days vs. 20% in comparators

Why?

We haven't established a **consistent and resilient alternative to the acute** hospital as a place of safety.

We have a high number of patients with a length of stay in and acute bed of 21 days or greater

We have **multiple fragmented services** across Coventry to facilitate admission avoidance.

We have made good progress in driving discharge improvement, however **key challenge remains of increasing demand** and our co-ordinated system response.

What Our Findings Showed

We have an opportunity to improve outcomes for older people in Coventry throughout our **entire system**

We have **strong foundations** in place to **improve outcomes;** we know where the problems are; a workforce who feel encouraged to improve the way they work; ownership of challenges by leaders

We have achieved a lot so far – we have showed there is a **commitment to start moving forward together** – rather than individually working to fix things in our own control

There are opportunities **across all services** that older people come into contact with when needing care:

- Better use of **community and primary care services** for older people who do not require hospital care
- Prevent number of **unnecessary admissions** to hospital by improving decision-making
- **Timely discharge** from hospital where acute care is no longer needed
- Promote faster recovery with better support in the community to maximise independent living

The fit – we will align this work with other programmes you might be working on that are **improving older peoples lives**

No single solution exists – all agencies need to **come together with robust plan to realise full scale of opportunities** – this is not about health, not about social care, it is about people's lives.

Why Cant We Do This Alone?

Workforce and citizen contribution to the diagnostic was critical to us understanding the opportunities and the programme will need further support going forward

Diagnostic – What did we do?

Workshops – participation in multi-disciplinary teams working without organisational boundaries allowed us to identify opportunities to improve outcomes for older people at each part of the system

Deep Dives – citizens and the workforce supported the programme team to really understand the reasons why parts of the system weren't operating optimally through 1:1 conversations, shadowing and data. This gave us real depth of insight

Citizen Engagement – we listened to citizens who use the service to understand the experience from their perspective – this is crucial to designing a patient centred and outcome focused solution

Environment for Change – We asked you about the environment in which you operate to understand constraints and pressures that stop you being able to operate as you would ideally like

Design – What will we do next?

Workshops – We'll run workstream focused workshops to help us generate, iterate and select design ideas to take forward to testing and piloting in the next phase of work

Design Groups – We'll run workstream design groups with multi-disciplinary teams to design solutions to the opportunities we identified in the diagnostic.

Testing and Pilot planning – When we have our initial designs, we must test that these work. We'll form small pilot groups to test the initial design solution with and ensure it delivers improved outcomes for older people before implementing at scale

Planning and Implementation – with support, we'll plan how we are going to test the initial designs and then roll these out across the system

People Want To Collaborate And Make Improvements

There are three key enablers to mobilise people for positive change

#1

PROVIDE SYSTEM LEADERSHIP

"If we don't have our directors and executives aligned then it's very difficult to move this working together forwards without it being very bureaucratic, which is how it feels at the moment."

Believe that leaders are aligned on a shared vision for improving the health and wellbeing for older people.

60%

Believe that leaders recognize the challenges colleagues face to make improvements.

#2

ENABLE WORKING ACROSS ORGANISATIONAL BOUNDARIES

People want to collaborate but...

"When you've got business sensitive information it's difficult to know whether you're allowed to share it or not and have those free conversations that would enable better patient care."

45%

...of colleagues get access to information from other organisations.

43%

... of colleagues feel their data-driven decision making is enabled by technology and policies & procedures

"Our biggest challenge is to accept that we need to stop working in an organisational way and start to genuinely cut across our organisational boundaries."

48%

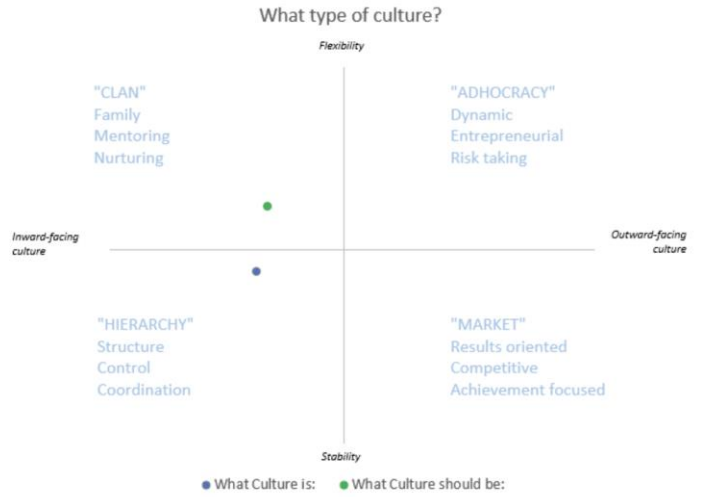
... of colleagues make decisions with people from other organisations

57%

... colleagues trust the data they use to make decisions

#3

FOSTER A CULTURE OF DOING THE RIGHT THINGS WELL & DOING THEM TOGETHER



Colleagues see a future for a more collaborative, nurturing and team orientated culture.

What Opportunities Did We Identify To Improve Outcomes?

What Does Ideal Look Like For The People Who Need Our Care?

In an ideal world, how would our system function?

Embed Enablement Mindset

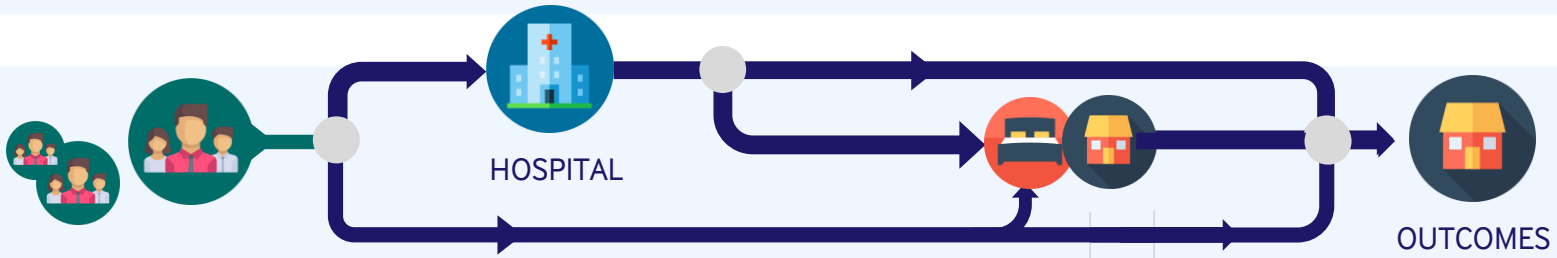
Effective approach to change

Working in partnership

1 Stay in the community rather than going to hospital if you don't need it

2 Return to the community from hospital as soon as you are fit and ready

3 The best hospital discharge and long term care decision for the patient and the system



4 The right amount of time in a short term setting and the best next step decision

5 The most effective short term support at home to maximise independence

Consistently measure performance

Utilising our current resources more effectively

Effective Decision Making

What Could The First Steps Look Like For The People Who Need Our Care?

1700

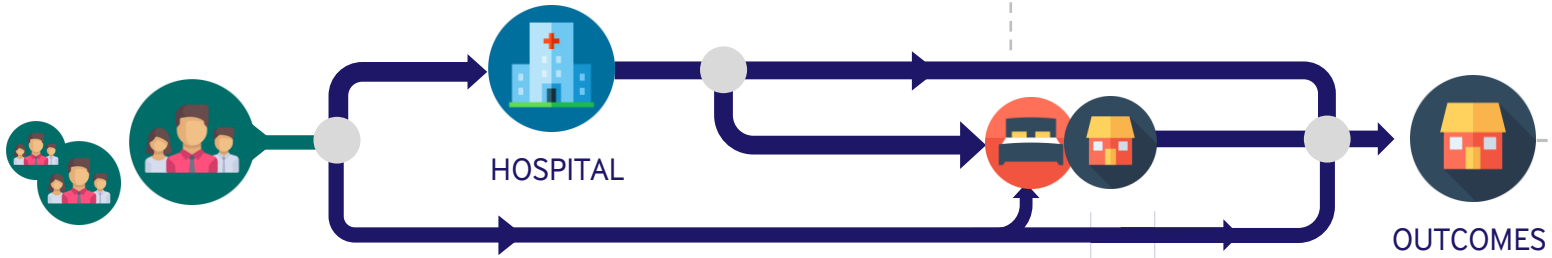
fewer attendances to the ED each year

180

fewer starts into short term bedded care each year

30

fewer starts each year into long term bedded care



Supporting an additional

1600

clients to remain independent for longer in the community

98

fewer beds through reduced admissions and a shortened length of stay

Releasing

80 hrs

of Domiciliary Care each week in newly commissioned packages through improved reablement

There Are Good Foundations To Build From

"I had excellent care from the palliative care team and my GP"

"The leaflets for who can help are available are really good."

"I thought the green pathway [planned surgery] works well."

"The Speciality nurses are very accessible and experienced."

"111 works well once you get through and they generally route you to the right place."

Citizen Forums

...in **93%** of the cases that we reviewed, the service to prevent the attendance or admission already exists

"There's an absolute willingness and passion to make a difference."

"We achieved significant things as a partnership because we changed the way that we operated, and we took a much more user centric approach."

"During Covid we stopped focusing on our own organisational processes and started focusing on the user rather than the user having to navigate our processes."

95%

...of colleagues have good working relationships strengthened by Covid

92%

...of colleague's trust and respect those they work with.

94%

... of colleagues feel they are encouraged to improve the way they work.

System Colleagues

Anticipatory Care, Hospital Attendance and Admission

We have the opportunity to improve the our anticipatory care by improving access to community services before escalations in patients needs. We can also prevent non-ideal hospital attendances and admissions by better decision making at the point of need and providing services outside of the acute hospital

- 42% of all escalations in need could have been prevented prior to attending hospital
- Advanced care planning is critical to preventing these escalations, with practitioners citing that in half all cases, ACP's were a key measure to prevent this
- This advanced care plan should not stop at a respect form but should truly plan for the next stages of an older patients life.

- 37% of all attendances were considered 'non-ideal' by practitioners
- In 46% of these attendances, a healthcare professional referred the patient to the acute setting
- In nearly all of the cases, the healthcare professional was making a risk averse decision or didn't know about the preventative service
- In 81% of non-ideal attendances, the person was conveyed to hospital by emergency ambulance

- We make non-ideal decisions, possibly driven by frailty and not just degrees of illness
- We need to support decision making in ED to reduce non-ideal admissions through better sharing of information
- Case reviews highlighted urgent response, community risk assessment and falls risk assessment/response as a key community service for reducing admissions
- We need to support decision making in the community by increasing knowledge of community services and which patients need to be admitted to A&E

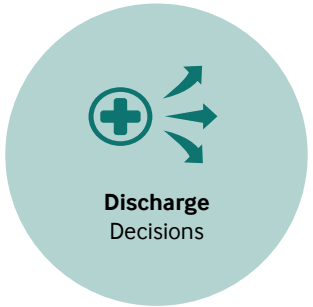
System **visibility & Connected Services**

- Develop connected and collaborative partnerships with a data driven culture, where services are visible to decision makers and information flows between critical services

Hospital Flow

We have the opportunity to improve the time that a patient spends in hospital, both from admission to being clinically well enough to leave hospital and from being clinically well enough to being discharged

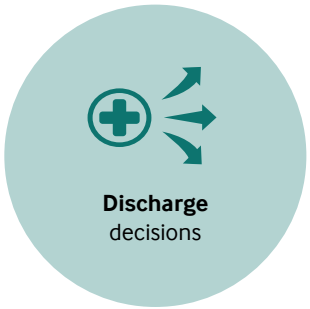
- We make fewer decisions on the weekends and not until 9am on weekdays. This causes a backlog of patients to build up, requiring more beds
- We need to support the decision making to happen sooner to ensure patients are not waiting longer than necessary when deemed medically fit
- Widening the scope and reach of the UH@Home can help support the decision to make patients medically fit sooner and help to bridge the gap between acute and community services. These services can also be used to help prevent patients from needing admission in the first place



- We are still performing assessments prior to discharging patients– this is contributing to delays in pathway 1, 2 and 3
- The IDT backlog is causing a delay after the patient is medically fit for discharge and is the most common reason that someone is waiting to be discharged
- If we were to do this prior to being medically fit, the package of care process could be started earlier – awaiting a POC and awaiting a placement contributed to 22% of all delays. The team can't currently do this due to the backlog of assessments created by the lengthy assessments
- Packages of care can't be sourced until this is completed – can we de-couple this process?

Discharge, Intermediate and Long-Term Care Summary

We have the opportunity to improve our discharge decision making, improve our reablement effectiveness and reduce the number of people leaving hospital with long-term packages of care, resulting in more people achieving their maximal levels of independence



- A third of people going to temporary beds could go home with the correct package of support
- Reduced dispersion of community therapists to non-core provider locations, increasing hours spent with patient
- 140 per year people going home with support rather than to temporary beds during the intermediate period

- Develop a reablement focused service with our partners and care providers
- Increase the effectiveness of reablement by 20%, reducing long term care needs
- Reduce intermediate care exit delays by package step downs, increasing carer capacity and improving independence outcomes for users

- Improving the patient time with physiotherapists who are referred for reablement will improve long-term outcomes for up to 50% of the people in P1
- A combination of discharge decision making and improving reablement effectiveness of P2 patients will result in fewer people going into a long-term residential bed

System **visibility & intelligence**

- Develop data driven culture, frontline teams and management using clear and accurate data to drive their daily decisions, enabling the outcomes above

How Will We Know We're Making A Difference?

1

Opportunity Matrix

Throughout the diagnostic, we have spent time calculating the potential opportunities across the system. To understand current performance we have benchmarked a number of variables that are combined to quantify the opportunity to improve outcomes for older people

2

Identify KPIs

For the areas where an opportunity exists, we will identify the important KPI that is impacting the outcome of an older person adversely and we will design our solution to address this specific area.

Our initial design solutions will be focused on impacting this variable.

3

Monitor Performance

Throughout testing our design solution and implementation, we will carefully monitor the impact the design is having on the outcomes for the older person. This will be continually tracked, reported and the design will be iterated and improved to ensure that this continues to improve to an acceptable level

What is Next?

What do we do next?

We want to proceed to implementation initial designs that we can test and iterate to ensure they improve they outcomes for older people as we expect – to do this, we will undertake a bridging/design phase

Diagnostic

We have worked with staff to understand the problems with our current ways of working and **rigorously assessed** what areas we needed to focus on in our transformation

During the diagnostic we've worked to understand each part of the system, specifically on operational opportunities and the environment that colleagues work within

Bridging/Design

Based on the diagnostic findings, we work with operational leads to **design the high priority solutions**

We test this through a **series of practical pilots** ensuring staff can input and future ways of working are **fit for purpose**

We make sure that the programme architecture, future operating models, governance and working processes are **set-up for success**

We make sure the numbers are right and that we are **ready to commit** to the implementation programme.

Implementation

Before roll out, we'll work with everyone to **make sure you're ready** and are provided with the right skills, information and support you need, at the right time

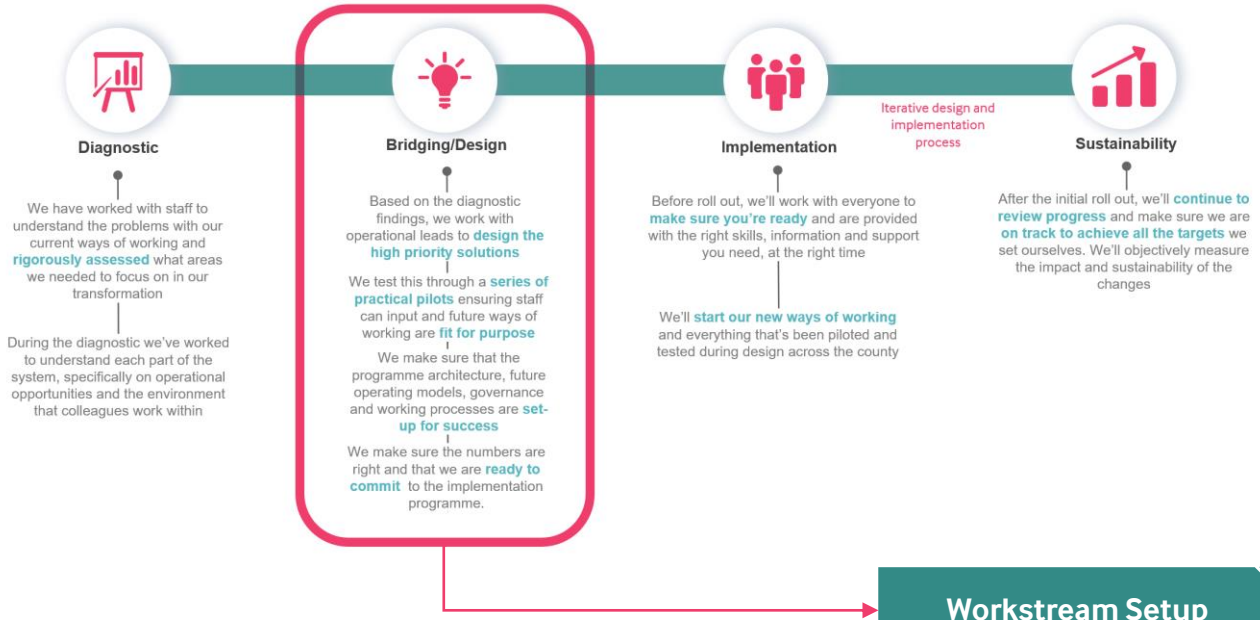
We'll **start our new ways of working** and everything that's been piloted and tested during design across the county

Iterative design and implementation process

Sustainability

After the initial roll out, we'll **continue to review progress** and make sure we are **on track to achieve all the targets** we set ourselves. We'll objectively measure the impact and sustainability of the changes

What do we do next?



The bridging phase will be split up into the following steps:

Workstream Setup	Design Workshops	Design Selection	Test and Pilot Planning
We will spend time breaking down the opportunity areas into workstreams and identifying 'design teams' who will lead the way in creating a solution to improve outcomes for service users	We will host regular design workshops with multi-disciplinary attendees to seek appropriate solutions and new ways of working that will address the opportunity areas	We will peer review these options with front line staff and determine if they are feasible solutions – these solutions will then be taken forward to implementation for piloting	We will plan testing and piloting of the initial design to ensure they deliver the desired outcomes – we can iterate and retest at this point. Successful designs will then be implemented at scale in the next phase

People Want To Collaborate And Make Improvements

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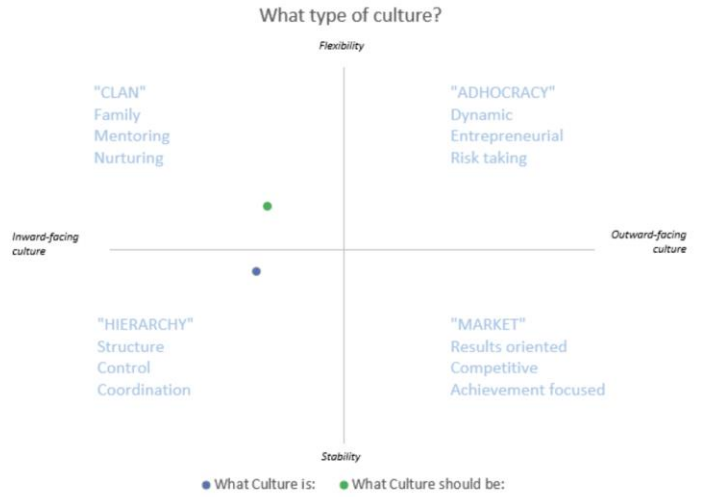


Colleagues see a future for a more collaborative, nurturing and team orientated culture.

Are People Working Within The System Ready For Change?

We asked people across all organisations in the system how they felt about change

94% Agree that they work force are encouraged by leaders to improve the way they work

83% Agree that they are encouraged to improve they way they work with other teams

82% Agree that a culture of continuous improvement is embraced with the people that they work with

People within the system say they want to improve outcomes for service users and are ready to embrace change!

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

Subject Title	Strategic Delivery Board: Design and Progress
Executive Sponsor	Andy Hardy, Chief Executive Officer
Author	Kara Marshall, Director of Corporate Delivery
Attachment	Strategic Delivery Board: Design and Progress
Recommendation	The Board is asked to **NOTE** the contents of the report

EXECUTIVE SUMMARY

The Strategic Delivery Board (SDB) was established in April 2021 with the aim of overseeing delivery against the organisation's change programme and raising visibility of progress against key change projects in the Trust. Delivery risks and timescales are shared through the Board with mitigations and decisions made that promote successful delivery of schemes.

The organisation's responsiveness to change is particularly relevant in the restoration from the Covid-19 pandemic, and the changes underway in the NHS landscape with transition to Integrated Care Systems (ICS).

The alignment of seven programme boards to the overarching delivery board ensures interdependencies across projects are understood and that each chief officer, in partnership with a Group Clinical Director to provide the senior oversight to the portfolio of change projects within their remit. The seven programme boards are: EPR & digital, Enablers, People, Use of Resources, Clinical Services, Integrated Coventry Place, and Urgent and Emergency Care.

The delivery programmes have an integral relationship with the wider Coventry and Rugby Place agenda, the system health inequalities strategy, and the organisation's role in the system.

Following a 6 month review of progress from SDB members and stakeholders, a series of recommendations have been implemented based on feedback to ensure each board meeting is structured effectively. This review process will continue on a regular basis to ensure the board is responsive to organisational priorities.

PM3 is the programme management system used to support all programmes with consistent methodology and reporting. A roll out programme to all key stakeholders across the Trust has been underway throughout the summer period of 2021.

PREVIOUS DISCUSSIONS HELD

Trust Board – June 2021

KEY IMPLICATIONS

Financial	Financial requirements for specific projects are managed via Chief Officers Group (COG) and the governance mechanism for investment cases ensures approval at COG or Trust Board dependent on the size of investment required.
Patients Safety or Quality	Any significant change project will have quality impact assessments completed as part of this process and monitoring of associated risks.
Workforce	The strategy team and programme management office (PMO) work collaboratively to deliver change projects, managing the process from the planning phase through to delivery phase.
Operational	The strategic delivery board compliments the operational delivery of the organisation and allocates appropriate resource to clinical groups to deliver change projects.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Strategic Delivery Board: Design and Progress

1. INTRODUCTION

1.1 The Strategic Delivery Board (SDB) was established in April 2021 with the initial meeting used to engage with members on the structure and role of the SDB. This was reported via Trust Board in June 2021.

1.2 The organisation's responsiveness to change is particularly relevant in the restoration from the Covid-19 pandemic, and the changes underway in the NHS landscape with transition to Integrated Care Systems (ICS).

1.3 In addition, the SDB compliments the operational governance forums to ensure clinical groups are supported with resource allocation for delivery against corporate projects.

1.4 The aim of the Strategic Delivery Board is to:

- Oversee a single change programme for the trust
- Focus on delivering change that is important or high priority
- Deliver the strategic plan
- Provide oversight to chief officers and Trust Board
- Focus on delivering quality, performance, workforce and financial improvements.

1.5 SDB is chaired by the Chief Executive Officer with membership from the chief officers, Group Clinical Directors and relevant Corporate Directors. Since the initial meeting, SDB has taken place on the first Tuesday of the month. In total, seven meetings have taken place with one cancellation of the Board in November 2021.

1.6 A work plan supports forward scheduling of Board agendas and planned oversight of significant gateways or milestones. Delivery risks and timescales are shared at the Board with mitigations and decisions made that promote successful delivery of schemes.

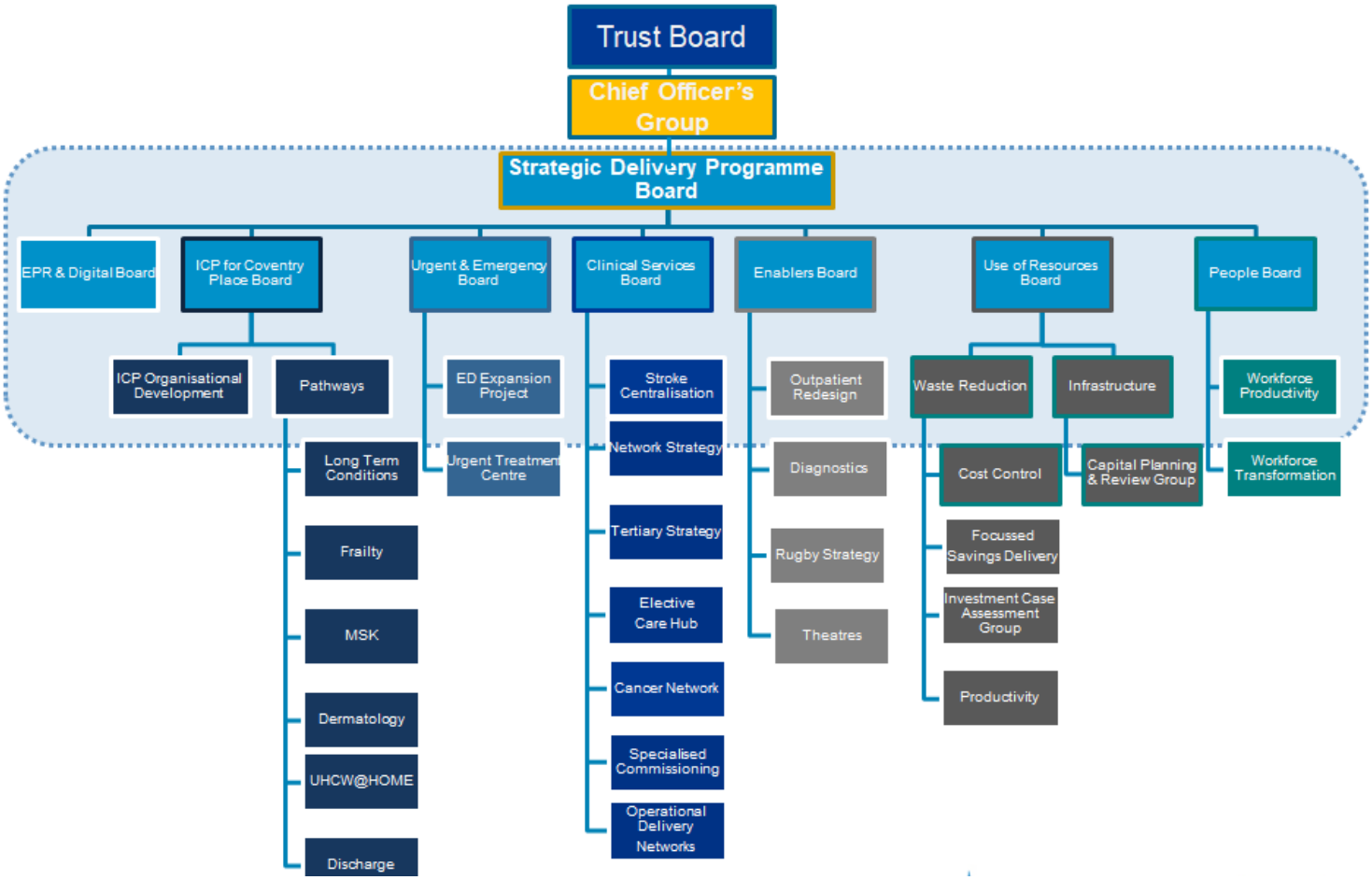
1.7 PM3 is the programme management system used to support all programmes with consistent methodology and reporting. A roll out programme to all key stakeholders across the Trust has been underway throughout the summer period of 2021. The Programme Management Office (PMO) support users with this project management system for recording, managing and reporting on programme and project delivery.

1.8 The alignment of seven programme boards to the overarching delivery board ensures interdependencies across projects are understood. Each programme board is led by a chief officer, in partnership with a Group Clinical Director which provides senior oversight to the portfolio of change projects within their remit.

1.9 The seven programme boards are: EPR & digital, Integrated Care Partnership, Urgent & Emergency Care, Clinical Services, Enablers, Use of Resources, and People (see diagram 1).

1.10 The delivery programmes have an integral relationship with the wider Coventry and Rugby Place agenda, the system health inequalities strategy, and the organisation's role in the system.

1.11 **Diagram 1: Overview of Strategic Delivery Board and Strategic Programme Boards**



2. SUMMARY OF STRATEGIC DELIVERY BOARD CONTENT

2.1 Outlined below are the key outputs against each programme board reported via the SDB since its inception. It should be noted that some items have reported multiple times due to the scrutiny around delivery timescales.

2.2 EPR & Digital Programme Board (Executive Lead: Chief Quality Officer):

2.2.1. Update received on active recruitment to Subject Matter Expert (SME) posts and agreement of temporary accommodation for the staff, pending a new building on the UH site.

2.3 People (Executive Lead: Chief People Officer):

2.3.1. Update received on roll out of e-rostering system for first cohort of staff (AHPs) which is linked to attainment of NHSI's Level 1 accreditation.

2.4 Use of Resources (Executive Lead: Chief Finance Officer):

2.4.1. Investment Case Assessment Group (ICAG) – this group has been established as part of the Use of Resources Board to oversee and support investment cases undergoing a rigorous assessment against a range of factors including risk, strategy and finance. Two outline cases related to the Deprivation Protection Safeguards and Infection Control team were supported to progress to a full business case.

2.4.2. Waste Reduction Programme – this is an organisational priority to identify productivity and waste schemes across the strategic programmes through capture of benefits realisation. Progress is reported to the Use of Resources board on a monthly basis.

2.4.3. Operational Planning Guidance – a presentation was delivered outlining the latest planning guidance and the organisation's requirements to deliver required activity levels across cancer, diagnostics and the broader elective care priorities, alongside UEC standards. This will inform the planning cycle for 2022-23.

2.5 **Enablers Board (Executive Lead: Chief Strategy Officer):**

2.5.1. Community Diagnostics Centre – an extended focus session was held to outline the rationale for a CDC, how a CDC supports health inequalities, outline of funding mechanisms, proposals for a desired clinical model, and presentation of possible locations and options. There is an ongoing, developing partnership with Coventry University and Coventry City Council to support the vision for this scheme.

2.5.2. Strategy for the Hospital of St Cross, Rugby - Implementation and go-live of two Modular theatres at The Hospital of St Cross, Rugby was achieved on 6th December. This is the first stage in the ambition to develop Rugby as a cold, elective site. More detailed work is required as a priority on this work, which will include a site feasibility assessment along with a detailed service expansion plan that complements the direction of travel for Rugby Place and the town plan.

2.5.3. Establishment of an Endoscopy Programme to coordinate decisions related to the endoscopy mobile unit that has been established at the Hospital of St Cross, planned expansion of physical capacity and assessment of future workforce requirements.

2.6 **Integrated Care Partnership (Executive Lead: Chief Nursing Officer):**

2.6.1. Dermatology Community Hub Proposal – it is recognised that the displacement of the dermatology service as a result of the expansion of the ED department, requires investment to a solution that progresses the service strategy. Options for possible locations have been visited and considered in conjunction with the clinical team and corporate leads. Discussions are underway with HOSC, NHSIE and the CCG as any further progress will be managed via public engagement.

2.6.2. Improving Lives for Older People – this is an approved system diagnostic to measure and understand the impact of the full end-to-end pathway of admission through to discharge for older people. The outputs of the diagnostic are expected at a future SDB.

2.6.3. Musculoskeletal Pathway (MSK) for Coventry – this is a service redesign project with the first stage including transfer of the MSK community service from CWPT to UHCW. Clinics are delivered by senior physiotherapists in the role of First Contact Practitioner (FCP). This first phase is contracted for a period of 3 years and is an example of collaboration across Coventry to deliver a clinical service in primary care settings closer to home for the patient cohort and release specialist resource in the care pathway.

2.7 **Clinical Services (Executive Lead: Chief Medical Officer):**

2.7.1. Centralisation of Stroke Services – a gateway review was undertaken to understand the factors for go-live and discuss the risk related to recruitment of both medical and nursing staff and associated impact on implementation of the clinical model.

2.7.2. A Clinical Summit was delivered in December 2021 with every clinical specialty identifying their strategic vision, direction and challenges. The output of this session and next steps are scheduled for presentation at a future SDB to inform clinical service design and interdependent factors across specialties.

2.8 **Urgent and Emergency Care Board (Executive Lead: Chief Operating Officer):**

2.8.1. Programme Board established Dec 2021 alongside a Place UEC board following a review by the Chief Operating Officer.

2.8.2. Urgent Treatment Centre (UTC): Day to day operational and clinical responsibility for delivery is currently sub-contracted to Health Care Resources Group (formally Virgin Care) acting in a sub-contractor arrangement. This project sees UHCW taking over this contract directly including a TUPE transfer of staff. This has a planned project completion date of 1 April 2022 and is on track to deliver with associated annual savings obtained through this project.

2.8.3. ED Expansion – this is a £15m capital project to expand the Emergency Department footprint over a multi-year period. This project is on track delivering to the agreed capital budget. Agreement for the clinical service to use a decant space on SODA for minor ops from November 2021 was approved. This enabled preparation of the area to be made in readiness for capital works to commence early January 2022. A significant milestone was achieved in December with the deed of variation being signed by all parties.

3. SIX MONTH SDB REVIEW

3.1 Following a six month review of progress from SDB members and stakeholders, a series of recommendations have been implemented based on feedback to ensure each board meeting is structured effectively. This review process will continue on a regular basis to ensure the board is responsive to organisational priorities.

3.2 Recommendations for ongoing development of the board included:

3.2.1. Inclusion of a focus session in each board meeting: This was piloted in October 2021 for an initial discussion on a strategy for the Hospital of St Cross. This approach was well received for complex items and was subsequently used in the January 2022 board for a diagnostics focus and planned for February 2022 for an Endoscopy focus.

3.2.2. Review of ICP board: feedback indicated that there was duplication of discussion at Coventry Place boards and the internal ICP board. A proposal is expected to a future SDB to outline requirement for an oversight board only with strengthened reporting between Place and the UEC board. This will enable the wider impact of projects, such as the Improving Lives for Older People scheme, to be managed. Furthermore, this proposal will promote the use of the PM3 system across Place projects.

4. CONCLUSIONS

4.1 The SDB has made significant progress against its original aims and intentions and will continue to evolve as required. It is anticipated that the most recent operational planning guidance (issued December 2021) will drive an assessment of delivery of strategic projects with long term planning requirements around elective care trajectories and urgent and emergency standards. This further aligns the relationship between operations and strategy to both run the business and change the business.

4.2 The SDB will be subject to regular review with a formal 12 month annual review scheduled in April 2022.

5. RECOMMENDATIONS

Trust Board are requested to **NOTE** the contents of this report and support the continuous development and function of the strategic delivery board.

Author Name: Kara Marshall
Author Role: Director of Corporate Delivery
Date report written: 24 01 2022

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

Subject Title	Freedom to Speak Up / Raising Concerns Bi-annual Report
Executive Sponsor	Mo Hussain, Chief Quality Officer (Executive Lead for Raising Concerns)
Author	Lorna Shaw, Freedom to Speak Up Guardian
Attachment	Freedom to Speak Up / Raising Concerns Bi-annual Report
Recommendation	The Board is asked to **RECEIVE ASSURANCE** from the report

EXECUTIVE SUMMARY

Attached is the bi-annual report from the Freedom to Speak Up Guardian on activities namely:

1. Continuing to raise the profile of the updated Raising Concerns Policy, Guardian and Confidential Contacts' roles and providing local, how to raise concerns training
2. Networking internally to improve triangulation of information, learning and sharing best practice from concerns raised.
3. Recruitment to Freedom to Speak Up Ambassadors
4. Increasing the support for Freedom to Speak Up
5. Review & update to the FTSUP database
6. Developing a Raising Concerns App
7. Responding to National Guardian's Office (NGO) updates
8. Development of Freedom to Speak Up Review Tool

The report also provides a summary analysis of trends from themes raised and identified the priorities for the next six months

PREVIOUS DISCUSSIONS HELD

Trust Board August 2021

KEY IMPLICATIONS	
Financial	None directly relating to this report
Patients Safety or Quality	A robust policy on raising concerns is important for patient well-being and the risk of staff not feeling able to raise concerns is on the corporate risk register.
Workforce	A robust policy on raising concerns is important for patient well-being and the risk of staff not feeling able to raise concerns is on the corporate risk register.

Operational	There are no direct operational implications arising from this report although the Trust's performance and service could be affected if staff don't feel able to raise concerns

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Freedom to Speak Up / Raising Concerns Bi-annual Report

Introduction

During the last six months the Guardian focused on:

1. Continuing to raise the profile of the updated Raising Concerns Policy, Guardian and Freedom to Speak Up Ambassadors [FTSUA] roles and providing local, how to raise concerns training
2. Networking internally to improve triangulation of information, learning and sharing best practice from concerns raised.
3. Increasing the support for Freedom To Speak Up [FTSU]
4. Review & update to the FTSU database
5. Developing a Raising Concerns App
6. Responding to National Guardian's Office (NGO) updates
7. Development of Freedom to Speak Up Review Tool

Raising Profile of Roles

The Guardian continued to walk the wards and departments, meeting staff face to face (when and where possible) in order to introduce herself and raise the profile of the role. With the recent COVID-19 pandemic, the UHCW Communications Teams have provided additional support in ensuring the profile of the Guardian/Confidential Contacts' roles are highlighted via TrustNav, in light of recent changes for many employees.

Gathering further intelligence from conversations with staff over the last year, it was clear staff would appreciate another mechanism for raising concerns that provides further anonymity. Evidence from data collated overall, shows less than half of total concerns are raised openly.

Networking internally to improve triangulation of information / Learn and share best practice and learning from Concerns Raised

There have been constructive meetings with colleagues from staff side, workforce, occupational health, patient safety team, Chaplains, the Head of Equality and Diversity and staff engagement teams.

Working in collaboration with our Head of Equality and Diversity, we have three staff networks; BAME, LGBTQ+ and Disabilities. It is important that the views are heard from these meetings which bring a platform to share common issues and raise concerns when required. Meetings outside of staff networks provide an opportunity to bring together people and areas of work that either support or investigate issues relating to these protected characteristic groups to share issues and identify any themes with a view to developing strategies to address them. This input should contribute to improvements in our staff survey results and the reduction of bullying, harassment and incivility.

Occupational Health and the Patient Safety Team have provided dashboard reports which highlight key concerns for the Guardian to review and investigate.

The Guardian continues to liaise with our ED consultant specialising in 'Civility Saves Lives' and continues to meet with the Guardian of Safe Working Hours and together they are looking at common challenges.

Increasing the support for FTSU

The Trust is continuing to introduce Freedom to Speak Up Ambassadors (formally known as Confidential Contacts). The FTSUG has actively sought out employees who come from a variety of job roles across the organisation including a Consultant, Chaplain, Optometrist and Clinical Scientist to provide further signposting / advice to all employees.

In the last 12 months, the FTSUG, has engaged an additional 7 new Freedom to Speak Up Ambassadors to complement the existing 8 Confidential Contacts. Linking this voluntary role to the FTSUG role; helps achieve the plan to increase our Confidential Contacts by 50% stated in the January report. With time and organisational changes, our Freedom to Speak Up Ambassadors may leave this voluntary role and / or our Trust to pursue their own career pathway, therefore these numbers are ever changing. Support from our Communications team to update posters and our volunteers to distribute them across the organisation, is both appreciated and invaluable for keeping employees up to date.

Discussions with our Communications team will determine the best time for planning UHCW Raising Concerns / Speaking Up events for 2022, which will ensure maximum exposure for campaigns and events.

Review & update to the Infrastructure of FTSU database

The database which records all raised concerns, has been enhanced and updated to capture trends. The “Raising Concern Contact Form” has been revised to reflect desired outcomes which provide useful information about next steps or potential solutions. This will help to ensure that any action taken in response to a case reaches an appropriate conclusion before it is closed.

The FTSUG has also explored how the learning points that arise out of each case can be recorded so they can be used to make suggestions for improvement; and to help the National Guardian’s Office to spot wider trends and themes. There is also the opportunity to carry out three and six months’ post-case reviews to test for any detriment or any treatment which is disadvantageous and/or demeaning to staff after they have raised concerns.

This database will be continued to be used alongside the data collated within the Raising Concerns App (see below)

Developing a Raising Concerns App

Evidence collated from UHCW staff network groups, internal triangulation meetings and external NHS National Staff Surveys, identified UHCW employees need an additional channel for raising concerns.

As UHCW’s Freedom to Speak Up Guardian since July 2019 and having the opportunity to liaise with my peers across the East and West Midlands; It was clear a Raising Concerns App was needed to reach a wider audience of employees across the organisation. The App will encourage an open culture where staff are able to speak up; be listened to and have confidence that their concerns will be addressed.

On 23rd April 2021, this notion was presented to the Ideas Den’s panel: Andy Hardy – Chief Executive Officer, Michelle Brookhouse – Director of OD, Jeremy Gould – Non-Executive Director, Donna Griffiths – Chief People Officer, Chris Hill – Consultant, James Matthews – Director of ICT and Digital Services, who were supportive of this proposal.

Aims

- Give employees an additional channel to raise concerns
- Proactively empowering employees to speak up
- Encouraging positive culture change
- Having a trusted mechanism to produce reports based on themes and trends
- Demonstrates the UHCW NHS Trust is leading with compassion and inclusion
- Demonstrates UHCW have ensured that all staff have access to Freedom to Speak Up Guardian/Ambassadors
- Assists UHCW NHS Trust to assess the current level of trust that staff have in speaking up
- Overall increase in confidence across the organisation, any concerns raised are addressed appropriately

Benefits:

- Learning to the wider organisation from concerns raised
- Understanding of reasons behind anonymous reporting
- Improved open culture for raising concerns
- Providing environments for safe spaces for employees to express
- Concerns can be raised at a convenient opportunity.

To date

The app was piloted on November 8th 2021 and sent to approximately 3,000 staff. So far, around 150 employees have downloaded the app to their personal devices.

Staff use a QR Code or link to access the app; for iPhones/devices via TestFlight and for Android devices via Google play. Once downloaded, staff can view the Privacy Policy; Trust's Raising Concerns policy and a short 4 minute video on why Speaking Up matters with speakers including Baroness Dido Harding - Chair of NHS Improvement, Professor Ted Baker – Chief Inspector of Hospitals Care Quality Commission and Dr Navina Evans - Chief Executive of Health Education England.

Access to the Raising Concerns policy will provide further guidance for staff and a better understanding if whether this avenue of action is appropriate. The message tab allows communication between employees and FTSUA or FTSUG who raise concerns anonymously. This enables further detail/ information to be gathered where needed Ultimately, the video will encourage and empower individuals to raise a concern if required.

Further work is required to enable some phones which have some technical limitations due to their age to be able to download the app. ICT are currently updating licenses that are required for this purpose and are hoping to support the app long term to address this issue.

NGO Update

Data collected from CQC well-led reports and national staff surveys confirm UHCW has had an increase in speaking up, since being recorded in 2015 (ref. National Guardian ''Freedom to Speak Up Index Report 2021''). Fostering a positive speaking up culture sits firmly with the leadership and we can see that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by CQC.

The FTSU Index can help build a picture of what the speaking up culture feels like for our staff. It is a metric for NHS Trusts, drawn from four questions in the NHS Annual Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident. In 2020, the mean for NHS Trusts nationally was 79.2% with UHCW performing slightly above this at 79.6%

In 2020, a new question was included in the NHS Staff Survey asking if employees feel safe to speak up about anything that concerns them in their organisation. The answers to this question show a very strong positive correlation with the FTSU Index, with 66% of staff nationally, "agreeing" or "strongly agreeing" that they feel safe to speak up about anything that concerns them in their organisation.

Freedom to Speak Up Self-Review Tool

NHS England/Improvement has also produced a self-assessment tool for Trusts to use to help determine plans to improve the culture and processes to encourage speaking up. July 2020 - The Guardian has agreed a working version with the Chair, Non-Executive Director Lead for Raising Concerns and the Chief Quality Officer and a review session with all Board members will be programmed in due course. The working version was shared with the Executive Lead for Raising Concerns - Mo Hussain in September 2021 and will continue to be updated accordingly.

Raising Concerns Activity

Since the initial raising concerns policy was approved in March 2017, there have been a total of 173 concerns raised, shown below.

Period	No.	Commentary
Dec 2016 – Jun 2017	9	
Jul 2017 – Dec 2017	12	Raising Concerns Policy approved May 2017
Jan 2018 – Jun 2018	8	
Jul 2018 – Dec 2018	21	Guardian appointed on a part- time basis Sep 18
Jan 2019 – Jun 2019	20	
Jul 2019 – Dec 2019	23	Guardian appointed on a full- time basis Jul 19
Jan 2020 – Jun 2020	28	
July 2020 – December 2020	21	Plus an additional 18 phone calls have also been received requesting advice only, during this 6 month period
Jan 2021 - Jun 2021	17	Plus an additional 21 phone calls have also been received requesting advice only, during this 6 month period
Jul 2021 – Dec 2021	14	Plus an additional 38 phone calls/emails have also been received requesting advice only, during this 6 month period

In the period from July 2021 to Dec 2021 there was a reduction in documented concerns raised but another increase in telephone calls and emails requesting support or asking advice. This indicates the Guardian role continues to contribute to the Trust's ongoing work to create an environment where staff feel safe to speak up and raise concerns.

The analysis of the cases from July 2021 to December 2021 is shown below;

Types of Incidents	No.
Workplace Relationships	3
Bullying / Harassment /Aggressive Behaviours	7
Discrimination / Racism	3
Staff Safety	0
Patient Safety	1
Malpractice/Unacceptable Practice in the Workplace	0
Other	0

Staff Groups	No.
Doctors	5
Nurses	3
Healthcare Assistants	3
Administrative / Clerical	0
Estates and Ancillary	1
Allied Healthcare	0
Professional Scientific/Technical	0
Anonymous	2

COVID-19 Related Concerns	No.
PPE	0
Risk Assessments	0
Social Distancing	0
Furlough / SSP	0
Redeployment	0

Outcomes	**No.**
Speak directly to line manager	1
Seek further information to decide next steps	6
Action formally utilising Trust Raising Concerns Policy	1
No further action / Workforce has ongoing input with employee[s]	6

Concern Raised	**No.**
Open	6
In Confidence	6
Anonymously	2

Priorities for the next six months

Continue networking internally/externally to improve triangulation of information and learn and share best practice from Raised Concerns

1. FTSUG/ FTSUA to continue to promote own roles with all employees, locum and bank staff (our agencies and agency staff make up nearly a fifth of our workforce), to empower and encourage raising concerns
2. Carrying out audits of data collected
3. Continue to develop a collaborative action plan using the Freedom to Speak Up self-review tool from NHS England & NHSI with the Board
4. Commence feedback to senior managers to share themes and trends highlighted from raising concerns data

Author Name: Lorna Shaw

Author Role: Freedom to Speak Up Guardian

Date report written: January 2022

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Safeguarding Adults and Children Bi-Annual Report
Executive Sponsor	Tracey Brigstock, Chief Nursing Officer
Author	Lisa Pratley, Lead Professional for Safeguarding
Attachment	Safeguarding Adults and Children Bi-Annual Report
Recommendation	The Board is asked to **RECEIVE ASSURANCE i**n relation to the Safeguarding activity and management throughout the Trust.

EXECUTIVE SUMMARY

The report provides information on the following areas in relation to the Safeguarding of Adults and Children:

- **Safeguarding Referrals**

  The category of 'emotional abuse' continues to be the predominant reason for referrals to Childrens Social Care from UHCW. The majority of these referrals stem from adolescent's who are in a mental health crisis and parents or carers who present with mental health concerns or substance misuse, including alcohol intoxication.

  In relation to referrals to Adult Social Care, 'self neglect' is the main reason for referral. . This mainly relates to individuals who reside in their own homes and whose health has deteriorated due to poor dietary intake, reduced mobility or poor hygiene. The category of self neglect and neglect are consistently the main reason for referrals being completed in relation to adult safeguarding concerns

- **Training compliance**

  Compliance with safeguarding training throughout the Trust is achieving the Clinical Commissioning Group (CCG) target of 90% with the exception of safeguarding adult's level 3 which is 89% compliant. The Trust target of 95% compliance has been achieved with safeguarding adult's level1, and safeguarding adult's level 2.

- **Serious Case Reviews**

  UHCW NHS Trust is currently participating in one Serious Adult Review. The initial learning identified for UHCW to ensure that staff are aware of the specialist services available in relation to alcohol and substance misuse, for appropriate and timely sign posting. To support this information has been added to the Safeguarding page on TrustNav. The Safeguarding Team are working with the Trust Alcohol Liaison Clinical Nurse Specialist to develop a plan to raise awareness of these services.

  UHCW are contributing towards 7 Childrens safeguarding practice reviews. Immediate learning indicates that 'professional curiosity' needs to be a focus. This has been added to the Safeguarding training delivered within the Trust.

- **Liberty Protection Safeguards**

  The Mental Capacity Amendment Bill (2019) outlined that the current Deprivation of Liberty Safeguards (DoLS) system was to be replaced by a new system, known as Liberty Protection Safeguards (LPS). A business case investment proposal, articulating the resource required to implement LPS was been approved in November 2021. A full business case is now in progress for approval at Chief Officers Group.

  Indications are that there may be further delay in the national implementation.

- **Learning Disabilities**

  UHCW are working collaboratively with Coventry and Warwickshire Partnership Trust Learning Disability Acute Liaison Team. The Associate Director of Nursing for Quality and Patient Safety meets with the Acute Liaison Team on a monthly basis to identify areas for improvement.

  The Trust are currently collating the data to submit for the 2021 NHS England & NHS Improvement Learning Disabilities Improvement Standards, with a submission date of March 2022. This will drive action for continuous improvement for 2022/23.

PREVIOUS DISCUSSIONS HELD
The last safeguarding and children bi-annual report to Trust Board was in September 2021.

KEY IMPLICATIONS	
Financial	Potential need to review resource in relation to the introduction of Liberty Protection Safeguards that will replace Deprivation of Liberty Safeguards in 2022. A business case is in progress to articulate this requirement.
Patients Safety or Quality	If staff are not compliant with their safeguarding training and do not recognise where there are safeguarding concerns it may result in sub-optimal care to patients.
Workforce	If staff are not supported with relevant training they may feel unsupported, which could impact on staff retention rates.
Operational	If staff are not supported with relevant training, policy's and guidance they will not be able to offer the optimum care to patients and may feel unsupported, which could impact on staff retention rates.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Safeguarding Adults and Children Bi-Annual Report

1. INTRODUCTION

The purpose of this bi-annual report is to update the Trust Board on recent safeguarding activity for both adults and children across the last six months of 2021. This will include highlighting trends from referrals made by UHCW NHS Trust and also referrals made about UHCW NHS Trust and the learning from these.

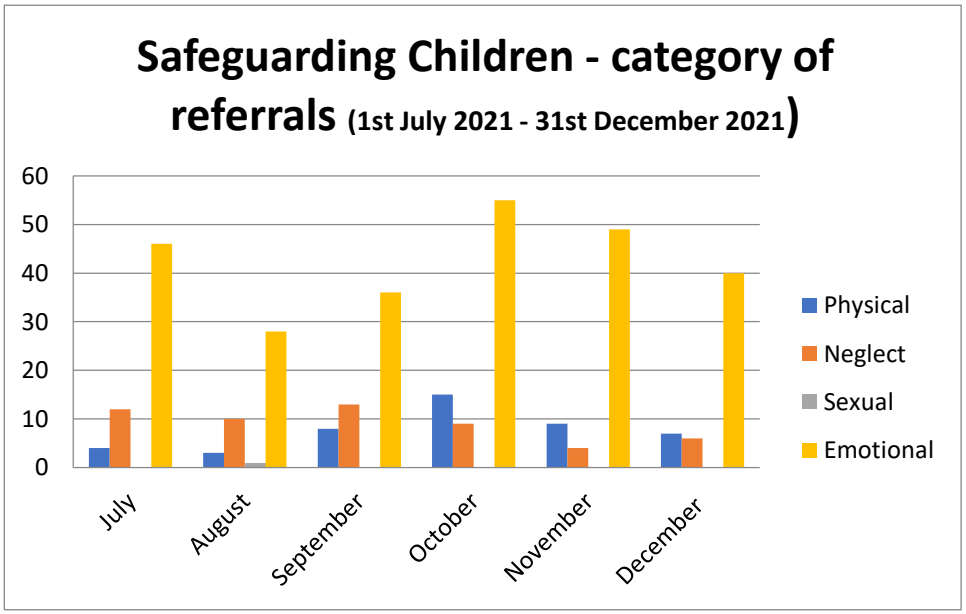
Safeguarding can be defined as, protecting children and adults with care and support needs from abuse and neglect. The report will provide assurance that the Trust meets its statutory responsibilities in relation to safeguarding.

2. CONTENT

2.1 Safeguarding Referrals

Safeguarding Children

Referrals to Childrens Social Care are largely made from the Emergency Medicine Group and the Women and Childrens Group. The category of 'emotional abuse' is the predominant reason for children's safeguarding referrals in the last six months of 2021. Whilst suspicion of emotional abuse is the predominant reason for referral to Childrens Social Care it may often be disguising other categories of abuse. This is a consistent trend which has been identified in previous reports throughout the previous 12 month period. The referrals are mainly raised when an adolescent or a parent / carer attends in a mental health crisis.



(Fig 1)

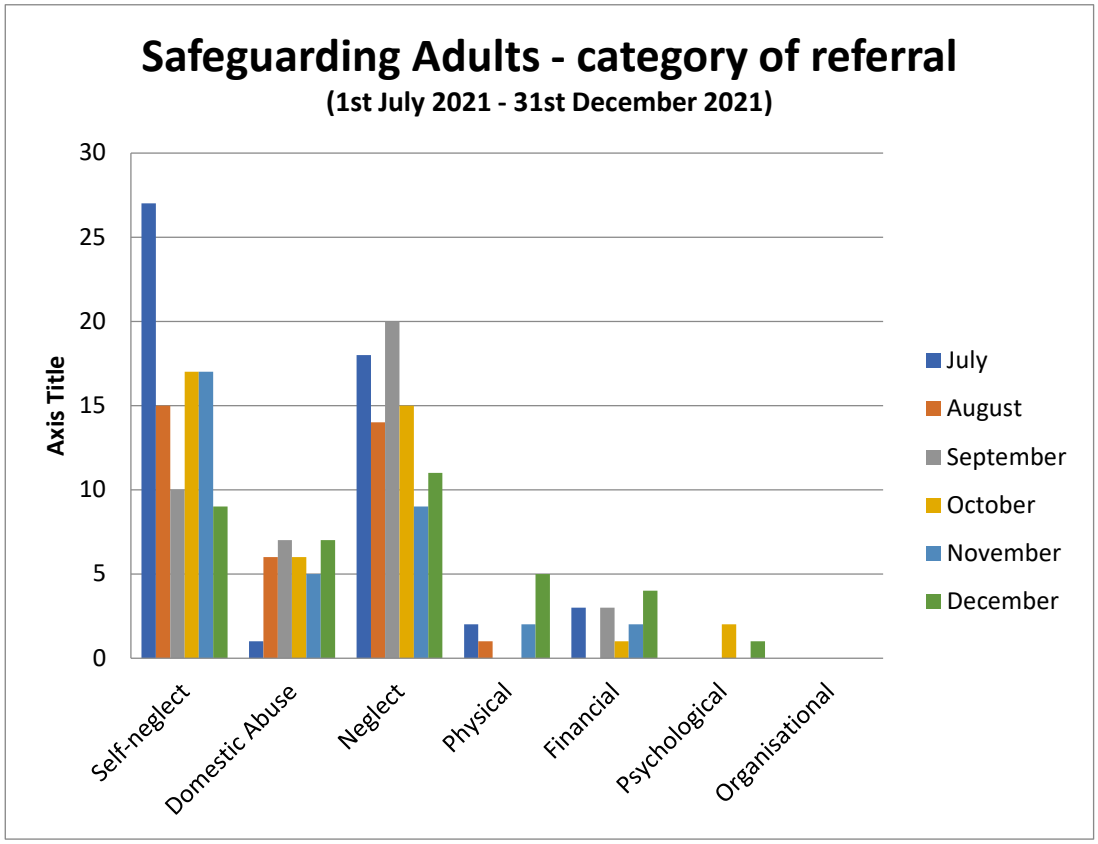
A decline in the number of referrals to Children's Social Care referrals was noted in August 2021. It is thought that this was due to a reduction in paediatric admission which is a trend often noted during the school summer holidays.

The Safeguarding Team continue to liaise with the Paediatric Management Team on a daily basis to review all inpatients and offer support where required in regards to safeguarding concerns.

Safeguarding Adults

UHCW NHS Trust continues to refer patients into Adult Social Care from all services. The category of self neglect is the predominant reason for referrals being made during the last six months of 2021. The category of self neglect and neglect are consistently the main reason for referrals being completed in relation to adult safeguarding concerns as demonstrated in Fig 2 below. Referrals completed for suspected self neglect mainly relate to individuals who reside in their own homes whose health has deteriorated due to poor dietary intake, reduced mobility or poor hygiene. The Coventry Safeguarding Adult Board shared that similar concerns are being raised across the city.

Adult safeguarding training utilises case studies from recent referrals to support staff in understanding the potential signs and symptoms of the categories of abuse. The case studies enable staff to feel more confident in identifying potential indicators of abuse and neglect.



(Fig 2.)

UHCW Concluded Safeguarding Investigations

Between 1st July 2021 and the 31st December 2021, two safeguarding investigations against UHCW have been concluded. Both of which deemed UHCW NHS Trust to be negligent. Both cases raised concerns in relation to discharge and indicated that appropriate care plans and referrals to other services were not commenced following discharge.

The learning from these cases was shared with the relevant ward areas and local actions have been taken to improve practice.

The outcomes have also been shared through the Safeguarding Adults and Children Committee and the Nursing and Midwifery Committee. In order to ensure oversight of the learning Trust wide and to track improvement and progress of actions a dashboard has been created between the Safeguarding Team and the Associate Director of Nursing for Patient Safety and Quality. This dashboard will be shared regularly with the Nursing and Midwifery Quality Forum.

2.2 Training Compliance

Compliance with safeguarding training throughout the Trust is generally achieving the Clinical Commissioning Group (CCG) target of 90% with the exception of safeguarding adult's level 3. The Trust target of 95% compliance has been achieved with safeguarding adult's level1, and safeguarding adult's level 2 for the month of November 2021 (this was the latest data at the time of writing the report).

Safeguarding Adults Training compliance - November 2021		**Previous report compliance – August 2021**
Safeguarding Adults level 1	**95.72%** ↓	**96.19%**
Safeguarding Adults level 2	**95.44%** ↓	**98.39%**
Safeguarding Adults level 3	**89.12%** ↓	**89.68%**
Safeguarding Children Training compliance - November 2021		
Safeguarding Children level 1	**94.64%** ↑	**94.45%**
Safeguarding Children level 2	**92.78%** ↓	**94.24%**
Safeguarding Children level 3	**90.52%** ↓	**92.61%**

(Fig 3)

Safeguarding children level 3 and safeguarding adults level 3 compliance is challenging due to the training packages being 3-4 hours long. During to the initial peak of the Covid 19 pandemic all training was offered via e-learning, but over the last six months of 2021 face to face sessions were offered monthly for level 3 safeguarding adults and level 3 safeguarding children. Bespoke sessions have also been delivered for staff in Surgical Assessment Unit, Medical Decisions Unit and Main Outpatients.

The content of the face to face training has been reviewed by the Safeguarding Team and they are assured that it is appropriate to meet the recommendations of the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff document (2019).

The Deputy Chief Nursing Officer / Director of Nursing monitors safeguarding training compliance with the Clinical Groups at the Accountability meetings and the Chief Nursing Officer reviews at the quarterly meetings held with each group to ensure progress.

PREVENT

PREVENT is one of the arms of the government's anti-terrorism strategy, it addresses the need for staff to raise their concerns about individuals being drawn towards radicalisation. All staff groups require basic Prevent Awareness and all clinical staff are required to attend Workshops to Raise Awareness of Prevent (WRAP). Training compliance consistently achieves both the CCG and the Trust target.

Overall Prevent training compliance (Fig. 4) is as follows:

	November 2021	Previous report compliance – August 2021
PREVENT Awareness	**95.72%** ↓	**96%**
PREVENT WRAP	**96.68%** ↓	**97.09%**

(Fig. 4)

2.3 Serious Case Reviews

Serious Adult Reviews

A Serious Adult Review (SAR) is commissioned by the Local Authority when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. This is a requirement of section 44, of the Care Act 2014.

Since the last report to Trust Board in September 2021, there have been a total of 5 new cases scoped for review. Scoping is required by all agencies that are part of the Safeguarding Adults Board. Depending on their involvement, agencies may not need to contribute to the on-going review.

UHCW NHS Trust are contributing to 1 case across Coventry and Warwickshire that has been assessed as meeting the threshold for a full Serious Adult Review. This was in relation to an 18 year old male with multiple complex needs including autism, anxiety and depression. The young person had previously expressed thoughts of suicide and was known to misuse substances. After being found deceased in his temporary accommodation a post-mortem concluded that the cause of death to be combined drugs toxicity.

The initial learning identified for UHCW NHS Trust is to ensure that staff are aware of the specialist services available in relation to alcohol and substance misuse for appropriate and timely sign posting. To support this information has been added to the Safeguarding page on TrustNav. The Safeguarding Team are working with the Trust Alcohol Liaison Clinical Nurse Specialist to develop a plan to raise awareness of these services.

In November 2021, a Serious Adult review was published in relation to a 44 year old gentleman with learning disabilities who was found unconscious at home and subsequently passed away. UHCW were not involved with the review as they had minimal contact with the

person. The findings and learning that has arisen from the case is still relevant to UHCW. The recommendations from the case are for the Warwickshire Safeguarding Adults Boards to;

- be assured that all organisations involved in the care of persons lacking mental capacity understand and adhere to the deprivation of liberty safeguards and best interest decision making as required by the Mental Capacity Act. This is audited by the Safeguarding Team within UHCW NHS Trust and reported into the Safeguarding Adults and Children Committee twice per year. Overall improvement was noted in previous audits following significant investment and training. This will be audited again in February 2022.
- be assured that where a person lacks mental capacity and there is a court application being progressed that: -

  (i) the agencies involved with the subject of the application understand the application process, and the provisions of any orders. Also that any orders are recorded, and other relevant organisations are made aware of them.

  (ii) that agencies have suitable processes for the receipt, dissemination, understanding and recording of Court of Protection Applications and Orders.

  This process is managed by the UHCW NHS Trust Legal Team together with the Safeguarding Team. Once a case is highlighted by clinicians a multi-disciplinary meeting is chaired by the head of legal services to start the process.

In response to this and in preparation for Liberty Protection Safeguards the Safeguarding Team in conjunction with the Legal Team have arranged for a barrister to deliver an update and refresher on the Mental Capacity Act on the 28th January 2022 via the Grand Round. The Trust is also taking actions to improve awareness of learning disabilities as detailed in section 5 of this report.

Childrens Safeguarding Practice Review.

A Childrens Safeguarding Practice review (CSPR) is commissioned by the Local Authority where abuse or neglect is known or suspected and a child dies, or is seriously harmed. Initially there will be a rapid review to gather facts and decide if a full review of the care is required. More detailed information will be sought if the rapid review concludes the case has the potential to identify national or local learning and a decision is made to recommend a C

Child Safeguarding Practice Review, or an alternative Learning Review.

UHCW NHS Trust are contributing towards 7 Childrens safeguarding practice reviews. Current learning being identified for the Trust is in relation to staff adopting a professionally curious approach when considering the history to a presentation. This has been added to the Safeguarding training delivered within the Trust

2.4 **Liberty Protection Safeguards.**

The Mental Capacity Amendment Bill (2019) outlined that the current Deprivation of Liberty Safeguards (DoLS) system was to be replaced by a new system, known as Liberty Protection Safeguards (LPS).

This creates new statutory duties and responsibilities for NHS Trusts, meaning that UHCW will become a responsible body.

As a responsible body UHCW will be accountable for all Liberty Protection Safeguards and will need to;

- Arrange assessments
- Authorise, monitor and review the detention / restriction
- And process any appeals to the Court of Protection (legal support required)

The initial assessment will be managed by ward staff as per the current Deprivation of Liberty Safeguard process, but the authorisation and monitoring which has previously been managed by the Local Authority will be the responsibility of UHCW NHS Trust. It is proposed that the authorisation and on-going monitoring would be managed by the Safeguarding Team.

The introduction of Liberty Protection Safeguards was originally proposed for April 2021; however this was postponed to April 2022 and recently postponed to later in 2022 but no confirmed date. A business case investment proposal, articulating the resource required to implement LPS was been approved in November 2021. A full business case is now in progress for approval at Chief Officers Group.

2.5 Learning Disabilities

UHCW have recognised that there are improvements that can be made in relation to the understanding of people with learning difficulties. The Associate Director of Nursing for Quality and Patient Safety has developed a learning disabilities training matrix. This is to ensure that all staff regardless of banding, in all departments can access either face to face training or e-learning to enhance their knowledge of learning disabilities and autism. Once the national 'Oliver McGowan' training is launched, by Health Education England, the Trust aim to make the learning part of their mandatory training schedule. A start date for this training is awaited from Health Education England.

UHCW are working collaboratively with Coventry and Warwickshire Partnership Trust Learning Disability Acute Liaison Team. The Associate Director of Nursing for Quality and Patient Safety meets with the Acute Liaison Team on a monthly basis and have recently created a patients story book, which shows the journey in words and photos of wards, departments and equipment that are used along a specific patient journey. This will be used to help reduce anxiety for a patient who has learning disabilities and is having major surgery at the Trust.

Learning Disabilities Improvement Standards for NHS Trusts

The Trust are currently collating the data to submit for the 2021 NHS England & NHS Improvement Learning Disabilities Improvement Standards. This year's data collection is split into three elements;

1. Organisational level data collection
2. Staff survey
3. Patient survey

The submission date is the 7th March 2022 and from this actions for improvement will be devised.

Learning Disabilities Mortality Review

UHCW NHS Trust continues to contribute to the national Learning Disabilities Mortality Review (LeDeR) Programme. Between 1st July 2021 and 31st December 2021, 5 deaths have been referred to the LeDeR programme from UHCW. Only 1 request for a review has been

assigned to UHCW through this time period. All individuals who die during an inpatient stay at UHCW are subject to a mortality review. The deaths of individuals known to have a learning disability are shared through the Safeguarding Adults and Children Committee to identify any early leaning prior to LeDeR.

Feedback received from completed reviews in relation to care that had been provided by UHCW included positive reflections and areas for improvement. Positive practice was reflected in the breast screening service where reasonable adjustments had been made to support a patient with learning disabilities. Areas for improvement were highlighted in relation to communication and information sharing with patient's next of kin regarding hospital treatment and discharge particularly when visiting is reduced due to the Covid 19 pandemic. This feedback has been shared through the Nursing and Midwifery Committee and actions will be monitored on a dashboard that is being created jointly between the Safeguarding Team and the Associate Director for quality and Patient Safety. This will be shared with the Group Directors of Nursing to implement and monitor within their respective groups.

3. IMPLICATIONS

- There are potential implications to patient safety if staff are not compliant with their safeguarding training, as they may not be able to recognise and act appropriately where abuse is known or suspected. There are various methods for staff to complete the required training.
- The introduction of Liberty Protection Safeguards in 2022 is going to have implications for UHCW; there are cost, resource and training requirements. These requirements are not yet fully understood as there has been a delay in the publication of the code of practice.
- The 2021 NHS England & NHS Improvement Learning Disabilities Improvement Standards data collection currently being completed within the Trust will help in identifying actions for improvement.

4. CONCLUSIONS

Challenges persist in achieving 95% compliance consistently with all elements of safeguarding training. The Safeguarding Team are working with the clinical groups to offer support and alternative ways for training to be received during the post pandemic period.

The Trust Board are asked to note and **RECEIVE ASSURANCE** of the safeguarding activity within the last six months of 2021.

Author Name: Lisa Pratley
Author Role: Lead Professional for Safeguarding
Date report written: 13.01.2022

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Safer Staffing
Executive Sponsor	Tracey Brigstock, Chief Nursing Officer
Author	Paula Seery, Associate Director of Nursing Vicky Williams, Deputy Chief Nursing Officer
Attachment	Safer Staffing report: October 2021- December 2021 (Q3)
Recommendation	The Board is asked to **RECEIVE ASSURANCE** that the organisation has maintained safer staffing in line with national and professional obligations during the reporting period of October to December 2021 (Q3)

EXECUTIVE SUMMARY

Bi-annual report on safer staffing in order to provide assurance to Trust Board. Covers adult inpatients with oversight of maternity and paediatrics as well as considerations of Covid impacts on critical care

Meets obligations as detailed in National Quality Board Guidance (2013) and 'Safe Staffing Improvement Resources' (2016), National Institute for Health and Care Excellence 'Safer staffing for nursing' guidance (2014) and The Carter report (2016)

The tools and data utilised and applied in order to demonstrate these requirements: Safer Staffing Nursing Care Tool, the 'SafeCare' Allocate module, Care Hours Per Patient Day (CHPPD) including Model Hospital data, Registered Nurse to patient ratios, acuity levels and Nurse sensitive indicators, namely falls and Pressure ulcers.

- Findings demonstrated are:
  - No staffing red flags raised during the reporting period
  - Registered Nurse to Patient ratio maintained within the anticipated range
  - Increase in dependency and acuity at ward level for the reporting period
  - No identifiable correlation found between staffing levels and incidences of falls or pressure ulcers during the reporting period
  - Care Hours per Patient Day lower than peer median (as at October 21)
  - Temporary staff fill rate approximately 50% of demand
  - Increased numbers of patients requiring closer levels of supervision via Enhanced Care Team (i.e. 1:1 and 2:1)
  - Risks mitigated via robust safer staffing process and mitigation actions i.e. use of nurse specialists and non-ward based teams to cover essential gaps redeploying resources according to patient need

Recommendations of the report:
The Board is asked to **RECEIVE ASSURANCE** from the report as detailed that safer staffing requirements have been maintained during the reporting period The Board is asked to recognise the significant effort, resilience and leadership activity required from nursing and midwifery teams as detailed in order to ensure that safer staffing has been maintained during this continued period of significant challenge as we continue to respond to the pandemic in a flexible, responsive and dynamic way. The Board is asked to note and recognise the sustained effort and resilience of nursing teams in responding to changing patient demand, learning new skills at pace and moving into 'new teams' to meet patient safety demands in a sustained Covid pandemic.
PREVIOUS DISCUSSIONS HELD
Scheduled bi-annual report

KEY IMPLICATIONS	
Financial	Reduction in agency spend if processes are robust and safe staffing can be maintained within existing resources
Patients Safety or Quality	Robust processes in place to ensure that requirements under Workforce safeguards, National Quality Board Guidance, NICE safe staffing for acute inpatient wards and CQC fundamental standards are demonstrated
Workforce	Provision of appropriate levels of staffing supports staff wellbeing and professional activity
Operational	Safe and effective staffing supports patient care, hospital capacity and flow

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Safer Staffing report: October 2021- December 2021 (Q3)

1. INTRODUCTION

This report provide assurances 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.

This report provides assurance against these requirements for inpatient areas at UHCW from October 2021 to December 2021 (Q3). Maternity staffing data has been provided in this report but will be further detailed and analysed in the next scheduled Midwifery report to Board.

It is noted that during December the impact of the omicron variant of Covid-19 began to have an impact on both patient admissions and ward areas as well as staff absences. It is expected that further data regarding this will be highlighted in the next scheduled report as the impact was beginning to be felt from mid-December 2021.

The report demonstrates that despite the continuation of the pandemic, the organisation maintained safer staffing in line with national and professional obligations, following business continuity plans as/when required. An update of current recruitment activities is also included for information and assurance purposes.

2. CONTENT: SAFER STAFFING DATA ANALYSIS AND FINDINGS

2.1 Daily operational safer staffing process

A twice daily staffing meeting is held which is 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.

A learning event is being planned to support a reflection on our processes to include what has worked well, what can be developed further and how we can sustain and embed processes to a business as usual approach when faced with future periods of challenge or subsequent waves of covid-19 which may impact on staffing as seen in previous waves.

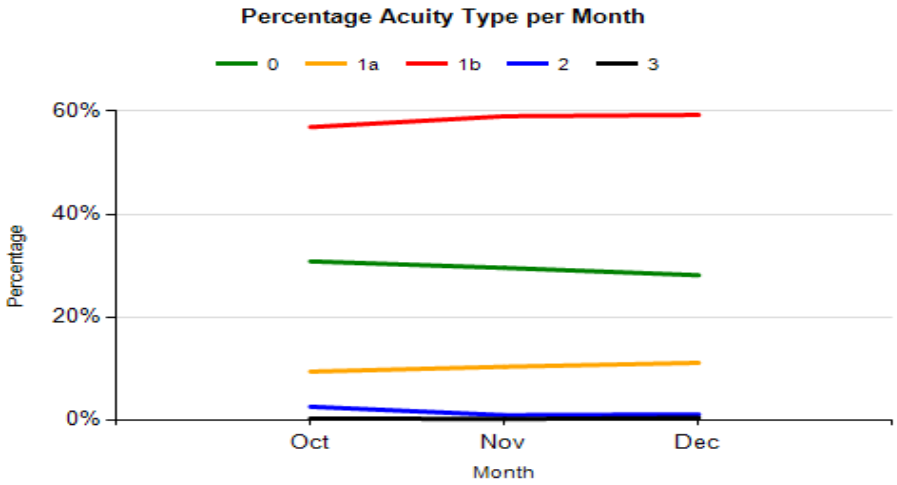
2.2 Red Flags

The Datix system is the process used for reporting/escalating when nursing care considered to be compromised (such as delayed observations or medicine administration), known as a staffing `red flag`. There have been no red flag incidents reported during the reporting period.

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 fluid care needs of patients can be captured.

Table 1: acuity levels



As is demonstrated in the table above, there has been a steady increase in level 1b patients (stable but dependent on nursing care for most activities of daily living) and a reduction in level 0 patients (those requiring normal ward level care). There has also been a decrease in level 2 patients (requiring clearly designated specialist/higher dependency units) and an increase in level 1a (unstable or greater potential to deteriorate). This indicates an increase in ward level patients that have increased complexity or care needs and a reduction in critical care demand when compared to previous covid waves. This information is used in real time alongside RN to patient ratios to inform safer staffing discussions as described/outlined in appendix 2.

2.4 RN to patient ratio

The average RN to patient ratio for the reporting period per adult inpatient ward areas is provided in appendix 4. This ratio 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. For acute ward areas a benchmark standard of between 1:6 and 1:8 is used and for specialist units a 1:4 to 1:5 ratio is applied. For the reporting period where there were any deviations from this 0.5 RN tolerance the benchmark ratios were maintained within the defined parameters (1:6-1:8 and 1:4-1:5 as described) and any mitigations are captured and recorded as part of the safer staffing process described. Ratios have been sustained by redeploying nursing workforce during the reporting period.

2.5 Care Hours per Patient Day (CHPPD) – National benchmark: Actual and required

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. Model hospital national median data (actual) is also provided where available.

Table 2 – CHPPD local data: actual and required hours

Entry Month	Actual	Required	Variance	National median actual (model hospital)
Oct - 2021	8.4	9.4	-1.0 (11%)	8.1
Nov- 2021	8.5	9.3	-0.8 (9.4%)	Not currently available
Dec - 2021	8.7	9.6	-0.9 (10.3%)	Not currently available

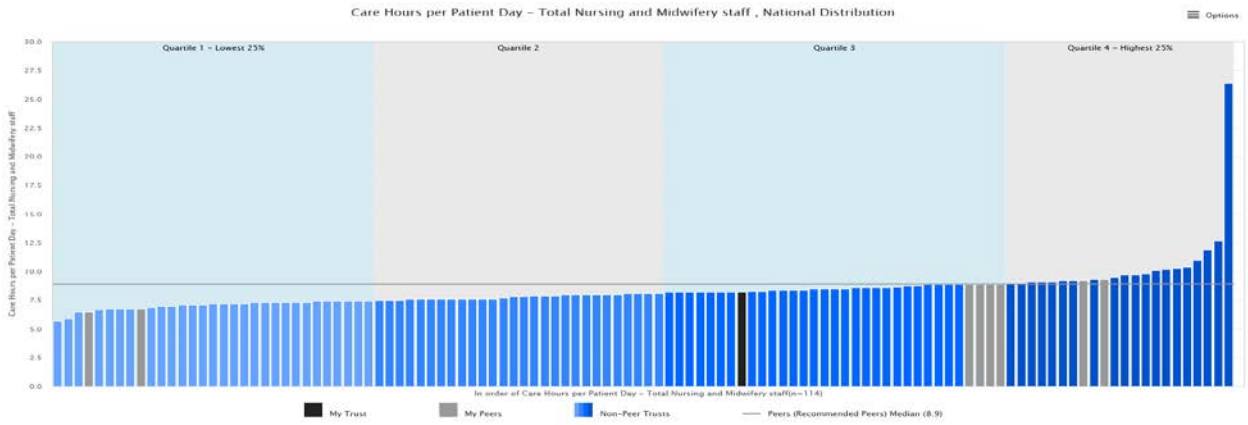
The table above demonstrates that the actual care hours provided from October to December 2021 were below that required but were within the 15% tolerance. There are two main factors influencing this:

- Some mitigations/actions are able to be reflected in rosters. As part of business continuity plans and the dynamic response to staffing needs, some actions are not captured in rosters i.e. matron rounding, co-ordinators in numbers, or supernumerary staff supporting mitigating gaps. Rosters will therefore remain the same and affect the calculations but actions implemented will not be reflected
- The increase in requirement for increased levels of supervision not captured in base establishment numbers (i.e. 1:1 and 2:1 requirements for patients with mental health needs) – further information regarding increased supervision and mental health needs is provided in section 2.6

2.5.1 Model hospital – benchmarking against peers (point prevalence data October 21)

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 the table below. UHCW is represented by the black line.

Table 3: Point prevalence CHPPD October 21 – national data



The data from Oct 2021 in the table above indicates that we have improved our overall position from Quartile 2 to Quartile 3 when compared to previous reports although we remain as a mid-level performer when compared to peers. It should also be noted that, although improved, we remain below the peer median of 8.9 hours.

2.5.2 Local CHPPD data

Ward level data is available to support analysis of areas where required (appendix 5). During the reporting period there were only 2 areas noted as non-compliant below the 15% tolerance range required. On analysis it has been identified that both of the anomalies relate to the requirement to manage clinical areas according to operational demand, incident management requirements in pandemic and restoration of priority surgical pathways/areas. A point of note is made regarding the 2 areas identified as anomalous/data reliability issues and is summarised in the table below.

Table 4 – analysis of variance >15% below required: local CHPPD data

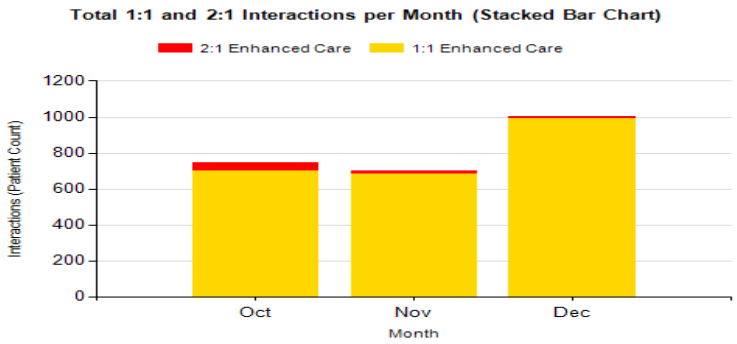
Ward/unit	**Comments**
Ward 11 Surgical pathway ward 11 cardiothoracic Variance between 38-129%	During the reporting period critical care patients were housed in this area, some beds were used by other specialties and some beds were closed. This has meant that templates to calculate requirements were based pre-pandemic rotas. Actual beds, ratios and staff requirements were monitored and managed daily as per safer staffing process.
Ward 23 Ward 23 H &N Ward 23 H&N – urology Variance between 'unavailable' for analysis and 16%	Change in specialty and configuration of services Acuity increase due to specialty change Mix of specialties/amalgamation of 2 specialties. Actual beds, ratios and staff requirements were monitored and managed as per safer staffing process.

Configuration of services and associated rota templates are under review and are in the process of 're-set', reviewing all staffing ratio`s ward by ward ensuring all ward templates/rosters have been reset to current requirements. This will be updated and monitored in subsequent reports.

2.6 Increased levels of supervision, Enhanced Care Team demand and Registered Mental Health Nurse requests

As noted, 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 level supervision which may be provided by a HCSW as part of the Enhanced Care Team (ECT) allocations, or, where deemed necessary, maybe required by a Registered Mental Health Nurse (RMN). The demand for ECT has shown a notable increase during December as can be seen in table 5.

Table 5: Enhanced Care requirements (1:1 and 2:1 level care)



A deep dive is in progress to review the demand for RMN requests and will include current process, best practice standards and triangulation of other data such as Deprivation of Liberty Safeguards and patients under Mental Health Act sections. Preliminary data would suggest the demand for RMNs is decreasing, but that the demand for arm's length continuous supervision is increasing. A report detailing the review and findings is scheduled for review at the Nursing and Midwifery Committee in February. Further information and analysis will be provided in subsequent reports to Board.

2.7 Bank and Agency supply

Between October and December there has been a decrease in overall demand for Registered nurses and HCSWs during the reporting period however there was also a decrease in the bank and agency fill rate, more notably in December. Previous demand was driven by higher vacancies in clinical areas which have now improved. However, temporary staffing requests due to sickness and covid related absence (including isolation) for both Registered nurses and HCSW`s have increased as a percentage of remaining demand. It is anticipated that this will be further highlighted as a challenge in subsequent reports as there was a notable increase in covid related absence for RNs and HCSWs from mid-December 2021. Further staff unavailability has been driven by a notable increase in maternity leave for the reporting period with 72.66 wte RNs and 32.46 wte HCSWs on maternity leave.

Table 6: RN and HCSW demand and fill rate (bank and agency)

	Oct-21	Nov-21	Dec-21
Total Demand RN	7914	7335	6713
Number Filled Bank RN	3848	3755	2795
%Filled Bank RN	48.62%	51.19%	41.64%
Number Filled Agency RN	1329	1202	964
%Filled Agency RN	16.79%	16.39%	14.36%
Total Demand HCA	5279	5079	4931
Number Filled Bank HCA	2839	2598	2314
%Filled Bank HCA	53.78%	51.15%	46.93%
Number Filled Agency HCA	113	139	135
%Filled Agency HCA	2.14%	2.74%	2.74%

As can be seen on the table above, demand fluctuates but temporary staffing fill rate (including agency) remains consistent at around 50-60% fill rate for RNs and 50% fill rate for HCSWs although there was a decline in December 2021. This further highlights the need for robust processes and systems to be able to make professional judgements and decisions in order to mitigate any risks identified with the remaining shortfalls. i.e. acuity, activity and use of other non-rostered staff or standing down of management time and study leave. As previously noted this is captured as mitigations on the safer staffing report and work is in progress to determine how best to capture this data for reporting purposes going forward. Further information on the current recruitment position can be found in section 2.16

2.8 Specialist Areas

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. Demand and staffing capacity for critical care is discussed at safer staffing meetings and recorded on the safer staffing template with any actions documented. 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. The table below shows the compliance to the standard over the reporting period. The need to flex models of delivery as part of the increased demand for critical care and the response to the pandemic has meant that the recording of variation and associated mitigations are captured and monitored for assurance purposes. It is worth noting that an example of non-compliance may be that the recommended number of supernumerary co-ordinators falling below the guidance standard. i.e. 3 instead of 4 co-ordinators for 40 beds

Table 7: GPICS compliance

Month	Oct	Nov	Dec
C**ompliance**	68%	90%	93.6%

Paediatrics

In July 2021, the Paediatric Department identified staffing challenges which were due to a number of factors. There was a staffing shortfall of 31.93 wte unfilled vacancies across Wards 14, 15, 16 and HDU and in addition due to early Maternity Leave, staffing unavailability increased to 51% of the funded establishment position. This necessitated a process to mitigate the gaps and the following steps were implemented:

- Agency Block bookings
- The introduction of an incentivised bonus payment
- Conversations with staff on maternity leave to consider early returns to work and if recently retired staff could work bank shifts.

In order to mitigate concerns and to ensure organisational oversight and assurance of the paediatric units staffing, there is representation from the paediatric senior nursing team at the safer staffing meetings. The paediatric staffing position has been maintained by moving staff across the paediatric wards and departments to fill gaps where practicable to do so, continued redeployment of the Specialist Nurses and Ward Managers to fill clinical shifts, use of agency staff, and substantive staff working additional bank shifts with daily monitoring and oversight. Thirteen Registered sick children's nurses (RSCN`s) have commenced in the organisation over the reporting period and recruitment to this area continues.

An additional pressure of note is the increase in children requiring specialist mental health services, the number of delays from social care or Child and Adolescent Mental Health Services (CAMHS) is monitored and escalated as part of system wide calls daily, with silver and call escalation where a system response is required. The demand is also monitored via the senior nurse production board and identifies delays both via social care and CAMHS.

Maternity

The latest available midwifery vacancy data is 50.02 WTE with a small number having received their unconditional offer with start dates. The funding received from NHS England as part of the Ockenden Workforce bid has now been received for 17.2 WTE midwives and is included within the overall vacancy from October 2021. Within the department there are also currently 14.21 WTE staff on maternity leave.

Work underway to support recruitment includes golden hello, international recruitment collaborative bid, targeted recruitment events and return to practice and shortened midwifery programme. Further information will be provided in maternity board reports as per schedule.

2.9 Nurse Sensitive Indicators

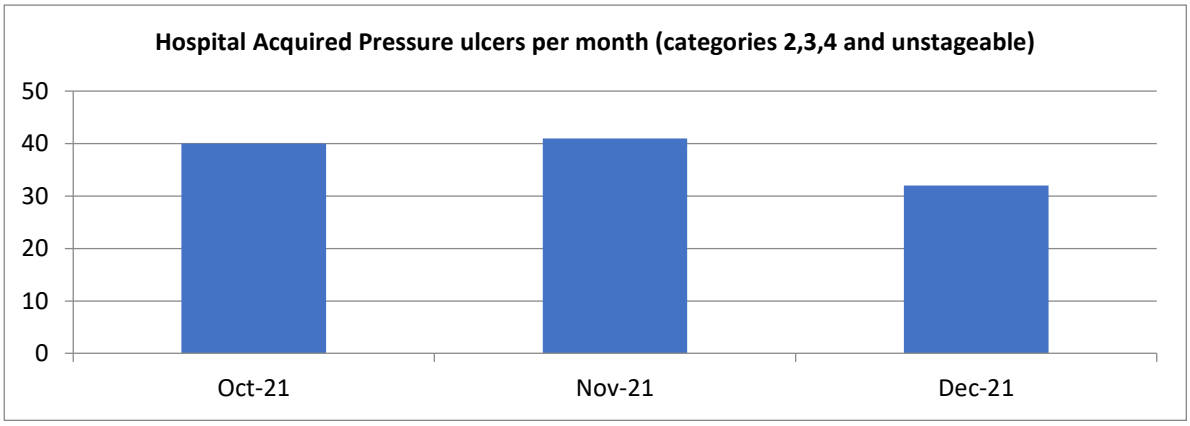
Whilst staffing in the organisation during the reporting period has remained challenging, the processes in place and use of available metrics including acuity, CHPPD and RN to patient ratio enable us to fulfill our obligations. Utilising evidence based decision tools supports in maximising availability and the safe deployment of staff. This information can also aid in the identification, correlation and impact of staffing issues on patient safety. Two measures utilised to consider staffing and potential correlation to harms are incidences of pressure ulcers and falls; deemed nurse sensitive indicators which are used to support the analysis of the quality of care being delivered. The sections below provide information relating to the incidence of falls and pressure ulcers for the reporting period.

Pressure Ulcers

During the three month reporting period there were a total of 113 pressure ulcers reported which is a continued increased overall trend as seen in the previous report, the table below demonstrates an increase in the total number of pressure ulcers reported in October and November 2021 before decreasing in December. All category 3 pressure ulcers and above are reported externally where acts or omissions have been identified, supported by a Root Cause Analysis (RCA) approach with actions required for assurance being monitored via the Pressure Ulcer Forum and thematic reviews and formal reporting to Nursing and Midwifery Committee.

The numbers of unstageable pressure ulcers has increased over the reporting period. Ward 40, Ward 22 vascular and general critical care had two unstageable pressure ulcers during the reporting period. Findings of note relate to complexity and vulnerability of patients, devices and equipment, and education and accuracy of assessment and interventions with actions and monitoring in place as noted above.

Table 8: incidence of pressure ulcers



The Tissue viability team continue to support critical care areas to help source products to prevent the development of pressure ulcers on patients that have Continuous Positive Airway Pressure (CPAP) and Endotracheal tubes in place as part of their care, particularly aiming to have appropriate products that relieve pressure and prevent moisture damage in patients that are being `proned`. Critical care staff have also had CPAP mask training to ensure correct application/fit as device related pressure ulcers have been identified as an ongoing theme.

Falls

During the reporting period, there were a total of 363 falls, of which 13 resulted in moderate harm. When compared to previous reporting periods this shows a decrease in all falls (355) but an increase in the numbers that resulted in moderate harm (8). 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 Serious Incident Group. All falls are monitored and thematically reviewed via Falls Forum and reported to both Patient Safety and Effectiveness Committee and Nursing and Midwifery Committee. Themes emerging from reviews include patients is side rooms and those mobilising independently and whose falls were unwitnessed.

In line with root cause analysis and incident investigations, staffing levels are considered to determine if they have contributed to any harms identified. Red flag datix reports are also reviewed. There is has been no identifiable correlation found between staffing levels and the incidences of pressure ulcers or falls during the reporting period. Further work is in progress to develop a dashboard to enable reviews of incidence of harms and staffing together in real time, further details and analysis of which will be provided in subsequent reports.

2.10 Complaints

As part of our analysis and assurance processes, a review of nursing related complaints is carried out in order to identify if staffing has played a factor in the concerns raised. There have been no complaints raised directly related to or citing nurse staffing levels in the reporting period

2.11 Recruitment and retention

The band 5 Registered Nurse vacancy position in November 2021 was 9.78% an improved position compared to September 2021 (13.96%). Factoring in a pipeline supply of 70 registered nurses, a predicted vacancy position of 5.31% could be achieved by March 2022 (including international recruits planned in cohorts and newly qualified nurse projections) should all planning assumptions remain. This takes in to consideration predicted leaver numbers which on average is 8wte per month. There has been a reduction in vacancies of 4.18 % during the reporting period; the biggest impact on this improvement has been the success of the International Nurse Recruitment programme. The aim is to maintain the vacancy level of registered nurses to below 10%. This does not take into account any future business cases at this point.

The Trust has recently achieved its International nurse recruitment target of 281 nurses as agreed with NHSE/I for the current programme. To date 253 nurses have arrived and are working at UHCW with a further 28 recruited pending arrival. Our target of 281 nurses to be recruited by December 2021 has been affected by travel restrictions implemented during the pandemic; however we have an agreed revised trajectory which is expected to be completed by March 2022.

UHCW has successfully bid for further funds from NHSE/I to support the recruitment of an additional 100 WTE international nurses in 2022. This does require some investment from the organisation to fully implement this programme. The proposal has been supported by the Investment Case Assessment Group and a business case is in development.

UHCW has also successfully bid for funds from NHSE/I for the 2020-2021 HCSW programme with an aim to reduce HCSW vacancies to 0% - 1%. The Trust currently has 100.57 wte (10.06 %) HCSW band 2 vacancies with 77.53 wte in the recruitment process, 35.27 WTE of these are due to start in January. The programme is now continuing in to 2022 and UHCW has been allocated more funding to focus on HCSW retention strategies. A ‘one stop’ recruitment event is planned in January 2022.

As well as focussing on recruitment, the retention of our existing workforce is of equal importance. In line with a national priority of wellbeing support availability for nurses in clinical practice, the role of the Professional Nurse Advocate (PNA) has been introduced at UHCW. The PNA role has been developed to provide restorative clinical supervision to nursing staff dealing with complex clinical caseloads, which has been increasingly evident during the pandemic. The aims are to support nurses, identify areas for improvement, learning and development and to develop and coach professional resilience and leadership capability. UHCW now have 6 qualified, 8 trainees who are part way through the training and 10 further trainees due to start the programme, across a number of specialties, and whose training has been supported by funding from NHSEI. Further work is in progress to review how the activity and impact of this new role supports recruitment and retention moving forward, which has been shown to have been positively impacted in the success of the similar role of Professional Midwifery Advocate.

2.12 Celebrations and recognition

In October 2021, UHCW held its first Nursing and Midwifery Excellence summit where examples of excellence in nursing and midwifery practice were shared and celebrated. This included recognition and celebration of our DAISY award winners and nominees, which we are proud to report have continued despite the pressures being experienced as this helps to recognise the impact and value that our nursing and midwifery teams have on patient and carer experience and has been shown leads to increased retention.

Another key celebration was the attendance at the summit by Hilary Garratt, Deputy Chief Nursing Officer NHS England and NHS Improvement where three Chief Nursing Officer for England Nursing Excellence awards were presented. Tracey Brigstock, Deputy Chief Nursing Officer (now Chief Nursing Officer), received a silver award for leadership and robust assurance and governance in response to the pandemic; Vicky Williams, Associate Director of Nursing (now Deputy Chief Nursing Officer) was presented with a silver award for safe, responsive and effective deployment of students and international nurses and upskilling and rapid education programmes to support the pandemic response, and Lorna Jones, Modern Matron for cardiology, was awarded a silver award for her work championing vaccination uptake and supporting compassionate conversations regarding vaccine hesitancy, with a particular focus on vaccine hesitancy with BAME colleagues.

3. IMPLICATIONS

The report demonstrates that there are robust processes in place, data and metrics are available to monitor and evidence requirements and through the analysis and correlation of harms; we as an organisation on a daily basis are able to evidence provision of safe care 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 and provides an outline of our intentions into 2022/23.

4. CONCLUSIONS AND RECOMMENDATIONS

- The Board are asked to **RECEIVE ASSURANCE** that the organisation has maintained safer staffing in line with national and professional obligations during the reporting period.
- The board is asked to recognise the significant effort, resilience and leadership activity required from nursing and midwifery teams as detailed in order to ensure that safer staffing has been maintained during this continued period of significant challenge as we continue to respond to the pandemic in a flexible, responsive and dynamic way.
- The board is also asked to note and recognise the sustained effort and resilience of nursing teams in responding to changing patient demand, learning new skills at pace and moving into ‘new teams’ to meet patient safety demands in a sustained Covid pandemic.

Author Name: Paula Seery

Author Role: Associate Director of Nursing for workforce

Reviewer Name: Vicky Williams

Reviewer Role: Deputy Chief Nursing Officer

Date report written: January 2022

Appendix 1: NQB expectations

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

Group	Unit	required ratio	number of beds	Oct	Nov	Dec
Emergency medicine	AMU 1 (Ward 12)	1:6	35	1:5.37	1:5.49	1:5.64
Emergency medicine	AMU 2 (Ward 2)	1:4	8	1:4.20	1:4.54	1:4.71
Emergency medicine	AMU 3 (Ward 3)	1:7	26	1:7.58	1:7.64	1:7.37
Surgical services	DSU Ward	1:6	39	1:5.48	1:5.91	1:5.19
Trauma & Neuro	Rugby Cedar Ward	1:7	41	1:5.64	1:6.17	1:5.02
Medicine	Rugby Hoskyn Ward	1:7	21	1:5.22	1:6.12	1:6.43
Medicine	Rugby Mulberry Ward	1:8	22	1:5.20	1:6.11	1:4.67
Medicine	Rugby Oak Ward	1:8	22	1:5.31	1:5.03	1:5.03
Surgical services	Surgical Assessment Unit	1:4	28	1:3.21	1:3.39	1:3.03
Surgical services	Surgical Pathway Wd10	1:6	29	1:5.02	1:4.64	1:4.71
Surgical services	Surgical Wd22 Short Stay	1:6	18	1:7.32	1:3.76	1:6.24
Trauma & Neuro	Trauma Ward	1:4	7	1:3.94	1:6.25	
Trauma & Neuro	Major Trauma ECU	1:4	12			1:4.04
Medicine	Ward 1	1:8	36	1:6.37	1:5.06	1:7.72
Trauma & Neuro	Ward 53 Cardiothoracic	1:4	12	1:3.52		
Trauma & Neuro	Ward 11	1:6	32			1:4.60
Medicine	Ward 20	1:6	32	1:7.35	1:7.62	1:7.35
Medicine	Medical CoE Wd20a	1:6/8	24	1:8.47	1:8.18	
Medicine	Ward 20a	1:6/8	24			1:8.57
Medicine	Ward 21 Cardiology	1:6	26	1:6.17	1:6.26	1:5.93
Surgical services	Ward 22 SAU New	1:6	12	1:5.82	1:6.37	1:5.47
Surgical services	Ward 22a Vas	1:6	12	1:5.47	1:5.41	1:5.71
Women & Children	Ward 23 gynae	1:6	12	1:4.61	1:4.96	1:4.70
Surgical services	Surgical Ward 23 H&N	1:5	16	1:5.20	1:6.22	
Surgical services	Ward 23 Head & Neck	1:5	16	-	1:5.85	
Surgical services	Ward 23 H&N - Urology	1:5	16			1:5.14
Medicine	Ward 30	1:6	18	1:6.57	1:6.20	1:5.76
Medicine	Ward 30 NIV Area 2	1:4	11	1:3.50	1:3.26	1:4.15
Medicine	Ward 31	1:6	36	1:7.02	1:6.02	1:5.87
Medicine	Ward 31a	1:6	24	1:5.48	1:5.84	1:5.78
Medicine	Medical Wd32 Gastro	1:6	34	1:6.06	1:5.99	
Medicine	Ward 32 Gastro	1:6	34			1:4.87
Medicine	Ward 33 Medical	1:6	12	-	1:1.36	1:4.17
Surgical services	Ward 33 Surgery	1:6/7	26	1:6.12	1:5.90	1:5.75
Surgical services	Ward 33/10 ECU & EPOC	1:3/4	12	1:3.13	1:3.19	1:3.08
Medicine	Ward 34	1:4	17	1:3.96	1:4.06	1:3.90
Medicine	Ward 35	1:6	31	1:6.68	1:6.06	1:5.84
Medicine	Ward 40	1:8	44	1:8.19	1:8.52	1:8.10
Trauma & Neuro	Ward 41	1:6	36	1:6.76	1:6.35	1:6.18
Trauma & Neuro	Ward 42	1:6/8	36	1:7.72	1:8.02	1:7.88
Trauma & Neuro	Ward 43	1:8	34	1:8.30	1:7.77	1:6.93
Trauma & Neuro	Ward 43 NECU	1:4	12	1:4.69	1:5.20	1:4.55
Medicine	Ward 50 Renal	1:6	22	1:5.32	1:6.17	1:6.67
Trauma & Neuro	Ward 52	1:6 / NOF 1:4	38	1:6.87	1:6.46	1:7.09
Trauma & Neuro	Ward 53	1:7	21	1:7.25	1:7.33	1:7.36

Appendix 5: Local care hours per patient day data

Ward Staffing Levels - CHPPD

Report shows CHPPD Variance (Expected CHPPD - Actual CHPPD) as a percentage of Expected CHPPD

15% range used (values above this %): red if above 15% less than required, dark green if above 15% more than required

Report Month	2021		
Ward	Oct	Nov	Dec
AMU 1 (Ward 12)	-9.38 %	-15.31 %	-10.89 %
AMU 2 (Ward 2)	-15.45 %	-11.81 %	-21.32 %
AMU 3 (Ward 3)	-6.85 %	-7.81 %	-10.53 %
Cardiothoracic ITU	-2.44 %	2.46 %	1.00 %
Coronary Care Unit	-3.88 %	-1.96 %	-4.67 %
Critical Care Unit	2.67 %	-10.87 %	-5.95 %
Labour Ward	-42.11 %	-41.22 %	-37.76 %
Major Trauma ECU	-20.95 %	-23.08 %	-23.97 %
Medical CoE Wd20a			
Medical Wd32 Gastro			
NeoNatal Unit	-15.86 %	-12.34 %	-10.85 %
Paediatric HDU	-2.88 %	-2.94 %	14.38 %
Surgical Pathway Wd10	-20.39 %	-14.58 %	-10.42 %
Surgical Pathway Wd11 Cardiothoracic			
Surgical Wd22 Short Stay	-15.38 %	-10.98 %	-13.95 %
Trauma Ward			
Ward 1	-8.64 %	-7.59 %	-5.97 %
Ward 11	38.46 %	100.00 %	129.41 %
Ward 14	-12.17 %	1.83 %	-19.23 %
Ward 15	-16.94 %	-14.96 %	-13.73 %
Ward 16	-11.24 %	-7.87 %	-8.16 %
Ward 20	-6.49 %	-6.33 %	-7.95 %
Ward 20a	-8.22 %	-14.10 %	-12.50 %
Ward 21 Cardiology	-3.23 %	-4.48 %	-3.03 %
Ward 22 SAU New	-2.56 %	-7.79 %	-2.35 %
Ward 22a Vas	-16.47 %	-14.63 %	-16.67 %
Ward 23	-2.41 %	-4.00 %	-9.64 %
Ward 23 H&N - Urology	13.24 %	12.68 %	16.42 %
Ward 23 Head & Neck			
Ward 24	-18.18 %	-20.00 %	-22.81 %
Ward 25	-35.29 %	-31.30 %	-39.69 %
Ward 30	-10.53 %	-7.37 %	-10.31 %
Ward 31	-10.29 %	-4.55 %	-5.80 %
Ward 31a	-5.48 %	-10.14 %	-6.35 %
Ward 32 Gastro	-3.90 %	-2.86 %	-5.56 %
Ward 33 ECU			
Ward 33 Surgery	-6.25 %	-5.06 %	-7.87 %
Ward 33/10 ECU & EPOC	7.95 %	12.73 %	12.72 %
Ward 34	-3.49 %	-2.38 %	-4.30 %
Ward 35	-14.52 %	-10.77 %	-10.61 %
Ward 40	-6.58 %	-4.88 %	-9.21 %
Ward 41	-8.00 %	-6.85 %	-9.33 %
Ward 42	-8.57 %	-6.94 %	-5.71 %
Ward 43	-16.79 %	-13.08 %	-11.59 %
Ward 50 Renal	0.00 %	-6.41 %	-8.97 %
Ward 52	-11.76 %	-13.24 %	-15.00 %
Ward 53	-8.47 %	8.62 %	14.29 %
Rugby Cedar Ward	-28.33 %	-21.88 %	-28.10 %
Rugby Hoskyn Ward	-13.68 %	-12.50 %	-8.75 %
Rugby Mulberry Ward	-13.89 %	-7.46 %	-9.76 %
Rugby Oak Ward	-15.85 %	-10.67 %	-10.96 %

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 largest 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

| 11

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD 3 FEBRUARY 2022

Subject Title	Patient Experience and Engagement Report
Executive Sponsor	Mo Hussain, Chief Quality Officer
Author	Sam Caton, Head of Patient Relations
Attachment	Patient Experience and Engagement Report 2021-22 (Quarter 2)
Recommendation	The Board is asked to **RECEIVE ASSURANCE** from the Patient Experience and Engagement 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 the Patient Experience and Engagement objectives for University Hospitals Coventry and Warwickshire NHS Trust (UHCW).

Objective One: Improve the way we listen, respond and use patient feedback to support improvements.

Complaints: The Trust received 90 complaints in Quarter 2 (92 in Quarter 1 2021-22) and responded to 98% within 25 working days. The performance indicator is 90% responded within 25 working days. In Quarter 2 the Trust received 31 requests for further resolution of complaints (FLR) (19 received in Quarter 1). The Parliamentary and Health Service Ombudsman (PHSO) received 10 referrals from complainants in Quarter 2, an increase of six from Quarter 1.

Primary themes: Of complaints received in Quarter 2, clinical treatment - Surgical Group, has moved from fourth in Quarter 1 to the primary complaint subject in Quarter 2. Delay or failure to diagnose and post treatment complications were the key sub-subjects. Patient care including nutrition/hydration has moved from the fifth primary complaint in Quarter 1 to second in Quarter 2. Specifically, 'care needs not adequately met', 'communication with carer / relatives' and 'care needs not identified' were the key sub-subjects. Clinical treatment within the Medicine Group, specifically delays in treatment moves from second in Quarter 1 to third in Quarter 2, specifically 'delay in treatment' and 'delay or failure to order a test'. Access to treatments and drugs has moved out of the top five and clinical treatment - Accident & Emergency moves into the top five as the fifth most complained about subject. Specifically 'failure in treatment or procedure, 'delay in diagnosis' and 'delay or failure to order a test'. Communication remains in the top five complaint subjects moving from first in Quarter 1 to fourth in Quarter 2. 'Communication with patient/relative' and conflicting information are the key sub-subjects.

Patient Advice and Liaison: The Patient Advice and Liaison Service (PALS) processed 1271 enquiries in Quarter 2 (which remains the same as Quarter 1), managing 95% of enquiries within five working days. The performance indicator is 90% within five working days.

Primary themes: Communication, specifically communication with the patient remains the top subject for PALS enquiries from Quarter 1. Appointments remain the second highest theme in Quarter 1 and 2, specifically appointment delay. Loss of patient property including compensation issues has moved from third in Quarter 1 to fourth in Quarter 2. Facilities has returned to the top five in Quarter 2, specifically car parking concerns and replaces Trust admin processes which has moved out of the top five. Values and behaviours has moved from fifth in Quarter 1 to third in Quarter 2, specifically 'attitude of medical staff', 'attitude of nursing staff' and 'general staff attitude'.

228 Compliments and Thanks were received in respect of Trust services in Quarter 2, a reduction of 27 from the previous Quarter.

Objective Two: Improve the way we develop and manage patient information leaflets

During Quarter 2, 167 leaflets were updated including 12 new leaflets uploaded. The Trust achieved 98% compliance for all Patient Information leaflets. 628 queries were received and responded to during Quarter 2.

Objective Three: Ensure our staff place Trust values at the centre of care improvements

An action plan to address the findings of the Urgent and Emergency Care Survey 2020 has been developed and is split in two to address the Type One findings (Emergency Department, University Hospital) and Type Three (Urgent Care Centre, Hospital of St Cross) of the national Urgent and Emergency Care Survey 2020. The top two themes to address for Type One are 'enough attention from medical or nursing staff' and 'enough privacy when being examined or treated'. The top two themes to address for Type Three are 'treated with respect and dignity' and 'involved in decisions about care and treatment'.

The Trust will focus on the following areas highlighted in the findings of the Inpatient 2021 Survey as areas of focus, these include:

- Felt involved in decisions about discharge from hospital
- Given enough notice about when discharge would be
- Got enough help from staff to eat meals
- Asked to give views on quality of care during stay
- Offered food that met dietary requirements

An action plan has also been devised to address the areas that require improvement for the Inpatient and Maternity Survey results.

All action plans are being monitored through the Patient Experience and Engagement Committee.

Objective Four: Ensure that patient voice is at the centre of care improvements

UHCW Community Partner Programme: To support the NHS England's' vision to reduce health inequalities the Patient Insight and Involvement Team propose to launch the UHCW Community Partner Programme. This Programme would welcome voluntary sector organisations and support groups in Coventry and Warwickshire to become a UHCW Community Partner. Similar to the Patient Partner Group the Trust would work with these organisations to get real insights which can be fed back into the organisation to make meaningful change and improve the patient experience for many different groups of people.

Feedback kiosks: An option paper was considered by the Patient Experience and Engagement Committee in July 2021, and the Patient Insight and Involvement Team are currently working with Performance and Informatics and the software companies involved with Friends and Family Test (FFT) in order to switch them back on.

Patient partners: Patient Partner Forum meetings take place every six weeks to receive updates from the Trust and to feedback what they have been involved with. All members are assigned to a work stream identified by the Patient Experience and Engagement Committee. Options about how to make this group more inclusive of the communities the Trust serves are currently being explored.

Friends and Family Tests (FFT): The Patient Insight and Involvement Team are working in partnership with Healthcare Communications (provider of FFT messaging and software) and Informatics to introduce the FFT in to Maternity, Clinical Diagnostics and Paediatrics electronically. The Patient Insight and Involvement Team have streamlined reports and working with Informatics to ensure departments are in the correct hierarchies. Monthly results for specialities and other FFT touchpoints will be re-established in the New Year.

Objective Five: Improve the patient care environment

There were two Board Walk Arounds held in July in Radiology and Ward 20, two in August in Ward 22 and Ward 41 and one held in September in Endoscopy.

Due to the escalation of the national COVID-19 position, Board Walk-arounds will be suspended until the end of March 2022, at which point a review will be undertaken for plans of re-instating.

Meet and Greet team in Main Reception, Coventry: Kick-start staff have supported the Patient Experience as meet and greeters in Main Reception from September 2021. The six month role provides on the spot, helpful support to patients and visitors and the Patient Experience Team has received positive feedback both from internal and external sources on how helpful and useful this new role is to support our patients.

PREVIOUS DISCUSSIONS HELD

N/A

KEY IMPLICATIONS

Financial	Delivery of value for money
Patients Safety or Quality	To create a high quality patient experience
Workforce	None
Operational	Operational performance

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

PATIENT EXPERIENCE AND ENGAGEMENT REPORT 2021 – 2022 (Quarter 2)

1.0 Background

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 the Patient Experience and Engagement objectives for University Hospitals Coventry and Warwickshire NHS Trust (UHCW).

2.0 Objective One: Improve the way we listen, respond and use patient feedback to support improvements.

To support the delivery of this objective the Trust employs a Patient Advice and Liaison Service (PALS), Complaints Team and feedback mechanisms facilitated by the Patient Insight and Involvement Team.

Complaints: The Trust received 90 complaints in Quarter 2 (92 in Quarter 1) and responded to 98% within 25 working days. The performance indicator is 90% responded to within 25 working days.

In Quarter 2 the Trust received 31 requests for further resolution of complaints (FLR) (19 received in Quarter 1). The Parliamentary and Health Service Ombudsman (PHSO) received 10 referrals from complainants in Quarter 2, an increase of six from Quarter 1.

Primary themes: Of complaints received in Quarter 2, clinical treatment - Surgical Group, has moved from fourth in Quarter 1 to the primary complaint subject in Quarter 2. Delay or failure to diagnose and post treatment complications were the key sub-subjects. Patient care including nutrition/hydration has moved from the fifth primary complaint in Quarter 1 to second in Quarter 2. Specifically, ‘care needs not adequately met’, ‘communication with carer / relatives’ and ‘care needs not identified’ were the key sub-subjects. Clinical treatment within the Medicine Group, specifically delays in treatment moves from second in Quarter 1 to third in Quarter 2, specifically ‘delay in treatment’ and ‘delay or failure to order a test’.

Access to treatments and drugs has moved out of the top five and clinical treatment - Accident & Emergency moves into the top five as the fifth most complained about subject. Specifically ‘failure in treatment or procedure, ‘delay in diagnosis’ and ‘delay or failure to order a test’.

Communication remains in the top five complaint subjects moving from first in Quarter 1 to fourth in Quarter 2. ‘Communication with patient/relative’ and conflicting information are the key sub-subjects.

Please see the table below for the primary top five complaints and the three sub-subjects as a breakdown of the key themes.

	Top 5 Primary themes for Complaint Cases received in quarter 2	Top 3 themes for quarter 2 as a breakdown of primary theme	Position of subjects in Q1 2021-22
1st	Clinical Treatment - Surgical Group	Other - Clinical Treatment	4th
		Delay or failure to diagnose (inc e.g. missed fracture)	
		Post-treatment complications	
2nd	Patient Care including Nutrition / Hydration	Care needs not adequately met	5th
		Communication with relatives/carers	
		Care needs not identified (inc. e.g. therapy needs)	
3rd	Clinical Treatment - General Medicine Group	Delay in treatment	2nd
		Other - Clinical Treatment	
		Delay or failure in ordering tests	
4th	Communications	Communication with relatives/carers	3rd
		Communication with patient	
		Conflicting information	
5th	Clinical Treatment - Accident & Emergency	Delay or failure in treatment or procedure	Did not appear
		Delay or failure to diagnose (inc e.g. missed fracture)	
		Delay or failure in ordering tests	

How do we communicate themes: Complaint Officers meet group representatives weekly and themes and escalations or concerns are shared. Themes are also communicated to groups via monthly Quality Improvement Patient Safety meetings (QIPS) and other committees, including the Nursing and Midwifery Committee and the Hospital of St Cross Quality meeting. Emerging and or immediate action themes are escalated in real time.

Patient Advice and Liaison: The Patient Advice and Liaison Service (PALS) processed 1271 enquiries in Quarter 2 (which remains the same as Quarter 1 2021-22), managing 95% of enquiries within five working days. The performance indicator is 90% within five working days.

The PALS Team have continued to work hard to improve the quality of the experience using their service. This is reflected in liaise and respond activity continuing to increase per quarter processing 56 more liaise and respond enquiries in Quarter 2 compared with Quarter 1. Liaise and respond involves PALS acting on behalf of a patient/carer when dealing with a service or group before providing feedback to the enquirer.

	Quarter 3 2020-21	Quarter 4 2020-21	Quarter 1 2021-22	Quarter 2 2021-22
PALS Enquires	830	1028	**1271**	**1271**
Signposting	57	105	103	62
Immediate Response	140	139	252	241
Liaise and Respond	489	637	896	952
Refer to Specialty	143	143	19	13
On-going support	1	5	1	3
% of PALS enquires resolved or referred in 5 working days	749 (90%)	918 (89.3%)	1198 (94.02%)	1191 (93.7%)

Primary themes: Communication, specifically communication with the patient remains the top subject for PALS enquiries from Quarter 1. Appointments remain the second highest theme in Quarter 1 and 2, specifically appointment delay. Loss of patient property including compensation issues has moved from third in Quarter 1 to fourth in Quarter 2. Facilities has returned to the top five in Quarter 2, specifically car parking concerns and replaces Trust admin processes which has moved out of the top five. Values and behaviours has moved from fifth in Quarter 1 to third in Quarter 2, specifically 'attitude of medical staff', 'attitude of nursing staff' and 'general staff attitude'.

Top 5 Primary PALS Enquiries received in quarter 2	**Top 3 Themes identified in quarter 2 as a breakdown of the primary enquiry**	**Position of subjects in Q1 2021-22**
Communications	Communication with patient	1st
	Communication with relatives/carers	
	Other - Communications	
Appointments	Other - Appointments incl delays / cancellations	2nd
	Appointment Cancellations	
	Appointment delay (inc length of wait)	
Values and Behaviours (staff)	Attitude of Medical Staff	5th
	Attitude of Nursing Staff/midwives	
	Attitude of Other Staff	
Other	Loss of/damage to personal property including compensation issues	3rd
	Customer Services	

Top 5 Primary PALS Enquiries received in quarter 2	Top 3 Themes identified in quarter 2 as a breakdown of the primary enquiry	Position of subjects in Q1 2021-22
	Financial Procedures/Patient finance	
Facilities	Car parking - management (including fines/clamping etc)	Did not appear
	Car parking - payment methods/facilities (e.g. cash only, no change)	
	Other - Facilities services	

228 Compliments and Thanks were received in respect of Trust services in Quarter 2, a reduction of 27 from the previous Quarter. Speciality Groups are able to view their compliments via Datix dashboards and monthly QIPS reports.

3.0 Objective Two: Improve the way we develop and manage patient information leaflets.

To support the delivery of this objective the Trust is consistently working to improve the way we develop and manage patient information leaflets, along with plans to improve access to patient information on the Trust website. The Trust utilises a Patient Virtual Panel which consists of over 150 people within the local community who are available to comment and provide feedback on information created for patients.

During Quarter 2, 167 leaflets were updated including 12 new leaflets uploaded. The Trust achieved 98% compliance for all Patient Information leaflets. 628 queries were received and responded to during Quarter 2. This information is available live on 'Insite' (workforce and information metrics).

All information produced within the Trust on conditions, treatments, procedures or services must meet UHCW's Patient Information Standard and go through an approval process including the virtual panel described above.

4.0 Objective Three: Ensure our staff place Trust values at the centre of care improvements

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.

Under new and approved governance, action plans are created once embargoed results are received by the Trust and are monitored by the Patient Experience and Engagement Committee. The action plans detail the response to each theme outlining how the Trust plans to improve, a delivery lead and a target date for when the action will be completed. To understand findings and to make improvements the Patient Insight and Involvement Team will benchmark against a CQC rated Outstanding Trust to understand what more can be done to learn and improve the patient experience in areas identified.

Urgent and Emergency Care Survey 2020
An action plan to address the findings of the Urgent and Emergency Care Survey 2020 has been developed and is split in two to address the Type One findings (Emergency Department, University Hospital) and Type Three (Urgent Care Centre, Hospital of St Cross) of the national Urgent and Emergency Care Survey 2020. The top two themes to address for Type One are 'enough attention from medical or nursing staff' and 'enough privacy when being examined or treated'. The top two themes to address for Type Three are 'treated with respect and dignity' and 'involved in decisions about care and treatment'.

Inpatient 2021 Survey
The Trust will focus on the following areas highlighted in the findings of the Inpatient 2021 Survey as areas of focus, these include:

- Felt involved in decisions about discharge from hospital
- Given enough notice about when discharge would be
- Got enough help from staff to eat meals
- Asked to give views on quality of care during stay
- Offered food that met dietary requirements

The Patient Insight and Involvement Team are identifying leads for each of these areas and progress and progress updates will communicated to the Patient Experience and Engagement Committee.

Maternity Survey 2021
The Maternity results are still embargoed until an unconfirmed date in January 2022, but to be prepared an action plan has been drawn up and supported by Gaynor Armstrong, Director of Midwifery. The areas the Trust scored in the bottom 25% of the Trust's Picker surveyed include:

- Saw the midwife as much as they wanted (postnatal)
- Had skin to skin contact with baby shortly after birth
- Felt they were given enough information before induction
- Received help and advice about feeding their baby (first six weeks after birth)
- Felt midwives aware of medical history (postnatal)

UHCW Community Partner Programme
To support the NHS England's' vision to reduce health inequalities the Patient Insight and Involvement Team propose to launch the UHCW Community Partner Programme. This Programme would welcome voluntary sector organisations and support groups in Coventry and Warwickshire to become a UHCW Community Partner. Similar to the Patient Partner Group the Trust would work with these organisations to get real insights which can be fed back into the organisation to make meaningful change and improve the patient experience for many different groups of people. Each organisation would be formally invited to become a Community Partner and with agreements in place the Patient Insight and Involvement Team would plan at least two to three visits to each organisation per year. Our Partners would also be given the opportunity to participate and send representation to Trust wide events, for example Quality Account priority setting workshop, Staff Awards, Annual General Meeting etc.

The Patient Insight and Involvement Team would give these organisations the opportunity to have UHCW Talks. The Talks would be delivered by different UHCW NHS Trust Teams who would give presentations on chosen topics (dementia, cancer, vaccine information etc.) that would benefit that organisation and the community it represents. The Partners will also be given the opportunity to be involved in Patient Experience and Engagement Committee work streams, interviews (where appropriate), service redesign and review of

patient information. This Programme would complement the existing Patient Partner Forum and may lead to individuals from these organisations joining this group making it representative of the communities the Trust provides healthcare to.

Next steps:

- Detailed plan for this Programme has been shared with the Patient Experience and Engagement Committee.
- Share details of this Programme with Chief Officers and Non-Executives once this has been approved.
- Involve System Partners and understand how they engage with communities.

5.0 Objective Four: Ensure that patient voice is at the centre of care improvements

Feedback kiosks: The system wide response to COVID-19 altered delivery of patient involvement activity. The feedback kiosks in the Involvement Hub at University Hospital and in Outpatients at the Hospital of St Cross were switched off to minimise the spread of infection from touch screen use. An option paper was considered by the Patient Experience and Engagement Committee and the Patient Insight and Involvement Team are currently working with Performance and Informatics and the software companies involved with Friends and Family test (FFT) in order to switch them back on.

Patient partners: Patient Partner Forum meetings meet every six weeks to receive updates from the Trust and to feedback about what they have been involved with. All members are assigned to a work stream identified by the Patient Experience and Engagement Committee. Options about how to make this group more inclusive of the communities the Trust serves are currently being explored.

Friends and Family Tests (FFT): The Patient Insight and Involvement Team are working in partnership with Healthcare Communications (provider of FFT messaging and software) and Informatics to introduce the FFT in to Maternity, Clinical Diagnostics and Paediatrics electronically. The Patient Insight and Involvement Team have streamlined reports and working with Informatics to ensure departments are in the correct hierarchies. Monthly results for specialities and other FFT touchpoints will be re-established in the New Year.

In Quarter 2 the Trust's Friends and Family Test overall results for each touchpoint were as follows (date range 1 July 2021- 30 September 2021).

Touchpoint	Recommender Rate	Response Rate
Inpatient	77%	20%
Day case	96%	23%
Emergency Department	73%	10%
Outpatient	91%	3%
Antenatal	44%	1%
Birth	72%	1%
Postnatal Ward	96%	1%
Postnatal Community	67%	0.2%

The Patient Insight and Involvement Team met with colleagues from Leeds Teaching Hospitals NHS Trust who shared with us initiatives they have implemented to achieve high response and recommender rates. These include FFT Champions on ward areas, sharing compliments about staff that we receive through the survey, increasing the percentage of patients who receive a text message with the survey and promoting the survey to patients. The Patient Insight and Involvement Team intend (with correct

approval) to implement these initiatives within the Trust from January 2022. Maternity patients will start to receive FFT text messages from January 2022 also to help that team learn from the experiences of women at each touchpoint.

6.0 Objective Five: Improve the patient care environment

Board Walk Arounds

There were two Board Walk Arounds held in July in Radiology and Ward 20, two in August in Ward 22 and Ward 41 and one held in September in Endoscopy. Findings from the Board Walk Arounds include:

Radiology

Improvements have been made to the X-Ray Department. How patients check in and wait has improved the patient experience and the Trust retains and recruits Sonographers beating the national trend for this particular role. One of the actions brought to the attention of the facilitators of the visit was that they should utilise and implement UHCWi methodology when learning from risks and incidents to help improve processes.

Ward 20

The ward continues their work on Ward Accreditation with a focus on reducing patient falls and has a high compliance with Ward View including the management of their bed status. The ward is responsive to feedback received through the PALS and the Complaints Team and shares any learning with the wider Team. One of the actions taken away from the visit was that the Ward Manager is going to scope with Therapy leads for the ward, use of the Step Right Buddy for walking aids to reduce patient falls.

Ward 22

The Team successfully runs a complex service in a small unit with a small Team. This was supported by a patient who gave feedback at the visit praising all aspects of his care on the ward. One of the actions highlighted on the visit is that a process needs to be developed to improve wound care, so wound dressings do not have to be taken off and redressed unnecessarily for Consultants to review.

Ward 41

This visit highlighted the huge impact COVID has had on the ward and in particular the visiting restrictions put in place. This ward deals with stroke patients so restrictions to visiting have impacted the patient and relative experience hugely and the staff have worked hard and tirelessly to address and make the experience the best it can be given the circumstances. Justine Richards, Chief Strategy Officer who attended this walk around will take the comments made by the Team into the wider system discussions about issues raised particularly around supporting this cohort of patients in discharge.

Endoscopy

Endoscopy is a busy service that lost capacity during COVID-19 which has prompted increased partnership working with Private Sector and Regional Providers. On the visit it was highlighted that this new model of working has presented some challenges:

- How to address inequity and complexity in the broader system.
- Variable processes and procedures within the different provider partners (private and public).
- Implementing Infection and Prevention Control requirements have been challenging with private care providers as they often vary.

Due to the escalation of the national COVID-19 position, Board Walk-arounds will be suspended until the end of March 2022, at which point a review will be undertaken for plans of re-instating.

Ward Board Ends: To continue to enhance the environment to our patients and visitors TV screens have been implemented at the entrance of inpatient wards to provide information to our visitors and patients. Rolling information includes advice on hand washing, things to think about when experiencing an inpatient stay including a typical day on the ward, visiting information, how to stay in touch, useful contacts and how to provide feedback. This list is not exhaustive and each areas rolling slides will be bespoke to the location. Following roll out, the Communications Department will use feedback mechanisms to monitor their impact and improvement.

Meet and Greet team in Main Reception, Coventry: Kick-start staff have supported the Patient Experience as meet and greeters in Main Reception from September 2021. The role provides on the spot, helpful support to patients and visitors and the Patient Experience Team has received positive feedback both from internal and external sources on how helpful and useful this new role is to support our patients.

Author Name: Sam Caton

Author Role: Head of Patient Relations

Date report written: January 2022

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Guardian of Safe Working Hours Annual Report 2021
Executive Sponsor	Professor Kiran Patel, Chief Medical Officer
Author	Dr Andreas Ruhnke, Guardian of Safe Working
Attachments	Guardian of Safe Working Hours Annual Report from 01 January to 31 December 2021 and Semester Report July to December 2021
Recommendation	The Board is asked to **RECEIVE ASSURANCE** from the Guardian of Safe Working Hours Annual Report 2021

EXECUTIVE SUMMARY

This paper provides a summary of the following areas related to Junior Doctors in Training and the 2016 Terms and Conditions:

- Exception reports
- Work schedule reviews
- Locum processes

PREVIOUS DISCUSSIONS HELD

Previous Trust Board Report 05 August 2021

KEY IMPLICATIONS

Financial	Potentially added costs, as a result of exception reporting
Patient Safety or Quality	Safe Working Hours for Doctors in Training leading to improved patient safety
Workforce	Requirement to appoint more staff to fill rota gaps
Operational	N/A

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Guardian of Safe Working Hours Annual Report from 01 January to 31 December 2021 and Semester Report July to December 2021 and

1. Purpose

To give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

This paper provides a summary of the following areas related to JDT and the 2016 TCS:-

- Exception reports
- Rota Redesign
- Work schedule review
- Locum processes
- Rotational Training Vacancies

2. Background and Links to Previous Papers

In October 2016 a new contract was introduced for JDT with a new schedule of 2016 TCS. As part of the new 2016 TCS the post of Guardian of Safe Working Hours (GoSWH) was introduced. A renegotiated contract (2018 contract review) was introduced on 07 August 2019.

The role of the GoSWH is to:

- Ensure the confidence of doctors that their concerns will be addressed
- Require improvements in working hours and work schedules for JDTs
- Provide Board with assurance that junior medical staff are safe and able to work, identifying risks and advising Board on the required response
- Ensure the fair distribution of any financial penalty income, to the benefit of JDTs.

This Semester Report covers the period from 01 July to 31 December 2021 and the Annual Report section covers the year 2021.

UHCW NHS Trust currently employs 433 JDTs working under the new 2016 TCS.

Additionally there are 270 Trust Doctors of various grades who also work on JDT rotas. For the purpose of this report, these Trust doctors are not included in the scope of the Guardian role and in the data presented here.

The GoSWH receives 2 job-planned Programmed Activities (PAs) to undertake this role.

Educational supervisors receive 0.25 job-planned PAs per trainee.

3. Exception reports (with regard to working hours)

Exception reports are a new requirement under the 2016 TCS. Where JDTs feel that their working arrangements in practice deviate significantly and/or regularly from the agreed work schedule, they should raise their concerns to their Educational Supervisor or Clinical Supervisor through the electronic exception reporting system (Allocate Software at UHCW).

Primarily the variations will be:

- Differences in the total hours of work (including rest breaks)
- Differences in the pattern of hours worked
- Differences in the educational opportunities and support available to the doctor
- Differences in the support available to the doctor during service commitments

The role of the Guardian is to provide oversight of these exception reports.

Exception reports (ERs) received between 01Jul2021 and 31Dec2021 by specialty:

Specialty	ERs carried over from last report	ERs raised	ERs closed	ERs outstanding
General Surgery	4	23	16	11
General Medicine	7	17	23	1
Ophthalmology	4	0	4	0
RespMed	0	45	41	4
Gastro	0	3	1	2
Gerontology	1	5	5	1
Acute Med	1	1	2	0
Psychiatry	0	2	2	0
Anaesthetics	0	1	1	0
ITU	0	0	0	0
A&E	0	1*	0	1*
Endocrinology	0	2	2	0
Neurosciences	2	6	8	0
Renal	1	4	5	0
Oncology	0	1	0	1
Vascular	0	3	2	1
Total	20	114	112	22

*ER submitted to paeds

ERs by grade:

Grade	ERs carried over from last report	ERs raised	ERs closed	ERs outstanding
F1	9	54	50	13
F2/CT/ST1-2	8	53	54	7
ST3+	3	7	8	2
Total	20	114	112	22

ERs response time:

Response time	<48h	<7d	>7d	Still outstanding
F1	2	3	41	13
F2/CT/ST1-2	4	11	46	7
ST3+	0	0	5	2
Total	6	14	92	22

This Semester Trust Board Report covers a 6-month-period from July to December 2021 during which 114 ERs have been reported. Again, the main reasons for staying late were: increased workload and being unable to handover in time. The contractual obligation to review exception reports within 7 days has been breached in 82.5% of ERs covered by this report. This is unchanged from the previous semester. The Educational Supervisor (ES) review rate of exception reports has fallen to 57%. All 20 ERs outstanding from the previous report have been actioned by the Guardian of Safe Working Hours. This meant ERs which were never reviewed by their educational supervisors were closed awarding payment instead of TOIL for the additional work.

Unsurprisingly due to the excess workload caused by the COVID-19 pandemic the highest number of ERs raised was in Respiratory Medicine (45 ERs) with only 4 ERs still pending. Half of all outstanding 22 ERs have been submitted in General Surgery.

Annual Summary of Exception Reports submitted between 01 January and 31 December 2021

There were 209 Exception Reports (ERs) in total of which 187 were completed and 22 ERs still appear as ‘pending’ on Allocate. Most of these ‘pending’ ERs have never been reviewed and will need to be closed by the Guardian of Safe Working Hours. Unfortunately a few educational supervisors still do not seem to engage with the Allocate Software exception reporting process.

Compared to 2020 the number of ERs has more than doubled during the last year which is probably a reflection of returning to more routine work after the first 2 waves of the COVID-19 pandemic.

The vast majority of ERs were due to overtime working (164 ERs). 14 were due to a change in 'pattern' and 19 were labeled 'educational'. The highest number of reports (10) due to missed educational opportunities were in Respiratory Medicine which again is unsurprising given the excess workload due to COVID-19 patients.

ERs submitted as change in ‘service support’ were mostly due to staff shortages (12 ERs).

Annual summary per specialty by category

Specialty	Hours	Pattern	Service Support	Educational	Total
A&E SNR	1	0	0	0	1
Acute Med JNR	0	1	0	0	1
Anaesthetics SNR	4	2	0	6	12
Endocrinology F1	2	0	0	0	2
Gastro JNR	8	1	1	0	10
GenMed F1	25	2	0	2	29
GenMed JNR	1	0	0	0	1
GenSurg F1	46	0	1	0	47
Gerontology JNR	3	0	1	1	5
ITU JNR/SNR	3	0	0	0	3
Neurology JNR	4	0	0	0	4
Neurology SNR	5	0	1	0	6
Oncology JNR	1	0	0	0	1
Ophthalmology JNR	5	3	0	0	8
Paeds JNR	5	0	0	0	5
Psychiatry F1	5	0	0	0	5
Renal F1	13	1	1	0	15
RespMed JNR	27	1	7	10	45
Vascular SNR	6	3	0	0	9
Total	**164**	**14**	**12**	**19**	**209**

Annual summary per specialty by review status

Specialty	Completed by CS/ES	Completed by GoSWH	Pending	Total
A&E SNR	0	0	1	1
AcuteMed JNR	1	0	0	1
Anaesthetics SNR	7	5	0	12
Endocrinology F1	0	2	0	2
Gastro F1	8	0	2	10
GenMed F1	11	18	0	29
GenMed JNR	0	0	1	1
GenSurg F1	10	26	11	47
Gerontology JNR	4	0	1	5
ITU JNR/SNR	0	3	0	3
Neurology JNR	2	2*	0	4
Neurology SNR	6	0	0	6
Oncology	0	0	1	1
Ophthalmology JNR	8	0	0	8
Paeds JNR	5	0	0	5
Psychiatry F1**	0	5	0	5**
Renal F1	5	10	0	15
RespMed JNR	38	3	4	45
Vascular SNR	3	5	1	9
Total	**108**	**79**	**22**	**209**

*GoSWH updated Allocate with outcome provided by neurology ES

** all ERs in Psychiatry (F1) are managed by the UHCW GoSWH

4. Rota Redesign

The rota redesign work was previously overseen by the Junior Doctor Project Group of which the Guardian had been a member of.

The Rota Oversight Committee is the group which has been established to look into all medical rotas at UHCW NHS Trust. The Guardian is a member of this group.

5. Work schedule reviews

No work schedule reviews were triggered during the last 6 months.

6. Locum Processes

Locum Bookings and Expenditure

Information on locum expenditure is reported through to the Finance and Performance Committee and Trust Board so are not included in this report.

Locum Process

JDT are able to undertake voluntary additional hours at this or any other Trust under the 2016 TCS, these are normally for a whole shift. When undertaking these additional voluntary hours within the Trust, these hours are worked as a locum duty conducted through the internal bank paid at set pay rates. Requests for locum duties are submitted by departments and are approved and agreed in line with current internal authorisation processes.

At group level, JDT can sometimes be asked to stay over to provide additional cover which is not captured centrally as they would not be classed as locum duties but claimed as extra hours or time off in lieu at a local level. The Trust is working on a process to capture these additional hours for monitoring and reporting, moving forward.

Additional Duties under 2016 Contract

When transferring to the 2016 contract and being auto-enrolled onto the internal Trust bank, trainees will be asked if they wish to opt out of the European Working Time Directive (EWTD) limit of 48 hours per week on average, which they are entitled to do.

This is an individual decision and the Trust does not exert any pressure for trainees to do so. Anyone who does not wish to opt out of the EWTD will be limited to a maximum of 48 hours of work in total within the Trust.

Locum Work carried out by trainees

All Junior Doctors in Training at UHCW NHS Trust are now working under the 2016 TCS which oblige them but also the employing Trust to monitor their working hours for compliance with the WTR.

Allocate's e-roster software is in use at UHCW which allows monitoring of Junior Doctor working hours in their individual rota slots (as long as the rota template has been transcribed correctly) but there is no automatic link with locum work so that breaches of their working hours could potentially occur. It's important to remind the trainees of their obligation to comply with the working time regulations and to inform their employer about any planned or already completed locum work immediately.

As emphasized in my previous reports, breaching of WTR limits of average weekly working time constitutes a risk to patient-safety and doctor's wellbeing. By opting out of the 48h WTR limit a Junior Doctor in Training declares themselves mentally and physically fit to safely undertake this additional work.

7. Vacancies

The HEE West Midlands Deanery uses the TIS system which allocates 469 WTE Doctors in Training to UHCW NHS Trust. The data provided by HR show that 433 Doctors in Training are currently employed by UHCW NHS Trust. That means the vacancy rate is 7.7% which is basically unchanged from last year. HR is continuously recruiting Trust Grade Doctors and Doctors from abroad (MTI posts) to alleviate this shortfall. Please, note that the current number of Doctors in Training do not cover 433 WTE work due to LTFT work and maternity leave.

8. Fines

There were a few breaches of the maximum 13 hour shift and of the minimum of 5 hours uninterrupted rest during a non-resident on-call. The balance of the GoSWH penalty account is £3925.

9. Qualitative Information

All Doctors in Training rotas have been checked with Allocate Software and appear TCS 2016-compliant.

Information about the GoSWH's role and exception reporting is available under ‘Junior Doctors’ in the A-Z Departments listing of the intranet.

Virtual Guardian of Safe Working Hours dial-in sessions have been introduced on MS Teams.

10. Issues arising

Staff shortages were the main reason for exception reports leading to an increased workload and additional working hours. Until many more doctors are trained, UHCW specialties should continue or explore recruiting non-medical staff and overseas doctors (Medical Training Initiatives) to ensure safe staffing levels.

11. Conclusions

1. The GoSWH is able to give assurance to the Board that all published specialty rotas of all current JDTs (2016 TCS) are compliant with Working Time Regulations.
2. Assurance of support with regard to the exception reporting process should be given to all trainees. Educational Supervisors will have to be reminded of the contractual obligation to engage with the exception reporting system.
3. Continued recruitment of more non-training-grade medical staff (nationally or internationally) and non-medical staff would improve cover of the Doctors in Training rotas and reduce workloads considerably.

12. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

To provide world-class education and training.

13. Governance

The GoSWH works in conjunction with the Associate Director of Medical Education reporting to the CMO and CWIO.

14. Responsibility

GSW Dr Andreas Ruhnke

CMO Professor Kiran Patel

CPO Donna Griffiths

15. Recommendations

The Board is asked to **RECEIVE ASSURANCE** from the report.

Name of Author: Dr Andreas Ruhnke

Title of Author: Guardian of Safe Working Hours

Date**:** 18/01/2022

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 03 FEBRUARY 2022

Subject Title	Radiotherapy Operational Delivery Network (ODN) Annual Report 2020/21
Executive Sponsor	Professor Kiran Patel, Chief Medical Officer
Author	Linda Farthing, Radiotherapy ODN Manager
Attachment	Radiotherapy ODN Annual Report 2020/21
Recommendation	The Board is asked to **NOTE** the Radiotherapy ODN Annual Report 2020/21

EXECUTIVE SUMMARY

Trust Board is requested to **NOTE** the attached Radiotherapy ODN Annual Report, covering time period April 2020 / March21

UHCW are the Host organisation, and have provided experienced clinical leadership to the ODN.

NHS England via Specialised Commissioning, have confirmed funding and hosting arrangements will continue until March 2023

Radiotherapy ODN serves a population of 5.6million through 6 provider organisations

- The Royal Wolverhampton NHS Trust
- Shrewsbury and Telford NHS Trust
- University Hospitals of Birmingham NHS foundation Trust
- University Hospitals of Coventry & Warwickshire NHS Trust
- University Hospitals of North Midlands NHS Trust
- Worcester Acute Hospitals NHS Trust

Despite the coronavirus pandemic, the radiotherapy network has worked effectively and efficiently, with UHCW leading and supporting this programme. The past year has seen the ODN's members face the unprecedented challenges created by the Covid-19 pandemic and the effects it has had on every aspect of the ODNs work.

Many of the ODN's projects and work programme objectives have been impacted due to a lack of staff resources.

Achievements

Achievements of the past 12months have realised an uplift of compliance with the Adult External Beam Radiotherapy Services Specification (170091S and 170092S)

	Network Compliance	Service Compliance
January 2020	33%	Not recorded
April 2020	38%	Av. 50.8% (range 42 - 58%)
March 2021	55%	Av.80% (75 – 88%)

- Agreement in Principle by all 6 providers to Collaborative Working Proposal July2020
- Cross Trust review of patient care plans
- Mutual Aid Covid forum: To support patient flows across the region. July 2020 - Ongoing
- Approval of 5 regional protocols, plus Emergency On Call, to reduce variation in treatment delivery
- Data Sharing agreement signed off Dec 2020
- Stereotactic Ablative Radiotherapy (SABR) expansion and implementation across the Region
- Access to Proknow, cloud bases radiation plan review software
- Equipment register and regional standard agreed

Goals for 2021 /22

- Complete Regional Protocols for identified tumour sites.
- Peer Review sessions, initially for Less Common tumour sites, or those with lone Consultants
- Further SABR implementation, for simple oligometastatic indications, at each service.
- Implementation of peer review software ProknowDS
- Develop a Quality Improvement strategy to support provider organisation to ensure a consistent Network standard approach.
- Increase awareness of Research within the Region
- Positive engagement with HEE and Education providers
- Network workforce Strategy and sustainability for the region

PREVIOUS DISCUSSIONS HELD

Discussed at the West Midlands OND and Network Oversight Group

KEY IMPLICATIONS	
Financial	NHS England have funded Proknow Peer Review software via NHS Supply Chain Requirement for SLA or honorary contracts to enable Cross Provider patient review be reviewed with Oncology Group Manager There is an expectation of increased activity through partnership working.
Patients Safety or Quality	The work of the Radiotherapy Network will impact positively on patient safety and quality, providing improved access to new treatments (IMRT and SABR) and reduction in protocol variation
Workforce	Additional resource is required in Oncologist workforce to enable protected radiotherapy planning time, and to support regional peer review Key Deliverable 2021 / 22 is a sustainable workforce strategy Consultant workforce at UHCW and in WM region below national average.
Operational	Implementation of SABR and cross regional peer review, particularly in Gynaecological cancers, has increased burden on Oncologist. SLA agreements in place (UHCW & RWH). Peer Review time to be allocated and protected within consultant Job plans

Radiotherapy Operational Delivery Network

Annual Report

April 20 – March 2021

Approved by

This document has been approved by:

Name	Signature	Role	Date
Jonathan Brotherton		Chair of West Midlands Radiotherapy Network Oversight Group	12.12.21

CONTENTS.

1. Executive Summary

The West Midlands Radiotherapy Operational Delivery Network (RT ODN) came into existence in June 2019.

Despite the coronavirus pandemic, the network has worked effectively and efficiently over the past 12months, focusing on the Annual work program to align the 6 provider services to deliver cross regional collaboration.

Achievements of the past 12months have realised an uplift of compliance with the service specification from 33% to 50% for the Network as a whole.

The past year has seen the ODN's members face the unprecedented challenges created by the Covid-19 pandemic and the effects it has had on every aspect of the ODNs work. Many of the ODN's projects and work programme objectives have been impacted due to a lack of staff resources.

The implications of Covid-19 have been far reaching, with changes in patient flows and dose fractionations, as well as on the workforce. It has also provided access to desk top video conferencing software this has made engagement and meeting attendance easier for all.

2. Introduction

This report covers financial year 2020/2021 which was the second year of the ODN's three year timeframe in which to reach compliance with the radiotherapy service specifications.

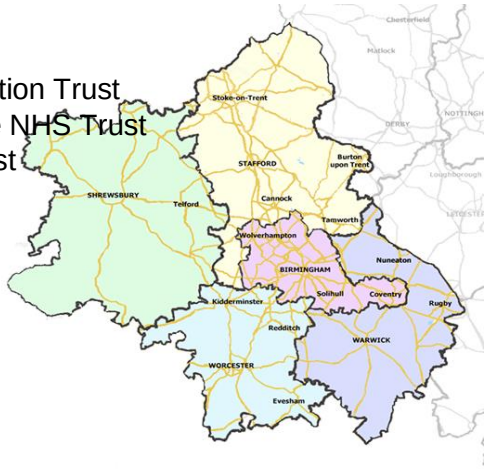
The purposes of this document is to report work undertaken and completed during the year, 2020/21 and identify goals and ambitions for 2022/23 and beyond

The West Midlands Operational Delivery Network (RT ODN) was created following the publication of the Adult External Beam Radiotherapy Services Specification (170091S and 170092S) with the express aim of aligning radiotherapy services in the West Midlands and delivering the 5 main goals:

- Improve patient access across the West Midlands
- Improve Patient experience, Improve Patient care and long term outcomes
- Increase participation in research and clinical trials
- Reduce variation in radiotherapy treatments delivered
- Improve equipment utilisation and capacity of services as a whole

Serving a population of 5.6million, the West Midlands ODN is one of the largest, with 6 NHS provider organisations

- The Royal Wolverhampton NHS Trust
- Shrewsbury and Telford NHS Trust
- University Hospitals of Birmingham NHS foundation Trust
- University Hospitals of Coventry & Warwickshire NHS Trust
- University Hospitals of North Midlands NHS Trust
- Worcester Acute Hospitals NHS Trust



The WM RT ODN is strategically and operationally led by the frontline clinical experts who oversee all aspects of radiotherapy service delivery and ODN-wide transformational service improvement.

Each Radiotherapy service is represented at the Radiotherapy Expert Advisory Group (EAG) by their Clinical Lead Oncologist, Head or Radiotherapy Physics and Radiotherapy Service Manager. The EAG provides updates and feedback to the Network Oversight Group (NOG). The Network Oversight Group is chaired by Jonathan Brotherton Chief Operating Officer for University Hospitals Birmingham.

Both EAG and NOG have Patient Advocates as part of Core team, to ensure patient groups have a voice in services we provide.

The ODN office functions are hosted by University Hospitals of Coventry & Warwickshire.

2.1. Key Achievements

The West Midlands RT Network has realised a number of key achievements over the financial year 2020/21 including:

- Agreement in Principle by all 6 providers to Collaborative Working Proposal July2020
- Covid Capacity forum: July 2020
- Data Sharing agreement signed off Dec 2020
- Stereotactic Ablative Radiotherapy (SABR) expansion and implementation across the Region,
- Approval of 4 regional protocols, plus Emergency On Call, to reduce variation in treatment delivery
- Patient Engagement, and focused Patient Advocate meetings
- Initial regional engagement of wider Oncology Services around Patient Reported Outcomes
- Initial commissioning of ProKnow peer review tool

The benchmarking of services continues, to review the level of service compliance and to audit the provision of expert consultant care by tumour sites. For full compliance metric see section3

	Network Compliance	Service Compliance
January 2020	33%	Not recorded
April 2020	38%	Av. 50.8% (range 42 - 58%)
March 2021	55%	Av.80% (75 – 88%)

It should be noted that despite the pandemic engagement by the 6 provider organisations has been exemplary and a number of staff from each service have volunteered to support the work program and its implications for the future delivery of radiotherapy for the West Midlands.

2.2. Key Challenges

Staff availability and access to time to support non-clinical regional development remains the biggest challenge. This is particularly true for Consultant Oncologist

- Staff availability: All of the 3 main specialisms have staffing concerns, with poor recruitment and high attrition rates. This limits the number of staff available to be released from clinical duties in support of the work programs
- The engagement of Consultant Oncologists will be vital to Protocol and technique alignment, as well as the introduction of meaningful Peer Review processes. This is due to 2 main reasons.
  a) Only a limited number of Consultant oncologists are involved with the EAG and have an understanding of the Service specification requirements
  b) There is a recognised shortage of Consultant Oncologist, this limits their ability to engage in service reform.
- Radiotherapy, as a sub speciality within cancer services has a relatively low profile, and this has delayed understanding and support from the higher management from a small number of provider organisations

Covid19

The Corona virus pandemic has had a major impact on cancer service across the West Midlands. It impacted on the newly established ODN and the ambition to align the 6 provider services.

During the first lock down of March, April and May 2020, this saw major delays in cancer patient diagnosis and referrals. Oncology and radiotherapy services remained operational over this time, implementing changes in practise on a weekly or daily basis. the flow of and the subsequent lockdown from November onwards.
The clinical workforce was also contributing to the front line covid response, supporting A&E and critical care functions.

The national focus on tackling covid-19 caused delays in the roll out and implementation of key peer review infrastructure. ProknowDS was expected initially expected to be launched by the National Programme of Care team in Autumn 2020. This has been delayed beyond the scope of this report, and is expected to be delivered summer 2021

The focus to restore services and build back better has led to a resurgence of interest and commitment to the ODN work programme.

2.3. Key Goals

The West Midlands RT ODN Goals for April 2021 to March 2022 include:

- Complete Regional Protocols for identified tumour sites.
- Peer Review sessions, initially for Less Common tumour sites, or those with lone Consultants
- Further SABR implementation, for simple oligometastatic indications, at each service.
- Implementation of peer review software ProknowDS
- Develop a Quality Improvement strategy to support provider organisation to ensure a consistent Network standard approach.
- Increase awareness of Research within the Region
- Positive engagement with HEE and Education providers
- Network workforce Strategy and sustainability for the region

Quality improvement and a regional program of audit will help to align systems across the ODN. It is important to recognise the value of different approaches each provider organisation has towards audit and improvement within radiotherapy services, as we learn from each other and identify improvement targets.

3. Work programme.

As you are aware the Radiotherapy service specification has challenged us with 5 main end points, around which the program of work is focused

- *Improve access across the Network to modern, advanced and innovative radiotherapy techniques, enabling more Service Users to benefit from cutting-edge technology and treatments;*
- *Improve the experience of care by ensuring that Service Users will be managed by an experienced multi-professional tumour specific subspecialist team able to provide holistic care;*
- *Increase participation in research and clinical trials by an average of 15% increase over 3 years in England, aiding faster development of new treatments and help drive the development of clinical services;*
- *Reduce variation in quality by adopting standardised best practice protocols thereby improving Service User outcomes including reducing mortality and morbidity from adverse side effects; and*
- *Reduce variation in equipment utilisation in England through changing operating arrangements, clinical practice and equipment replacement; an average 15% increase in equipment utilisation for England as a whole is expected over the next 3 year period aligned to the equipment modernisation programme.*

It should be noted that there is also a degree of overlap and interdependency within the work streams. To help with communication and reduce duplication, each work stream has a reporting mechanism to the EAG and forward into the NOG

3.1. Reduce Variation in Quality by adopting standardised best practice

3.2. Protocols

To reduce variation in quality of patient care the service specification identifies 14 key tumour specific disease sites, plus the requirement for a regional standard for the provision of emergency radiotherapy services. Within this there is further demarcation such that the ODN is expecting to deliver 19 regional protocols.

The support of the Lead clinicians for the ODN has been invaluable to the working of this work stream.

The EAG and NOG agreed the strategic aims of

- All 6 services to deliver Common Cancer treatments
- Less Common Cancers to be delivered by regional Collaboration
- Rare Cancers to be treated centrally

Therefore, with the exceptions of Anal case, all Rare tumour sites should have treatment at UHB, therefore as the only site delivering these treatments, the Regional has formally adopted their treatment protocols as Regional protocols.

Royal college of Radiologists (RCR) has also indicated it expects to publish national tumour site guidance or consensus documents for a number of key tumour sites. The WM RT ODN will adopt and ensure such guidance is embedded with regional protocols. This has led to delays for some sites, whilst awaiting national publication.

Common Cancers	1.radical (standard) breast	Awaiting national consensus		
	2.radical prostate/bladder			
	3.radical rectum	National Guidance		
	4. radical lung	SCLC	NSCLC	
Less common cancers	5 Head and neck			
	6 Gynaecological	Uterine	Cervix	Vagina/vulva
	7 Lymphoma			
	8 Upper GI (inc oesophagus; &HPB)			
	9 Primary CNS			
Rare cancers	10 Paediatric cancers			
	11 Sarcoma (soft tissue)			
	12 Anal (integrated with colorectal cases)			
	13 Penile			
	14 Rare head and neck (incin Main H&N)			
Emergency On Call				
SABR	Adopt National SABR Consortium Guidance			

At March 2021 the WM RT ODN has 8 protocols in draft, which are expected to completed approval process over the summer

West Midlands Cancer Alliance (WMCA) have agreed to host the finalised documents, to allow ease of access and transparency.

It is noted that whilst we can create the RT treatment protocols, it is key that we also support the services to change practice, to adopt new improved techniques and improve the quality treatments delivered.

Goal for 2021/22: To complete all regional protocols
Agree regional audit of protocol delivery
Ensure compliance with SABR protocols

3.2.1. Peer Review

With the expressed aim of reducing variation and ensuring patients access the best possible care, from experienced and knowledgeable clinicians, each consultant oncologist should be responsible for no fewer than 25 new patients per disease site. Therefore an exercise in data collection to benchmark services was undertaken.

Data from July 19 - Dec 2019 was used initially, but it was felt important to repeat the data collection, 2 further data sets were utilised over the time period of this report, Jan – June 2020 and July 20 - Dec 20. This was to ensure consistency, to evidence any trends and support decisions made.

- Review of patient data across the region
- Identifying consultant numbers at each service
- Awareness of " At Risk " Services for the Region
- Collaborative working document.

To minimise disruption, to patients and to oncology services of the West Midlands, the aim has been to build on the current situations, look at current shared pathways and build regional collaboration.

		Stoke					Shrewsbury					Birmingham					Wolverhampton					Coventry					Worcester				
	RADICAL	CCO	July 19-Dec	Jan 20 - June 20	July 20 Dec	CCO 2021	CCO	July 19-Dec 19	Jan 20 - June 20	July 20 Dec	CCO 2021	CCO	July 19-Dec 19	Jan 20 - June 20	July 20 Dec	CCO 2021	CCO	July 19-Dec 19	Jan 20 - June 20	July 20 Dec	CCO 2021	CCO	July 19-Dec 19	Jan 20 - June 20	July 20 Dec	CCO 2021	CCO	July 19-Dec 19	Jan 20 - June 20	July 20 Dec	CCO 2021
Common	Breast	3	216	225	281	3	3	199	186	191	3	5	455	495	572	4	6	822	484	418	4	6	336	274	319	5	3	207	187	170	3
	Urology	3	146	115	148	3	2	96	109	147	2	5	256	266	260	6	4	204	156	189	4	4	142	132	147	4	2	99	97	104	3
	Rectum	2	36	16	24	2	2	18	17	14	2	3	62	60	54	4	1	59	60	47	1	4	29	30	22	3	1	29	22	19	1
	Lung	3	47	35	31	4	2	13	21	12	2	4	84	135	138	4	3	21	65	81	3	4	64	47	47	4	2	18	11	5	2
Less Common	H+N inc	2	35	32	28	3	2	21	26	33	2	3	60	86	57	4	1	47	62	71	2	2	55	47	51	3	1	50	30	27	2
	Gynae	2	29	29	40	2	2	21	17	19	2	2	47	69	112	3	2	63	29	41	1	3	32	46	58	3		0	2	9	2
	Lymphom	1	18	19	58	1	1	5	11	11	1	2	46	50	42	2	1	24	9	45	1	2	23	13	12	2	2	9	3	9	0
	Upper GI	1	30	25	22	2	2	5	6	3	2	3	23	17	22	3	1	12	27	22	1	2	14	14	4	2	2	7	13	12	2
	Brain	1	35	24	27	2	1	10	5	6	1	3	73	58	66	3	2	14	1	1	0	2	36	23	20	2	0	0	0	0	0
Rare	Paediatric	0	0	0	0	0	0	0	0	0	0	6	22	20	??	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sarcoma	0	0	7	3	0	1	1	0	0	0	3	24	36	27	2	0	0	0	2	0	1	8	0	2	0	1	0	1	0	1
	Anal	2	0	5	9	2	1	4	5	0	2	2	21	20	10	4	1	8	4	4	1	2	18	14	10	2	1	0	1	0	0
	Penile	0	0	0	0	0	0	0	0	0	0	1	2	2	2	0	1	3	1	0	0	0	0	0	0	0	0	0	0	0	0
CCO's per Trust		9				10	7				8	20				21	8+ 3CRads				8 + 3.8	21				22	9				9

Compliance = 25 pts + 2 CCO

compliant

compliant for either patient number OR CCO's

Below 12 patients per 6moths

The ODN would look to repeat patient data collection on an annual basis, stratified by tumour site and will be expanded to include SABR treatment indications

Regional Peer Review of patient selection and plan approval is supported by the 6 provider Trusts. Access to ProknowDS software will help facilitate this goal. Work is ongoing to operationalised peer review processes through governance structures and local logistics

Goal for 2020/21: Document Peer Review Governance processes inc. audit tools
Work with eMDT team to understand shared objectives
Support initial "Less Common" tumour site partnerships
Support Peer Review for SABR services
Document SABR access Rates at each service

3.3. Improved Patient Access

To ensure the patient populations of the West Midlands have access to best possible care and appropriate treatments. This aspect is clearly linked to the reduction in variation, to ensure patients access appropriate clinicians, through regional peer review.

3.3.1. Research & Trials

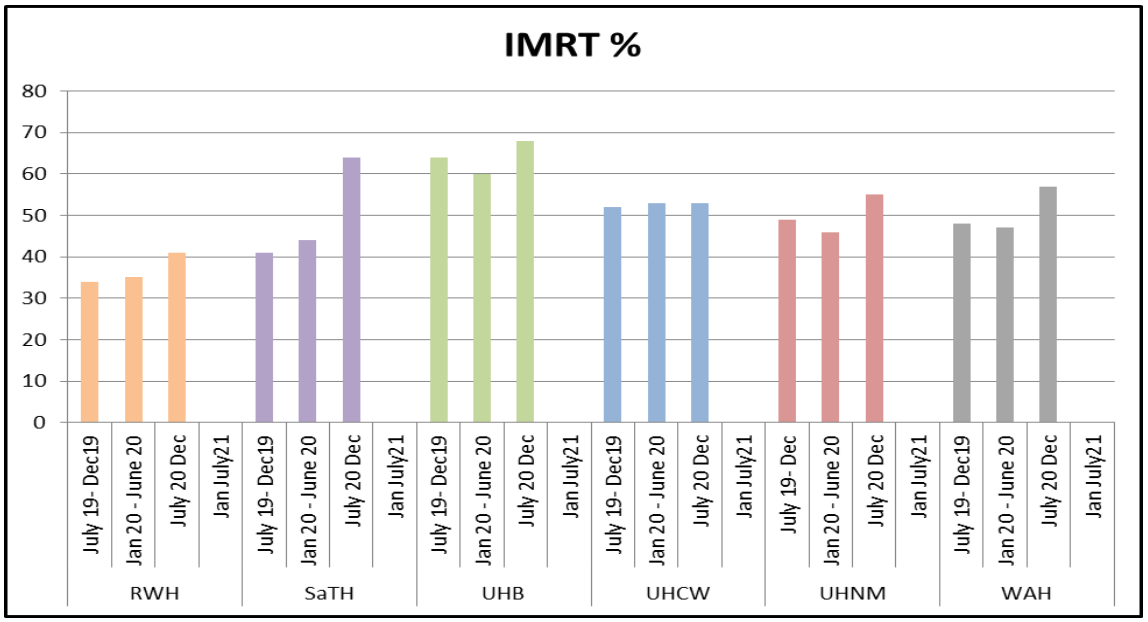
We have also focused on access to clinical trials and goal of 15% increase in trial recruitment.
This has been problematic over the period April 20 – March 21 due to the Covid-19 pandemic. All clinical trials, other than those related to covid research have been halted, suspended or closed. Reopening previously agreed Trials, or establishing new studies is not a currently a national priority, as the NHS looks to restore all services, reduce backlogs and focus on cancer diagnosis.

However, in this climate the Radiotherapy services are keen to support clinical research and trials. The EAG has appointed Dr A Chan as Radiotherapy research lead, and who will chair and develop a regional research focus group.

This group has also created links with the regional clinical research network, who provide trial data, this has been utilised to provide a RT Trial directory, by disease site, to increase awareness of which Trials are open to our populations. This is shared quarterly with oncologists and MDT coordinators across the region

3.3.2. Intensity Modulated Radiotherapy (IMRT)

Access rates to IMRT will also be documents as part of this group. This is expressed as a percentage of radical cases (not including breast).
Access rates continue to improve as more tumour sites take advantage of IMRT techniques, increased dose conformance and reduction in patient side effects.
WM RT ODN demonstrates an average of 57% IMRT.



Goal for 2020/21: Support introduction of Research & Trials focus group
Benchmark patient Trial recruitment
Improve IMRT rates and share best practice
17day faster access for Squamous Cell Carcinoma's

3.4. Improve Equipment utilisation and Access to innovative technologies

The RT service specification aims to provide the best quality care for the patient population. We can only achieve this with appropriate equipment, at the locations identified to support the patient populations.

3.4.1. Linac Register

The vast majority of radiotherapy is delivered by Linear Accelerators (Linac's). There are 28 conventional Linac's in clinical use, serving the 5.5Million population of the West Midlands

To date we have

- Collated provider information into a regional Linac register
- 3 Linac's were replaced 2019- 20
- 2 Linac's to be replaced in 2021
- Expanded our Equipment log to other equipment – CT scanners, Brachytherapy units and superficial etc.

West Midlands ODN Linac Register				
Machine Type	Clinical 1st patient	Comments e.g firm plan to replace, being replaced etc		Clinical Age (years)
Elekta	16/07/2018		Coventry	3.0
Elekta	02/10/2017		Coventry	3.8
Elekta	21/07/2014		Coventry	7.0
Elekta	14/07/2014	Synergy with Agility Head & XVI but no FFF	Coventry	7.0
Elekta	19/11/2012	Agility Head Upgrade 2017	Coventry	8.7
Truebeam 3	13/08/2018	Intend to replace, no BC/funding/firm plan yet	Shrewsbury	3.0
Truebeam 2	03/07/2017	Intend to replace, no BC/funding/firm plan yet	Shrewsbury	4.1
Truebeam 1	30/09/2013	Will review supply/demand position in 2021. If required will replace, otherwise de-commission and return to 2 linacs	Shrewsbury	7.8
TrueBeam 1	09/12/2019		Stoke	1.6
TrueBeam 2	01/07/2019		Stoke	2.1
Clinac iX 1	01/07/2009	replacement due for delivery w/c 22nd March 2021 (TrueBeam3), clinical 5th July 2021	Stoke	12.1
Clinac iX 2	01/07/2009	replacement due for delivery October 2021, clinical 6th December 2021 (Halcyon1)	Stoke	12.1
VersaHD	01/04/2019		UHB	2.3
VersaHD	01/05/2018		UHB	3.2
VersaHD	30/08/2017		UHB	3.9
VersaHD	09/03/2015		UHB	6.4
Tomotherapy HD	09/01/2012		UHB	9.6
Tomotherapy HD	21/11/2011	Evaluation of Tomo replacments started Sept 2020. Business case to try to fund 2021-22 with second in 2022-23	UHB	9.7
Synergy	02/01/2008	Trust finance team plans RT to drop from 8 to 7 linacs so funding for this replacement is earmarked to fund a	UHB	13.6
Elekta Versa HD	19/10/2020	Final commissioning - clinical date 19/10/2020	UHB	0.8
Accuray CK	19/06/2013		UHB	8.1
Elekta Beam Mod	04/03/2019		Wolvs	2.4
Elekta Versa HD	21/05/2018		Wolvs	3.2
Elekta Versa HD	05/05/2017		Wolvs	4.2
Elekta Versa HD	28/09/2020	New linac clinical	Wolvs	0.8
Elekta	01/04/2015	Nominal date	Worcs	6.3
Elekta	01/04/2015	Nominal date	Worcs	6.3
Elekta	01/04/2015	Nominal date	Worcs	6.3
	Note	UHB LINACS Now IN**CLUDES** Cyberknife in the above figures		
				Age(years)
Accuray CK	19/06/2013		UHB	8.11
				28
				0
		No. of conventional linacs	Total	28
		No. of dedicated e.g. SRS Linacs	Total	1

Each Service is expected to have a replacement program submitted and logged as part of the capital replacement program of their local Trust. Each Trust is independently responsible for equipment purchase and procurement. However, a regional response to new equipment purchases may provide improved utilisation and reduced costs.

With advances in imaging techniques impacting on tumour delineation and real changes in patient long term outcomes, a regional strategy on pre-treatment images is also required. This will identify what is the minimum standard of imaging required and which services should be supported with additional MRI imaging.

3.4.2. SABR

As part of NHS England and NHS Improvement's commitment to supporting safer and more precise treatments for cancer, the West Midlands ODN was asked to provide an overview of Stereotactic Radiotherapy delivery in the region.

The goal is to support all providers to complete the full expansion as quickly as possible, with all 6 services delivering SABR for non-Small Cell lung cancer and for simple oligometastatic indications by end of March 2021

The radiotherapy providers are all supportive of SABR expansion, to provide appropriate care to this particular population group. Historically, local services have seen patients who have declined a referral to University Hospitals Birmingham, due to personal challenges of comorbidities and requirement to travel.

All 6 providers submitted their timelines to the ODN, with a target of commissioning by end of March 2021.This is a challenging timetable.

Gaps in Consultant workforce have impacted on the ability to move this forward. These gaps may be due to Covid Sickness, redeployment to support Trust covid response or vacancies. National processes have also been under pressure and caused delays, particularly the RTTQA functions around SABR contouring and dosimetry approval.

Goal 2020/21: Ensure each Service has a Linac replacement program
Support each provider to purchase replacement Linac's
Investigate the role of Artificial Intelligence for automated processes.
Ensure SABR expansion for Primary Lung Cancer – summer 21
Ensure SABR expansion to Simple and Complex oligometastatic sites
Support SABR MDT to allow patient treatments closer to home

3.4.3. ProknowDS

As part of the national commitment to ODN's and the reduction in variation, is the promise of cloud based peer review software: ProknowDS.

National launch and system delivery was initially expected September 2020 but this has been delayed and may not be available until summer 2021.

However, WM RT ODN has completed a lot of initial work to understand the workflows and requirement of Proknow to enable to region to be amongst the early adopters. This cloud based software will enable near real time peer review, allowing clinicians to remotely review planning contours and agree dose plans prior to treatment delivery.

3.5. Improve Patient experience

The goals of the service specification are to support and improve patient access and outcomes. Changes to patient pathways need to be cognisant of the impact and consequences for patients and their families during what is likely to be a difficult and distressing period in their lives.

Patient Survey

To benchmark and understand the patient experiences a West Midlands Patient Questionnaire has been agreed. The questionnaire has not been circulated to patients groups, as a paper has been seen as a covid risk. Other vehicles of deployment are being investigated.

Patient Advocates

Patient involvement is recognised as a vital aspect of any service redesign. The WM RT ODN has instigated a monthly Patient meeting, to discuss and aid understanding of key topics to be discussed

Patient Advocates are and will remain core members of both the EAG and NOG

Patient Reported Outcomes

With improved treatments come improved survival rates. The Service Specifications identify the requirement to support patients with the long term side effects of radiation treatments. This has seen the WM ODN link into the Cancer Alliance teams and the ongoing work on Living Well and Beyond Cancer. As a region it is agreed that the AlertB questions and the focus on pelvic cancers is very limited and our ambition would be to support a wider patient population.

Goal 2020/21: Continue to Engage with a range of Patient advocates
Complete a benchmark of patient experience
Understand the current situation for Patient reported outcomes
Develop regional systems to support patients with pelvic late effects.

3.6. Workforce

As previously stated, there are significant challenges for the 3 main professions within Radiotherapy. As an initial step, it was important to understand the current vacancy rates within each service and understand the limitations it imposes.
Which services had lone consultants through vacancies? Where there sufficient patient referrals to support each service?

It was noted that changes in patient flows, and complexity of treatment delivery could also result in a negative impact on staff retention.

Following a review of current workforce WS4 reported;-
Vacancy levels for Therapeutic Radiographers is 10.3% against the national rate of 7.1%.
20% vacancies for Medical Physicists compared with a national level of 10%.
Consultant Oncologist shortages are also escalating, with UK trained Consultants only sufficient to fill half of current vacancies.

The average number of clinical oncologists per million population for the UK is 13.1
All but one west midlands centers (UHCW 16.7WTE CCOs per million population) are below this national average, with Wolverhampton being the lowest at 7.9WTE CCOs per million population.

Whilst the role of Consultant Clinical Oncologists is very much integral to the service delivery, the role of Medical Oncologist is not acknowledged within the Specification but they are a valuable resource to support chemotherapy delivery, and release Clinical Oncologist to the radiotherapy environment.
There are links with WS2 and governance as the group looks to understand contractual agreements, Service level agreements and honorary contracts to support cross Trust working.

Goal 2020/21: Draft workforce future strategy,
Identifying task critical roles
Support the introduction of Advanced Practitioners at every service.
Influence HEE to increase student numbers in all 3 main professions

3.7. Quality Improvement

It could be argued that the entire work programme is to improve quality for the Network. The WM ODN has participated in the National QI masterclasses and will create a team focused on shared learning and improvements across the region

Goal 2020/21: 17 day pathway for Squamous Cell Carcinoma (cat1)
SABR Regional MDT's and peer review
30day & 60day Mortality reports

4. Compliance and Work plan

4.1. Statement of Achievement

WM RT ODN End of Year Statement of Achievment								
Area of Acheivment	Context	Improvement Outcome	Area addressed / Added Value					
			Quality / Standards	Unwarranted Variation	Patient Outcomes	Improved Pathway / Equity	Efficiency Gains	Aligned with Radiotherapy Priorities
Regional Protocols	Document best practise regionally and nationally. Align with RCR guidance	Reduce unwarrented variation in quality by adopting Regional protocols .	√	√	√	√	√	1C +3A
Regaional Collaboration	Improve patient access rates. Support radiotherapy closer to home.	Establishment of partnership arrangements between two or more provider radiotherapy teams where these are required	√	√	√	√	√	√: 1A
Peer Review	Support cross regional peer to peer support in Less Common tumour sites.	Improve patient outcomes. Reduce unwarrented Variation Reduce morbidity and Mortality	√	√	√	√	√	√: 1A + 3B
SABR implementation	Regional expansion to enable SABR delivery at all 6 Trusts	Improve Patient access to modern, advanced and innovative radiotherapy techniques. Improve IMRT and SABR access rates	√	√	√	√	√	√: 1B
QA Programme	Audit compliance with regional and national treatment protocols	Development of a Network-wide Quality Assurance Programme	√	√	√	√	√	√: 1C
Equipment register and replacement programme	Reduce the number of linacs over 10 years old in the network	Reduce variation in equipment utilisation . Ensure patients have access to modern and safe radiotherapy equipment.	√	√	√	√	√	√: 1B
Service User Questionaire	Regional questionaire to ain service user feedback and improve services	Improve Patient experience of care Consideration of future service planning requirements	√	√	√	√	√	√: 3
Research and Trials sub group	Support regional access to Radiotherapy Trials. Understand barriers to imprvement	Increase participation in research and clinical trials	√	√	√	√	√	√: 2A
Workforce Strategy	Develop an ODN approach to workforce challenges. Support all staff groups to maximise training opportunities	Development of a Network-wide radiotherapy workforce sustainability strategy	√	√	√	√	√	√: 1A + 1C
Annual Review	Document improvement. Review of compliance. Indentify and agree ODN priorities	Review of current services against the clinical requirementsof the service specification Consideration of future service planning requirements	√	√	√	√	√	√: 1C

4.2. Network and Service Compliance

Number	NETWORK Indicator	Data Source	Outcome Framework Domain	Jan-20	Apr-20	Mar-21	Jul-21
Network Outcomes							
101	Comparison of intensity modulated radiotherapy (IMRT) rates	RTDS	1,2,3,5		av 45%	av57%	
102	Comparison of compliance with NHS England policies for radiotherapy fractionation	RTDS	1,2,3,5				
103	Number of linacs over 10 years old in the network	Provider	1,2,3,5	2 @ UHNM. 1@UHB			
104	Comparative audit of the average throughput per service in the network	RTDS	1,2,3,5				
105	Number of people treated with SABR in the network in line with NHS clinical commissioning policy and service specifications	Provider	1,2,3,5				
106	Number of people in the network participating in SABR clinical trials	Provider	1,2,3,5				
Service User Experience							
201	There is standardised radiotherapy Service User information specific to individual tumour subsites, across the network	Self declaration	4		using Macmillan leaflets		
202	Comparative feedback of Service Users	Self declaration	4	WMCA			
203	ALERT-B screening tool is in use across the network	Self declaration	4	No - funding required			
Structure and Process							
1	The network has an MOU in place. This must be contractually underpinned, as a minimum, by a Network-wide MOU and inter-provider agreements	Self declaration	1,2,3,5	MOU in place.			
2	There is a Network Oversight Group	Self declaration	1,2,3,5				
3	A network wide review has been completed, configuration and action plans agreed	Self declaration	1,2,3,5				
4	Network protocols are in place – this may be a rolling programme over 3 years	Self declaration	1,2,3,5			8/14 in dr	11 agreed
5	Partnerships between neighbouring centres are in place	Self declaration	1,2,3,5			Collaboration agreement	
6	There is a network workforce sustainability strategy	Self declaration	1,2,3,5				
7	All providers in the network have a Quality assurance system in place	Self declaration	1,2,3,5				
8	There is a network wide peer review and audit programme agreed	Self declaration	1,2,3,5			draft	
16	There are network agreed protocols in place and audits agreed	Self declaration	1,2,3,5			draft	
				6/18 (33%)	7/18 (38%)	10/18 (55%)	

Number	SERVICE Indicator	Data Source	Target	UHCW	UHB	UHNM	WAH	SaTH	RWHT
Clinical Outcomes				Provider Reported					
101	RT waiting times to start of treatment	RTDS	94% within 31 day						
102	Number of patients receiving radical treatment by tumour site (site not complient)	RTDS	25 +						
103	Proportion of all Radiotherapy Radical Episodes receiving Inverse Planned IMRT (excluding breast).	RTDS	24%						
104	Proportion of radical patients treated using image guidance – to be defined.	Provider							
105	Mean time to treatment for category 1 patients.	RTDS	17days						
106	Proportion of patients for whom radiotherapy is indicated as part of treatment for breast cancer (after primary surgery) greater or equal 15 fractions (excluding any boost). See NHS E policy	RTDS	80% less than 15#						
107	Proportion of metastatic bone radiotherapy episodes greater or equal to a single fraction of external beam RT. See NHS E policy	RTDS	80%-1#						
108	Proportion of prostate cancer patients requiring radical external beam radiotherapy less than or equal to 20 fractions of treatment. See NHS E policy	RTDS	70%- 20#						
109	Percentage of patients recruited to trials.	NCRI / CRUK	15% of referrals						
110	30 day mortality after RT (adult palliative patients only EXCI MSCC).	RTDS							
111	90 day Mortality after Radical radiotherapy								yes
112	departmental average number of fractions per linac	RTDS	?9000 ?15% increase	6434	7340 per LA (ex Cyberknife)		Approx 6000	approx 7000	5992
Service User Experience									
201	There is patient information specific to radiotherapy	Self-declaration							
202	The service has undertaken an exercise to gain feedback from patients	Self declaration							
203	ALERT-B screening tool is in use	Self declaration							

Number	SERVICE Indicator	Data Source	UHCW	UHB	UHNM	WAH	SaTH	RWHT
Structure and Process			Provider Reported					
1	The RT service has a signed MOU. This must be contractually underpinned, as a minimum, by a Network-wide MOU and inter-provider agreements	Self declaration						
2	There is a network Oversight Group	Self declaration						
3	There is a defined Provider organisational structure And Head of Service	Self declaration						
4	There is a multiprofessional governance group	Self declaration						
5	There is a minimum of 2 clinical oncologists for each tumour site	Self declaration						
	If not a mitigations plan has been developed and implemented		mitigation thru Collaborative Peer Review					
6	The service has an agreed implementation plan aligned to the network workforce strategy	Self declaration						
7	There is a training strategy	Self declaration	/service response					
8	There is a quality management system	Self declaration						
9	There is a network wide quality assurance programme	Self declaration						
10	There is a policy for error classification and reporting	Self declaration	TSRT					
11	There is a policy in place for the management of interruptions	Self declaration						
12	The service has access to modern RT equipment	Self declaration						
13	There is an agreed equipment replacement programme	Self declaration						
14	There is a network agreed out of hours treatment policy	Self declaration						
15	There are agreed protocols for treatment planning checks	Self declaration						
16	There are network agreed protocols in place	Self declaration	11 of 14					
17	Provider has standard operating procedures in place	Self declaration						
18	There are network agreed treatment planning protocols	Self declaration	11 of 14					

4.3. Work plan 2021/22

WM ODN Workplan 2021 /22															
Area of improvement	Deliverable	Aligned with Radiotherapy Priorities	April	May	June	July	August	Septem	October	Novemb	Decemb	**Jan 2022**	Februar	March
Reduced Variation	Complete Radiotherapy treatment protocols across 14 tumour sites + emergency On Call	1C + 3A												
	Set up Peer Review sessions for 'Less Common' Cancers													
	Develop a program of audit, at population level and at service level within each tumour site													
Improved Patient Access	Faster treatment access – 17day squamous Cell Carcinomas (category1)	1C , 2A & 2B												
	Regional collaboration for Patient pathway redesign													
	Improve access to Clinical Trials but promoting radiotherapy trials and research		On Going											
	Benchmarking of current practices & Patient recruitment													
	Ensure patients discussed at MDT are considered for clinical trials as per NIHR framework		On Going											
Improved access to Innovative technology	Ensure all services have access to appropriate, modern treatment machines	1B	On Going											
	IMRT: Benchmark access rates, share best practise and evidence improvement													
	SABR:Primary and oligometastatic LUNG at all 6 services													
	SABR: Simple Oligometastatic indications at all services													
	SABR: Complex Oligomets at 3 service													
	Introduction of 2 new, shared, SABR MDTs [UHNM+SaTH] and [UHCW+RWH+WAH]													
	Introduction of ProknowDS													
	Investigate the use of AI autocontouring software													
Improved Patient Experience	Maintain Patient Advocate Pre-meeting engagement	1A + 1D					On Going							
	Complete Patient feedback exercise, across the region, to influence QI program													
	Benchmarking of current practices around Patient Reported Outcomes													
	Quality improvement program of shared learning													
	TSRT: Adopt national reporting tools and support learning outcomes to be embedded in clinical practise													
Workforce	Develop a sustainable Workforce strategy for the region, in line with national guidance	1C												
	Up skilling AHP to deliver protocolised treatment pathways													
	Use of CA funds 12mth funds to support post Covid restorations													
Quality Improvement	QA Programme: compliance with Regional Protocols	1A + 1C												
	IRMER: Share best practice													
	30 & 60 day Mortality													
Regional protocol implementation	Develop special interest group to work on aligning SOPs	1C												

5. ODN Governance

5.1. ODN Staffing

UHCW NHS Trust as Host organisation has reporting and governance structures to support the ODN and enable change
Staff with OND roles are:

Dr Clive Irwin	Clinical Lead for ODN
Dr Rob Stevenson	Dep. Clinical Lead for ODN – funded by separate agreement
Linda Farthing	ODN Manager
Phyllidia Kelly	ODN Business Support Officer

As part of the Host agreement a specific budget was created to support the management functions of the ODN. This budget covers staff salaries only, without provision for Regional spends such as patient survey translation costs, or Event costs to support consultant tumour site specific meeting.
For the year 2020/21 these costs are

April 2020 to March 2021			
Pay Cost		WTE	
	ODN Manager	1.00	72,828
	Admin & Clerical Band 4	0.60	29,304
	Consultant	0.20	24000
Non Pay			
	None		0
	Total Expenditure		126,132

Changes in financial agreements between NHS England and Host providers, due to block contracts are unlikely to impact significantly on the future costs of the WM RT ODN.

5.2. Governance Service providers

Each of the 6 West Midlands service providers are active within the Expert Advisory group, and Provider Decision makers on the Network Oversight Group.
Each service has its own unique ambitions and concerns.

The WM ODN will look to utilise experience and knowledge within the service providers to share learning across the teams. This will help to embed the level of engagement, improve the quality of patient care and support improved communication.

6. Patient Advocate involvement

Patient involvement is recognised as a vital aspect of any service redesign. The goals of the service specification are to support and improve patient access and outcomes. Changes to patient pathways need to be cognisant of the impact and consequences for patients and their families during what is likely to be a difficult and distressing period in their lives.

The West Midlands EAG has a number of patient advocates who are actively engaged with the work programme.
The work stream programs will also include patient advocates, with names and contacts provided via WMCA and the 6 Clinical Departments. We hope this will provide adequate cross section of the population of the West Midlands

Patient advocates are also part of the NOG Core membership, with one chair on a rotational basis

7. Governance

The WM Network is supported by an MOU agreed and signed by Chief Officers of each provider. Each service provider has professional leads as part of the EAG. The Chair of the EAG is a core member of the NOG. Along with Patient Advocates, each professional staff group has representation at the NOG.

The RT ODN manger reports directly to Group Director of Operations (GDO) for Medicine within the Host Trust (UHCW NHS Trust).
Briefs will include current situational updates, issues for escalation, and Risks awareness.
GDO for Medicine is also recognised as UHCW PDM at NOG
RT ODN Manager also reports to NOG chair as required.

WM RT NOG Attendance 2020 / 21									
Name		April 24th	June 2nd	July 3rd	Sept 4th	Oct 16th	Dec 11th	Feb 11th	April 23rd
Jonathan Brotherton	Chair	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Amelia Godson	UHB PDM	NO	Yes	No	Yes	Yes	Yes	Yes	Yes
Caroline Meredith	UHNM PDM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jan Jayatilake	UHCW.PDM	Yes	No	Yes	No	Yes		Yes	No
Sara Biffen	SaTH. PDM	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Tim Powell	RWH PDM						Reassigned		
Kate Shaw	RWH PDM						No	No	Yes
Tracey Pearson	WAH PDM	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Belinda Dooley	WMCA	Yes	Yes	No	No	No		No	No
Lorraine Comley (Riney)	Alternate WMCA							No	Yes
Mark Smith	Specialised Commissioner	Yes	Yes	Yes	Yes	Yes	Reassigned		
Louise Stead	Specialised Commissioner						Yes	Yes	No
Emma Partridge	Alternate Specialised							No	Yes
Clive Irwin	Lead clinician,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rob Stevenson	Dep. Lead Clinician	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Jane Worlding	epresenting Consultant Oncologist	Yes	No	yes	Yes	No	Yes	Yes	Yes
Rajanee Bhana	Deputy Consultant Rep		Yes	No		No			
Graham Chalmers	Representing Physic staff	Yes	Yes	Yes	Apol	Yes	Yes	Yes	Yes
Tavinder Matharu	Deputy Physics Rep				Yes	No			
Claire Bode	Representing Therapeutic Radiographers,	N	Y	Yes	Yes	Yes	No	Yes	Yes
Louise Killey	Deputy Therapy Radiographer Rep. And Alt SaTH Rep	Yes	No	Yes	No	No	No	No	Yes
Peter Buckle	Patient Advocate	Yes	Y	Yes	Yes	No	Yes	Yes	No
Su Jenkins	Patient Advocate	No	No	No	No	Yes	No	No	Yes
Steve West	Chair of EAG,	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Carolyn O'Donnovan	Deputy EAG Chair	No	No	No	No	Yes	No	No	No
Linda Farthing	ODN manager	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gabbby Harris	In place of Jan Jayatilake				Yes	No	No	No	
							No	No	
Hilary Fanning	UHB - Guest eMDT					Yes			
Philip Watson Jones	UHB - Guest eMDT Support					Yes			

8. Conclusion

April 2020- March 2021 has seen consolidation and positive steps towards building the Radiotherapy Network. Collaboration agreement and cross regional peer support that began during the covid pandemic continues to be vital as the Network faces the challenges around gaps in workforce.

Ensure we have Regional treatment standards across all 14 tumour sites and achieving SABR implementation, despite the challenges, identifies us as an efficiently and effectively Network. The cross regional support has been exemplary given the national backdrop of Covid pandemic.

We look to support effective and robust Peer Review processes, for Less Common sites and for SABR delivery such that collaborative cross regional support is available as and when required. This will be further enhanced with the implementation of ProknowDS Software which we expect as part of national initiative.

None of this will be possible without appropriate staffing. The ODN looks to complete a future workforce strategy, identifying task critical roles and seeks the support of both NOG and WM Cancer Alliance to help reduce attrition of the 3 main professions and promote Radiotherapy services with the WM, Providing more attractive and dynamic centres of excellence, supporting the training of junior staff who will be the next generation.

The ODN looks to build on these initial steps and support a functional and effective network. By March 2022, our aim is to report 80% compliance

For the West Midlands ODN, the long term outcomes and future state will include ensuring compliance with service specification, evidence of consultant working partnerships for each tumour site speciality, providing the best radiotherapy for the population of the West Midlands.

University Hospitals Coventry and Warwickshire NHS Trust

REPORT TO PUBLIC TRUST BOARD
HELD ON 3 FEBRUARY 2022

Subject Title	Quality Account Priorities Update 2021-2022 and plan for the Quality Account Priorities 2022-2023
Executive Sponsor	Mo Hussain, Chief Quality Officer
Authors	Claire Evans, Associate Director of Quality- Patient Safety (Priority One) Sharron Salt, Associate Director of Quality- Clinical Effectiveness (Priority Two) Hayley Best, Associate Director of Quality – Patient Experience (Priority Three) Sarah Brennan, Patient Insight and Involvement Manager
Attachments	Quality Account Priorities Update 2021-2022 report and the plan for 2022-2023 priorities
Recommendations	The Board is asked to **NOTE** and **RECEIVE ASSURANCE** from the Quality Account Priorities Update 2021-2022 and **APPROVE** the plan for the Quality Account Priorities 2022-2023

EXECUTIVE SUMMARY

The Quality Account priorities for 2021-2022 which were approved by Trust Board are:

Priority One: Patient Safety

In line with the National Patient Safety Strategy, UHCW NHS Trust will engage with creating Patient Safety Partners (PSPs) to be involved at all levels of our organisations from wards to the board. The Trust will embed the Framework for Involving Patients in Patient Safety which aims to involve patients and their careers in their own safety, as well as being partners, alongside staff, in improving patient safety within our organisation.

Priority Two: Clinical Effectiveness

UHCW NHS Trust aims to improve communication to demonstrate that care and treatment is based on national guidance and the best available evidence. The priority therefore for the coming year is to improve how the Trust evidences the implementation of National Institute for Health and Care Excellence (NICE) guidance to demonstrate when NICE guidance has improved services and assess the impact of challenges to the implementation of some recommendations.

Priority Three: Patient Experience

Speaking with our Patient Partners, the Trust will develop priorities to help ensure that the voice of our patients is heard with a particular focus on underrepresented groups in order to:

- Shape and design the services that we provide
- Improve care experiences for all of our patients
- Close the healthcare gap for under-represented groups to improve the prevention and management of health for these communities.

Attached is a paper which offers assurance of the progression for each of the above priorities and outlines the plan for the possible 2022-2023 priorities. On the 11 February 2022, the Trust will hold an online event for representatives from patient groups and staff to hear and provide recommendations and feedback about proposed priorities. Proposed priority areas will be presented by Associate Directors of Quality (Patient Safety, Clinical Effectiveness priority) and the Head of Electronic Patient Record (EPR) Programme (Patient Experience priority) and are outlined within the attached report.

PREVIOUS DISCUSSIONS HELD

Quality Account Priorities 2021-22 were approved by Trust Board on 25 March 2021.

KEY IMPLICATIONS

Financial	None arising from this paper
Patients Safety or Quality	Statutory requirement
Workforce	None arising from this paper
Operational	None arising from this paper

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Quality Account Priorities 2021-2022 Assurance Report and Proposed Plan for 2022-23 Priorities

1.0 Introduction

The Trust Board approved a number of Quality Account Priorities for 2021-22. This report gives an update on the progress of each of the priorities set in last year's Quality Account and details the priorities for 2022-23.

Priority One - Patient Safety

In line with the National Patient Safety Strategy, University Hospitals Coventry and Warwickshire (UHCW) NHS Trust will engage with creating Patient Safety Partners (PSP) to be involved at all levels of our organisations from Wards to the Trust Board. The Trust will embed the Framework for Involving Patients in Patient Safety which aims to involve patients and their carers in their own safety, as well as being partners alongside staff in improving patient safety within our organisation.

Measure of success	Update on Progress
Service and pathway design - Patients should be involved in service and pathway design, even if it is not always practical for a PSP to be involved. If patient representatives identify patient safety concerns, they may seek advice from a PSP on how to address this with relevant staff members in the service redesign team.	System wide group in place to introduce an agreed system wide PSP process for recruitment and induction by April 2022. Paper proposed to System Quality Group (SQG) in November 2021 for the system approach to recruitment of PSP and the funding arrangements.
Safety governance – PSP will contribute and add value to safety governance by, for example, sitting on relevant committees to support compliance monitoring, responding to safety issues, reviewing data and reports, and providing appropriate challenge to ensure learning and change. PSP will be most effective where at least two sit on safety committees together.	
Strategy and policy – PSP will ensure patient's perspectives are considered and provide valuable insights on the risks to patient's; for example, where transitions in care and integration of care pathways are being considered.	

Priority Two- Clinical Effectiveness

UHCW NHS Trust aims to improve communication to demonstrate that care and treatment is based on national guidance and the best available evidence. The priority therefore for the coming year is to improve how the Trust evidences the implementation of National Institute for Health and Care Excellence (NICE) guidance to demonstrate when NICE guidance has improved services and assess the impact of challenges to the implementation of some recommendations.

Measure of success	Update on Progress
Trust will improve the communication of new and available evidence from organisations such as NICE and will use this guidance to assess itself in terms of the delivery of services.	A forecast of upcoming guidance to be published by NICE is to be used to communicate and plan the assessment of guidance that is due to be published, helping clinicians to assess the guidance in a timelier manner.
Identify areas for quality improvement in services for patients by planning with clinical services to meet national recommendations and to assess the impact on the effectiveness of treatment where national recommendations cannot be fully implemented.	The assessment form used to determine how a service may implement national guidance has been redesigned to enable assessment of the opportunities as well as the challenges with implementing guidance.
Better use of existing resources and tools, and clearer benchmarking against national quality standards using quality improvement methods such as clinical audit.	The publication of national guidance including quality standards is used to inform the Trust's clinical audit programme to measure how we are implementing standards. Processes for developing local guidelines are being reviewed to support clinicians with using national guidance before writing additional local guidelines; ensuring practice guidelines are up to date with national recommendations.

Areas where progress needs to be made	The assessment forms have been designed and tested with clinicians and the forward plan is to digitalise the process to ensure efficient distribution of guidelines to the right person in a timely manner.

Priority Three- Patient Experience

Speaking with our Patient Partners, the Trust will develop priorities to help ensure that the voice of our patients is heard with a particular focus on underrepresented groups in order to:

- **Shape and design the services that we provide.**
- **Improve care experiences for all of our patients.**
- **Close the healthcare gap for under-represented groups to improve the prevention and management of health for these communities.**

Measure of success	Update on Progress
Improve the recording of demographics in more detail. Capturing people's demographics is essential if the Trust is going to make improvements for under-represented communities.	The Patient Advice and Liaison Service (PALS) and Complaints team have commenced recording patient demographics for patients who access their services. These are being monitored on a monthly basis to identify any themes and trends in order for the services to be accessible for all of our patients.
Undertake a focused project on tackling health inequalities by engaging with our staff and communities. An engagement programme will be drawn up with an emphasis on how we improve experiences for our patients.	➢ Listening events being planned with local Radio Stations. The Patient Insight and Involvement Team are working with the Associate Director of People Support to meet with representatives from Hillz FM, Anwarak and Vanny radio stations. These are community broadcasters and all broadcast programmes are specific to different community groups i.e. Caribbean, Irish, Indian, African etc. The Patient Insight and Involvement Team provided the brief and all stations are willing to meet to discuss how Chief Officers could take part in Q&A sessions. Further discussions with these radio stations to be held by the end of October 2021. ➢ To support the above priority and to improve patient engagement with all community groups the Patient Insight and Involvement Team propose to launch the UHCW Community Partner Programme. This programme would welcome voluntary sector organisations and support groups in Coventry and Warwickshire to become a UHCW Community Partner. Similar to the Patient Partner Group the Trust would work with these organisations to get real insights which can be fed back into the organisation to make meaningful change and improve the patient experience for many different groups of people. A detailed action plan and next steps to be shared with the Patient Experience and Engagement Committee (PEEC) in November 2021. ➢ It was agreed in PEEC and in the Patient Partners Forum that moving forward as part of the Patient Partner role they would be involved in PEEC work streams to ensure the patient voice is at the heart of all projects that aim to better the patient experience for all.

Areas where progress needs to be made	• Community Partner Programme proposed and to commence implementation. • We continue to work to ensure that out Patient Partners are representative of the patients we care for.

Identifying Quality Account Priorities for 2022-23

The priorities for the improvement section of the Quality Account are the Trust's opportunity to show clearly its plans for quality improvement within the organisation and why they have been chosen. The Trust adopts a co-development approach in and on the 11 February 2022, the Trust will hold an online workshop for representatives from patient groups who include:

- UHCW NHS Trust Patient Partners
- Rethink Mental Health Coventry
- Coventry Refugee and Migrant Centre
- Grapevine
- Carers Trust, Heart of England
- Diabetes UK, Coventry
- Voluntary Action, Coventry
- Healthwatch Coventry and Warwickshire

The Associate Directors of Quality (Patient Safety, Clinical Effectiveness priority) and the Head of Electronic Patient Record (EPR) Programme will present to the workshop proposed priority areas. The group will then have the opportunity to provide feedback and recommendations on how these priorities could be achieved. This event will be held virtually and follow the same approach as 2021. The proposed 2022-23 priorities which will be presented at this event include:

Patient Safety Priority:

In order to implement and embed the new patient safety strategy and enhance patient involvement in safety the trust will deliver the following three priorities:

1. In line with the National Patient Safety Strategy, UHCW will roll out patient safety level 1 and 2 training, this will be monitored by ESR and compliance shared, this training is scheduled to become mandated (awaiting national timescale).

2. The Trust will embed Human Factors tools and methods into learning from incidents by utilising the Human Factors Programme, in collaboration with front line teams. The Human Factors Accident Classification System (HFACS) will be used to identify common themes and trends from incident investigations, allowing the patient safety team to target improvement interventions at the widespread underlying causes of incidents. The Human Factors lead will support staff to implement improvements that address these underlying issues with the aim of strengthening the broader resilience of our safety systems, rather than just focusing on fixing issues relating to very specific events.

3. Increase the involvement of patients in safety – The Patient Safety Team are currently reviewing the contact the team have with patients during a serious incident investigation, the proposal is to increase contact through the serious incident process by further developing the patient support liaison specialist and the touch point communication process will be measured and patient and their relatives will have opportunity to provide feedback.

Clinical Effectiveness Priority:

To improve the effectiveness of services through the implementation of clinically effective, efficient and innovative care, informed by best practice.

UHCW aims to improve the delivery of patient care through improvements identified through best practice, evidence based reviews and benchmarking of services.

The priority therefore for the coming year is:

1. For all relevant services to fully participate in the Getting it Right First Time (GIRFT) Programme and implement recommendations from national reports and local review.

2. To implement a robust process for assessing the effectiveness of new or novel procedures and implementing them to support innovation and best practice.

Patient Experience Priority:

Working with our patient partners, we will seek to involve them in the design and development of a Patient Portal that will be implemented alongside our innovative Electronic Patient Record (EPR). This will be an exciting opportunity to transform the way in which our patients interact with our services and their Clinicians and vastly improve their ability to manage their own health and care by:

1. Enabling patients to complete forms prior to an appointment that are designed to update discrete information in their health records, including: medications, allergies, health issues, procedures family and social history along with general health questions.
2. Improving visibility of their health information by providing them with online access to their own health record.
3. Providing better communication channels through secure messaging and the ability to book and change their own appointments.

To measure this priority the EPR Team will baseline the current processes aligned to patient appointments and visits that could be avoided if they were able to utilise a portal to receive, for example their results and other health information. The EPR Team will also work closely with the Clinical Research Team to understand the benefits of leveraging a Patient Portal to support Clinical Trials and Studies.

The EPR Programme will identify patient advocates who are truly representative of our local communities and who can work alongside the programme during the implementation period to shape and design a patient portal that truly serves the needs of our local population.

Once priorities have been decided they will be shared with the Quality and Safety Committee and approved and signed off in Trust Board in March 2022.

Author Name: Claire Evans, Sharron Salt, Hayley Best; Sarah Brennan
Author Role: Associate Director of Quality; Patient Insight and Involvement Manager
Date report written: January 2022

DRAFT
PUBLIC TRUST BOARD AGENDA

07 APRIL 2022 currently 3 hours 50 minutes

MEETING	MEETING DATE	ITEM NO.	ITEM	GUEST	LEAD	AUTHOR	FORMAT	ACTION	TIME	DUR.
PUBLIC	7 Apr 2022	0					Verbal		10:00	00:00
PUBLIC	7 Apr 2022	1	Patient Story		Mo Hussain	Lisa Cummins	Enclosure	Note	10:00	00:10
PUBLIC	7 Apr 2022	2.1	Apologies for Absence: SK		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	7 Apr 2022	2.2	Confirmation of Quoracy		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	7 Apr 2022	2.3	Declarations of Interest		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	7 Apr 2022	3.1	AGM Minutes 29 July 2021		Chair	Sue Bunn	Enclosure	Approve	10:10	00:00
PUBLIC	7 Apr 2022	3.2	Minutes of previous meeting 03 February 2022		Chair	Sue Bunn	Enclosure	Approve	10:10	00:00
PUBLIC	7 Apr 2022	3.3	Action Matrix		Chair	Sue Bunn	Enclosure	Assurance	10:10	00:00
PUBLIC	7 Apr 2022	3.4	Matters Arising		Chair		Verbal	Assurance	10:10	00:05
PUBLIC	7 Apr 2022	4	Chair's Report		Chair		Enclosure	Assurance	10:15	00:10
PUBLIC	7 Apr 2022	5	Chief Executive Officer Update		Andy Hardy		Enclosure	Assurance	10:25	00:15
PUBLIC	7 Apr 2022	6.1	Quality and Safety Committee Approved Minutes 27 January 2022		Carole Mills	David Walsh	Enclosure	Assurance	10:40	00:00
PUBLIC	7 Apr 2022	6.2	Quality and Safety Committee Report Report 31 March 2022		Carole Mills	David Walsh	Enclosure	Assurance	10:40	00:00
PUBLIC	7 Apr 2022	6.3	Finance, Resources and Performance Committee Approved Minutes 27 January 2022		Jerry Gould	David Walsh	Enclosure	Assurance	10:40	00:00
PUBLIC	7 Apr 2022	6.4	Finance, Resources and Performance Committee Approved Minutes 24 February 2022		Jerry Gould	David Walsh	Enclosure	Assurance	10:40	00:00
PUBLIC	7 Apr 2022	6.5	Finance, Resources and Performance Committee Report 31 March 2022		Jerry Gould	David Walsh	Enclosure	Assurance	10:40	00:05
PUBLIC	7 Apr 2022	7	Integrated Quality, Performance and Finance Report • Operations • Quality • Finance • Workforce		Kiran Patel	Dan Hayes/Julie Molloy	Enclosure	Assurance	10:45	00:15
PUBLIC	7 Apr 2022	8	NHS Staff Survey 2021 Results		Donna Griffiths	Barbara Hayes	Enclosure	Note	11:00	00:10
PUBLIC	7 Apr 2022	9	Annual Goals		Justine Richards	Jamie Deas	Enclosure	Approve	11:10	00:15
PUBLIC	7 Apr 2022	10	PLACEHOLDER: Organisational Strategy		Justine Richards	Jamie Deas	Enclosure	Approve	11:25	00:30
PUBLIC	7 Apr 2022	10.5	BREAK				Verbal		11:55	00:15
PUBLIC	7 Apr 2022	11	Board Assurance Framework and Corporate Risks		Mo Hussain	David Walsh	Enclosure	Assurance	12:10	00:10
PUBLIC	7 Apr 2022	12	Patient Safety Report		Mo Hussain	Claire Evans	Enclosure	Assurance	12:20	00:10
PUBLIC	7 Apr 2022	13	Data Security and Protection Toolkit Annual Submission		Mo Hussain	Harjit Matharu	Enclosure	Approve	12:30	00:05
PUBLIC	7 Apr 2022	14	COVID and Restoration Update		Gaby Harris	Andrea Gordon	Enclosure	Assurance	12:35	00:15
PUBLIC	7 Apr 2022	15	Mortality (SHMI and HSMR) Update		Kiran Patel	Sharron Salt	Enclosure	Assurance	12:50	00:10
PUBLIC	7 Apr 2022	16	Medical Education Report		Kiran Patel	Sailesh Sankar	Enclosure	Assurance	13:00	00:10
PUBLIC	7 Apr 2022	17	Caldicott Guardian Report		Kiran Patel	Lisa Cummins	Enclosure	Assurance	13:10	00:05
PUBLIC	7 Apr 2022	18	Research and Development Update		Kiran Patel	Ceri Jones	Enclosure	Assurance	13:15	00:10
PUBLIC	7 Apr 2022	19	Medicines Optimisation Committee Annual Report 2022-23		Kiran Patel	Mark Easter	Enclosure	Assurance	13:25	00:05
PUBLIC	7 Apr 2022	20	Fit and Proper Person's Test		Mo Hussain	David Walsh	Enclosure	Assurance	13:30	00:05
PUBLIC	7 Apr 2022	21	Forward Work Programme		Chair	David Walsh	Enclosure	Approve	13:35	00:10
PUBLIC	7 Apr 2022	22	Draft Board Agenda for next meeting		Chair	Wiebke White	Enclosure	Note	13:45	00:00
PUBLIC	7 Apr 2022	23	Questions from the public		Chair	David Walsh	Verbal	Discuss	13:45	00:05
PUBLIC	7 Apr 2022	23.5	LUNCH BREAK				Verbal		13:50	00:30