

**PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 2 FEBRUARY 2023
CSB, ROOMS 10009/11**

AGENDA

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

	Item	Lead	Format	Action	Duration
1.	Staff Story – Video (Launch of People Strategy) (Guest: Dan Pearce)	D Griffiths	Enclosure	N	20 mins
2.	2.1 Apologies for Absence 2.2 Confirmation of Quoracy 2.3 Declarations of Interest	Chair	Verbal/ Enclosure	As/Ap	10 mins
3	3.1 Minutes of previous meeting held on 01 December 2022 3.2 Action Matrix 3.3 Matters Arising				
4.	Chair's Report	Chair	Enclosure	As	10 mins
5.	Chief Executive Officer Update	A Hardy	Enclosure	As	15 mins
6.	Audit and Risk Assurance Committee 6.1 Approved Minutes 20 October 2022 6.2 Meeting Report 19 January 2023	A Ismail	Enclosure	As	5 mins
	People Committee 6.3 Approved Minutes 26 September 2022 6.4 Approved Minutes 27 October 2022 6.5 Meeting Report 22 December 2022	J Mawby-Groom			
	Quality and Safety Committee 6.6 Approved Minutes 24 November 2022 6.7 Meeting Report 26 January 2023	C Mills			
	Finance and Performance Committee 6.8 Approved Minutes 24 November 2022 6.9 Meeting Report 26 January 2023	J Gould			
7.	Board Assurance Framework	D Walsh	Enclosure	As	5 mins
8.	Engaging with people and communities - 'More Than a Hospital'	J Richards	Enclosure	N	10 mins
9.	Quality Account Priorities	M Hussain	Enclosure	Ap	10 mins
BREAK 11:25 – 11:35					
10.	Improvement Focus: Urgent and Emergency Care and Hospital Flow	G Harris	Enclosure	As	10 mins
11.	Patient Experience and Engagement Report	M Hussain	Enclosure	As	10 mins

	Item	Lead	Format	Action	Duration
12.	Integrated Quality, Performance and Finance Report • Operations (Gaby Harris) • Quality (Mo Hussain) • Finance (Susan Rollason) • Workforce (Donna Griffiths)	K Patel	Enclosure	As	10 mins
13.	Safeguarding Adults & Children Bi-Annual Report (Guest: Lisa Pratley)	T Brigstock	Enclosure	As	10 mins
14.	Guardian of Safe Working Hours Report	K Patel	Enclosure	N	10 mins
15.	Board Member Fit and Proper Person Policy	D Walsh	Enclosure	Ap	5 mins
The remaining agenda items will be taken as read, with no time allocated for discussion. Any questions from Board members should be raised in advance of the meeting.					
16.	Draft Board agenda	Chair	Enclosure	N	5 mins
17.	Meeting Reflections	Chair	Verbal	D	
18.	Questions from Members of the Public which relate to matters on the Agenda Please submit questions to the Director of Corporate Affairs (David.Walsh@uhcw.nhs.uk)	Chair	Verbal	D	5 mins
Next Meeting: Thursday 06 April 2023 at 10.00am					
Resolution of Items to be Heard in Private (Chair) In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it is resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it is prejudicial to the public interest due to the confidential nature of the business about to be transacted. This section of the meeting will be held in private session.					



**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Staff Story – (Launch of People Strategy)
Executive Sponsor	Donna Griffiths – Chief People Officer
Author	Dan Pearce – Head of People Development
Attachment(s)	People Strategy – Valuing and Enabling our People
Recommendation(s)	To formally APPROVE the new People Strategy

EXECUTIVE SUMMARY

This is the Trust's first dedicated People Strategy. It links directly to the Trust strategy as an enabling strategy and expands on the Trust's strategic purpose of 'valuing and enabling our people'. It provides an outline both in terms of key principles, how our people strategy will look and feel in practice and the first steps we will take to achieve our people related aims. The strategy sets out the key measures we expect to improve that will demonstrate impact and success. The People Strategy is a Trust wide document and will be the responsibility of everyone to implement, with oversight from the Trust Board. We believe that focusing our attention and effort on the pillars of this strategy enables all our strategic purposes.

Using multiple feedback sources, including feedback gathered through the organisational strategy, staff survey and informal discussions with various groups across the organisation, the People Strategy sets out 3 key pillars under which all our people related activity going forward will gather. These three pillars are 'living the values', building on the basics', and 'supporting our people'. The strategy sets out how we will achieve this vision in several ways and celebrates our wonderful staff and the impact they have had on our success and the outcomes our patients receive. It includes a summary of where we are now (Winter 22/23) in relation to our key outcome measures and where we expect to see changes and improvements going forward. It includes a vision under each pillar as to how our experience will be different in 2030 and sets out a series of first steps that start our journey towards that vision. Finally, the strategy sets out the key measures we expect to improve and by what measure these improvements will impact.

PREVIOUS DISCUSSIONS HELD

The People Strategy has been informally reviewed and developed by several senior leaders and staff members at the Trust since May 2022. The People Committee have seen early versions and have been able to comment, refine and make suggestions for improvement to the document to best reflect our strategic aspirations for our people. Chief Officers, Chair and Chair of People Committee have most recently been able to comment on this final draft version of the Strategy and have shaped the final amendments and changes. Private Trust Board also reviewed a draft version in December 2022 and

recommended the Strategy to be put forward for formal approval and launch at Public Board in February 2023.

KEY IMPLICATIONS	
Financial	Staff remain our biggest asset and our largest cost. Therefore, valuing and enabling our people means operating our business in a more efficient and effective way making the most of our main asset, our people. Our people delivering the best care, in an innovative, improving environment where everyone can make the most of their potential in great teams with great leaders means a more financially sustainable and effective environment.
Patients Safety or Quality	The People Strategy sets out a clear link between the experience of our patients and that of our staff. We believe that valued and enabled people deliver the best care. Part of the outcome measures we will use to judge success of the strategy are key outcomes under patient engagement and experience.
Workforce	The People Strategy sets the direction for our aspirations for our people under the 'valuing and enabling' banner.
Operational	The People Strategy focuses specifically on 'building on the basics' which, at its core, is about ensuring our staff have all they need to deliver first class care to our patients.

People Strategy

Valuing and Enabling our People

2023 - 2030



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Welcome to our People Strategy

We work with extraordinary people, from a number of different professional and vocational backgrounds. People who are developing and learning and people who are at the very top of their profession. Together, they achieve positive outcomes for our patients every day and are a key enabler for us in achieving our vision in being a national and international leader, rooted in our communities.

Going forward, we aim to support a work culture in which everyone can bring the very best of what they have to offer to support our 'patient first' culture.

We know that delivering 'patient first' care means giving our people what they need to succeed. This means focusing on recruitment, prioritising development and supporting our staff through their careers. It means listening to and engaging with our colleagues and hearing their ideas for improvement. It means providing pathways for talent and development opportunities, sharing

knowledge, skills and approaches widely through our organisation working closely with our partners. It means making sure our colleagues are able to look after their health and wellbeing supporting them to provide the best care.

This strategy supports the development of a culture of belonging, inclusion, learning and compassion ensuring our people bring the best version of themselves every day to work in providing patient care.

We expect that our People Strategy will support us in valuing and enabling our people, one of our five fundamental purposes.



Professor Andy Hardy,
Chief Executive
Officer



Jenny Mawby-Groom, Non
Executive Director &
Chair of the People
Committee



Donna Griffiths,
Chief People Officer

Our Strategic Approach

Strategic Triangle

Our strategic triangle outlines a clear approach where we always put the patient first in everything we do. This is supported by our vision to be a national and international leader in healthcare, rooted in our communities.

Valuing and enabling our people is central to all our purposes and our organisational values.



Partnerships

We work in partnership across the Coventry and Warwickshire area and beyond as part of our health and care system. Over 80% of our staff live in this area.



Coventry and Warwickshire
Integrated Care System

How we are organised

We have seven Clinical Groups each led by a triumvirate leadership team including Clinical Director, Group Director of Nursing and Allied Health Professionals and Group Director of Operations.

Our Clinical Groups are supported by Core (Corporate) Services, led by Chief Officers. This ensures that we have clear line of sight and robust decision making at every level. From Trust Board to frontline services this structure ensures we can deliver our People Strategy. Through our organisation, all services have regular and visible team huddles as well as shared decision-making councils on our wards to ensure we remain people focused.



Celebrating Team UHCW

Recognising our People

Valuing the contribution our staff make is an incredibly important element of our people strategy. This is currently done in several ways such as simple *Thank You* card to more formal recognition schemes such as our monthly DAISY nursing awards and World Class Colleagues awards for both clinical and nonclinical staff. Each year we host our popular annual Outstanding Service and Contribution Awards (OSCAs) with nominations from staff and the public. This includes heartfelt stories of great care received as well as celebrating those with long service.

Award winning organisation

UHCW was shortlisted in 2021 and 2022 as Health Service Journal Trust of the Year, recognising the amazing work delivered during the pandemic and our ability to innovate. We won the first ever HSJ Health Inequalities Award for a "pioneering new approach" to improve access for those patients who may otherwise struggle to access treatment.



Our people are diverse, professionally and culturally, and they bring unique perspectives and approaches to their work. This is fundamental to our success.

Over 10,000 people, from over 90 different countries, in over 200 different careers alongside students, trainees, apprentices and volunteers working together to provide care for the residents of Coventry and Warwickshire and beyond.



Our Context

National and Local Best Practice

To ensure that we are using the latest evidence and best practice to develop our People Strategy, we reviewed and considered the key expectations/aspirations from our national and local partners.

This included the [NHS People Plan](#) and the [Our NHS People Promise](#). These documents set out the commitments our NHS people can expect while they are part of our team. The People Plan aims to deliver 'more people, working differently, in a compassionate and inclusive culture', whilst the seven themes of the People Promise are:

We are
compassionate
and **inclusive**

We are **recognised**
and **rewarded**

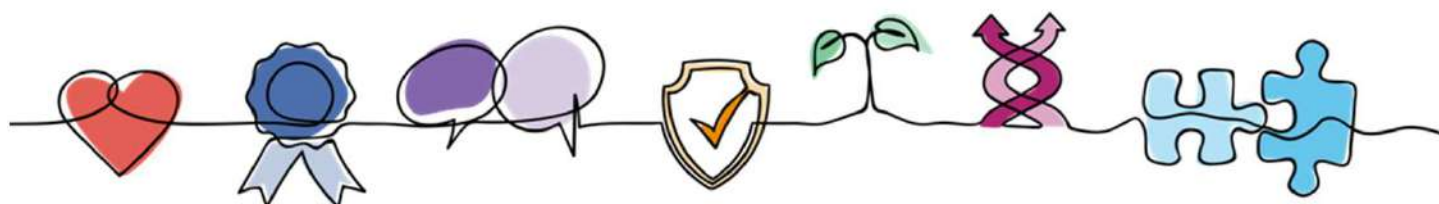
We are
a team

We are
safe and
healthy

We are
always
learning

We each have
a voice that
counts

We work
flexibly



Receiving feedback is hugely important to help us provide the best possible environment for our people. We have a positive track record of acting on the feedback we receive, be this formally from the annual national staff survey and the quarterly pulse surveys, or through informal feedback provided by trade union colleagues, the Freedom to Speak Guardian, our staff networks and other sources. We want to keep building on our success in listening and engaging with our staff ensuring our people belong, feel included and experience compassion. This strategy sets out several areas that will enable us to do so.

During 2021/2022 a comprehensive programme of engagement took place with staff, patients, stakeholders and the public to discuss our future organisational strategy and approach. This included several conversations with a range of people, professional and organisational groups about how we best value and enable our people to meet the aspirations of the new strategy. Our People Strategy is a direct response to those conversations and will support the delivery of the Trust Strategy in practice.

Where are we now?

We will use a number of measures to track and monitor our success against this strategy. At the end of this document we set out a summary of our first steps, our longer term goals and the measures we expect to improve.

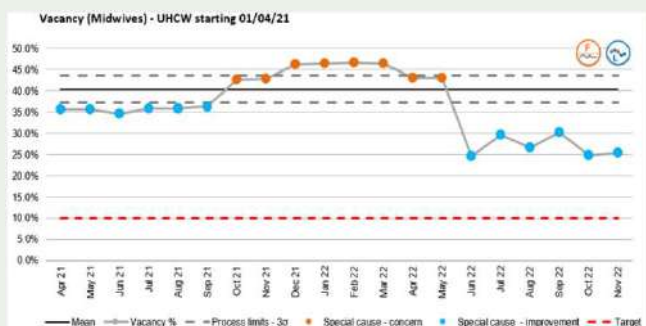
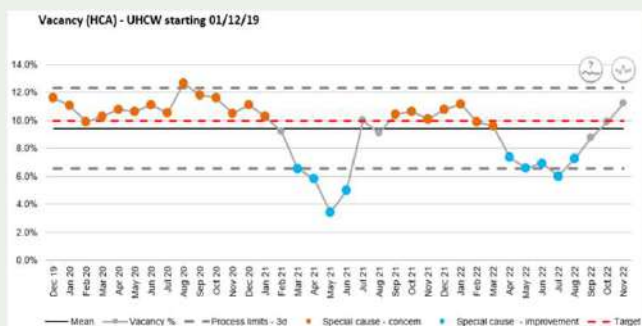
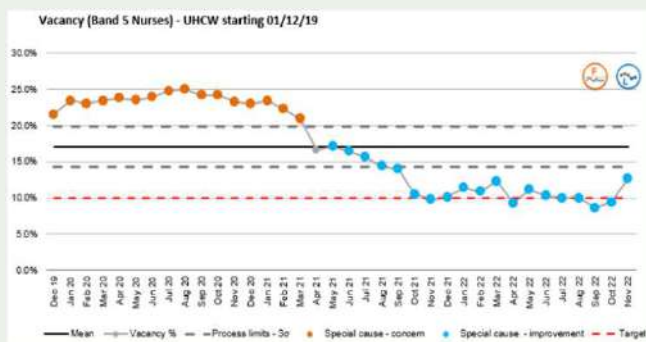
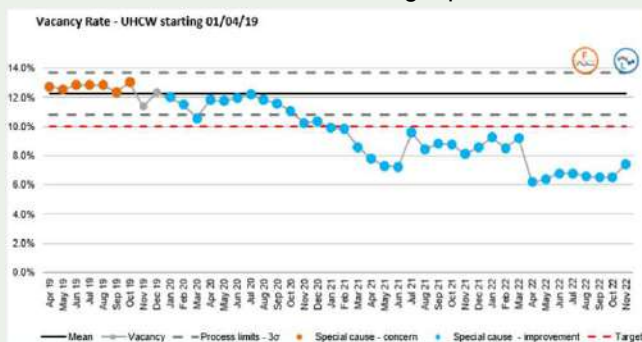
This is where we are starting from:

Key Performance Indicators

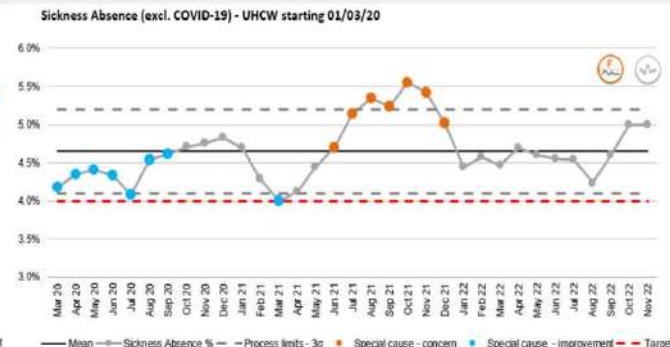
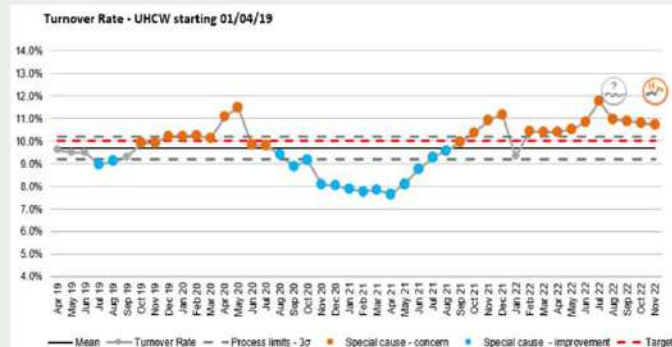
Vacancies – $\leq 10\%$
Mandatory Training – $\geq 95\%$

Turnover – $\leq 10\%$
Sickness – $\leq 4\%$

We know that having the right number of people is important for delivering our services and for supporting our staff to do their jobs well. The overall Trust vacancy position is currently in a healthy position under our target. The recruitment pipeline also shows approximately 1000 positions are being recruited at any one time. The following charts show our journey in more detail. The blue dots show where our performance is where we would want it to be and the red shows where we need to improve. The red dotted line shows our target position.



We know that this data only tells part of the story. Importantly, we are aware of the impact of attendance and turnover rates. This impacts how it feels during a shift and we need to look at these areas in combination to ensure our staff feel safe and supported when at work. Currently, our sickness absence and turnover rates are slightly above where we would want them to be.



We are also aware of the key impact of certain staff groups and ensuring healthy recruitment of these groups is vitally important to our success. The Trust plans to build on the recent reductions in the nursing vacancy gap in other important staff groups such as medical roles, maternity roles, support worker roles, AHP and administration roles. This work is being completed in conjunction with our local system colleagues as part of a wider workforce plan.

Where are we now?

UHCWi – Our Management System

Over the past six years people using our UHCWi management system have worked hard to embed safety huddles, huddle boards and focus boards across the organisation. This has helped to improve countless processes, make improvements and supported better patient outcomes.

Our aim is to continue to build both knowledge of and engagement in the UHCWi Management System across all levels of the organisation to create effective leaders skilled at problem framing, facilitating an army of problem solvers engaging with the notion that better never stops. Supporting the development of all our staff means focusing our attention on daily management, a theme which has consistently been identified in our cultural assessment. This focus will support building foundational behaviours and processes for both staff and leaders around coaching, psychological safety and continuous improvement. These behaviours coupled with regular rounding (where we support each other in practice) by senior leaders will ensure that improvement challenges are raised at the right time which will allow us to better meet the needs of our staff and our patients.

Staff Wellbeing and Engagement

We currently have a range of offers for staff to improve and maintain their wellbeing plus options for support when needed. This includes an Employee Assistance Programme and support via Occupational Health. In addition, we also offer services and opportunities such as emotional, financial, physical wellbeing and direct support for line managers. This is supported by one off events supporting focus weeks such as men's health week and menopause support.

We are rolling out shared decision making councils across our teams and plan to do more. This enables us to hear directly from those doing the work and have the best ideas for improvement.

We also offer a range of listening and engagement opportunities. These opportunities need to be more frequent, personalised, focused on prevention and more accessible for staff working in different teams, particularly for those working in direct care roles.



Equality, Diversity and Inclusion

We are fully engaged in ensuring that colleagues from all backgrounds have fair opportunities for progression and support, tackling inequality and celebrating the wonderful diversity of our staff. We are also committed to ensuring all our people are represented well across our leadership teams.

We are monitoring our impact in this area through several reporting mechanisms and external standards we use to benchmark. This includes our work in relation to the Rainbow Badge scheme, the Workforce Race Equality Standard and the Gender Pay Gap report. Our latest data suggests we still have work to do in relation to belonging where BAME staff report less belief that the Trust offers equal career and development opportunities and report higher levels of discrimination. We also need to improve the data we hold on ethnicity for our people through self-reporting so we better understand our position.

The Trust is dedicated to ensuring that violence, aggression and hate crime has no place in our organisation and will not be tolerated towards any member of our staff, patients within our hospitals or visitors.

Going forward our focus will include targeted campaigns in terms of recruitment and development opportunities for people from BAME and other minority backgrounds. We will also focus on training to raise awareness and providing specific coaching and mentoring opportunities for staff from diverse backgrounds.

Patient Experience and Engagement

The real impact of our people is on the experience and outcomes that our patients receive. We know that a measure of the success of our people strategy is through the outcomes we use to measure patient experience and engagement. These measures currently include the Friends and Family Test, the feedback that is received through our Patient Advice Liaison Service (PALS), Complaints Team and the feedback from the National Patient Survey. This feedback shows several positives but also shows areas of improvement particularly in areas such as communication (36% of all complaints), appointments (24% of all complaints) and the way our staff demonstrate the trust values through their behaviour, attitudes and approaches (10% of all complaints). Making the direct link from our people strategy to our patient experience is an important step in helping us all ensure our services have a direct line of sight to patients.

Where are we now?

Supporting Development and Careers

Our colleagues currently benefit from a range of development opportunities covering personal, professional and clinical development as well as options focused on leaders and managers. We know that leaders have the biggest impact on staff experience and so the Trust has had a specific focus on leadership development over the past 10 years. During this time 1000's of leaders have attended internal, external and subject specific training designed to enhance and improve our leadership practice, knowledge and skills.

Local people and others fresh into the workforce also benefit from several options including apprenticeships, placement schemes and work experience options.

We know our staff need to develop new skills and knowledge and ways to approach their work to meet our aspirations. This development will need to be available to greater numbers, be more personalised, more frequent and cover the whole life cycle of people's time with us whatever their job role or level.

National NHS Staff Survey

A key indicator of our success is our performance in the national NHS Staff Survey. Currently, just under 4000 people a year complete the survey and give us valuable insight into their experience of working here.

We perform well in several areas with other areas needing to improve. Key measures are the overall levels of staff engagement and the extent to which our staff would recommend us as a place to work or receive treatment.

Going forward we expect to see improvements in themes such as compassion and inclusion, learning and morale.

We also expect to see a greater number of colleagues responding to the survey each year. This will involve greater team level involvement and engagement over the results and actions to make improvements.

2021 Staff Survey Responses	Staff Engagement	Would you recommend the Trust as a place to work?	Would you recommend the Trust as a place to receive treatment
Best NHS Organisations	7.4 out of 10	77.6%	89.5%
UHCW	6.9 out of 10	60.6%	70.6%
Average	6.8 out of 10	58.4%	66.9%
Lowest performing NHS organisations	6.3 out of 10	38.5%	43.6%



Our People Strategy

Our People Strategy rests on three pillars. These pillars will shape and guide our direction between 2023 and 2030 and beyond and will provide a framework from which we can base our decision making about all things that affect and impact our people.



Valuing and Enabling our People



Living our
Values



Building on
the Basics



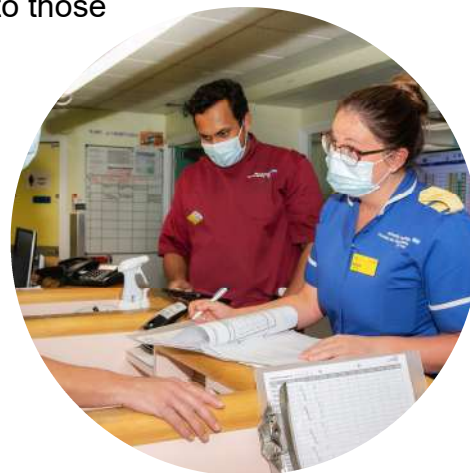
Supporting
our People



Pillars of our People Strategy

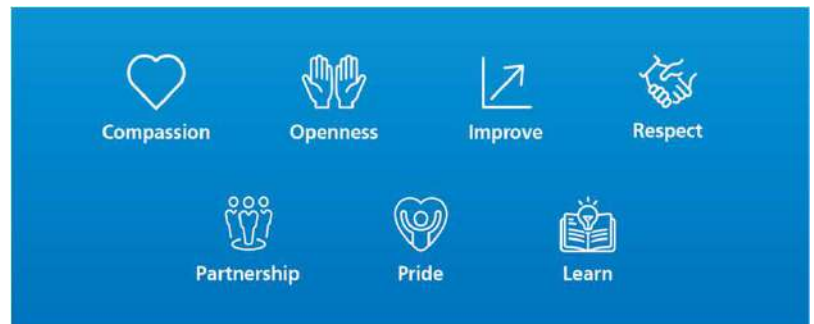
During our work to establish how our people strategy would enable our overall Trust Strategy we spoke with a number of our colleagues from across the Trust at all levels. We also considered the feedback we had from system partners, patients and the public as to the things that mattered most to them during the development of our Trust Strategy in relation to our staff.

The pillars of our People Strategy are a direct response to those conversations.



Living our Values	Building on the Basics	Supporting our People
<p>Our staff speak positively about our values. They speak about how they see them in their day-to-day work.</p> <p>This strategy aims to intentionally further embed our values through further exploration, understanding and development.</p> <p>What does it mean for all of us to authentically live our values?</p> <p>Our plan is to fully explore this and ensure all our staff understand how their behaviour, attitudes and approaches can improve the outcomes our patients experience.</p>	<p>Our staff speak frequently about having the things they need to succeed. Our role as an employer is to ensure this is provided.</p> <p>We already have several successes in this area and our plan is continue to build on what we do well ensuring our staff have all they need to succeed.</p> <p>We will continue to focus on recruiting the right numbers of people, with the right skills, knowledge, values and behaviours. We will ensure our staff have the best equipment, resources, systems, information and resources.</p> <p>We will continue to focus on our wellbeing and ensuring our management system, UHCWi, is embedded in everything we do.</p> <p>We believe that focusing on the basics, and getting this right enables all our ambitions.</p>	<p>We heard how fulfilment at work comes through doing meaningful things, developing knowledge and skills and being supported to be brilliant.</p> <p>We plan to ensure all our staff and those that are studying with us are always learning, growing and developing.</p> <p>This includes leaders, managers, team members and specialists working in a flexible work environment which meets the needs of our staff and our patients.</p>

Living Our Values



Our commitment is to ensuring our values are actively and intentionally built into the way we work as the foundation of our people's experience.

Living our Values Means:

Focus Areas:

By 2030:

Our every day

Our values will be lived in our every day, explicitly and authentically

Belonging

Our people will be welcomed, included, valued and enabled

Appreciation

Colleagues will be appreciated for what they do. Regular formal and informal appreciation and recognition makes people feel safe, valued and able to contribute.

Self-Awareness, respect for ourselves and each other

We will have high levels of awareness of our individual impact and will recognise each other's strengths, perspectives and experience

Learning from our values

We will continue to explore and refine our understanding of our Trust values in practice

First Steps:

1. Develop and launch a Trust wide culture development programme based on our values
2. Establish a golden thread of belonging, inclusion and compassion through all our people development activity, culture development programmes, policies and employment practice
3. Launch an equality, diversity and inclusion delivery plan
4. Ensure there is an expanded set of engagement opportunities beyond the current offer for all staff
5. Achieve Compassionate Organisation accreditation

Supporting our Trust Strategy

Creating and sustaining safe places, where our people belong and can bring their best selves to work, will enable all our purposes in their ambitions as the bedrock our success. This includes preparing people for change and growth, developing positive relationships with each other and with our partners in the wider health and social care system in a compassionate learning culture. Living our values means supporting people in their personal, professional and clinical development and ensures we learn and grow through our innovation and improvement practices.

Building on the Basics

Ensuring our staff have all they need to provide first class care.

Building on the Basics means:

Focus Areas	By 2030:
People	We will have sustainable, flexible and timely recruitment of staff with the right skills, knowledge and values. We will be supporting the growth, development and careers of people from the full range of generations. We will be ensuring all our people are safe to practice with mandatory training, appraisals and supportive people policy and practice.
Workforce Planning / Workforce Transformation	We will have robust models and methods in place to support continued workforce planning, modelling, role design and transformation to support the continued evolution of healthcare provision and the Trusts strategic purposes.
Technology, Systems, Resources and knowledge	We will ensure our people have access to and make the best use of technology, resources, systems and knowledge backed up by the latest evidence and research.
Listening and Engaging	We will actively listen to each other and work together to find the solutions to collective challenges through formal and informal means, particularly through the line manager / supervisor relationship.
Health and Wellbeing	We will have a valued and enabled workforce working in a healthy and fulfilling environment.
UHCWi Management System	All colleagues will be skilled at problem framing, problem solving and fully engaging with the idea that better never stops.

First Steps:

1. All chief officers, senior corporate and operational leaders to undertake Advanced Lean Training over next 12 months – with a commitment to facilitate and deliver annual improvement events.
2. Ensure all our processes which relate to employment are continuously reviewed and improved
3. Increase involvement of all our staff in the delivery of our green plan and net zero ambitions
4. Increase the listening and engagement opportunities for our staff
5. Expand the health and wellbeing offer for staff focused on prevention and proactive wellbeing
6. Work with system colleagues to develop and deliver a system wide workforce and people plan

Supporting our Trust Strategy

- Collaborating with system colleagues in a proactive systemwide workforce plan
- Developing new and specialist roles in key areas to meet changing demand and care needs
- Incentivising our staff in 'greener' behaviours e.g. Electric Lease Car Scheme and Cycle To Work
- Supporting the conditions for all staff to be involved in innovation, improvement and research



Supporting our People

Ensuring our people are always learning, growing, developing skills and knowledge supported by brilliant leaders and managers.



Supporting Our People Means

Focus Areas	Our 2030 Vision
Inspiring Leaders and Managers	All our leaders and managers will be continually developed and supported in line with our values and aspirations
Education, Training and Careers	Our people will be always learning, growing, developing skills and knowledge in their work, whatever their role
Supporting Talent	We will support talent, wherever it comes from, with opportunities to shine, supporting key roles and specialist areas across the Trust
Where, how and when we do our work	With the patient at the centre, we will have policies and practices in place that enable conversations about where, how and when work happens and how our people can best balance their home and work commitments

First Steps:

1. Establish leadership and management development programmes for staff at all levels aligned to this strategy
2. Develop and improve systems leadership and team working capability
3. Establish Trust wide strategy for digital skill development
4. Further develop our relationships with local universities and other education specialists as a provider of excellent training, development, research and innovation
5. Increase use of the apprenticeship levy by **20%** each year to 2030. Ensure we gift **10%** of our apprenticeship levy each year to 2030 to other organisations in our local system for roles and training programmes we employ
6. Increase and improve our widening participation offer for employability schemes across our system including work experience, placement schemes and programmes.

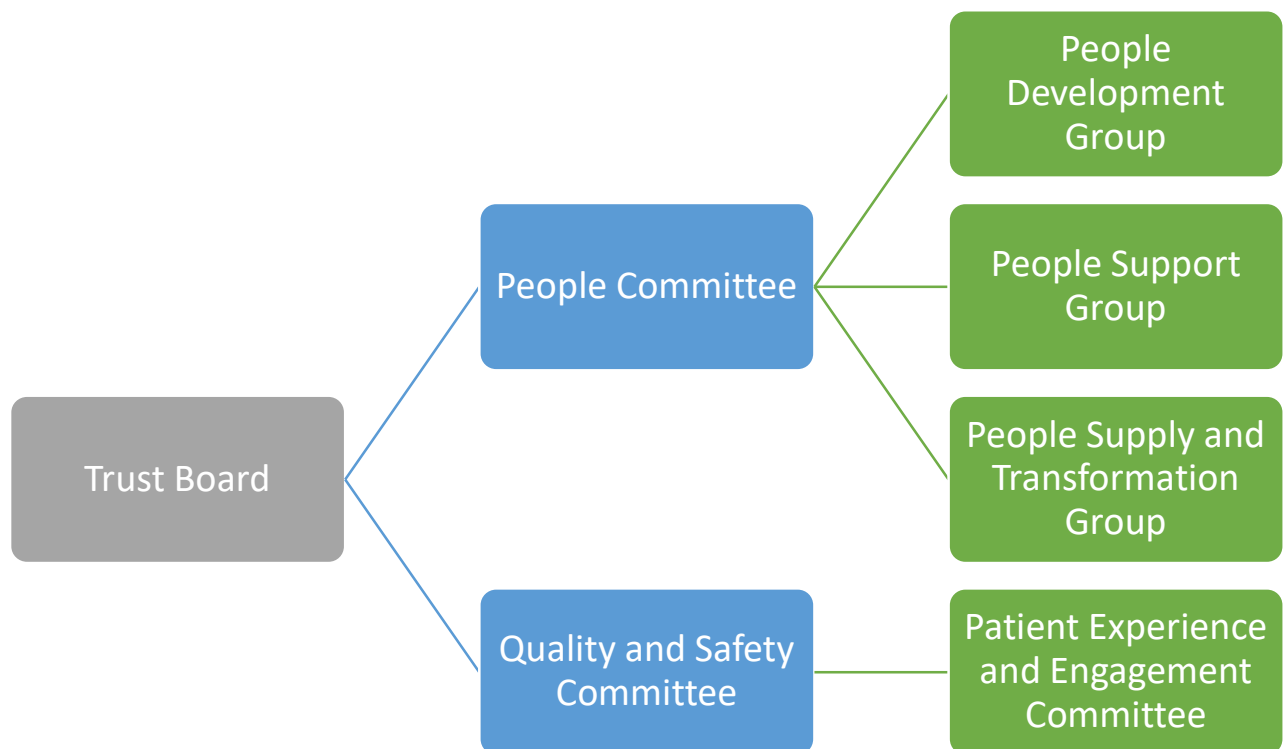
Supporting our Trust Strategy

- Ensuring local people are given opportunities for brilliant careers in the Trust – supporting health inequalities, regeneration plans and our anchor organisation aspirations.
- Supporting the growth of our volunteers, special interest groups, local charities and patient groups in the development of our services and people

Governance and Monitoring

This strategy will be monitored in several places across the Trust. The main governance route will be via the Non-Executive Director chaired People Committee. This in turn has several groups reporting and providing assurance on a variety of people related activities. These groups will monitor activity including yearly delivery plans, policy development, resourcing, health and wellbeing, equality, diversity and inclusion, mandatory training, leadership and management development and values development.

This Strategy also supports and has dependent links with several other Trust wide committees and groups including the Quality and Safety Committee and the Patient Experience and Engagement Committee.



2030 Delivery Priority Overview

Years 1-2

Living the Values	Building on the Basics	Supporting our People
<ol style="list-style-type: none"> 1. Establish a golden thread of belonging, inclusion and compassion lived through our culture programmes, policies and practice 2. Develop and launch a Trust wide culture development programme based on our values 3. Launch an inclusion development programme 4. Achieve compassionate organisation accreditation 	<ol style="list-style-type: none"> 1. All Chief Officers, senior corporate and operational leaders to undertake Advanced Lean Training – with a commitment to facilitate and deliver annual improvement events 2. Ensure all our processes which relate to employment are continuously improved 3. Increase involvement of all our staff in the delivery of our green plan and net zero ambitions 4. Ensure there is an expanded set of engagement opportunities for staff 5. Expand the health and wellbeing offer for staff focused on prevention and proactive wellbeing 6. Work with system colleagues to develop and deliver a system wide workforce and people plan 	<ol style="list-style-type: none"> 1. Establish leadership and management development programmes for staff at all levels aligned to this strategy 2. Develop and improve systems leadership and team working capability 3. Establish trust wide strategy for digital skills development 4. Further develop our relationships with local universities and other education specialists as a provider of excellent training, development, research and innovation 5. Increase use of the apprenticeship levy by 20% each year to 2030. Ensure we gift 10% of our apprenticeship levy to other organisations in our system each to 2030 for roles and training programmes we employ 6. Increase and improve our widening participation offer for employability schemes across our system including work experience, placement schemes and programmes



Years 2-5 and beyond

Living the Values	Building on the Basics	Supporting our People
<ol style="list-style-type: none"> 1. Ensure 'we are compassionate and inclusive' is a top performing theme in the national staff survey 2. Develop and launch new recognition programmes 3. Establish a sustainable top 10 national position in the national NHS Staff Survey 	<ol style="list-style-type: none"> 1. A sustainable vacancy gap with a proactive resourcing approach 2. All our people to consistently know, use and understand the UHCWi Management System 3. Achieve a top 10 national position for 'engagement' in the National NHS Staff Survey 4. All our colleagues skilled at problem framing, facilitating problem solving and fully engaging with the notion that better never stops 	<ol style="list-style-type: none"> 1. Leaders and Managers who are effective and impactful across the health and social care system 2. Staff to have the skills and opportunity to be involved in research and innovation 3. Leaders in the development and application of digital healthcare solutions 4. Our People always learning, growing, developing skills and knowledge whatever their work and whatever their role

Evidence of Success

To know we are achieving what we have set out to achieve we will use the following indicators of success.

1. National NHS staff survey

Improvements in key indicators in the national NHS staff survey and other related surveys such as training surveys. A specific emphasis on the following:

1. National top 10 position on the numbers of staff recommending the Trust as a place to work or receive treatment
2. National top 10 position in the overall staff engagement score

2. Key People Related Performance Indicators

The following are key indicators we would want to see improve that demonstrate overall performance:

1. Zero voluntary turnover for those with less than 12 months service
2. Consistently and sustainably exceeding recruitment performance indicators, statutory and mandatory training targets
3. A sustainable vacancy gap with systems in place to reduce the reliance on agency staff
4. Proactive and planned resourcing strategies to ensure effective handover and continuity of service between those leaving and those starting
5. Sickness absence consistently below 4% of available working time

3. Equality, Diversity and Inclusion

The following are key indicators we would want to see improve that demonstrate performance in this area:

1. Improved and sustained reporting of outcomes in the Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap Report, Rainbow Badge Scheme and NHS Staff Survey
2. Cases of bullying and harassment eliminated
3. Increase in the numbers of staff participating in staff networks
4. 100% of staff from all backgrounds believing that the Trust provides equal opportunities for career progression or promotion
5. Increased opportunities for training and awareness raising for colleagues on diversity

4. UHCWi – Our Management System

The following are key indicators we would want to see improve that demonstrate improvement:

1. An increase in the consistent use of daily management principles
2. All leaders regularly supporting other teams through leadership rounding
3. All Chief Officers, senior corporate, operational and clinical leaders routinely trained in Advanced Lean Training (ALT)
4. An increase in the number of teams actively using the UHCWi Management System to make improvements to people related processes

Evidence of Success

5. Wellbeing and Engagement

The following are key indicators we would want to see improve that demonstrate overall engagement and impact:

1. Increase in the number of staff accessing Wellbeing Offers such as the Employee Assistance Programme and Occupational Health Services.
2. Every member of staff having regular wellbeing conversations with their line manager.
3. The development of policies and approaches that support a strategic and preventative approach to staff wellbeing from team level upwards.
4. Increases in the numbers of engagement and listening opportunities available to all staff.

6. Supporting Development and Careers

The following are key indicators we would want to see improve that demonstrate impact:

1. All leaders and managers consistently accessing development opportunities, programmes and sessions
2. Increase in the number of people on employability, widening participation and apprenticeship programmes
3. Consistently high levels of evidence of partnership working with system partners on key workforce issues, such as workforce planning and employability

7. Patient Experience and Engagement

The following are key indicators directly from our patients we would want to see improve that demonstrate overall performance in terms of our people:

1. Friends and Family Test in all areas consistently above target, both in terms of the recommender score and the response rate for A+E, Inpatients, Outpatients, Antenatal Care, Care at Birth, Postnatal Ward and Post Natal Community Care
2. Zero complaints relating to communication, attitudes and behaviours and the way that staff do or do not demonstrate the trust values.
3. Top 10 national position for key measures in the national cancer survey and the inpatients survey including wait times, support for staying connected with friends and family and help with mealtimes, medication and a peaceful environment at nighttime.



Valuing and Enabling our People

We know we have set out some bold ambitions in this strategy. We also know that the real value of a strategy is in the delivery and the action that follows. We plan to ensure that all our people will experience our trust values in action, through their interactions at work every day. We plan to ensure all our staff, volunteers, students and learners have everything they need to provide the best care and that they are supported to develop, learn, implement improvements and grow in their practice.

Our People remain at the centre of our core purposes and to our overall Trust vision to be a leader in national and international healthcare, rooted in our communities.



People Strategy

Valuing and Enabling our People

2023 - 2030



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Welcome to our People Strategy

We work with extraordinary people, from a number of different professional and vocational backgrounds. People who are developing and learning and people who are at the very top of their profession. Together, they achieve positive outcomes for our patients every day and are a key enabler for us in achieving our vision in being a national and international leader, rooted in our communities.

Going forward, we aim to support a work culture in which everyone can bring the very best of what they have to offer to support our 'patient first' culture.

We know that delivering 'patient first' care means giving our people what they need to succeed. This means focusing on recruitment, prioritising development and supporting our staff through their careers. It means listening to and engaging with our colleagues and hearing their ideas for improvement. It means providing pathways for talent and development opportunities, sharing

knowledge, skills and approaches widely through our organisation working closely with our partners. It means making sure our colleagues are able to look after their health and wellbeing supporting them to provide the best care.

This strategy supports the development of a culture of belonging, inclusion, learning and compassion ensuring our people bring the best version of themselves every day to work in providing patient care.

We expect that our People Strategy will support us in valuing and enabling our people, one of our five fundamental purposes.



Professor Andy Hardy,
Chief Executive
Officer



Jenny Mawby-Groom, Non
Executive Director &
Chair of the People
Committee



Donna Griffiths,
Chief People Officer

Our Strategic Approach

Strategic Triangle

Our strategic triangle outlines a clear approach where we always put the patient first in everything we do. This is supported by our vision to be a national and international leader in healthcare, rooted in our communities.

Valuing and enabling our people is central to all our purposes and our organisational values.



Partnerships

We work in partnership across the Coventry and Warwickshire area and beyond as part of our health and care system. Over 80% of our staff live in this area.



Coventry and Warwickshire
Integrated Care System

How we are organised

We have seven Clinical Groups each led by a triumvirate leadership team including Clinical Director, Group Director of Nursing and Allied Health Professionals and Group Director of Operations.

Our Clinical Groups are supported by Core (Corporate) Services, led by Chief Officers. This ensures that we have clear line of sight and robust decision making at every level. From Trust Board to frontline services this structure ensures we can deliver our People Strategy. Through our organisation, all services have regular and visible team huddles as well as shared decision-making councils on our wards to ensure we remain people focused.



Celebrating Team UHCW

Recognising our People

Valuing the contribution our staff make is an incredibly important element of our people strategy. This is currently done in several ways such as simple *Thank You* card to more formal recognition schemes such as our monthly DAISY nursing awards and World Class Colleagues awards for both clinical and nonclinical staff. Each year we host our popular annual Outstanding Service and Contribution Awards (OSCAs) with nominations from staff and the public. This includes heartfelt stories of great care received as well as celebrating those with long service.

Award winning organisation

UHCW was shortlisted in 2021 and 2022 as Health Service Journal Trust of the Year, recognising the amazing work delivered during the pandemic and our ability to innovate. We won the first ever HSJ Health Inequalities Award for a "pioneering new approach" to improve access for those patients who may otherwise struggle to access treatment.



Our people are diverse, professionally and culturally, and they bring unique perspectives and approaches to their work. This is fundamental to our success.

Over 10,000 people, from over 90 different countries, in over 200 different careers alongside students, trainees, apprentices and volunteers working together to provide care for the residents of Coventry and Warwickshire and beyond.



Our Context

National and Local Best Practice

To ensure that we are using the latest evidence and best practice to develop our People Strategy, we reviewed and considered the key expectations/aspirations from our national and local partners.

This included the [NHS People Plan](#) and the [Our NHS People Promise](#). These documents set out the commitments our NHS people can expect while they are part of our team. The People Plan aims to deliver 'more people, working differently, in a compassionate and inclusive culture', whilst the seven themes of the People Promise are:

We are
compassionate
and **inclusive**

We are **recognised**
and **rewarded**

We are
a team

We are
safe and
healthy

We are
always
learning

We each have
a voice that
counts

We work
flexibly



Receiving feedback is hugely important to help us provide the best possible environment for our people. We have a positive track record of acting on the feedback we receive, be this formally from the annual national staff survey and the quarterly pulse surveys, or through informal feedback provided by trade union colleagues, the Freedom to Speak Guardian, our staff networks and other sources. We want to keep building on our success in listening and engaging with our staff ensuring our people belong, feel included and experience compassion. This strategy sets out several areas that will enable us to do so.

During 2021/2022 a comprehensive programme of engagement took place with staff, patients, stakeholders and the public to discuss our future organisational strategy and approach. This included several conversations with a range of people, professional and organisational groups about how we best value and enable our people to meet the aspirations of the new strategy. Our People Strategy is a direct response to those conversations and will support the delivery of the Trust Strategy in practice.

Where are we now?

We will use a number of measures to track and monitor our success against this strategy. At the end of this document we set out a summary of our first steps, our longer term goals and the measures we expect to improve.

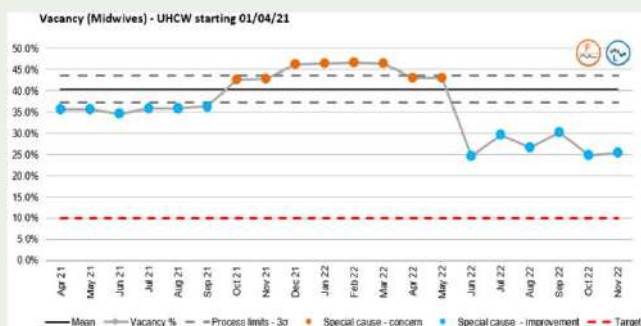
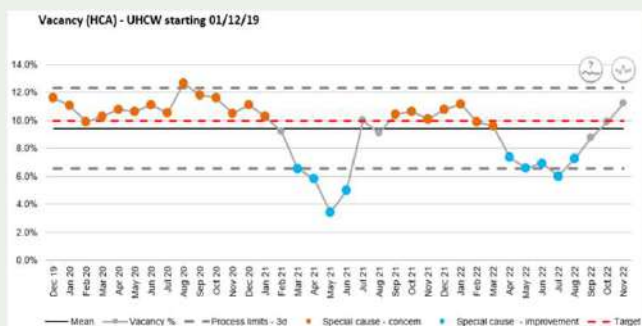
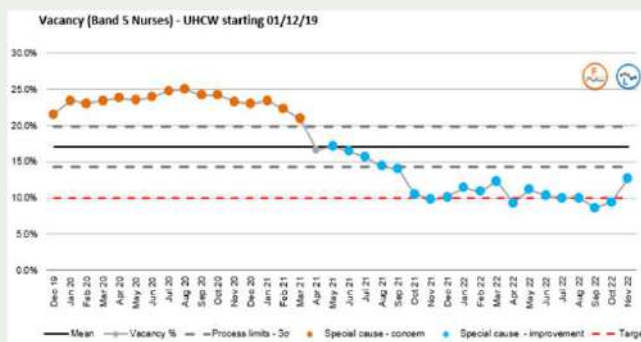
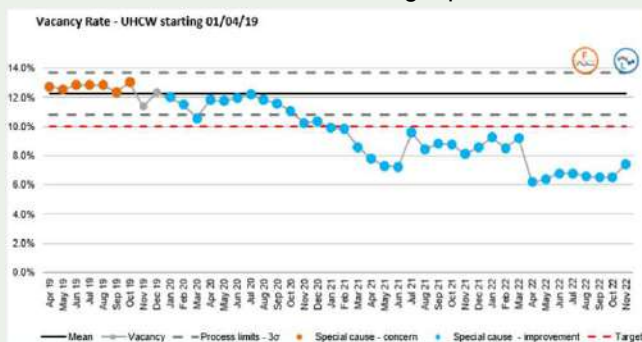
This is where we are starting from:

Key Performance Indicators

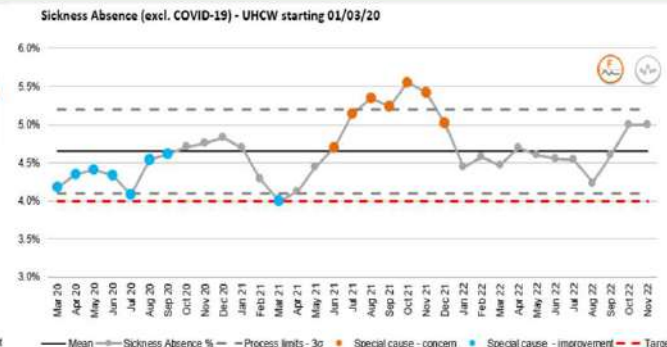
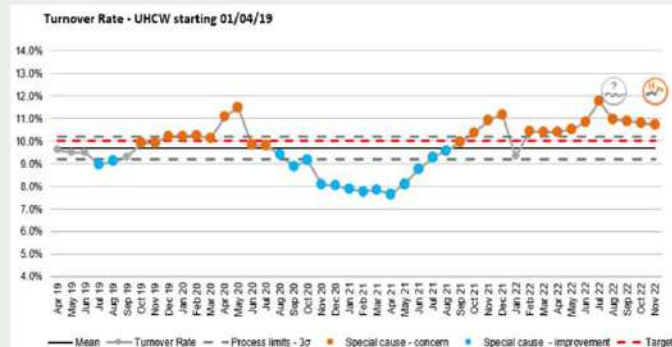
Vacancies – $\leq 10\%$
Mandatory Training – $\geq 95\%$

Turnover – $\leq 10\%$
Sickness – $\leq 4\%$

We know that having the right number of people is important for delivering our services and for supporting our staff to do their jobs well. The overall Trust vacancy position is currently in a healthy position under our target. The recruitment pipeline also shows approximately 1000 positions are being recruited at any one time. The following charts show our journey in more detail. The blue dots show where our performance is where we would want it to be and the red shows where we need to improve. The red dotted line shows our target position.



We know that this data only tells part of the story. Importantly, we are aware of the impact of attendance and turnover rates. This impacts how it feels during a shift and we need to look at these areas in combination to ensure our staff feel safe and supported when at work. Currently, our sickness absence and turnover rates are slightly above where we would want them to be.



We are also aware of the key impact of certain staff groups and ensuring healthy recruitment of these groups is vitally important to our success. The Trust plans to build on the recent reductions in the nursing vacancy gap in other important staff groups such as medical roles, maternity roles, support worker roles, AHP and administration roles. This work is being completed in conjunction with our local system colleagues as part of a wider workforce plan.

Where are we now?

UHCWi – Our Management System

Over the past six years people using our UHCWi management system have worked hard to embed safety huddles, huddle boards and focus boards across the organisation. This has helped to improve countless processes, make improvements and supported better patient outcomes.

Our aim is to continue to build both knowledge of and engagement in the UHCWi Management System across all levels of the organisation to create effective leaders skilled at problem framing, facilitating an army of problem solvers engaging with the notion that better never stops. Supporting the development of all our staff means focusing our attention on daily management, a theme which has consistently been identified in our cultural assessment. This focus will support building foundational behaviours and processes for both staff and leaders around coaching, psychological safety and continuous improvement. These behaviours coupled with regular rounding (where we support each other in practice) by senior leaders will ensure that improvement challenges are raised at the right time which will allow us to better meet the needs of our staff and our patients.

Staff Wellbeing and Engagement

We currently have a range of offers for staff to improve and maintain their wellbeing plus options for support when needed. This includes an Employee Assistance Programme and support via Occupational Health. In addition, we also offer services and opportunities such as emotional, financial, physical wellbeing and direct support for line managers. This is supported by one off events supporting focus weeks such as men's health week and menopause support.

We are rolling out shared decision making councils across our teams and plan to do more. This enables us to hear directly from those doing the work and have the best ideas for improvement.

We also offer a range of listening and engagement opportunities. These opportunities need to be more frequent, personalised, focused on prevention and more accessible for staff working in different teams, particularly for those working in direct care roles.



Equality, Diversity and Inclusion

We are fully engaged in ensuring that colleagues from all backgrounds have fair opportunities for progression and support, tackling inequality and celebrating the wonderful diversity of our staff. We are also committed to ensuring all our people are represented well across our leadership teams.

We are monitoring our impact in this area through several reporting mechanisms and external standards we use to benchmark. This includes our work in relation to the Rainbow Badge scheme, the Workforce Race Equality Standard and the Gender Pay Gap report. Our latest data suggests we still have work to do in relation to belonging where BAME staff report less belief that the Trust offers equal career and development opportunities and report higher levels of discrimination. We also need to improve the data we hold on ethnicity for our people through self-reporting so we better understand our position.

The Trust is dedicated to ensuring that violence, aggression and hate crime has no place in our organisation and will not be tolerated towards any member of our staff, patients within our hospitals or visitors.

Going forward our focus will include targeted campaigns in terms of recruitment and development opportunities for people from BAME and other minority backgrounds. We will also focus on training to raise awareness and providing specific coaching and mentoring opportunities for staff from diverse backgrounds.

Patient Experience and Engagement

The real impact of our people is on the experience and outcomes that our patients receive. We know that a measure of the success of our people strategy is through the outcomes we use to measure patient experience and engagement. These measures currently include the Friends and Family Test, the feedback that is received through our Patient Advice Liaison Service (PALS), Complaints Team and the feedback from the National Patient Survey. This feedback shows several positives but also shows areas of improvement particularly in areas such as communication (36% of all complaints), appointments (24% of all complaints) and the way our staff demonstrate the trust values through their behaviour, attitudes and approaches (10% of all complaints). Making the direct link from our people strategy to our patient experience is an important step in helping us all ensure our services have a direct line of sight to patients.

Where are we now?

Supporting Development and Careers

Our colleagues currently benefit from a range of development opportunities covering personal, professional and clinical development as well as options focused on leaders and managers. We know that leaders have the biggest impact on staff experience and so the Trust has had a specific focus on leadership development over the past 10 years. During this time 1000's of leaders have attended internal, external and subject specific training designed to enhance and improve our leadership practice, knowledge and skills.

Local people and others fresh into the workforce also benefit from several options including apprenticeships, placement schemes and work experience options.

We know our staff need to develop new skills and knowledge and ways to approach their work to meet our aspirations. This development will need to be available to greater numbers, be more personalised, more frequent and cover the whole life cycle of people's time with us whatever their job role or level.

National NHS Staff Survey

A key indicator of our success is our performance in the national NHS Staff Survey. Currently, just under 4000 people a year complete the survey and give us valuable insight into their experience of working here.

We perform well in several areas with other areas needing to improve. Key measures are the overall levels of staff engagement and the extent to which our staff would recommend us as a place to work or receive treatment.

Going forward we expect to see improvements in themes such as compassion and inclusion, learning and morale.

We also expect to see a greater number of colleagues responding to the survey each year. This will involve greater team level involvement and engagement over the results and actions to make improvements.

2021 Staff Survey Responses	Staff Engagement	Would you recommend the Trust as a place to work?	Would you recommend the Trust as a place to receive treatment
Best NHS Organisations	7.4 out of 10	77.6%	89.5%
UHCW	6.9 out of 10	60.6%	70.6%
Average	6.8 out of 10	58.4%	66.9%
Lowest performing NHS organisations	6.3 out of 10	38.5%	43.6%



Our People Strategy

Our People Strategy rests on three pillars. These pillars will shape and guide our direction between 2023 and 2030 and beyond and will provide a framework from which we can base our decision making about all things that affect and impact our people.



Valuing and Enabling our People



Living our
Values



Building on
the Basics



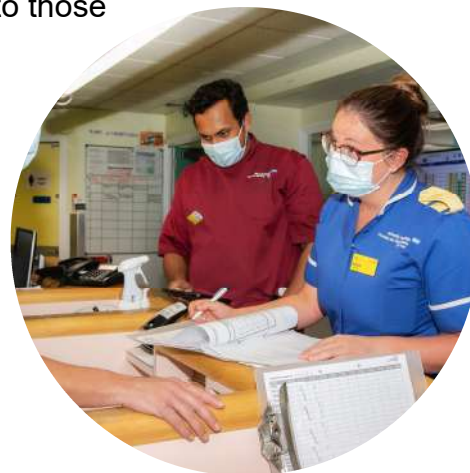
Supporting
our People



Pillars of our People Strategy

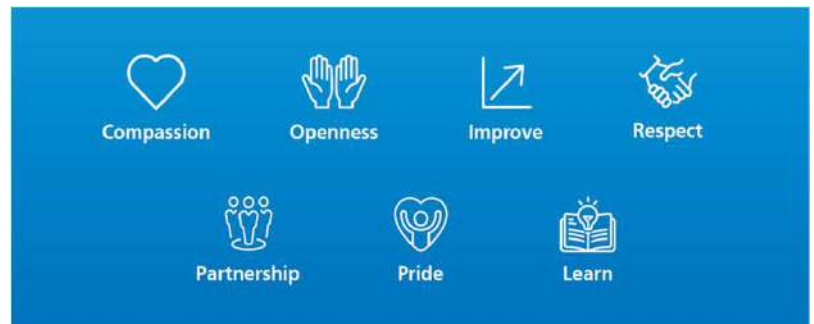
During our work to establish how our people strategy would enable our overall Trust Strategy we spoke with a number of our colleagues from across the Trust at all levels. We also considered the feedback we had from system partners, patients and the public as to the things that mattered most to them during the development of our Trust Strategy in relation to our staff.

The pillars of our People Strategy are a direct response to those conversations.



Living our Values	Building on the Basics	Supporting our People
<p>Our staff speak positively about our values. They speak about how they see them in their day-to-day work.</p> <p>This strategy aims to intentionally further embed our values through further exploration, understanding and development.</p> <p>What does it mean for all of us to authentically live our values?</p> <p>Our plan is to fully explore this and ensure all our staff understand how their behaviour, attitudes and approaches can improve the outcomes our patients experience.</p>	<p>Our staff speak frequently about having the things they need to succeed. Our role as an employer is to ensure this is provided.</p> <p>We already have several successes in this area and our plan is continue to build on what we do well ensuring our staff have all they need to succeed.</p> <p>We will continue to focus on recruiting the right numbers of people, with the right skills, knowledge, values and behaviours. We will ensure our staff have the best equipment, resources, systems, information and resources.</p> <p>We will continue to focus on our wellbeing and ensuring our management system, UHCWi, is embedded in everything we do.</p> <p>We believe that focusing on the basics, and getting this right enables all our ambitions.</p>	<p>We heard how fulfilment at work comes through doing meaningful things, developing knowledge and skills and being supported to be brilliant.</p> <p>We plan to ensure all our staff and those that are studying with us are always learning, growing and developing.</p> <p>This includes leaders, managers, team members and specialists working in a flexible work environment which meets the needs of our staff and our patients.</p>

Living Our Values



Our commitment is to ensuring our values are actively and intentionally built into the way we work as the foundation of our people's experience.

Living our Values Means:

Focus Areas:

By 2030:

Our every day

Our values will be lived in our every day, explicitly and authentically

Belonging

Our people will be welcomed, included, valued and enabled

Appreciation

Colleagues will be appreciated for what they do. Regular formal and informal appreciation and recognition makes people feel safe, valued and able to contribute.

Self-Awareness, respect for ourselves and each other

We will have high levels of awareness of our individual impact and will recognise each other's strengths, perspectives and experience

Learning from our values

We will continue to explore and refine our understanding of our Trust values in practice

First Steps:

1. Develop and launch a Trust wide culture development programme based on our values
2. Establish a golden thread of belonging, inclusion and compassion through all our people development activity, culture development programmes, policies and employment practice
3. Launch an equality, diversity and inclusion delivery plan
4. Ensure there is an expanded set of engagement opportunities beyond the current offer for all staff
5. Achieve Compassionate Organisation accreditation

Supporting our Trust Strategy

Creating and sustaining safe places, where our people belong and can bring their best selves to work, will enable all our purposes in their ambitions as the bedrock our success. This includes preparing people for change and growth, developing positive relationships with each other and with our partners in the wider health and social care system in a compassionate learning culture. Living our values means supporting people in their personal, professional and clinical development and ensures we learn and grow through our innovation and improvement practices.

Building on the Basics

Ensuring our staff have all they need to provide first class care.

Building on the Basics means:

Focus Areas	By 2030:
People	We will have sustainable, flexible and timely recruitment of staff with the right skills, knowledge and values. We will be supporting the growth, development and careers of people from the full range of generations. We will be ensuring all our people are safe to practice with mandatory training, appraisals and supportive people policy and practice.
Workforce Planning / Workforce Transformation	We will have robust models and methods in place to support continued workforce planning, modelling, role design and transformation to support the continued evolution of healthcare provision and the Trusts strategic purposes.
Technology, Systems, Resources and knowledge	We will ensure our people have access to and make the best use of technology, resources, systems and knowledge backed up by the latest evidence and research.
Listening and Engaging	We will actively listen to each other and work together to find the solutions to collective challenges through formal and informal means, particularly through the line manager / supervisor relationship.
Health and Wellbeing	We will have a valued and enabled workforce working in a healthy and fulfilling environment.
UHCWi Management System	All colleagues will be skilled at problem framing, problem solving and fully engaging with the idea that better never stops.

First Steps:

1. All chief officers, senior corporate and operational leaders to undertake Advanced Lean Training over next 12 months – with a commitment to facilitate and deliver annual improvement events.
2. Ensure all our processes which relate to employment are continuously reviewed and improved
3. Increase involvement of all our staff in the delivery of our green plan and net zero ambitions
4. Increase the listening and engagement opportunities for our staff
5. Expand the health and wellbeing offer for staff focused on prevention and proactive wellbeing
6. Work with system colleagues to develop and deliver a system wide workforce and people plan

Supporting our Trust Strategy

- Collaborating with system colleagues in a proactive systemwide workforce plan
- Developing new and specialist roles in key areas to meet changing demand and care needs
- Incentivising our staff in 'greener' behaviours e.g. Electric Lease Car Scheme and Cycle To Work
- Supporting the conditions for all staff to be involved in innovation, improvement and research



Supporting our People

Ensuring our people are always learning, growing, developing skills and knowledge supported by brilliant leaders and managers.



Supporting Our People Means

Focus Areas	Our 2030 Vision
Inspiring Leaders and Managers	All our leaders and managers will be continually developed and supported in line with our values and aspirations
Education, Training and Careers	Our people will be always learning, growing, developing skills and knowledge in their work, whatever their role
Supporting Talent	We will support talent, wherever it comes from, with opportunities to shine, supporting key roles and specialist areas across the Trust
Where, how and when we do our work	With the patient at the centre, we will have policies and practices in place that enable conversations about where, how and when work happens and how our people can best balance their home and work commitments

First Steps:

1. Establish leadership and management development programmes for staff at all levels aligned to this strategy
2. Develop and improve systems leadership and team working capability
3. Establish Trust wide strategy for digital skill development
4. Further develop our relationships with local universities and other education specialists as a provider of excellent training, development, research and innovation
5. Increase use of the apprenticeship levy by **20%** each year to 2030. Ensure we gift **10%** of our apprenticeship levy each year to 2030 to other organisations in our local system for roles and training programmes we employ
6. Increase and improve our widening participation offer for employability schemes across our system including work experience, placement schemes and programmes.

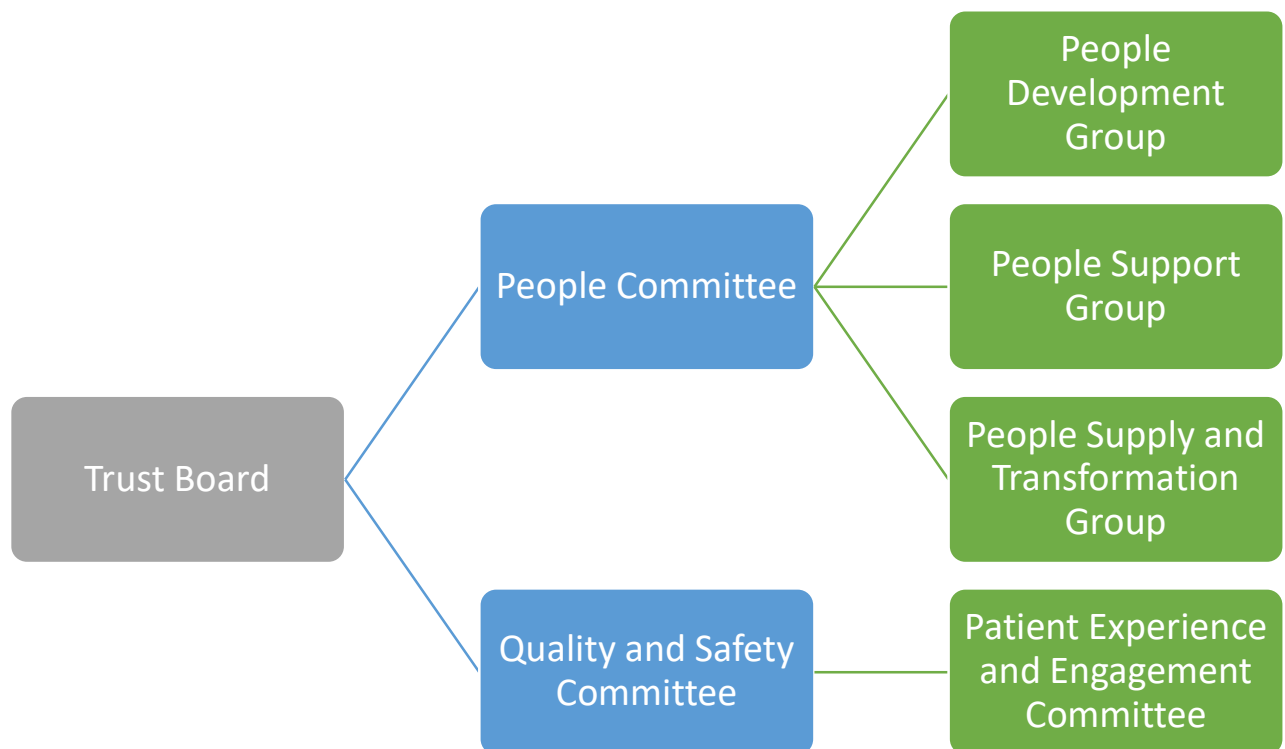
Supporting our Trust Strategy

- Ensuring local people are given opportunities for brilliant careers in the Trust – supporting health inequalities, regeneration plans and our anchor organisation aspirations.
- Supporting the growth of our volunteers, special interest groups, local charities and patient groups in the development of our services and people

Governance and Monitoring

This strategy will be monitored in several places across the Trust. The main governance route will be via the Non-Executive Director chaired People Committee. This in turn has several groups reporting and providing assurance on a variety of people related activities. These groups will monitor activity including yearly delivery plans, policy development, resourcing, health and wellbeing, equality, diversity and inclusion, mandatory training, leadership and management development and values development.

This Strategy also supports and has dependent links with several other Trust wide committees and groups including the Quality and Safety Committee and the Patient Experience and Engagement Committee.



2030 Delivery Priority Overview

Years 1-2

Living the Values	Building on the Basics	Supporting our People
<ol style="list-style-type: none"> 1. Establish a golden thread of belonging, inclusion and compassion lived through our culture programmes, policies and practice 2. Develop and launch a Trust wide culture development programme based on our values 3. Launch an inclusion development programme 4. Achieve compassionate organisation accreditation 	<ol style="list-style-type: none"> 1. All Chief Officers, senior corporate and operational leaders to undertake Advanced Lean Training – with a commitment to facilitate and deliver annual improvement events 2. Ensure all our processes which relate to employment are continuously improved 3. Increase involvement of all our staff in the delivery of our green plan and net zero ambitions 4. Ensure there is an expanded set of engagement opportunities for staff 5. Expand the health and wellbeing offer for staff focused on prevention and proactive wellbeing 6. Work with system colleagues to develop and deliver a system wide workforce and people plan 	<ol style="list-style-type: none"> 1. Establish leadership and management development programmes for staff at all levels aligned to this strategy 2. Develop and improve systems leadership and team working capability 3. Establish trust wide strategy for digital skills development 4. Further develop our relationships with local universities and other education specialists as a provider of excellent training, development, research and innovation 5. Increase use of the apprenticeship levy by 20% each year to 2030. Ensure we gift 10% of our apprenticeship levy to other organisations in our system each to 2030 for roles and training programmes we employ 6. Increase and improve our widening participation offer for employability schemes across our system including work experience, placement schemes and programmes



Years 2-5 and beyond

Living the Values	Building on the Basics	Supporting our People
<ol style="list-style-type: none"> 1. Ensure 'we are compassionate and inclusive' is a top performing theme in the national staff survey 2. Develop and launch new recognition programmes 3. Establish a sustainable top 10 national position in the national NHS Staff Survey 	<ol style="list-style-type: none"> 1. A sustainable vacancy gap with a proactive resourcing approach 2. All our people to consistently know, use and understand the UHCWi Management System 3. Achieve a top 10 national position for 'engagement' in the National NHS Staff Survey 4. All our colleagues skilled at problem framing, facilitating problem solving and fully engaging with the notion that better never stops 	<ol style="list-style-type: none"> 1. Leaders and Managers who are effective and impactful across the health and social care system 2. Staff to have the skills and opportunity to be involved in research and innovation 3. Leaders in the development and application of digital healthcare solutions 4. Our People always learning, growing, developing skills and knowledge whatever their work and whatever their role

Evidence of Success

To know we are achieving what we have set out to achieve we will use the following indicators of success.

1. National NHS staff survey

Improvements in key indicators in the national NHS staff survey and other related surveys such as training surveys. A specific emphasis on the following:

1. National top 10 position on the numbers of staff recommending the Trust as a place to work or receive treatment
2. National top 10 position in the overall staff engagement score

2. Key People Related Performance Indicators

The following are key indicators we would want to see improve that demonstrate overall performance:

1. Zero voluntary turnover for those with less than 12 months service
2. Consistently and sustainably exceeding recruitment performance indicators, statutory and mandatory training targets
3. A sustainable vacancy gap with systems in place to reduce the reliance on agency staff
4. Proactive and planned resourcing strategies to ensure effective handover and continuity of service between those leaving and those starting
5. Sickness absence consistently below 4% of available working time

3. Equality, Diversity and Inclusion

The following are key indicators we would want to see improve that demonstrate performance in this area:

1. Improved and sustained reporting of outcomes in the Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap Report, Rainbow Badge Scheme and NHS Staff Survey
2. Cases of bullying and harassment eliminated
3. Increase in the numbers of staff participating in staff networks
4. 100% of staff from all backgrounds believing that the Trust provides equal opportunities for career progression or promotion
5. Increased opportunities for training and awareness raising for colleagues on diversity

4. UHCWi – Our Management System

The following are key indicators we would want to see improve that demonstrate improvement:

1. An increase in the consistent use of daily management principles
2. All leaders regularly supporting other teams through leadership rounding
3. All Chief Officers, senior corporate, operational and clinical leaders routinely trained in Advanced Lean Training (ALT)
4. An increase in the number of teams actively using the UHCWi Management System to make improvements to people related processes

Evidence of Success

5. Wellbeing and Engagement

The following are key indicators we would want to see improve that demonstrate overall engagement and impact:

1. Increase in the number of staff accessing Wellbeing Offers such as the Employee Assistance Programme and Occupational Health Services.
2. Every member of staff having regular wellbeing conversations with their line manager.
3. The development of policies and approaches that support a strategic and preventative approach to staff wellbeing from team level upwards.
4. Increases in the numbers of engagement and listening opportunities available to all staff.

6. Supporting Development and Careers

The following are key indicators we would want to see improve that demonstrate impact:

1. All leaders and managers consistently accessing development opportunities, programmes and sessions
2. Increase in the number of people on employability, widening participation and apprenticeship programmes
3. Consistently high levels of evidence of partnership working with system partners on key workforce issues, such as workforce planning and employability

7. Patient Experience and Engagement

The following are key indicators directly from our patients we would want to see improve that demonstrate overall performance in terms of our people:

1. Friends and Family Test in all areas consistently above target, both in terms of the recommender score and the response rate for A+E, Inpatients, Outpatients, Antenatal Care, Care at Birth, Postnatal Ward and Post Natal Community Care
2. Zero complaints relating to communication, attitudes and behaviours and the way that staff do or do not demonstrate the trust values.
3. Top 10 national position for key measures in the national cancer survey and the inpatients survey including wait times, support for staying connected with friends and family and help with mealtimes, medication and a peaceful environment at nighttime.



Valuing and Enabling our People

We know we have set out some bold ambitions in this strategy. We also know that the real value of a strategy is in the delivery and the action that follows. We plan to ensure that all our people will experience our trust values in action, through their interactions at work every day. We plan to ensure all our staff, volunteers, students and learners have everything they need to provide the best care and that they are supported to develop, learn, implement improvements and grow in their practice.

Our People remain at the centre of our core purposes and to our overall Trust vision to be a leader in national and international healthcare, rooted in our communities.



**MINUTES OF A PUBLIC MEETING OF THE TRUST BOARD OF UNIVERSITY HOSPITALS
COVENTRY AND WARWICKSHIRE NHS TRUST HELD ON 1 DECEMBER 2022 AT 10:00AM IN
ROOM 10009/10011 CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, CLIFFORD
BRIDGE ROAD, COVENTRY**

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 22/111	<p>PRESENT</p> <p>Stella Manzie (SM), CHAIR Tracey Brigstock (TB), Chief Nursing Officer Donna Griffiths (DG), Chief People Officer Andy Hardy (AH), Chief Executive Officer Douglas Howat (DH), Associate Non-Executive Director Mo Hussain (MH), Chief Quality Officer Jerry Gould (JG), Non-Executive Director Jenny Mawby-Groom (JMG), Non-Executive Director Carole Mills (CM), Non-Executive Director Kiran Patel (KP), Chief Medical Officer Gavin Perkins (GP), Non-Executive Director Justine Richards (JR), Chief Strategy Officer Susan Rollason (SR), Chief Finance Officer</p>	
HTB 22/112	<p>IN ATTENDANCE</p> <p>Alex Monahan (AH), DCOO Elective and Cancer Care <i>[For Item 8 & 9]</i> Daisy Benson (DB), Chief of Staff Lynda Scott (LS), Director of Marketing & Communications Gaynor Armstrong (GA), Director of Midwifery <i>[For Item 11]</i> Stephen Keay (SK), CRM Consultant <i>[For Item 11]</i> Jessica Mabbott (JM), Committee Officer David Walsh (DW), Director of Corporate Affairs</p>	
HTB 22/113	<p>PATIENT STORY</p> <p>This month's patient story was from Colin and Maggie, the parents of Emily aged 24. Emily was born at 24 weeks and one day and was diagnosed at 18 months with Cerebral Palsy and Quadriplegia. Emily also had Epilepsy and was non-verbal with a sensory disorder. MH introduced the Patient Story and a short Video was played to the Board. AH asked when the video was filmed, in which MH confirmed that the video was filmed in or around May 2022. The issues raised had included communication between staff, noise made by staff at night and availability of certain types of care.</p> <p>MH provided responses to some of the concerns raised in the video. Firstly, MH confirmed that Trust had tools and support in place to better understand the needs of patients like Emily. The policy was that all patients who had additional needs like Emily had a "Patient Passport" completed when they were admitted to the trust so that staff fully understand the individual needs of that patient. MH assured the Board that an audit of Patient Passport compliance was undertaken at the beginning of October 2022 and the findings were currently being analysed.</p>	

MH highlighted that the Patient Experience Team had recently scoped the opportunity to introduce sensory equipment for adult patients at UHCW, which Wards could use to support and stimulate patients like Emily. MH added that the iPM health record system used within UHCW had a section for staff to document patient needs. This information could then be referred to when a patient was admitted or provide a prompt when staff undertake certain actions on iPM to ensure patients or carer's needs were met.

MH reported that regarding the noise at night, the Modern Matron had advised that Emily was moved to a quieter side room as the side room that she was in was on the main corridor into the Ward which meant that there was a greater footfall of people outside the room to enter and exit the Ward.

MH advised the Board that it was unclear why the patient's tube was not managed at the weekend on this admission as indicated by her parents in the story however, this was a service that was provided 7 days a week.

TB added that this highlights the importance of personalised care, indicating that the patient passport helps to provide personalised care. TB suggested that hospitals may not be the best place of care for Emily due to her complex needs, however communication with carers and how they wish to be involved was necessary for safeguarding patient needs.

AH questioned why Emily was an inpatient at UHCW and not having her needs cared for by a specialist facility and whether carers were coming into UHCW to provide care. MH confirmed that majority of Emily's care was provided for by her parents. It was confirmed that sometimes patients' usual carers visit patients because they have a close relationship with them, however, that does not mean they are providing care whilst the patient is in hospital.

GP agreed that there was a comprehensive package of support in place for patients but queried how much of this was in place at the time of the video being filmed. TB stated that similar support was in place but that importance had been emphasised on educating staff to determine the root cause and to put support in place to remedy this. GP asked if Emily's parents knew that the Patient Passport existed. TB confirmed that the patient passport was patient held but does not always follow patients between trusts.

SM restated the importance of a focus on learning disability and suggested that a number of the issues raised in the video were due to inconsistent communication between staff. However, it had also been made clear by Emily's parents that there had been a great deal of care and effort by staff. SM mentioned that there was a common theme about noise made by staff on night shifts and something needs to be put in place to minimise this, while understanding that staff have tasks to undertake during the night. MH said that this was an issue which had been raised in other patient feedback and assured the board that this was a key area of

focus. TB stated that Emily's story would be taken to the Nursing Board and that a decision had already been taken that Matron night visits to wards should be reinstated.

The Board thanked Colin, Maggie, and Emily for participating in the video **NOTED** the Patient Story, thanked the staff who had been working with Emily and endorsed the points made about:

- Work with night staff on noise
- Focusing on consistency of use of the Patient passport to assist with communication of patient's special needs between wards or between Trusts
- Reinstatement of Matrons visiting wards at night
- Taking the patient story to the Nursing Board

HTB 22/114 APOLOGIES FOR ABSENCE

Apologies were given for Janet Williamson (JW), Non-Executive Director, Gaby Harris (GH), Chief Operating Officer and Afzal Ismail (AI), Non-Executive Director.

HTB 22/115 CONFIRMATION OF QUORACY

The meeting was quorate.

HTB 22/116 DECLARATIONS OF INTEREST

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

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

HTB 22/117 MINUTES OF THE LAST PUBLIC TRUST BOARD MEETING HELD ON 6 OCTOBER 2022

The minutes of the last meeting were **APPROVED**.

HTB 22/118 ACTION MATRIX

Action reference HTB 22/69 was noted and actions that were reported as complete were confirmed by SM to be closed.

HTB 22/119 CHAIR'S REPORT

SM presented the report to the Board and highlighted key points from the report. SM reflected on two recent evenings of celebration we had when the Trust recognised the hard work and commitment of our staff members at the Outstanding Service and Care Awards (OSCA) Ceremony in October and more recently the Long Service Awards which acknowledges those members of staff who had dedicated many years of their working career within the NHS.

SM added that she had attended the thought Leadership Event, hosted by Andy Hardy on 30th November and expressed how well planned the event was, thanking those involved. SM also attended the launch event for the 2023 British Transplant Games which

would be taking place in Coventry July 27th to 30th 2023, having been delayed due to the Covid 19 pandemic. SM advised that the Trust played an important role in transplant services and the Games were an important way of demonstrating the capabilities of those who had received transplants and the importance of exercise and activity.

SM added that AH had continued to keep herself and fellow Non-Executive Directors fully up to date on all the operational issues facing the Trust, and SM or fellow NED Jerry Gould had continued to join the regular regional health leaders update calls with Dale Bywater (NSHE/I Regional Director for the Midlands).

SM said that she had received regular briefings from individual Chief Officers and chaired the Coventry and Warwickshire Pathology Services Stakeholder Board and covered the chairing of the People Committee for colleague Jenny Mawby-Groom. Along with new Non-Executive Director Janet Williamson, SM had met with Janine Beddow at Rugby St Cross and visited various parts of the Hospital of St Cross.

SM stated that operational activity in the Trust remained a challenge and these issues would be covered in the Board papers on the agenda. SM thanked all those staff responding to the challenges which winter months bring, in addition to those with which they were already dealing.

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

HTB 22/120

CHIEF EXECUTIVE OFFICER REPORT

AH introduced the report. AH highlighted key points from the report and stated that himself and other members of the Board had the honour and pleasure of attending the Outstanding Service and Care Awards (OSCAs) ceremony in early October. AH added that he was also delighted to attend the Long Service Awards ceremony to recognise the dedication and commitment of some of our longer serving employees.

AH mentioned that he was proud to say the brilliant work we had been leading as a Trust had been recognised once again externally. At the coveted HSJ Awards 2022 UHCW won the award in the Reducing Health Inequalities category. AH added that the Trust had developed a unique tool to consider clinical prioritisation of elective care, which considers factors driving health inequality and uses them to help prioritise access to healthcare. UHCW were also shortlisted for Acute Trust of the year for a second year running.

AH stated that another noteworthy event he was proud to host recently was the UHCW 'Thought Leadership' event held at the end of November, mentioned by Stella. This included a range of well-respected expert speakers on the subject of people and wellbeing. AH suggested that the event was very well received.

AH advised that children in crisis had been a big issue in the last

few months was expected to remain so over the next few months. Operational challenges including strike action were a concern, although AH assured the board that strike action would not be taking place at UHCW as the required ballot threshold was not met. JG questioned what strike action was being taken by adjacent hospitals. DG stated that 43 organisations had met the threshold for strike action and that a date had not yet been confirmed as to when strike action would take place. JG asked if those staff within the trust who voted for strike action would attend their shifts on the day of strike action. DG confirmed that staff were being internally communicated with but we cannot prevent staff from not attending their shifts.

AH also added that the cost of living recommendations put in place by the trust had been well received by the organisation.

AH asked the board to formally **NOTE** and **RATIFY** the consultant appointments included within the report. The board **NOTED** the consultant appointments of:

- Styliani Maria Kolokotroni - Consultant Thoracic Surgery
- Surabhi Talwar (awaiting confirmation of acceptance) - Consultant Nephrologist
- Gemma Banham (awaiting confirmation of acceptance) - Consultant Nephrologist
- Karim Kassam - Locum Consultant Oral & MaxFax Surgeon – Microvascular Reconstruction

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

HTB 22/121

ASSURANCE REPORTS

Audit and Risk Assurance Committee (ARAC)

In the absence of AI, JG commented that the meeting report and minutes looked in good order and suggested the meeting report be taken as read and welcomed any questions about the report.

The Board **RECEIVED ASSURANCE** from the Audit and Risk Assurance meeting report from the 20th October 2022 and minutes from the 17th August 2022.

People Committee

SM presented the meeting report to Board, as she had acted as Committee Chair for the meeting in the absence of JMG. SM highlighted that the Committee received the WRES/WDES and approved its publication in line with the previously agreed decision of the Board. The committee was advised of the action plans that were in place to address shortcomings in each.

SM added that there was concern that the WRES/WDES did not fully capture the extent of the work that had been undertaken, which Non-Executive attendees had been sighted on separately. While Committee members had been otherwise assured of these actions, there were a concern that the documents would not communicate this. SM confirmed that the WRES/WDES was

approved subject to changes which were communicated outside of the meeting.

MH queried if the learning from Black Lives Matter (BLM) consultations and subsequent action plan had been included within the WRES. SM stated that there was a focus in the plans on fairness around promotions but added that perceptions were still an issue and there should be a focus on training within recruitment procedures. SM assured the Board that this would be picked up within the WRES. MH mentioned that there were still differences in progression between white and black staff members and questioned what actions were being taken to tackle this. SM confirmed that there was a wider plan on Equalities and Diversity being put together which sat alongside the People Strategy and would be considered at People Committee and then escalated to Board.

DW stated that the People Committee Minutes of the 27th October 2022 would be presented at the next Board meeting in February 2023.

The Board **RECEIVED ASSURANCE** from the meeting report dated 27th October 2022 subject to further discussions between PC and SM.

Quality and Safety Committee (QSC)

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

- The Patient Experience and Engagement Report provided an update on various work programmes as at Quarter 2 (Q2). There had been 300 compliments and 116 complaints of which 97% were sent a response within the 25 working day target. There were 791 PALS enquiries, up from 768 in Q1. A number of survey outcomes had been received although some were embargoed and others due to be received in the coming months.
- The Patient Safety and Risk Learning Report stated that there were two KPIs showing reduced performance – the number of overdue serious incidents and percentage of duty of candour conversations held within ten days. CM advised that for the former issue, review shows that there had been delays in appointing lead investigators, delays in obtaining medical records and issues with lead investigator capacity. CM added that the Committee discussed the practical issues associated with such investigations and how to optimise capacity.
- The Maternity Safety Improvement plan provided an update in Q2 against the standards around the CNST Maternity Incentive Scheme, national recommendations and PRMT/ATAIN action plans. All of these were showing as on track.
- The Mortality Review Committee report was looked at in detail, focusing on HSMR data which placed UHCW second highest in the country. It was explained that there was detailed work taking place to examine this. Given the extent

to which UHCW was an outlier, the assurance rating was moved from 'green' to 'red' and a full update would be received at the next meeting.

- The Royal College Review of Dermatology provided an update on progress against the action plan. A detailed update would be received against the action plan at the next Committee meeting in January 2023.

MH added that there had been an inspection of Maternity Services by the CQC, however this was not as a result of any specific concerns. Preliminary feedback had been received and would be discussed at the relevant Committees.

The Board **RECEIVED ASSURANCE** from the Minutes dated 29th September 2022 and the Meeting report dated 24th November and **NOTED** the attention QSC was giving to the HSMR issue.

Finance and Performance Committee (FPC)

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

- Next Steps of Elective and Cancer Care provided a detailed update setting out ongoing improvement work relating to the actions set out in the letter notifying UHCW that it had been placed in Tier 2 in relation Elective and Cancer Care by NHSE. The committee took assurance from the report and was able to endorse it to Trust Board for consideration at today's meeting.
- Theatre Productivity was the first of two WRP deep dives which the committee determined it would take at its previous meeting, the second would be focusing on cost control in January 2023. The committee received a report detailing work being undertaken to drive increases in productivity along with associated theatre and outpatient metrics.
- The Integrated Finance Report was a report setting out the latest financial position. It included that the month 7 year to date position showed a £14.8m deficit against a £9.2m plan. JG said that the waste reduction position had improved since the last month, showing £10.3m performance against a £15m plan.
- Overseas Patient Access – Elective Treatment Policy set out the requirements for charging overseas visitors in line with legislation.
- The Virtual Wards Business case had been included as an agenda item on the Private Board agenda and was presented with the endorsement of the committee.

The Board **RECEIVED ASSURANCE** from the meeting report dated 24th November 2022 and the Minutes dated 29th September and 27th October 2022 subject to the above amendments.

HTB 22/122 **INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT**

KP presented the report to the Board. KP began the report by confirming that the Trust had achieved 10 of the 35 indicators reported within the Trust's performance scorecard. KP noted that some national submissions had been suspended due to the pandemic and advised that where possible the KPI remains reported within the scorecards.

KP stated that the Trust delivered performance of 61.8% for October for the four hour standard in Accident and Emergency, below the national standard of 95%. KP confirmed that UHCW remains below the benchmarked position for England and the Midlands.

KP added that the RTT incomplete position remains below the 92% national target and stands at 52.7% for September. The average weeks wait was 20.8. KP highlighted that the Trust continues to see an increase in the number of RTT 52 Week wait patients which had risen as a result of service changes required in response to Covid-19. There were 5,117 for September, which was an increase of 176 from August. This compares to a national average of 2,281. KP added that the Diagnostic waiters performance was 6.49% in October, an improvement in performance of 2.83% on the previous month.

KP said that the latest reported HSMR figure was 152.08 for July 2022 and was outside Dr Foster's calculated relative risk range. KP confirmed that this was an area of particular focus. A Never Event had also been reported for October and further details were included in the report.

GP pointed out that the Trust scorecards included within the report contain a number of 'not applicable' and queried this for understanding and clarity. KP stated that on some metrics, the numbers were so small that it would be unfair to present them to avoid benchmarking against smaller organisations. KP added that the information was usually included at Committee meetings. It was agreed that the accompanying explanation would be checked to see if it reflected this. KP

DG highlighted that the reported data had a heading which referred to shared reporting on "finance and workforce" and requested that the reference to workforce be dropped to reflect that workforce matters were now separately reviewed by the People Committee. KP

SM asked about current progress on issues related to Breast cancer screening. AH confirmed that there were significant challenges in this area due to demand and capacity but support had been put in place to improve the service and increase the numbers being done. AH also confirmed that Elective recovery was improving.

SM mentioned that agency spending had decreased and asked if this could be maintained. DG suggested that agency spend was

challenging but was necessary to ensure safe staffing levels. DG added that the Trust was doing relatively well regarding substantive Nurse recruitment. SR stated that the Trust was not where it should be in terms of agency spending, however this was being monitored and steps had been taken.

DG confirmed that Admin and Clerical recruitment was challenging at the moment but the recent recruitment open day was well received and had added people to the recruitment pipeline. SM added that it was also important to draw in local staff. SR highlighted that there was a number of future service developments in the works and there needed to be collective clarity on the recruitment needs to support the developments.

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

HTB 22/123

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE ANNUAL REPORT

AM joined the meeting.

AM presented the report to the Board. The Department of Health guidelines set out a requirement that all NHS Boards receive regular reports, at least annually, on emergency planning. AM confirmed that the report outlines the activity and work of the Emergency Planning Team undertaken during the year 2021/2022.

AM advised that the report details Trust partial compliance with the requirements of the Civil Contingencies Act (CCA) (2004) and the newly revised NHS Emergency Preparedness Response & Resilience (EPRR) Core Standards Framework (2022) following self-assessment and pending formal confirmation.

AM added that each year NHSE request a submission against a set of Core Standards that provides guidance on the Emergency Planning Work Programme. The standards set out the minimum EPRR standards which NHS organisations and providers of NHS-funded care must meet. AM confirmed that in July 2022 these standards were revised and released with a self-assessment against them required by 7th September 2022.

AM stated that the self-assessment had shown that UHCW was 'Partially Compliant' overall and that UHCW awaits confirmation of the self-assessment score and formal feedback, however in order to comply with reporting deadlines the EPRR submission had to be issued to Trust Board unratified. AM assured the Board that in the event of changes to the overall compliance a summary would be provided to Trust Board.

AM went on to confirm that an improvement plan was in place to ensure compliance with all core standards was met within the next 12 months. This includes comprehensive plans to ensure the Trust was able to respond to a range of incidents and emergencies.

AM advised that as a Major Trauma Centre the Trust was heavily involved in local and regional planning and exercising aimed at

testing the resilience and preparedness of not only UHCW NHS Trust, but partner organisations. The work undertaken and response in 2021-22 had ensured the Trust had robust, tested plans and had trained and able staff to respond to incidents.

GP asked how UHCW compares to other organisations within the region regarding the timeline for partial compliance. AM could not provide the information directly but suggested that UHCW was in a similar position to other trusts. AM said this information would be included at the next Board meeting.

MH queried if the risk register needed updating. AM confirmed that there was not an increased risk but this would be reviewed. MH advised that the risk register would need to be updated and asked if deadlines potentially could be expedited. AM agreed that deadlines could be expedited.

AM/GH

DG highlighted that item 47 in the report talks about the Business Continuity Plan and advised that the timescales may need to be refreshed in the report. AM agreed and confirmed that groups were refreshing timescales in terms of industrial action.

The Board **NOTED** that the Trust was partially compliant with the requirements of the Civil Contingencies Act 2004 and the NHS EPRR Framework as outlined in the Emergency Preparedness Annual Report 2022 and endorsed the approach to seeking compliance.

HTB 22/124

NEXT STEPS ON ELECTIVE CARE AND CANCER CARE SELF CERTIFICATION

ELECTIVE CARE UPDATE:

AM presented the Elective care report to the Board. AM confirmed that the Trust continues to work hard to transform Elective Care and was focussed on reducing the number of patients on waiting lists, specifically 78 and 52 weeks and the trust continued to maintain the 1 August 2022 position of zero patients waiting over 104 weeks.

AM added that the Theatre Productivity and Efficiency Programme (PEP) was launched in August 2022 with several workstreams in place covering areas of waste reduction such as: Late Starts and On the day cancellations. AM confirmed that new metrics had been agreed by the Chief Operating Officer and the Deputy Chief Operating Officer which focussed on: Booked and Actual Utilisation, Turnaround Times, Late Starts, Cancellations and Closure Rates.

AM advised that the metrics for each of the above workstreams focused on reducing waste and improving the utilisation of the available theatre capacity in the most efficient way. Metrics for utilisation were supported by national benchmarking targets and utilising data and recommendations from Model Hospital and the GIRFT High Volume Low Complexity programme.

AM went on to add that the Outpatient Productivity and Efficiency Programme (PEP) was launched in 2022. As with Theatres, metrics had been agreed by the Chief Operating Officer and the Deputy Chief Operating Officer which focused on: Booked and Actual Utilisation and DNAs. Due to the cross-working and impact from strategic outpatient transformation the Outpatient PEP Board had been joined with the Outpatient Transformation Board to create the Outpatient Transformation and Productivity Board. AM added that as part of the strategic work Patient Initiated Follow-Ups (PIFU) continue to expand across the Trust and the trust were exceeding the National average with 32 specialties utilisation PIFU pathways at UHCW.

AM also provided an update on Diagnostics, stating that the Trust reported an October 2022 month end performance of 6.49%. This was a decrease of 3.79% from Sept-2022 when 10.28% was reported, which was the highest it had been since April 2021. AM confirmed that Audiology and Cardiology Echo were the Trust's focus areas to improve this position. Both areas were showing improvements in performance from September to October, however further work was required to improve the position further.

CANCER CARE UPDATE:

AM confirmed that the paper outlined the current Cancer position and steps to improve in line with the letter and self-certification requirement from NHS England. AM added that performance against the national cancer waiting times standard remains extremely challenged due to a combination of factors, including increase in overall referral volumes, sustained recovery of activity to pre-pandemic levels and workforce to meet service demand.

AM reported that the 28 Day Faster Diagnosis standard performance year to date was 72.4% against the 75% standard. Delivery of the 28 Day Faster Diagnosis standard was a priority for all cancer services. AM assured the Board that Clinical Groups were working alongside the West Midlands Cancer Alliance to transform pathways and improve delivery of the standard.

AM added that the Trust had undertaken a detailed review of the Urology pathway to assess the position against the National Best Practice standard and understand actions required to achieve the standard.

AM went on to confirm that the Trust were proactively working with Coventry & Warwickshire ICB to fully implement Tele-dermatology across primary care. AM stated that Tele-dermatology was fully implemented for non-cancer pathways in October 2022, with a plan to further roll out to include cancer pathways in the coming months.

AM added lastly that where the Trust was not meeting performance or recommendation targets, the Groups had in place Cancer Recovery Action Plans which were reviewed weekly by both the Deputy Chief Operating Officer – Elective and Cancer Care and the Head of Cancer Services.

CM expressed concern for patients who were directly impacted by delays. AM suggested that there were regular reviews and the longest waiting cancer patients were now fewer than 50. KP added that the Trust had a harm review process which was documented in the Mortality Review meeting. SM questioned if patients were being regularly contacted on waiting lists. KP confirmed that patients were contacted on a regular basis and in terms of cancer, appointments were usually received quickly. JR stated that “cancer care navigators” help to provide open communication with patients and pro-actively contact patients on waiting lists.

The Board **APPROVED** the report.

AM departed the meeting.

HTB 22/125 PALLIATIVE AND END OF LIFE CARE ANNUAL REPORT 2021-2022

TB introduced the report and confirmed that the annual report for End of life care (21/22) outlines the work that had been undertaken by the clinical team during the past 12 months and further builds on the update provided to the Board in December 2021.

TB stated that the emerging strategy for Palliative and End of Life Care for Coventry and Warwickshire would be a driving force for co-ordinated development across the system, with Place Steering Groups working across organisational boundaries to set key priorities and drive further improvement for this patient group locally.

TB added that the continued challenges in the Specialist Palliative Care workforce at the Trust were detailed throughout the report. Despite these challenges the team had worked hard to make plans to restructure the workforce over the coming 6 months to add increased sustainability to the team as well as to implement a 7-day service model.

TB highlighted that following a CQC inspection in 2018, the end of life care domain was allocated a number of actions. For example: Mandatory Training Achievement; to improve facilities for having difficult conversations with relatives in clinical areas; to prioritise the use of accurate data that demonstrated the responsiveness of the specialist palliative care team in relation to referrals and to continue to develop plans to provide a seven-day face to face service to support the care of patients at the end of life, with clear timelines identified. TB assured the Board that majority of the actions had been completed or were on track to be completed, as outlined in the report.

TB also brought the Board’s attention to several areas of outstanding practice. The Trust had 62 trained or in training volunteer befrienders covering the service across Coventry and Warwickshire and support for the dying companions.

TB informed the Board that a Trust-wide education plan had been developed. This was a multi-pronged approach that would allow

staff within the Trust to access and receive education around palliative and end of life care. The plan comprises three elements:

- e-ELCA (end of life care for all) via ESR. Bespoke learning paths for different staff groups.
- Ward nurse champions. This group of individuals were a key link between the wards they represent and the Palliative Care Team.
- Rotational ward visits.

SM queried if the posts the Trust had been unable to recruit for were budgeted posts. TB confirmed that the posts were budgeted and this had been reviewed. KP added that the Trust works closely with Myton Hospices, explaining that some staff were employed by Myton Hospices but provide services at UHCW.

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

HTB 22/126

MATERNITY SAFETY IMPROVEMENT PLAN

GA and SK joined the meeting.

GA and SK presented the report to the Board, explaining that the report aimed to share information for quarter two of 2022/23. GA informed the Board that current activity including births, deliveries and bookings had a slight increase compared to the same period in 2021/22. GA reported that Perinatal Mortality including reviews and Perinatal Quality Surveillance Model was on track with all nationally agreed timescales for multi-disciplinary reviews including patient involvement in all investigation and review processes.

GA added that the stillbirth rate for the Trust was at 7.57 per 1000 births for the reporting period and 6.75 per 1000 births for the rolling 12-month period. A local assurance review on the governance of stillbirth cases was presented to PSEC in September 2022 and there had been six cases referred to HSIB during the reporting period including one maternal death.

GA went on to add that the Midwifery Continuity of Carer (MCoC) policy was on hold for the Trust in line with recommendations from the final Ockenden report. All national target dates to deliver MCoC had now been removed. However, GA assured the Board that a high-level Implementation plan was in development for when appropriate staffing levels could be achieved and MCoC could be introduced safely.

GA highlighted that the current Midwifery vacancy rate for funded posts was 28wte with a further 15.5wte appointments in the pipeline to commence in the next 2 months. For the period reported, one to one care in labour was achieved and supernumerary status of the coordinator was achieved 99% of the time. GA added that there were red flags reported however there were no adverse outcomes or clinical harm because of these.

GA added that service user feedback was sought through the Maternity Voices Partnership and patient surveys and the department continued to receive positive feedback and were the

recipients of both OSCA and Daisy nominations during this reporting period.

GA stated that during 2021 the Trust had agreed to support an increase in the number of midwifery students on the pre-registration midwifery course at Coventry University from 23 (2019/20) to 45 (2021/22) and 35 (2022/2023). GA reported that unfortunately, due to some issues with the admissions process this was not achieved in 2022/23 with 27 students being allocated to UHCW for 2022/23. GA added that retention of existing and new staff was an essential area of focus, and the Trust were piloting the Retention Toolkit developed in the Midlands Region, with a focus on leadership for successful retention and actively reviewing career pathways and opportunities for our staff.

GA informed the Board that a shortened training programme was being developed with funding support from NHSE/I to prepare band 2 Healthcare Support Workers to progress to band 3 Maternity Support Workers to meet workforce requirements. GA also reported that the Trust received notification in February that the department was successful in achieving all ten safety standards for 2020/21. The department were working on the actions to achieve all standards, and these were scheduled to be submitted for Trust Board approval for year four and submission to NHS Resolution by 5 February 2023.

GA highlighted that 5 of the 7 Immediate and Essential Actions from the Ockenden first report had been fully completed with 2 actions in progress. SK added that there had been a lot of attention on the maternity department and improvements had been made. DG stated for clarification that PC would receive a deeper dive into maternity staffing for greater interpretation and feedback.

MH queried whether with the changing demographics of Coventry, had there been feedback regarding use of the Language line for translation. GA responded by confirming that feedback had not yet been provided as Language line had only been in the department for a short amount of time. DG confirmed that Language line was being used in a different way to provide a different service to the department having been used extensively in the Trust. SK added that initial findings were that Language line had been a great help, especially during out of hours.

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

GA and SK departed the meeting

HTB 22/127

NURSING AND MIDWIFERY SAFE STAFFING REPORT

TB introduced the report. The purpose of the report was to provide assurance that the Trust was compliant with its obligations under National Quality Board, National Institute for Health and Care Excellence guidance and Carter report recommendations in relation to safer staffing for Nursing and Midwifery.

TB highlighted several key points from the report. Acuity levels continued to demonstrate increased complexity of patient need as well as continued need for enhanced levels of observation including Registered Mental Health Nurses and Enhanced Care Team. TB suggested that there were challenges within paediatrics in managing an increased number of children and young people with mental health or social crisis needs as well as innovative developments to support patients as well as the workforce.

TB mentioned that no staffing correlations had been identified in Root Cause Analysis investigations for falls and for pressure ulcers and that RN vacancy was 8.65% as of September 2022 which was below the ambition of 10%.

TB added that UHCW were finalists for the second year running for Nursing Times workforce awards including preceptorship programme of the year and confirmed that UHCW was the first University Hospital in England to achieve Pathway to Excellence® credentialing which was an internationally recognised framework for nursing and midwifery excellence which had a positive impact on recruitment and retention.

DG informed the Board that there would be a deeper dive into recruitment at the People Committee in order to provide support with decreasing the vacancy position. DG

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

HTB 22/128

MORTALITY (SHMI AND HSMR) UPDATE

KP presented the report to the Board, highlighting that the enclosed report provided an overview of the Mortality portfolio. KP stated that a weekly HSMR Intervention group had been established in order to respond to the HSMR data showing an upward trend to 151 in July. This had resulted in a detailed series of actions and due to the lag period of HSMR reporting, HSMR data may take 6 months to show improvement without retrospective data cleansing.

KP added that the Trust uses mortality indicators such as the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) to compare mortality data nationally. This supported the Trust to identify areas for potential improvement.

KP explained that there were five providers within the MTC peer group with statistically significantly high mortality. Of these UHCW had the highest HSMR. The crude rate was lower than other Major Trauma Centres (MTC), however it had increased during the last year. UHCW's expected rate was below other major trauma centres.

KP highlighted that the proportion of non-elective activity with no recorded comorbidity was higher than in peers and this had been increasing over the last two years. When compared to other Major Trauma Centres the Trust had fewer episodes where a patient received specialist palliative care, compared to a peer average.

KP assured the Board that in response to the findings of the HSMR analysis an action plan for the ten diagnosis groups had been devised and was reported to Mortality Review Committee monthly, as part of the monitoring alerts report.

GP thanked KP and the teams involved for the approach taken regarding the above issues and expressed that it was a positive approach for a deeper dive into this to learn from the findings. GP also suggested that this highlighted the importance of EPR and the need for better data from a coding perspective.

The Board **RECEIVED ASSURANCE** from the report and asked for continued report back on this issue.

HTB 22/129

MEDICAL EDUCATION REPORT

KP introduced the report and highlighted the key issues. With reference to feedback from junior doctors about their work in Intensive Care, KP raised a point to the Board that staffing levels within Intensive Care were worrying and the issue was being escalated to the senior executive team. In addition to this KP said that feedback from the trainees suggested that in certain specialities they were not getting their SDT/SPA time. Foundation trainees had been advised to exception report. KP added that staffing levels in ITU (linked to gaps in rotas and difficulties engaging locum cover) had left some foundation trainees feeling exposed and unsupported by senior cover.

KP added that the Grand Round Programme had been launched and the face to face attendance rates were gradually increasing. The CMO had been very supportive of this weekly opportunity for clinical staff to get together for an hour on Friday lunchtime to share ideas for best practice.

KP also stated that UHCW had been approached by Aston Medical School regarding placements for students, however early conversations had begun around how this would affect UHCW's relationship with Warwick Medical School. GP thanked the team for approach taken in relation to this as working through the issues would make transparent what the issues were.

KP added that first aid courses continue with candidates from various small businesses applying. The Trust had 6 courses booked in for 2023. KP explained that the Trust had also been asked to deliver a first aid course for the Princes Trust later this month. Plans to develop a brochure for first aid courses and then target local businesses were in progress.

The Board **RECEIVED ASSURANCE** from the report and endorsed the need to look at staffing issues in Intensive Care and support provided to foundation trainees.

HTB 22/130

PATIENT SAFETY LEARNING REPORT

MH presented the report to the Board. MH confirmed that for September 2022 there were two key performance indicators that demonstrated reduced performance over the last three months: the number of overdue Serious Incidents (SI) and percentage of Duty of Candour Conversations held within 10 days. MH stated that at present the national timeframe for completing SI investigations remains suspended due to the covid-19 pandemic but internally the KPI remains.

In terms of Duty of Candour, there was one case in September 2022 where Duty of Candour was not marked as complete within 10 days.

On review of this incident, it had subsequently been downgraded therefore does not breach the statutory requirement for Duty of Candour.

MH reported that there were eight SIs reported in September 2022 with the highest category of incidents relating to treatment delay. MH assured the Board that there were no common themes identified between these treatment delay incidents.

MH stated that there had been three Never Events registered for this financial year. MH explained that all Never Events were subject to review via the SI process and the final investigation reports were presented to the Serious Incident Group (SIG) and Quality and Safety Committee as per standard process.

MH added that the PSIFR framework was currently under review internally and work was ongoing by the Patient Safety Team with support from a dedicated Task and Finish group, and oversight from SIG Governance, to determine the changes that would be required to the Trust's current process for the identification and investigation of Serious Incidents.

SM queried if the Never Event was discussed at QSC. MH confirmed that the Never Event was discussed at QSC and an investigation was currently underway. MH added that the team involved in the Never Event was met with to discuss learning.

The Board **REVIEWED** and **DISCUSSED** the contents of the report and endorsed the approach being followed.

HTB 22/131

CORPORATE RISKS REPORT

MH presented the report to the Board, highlighting some of the key points from the report. MH reported that there were currently 37 open corporate risks which had been approved by the Trust's Risk Committee. Fourteen of these risks were graded as high. MH added that the remaining 22 risks were graded as moderate or below.

MH stated that the Risk Committee review all corporate risks monthly and were also reported to any relevant sub-committees as

per their work plan. Any newly reported or corporate risks listed for closure also require approval by Risk Committee to ensure appropriateness.

SM asked about the continuing issue of storage in hospital corridors. TB said that the Estates team had developed a blueprint for storing items and that ensuring its implementation would involve a lot of people and constant vigilance.

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

HTB 22/132 BOARD ASSURANCE FRAMEWORK

DW presented the BAF to the Board in the light of today's discussions. DW highlighted that the 'QSC Learning from Deaths Audit' had been moved from red to amber, as well as 'FPC Corporate Risks'. DW also mentioned that 'HSMR' had moved from green to red, suggesting that there was anticipation that it would move to amber upon receipt of the action plan discussed earlier in the meeting at the Quality and Safety Committee meeting in January 2023.

DW recommended that the 'Emergency Planning Annual Report' on the basis of requiring external validation, should be added as a second line of assurance to the Operational Performance BAF, and should be amber with an action for FPC to receive an update on compliance that would enable this to turn green. The Board agreed with this. DW

The 'Palliative and End of Life Care' issue was added as a first line of assurance in the Quality and Safety BAF and made green on the basis of assurances received at the Board meeting. The Board was in agreement with this.

DW confirmed that all other reports presented to Board were to remain at the same assurance ratings.

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

HTB 22/133 DRAFT BOARD AGENDAS

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

HTB 22/134 ANY OTHER BUSINESS/MEETING REFLECTIONS

SM reflected on the Maternity Report and suggested that there were a huge number of actions in progress to keep the service going and it should be acknowledged that the Maternity department was under a lot of scrutiny.

HTB 22/135 QUESTIONS FROM MEMBERS OF THE PUBLIC WHICH RELATE TO MATTERS ON THE AGENDA

There were no questions raised.

HTB 22/136 DATE AND TIME OF NEXT MEETING

The next meeting would take place on the 2nd February 2023 at 10:00am.

SIGNED
	CHAIR
DATE

1

DRAFT

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
06/10/2022	Strategic Delivery Board Update	HTB 22/69	Schedule Rugby Development/Strategy for a future Board Strategy Workshop	DW	01-Dec-22	Progressed through Strategic COG with latest proposals due to be presented at Rugby Board – proposed to confirm date for BSW consideration following this.
01/12/2022	Emergency Preparedness Resilience and Response Annual Report	HTB 22/123	MH advised that the risk register would need to be updated and asked if deadlines potentially could be expedited. AM agreed that deadlines could be expedited.	AM/GH	02-Feb-23	Luke Peachey advised that the risk has been updated on Datix and an update will be provided to F&P on the 26th January 2023 within the EPRR Update.
01/12/2022	Nursing and Midwifery Safe Staffing Report	HTB 22/127	Deeper dive on recruitment to be reported at People Committee	DG	02-Feb-23	Complete: Report was scheduled at the 22/12/2022 People Committee.
01/12/2022	Board Assurance Framework	HTB 22/132	FPC to be provided with an update on Emergency Planning Annual Report in terms of compliance	DW	02-Feb-23	FPC BAF updated to reflect this and highlighted in discussion at 26/01/23 FPC that item to be brought back to future meeting to complete assurance on compliance.
01/12/2022	IQPFR	HTB 22/122	DG highlighted that the reported data had a heading which referred to shared reporting on “finance and workforce “and requested that the reference to workforce be dropped to reflect that workforce matters were now separately reviewed by the People Committee.	KP	02-Feb-23	Julie Molloy advised that the report had been reviewed and identified that some headers had not been updated to reflect this split – these will be amended for the next report.
01/12/2022	IQPFR	HTB 22/122	GP pointed out that the Trust scorecards included within the report contain a number of ‘not applicable’ and queried this for understanding and clarity. KP stated that on some metrics, the numbers were so small that it would be unfair to present them to avoid benchmarking against smaller organisations. KP added that the information was usually included at Committee meetings. It was agreed that the accompanying explanation would be checked to see if it reflected this.	KP	02-Feb-23	Julie Molloy advised that In benchmarking reporting data may be suppressed due to small numbers. For our internal scorecards N/A is used where we may have activity for the area but for this particular month there was none, so the measure is not relevant on this occasion.

Deadline Key:	Not started
	In Progress
	Overdue
	Completed

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

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

EXECUTIVE SUMMARY

This report covers the period since the last Board meeting which took place on 1 December 2022.

First, I would like to extend my sincere thanks and gratitude to all our staff across University Hospitals Coventry and Warwickshire NHS Trust for their continued hard work, commitment and support over the last few months. The NHS is facing extreme pressure across the country and the Trust has been experiencing its own day to day challenges in terms of the high number of patients presenting at A&E and challenges in discharging patients to appropriate destinations. With many of our patients, and sometimes staff, suffering from flu and associated infections (along with the rise in covid patients) – these are unprecedented times and sadly these extreme pressures look like they are likely to continue for the foreseeable future. The Chief Executive's report will cover the power outage we experienced on 15th/16th January.

It has been good to know that we are continuing to recruit to fill vacancies which will all help in terms of the workload pressure on individual members of staff. This includes increasing our nurse recruitment. I have been involved in a number of consultant recruitment processes over the last couple of months for various roles including a Consultant Radiologist, a Consultant Oncologist and a Consultant in Emergency Medicine.

As usual, Andy Hardy has continued to keep myself and my fellow Non-Executive Directors fully up to date on all the operational issues facing the Trust, and I or fellow NED Jerry Gould have continued to join the regular regional health leaders update calls with Dale Bywater (NSHE/I Regional Director for the Midlands). I have also received my regular briefings from individual Chief Officers and received my regular 'catch up' meetings with Lorna Shaw (the Trust Freedom to Speak Up Guardian). I also had the pleasure of presenting the World Class Colleague Award to the Trust's Senior Communications Manager for her great work on the OSCAs amongst other things.

I remotely joined the ICP Meeting to approve the Integrated Care Strategy and the Regional Roadshow re planning guidance for Midlands and East of England Regions.

My internal meetings have included the Board to Board meeting between Project Co (the PFI entity for the Trust) and UHCW in December; the regular bi-monthly Board Strategic Workshop where we discussed hospital flow amongst other issues. I also received my regular update on Health and Well-being from colleagues in the People Directorate.

Externally I have attended the Warwickshire County Council Health and Well-being Board representing UHCW and attended the Coventry and Warwickshire Provider Chairs' meetings led by the Chair of the ICS. I have had a meeting with the Chief Executive of the Warwickshire County Council where we covered a range of subjects including children in crisis and with the Chair of South Warwickshire University Foundation Trust and George Eliot Hospital.

On 14th December I was one of a large audience who received the extremely stimulating input to the Equality Summit from Karl George and Darren Harris – the issues of exclusion and lack of representation very much a focus as they are in our own work.

Also prior to Christmas, I had the chance to visit various areas of the hospital to thank a number of teams and see for myself some of the issues they were dealing with. This included visits to various wards in Rugby St Cross with the Clinical Site Manager and Head of Emergency Planning; a visit to Medicine with the Group Director of Nursing; a tour of Paediatric services from the Group Nursing Director of Women's and Children's, including meeting some mothers and their children and visiting the Emergency Department with the Clinical Director for Emergency Medicine. Many thanks to all of those who hosted me on these visits.

I and other Executive and Non-Executive colleagues visited the Coventry Urgent Treatment Centre and the prospective building and site of the planned Community Diagnostic Centre. I also joined the Breast Surgery Launch of the new Breast Surgery support and care facilities at Rugby St Cross and the pre-Christmas 'thanks' to all our volunteers at both Rugby St Cross and University Hospital for all their hard work and dedication over the last 12 months.

I would like formally to use this opportunity to report the appointment of our newest Associate Non-Executive Director, Dr Jaiye Olaleye, a GP in Warwickshire and to welcome her so it can be recorded. This Board meeting will be her first and she has already started various induction opportunities.

I would also like to congratulate Professor Gavin Perkins, one of our other Non-Executives on his appointment as Dean of Warwick Medical School. He will be taking up his position later this calendar year and we are delighted to have him as a member of our Board.

Dame Stella Manzie

PREVIOUS DISCUSSIONS HELD

Not applicable

KEY IMPLICATIONS

Financial	Not relevant to this report
Patient Safety or Quality	Face to face engagement by Non-Executive Directors is a part of the quality and assurance processes in the Trust
Workforce	Health and wellbeing of our staff remains an important theme.
Operational	A number of operational issues are discussed in meetings attended by the Chair either locally or system wide.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Chief Executive Officer Update
Executive Sponsor	Andrew Hardy, Chief Executive Officer
Author	Andrew Hardy, Chief Executive Officer
Attachment	None
Recommendations	<ol style="list-style-type: none"> 1. The Board is asked to further endorse the decision taken at a Board Strategic Workshop on 5 January 2023 to support the submission of the Trust's declaration of compliance with the Maternity Safety Incentive Scheme by the deadline of 12 noon on Thursday 2 February 2023. 2. The Board is asked to RECEIVE ASSURANCE from the report and to RATIFY the consultant appointments listed on page 3.

EXECUTIVE SUMMARY:

1. CNST Maternity Safety Incentive Scheme

The Trust is a participant of the Maternity Safety Incentive Scheme which is operated through the Clinical Negligence Scheme for Trusts (CNST). The incentive scheme is designed to support the delivery of safer maternity care, and involves participating trusts making additional contributions to the CNST maternity premium, with the ability to recover this and additional incentivised payments. The scale of the benefits that are realised is linked to compliance with 10 safety standards, with the potential for recovery below the additional contribution threshold where the standards are not met.

At the Board Strategic Workshop on 5 January 2023, the Board supported the submission of a statement of compliance, signed on behalf of the Trust by the Chief Executive Officer. The Board was advised at that meeting that the Trust was able to confirm compliance. Due to the timing of the submission deadline coinciding with today's Board meeting, the detailed submission was considered at the Board Strategic Workshop but formal endorsement of that approval is now sought.

2. 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 2022 and January 2023.

Professor Andrew Hardy – Chief Executive Officer

Whilst the new year traditionally ushers in feelings of both hope and optimism, sadly the start of 2023 has seen the Trust facing extreme challenges as our emergency and elective pathways remain under significant pressure. This period follows hard on the heels of a frenetic 2022 where we have continued to work as a Trust round the clock to recover services for our patients following the pandemic. A 'twindemic' of rising flu and Covid cases, alongside increased presentations of Strep A and delayed discharges, has made this one of the most challenging winters we have ever faced as an organisation. Once again, our brilliant staff have risen to the challenge, and this makes me immensely proud. The hard work and continued commitment that our staff display on a daily basis is amazing and does not go unnoticed, and I would like to say a big 'thank you' to all our staff for their on-going support and dedication in recent weeks.

We declared an internal critical incident on Monday 16 January following a power outage at University Hospital following an external power interruption causing loss of power across the site. A voltage spike caused local damage to one of two High Voltage (HV) cables feeding the site which caused a number of local areas within the Trust power to trip. This spike in the HV power supply whilst not long enough in duration for the generators to take the load – caused a significant number of breakers and systems around the site to trip out requiring them to be manually reset by on site engineers, given the large number of areas affected – additional resource was called in by the service provider to assist in the restoration of affected infrastructure. Engineers prioritised agreed areas with On Call Management Teams to restore power as quickly as possible whilst additional resources arrived. This caused impact and delay with some services, e.g. Pathology, Radiology, & Pharmacy which required invoking their Business Continuity Plans (BCPs) to support the wider organisational response. As well as the interruption of power to a number of areas – a number of other systems were affected by the surge namely, the fire alarm, access control, panic alarms and CCTV thus a critical incident was declared by the On Call Management Team. At 15:00 a decision was made to deescalate from Critical, to Business Continuity Incident on the basis that the incident was safely being managed in line existing BCP arrangements. As part of Emergency Planning protocol, a lessons learned review is being undertaken and a report will be produced in due course.

Our on-going development and investment in Rugby St Cross Hospital is continuing apace and in December I was delighted to attend the launch event for the new Breast Surgery Unit which offers patients surgical and nursing support at Rugby St Cross - the facility (called the Laurel Unit) is located in the Rainsbrook Wing.

As usual, my internal commitments have included Board briefings (including those with our Chair and Non-Executive Directors); regular Board Strategic Workshop; regular monthly 'catch up' sessions with the Chief Officers, and the monthly local VMI Trust Guiding Teams meetings. I joined the monthly Chief Officer Forum briefing sessions, was briefed during my weekly discussion meetings in relation to Elective Care and Emergency Care Updates. Other internal meetings I have attended include the elective recovery meetings; the Electronic Patient Record (EPR) Programme Board along with the regular update meetings; I have carried out some Rounding sessions with UHCWi; joined a Winter Planning event with participation from each of the Groups; I sat on the interview panel for the Associate Non-Executive Director and joined the reconvened daily Gold Command calls as required. Given the current pressures being experienced in our Emergency Department, I met with Ed Hartley (Clinical Director for Emergency Medicine) for a clinical ED risk discussion and joined several ED 'Huddles'.

I attended an important event on 14 December - our first UHCW Equality Summit. Entitled *Our journey to inclusion: the next step*. Convened by Donna Griffiths our Chief People Officer, the one-day event held on 14 December (in our Lecture Theatre) coincided with Human Rights Day 2022 and was aimed at a wide variety of our staff. We heard thought-provoking speeches from expert speakers from both the public sector and sport on their personal experiences of discrimination and actions they had spearheaded to break down barriers. We are a learning organisation and the summit prompted us to reflect (and we will continue to do so) on our roles as individuals and collectively in relation to both tackling discrimination and promoting equality more widely.

I have undertaken my regular staff Q&A sessions at both University Hospital and Rugby St Cross; met with potential EPR Strategic Advisors; joined my Chief Officers and attended the Quarterly Performance Reviews with each of the clinical groups; had an Executive to Executive Team meeting with colleagues from Coventry and Warwickshire Integrated Care Board; attended the Medical Negotiating Committee; attended Risk Committee; joined the Chief Medical Officer meeting with GCDs and Clinical Leads and virtually met with colleagues on the West Midlands Acute Provider meeting.

I also met with Jeremy Wright (MP for Kenilworth and Southam) and Jaiye Olaleye – newly appointed Associate Non-Executive Director. Prior to Christmas, I had the chance to personally say ‘thank you’ to our valuable Volunteers who make a massive contribution in a wide variety of roles and areas across both University Hospital and Rugby St Cross. I also had the opportunity to visit the newly refurbished Nature Trail with Jo O’Sullivan from UHCW Charity – part of our Platinum Jubilee Nature Reserve.

I have been involved in wide range of other miscellaneous engagements which have included the Board to Board meeting with Project Co; joined a meeting with Sir Peter Rigby; met with Sir Neil McKay (Chair of Shropshire NHS Integrated Care System); a catch up with Monica Fogarty (CEO at Warwick County Council); had a virtual intro meeting with Pamela Bradbury (Non-Executive Director for the Integrated Care Board); I met with Martin Reeves and I had a virtual intro meeting with Cllr Ali (Chair of Health and Social Care Scrutiny Board and attended the actual Board meeting and the Coventry Health and Well-being Board at Coventry City Council; I joined the Lord Mayor and other Councillors for their annual Christmas ‘get together’ and I virtually joined the UHCW/Beamtree Steering Group meeting along with the Global Health Comparators (GHC) Member meeting and the GHC Member Council meeting with colleagues from Australia.

I have joined several roadshow events including the virtual Regional ‘Planning Guidance for the Midlands and East of England; the Health Leadership Roundtable event in London and the virtual private Roundtable event ‘Urgent and Emergency Care Front Door – responding to the urgent care crisis, time and radical innovation’.

In terms of partnership working, I have had my regular ‘catch up’ / briefing sessions with Phi Johns; Glen Burley; the collective NHS Chief Executive sessions with Phil, Glen and Mel Coombes; joined the ICS Exec to Exec meeting; I have attended the monthly ICS Executive Group meetings and virtually joined the Coventry and Warwickshire Integrated Care Board. Myself and the Chief Officers met with the Joint Academic Strategy Group and joined colleagues from Worcestershire Acute Hospital for our Joint Executive Team meeting. I also had a virtual intro meeting with Tracey Pilcher – the Chief Nursing Officer for the Coventry and Warwickshire Integrated Care Board.

My commitments in relation to NHSE/I have included the usual NHS Midlands Leaders Update calls with Dale Bywater (NHS England and NHS Improvement Midlands Regional Director). I also had a winter update call with Matthew Taylor from NHS Confederation.

My external commitments have included attending the Board of Trustees meeting and undergoing my appraisal for ExtraCare, virtually joining a CIPFA related meeting and attending the HFMA Annual Conference and gala dinner which included being a panel member for a session re “Looking ahead: Five-year projections for the NHS).

Professor Andrew Hardy

Consultant Appointments:

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

Appointed Candidates	
Andrew O’Keeffe	Consultant Cellular Pathologist
Gloria Isoken Otasowie Fatusin	Consultant Clinical Radiologist with Gynaecology and Urology
Surabhi Talwar	Consultant Nephrologist
Munib Mirza	Consultant in Stroke Medicine
Ayesha Siddiqa Azam	Consultant Cellular Pathologist
Lucy Jean Solway	Consultant Clinical Oncologist in Urology and Colorectal Cancer
Jennifer Louise Waters	Consultant in Emergency Medicine
Shoaib Rasheed Siddiqui	Locum Consultant in Stroke Medicine
Mazharuddin Mohammed	Locum Consultant in Emergency Medicine
Jennifer Anne Hardy	Locum Consultant in Emergency Medicine

KEY IMPLICATIONS:

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

**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
HELD ON THURSDAY 20 OCTOBER 2022 AT 9:30AM
VIA MS TEAMS**

ITEM	DISCUSSION	ACTION
ARAC/22/100	<p>PRESENT</p> <p>Afzal Ismail (AI), Non-Executive Director – Chair Jerry Gould (JG), Non-Executive Director Douglas Howat (DH), Associate Non-Executive Director Gavin Perkins (GP), Non Executive Director</p>	
ARAC/22/101	<p>IN ATTENDANCE</p> <p>Rob Andrews (RA), KPMG [<i>for ARAC/22/113</i>] Amar Bhagwan (AB), Director of Procurement [<i>for ARAC/22/116</i>] Tracey Brigstock (TB), Chief Nursing Officer [<i>for ARAC/22/109</i>] Lisa Cummins (LC), Director of Quality [<i>for ARAC/22/118</i>] Lisa O'Brien (LOB), Audit Manager, CWAS Cathy Hughes (CH), Local Counter Fraud Specialist, CWAS [<i>for ARAC/22/112</i>] Sharon Naylor (SN), Associate Director of Finance, Corporate Services Susan Rollason (SR), Chief Finance Officer Sarah Swan (SS), CWAS David Walsh (DW), Director of Corporate Affairs</p>	
ARAC/22/102	<p>APOLOGIES FOR ABSENCE</p> <p>Mo Hussain (MH), Chief Quality Officer</p>	
ARAC/22/103	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was confirmed as quorate. DH and GP were welcomed to their first meeting of the Committee. Both Non-Executive Directors introduced themselves and gave a short background to their working experience.</p>	
ARAC/22/104	<p>DECLARATIONS OF INTEREST</p> <p>There were no interests declared.</p>	
ARAC/22/105	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The minutes of the previous meeting held on 17 August 2022 were APPROVED as a true and correct record.</p>	
ARAC/22/106	<p>ACTION MATRIX</p> <p>There being a number of blanks in the Matrix presented the Chair requested DW to make urgent updates and responses and circulate a further Matrix to the Committee in one weeks time. Action 22/52 was discussed and the date to be changed to January/February 2023. Action 22/55 is mostly complete with a report being presented to the QSC shortly. Action 22/89 to be discussed further under</p>	DW

ITEM	DISCUSSION	ACTION
	<p>ARAC/22/108, SR commented on the business case being presented in the near future. Action 22/84, SR further noted that CW Audit were presenting an impact assessment which would then be risk assessed by the Trust. JG asked whether the assessment would consider the impact on the market place. JG queried Action 22/61 and the response given as it did not address his concerns that further charges should be lower than the initial charges. An additional column could be created to show we are not being profiteered against. SR stated that a narrative column can be added for high value items.</p> <p>The Committee RECEIVED the updated report and APPROVED the actions taken.</p>	
ARAC/22/107	INTERNAL AUDIT RECOMMENDATIONS UPDATE	
	<p>LOB presented the report, highlighting the following.</p> <p>All recommendations and agreed actions have been uploaded to an online recommendation tracking system by Internal Audit as and when reports are finalised. Management are then required to update the status against agreed actions. This is a self-assessment and is supplemented by our independent follow-up reviews, where this is deemed necessary.</p> <p>As at 30 September 2022, there were 0 overdue recommendations however there were 9 recommendations where revision to the original/ revised intended implementation date had occurred, the majority of these related to Cyber Security or Learning from Death. The audit recommendation tracker had been updated with a status update from the owner along with the revised date for all deferred recommendations.</p> <p>There had been one level two date revision related to Penetration Testing. Chair stated that these revisions concerned him, it was asked whether Chief Officers can give assurances in mitigation to managing the risk. DW stated that thresholds had not been met yet for major concerns, a meeting was due to occur and would be reported back. JG said this appears to be a resourcing issue and asked whether this was due to vacancies or not enough staff in place. SR stated that EPR was causing an increased need in resourcing. It was difficult to recruit staff. The Cyber Action plan is being progressed but not as quickly as the Trust would hope. JG asked a further question which was being covered by the new Business Case. The Chair asked if there was a safe position to take and this needed flagging to the Board as an active risk.</p> <p>The Committee NOTED the report and CONFIRMED support of the proposed actions and timescales of the deferred recommendations.</p>	DW
ARAC/22/108	INTERNAL AUDIT PROGRESS REPORT	
	<p>LOB presented the report, highlighting the following.</p> <p>Delivery of the 22/23 Internal Audit plan is progressing well. Following the previous Audit Risk and Assurance Committee held in August the following had been undertaken:</p> <ul style="list-style-type: none"> • We have completed work and finalised reports in respect of the project PathLAKE Plus expenditure claim (6th review) and 	

ITEM	DISCUSSION	ACTION
	<p>the Learning Disability Improvement Standards- Access to Healthcare;</p> <ul style="list-style-type: none"> • The review of Discharge Planning- TTO Processing is complete and findings discussed with Pharmacy the report had been shared with management to consider the action plan; • Reviews of Financial Sustainability (HfMA self-assessment) and Financial Systems had commenced; • The annual Payroll audit is scheduled to commence at the end of October and terms of reference for the 7th expenditure claim review for project PathLAKE Plus has been drafted; • We have been advised that project PathLAKE had been extended for a further 6 months to 31 March 2022. As a result our final expenditure claim review for the project is now required to be completed early April 2023 (as opposed to October as initially scheduled); • At the request of the Trust we had expanded the scope of the Financial Ledger review to reflect IAS 315 and add in access controls over the JAC system. Time for this will come from the ICS days. <p>There are no overdue recommendations as at 30 September 2022 however a number of recommendations have been deferred and remain ongoing. Details of these have been presented within a separate report to this Committee. SR noted that the financial sustainability assessment timeline and monitoring arrangements had been taken to Board and outcomes were being progressed through the FPC and back to the Board.</p> <p>The Committee NOTED the progress made in the delivery of the 2022/23 Internal Audit plan.</p>	
ARAC/22/109	<p>INTERNAL AUDIT REPORT: LEARNING DISABILITY IMPROVEMENTS STANDARDS – ACCESS TO HEALTHCARE</p> <p>At this point TB entered the meeting to give assurance on this matter. SS presented the report highlighting the following.</p> <p>CW Audit had recently completed the review of the Learning Disability Improvement Standards- Access to Healthcare. The work highlights the Trust's recognition of where they are in their journey with achieving compliance with the standards and the further work required and as such CW Audit had provided moderate assurance overall. This however should not take away from the hard work and commitment of those staff involved in the care and treatment of patients with a learning disability and CW Audit had noted some instances of good practice observed during the ward visits. The key areas for the Trust to now focus on have been identified as follows:</p> <ul style="list-style-type: none"> • The Trust should review the results of the assessment and put plans in place to address any shortfall in compliance against the Learning Disability Improvement Standards where identified with particular focus placed on areas where action is required; • Progress with implementing any improvement/ enhancement actions identified as part of the assessment should be monitored and reported to the relevant working Group/ Committee; 	

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> Trust staff should be reminded of the importance of maintaining sufficient audit trail within healthcare records of contact/ support provided to LD patients as well as any reasonable adjustments made. Audit trail should also be maintained for instances where contact/ support/ adjustments are not required; Responsibilities in terms of record keeping should be clearly documented through development of a local procedure or incorporation into an existing procedure/ policy or service agreement. <p>It was reported to the Committee that the Draft report had been uploaded to Members rather than the Final report which had been submitted to the Chief Officers Group. The differences between the two related to responses made to the document. The Final report will be submitted to the Committee at their next meeting. The Final report contains the fact that there is a national audit ongoing which the Trust is participating in, the Trust has enhanced the recommendation response from the Draft to the Final.</p> <p>TB stated that there were four standards in total but only three of them apply to Acute Trusts. It is a national NHS ambition to apply these standards across the whole NHS by the end of the 2023/24 period. The Trust commissions the Inreach service from CWPT and they work alongside the Trusts Safeguarding team. The results demonstrate the Moderate Assurance Level required. The Trust have had some weaknesses highlighted in record keeping. An Action Plan was in place which also covers education and training, this will be referred to the Safeguarding Committee. JG asked for audit purposes was this matter being considered by the QSC. TB stated that it will do and currently is overseen by the Patient Safety and Experience Committee. The Trust is awaiting further national guidance and this will go to the QSC.</p> <p>Chair asked for the Final report to be brought back to the Committee after the end of March 2023. When the recommendations have been received this matter can then be closed. At this point TB left the meeting.</p> <p>The Committee NOTED and RECEIVED Moderate Assurance from the report.</p>	
ARAC/22/110	<p>INNOVATE GRANT PROJECT PATHLAKE PLUS – EXPENDITURE CLAIM ASSESSMENT NUMBER 6</p> <p>LOB gave context to the report for the benefit of the new members and highlighted that;</p> <p>The auditors had completed the latest assessment of the Trust's expenditure claim in relation to the PathLAKE Plus project. The review covers the expenditure period April to June 2022. The Trust receives grant support from Innovate UK for this project and under the grant terms and conditions an independent assessment of the Trust's project expenditure is required on a quarterly basis. An assurance level is not required for this work although the auditors had raised a minor reservation regarding the inclusion of VAT for</p>	DW

ITEM	DISCUSSION	ACTION
	<p>some items of non-pay expenditure claimed in line with the grant conditions.</p> <p>The auditors had been advised by the Trust, following assurances received from Innovate UK, that VAT can be claimed in instances where this is classed by the Trust as non-recoverable.</p> <p>The Committee NOTED and RECEIVED ASSURANCE from the expenditure claim assessment report.</p>	
ARAC/22/111	<p>2021/22 PERFORMANCE OUTCOMES AND KPI REPORT</p> <p>SS gave a brief summary of the report and gave some context to the new members as follows.</p> <p>The report summarises the auditors performance in achieving the ethics and standards contained in the Public Sector Internal Audit Standards (PSIAS) and includes performance against the Key Performance Indicators for 2021/22 which showed the effectiveness of the service provided. This report is presented for information to the Audit and Risk Assurance Committee.</p> <p>There were no key issues to note. The average time taken by managers to respond to draft audit reports was 12 working days during 2021/22. The majority of reports were responded to within the target of 10 working days from reports being issued and the auditors have acknowledged the challenging times being faced across all areas of the Trust during this period. All of the auditors final reports were issued within 5 working days following executive sign off.</p> <p>The average Post Audit Questionnaire (PAQ) was 8.5, with the optimum being 10. There was an improvement compared to the average score of 8 for 2020/21.</p> <p>Both the Chair and SR commented that the report was very positive following some challenging years.</p> <p>The Committee NOTED the report and KPI delivery for 2021/22</p>	
ARAC/22/112	<p>COUNTER FRAUD PROGRESS REPORT</p> <p>CH presented the report noting that it has shown progress against the agreed plan. She noted that there are four open incidents, the Counter Fraud Team are conducting awareness training with managers within the Trust and also Learning and Development. The staff handbook will also be updated. Further work has been undertaken in Mandate Fraud.</p> <p>The Chair questioned the amounts written off particularly from overseas income debt. SR reported that there is a review being undertaken on the overseas policy. SN noted that 97% of the write off value is overseas debt and 82% of the total cases. Year to date figures can be added to the report. SR stated that figures would be presented to the Committee at their next meeting which would be added to the policy updates.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	SR

ITEM	DISCUSSION	ACTION
ARAC/22/113	<p>ANNUAL EXTERNAL PROGRESS REPORT</p> <p>RA presented the standing update report noting that the full audit is in June of each year and planning for the next year is to commence. Meetings had been held with the Trust finance team to improve processes. RA noted that he was handing over the management of the audit role over to Liz Gardner who should be present at the next Audit meeting.</p> <p>The report provided a summary of the work performed since the last meeting of the Audit Committee and detail of the work to be performed. The report included a technical update and the Quarterly Benchmarking report. There are two changes to auditing standards namely ISA UK 315 and ISA UK 240 which incorporate significant changes to risk identification and assessment in IT controls together with changes to the auditors responsibilities relating to fraud.</p> <p>The benchmarking report gave a snapshot of the Trust in comparison to others. Noted that debtor days are high for this Trust compared to others and may need further investigation and disclosure. The Chair stated that this was not a surprise as the Trust had noted difficulties in this area.</p> <p>JG asked about two Trusts and that their figures were outliers. RA stated that the Trusts sent in their own figures. JG further asked whether these are acute trusts. RA answered directly to JG later in the meeting. SR noted that there were particular local difficulties with recovering monies from a neighbouring Trust.</p> <p>The Committee NOTED both the Progress Report and the Benchmarking report.</p>	
ARAC/22/114	<p>LOSSES AND SPECIAL PAYMENTS</p> <p>SR presented the report noting that there were</p> <ul style="list-style-type: none"> • Five ex-gratia payments for lost or damaged personal items totalling £4,129; • reimbursements from NHS Resolution of £4,000; • theatre and pharmacy stock losses for the period of 1 July to 30 September 2022 totalling £43,031 <p>during the period 1 July to 30 September 2022.</p> <p>The Committee NOTED and APPROVED the losses and special payments recorded.</p>	
ARAC/22/115	<p>DEBT WRITE OFFS</p> <p>SR Presented the report detailing the write off of 159 uncollectable debts totalling £325,186.96</p> <p>JG questioned whether the amount of overseas debt write offs are shared with the ICS. SR stated that this is the Trusts figure.</p> <p>The Committee APPROVED the write off figures presented.</p>	
ARAC/22/116	<p>WAIVERS OF SO/SFIs/SoRD</p>	

ITEM	DISCUSSION	ACTION
	<p>AB joined the meeting to present the report which provided an overview of the instances where the Trust had waived its business rules between July and September 2022, in relation to the requirement to obtain competitive tenders / quotations.</p> <p>The Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation and Reservation had been waived in line with the reasons documented in SO's section 17.6.3.</p> <p>Throughout the period covered by the report no new reasons for waiver requests had been forthcoming.</p> <p>Of the £3.13 million covered by waiver requests between July and September 2022, 3 had a value in excess of £100,000 but all were required through the normal day to day operation of the Trust.</p> <p>AB further noted that the high value payment to Deloitte was due to the assessment of the Waste Reduction Programme, consumable costs were linked to Covid testing. The trust is involved in a national approach in that respect. The third supplier gave assistance in the VAT area.</p> <p>AB also noted the high number of waivers coming through the system and how the Trust can reduce the volume. A suggestion was to raise one single waiver for the entire year rather than multiple waivers for the same reason. AB also noted that the values on the SFI policy had not been increased for a long time.</p> <p>SR noted that Deloitte produced the benchmarks against the rate cards and had also given a significant discount to their own charges. She further noted that any high value supplier has now to go through NHSEI as part of the control processes giving an additional level of assurance. Using Docusign is giving an improved transparency around the waiver process.</p> <p>JG stated that the Reason for Waiver in terms of Deloitte should say "maintenance of Service, Existing supplier" particularly as there are other suppliers who can do the same task.</p> <p>The chair agreed with the general raising of limits and encouraged SN and SR to consider both raising limits and the raising of a single waiver rather than multiples. The Chair then questioned the Deloitte cost in relation to the Waste Reduction Programme and whether there was a risk that required reporting to the Audit and Risk Assurance Committee in the attainment of the full year target. The Chair stated that he was also mindful of not crossing boundaries and duplicating reports that should go to the Finance and Performance Committee. JG noted that a report had been given to the Trust Board, he outlined some of the detail and challenges. JG further asked for a report to be given to the Audit Committee. SR agreed and stated that this Committee should be involved with the control processes and mitigation of risk and that the full Board should have a fuller report. SR will report further to the Committee giving action plans and evidence produced. At this point AB left the meeting.</p> <p>The Committee NOTED the number, reasons and appropriateness of the requests made for the waiving of Standing Orders, Standing Financial Instructions and Scheme of Delegation and Reservation.</p>	<p>SR</p>

ITEM	DISCUSSION	ACTION
ARAC/22/117	<p>ACCOUNTING FOR PFI EQUIPMENT AND PROPOSED CHANGES</p> <p>SR presented the paper and stated that the report noted the following.</p> <ul style="list-style-type: none"> Detailed the pricing mechanism arrangements of the PFI Equipment contract. Typically, when PFI equipment is purchased, there is a pricing difference between the contract index-linked price (BOQ) price to the actual price paid for the equipment by the PFI provider. This pricing difference is known as 'Equipment Pain/Gain'. This difference in pricing is then split according to contract terms, between the Trust and PFI company should be calculated. Detailed the proposed accounting transactions for recognition of the historic and future Equipment of the PFI provider:- <ol style="list-style-type: none"> Firstly, by capitalising as a cost of acquired the leased PFI asset. Secondly, once the PFI Provider's pricing gain had been capitalised as cost of the assets it would be recognised as an impairment, to ensure assets are recognised at recoverable values (Actual price paid). The impairment would be recognised in the Statement of Comprehensive Income and would form part of the adjustments in the 'Adjusted Financial Performance' of the Trust. Highlight there will be a separate piece of ongoing work to monitor the remaining balance on the lifecycle prepayment account to ensure equipment purchases and pricing advantages are maximised to the benefit of the Trust to the end of the PFI equipment contract in 2042. <p>SR further reported that the paper does not refer to the future use of the assets which will be contained in a further paper. The paper contained a number of scenarios that would be used under different circumstances. RA noted that the KMPG auditors had been involved and approved of the process.</p> <p>The Committee NOTED and APPROVED the proposed accounting methodology of recognising the PFI Provider's share of the pricing gains (BOQ Contract vs Actual prices) as a cost of acquiring the leased PFI asset.</p>	
ARAC/22/118	<p>RISK MANAGEMENT REPORT</p> <p>LC joined the meeting and presented the report highlighting the following points.</p> <p>Total No. of Open Risks:</p> <p>There are four open risks for which the Audit and Risk Assurance Committee (ARAC) are the assigned Responsible Committee.</p> <p>There had been no changes to the corporate risks under the ARAC portfolio since the last meeting.</p> <p>The corporate risks are listed below:</p> <ul style="list-style-type: none"> Risk ID 2416: Breaches of Confidentiality Risk ID 1864: Unauthorised access of Trust systems - Misuse of access by Trust Staff Risk 2911: Raising concerns 	

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> Risk ID 2646: Cyber Security threats and vulnerabilities to the Trust <p>Risk overview: There is currently one risk rated as 20 (High) and full risk register details for the risk had been included in the Corporate Risks Report presented to the Committee:</p> <ul style="list-style-type: none"> Risk ID 2646 – Cyber Security threats and vulnerabilities to the Trust <p>The remaining three risks are graded as moderate and summarised details of these risks were included in the Corporate Risks Report.</p> <p>Next meeting work plan: To align with changes to the agreed work plans for sub-committees with assigned risks, ARAC are asked to focus on and discuss all assigned corporate risks at each meeting.</p> <p>LC further noted that the Raising Concerns risk app for staff has now gone live. DW noted that the Risks Committee had considered risk 1864 and as this risk was being managed could be downgraded from the Corporate Risk Register, this was APPROVED by the meeting. JG asked that the report be reworded as Gaps in Controls notes ongoing work in progress rather than the risks to be reported. At this point LC left the meeting.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
ARAC/22/119	BOARD ASSURANCE FRAMEWORK – CYBER SECURITY	
	<p>DW stated that the work had commenced and he would shortly meet colleagues in the IT Department to further develop the BAF. There was not enough sources of assurance to present to the Committee, when added this would be circulated to the Committee as soon as possible. A fuller BAF would then be presented at each meeting.</p> <p>The Committee NOTED the report.</p>	DW
ARAC/22/120	INFORMATION GOVERNANCE UPDATE	
	<p>DW noted that the IG Committee sits below this Committee and presents regular updates.</p> <p>The report included the Data Security and Protection Toolkit (DSPT) assessment which is a key performance measure for the Trust where a 'Standards Met' rating has been achieved for 2021-22. The revised DPIA (Data Protection Impact Assessments) process had been successful as part of the Trust's overall data protection compliance programme of work. The numbers of subject access requests and Freedom of Information Act performance figures are reported, where the volume of requests is high but compliance against the 30 day target had been low. An update is provided on the (new) eight Caldicott Principles, and brief summaries were given on the policies approved, the number of IG incidents, and the long standing IG risks.</p>	

ITEM	DISCUSSION	ACTION
	<p>The Chair asked that further clarification be given, comparing point 5.2 with 4.1 so that the Committee can receive assurance on the report.</p> <p>The Committee NOTED the report.</p>	
ARAC/22/121	DRAFT AGENDA FOR NEXT MEETING	
	<p>The Draft Agenda was accepted and RECEIVED for the next meeting</p>	
ARAC/22/122	ANY OTHER BUSINESS	
	<p>No other business was brought before the Committee.</p>	
ARAC/22/123	CHAIRS REPORT TO THE TRUST BOARD	
	<p>The Chair reported that this would be drafted between himself and DW at a later point, this would include the Cyber Threat, the discussions on the Waste Reduction Programme and overseas income.</p>	
ARAC/22/124	MEETING REFLECTIONS	
	<p>The Chair felt that the meeting went well due to the quality of the papers presented. He stated that he was happy to meet the two new NEDs away from the meeting to be able to explain the working of the Committee more fully.</p>	
ARAC/22/125	DATE AND TIME OF NEXT MEETING	
	<p>The next meeting would take place on Thursday 19 January 2023 at 9.30-12 noon.</p> <p>There being no further business the meeting closed at 11:30am</p>	

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

**Report of the Audit and Risk Assurance Committee
following its meeting held on 19 January 2023**

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

Key highlights of discussions held during the meeting

ISSUE	DETAILS
Item 8.2 Discharge Planning – Timeliness of TTO (“to take out”) Medication Processing	<p>The committee received a final audit which had a finding of limited assurance. A number of actions were described and consideration was given to the management response to each. The actions were due for completion by the end of April 2023.</p> <p>The committee referred triangulation of those actions to other assurances received to the Finance and Performance Committee, with an action added to the FPC Operational Performance BAF that the action plan be presented upon its completion in April or May 2023.</p> <p>Meanwhile the committee itself sought further assurances and agreed to receive an update, indicatively timetabled for January 2024, on a follow-up audit so the effectiveness of the controls and actions having been completed could be assessed for further assurance.</p>
Item 8.3 Financial Sustainability	An audit mandated by the Healthcare Financial Management Association was presented and provided positive assurance. The audit was not assessed using the standard internal audit rating methodology (i.e. significant, moderate, limited, none) but instead using mandated assessment criteria. Using these, UHCW was deemed to be fully compliant as it had fully completed its own self assessment, this had been appropriately approved, and the assessment of 12 NHSE specified questions was deemed reasonable.
Other internal audits received	Two other internal audits that received ‘moderate’ ratings, Learning Disability Improvement Standards and Payroll, were referred to Quality and Safety Committee and People Committee respectively for triangulation to be considered upon assurances being provided on the completion of the actions.
Item 16 Electronic Patient Record (EPR) Annual Update	Following on from previous consideration of EPR Updates at Board, the annual update was presented. The challenges that had been faced in the previous 12 months were described, and while it was noted that these had presented difficulties and caused delay to the implementation, it was also noted that the complexity and scale of this was similar to those faced in other similar transformation programmes elsewhere. Successes over the previous year were also noted, and the amended implementation as previously shared with committee members in other forums remained on track.

Item 15 Timetable for sign-off of Annual Report and Annual Accounts	The timetable was presented and approved, culminating in a final sign-off of 22 June 2023. This will, of course, be subject to any directives issued nationally.
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ITEMS FOR ESCALATION, WHY AND TO WHERE		
Item or issue	Purpose for escalation	Escalated to
None		

OTHER ITEMS CONSIDERED
<ul style="list-style-type: none"> Item 9 - Counter Fraud Progress Report Item 10 – External Audit Progress Report Item 11 – Losses and Special Payments Item 12 – Debt Write-offs Item 13 – Waivers of SO/SFIs/SoRD Item 14 - Accounting Policies Item 17 – Policies, Procedures and Strategies Update Item 18 – Risk Management Report Item 19 – Board Assurance Framework Item 20 – Draft ARAC Work Programme 23/24 Item 21 – ARAC Terms of Reference

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

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
Advise the Trust Board on the strategic aims and objectives of the Trust	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of the Committee	
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	
Review the annual audit letter from the external auditor	
Review the Head of Internal Audit opinion	
Review any breaches of standing orders	13 - Waivers of SO/SFIs/SoRD

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
Review write-off of losses or the making of special payments	11 - Losses and Special Payments 12 - Debt Write-Offs
Review the Trust's annual report, accounts and quality account and recommend approval to the Trust Board	15 – Timetable for approval of Annual Accounts and Report
Review the effectiveness of financial reporting	8.3 – Financial Sustainability Internal Audit 8.4 – Financial Systems Internal Audit 8.5 – Payroll Internal Audit
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> • Governance • Risk management • Internal audit • Internal control • External audit • Counter fraud • Clinical audit • Information governance 	6 - Internal Audit Recommendations Update 7 - Internal Audit Reports 9 - Counter Fraud Progress Report 10 - External Audit Progress Report
Review the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions	
Review the Trust's policies and procedures for the management of risk	14 - Accounting Policies 17 - Policies, Procedures and Strategies Update 18 - Risk Management Report 19 - Board Assurance Framework – Cyber Threats
Review the arrangements for declaring interests, gifts and hospitality	
Other	

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

ATTENDANCE LOG						
		Apr	Jun	Aug	Oct	Jan
Assoc. Non-Executive Director (Douglas Howat)	Member				✓	✓

**MINUTES OF THE MEETING OF THE PEOPLE COMMITTEE
HELD AT 13:00 ON MONDAY 26 SEPTEMBER 2022 VIA MICROSOFT TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
PC/22/036	PRESENT Jenny Mawby-Groom (JMG), Non-Executive Director - Chair Donna Griffiths (DG), Chief People Officer Afzal Ismail (AI), Non-Executive Director	
PC/22/037	IN ATTENDANCE Wendy Bowes (WB), Director of Workforce Michelle Brookhouse (MB), Director of Organisational Development Dan Pearce (DP), Head of People Development David Walsh (DW), Director of Corporate Affairs	
PC/22/038	APOLOGIES FOR ABSENCE Apologies were received from Carole Mills (CM), Non-Executive Director and Justine Richards (JR), Chief Strategy Officer.	
PC/22/039	CONFIRMATION OF QUORACY The meeting was declared quorate.	
PC/22/040	DECLARATIONS OF INTEREST No declarations of interest were made.	
PC/22/041	MINUTES OF THE PREVIOUS MEETING The committee agreed that the minutes were an accurate record of the previous meeting.	
PC/22/042	ACTION MATRIX The committee noted the updates for both actions and approved the closure of completed actions.	

MINUTE REFERENCE	DISCUSSION	ACTION
PC/22/043	<p>MATTERS ARISING</p> <p>No matters arising.</p>	
PC/22/044	<p>CHIEF OFFICER'S EXCEPTIONS / UPDATES</p> <p>DG started by stating that the Royal College of Nursing (RCN) had confirmed that they would commence their ballot on the 6th October regarding industrial action. DG assured the committee that the industrial planning group would be instigated when required. JMG queried why this had been pushed back. DG confirmed this was due to the national mourning period.</p> <p>DG added that the staff survey would go live on the 7th October and would run until the end of November. DG clarified to the committee that the trust had 96 People Supporters who would help support the cascade of the survey at a local level. JMG questioned if any feedback was provided on the Nursing and Midwifery survey. DG emphasised that the learning from the survey was considered and incorporated into the staff survey, for example making the survey easier and more accessible through people supporters, management support and ambassadors.</p> <p>DG lastly updated the committee on the commencement of the COVID and Flu vaccination programme which was offered to all staff and would be tracked over the next few weeks.</p>	
PC/22/045	<p>WORKFORCE PERFORMANCE REPORT</p> <p>WB presented the report to the committee, highlighting that the overall vacancy rate had decreased by 0.18% from 6.79% in July to 6.61% in August. WB reported that the sickness absence rate had decreased by 1.40% from July 6.35% to August 4.95%. WB stated that this had been primarily driven by the reduction in COVID-19 infection and this reflected the national picture of reduced infection.</p> <p>WB explained that mandatory training for substantive staff remained in a stable position, however there had been a slight decrease of 0.16% in August 2022. WB assured the committee that all clinical groups were achieving over 90% compliance. The Trust wide awareness campaign entitled 'Get Green, Stay Green' commenced in July 2022 which highlighted the importance of mandatory training compliance across the trust in an informative, supportive, and friendly way. WB pointed out that the campaign was intended to motivate all staff to consider their own accountability to mandatory training and the roles they all had to play.</p> <p>WB highlighted that medical appraisals had increased by 4.38% this month and only one clinical group was below target. WB added that the trust continues to communicate the importance of appraisals and its requirement for the GMC revalidation process. The progress of this was monitored through the Trust's Performance Framework. WB said that there had been a 1.03% increase in compliance of non-</p>	

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

medical appraisals and that completion of appraisals whilst balancing operational pressures remained a challenge. WB informed the committee that all groups were focused on improvement trajectories and action plans were in place to support appraisals being undertaken in a timely manner.

JMG questioned why Surgery seemed to be struggling more than other clinical areas regarding appraisals. WB stated that this was due to Surgery being a busy area and the Surgery teams had been working additional hours. However, WB reiterated that the importance of meeting appraisal targets was still being communicated.

WB also stated that staff turnover had decreased slightly to 10.96% and this should decrease from September 2022 onwards due to the planned focus on staff retention in 2022/23. WB commented that Agency spend had increased during August and all staff groups had an increase in the number of shifts booked apart from Admin and Estates.

The committee **NOTED** the report.

PC/22/046**AGENCY UTILISATION**

WB presented the report to the committee, stating that the report provided an overview of the current agency usage and cost position across the Trust, highlighting hot spot areas and key actions being taken to provide assurance regarding the use of agency.

WB confirmed that all Trusts received notification in July 2022 that there would be increased focus on agency spend via NHSI/E with an aim to reduce agency expenditure by at least 10% across the system based on 2021/22 spend. However, individual trusts would be set a limit with a cap on reducing spend by 30%.

WB highlighted that additional authorisation requirements had been issued by NHSI/E regarding the use of agency workers for A&C and VSM roles which includes the use of management consultants. There was a requirement for detailed forms to be completed by the Trust at least 6 weeks in advance of any proposed worker commencing in role. Therefore, prospective approval was required before an agency worker could be engaged in the Trust. There were 36 agency A&C workers in the Trust with the vast majority working within corporate teams and over a third working within ICT and EPR teams. WB assured the committee that in response to the above requirements, a review of all A&C workers was underway to ensure that end dates were confirmed as soon as possible with agencies and contingency plans put in place with Groups/Departments.

WB added that the Trust target/threshold remained at £18million for Agency spend and usage in 2022/23 which was in line with requirements for 2019/20. This would be revised once confirmation via the system was received regarding the breakdown of target. WB explained that current spend as at month 4 (July 22) forecasts an end of year position of £21,283,974 which was £3,283,974 above target. Whilst the overall number of shifts worked in June (3,864 shifts)

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>compared to July (3,870 shifts) had remained largely the same there had still been a significant reduction in agency spend from £2,033,817 (June) to £1,954,525 (July).</p> <p>WB outlined current workstreams to support the work to reduce agency spend across the trust. For example: Cost control Group in which information and data was provided to senior management team supported by external consultants for review. Agency Control Processes were being reviewed and refreshed via Professional Leads for approval and issuing to all managers. WB added that there had been several performance framework reviews through monitoring of spend, usage and improvement plans via monthly Accountability reviews and Quarterly reviews and reviews of Agency and Bank Rate Card.</p> <p>WB said that the trust was a member of the West Midlands Medical Agency Project which supports West Midlands Trusts to gain greater control with framework agencies through central negotiations of terms and rates. WB went on to add that AHPs and M&D rostering and bank systems would support transparency regarding rota gaps to support effective planning and management of bank and agency workers. WB lastly stated that Agency forecast positions were being revisited following the implementation of the new NHSI/E requirements and as part of Group Waste Schemes.</p> <p>AI commented that the agency spend was worrying however, AI appreciated steps were being taken to reduce agency spend. JMG observed that it may have been useful to provide data around the driving forces around agency spend, for example, the reasons as to why agency had been used. DG confirmed that the above data was tracked, however with regards to medics DG added that this data was hard to extract and monitor due to medics not being on an electronic system, but this data could be shared as a long-term goal.</p> <p>The committee NOTED the report.</p>	

PC/22/047

DRAFT PEOPLE STRATEGY

DG presented the Draft People Strategy to the committee. The draft People Strategy had been developed over the past few months with a view to setting the direction in terms of how our people would be valued and enabled to support the Trust in delivering the Organisation Strategy for 2022 – 2030. DG confirmed several conversations with groups, leaders, individuals, and key stakeholders had taken place about the things that matter most to our people.

DG added that feedback had been considered relating to people from the development of the Trust Strategy. The People Strategy sets out 3 main pillars of focus which had been suggested to guide and support the work of all our staff across the Trust when supporting People at work. The 3 main pillars were: **Living Our Values, Getting the Basics Right** and **Supporting our People to be the Best they can be**. The strategy sets out more specific detail in terms of what these headings cover and the measures we would expect to improve as a result of the People Strategy in action. DG stated that this was a

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>draft document for comment, review, and feedback.</p> <p>DG suggested to the committee members that an email to DP and DG would be useful when providing feedback on the Draft People Strategy with comments about:</p> <ul style="list-style-type: none"> - What stands out in the People Strategy? - What was missing from the People Strategy? <p>AI commented that the document was good however, AI expressed why was UHCW only thinking about the basics now and that the document was lacking innovation and a platform for beyond 2030. For example, attracting younger people to the NHS and their way of working such as a work life balance. DG said that the trust does need to be bolder in these areas, however from feedback, the basics matter the most to people. AI added that there was not a focused section in the strategy around diversity. DG assured the committee that some areas regarding the above were mentioned in the strategy but need to be drawn out.</p>	
PC/22/048	<p>BOARD ASSURANCE FRAMEWORK</p> <p>DW presented the Board Assurance Framework to the committee. DW stated that the 'Registered Midwife Vacancies including community' was a new corporate risk, however this could be discussed in more detail at the next People Committee meeting when the Corporate Risk report is received.</p> <p>DW added that medical appraisals section had been removed from first line assurances as this was above the 90% target and suggested that 'IQPFR - Medical Appraisals' should be changed from Amber to Green.</p> <p>DW suggested that 'IQPFR - Agency Spend' should be categorised as amber on the basis that the committee was satisfied with the progress being made in this area but there were gaps in relation to overspend on agency. This was agreed</p> <p>DW lastly confirmed that the second and third line assurances had not been changed and the BAF would be circulated to the committee members outside of the meeting.</p> <p>DG suggested that 'IQPFR – Non-Medical Appraisals' should be changed from red to amber as processes had been put in place to provide assurance. The committee members agreed.</p> <p>The committee NOTED the report and AGREED the levels of assurance reflected in the document and updated in the meeting.</p>	
PC/22/049	<p>DRAFT AGENDA FOR NEXT MEETING</p> <p>DG commented that Item 10 would be focused solely on WRES and WDES report.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
PC/22/050	ANY OTHER BUSINESS No other business was raised.	
PC/22/051	CHAIRS REPORT TO TRUST BOARD DW and JMG agreed to discuss this outside of the meeting.	
PC/22/052	MEETING REFLECTIONS The committee agreed that the reports were of good quality.	
PC/22/053	MEETING END TIME: 14:00	

**MINUTES OF THE MEETING OF THE PEOPLE COMMITTEE
HELD AT 09:00 ON THURSDAY 27 OCTOBER 2022 VIA MS TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
PC/22/54	<p>PRESENT</p> <p>Stella Manzie (SM), Chair Justine Richards (JR), Chief Strategy Officer Carole Mills (CM), Non-Executive Director</p>	
PC/22/55	<p>IN ATTENDANCE</p> <p>Wendy Bowes (WB), Director of Workforce Michelle Brookhouse (MB), Director of Organisational Development David Walsh (DW), Director of Corporate Affairs Alice Beardsley (AB), Graduate Management HR trainee</p>	
PC/22/56	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were given for Jenny Mawby-Groom (JMG), Non-Executive Director, Donna Griffiths (DG), Chief People Officer and Afzal Ismail (AI), Non-Executive Director</p>	
PC/22/57	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was declared quorate.</p>	
PC/22/58	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made.</p>	
PC/22/59	<p>MATTERS ARISING</p> <p>No matters arising.</p>	
PC/22/60	<p>WORKFORCE PERFORMANCE REPORT</p> <p>WB presented the report to the committee. WB stated that the sickness absence rate had increased from 4.95% in August to 5.13% in September. WB explained that this reflected the national Covid-19 infection spike which we were continuing to experience, however the Trust's annual flu vaccination and Covid-19 booster programme had commenced to support the sickness absence rate.</p> <p>WB highlighted that the cost-of-living crisis had created stress and anxiety amongst staff, but several campaigns had been held in</p>	

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October to provide support to staff. WB added that the Trust was launching free sanitary products for staff from December and food bank vouchers for vulnerable members of staff. CM supported this. JR added that there was a lot of activity around the cost-of-living crisis and how services could work together collaboratively. SM added that it was better to link up with food banks which were already in operation to provide support.

WB mentioned that November would be focused on men's health and that campaigns would run on this throughout November around Prostate Cancer awareness and general health checks. WB informed the committee that a mental health campaign would also commence called 'It takes balls to talk'.

WB indicated that the Vacancy rate had decreased slightly by 0.14% to 6.50% in September and that the report includes data from some of our key recruitment campaigns including Band 5 nurses, Midwives and HCSW's. WB pointed out that Midwives recruitment rates were still a concern but there were several midwives in the recruitment pipeline. WB went on to confirm that a recruitment open day was held on the 29th October 2022 aimed at Admin and Clerical job roles. A simplified application form was used to make it easier for people to access opportunities within the NHS.

JR explained that the recruitment event had been developed from two different perspectives, one being the Anchor Alliance Partnership. JR highlighted that there was a gap in entry level roles and how as a Trust people had the opportunity to step into these roles through attracting candidates to the roles. SM queried where the event would be taking place. WB confirmed that the event was taking place at Coventry University.

CM expressed concern around the midwifery vacancy rate and queried what else could be done to fast-track midwives through the recruitment system. WB confirmed that there were 20 midwives in the pipeline currently, however there was an issue around midwives receiving better offers and incentives elsewhere. WB assured the committee that the Trust does offer incentives such as Golden Handshakes and relocation packages. SM added that it would be useful to link up with housing associations to look at housing for nurses and midwives moving to Coventry and that a conversation with JR outside of the meeting could take place regarding this.

WB reported that rates of completed mandatory training continued to improve and the trust was at 94.30% compliance rate. All professional groups were now over 94% compliant with 4 Groups achieving the 95% target figure. WB added that each Group had provided an improvement plan and trajectory which was being monitored through the Trust's Performance Framework of Accountability Reviews and Quarterly Performance Reviews.

WB also stated that medical appraisals had made excellent progress, improving by 1.88% and we were now at 93.81% compliant against our 90% target. This KPI was also monitored through the Trust's Performance Framework.

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	<p>WB said that there had been a slight decrease in non-Medical appraisals compliance, in which the trust was at 82.31% against our 90% target. However, WB assured the committee that each Group had provided an improvement plan and trajectory which was being monitored through the Trust's Performance Framework of Accountability Reviews and Quarterly Performance Reviews.</p> <p>SM stated that Trust needs to continue to make UHCW an employer of choice to encourage people to want to work here through reputation.</p> <p>WB added that a deeper dive into the recruitment process around midwives would be useful for December's People Committee and asked that Paula Seery and Claire Pheasant be invited to present this. The committee was in agreement with this.</p> <p>AB suggested that it was important to support current staff within midwifery to encourage them to stay in roles. SM agreed with this emphasising the importance of effective leadership and management. CM elaborated that even with exemplary leadership, if staff were stressed and worried this does not create a good working environment and that it was worth keeping an eye on this.</p> <p>The committee RECEIVED ASSURANCE from the report.</p>	DG/WB
PC/22/61	<p>WRES AND WDES ACTION PLAN</p> <p>MB presented the action plan to the committee. WB confirmed that The NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Standard (WDES) were both mandatory and help NHS Trusts to achieve equal access to career opportunities and fair treatment in the workplace. MB added that data had been submitted via the digital portal and Action Plans were due to be submitted by the 31st October 2022.</p> <p>MB welcomed comments regarding the action plan from the committee members.</p> <p>SM commented that both the WRES and WDES came across as brief and that there was a danger that both plans would be seen as weak because they did not represent the work that had been done or was intended to be accomplished. SM had suggested some improvements to the plans in a separate email to MB.</p> <p>SM mentioned that the phraseology regarding BME and disability was not helpful because it was quite difficult to support people to feel, they either feel something or they do not, and the Trust should be providing evidence so people genuinely do feel supported. SM suggested a change to the wording and confirmed that JMG and CM agreed with this.</p> <p>CM questioned whether we had people calling out microaggressions or more serious issues" in the moment" as this could be seen as very powerful and could provide people with confidence to access support. SM agreed with this and provided a suggestion for this in an</p>	

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email circulated outside of the meeting. JR also agreed with this and said the Trust needs to identify what leaders need to do to make this a reality.

SM passed on a query to the committee from JMG in their absence. JMG queried the percentage of “unknowns” the Trust had in relation to people declaring their ethnic origin and stated that this was considerably higher than other NHS organisations. It was suggested that the wording on this should be amended as it may be due to not enough administrative effort in chasing up the information and not staff refusing in principle to provide their ethnic origin.

SM asked if the committee members could look at the links between the WRES and WDES with the AAA group reporting outside of the meeting.

The Committee APPROVED the action plans subject to amendments discussed at the meeting and the action plans would be posted on the Trust’s website in time to meet the deadline.

PC/22/62

ALERT, ADVISE, ASSURE GROUP REPORTING

6.1 PEOPLE SUPPLY AND TRANSFORMATION GROUP

WB presented the report to the committee. WB introduced the report by emphasising that transformation was now a focus of the report. WB also added that AHP’s were 100% on e-roster and Job plans were the next focus. WB reported that the Trust was now going live with medical rosters as this had been a key area of focus after struggling to gain momentum previously.

SM added that decreasing the number of days employment checks take and meeting KPI’s in this area would positively impact other areas such as midwifery.

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

6.2 PEOPLE DEVELOPMENT GROUP

MB presented the report to the committee and stated that overall Mandatory Training compliance reduced slightly in August. This was broadly in line with typical seasonal variances that were seen in August over the past 2 years. All staff groups were over 90% other than medical and dental which was at 85.84%. This was an increase of 4.74% since May 22. 10 topic areas were above 95% compliance, 7 out of 8 staff groups were over 90% compliant with 2 groups meeting the 95% target. MB assured the committee that the trust was still on track to achieve a sustainable 95% compliance overall by October 22.

MB highlighted that there were crossovers with the People Development Group and the WRES and WDES and that the compassionate organisation work would feed into the report. MB added that talent management had been a focus, with opening up

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	<p>opportunities to staff for development.</p> <p>SM suggested that support needs to be given on interview technique as this acts as a barrier to opportunities for staff who were good workers and might progress. CM agreed with this and added that some women may not apply for jobs when they do not meet 100% of the person specification and may struggle to sell themselves in interviews.</p> <p>The committee RECEIVED ASSURANCE from the report.</p>	
PC/22/63	<p>ANY OTHER BUSINESS</p> <p>WB brought to the attention of the committee the topic of Industrial Action. Unison was starting their ballot. WB confirmed that conversations were still being held at a national level around this and open conversations were being had with unions.</p> <p>SM queried what the level of union membership was within the trust. WB stated that this was unknown due to staff being able to make payment for union membership in a variety of different ways outside of the trust, however when there was a notification of a ballot, a rough estimate was provided. WB said that this could be circulated outside of the meeting once received.</p> <p>DW circulated the Board Assurance Framework outside of the meeting.</p>	WB
PC/22/64	<p>CHAIR'S REPORT TO TRUST BOARD</p> <p>SM advised that the focus would be on the WRES and WDES, however no other areas would need to be focused on.</p>	
PC/22/65	<p>MEETING REFLECTIONS</p> <p>AB said that the meeting was informative. SM added that it was important that it gave visibility to the different working groups.</p> <p>MEETING END TIME – 10:00am</p> <p>Next meeting date: 22nd December 2022</p>	

Alert, Advise, Assure Report to the Trust Board

Reporting Committee: People Committee

Committee Chair: Jenny Mawby-Groom

Date of meeting: 22 December 2022



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

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
None				

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

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
Equality, Diversity and Inclusion Delivery Plan	The committee received and approved the plan, noting the challenges identified and examples of targeted activities that were taking place.		None for the committee. The delivery plan set out timescales for implementation and a range of further actions for delivery.	N/A

ASSURE (Include here areas of generally positive assurance)

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
Nursing, Midwifery and Allied Healthcare Professional Recruitment and Retention	<p>The committee had previously agreed an action to undertake a 'deep dive' in this area.</p> <p>The report outlined the various steps being undertaken to address challenges around workforce.</p>	There remained challenges around various levels of recruitment. Ward 14 paediatrics were noted in the report, and with AHP and HSW recruitment challenges.	<p>None for the committee.</p> <p>Activity including engagement with both local and national programmes was described in the report.</p>	N/A
Apprenticeships and Widening Participation	Increases in enrolments of Level 2 Health Care Support Worker apprenticeships, pilot of Level 6 Healthcare Science apprenticeship, and inclusion of Level 6 Operating Department apprenticeship	Outstanding levy balance that would like to be lost, though this was mitigated by evidence of increasing expenditure to address this.	None for the committee	N/A

**MINUTES OF THE MEETING OF THE QUALITY AND SAFETY COMMITTEE
HELD AT 09:30 ON THURSDAY 24 NOVEMBER 2022 VIA MICROSOFT TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/22/117	PRESENT Carole Mills (CM) – Non-Executive Director (CHAIR) Janet Williamson (JW) – Non-Executive Director Mo Hussain (MH) – Chief Quality Officer Kiran Patel (KP) - Deputy CEO & Chief Medical Officer Douglas Howat (DG) – Associate Non-Executive Director	
QSC/22/118	IN ATTENDANCE Elaine Clarke (EC) – Deputy Chief Nursing Officer Hayley Best (HB) – Associate Director of Quality Patient Experience [for item 7] Suzanne Wilson (SW) – Deputy Director of Midwifery [for item 9] Katie Jones (KJ) – Clinical Scientist [for item 11] Vicky Williams (VW) – Deputy Chief Nursing Officer [for item 12 & 13] David Walsh (DW) – Director of Corporate Affairs Duncan Watson (DWa) – Deputy Chief Medical Officer	
QSC/22/119	APOLOGIES FOR ABSENCE Apologies were given for Tracey Brigstock (TB) - Chief Nursing Officer and Gavin Perkins (GP) – Non-Executive Director.	
QSC/22/120	CONFIRMATION OF QUORACY The meeting was declared quorate.	
QSC/22/121	DECLARATIONS OF INTEREST DH declared his employed role at Coventry University.	
QSC/22/122	MINUTES OF THE PREVIOUS MEETING DH confirmed that the previous minutes had referred to him as a 'Non-Executive Director'. This should be corrected to 'Associate Non-Executive Director'. Subject to this correction, the minutes of the previous meeting were APPROVED .	
QSC/22/123	ACTION MATRIX The committee NOTED the actions and agreed that the completed actions should be closed.	

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/22/124	<p>MATTERS ARISING</p> <p>No matters arising.</p>	
QSC/22/125	<p>CHIEF OFFICERS EXCEPTIONS/UPDATE</p> <p>MH advised that UHCW had recently had an inspection by the CQC, focussing on Maternity Services; the visit being a planned one and not as a result of any concerns raised. He said that the CQC looked particularly at two domains: Safe and Well Led.</p> <p>MH added that preliminary feedback had been received from the CQC, which identified two areas for improvement. The first was regarding staffing and how plans around this need to continue. The second was regarding the Trust's plans for a Bereavement Suite. MH advised that such plans were progressing. CM reiterated that this was a priority for completion.</p> <p>MH also said that the CQC had identified a number of areas about which they were impressed, including personalised care, work around hard to reach communities and the culture of learning. He added that the report was expected to be received within the next 28 days and CQC would publish the report within 10 weeks of the inspection date.</p>	
QSC/22/126	<p>PATIENT EXPERIENCE AND ENGAGEMENT REPORT</p> <p>MH presented the report, highlighting that the Trust received 300 compliments that were added to Datix, the Trust's incident management system. MH added that the Complaints Team key performance indicator (KPI) was to provide a response to 90% of complaint investigations within 25 working days from registration; the team continued to deliver month on month KPI compliance. During Quarter 2 (Q2), 116 complaints were received of which 97% were provided a response within 25 working days.</p> <p>MH advised that the primary themes of complaints received in Q2 was regarding communication with patients and relatives/carers, with this being the most complained about subject. Clinical Treatment – Obstetrics and Gynaecology, was the second most complained about subject in Q2. Clinical Treatment - Surgical Group was the third most complained about theme in Q1.</p> <p>MH stated that, in Q2, the Trust received two referrals from the Parliamentary Health Service Ombudsman (PHSO); a reduction from the previous month's figure of five and one outcome decision.</p> <p>MH reported that the Trust received 791 PALS enquiries in Q2 compared with 768 in Q1, a slight increase of 23. The PALS Team KPI was to process 90% of enquiries within five working days. During Q2, 82% of enquiries were processed within five working days; an increase of 4% compared to the Q1. The team had successfully recruited to all vacancies and a sustained improvement was anticipated in Q3 2022/23.</p> <p>MH advised that Communications was the primary theme in Q2. Appointments was the second theme, specifically communication</p>	

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	with relatives/carers. Values and behaviour of Medical and Nursing staff remains PALS third highest subject for the past two quarters.	
	MH mentioned the National Survey Programme, and that the Trust had not performed well in some areas. He said that action plans were being developed and would be brought to this Committee.	
	MH advised that Patient Led Assessments of the Care Environment (PLACE) were due to take place during October 2022 at UHCW and would be reported through PEEC. MH assured the committee that an action plan was being developed.	
	DH asked if there was any data on the number of complaints upheld, partially upheld, or rejected and the flow from the first/second stage to the Ombudsman. HB said that this was monitored and was usually included in the annual report, however, HB was happy to include this data in the next report. This was agreed by the committee.	HB
	JW queried if primary themes could be included for compliments to help with understanding and learning. HB agreed with this.	HB
	CM pointed out that a significant number of complaints and PALS enquiries had not disclosed ethnicity and asked what could be done to improve this. HB said that this was the first time in which patient demographics had been reflected in the report and that it was important to start tracking those who were not accessing Trust services. HB said that Information Governance had advised that we were not able to access this information. Committee asked for this to be clarified. However, a new Datix system would be in place in the new year which would automatically populate this information. KP and CM agreed that such data was critical to collect and report to help determine the impact on patient outcomes and minimise health inequalities.	HB
	The committee NOTED the report.	
QSC/22/127	PATIENT SAFETY AND RISK LEARNING REPORT	
	MH highlighted the key points from the report. He advised that there had been three never events registered for this financial year. All such events were subject to review via the SI process and the final investigation reports were presented to the Serious Incident Group (SIG) and Quality and Safety Committee as per standard process. MH confirmed that there had been an increase in falls. This was being investigated to understand what was causing this and any learning which could come from the findings.	
	EC commented that, following a review into the increase in falls, it was found that the demographics of patients was changing and that some of the fall incidents were young people coming to UHCW in a deconditioned state. EC suggested that this may be due to patients waiting longer for treatment due to COVID. EC advised that a new Falls, Handling and Moving Lead had been recruited and this area was being investigated in particular.	
	MH added that the Patient Safety Incident Response Framework	

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(PSIRF) was currently under review internally and work was ongoing by the Patient Safety Team with support from a dedicated Task and Finish group, and oversight from SIG Governance, to determine the changes that would be required to the Trust's current process for the identification and investigation of Serious Incidents. An options appraisal paper was currently being reviewed to present and explore several options for the operational delivery of PSIRF.

JW asked how confident the team was regarding PSIRF being implemented by September 2023. MH advised that this was a radical change and resource intensive however, the Trust was in a better position compared to some others.

The committee **REVIEWED** and **DISCUSSED** the report.

QSC/22/128**MATERNITY SAFETY REPORT AND PLAN**

SW presented the report. The stillbirth rate for the Trust was at 7.57 per 1,000 births for the reporting period and 6.75 per 1,000 births for the rolling 12-months. A local assurance review on the governance of stillbirth cases was presented to PSEC in September 2022. SW added that there had been six cases referred to HSIB during the reporting period including one maternal death.

SW stated that Perinatal Mortality including reviews and Perinatal Quality Surveillance Model were on track with all nationally agreed timescales for multi-disciplinary reviews including patient involvement in all investigation and review processes.

SW said that the Midwifery Continuity of Carer was on hold for the Trust in line with recommendations from the final Ockenden report. All national target dates to deliver MCoC had now been removed. However, a high-level Implementation plan was in development for when appropriate staffing levels could be achieved and MCoC could be introduced safely.

SW said that current Midwifery vacancies (funded posts) was 28 WTE with a further 15.5 WTE in the pipeline to start in the next two months. Midwifery recruitment continues including internationally. She talked through Midwifery staffing, including national reporting requirements such as Midwife to Birth ratio, one to one care in established labour, supernumerary status of the labour ward coordinator and red flags. For the period reported one to one care in labour was achieved and supernumerary status of the coordinator was achieved 99% of the time. SW highlighted that although there were reported red flags, there were no adverse outcomes or clinical harm because of these.

SW said that the department continues to receive positive feedback and had received both OSCA and Daisy nominations during this reporting period.

KP expressed concern regarding Perinatal Mortality and suggested the committee should look at the learning from each case to ensure there was nothing systematic being missed. KP said that it would be useful to know the ethnicity of the patients to ensure trends were not

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	<p>being missed in regard to access to antenatal care. KP recommended that a deeper dive into this be presented at the Mortality Review Committee, in which that would then be presented at next QSC meeting.</p> <p>DH asked for further detail about Coventry University not achieving their recruitment target due to their admissions process. SW confirmed that Coventry University only filled 27 places by September, in which the reason provided for this was the admissions process. DH said he would follow this up with colleagues from Coventry University.</p> <p>CM asked how we compare to other trusts regarding maternity vacancy levels. SW confirmed that we do struggle due to being a larger trust compared to smaller ones, suggested that UHCW was perceived to be a harder place to work due to the complexity of cases and the throughput of patients.</p> <p>The committee RECEIVED ASSURANCE and NOTED the report.</p>	KP/SW
QSC/22/129	<p>CORPORATE RISKS REPORT</p> <p>MH advised that there were eighteen open corporate risks (one graded as low risk; ten graded as moderate and seven graded as high). A summary of the eleven risks graded as moderate or below was included in the report.</p> <p>KP expressed concern about Auto Reported Examinations and that there was a significant backlog on chest x rays. MH said this be discussed again at Risk Committee. The results of that discussion being updated on the risk register. CM said that these results would need to come back to QSC at a later date. This was agreed.</p> <p>JW queried Risk ID 2540: Potential Risk of Major Fire incident and asked what plan of action had been put in place for this to give assurance. MH stated that fire proofing and automatic fire dampers was an issue within the Trust, but action plans had been put in place for both and West Midlands Fire Services had been invited back to complete an assessment.</p> <p>The committee RECEIVED ASSURANCE from the report.</p>	MH
QSC/22/130	<p>INFECTION PREVENTION AND CONTROL UPDATE</p> <p>KJ presented the report saying that its purpose was to provide assurance that the Trust was compliant with its statutory obligation under the Health and Social Care Act (2008) (DOH 2015) Code of Practice –governing infection prevention and control in healthcare settings. The report provides evidence of good governance, adherence to Trust values and public accountability.</p> <p>KJ reported that the following organisms were subject to mandatory reporting: Methicillin-resistant <i>Staphylococcus aureus</i> bacteraemia (MRSA), Methicillin-sensitive <i>Staphylococcus aureus</i> bacteraemia (MSSA), <i>Clostridioides difficile</i>, and Gram-negative bloodstream infections (<i>Escherichia coli</i>, <i>Klebsiella</i> species, <i>Pseudomonas</i></p>	

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aeruginosa).

KJ highlighted that for Q2 of 2022/23 there had been no Trust assigned episodes of MRSA bacteraemia against a zero tolerance. KJ added that at completion of Q2 there were 29 healthcare associated MSSA cases to date against a year-to-date trajectory of 31, with an annual ceiling threshold of 62.

KJ reported that at the end of Q2 the Trust had reported 44 Cdiff cases against a year-to-date threshold of 33 cases, and annual ceiling threshold of 65. KJ assured the committee that root cause analysis takes place on each case with colleagues from the ICB and themes surrounding antimicrobial prescribing both internal and external to the Trust had been discussed and a Cdiff reduction plan was being developed.

CM asked about the reason for an increase in Cdiff cases. KJ said that it was not clear, however, prescribing practices could be looked at, in particular prescribing of antibiotics and improvement in this area was taking place. DWa confirmed that the Trust was trying to adhere to appropriate practice of prescribing antibiotics.

KJ added that the IPC team reviewed all cases of COVID-19 admitted to the hospital to support the prevention of nosocomial acquisition. Root Cause Analysis was undertaken on nosocomial cases and reported through the established DATIX process. KJ confirmed that new COVID guidance had been received and introduced into Trust practice.

KJ highlighted that cases of influenza had started to rise. National intelligence suggests this will be a significant pressure during Winter season. KJ added that the IPC Board Assurance Framework version 1.11 had been released by NHSE and a gap analysis had been undertaken and a successful number of sepsis awareness events were held in September to promote staff education.

The committee **RECEIVED ASSURANCE** from the report and **NOTED** the contents.

QSC/22/131

NURSING AND MIDWIFERY SAFE STAFFING REPORT

VW introduced the report by confirming that its purpose was to provide assurance that the Trust was compliant with its obligations under National Quality Board, National Institute for Health and Care Excellence guidance and Carter report recommendations in relation to safer staffing for Nursing and Midwifery.

VW highlighted the key points, reporting that Acuity levels continue to demonstrate increased complexity of patient and the continued need for enhanced levels of observation including Registered Mental Health Nurses and Enhanced Care Team. She added that 98% of AHP groups were now in e-roster. There had been developments and successes in Midwifery and Radiography international recruitment.

VW referred to challenges with paediatrics in managing an increased number of children and young people with mental health or social

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crisis needs as well as innovative developments to support patients as well as the workforce and that an innovative training programme for Maternity Support Workers was in development.

There had been no staffing correlations identified in Root Cause Analysis investigations for falls for pressure ulcers and added that RN vacancy as of September 2022 was 8.65% which was below the ambition of 10%.

UHCW had been shortlisted for the second year running for Nursing Times workforce awards including preceptorship programme of the year and UHCW was the first University Hospital in England to achieve Pathway to Excellence® credentialing which was an internationally recognised framework for nursing and midwifery excellence.

The committee **RECEIVED ASSURANCE** from the report and **NOTED** the contents.

QSC/22/132**NURSING AND MIDWIFERY AND AHP EDUCATION REPORT –
NHS EDUCATION CONTRACT**

VW presented the report, confirming that the NHS Education Contract (April 2021) sets out a series of education standards which apply to both education and clinical placement providers for professional groups supported via HEE funds. The contract applies to multiple providers and settings including NHS, private, voluntary, and social care wherever healthcare professional learners and trainees were placed and includes Nursing, Midwifery and Allied Health Professions (NMAHP) students as well as medical, healthcare science and pharmacists amongst others.

Providers benchmark their organisations against the required education standards utilising a new self-assessment tool which comprises of a set of 70 questions relating to standards of education governance. VW said that the completion of this multi professional self-assessment was overseen and monitored at UHCW by the Strategic Education Group (SEG) which was representative of all professional groups that support learners within the organisation.

The self-assessment tool had been utilised to provide evidence of how UHCW NHS Trust meets the education standards required for each professional group and was completed and submitted in September 2022 following the appropriate Chief Officer review and sign off process (CNO/CMO). The self-assessment evidences that we were compliant against all the required standards for all professional groups.

VW stated that questions against the standards within the self-assessment tool relate to a number of areas, including contracting, quality, the learning environment and culture, education governance, developing and supporting learners/supervisors, developing programmes and curricula and developing a sustainable workforce.

The committee **RECEIVED ASSURANCE** and **NOTED** the report.

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/22/133	<p>MEDICAL EDUCATION REPORT</p> <p>KP introduced the report and highlighted the key issues. KP said that staffing levels within Intensive Care were worrying and were being monitored by the executive team.</p> <p>KP said that the Grand Round Programme had been launched and the face to face attendance rates were gradually increasing. The CMO had been very supportive of this weekly opportunity for clinical staff to get together for an hour on Friday lunchtime to share ideas for best practice. JW said that Grand Rounds was a positive move.</p> <p>KP said that UHCW had been approached by Aston Medical School regarding placements for students, but there had been early conversations about how this might affect UHCW's relationship with Warwick Medical School.</p> <p>The committee RECEIVED ASSURANCE from the report.</p>	
QSC/22/134	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT</p> <p>KP presented the report, focussing on the key areas, which detailed performance for October 2022 relating to Quality and Safety KPIs.</p> <p>KP said action was being taken to reduce ambulance turnover times and added that the Trust continues to see an increase in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. There were 5,117 for September, an increase of 176 from August. This compares to a national average of 2,281. RTT 78 week waits were continuing to reduce with 67 reported for September, a decrease of 26 on August.</p> <p>KP reported that additional information on Day Case activity had been included in the report as previously requested. This compares activity levels with those of 2019 (pre-pandemic) and shows how Day Cases contribute to the Referral to Treatment Open Pathways.</p> <p>CM asked why day cases were lower now compared to previous years. KP agreed that the Trust was below where it should be but suggested that clinical prioritisation was the reason. DWa said that the Trust had seen significant improvement in this area. CM asked that this issue be covered fully in future reports.</p> <p>CM asked if patients were assessed on how fast their condition may deteriorate whilst on a waiting list. KP said that patients were contacted every 30 days to establish their status and assured the committee that patients do not wait longer than 105 weeks.</p> <p>The committee NOTED the report.</p>	<p>KP</p>
QSC/22/135	<p>MORTALITY REVIEW COMMITTEE REPORT</p> <p>DWa introduced the report, highlighting that it provided an overview of the Mortality portfolio, including KPIs such as number of Primary</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>and Secondary/Structured Judgement Reviews (SJR) open for completion and trends presented at the Mortality Review Committee.</p> <p>DWa reported that the Hospital Standardised Mortality Ratio (HSMR) for July 2022 was 151.9, above the expected range. The findings of the review identified that there were five providers within the MTC peer group with statistically significantly high mortality. Of these UHCW had the highest HSMR. DWa added that the crude rate was lower than other Major Trauma Centres (MTC), however it had increased during the last year.</p> <p>DWa said that the proportion of non-elective activity with no recorded comorbidity was higher than in peers and this had been increasing over the last two years. When compared to other major trauma centres the Trust had fewer episodes where a patient received specialist palliative care, compared to a peer average.</p> <p>In response to the findings of the HSMR analysis, an action plan for the ten diagnosis groups was devised and reported to Mortality Review Committee monthly, as part of the monitoring alerts report. In addition to the most recent increase in HSMR a weekly task and finish group chaired by the Deputy Chief Medical Officer and attended by the Chief Medical Officer, Chief Quality Officer, Clinical Directors had been set up to drive improvements to positively impact the HSMR retrospectively where possible and going forward. To support this an additional action plan had been created to focus on the Trust-wide themes identified.</p> <p>KP assured the committee that this was a key focus and suggested that the Trust's processes need to be improved, including coding. MH confirmed that there may be issues around training, and this was being focused on to gain consistency. DH queried if there would be regulatory action. KP agreed that this was probable.</p> <p>KP asked that the Mortality Action plan be presented to the committee in January. This was agreed and CM asked for this to include data on what we thought the problem was to enable comparison.</p> <p>The committee NOTED the report.</p>	KP/DWa
QSC/22/136	<p>ROYAL COLLEGE REVIEW OF DERMATOLOGY ACTION PLAN</p> <p>KP introduced the report. Following an exchange of letters between the Chief Medical Officer and his counterpart at SWFT, the RCP undertook an invited review into dermatology services at both trusts in November 2021. The final report was received in September 2022.</p> <p>Several recommendations were set out within the report and a separate appendix was supplied detailing which of them apply to UHCW and SWFT and indicating which Trust would lead responding to the recommendation.</p> <p>KP advised that QSC would oversee the implementation of the action plan as per previously agreed at the October Private Trust Board meeting.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>KP requested formal approval to share the report with the CQC. MH advised that the report was shared with the CQC on 10 October 2022. MH added that issues regarding Whistleblowing would be picked up in the 'Raising Concerns' policy, which would be presented at People Committee to be signed off.</p> <p>KP suggested Andy Phillips update the committee at the next meeting on the actions outlined in the report. This was agreed.</p> <p>CM agreed to contact David Spraggett – Non Executive Director at SWFT outside of the meeting to seek to provide an update to the committee.</p> <p>The committee RECEIVED the report.</p>	<p>KP</p> <p>CM</p>
QSC/22/137	QUALITY SCHEDULE	
	<p>KP asked for the report to be taken as read. CM invited questions.</p> <p>JW queried the issues regarding Stroke services and Patients being directly admitted to a stroke unit within 4 four hours of clock start was still under the 80% target, currently performing at 41.0% in August. KP agreed that there was room for significant improvement and this area was being focused on.</p> <p>MH asked for a report to be brought to the committee regarding wider stroke metrics to establish the impact of this.</p> <p>CM queried Emergency Care and if performance had increased significantly considering less patients had visited Emergency Care. KP suggested that this should had increased by more than it had. CM asked for data to be included on this next time the report was presented to the committee. This was agreed.</p> <p>The committee NOTED the contents of the report.</p>	<p>KP/MH</p> <p>KP/MH</p>
QSC/22/138	BOARD ASSURANCE FRAMEWORK	
	<p>DW presented the Board Assurance Framework, stating that the BAF had been updated in light of discussions and information presented at the meeting.</p> <p>DW began with the second line of assurance and suggested the 'Learning from Deaths – Internal Audit Report' be changed from red to amber. This was agreed. DW added that the 'Dermatology Action Plan' remain as amber. This was agreed. DW also suggested that the 'Mortality Update' be changed from green to red until the action plan was presented to the committee in January. This was agreed.</p> <p>DW outlined the first line of assurance and confirmed there had not been many changes to this area. He asked if the 'Medical Education' should be moved to green, and this was agreed. DW added that the Maternity CQC Inspection had been added to the BAF, but this would remain as grey until more information was provided.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	DW confirmed that he would circulate the BAF outside of the meeting via email.	DW
QSC/22/139	<p>DRAFT AGENDA FOR NEXT MEETING</p> <p>DW confirmed that three items would be added to the agenda:</p> <ul style="list-style-type: none"> - Dermatology Action Plan - HSMR Action Plan - Stroke report <p>The Draft Agenda was NOTED subject to the above additions.</p>	
QSC/22/140	<p>ANY OTHER BUSINESS</p> <p>DW suggested that the committee may wish to formally note the Trust's receipt of a Health Service Journal Award for Innovation and Improvement in Reducing Healthcare Inequalities. The award was in recognition of the waiting list access and inequalities tool that KP had led and previously shared with the Trust Board.</p> <p>The Committee congratulated the team and NOTED receipt of the award.</p>	
QSC/22/141	<p>CHAIRS REPORT TO TRUST BOARD</p> <p>CM stated the HSMR issues, maternity safety and vacancies and dermatology would be included within the report to Trust Board.</p>	
QSC/22/142	<p>MEETING REFLECTIONS</p> <p>Members thought the agenda content was relevant and appropriate, the discussion good about the issues and that it had been well chaired.</p> <p>MEETING END TIME 12:10</p>	

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

**Report of the Quality and Safety Committee
following its meeting held on 26 January 2023**

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

Key highlights of discussions held during the meeting

ISSUE	DETAILS
7. Infection Prevention and Control (IPC): Q3 Performance and Update	<p>We welcomed the Lead Nurse for IPC to the meeting to present the quarterly update. The report provided assurance that UHCW's statutory obligations under the Health and Social Care Act had been met.</p> <p>Detailed performance information in relation to identification of various organisms was reported. Of note was that UHCW performance against Cdiff (<i>Clostridioides difficile</i>) was above the expected ceiling threshold. Assurances were provided on the reduction plan for this, including that it was being monitored by the IPC Committee. We also received updates on the impact of the fifth wave of Covid and cases of flu, both of which were in line with national trends and the appropriate guidance had been followed.</p>
10. Maternity Safety Improvement Plan 14. Perinatal Mortality Report	<p>The Director of Midwifery attended and presented each of these reports.</p> <p>In relation to Maternity Safety, we received assurance in several areas, in particular:</p> <ul style="list-style-type: none"> • Performance and compliance on various national tools, including the CNST Maternity Incentive Scheme previously reported to Board, • Efforts to address challenges in terms of midwifery vacancies, and associated progress, and • Ongoing work to address any remaining gaps in action plans arising from both Ockenden Reports, Insight Visit and East Kent Report. <p>In relation to international recruitment, we discussed ensuring that career development opportunities available to those recruited from outside the UK was reflective of that for others. This is an action which we feel could be picked up via the People Committee.</p> <p>The Perinatal Mortality paper provided assurance in several areas, including developing consultant cover arrangements to ensure continuity of care, undertaking appropriate risk assessments throughout pregnancy in line with the Saving Babies Lives campaign, and the future reporting of perinatal mortality data to the committee.</p>
11. Ward Accreditation	The Lead Nurse from Quality and Patient Safety attended to brief us on a report which provided the position on ward accreditation, with a focus on nine

	<p>wards that required reassessment as they had not previously shown significant improvement during their annual assessment.</p> <p>While there remained gaps (all nine wards still had some areas in which standards had not been met), the report demonstrated that across all areas there had been a marked improvement during assessment between September and December 2022, compared to the original assessment between February and May 2022. This provided assurance that the actions in place were effective. Nonetheless, further work is needed and we look forward to receiving an update on this, hopefully showing the continuation of this positive trajectory.</p>
12. Royal College Review of Dermatology	<p>The Deputy Chief Medical Officer attended and provided us with an updated position on progress against actions following previous approval of the action plan by Board.</p> <p>Progress was generally positive, but there remain areas where further engagement with partner organisations was required to optimise progress in all areas. We agreed an action for both executive and non-executive members to undertake this engagement.</p>

Item or issue for escalation	Purpose for escalation	Escalated to
Internal recruitment	To request People Committee to seek assurance that career development opportunities provided to international recruits are commensurate with those available to others	Trust Board
Other items considered		
Item 8 Safeguarding Adults & Children Bi-Annual Report Item 9 IQPFR Item 13 Health and Safety Update Item 15 Mortality Action Plan Item 16 Stroke Services – KPIs Item 17 Quality Account Priorities Item 18 Corporate Risks Report Item 19 Board Assurance Framework		

Terms of reference	Agenda item
Advise the Trust Board on the strategic aims and objectives of the Trust	
Review risks to the delivery of the Trust's strategy as delegated by the Trust Board	Item 18 Corporate Risks Item 19 Board Assurance Framework
Approval of the quality strategy	
Review the Quality Account	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 14 Perinatal Mortality Item 15 Mortality Action Plan Item 16 Stroke Services – KPIs
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of the Committee	Item 15 IPQFR

Terms of reference	Agenda item
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	Item 17 Quality Account Priorities
Review performance against quality indicators and seek assurance about the effectiveness of remedial actions and identify good practice.	Item 9 Integrated Quality, Performance and Finance Report Item 17 Quality Account Priorities
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> infection prevention and control patient safety patient experience clinical effectiveness managing patients with mental health issues health and safety 	Item 7 Infection Prevention Control Update Item 8 Safeguarding Adults and Children Bi-Annual Report Item 10 Maternity Safety Improvement Plan Item 11 Ward Accreditation Item 13 Health and Safety Update
Review the terms of reference for the Committee and recommend approval to the Trust Board	
Other	

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

Attendance			May	July	Sep	Nov	Jan	Mar
Was the meeting quorate?			Yes	Yes	Yes	Yes	Yes	
Non-Executive Directors	Carole Mills	Chair	✓	✓	✓	✓	✓	
	Jerry Gould	Member	✓	x				
	Jenny Mawby-Groom	Member		✓				
	Sudhesh Kumar	Member	✓					
	Doug Howat	Member			x	✓	✓	
	Gavin Perkins	Member			x	x	✓	
	Janet Williamson	Member			✓	✓	✓	
Chief Medical Officer			x	x	✓	✓	✓	
Chief Nursing Officer			✓	✓	✓	x	✓	
Chief Quality Officer			✓	✓	✓	✓	✓	
Where a Chief Officer is not available an appropriate deputy is in attendance.								

**MINUTES OF THE MEETING OF THE
FINANCE AND PERFORMANCE COMMITTEE
HELD AT 13:30 ON THURSDAY THE 24 NOVEMBER 2022
VIA MS TEAMS**

ITEM	DISCUSSION	ACTION
FPC/22/179	<p>PRESENT</p> <p>Jerry Gould (JG), Non-Executive Director – Chair Jenny Mawby-Groom (JMG), Non-Executive Director Janet Williamson (JW), Non-Executive Director Su Rollason (SR), Chief Finance Officer</p>	
FPC/22/180	<p>IN ATTENDANCE</p> <p>Daniel Gilks (DG), Associate Director of Finance for Items FPC/22/190 & 191 Antony Hobbs (AH), Director of Operational Finance Alex Monahan (AM), Deputy Chief Operating Officer- Elective and Cancer Care Paul Lipscombe (PL), Associate Director of Performance and Informatics for Item FPC/22/192 Jo Lydon (JL), Deputy Chief Operating Officer UEC for item FPC/22/193 Paula Seery (PS), Associate Director of Nursing for Item FPC/22/195 Lesley Terry (LT), Head of Integration and Strategy for Item FPC/22/196 Vicky Williams (VW), Deputy Chief Nursing Officer David Walsh (DW), Director of Corporate Affairs</p>	
FPC/22/181	<p>APOLOGIES FOR ABSENCE</p> <p>Gaby Harris (GH), Chief Operating Officer Tracey Brigstock (TB), Chief Nursing Officer</p>	
FPC/22/182	<p>CONFIRMATION OF QUORACY</p> <p>The Chair confirmed the quoracy of the meeting and declared the meeting open in accordance with Standing Orders.</p>	
FPC/22/183	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest made.</p>	
FPC/22/184	<p>MINUTES OF THE MEETING 27 OCTOBER 2022</p> <p>The minutes of the Finance and Performance Committee held on 27 October 2022 were APPROVED as a true and accurate record.</p>	
FPC/22/185	<p>ACTION MATRIX</p> <p>It was agreed that 22/069, 22/165, 22/167, 22/171 could be removed from the Action Matrix as completed. 22/160 would also be covered at a later point in this meeting.</p>	

ITEM FPC/22/186	DISCUSSION MATTERS ARISING	ACTION
	There were no matters arising.	
FPC/22/187	NEXT STEPS ON ELECTIVE CARE, CANCER CARE, SELF CERTIFICATION	
	<p>AM introduced the papers and gave summaries and detail from them as follows. The two papers outlined the Trust Elective and Cancer performance and the ongoing improvement work taken place in response to the Next Steps on Elective Care Self Certification letter received from NHS England on the 25 October 2022, the letter was for Tier 1 and Tier 2 providers of which UHCW is currently a Tier 2 provider.</p> <p>The Elective paper outlined the elective position for 78wks and 52wks RTT along with the Theatre productivity and the Outpatient productivity and transformation programme updates. Both productivity and efficiency programmes had been launched with workstreams in place for a number of metrics and the programme Boards are in place to monitor and support progress.</p> <p>The Cancer paper outlined current cancer performance for the key metrics with a focus on 31 Day and 62 Day, 104 days and details the progress made against key objectives highlighted in the Tier 2 letter, namely, Lower GI FIT Testing, Prostate mpMRI and Tele dermatology. All tumour sites had recovery action plans in place and are being monitored weekly in both Deputy Chief Operating Officer recovery meetings and Senior Cancer Huddle with Group Directors of Operations. The number of patients for 78 weeks had recently reduced from the number contained in the paper to around 200 but there was a danger that numbers would rise again in the near future due to staff shortages. 104 week figures continue to look good and remain at zero. The waste board and PIFU have been brought together in one board to make it easier for groups and to obtain clinical targets.</p> <p>Diagnostic DMO1 had reduced to under 16 weeks and Audiology was receiving extra support to assist in reducing waiters. Cancer waiters was improving however Urology and Head and Neck were still struggling. Due to there being a 96% improvement in 31 days waiters the Trust will be moved from Tier two to Tier one.</p> <p>Robotic theatre sessions are adding to capacity together with LAPT's. The Trust is also looking at SWUFT and George Eliot for priority pathways. MRI scanner capacity recently improved for Prostate pathway.</p> <p>JW asked for clarification on 104 week waiters following publication of two different reports, reassurance was given on this point. JW further asked about the trend for reducing the numbers of waiters. AM stated that he was not confident of substantial reductions due to staff shortages but staff are doing everything possible.</p> <p>JMG asked a question re the larger picture and neighbouring trusts. AM stated that they were referring patients into this Trust which made their figures look better. We are, however, in a much better position on elective care than a lot of other trusts. JG asked whether the Trust had capacity using nurse led triages. AM responded that this was not yet in place but is a process the Trust is following. JG further asked about issues with anaesthetics AM responded that there were delays</p>	

ITEM	DISCUSSION	ACTION
	<p>due to BMA pay rates, the Trust had offered improved rates and were relying on volunteers.</p> <p>The Committee APPROVED the update.</p>	
FPC/22/188	<p>THEATRES PRODUCTIVITY – WASTE REDUCTION PROGRAMME</p> <p>AM introduced the paper outlining the overall programme and areas of focus and gave an update on the Late Start workstream. There had been an establishment of the Theatres and Outpatients Productivity and Efficiency Programmes which look at driving increases in productivity and associated theatres and outpatient metrics. The Theatres Programmes had been introduced in August 2022 and had developed governance and workstreams to tackle key opportunity areas such as utilisation, late starts and list closures. Boards are having monthly meetings and the workstreams are feeding into them. The focus has been on getting patients booked in. The Trust was making improvements in utilisation of theatres and will make further improvements.</p> <p>Late starts in theatre and outpatients are costing capacity, the trust is looking at improvements in Plastic surgery and Gynaecology. There had been a number of cancellations due to theatres overrunning, the programme was addressing these and showing improvements by engaging all relevant staff in the process. GIRF feedback is being fed into the programme to enable the work streams to progress.</p> <p>JMG asked how was the decision made to start with which area. AM stated that the programme had looked at the worst areas and started there. JMG asked what further feedback was being given to the areas. This was now starting to be received through outpatient and theatre reports. Groups are now doing further refresh work on demand planning to further improve productivity. AM stated that he would return to the Committee to give further reports as needed and metrics were being developed.</p> <p>JG considered that this should be done as an addendum to the Waste Reduction report. SR agreed with this approach.</p> <p>JMG asked whether there should be further reports in this area or should the Committee look closely at another area. JMG further asked for clarification on the Tier one and two letter. It was noted that this issue goes to the Private Trust Board together with the Integrated Finance Report. JMG asked what is further required of this Committee in terms of a report and what the Trust has to do to fulfil the requirements to obtain a Tier One rating, DW said he would take advice and report back.</p>	DW
	<p>The Committee RECEIVED ASSURANCE from the presentation.</p>	
FPC/22/189	<p>INTEGRATED FINANCE REPORT</p> <p>SR presented the report as follows.</p> <p>The Trust had submitted a revised plan on the 20 June 2022 of £14.8m deficit.</p> <p>Financial Position</p> <ul style="list-style-type: none"> The Month 7 year to date position showed a £14.8m deficit compared to the NHSE deficit plan of £9.2m. The forecast 	

ITEM	DISCUSSION	ACTION
	<p>position showed a £20.4m deficit compared to the NHSE deficit plan of £14.8m deficit.</p> <ul style="list-style-type: none"> • YTD WRP performance was £10.3m against a target of £15.0m, an improvement of £1.1m from month 06 with a forecast delivery of £38.8m. • Agency expenditure was £13.6m at Month 7, which was (£1.5m) above the year-to-date agency ceiling of £12.1m. Forecast expenditure was £21.7m at Month 7, which was (£0.9m) above the agency ceiling of £20.8m. • NHSE had indicated there will be no financial adjustments related to under-delivery against the 104% target in H1. The way ERF was to work in the second half of 2022/23 is under review by NHSE. The month 07 NHSE briefing indicated that there would be no clawback. • Capital expenditure was £18.2m at Month 7 compared to a £16.7m plan, with forecast expenditure of £49.5m against a plan of £46.1m. • Capital funding associated with the EPR programme continued to be a significant risk. Whilst the UHCW programme assumed digital funding would be secured in year to a value of circa £9m. At the time this report was presented to the Committee the allocation had not been secured. A regional process had been running since July 2022 and should come a conclusion over the next month or so. <p>Income Position</p> <ul style="list-style-type: none"> • The forecast for emergency care, critical care and other was based on the YTD trend continuing for the rest of the year, adjusted for historic seasonality. • The forecast for planned care was based on achieving 104% delivery from month 08 onwards. <p>The revision to the planned deficit position requires going through a peer review protocol in order that the deficit position can be adjusted. The attempts to find a peer Trust and for the review to take place is taking a lot longer than first thought. The cash flow position reported to the Committee lags in time behind other reports. SR is confident of hitting the capital plan figures. the proportion of WRP that is recurrent is significantly below target. A programme is in place to tie together all plans to achieve the targets set. Spend on Agency is being smoothed going forward with a real focus on containing and understanding the costs. JMG asked a question concerning the release of figures. It was explained that technical pieces of work are being applied and the financial figures would be released at a later date.</p> <p>The ERF income assumption indicated a delivery of 96.4% though the , expectation was still that the year-end actual delivery would be between 99-100%; still beneath the target of 104%. Guidance had not been issued for the next financial year and this was being worked through at a national level. Future funding for the Trust was still under discussion with a large increase planned for social costings and also an increase to be given for pay awards with ongoing discussions on acute funding levels. The Trust is still aiming and on target to break even. Although there is a review of system funding with some slippage against targets there had been confirmation that some winter funding would be given. Development funding is slipping due</p>	

ITEM	DISCUSSION	ACTION
	<p>to timing issues. Every organisation is being looked at, on a national basis, for flexibility within plans.</p> <p>JMG asked a question concerning excess bed days, SR responded that the Trust does record them but the figures are not officially recorded. It is now in the region of £2million invested in surge capacity to delayed medically fit for discharge patients which is a significant increase over 2019/20. JMG stated that this should be widely reported as this is affecting the opportunities for elective work.</p> <p>JG questioned the forecast position and changes reported in previous months. SR said that this was due to technical issues regarding the position against month seven rather than the full year. JG further asked about the number of WRP schemes and that a number of them had been removed from this year. SR stated that they had been removed due to no delivery expected this year or that the results could not be quantified, schemes would remain for future years and that there was still full confidence that the Trust would achieve the £38million target. There was a possibility that some non-recurrent figures could be amended to recurrent.</p> <p>JG asked for clarification for the position on capital concerning the £46million or £49million figure. SR responded that the correct figure was £46million and that the trust was matching against actual funding. AH confirmed this stating that monthly spend versus prediction may not be the same but year against year would be smoothed out. SR noted that a previous report concerning a large non payment had now been resolved.</p> <p>JMG asked whether the WRP would ever match the Trust deficit and was advised that this would not be the case but would considerably reduce the actual deficit position.</p> <p>The Committee were ASSURED of the report and confirmed their understanding of the month seven financial position.</p>	

FPC/22/190 OVERSEAS POLICY – ELECTIVE TREATMENT

DG was welcomed to the meeting and introduced the report outlining both the context of the policy and the law relating to the charging of overseas patients noting.

Since October 2017, relevant bodies are legally required to recover charges for healthcare from chargeable overseas patients in full in advance of providing treatment, unless doing so would prevent or delay the provision of immediately necessary or urgent services. Care which is clinically considered non-urgent (can await the overseas visitor's leaving the UK) must be paid for in full before it is provided.

The policy will set out the processes employed in ensuring UHCW is adhering to this legal requirement.

The Law

The **NHS (Charges to Overseas Visitors) Regulations 2015** place a legal duty on the Trust to:

- a) Establish whether a person is an overseas visitor to whom charges apply, and if so, charges must be recovered in full in advance of providing treatment, unless doing so would delay the provision of

ITEM	DISCUSSION	ACTION
	<p>treatment that is, in the opinion of a clinician, assessed as urgent or immediately necessary.</p> <p>'Urgent' and 'immediately necessary' have specific definitions as set out in the regulations.</p> <p>The CQC Regulations 2009 (regulation 19) sets out that:</p> <p>a) [the Trust] must provide a statement to the service user, or to a person acting on the service user's behalf specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees</p> <p>b) The statement referred to in paragraph (a) must be in writing; and as far as reasonably practicable, provided prior to the commencement of services.</p> <p>Urgency of Treatment</p> <p>For chargeable patients, clinicians will assess urgency. Under the regulations, care is categorised as</p> <ul style="list-style-type: none"> - Immediately necessary - Urgent (not immediately necessary, but cannot wait until the person can be reasonably expected to return home) - Non-Urgent <p>If:</p> <p>i. non urgent, treatment will be cancelled if payment is not received in advance</p> <p>ii. urgent, an invoice will be sent in advance but made clear that if not paid, we will not cancel or delay treatment</p> <p>DG stated that this was an extension to the Trusts existing policy which mainly dealt with unplanned care and not elective. This is now law and means that the Trust can cancel treatment if no payment is received for planned non urgent work. EHIC's are still in force and cover a large proportion of European patients' treatment, we still have to be carefully because of the EDI element and this had received separate sign off.</p> <p>JG asked what was the proportion of write offs for bad debts. It was noted that the Trust had recovered less than 20% of invoices although a large proportion were still being pursued. The new policy will make elective recovery a lot easier leading to a higher income for the Trust. The new policy can now stop some of the NHS tourism which is ongoing. The Trust raises invoices of over £1.2million but actually only receives approximately £200,000 per annum.</p> <p>The Committee APPROVED the new corporate policy to meet the Trusts legal obligation to charge overseas visitors for non-urgent treatment in advance of treatment.</p>	
FPC/22/191	<p>2021/22 NATIONAL COST COLLECTION – POST SUBMISSION REPORT</p> <p>DG gave the post submission report noting that.</p> <p>Each NCC cycle involves 3 separate reports to FPC:</p> <ul style="list-style-type: none"> - A pre-submission report - A Post submission report and - A report post-publication, including the resultant NCC Index <p>The 2021/222 NCC pre-submission assurance report was taken to this Committee in August 2022 and highlighted that while significant assurance could be provided in most respects, that is:</p> <ol style="list-style-type: none"> 1. costing team appropriately experienced and qualified 	

ITEM	DISCUSSION	ACTION
	<p>2. reliability of costing software</p> <p>3. engagement with operational groups and link with financial management</p> <p>4. appropriate testing and validation routines</p> <p>There remained concerns regarding availability of some underpinning datasets at the right level of detail – meaning workarounds were required, such as apportionment of costs rather than being able to directly attribute them, which would obviously be preferable. This Committee had requested a gap statement setting out these issues and proposed solutions.</p> <p>This post-submission report therefore includes this data gap statement.</p> <p>DG noted that the third report to Committee would be in February/March next year. Costs had increased by 7% and DG explained detail from the provided tables of data. He highlighted Table six which is what the Committee had requested. There had been no changes to the totals given but there was a lot more detail provided. He finally noted that there were always ongoing issues and they were being dealt with proactively. DG left the meeting.</p> <p>The Committee ENDORSED the trusts approach to the completion of the National cost collection.</p> <p>The Committee NOTED that a third report will be presented at a future date.</p>	
FPC/22/192	<p>PERFORMANCE BENCHMARKING</p> <p>PL was welcomed to the meeting and presented the report giving detail as follows.</p> <p>The Benchmarking Report provides comparisons of UHCW's performance on a suite of metrics against a selection of peer Trusts using the latest published national data (July 2022).</p> <p>The Key Performance Indicators that were currently measured in the report are grouped into four areas,</p> <p>Patient Outcomes, Emergency Care & Patient Flow, Cancer Standards and Elective Care.</p> <p>Due to the impact that Covid has had on capacity nationwide, NHS England has temporarily suspended the collection of certain datasets</p> <p>1. Delayed Transfers of Care</p> <p>The report included a summary of UHCW's latest published performance figures against the national standards. The report now includes Statistical Process Control (SPC) charts with a comparison against the national trend. For some metrics, the selected peer trusts had been removed in favour of showing how UHCW is comparing to all NHS England Trusts (shown as performance buckets).</p> <p>The data for these measures is sourced from the statistical area of the NHS England website and the gov.uk website (for Infection Control measures).</p> <p>Cancer data for the Shelford Group (Top 10 largest teaching/research NHS trusts in England) had been included in the Cancer slides.</p> <p>Key points noted as follows:</p> <p>Areas of good performance include:</p> <p>1. UHCW recorded 0 incidents of MRSA</p>	

ITEM	DISCUSSION	ACTION
	<p>2. C. diff – UHCW recorded the lowest rate per 100,000 occupied beds compared against NHS Teaching Hospitals.</p> <p>3. 6 Week Diagnostic Waits (Overall) – this KPI showed a dramatic change throughout the pandemic but had remained in a better position compared to national and peer averages. (17.8% lower than national average, 30.9% lower than peer average).</p> <p>4. 6 Week Diagnostic Waits - Imaging – this KPI showed a dramatic change throughout the pandemic but had recovered well. (20.7% lower than national average, 34.5% lower than peer average).</p> <p>Underperforming areas include:</p> <p>1. A&E 4hr Performance – followed a similar trend to the national performance with no signs of recovering yet. UHCW was 7.1% lower than the national average but 2.1% higher than the peer average. Performance is reduced as no activity for the Coventry Urgent Treatment was included for August.</p> <p>2. Cancer TWW – the last 6 months performance had been varied as the service has struggled with capacity in Head & Neck, Gynaecology and Lower GI referrals. The overall trend was like the national picture, but UHCW are currently 2.6% lower than the national average.</p> <p>3. Cancer 62 Day – Similar to Cancer TWW, this service had struggled with capacity issues (both staffing and theatre capacity). UHCW are currently 0.5% higher than the national average but 22.9% below the target.</p> <p>4. 6 Week Diagnostic Waits – Physiological Measurements. Whilst the Trust showed a positive trend for diagnostics overall, physiological diagnostic tests delivered within 6 weeks were at 42.4%; this is slightly above the national trend.</p> <p>PL further noted that the report shows benchmarking and not actual figures. Performance is not declining due to what we do but is against national figures. The trust is still showing improvements in four areas and in particular, electives are better than national figures. With regards to patient outcomes the trust is best performing in five areas with a sixth close to best. Cancer fluctuation is unusual and needs further investigation. JMG echoed the results improvements.</p> <p>JW questioned the cancer performance benchmarks and how the Trust can find comparable results. PL stated that the Trust works with a cancer alliance but is constantly looking for peer results to benchmark against.</p> <p>JMG noted the two week wait benchmarks for suspected cancer. AM stated that at present there is not enough consultant capacity but a plan is now in place to get up to 100% by the end of December 2022 following the recruitment of additional consultants. At the point the report was produced there were lower GI referrals which have improved subsequently. PL left the meeting</p> <p>The Committee NOTED the Performance Benchmarking Report..</p>	

FPC/22/193**EMERGENCY CARE UPDATE**

JL was welcomed to the meeting and presented the report as follows.
 Four-hour performance of 61.8% for October 2022
 Emergency presentations in October 2022 were at 102% when compared to October 2021.

ITEM	DISCUSSION	ACTION
	<p>Occupancy across the bed base remained high at 96-98% on a daily basis</p> <p>Use of assessment pathways was increasing, with many patients being streamed away from the emergency department</p> <p>Ambulance handover delays remained an area for focussed improvement, which was directly linked to 'flow' across urgent and emergency care pathways, including long length of stay.</p> <p>UHCW remained challenged in terms of urgent and emergency care pathways, which were in line with the national position. Locally, work continued to deliver ongoing improvement and minimise delays and risk to patients across all urgent and emergency care pathways.</p> <p>The Trust was committed to fulfilling the outcomes of the NHSE led Winter Collaborative Event in order to deliver improvement on reducing ambulance delays over 1 hour, reducing category 2 response time for ambulance services and reducing time spent in ED.</p> <p>Partnership work was an integral factor for urgent and emergency care improvement and is ongoing.</p> <p>Occupancy & Discharge rates remained a significant challenge, directly linked to flow and time spent in ED. Criteria led discharge continued to add value and was being rolled out further.</p> <p>Options to increase flow and spread risk across the community and UHCW were being explored with focus on ensuring a risk informed decision which is clinically led.</p> <p>Winter plans are underway which will support timely review, treatment, and discharge across urgent and emergency care pathways.</p> <p>Four-hour performance is still poor and getting worse, due to the Adastra data not being restored. SDEC pathway showing the greatest uplift. Minors showing an increased attendance however are being streamed more efficiently. Ambulance performance improved and better than West Midlands figures. ED waiters variable but reduced from last report. Significant work being undertaken on discharge, including collaboration across the ICS and spot purchasing of bed capacity. Ambulance response rates being focussed on and other models being considered. Most significant challenge in mental health with currently six day wait for a bed. Big challenges in paediatric delivery due to social challenges. JW thanked JL for her comprehensive and multi-faceted report. JMG also thanked staff for standing in for GH. JL left the meeting.</p> <p>The Committee NOTED the Emergency Care Update Paper. The Committee RECEIVED ASSURANCE in the measures in place to support improvement in Urgent and Emergency Care</p>	
FPC/22/194	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT</p> <p>AM presented the report noting that the detail of the report had been covered under other headings of the meeting.</p> <p>The Trust delivered performance of 61.8% for October for the four-hour standard, below the national standard of 95%. Performance deteriorated by 0.9% from the previous month and was reduced with no activity for the Coventry Urgent Treatment Centre included for a third month. UHCW remained below the benchmarked position for England and the Midlands.</p>	

ITEM	DISCUSSION	ACTION
	<p>The RTT incomplete position remained below the 92% national target and stood at 52.7% for September. The average weeks wait was 20.8.</p> <p>The Trust continued to see an increase in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. There were 5,117 for September, an increase of 176 from August. This compared to a national average of 2,281.</p> <p>RTT 78 week waits reduced with 67 reported for September, a decrease of 26 on August.</p> <p>Diagnostic waiters performance was 6.49% in October, an improvement in performance of 2.83% on the previous month.</p> <p>Four national cancer standards were achieved in September. Cancer 2 week wait breast symptom (97.98%), 31 day subsequent drug (100%) and subsequent radiotherapy (94.37%) and the faster diagnosis breast symptomatic (100%) standards were met.</p> <p>The Two Week Wait suspected cancer standard was reported as 78.61% for September. This was driven by inadequate capacity to see patients within 14 days for Head and Neck, Gynaecological and Lower GI referrals.</p> <p>62 day performance was reported as 57.1% for September due to the delays in first outpatient appointment, delays to diagnostic investigation in some specialties and overall treatment capacity.</p> <p>The Trust failed to achieve the 62 Day National Screening Programme standard in September at 83.87% due to diagnostic delay and treatments.</p> <p>The overall 28 day faster diagnosis standard reported 73.38% against the 75% target.</p> <p>30.5 breaches (40 patients) were treated after the 104+ day target.</p> <p>The average number of long length of stay patients for October was 189, a reduction of 6 from September.</p> <p>Reason to reside data collection compliance for eligible areas was 84%.</p> <p>The Trust had delivered 95,713 Covid-19 vaccinations (as at 14/11/2022).</p> <p>Some national submissions had been suspended due to the pandemic. Where possible the KPI remained reported within scorecards.</p> <p>The Committee NOTED the report.</p>	
FPC/22/195	<p>SPECIALLING REPORT</p> <p>PS was welcomed to the meeting and presented the report noting that;</p> <p>The purpose of the report was to provide the Committee with data and analysis which included trends in demand and numbers of referrals for patients requiring enhanced observation with information regarding the Enhanced care team and Registered Mental health Nurse (RMN) utilisation with an update on the current state.</p> <p>The report provides processes in place to support demand ensuring that the most appropriate staff are utilised for enhanced observation, detailing RMN shift utilisation per group.</p> <p>There is an overview of bank and agency spend and details of controls in place to support appropriate escalation, approval, and monitoring. An outline of ongoing challenges including delayed</p>	

ITEM	DISCUSSION	ACTION
	<p>discharges was considered and opportunities for improvement identified.</p> <ul style="list-style-type: none"> • Monthly referrals average 118 for the reporting period • Peaks in demand had generated requirements exceeding capacity on a frequent basis, on occasion demand exceeded capacity by >50% • There had been focussed activity undertaken to ensure that RMN requests and allocations were appropriate and in line with therapeutic need <p>PS explained the purpose and function of the Enhanced Care Team (ECT) and noted that numbers of patients treated had shown an increase compared to the previous year. Bank and agency staff had been used but the department had struggled to get staff to the required points. Problems had been experienced over inaccurate referrals which had increased the need for assessment. RMN demand had reduced following training, but ECT demand had increased. Demand had fluctuated over the year. JG asked about the gaps shown in the figures between demand and agency fill and it was explained that the gap had been closed by the use of staff untrained in ECT and managers. The spike in demand seen had been due to child admissions and the need for MAPA trained staff. PS left the meeting.</p> <p>The Committee NOTED and RECEIVED ASSURANCE in the processes in place to ensure that the needs of patients requiring enhanced observation are met.</p>	
FPC/22/196	<p>VIRTUAL WARDS BUSINESS CASE</p> <p>LT presented the report detailing the cost to deliver a UHCW Virtual ward model, outlined the risks related to future affordability uncertainty and recommended a way forward that balances financial risk with the requirement to satisfy NHSE annual planning guidance. NHS England expectations are that The Trust is required to deliver a virtual ward model in line with annual planning guidance and the NHS England (NHSE) Virtual ward programme. NHSE funding is available to the Trust to 'pump prime' delivery of the model across 2022/23 to 2023/24. In May 2022 UHCW submitted a High-Level Plan to NHSE outlining the proposed model, workforce and bed capacity trajectory.</p> <p>The Coventry and Warwickshire Integrated Care System is expected to deliver a virtual ward model, provided by the three acute providers. The UHCW model will serve the populations of Coventry and Rugby.</p> <p>A 'virtual ward' is defined as a safe and efficient alternative to NHS bedded care that is enabled by technology, supporting patients who would otherwise be in hospital to receive the acute care, monitoring and treatment that they need in their own home. This includes preventing avoidable admissions into hospital or supporting early discharge out of hospital. 'Hospital at Home' refers to a blend of virtual and face to face care. This model is appropriate for cohorts of patients who require in-person treatment such as intravenous (IV) antibiotics, IV fluids, in-person assessment or for patients who will not be able to independently manage a remote virtual model.</p> <p>NHSE analysis of the cost, risks and benefits of the model suggests that virtual wards represent a viable strategic opportunity to provide</p>	

ITEM	DISCUSSION	ACTION
	<p>innovative, high-quality care and to realise financial and operational efficiencies. Essentially the virtual ward approach adds in additional capacity to meet growth in demand, with a more cost-effective delivery model. The model is anticipated to benefit patients by reducing exposure to the risks of hospital admission and to reduce pressure on urgent and emergency pathways. The assumption is that funding is additional rather than taking 'cost-out' of the acute setting.</p> <p>UHCW model</p> <p>As a reminder of the national context, we have been asked by NHS England to extend or introduce virtual ward capacity with an ambition of 40-50 virtual ward 'beds' per 100,000 population by December 2023. Local analysis, modelling and clinical intelligence has supported development of a 155-bed model for UHCW, with a blend of virtual ward and hospital at home care. This model folds in the existing UHCW@Home antibiotic service and creates additional bed capacity through the efficient and productive use of resource, and through the use of enabling technologies that help people to stay at home and live more independently.</p> <p>The UHCW virtual ward will include acute medical and medical speciality beds. Patients will be admitted into the virtual ward from the Emergency Department or discharged early from acute medicine or medical wards. The model is supported by a dedicated workforce including medical, nursing and Allied Health Professionals (AHP), pharmacy and administrative staff who will work in partnership with medical specialities.</p> <p>The cost to deliver a 90-bed model is £2.534m. The cost to deliver a 155-bed model is £3.798m.</p> <p>NHSE recommends a phased approach to delivery with the full-scale model delivered by December 2023. The NHS E funding strategy is a pump-priming allocation in FY2022/23 - £1.521m and a further allocation for FY2023/24 (assumed £1.8m) which should be match-funded by the ICS. From 2024/25 the ICS is expected to fully fund the model.</p> <p>There is currently limited assurance of the future funding allocation to support this new model. NHSE advise that the model is intended to deliver additional capacity in line with growth in demand and should be supported by additional funding.</p> <p>Due to the uncertainty regarding future funding streams, and the relatively untested nature of this new model it is recommended that the Trust supports a phased approach, committing to investing in an initial phase of 90 beds in 2022/23. An evaluation of the model to assess delivery of benefits, to be completed in Q2 2023/24 should inform decision making on further investment to expand to the full-scale 155 bed model.</p> <p>This option balances the Trust's requirement to deliver a Virtual ward model in line with annual planning guidance with the risk of investing in a significant workforce in the context of uncertainty on benefits and future funding.</p> <p>Recruiting at risk to support mobilisation</p> <p>The case will be presented to the Trust Board on 1st December to seek approval to invest in the 90- bed model. It is recommended that recruitment to the workforce commences at risk prior to the 1st December Trust Board to support mobilisation of the model.</p> <p>LT further stated that by approaching the lower bed model if it doesn't work or future funding does not happen then the Trust can achieve</p>	

ITEM	DISCUSSION	ACTION
	<p>between 70-80% redeployment of staff with the rest being stood down. The benefits of the strategy are not certain and could be used merely as a holding bay therefore admission avoidance gives a clinical risk.</p> <p>JW asked whether the ICB had given permission and agreement to fund the scheme. LT noted that permission had been given but no answers to funding had been made. The transformation of community services can give a benefit but risk mitigation is first and foremost at the moment.</p> <p>JMG noted that the community arm is the main driver to the project but the scheme needs full sign off from the ICB.</p> <p>JG asked whether we use our own staff initially and then recruit further numbers however we have staff shortages so can we rotate staff? LT said that for certain bands we have little risk but lower band staff will require recruiting in relatively large numbers. LT said that the look of the model will be very different in 12-18 months time. JG noted that this item was going to the Trust Board and that the same questions would be asked at that point. LT left the meeting.</p> <p>The Committee NOTED the report and APPROVED the recommendation to take a phased approach to the investment in the model.</p>	
FPC/22/197	<p>CORPORATE RISKS REPORT</p> <p>DW presented the report.</p> <p>Total No. of Open Risks:</p> <p>There were eleven open corporate risks under the FPC portfolio. Two of these risks were graded as 'HIGH' with the remaining nine risks graded as 'MODERATE' or below.</p> <p>Since the last meeting:</p> <p>There is one risk that had been added to the FPC portfolio following approval at Risk Committee on the 10 November 2022:</p> <p>1. Risk ID 4209: 22/23 Recurrent Waste Reduction Delivery</p> <p>Full risk register details of this risk were given to the Committee. There had been one risk closed since the last meeting (Risk ID 3324 - Inadequate level of service from Roche Managed Service contract and need to extend Roche contract). Closure of this risk was approved by the Risk Committee on the 10 November 2022.</p> <p>Risk Overview:</p> <p>The two highest rated risks under the FPC portfolio (15-20) are noted below:</p> <p>1. Risk ID 4085: 22/23 Contract Income – High Costs Drugs and Devices Block</p> <p>2. Risk ID 4086: 22/23 Emergency Pressures</p> <p>DW further noted that a potential risk had been reported in anaesthetics and a full report was being developed for that.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
FPC/22/198	<p>BOARD ASSURANCE FRAMEWORK</p> <p>DW presented the BAF noting that the version seen by the Committee was correct a week before the meeting. He exhibited the updated version to the Committee explaining the differences between the two versions, amendments had been made due to changes occurring during the meeting happening at this point in time. After</p>	

ITEM	DISCUSSION	ACTION
	<p>explanation the Committee agreed the amendments and these were adopted into the new documents. The Committee accepted that the overall Financial Stability Report should remain at an amber level. The Operational Performance document was further considered with amendments and additions to the third line of assurance. The rating for cancer standards could not be amended at the moment as no official notification had been received. The Committee agreed that the overall rating for Operational Performance BAF remain amber.</p> <p>The Committee RECEIVED the BAF, considered assurances received during the meeting and how these reflected on the existing document. The Committee AGREED the assurance ratings</p>	
FPC/22/199	DRAFT AGENDA FOR NEXT MEETING	
	<p>The draft agenda for the next meeting was accepted. It was noted that Item 7 was now unlikely to appear and Item 9 could be stood down. Guidance would be asked from GH re the placing of Items 10 & 11. OBC Pathology needs adding to a future agenda. Financial stability also requires adding.</p>	GH SR
FPC/22/200	ANY OTHER BUSINESS	
	There was no other business to consider.	
FPC/22/201	CHAIR'S REPORT TO THE TRUST BOARD	
	The Chair agreed that the Report would be written in conjunction with DW to reflect the last quarters meetings of the Committee.	
FPC/22/202	MEETING REFLECTIONS	
	<p>SR felt that is had been a good meeting and it was appreciated having AM and JL attending the meeting. JW felt that the IQPR report was a little confusing and needed simplification. VW said that it was a very useful meeting to attend as a deputy and that the meeting was a reflection of the team's hard work and robust action that is ongoing. AH said it was a good meeting but there had been too much content. DW wondered why the Specialling Report had been presented to the Committee. AM stated that it was good to be present at the meeting and to have the opportunity to discuss and show the improvements the Trust is making. JMG felt that it was a good meeting with opportunities to see the ongoing work.</p> <p>The Chair declared the meeting closed at 4.20pm</p>	

REPORT TO PUBLIC TRUST BOARD HELD ON 2 FEBRUARY 2023

Report of the Finance and Performance Committee following its meeting held on 26 January 2023

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

Key highlights of discussions held during the meeting

ISSUE	DETAILS
6. Integrated Finance Report	<p>We received the Integrated Finance Report. This forecasts that our year-end position will be as previously reported, i.e. a deficit of £20.4 against our original plan of £14.8m. The major drivers of the deficit remain high-cost drugs and managing emergency pressures. The position would be worse if ERF clawback had been implemented as originally proposed. However, it has been confirmed that this will not be the case for H1 and is not expected to be the case for H2 either.</p> <p>Capital is on plan though the committee remains concerned that while capital funding for ERP has now been confirmed for this year, future years' remains uncertain.</p> <p>Otherwise, the committee's main financial concerns, are:</p> <ul style="list-style-type: none"> • The proportion of the WRP that is non-recurrent. Whilst the programme is expected to deliver the full savings requirement of £38.8m for the year, the recurrent amount is forecast to be under plan by £12.1m which increase the financial challenges for next year. • The uncertainties around the challenges to our financial position next year as a consequence of the many unknowns related to the 23/24 planning guidance and, for example, how our current below 104% activity might impact on our income. • The capacity of the organisation to deliver in various areas due to the difficulties in recruiting and retention of staff in areas such as coding (a national problem) and procurement, particularly in the context the ability to release people when we are under such operational pressure, e.g. regular implementation of the Full Capacity Protocol.
7. Integrated Quality, Performance and Finance Report	We received the Integrated Quality Performance & Finance Report along with specific performance update reports on Elective Care and Cancer Care. These showed that:
8. Emergency Care Update	<ul style="list-style-type: none"> • Addressing the pressures in Emergency Care remains a significant challenge with 4-hour performance at only 58.59% in December having deteriorated by 3.59% since November, 135 12-hour trolley waits during
9. Elective Care Update	
10. Cancer Care Update	

	<p>the month and 18-week RTT only marginally improved on the previous month at 53.96%.</p> <ul style="list-style-type: none"> On a more positive note, was the significant reduction in both 78 and 52 week waiters. Unfortunately, LLOS stay patients remain a major issue which is continuing to impact on many areas of our performance with an average of 203 in December, seven more than November. Whilst we achieved six of the cancer care standards and improvement plans are in place which are monitored weekly by the COO, meeting many of the target standards remains a significant challenge. This was particularly the case for the two-week wait and 62-day standards, driven by the mismatch between current levels of demand and emergency pressures on theatre capacity. However, it was reported that a number of actions had been taken over recent weeks, e.g. week-end sessions, that had had a marked positive impact.
Other business	<p>Other reports that we noted included a Procurement Update. We also reviewed the Corporate Risks and BAF for those risks overseen by the Committee. This included the addition of one new Corporate Risk, i.e. Recruitment Finding in relation to Stroke Centralisation.</p> <p>Two reports, a review of the Cost Control WRP project and update on progress in relation to the Sustainable Development had to be postponed until the February meeting due to the unavailability of key executives.</p>
Staff recognition	<p>The committee recorded thanks to all the staff during the current pressures, in particular those admin and other staffing working “behind the scenes” whose important role and contribution to the effective delivery of services is often hidden from view.</p>

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

OTHER AGENDA ITEMS
None other than those described above.

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties? Yes	
Item from terms of reference	State which agenda item achieved this
Advise the Trust Board on the strategic aims and Objectives of the Trust	
Review risks to the delivery of the Trust’s strategy as delegated by the Trust Board	Item 14 Board Assurance Framework Item 13 Corporate Risks Report
Review the financial strategy	Item 6 Integrated Finance Report
Review outline and final business cases for capital investment the value is above that delegated to the Chief Officers	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 8 Emergency Care Update Item 9 Elective Care Update Item 10 Cancer Care Update

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties? Yes	
Item from terms of reference	State which agenda item achieved this
Receive reports from the Chief Officers relating to organisational performance within the remit of the Committee	Item 7 Integrated Quality, Performance and Finance Report
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	
Review performance against financial and operational indicators and seek assurance about the effectiveness of remedial actions and identify good practice	Item 6 Integrated Finance Report
Review the capital programme	
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> Financial management Operational performance Recruitment, employment, training and workforce management PFI arrangements Organisational development Emergency preparedness Insurance and risk pooling schemes (LPST/CNST/RPST) Cash management Waste reduction and environmental sustainability 	Item 6 Integrated Finance Report Item 7 Integrated Quality, Performance and Finance Report Item 11 Procurement Update
Receive reports from the Chief Finance Officer on actual and forecast financial performance against budget and operational plan	Item 7 Integrated Finance Report
Review proposals for the acquisition, disposal or change of use of land and/or buildings.	
Review the terms of reference for the Committee and recommend approval to the Trust Board	
Other	

MEETING CYCLE: Achieved for this month: Yes
Reference any items that were not taken at this meeting, explaining why and when it has been rescheduled.
Cost Control WRP and Sustainability Update – both due to availability of key individuals

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

ATTENDANCE LOG											
		Apr	May	Jun	Aug	Sep	Oct	Nov	Jan	Feb	Mar
Chief Operating Officer	Member	✓	✓	x	x	✓	✓	x	x		

*In accordance with paragraph 4.3 of the Committee Terms of Reference, the Chair gave approval for deputies attending the meeting to count towards the quorum.

REPORT TO PUBLIC TRUST BOARD HELD ON 2 FEBRUARY 2023

Subject Title	Board Assurance Framework (BAF)
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	David Walsh, Director of Corporate Affairs
Attachments	BAF for critical risk areas: <ul style="list-style-type: none"> • Financial stability • Operational performance • Quality of Care and Patient Experience <i>and</i> Service Stability • Staff Wellbeing and Morale <i>and</i> Workforce Supply • Cyber Threats
Recommendation	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. RECEIVE the BAF entries for 'Financial Stability' and 'Operational Performance' following consideration by the Finance and Performance Committee on 26 January 2023 2. RECEIVE the BAF entries for 'Quality of Care and Patient Experience' and 'Service Stability' following consideration by the Quality and Risk Committee on 26 January 2023 3. RECEIVE the BAF entries for 'Staff Wellbeing and Morale' and 'Workforce Supply' following consideration by the People Committee meeting on 22 December 2023 4. RECEIVE the BAF entry for 'Cyber Threats' following consideration by Audit and Risk Assurance Committee on 19 January 2023 5. CONSIDER and triangulate any additional assurances received during the Board meeting in the context of the documents described above.

EXECUTIVE SUMMARY

The complete BAF is presented following consideration at the various monitoring committees to ensure Board members are equally sighted on activity and levels of assurance in all areas.

Background

The BAF operates on the principles of bringing together the various sources of assurance provided to Board and its committees, reflecting on a RAG-rated assessment of assurance arising from each, and bringing together an overall level of assurance. The BAF papers considered by each of the committees will come together at Board level to represent an overall picture of assurance, and to support Executive and Non-Executive Board members in maintaining oversight across all committees, including those they do not attend.

Committees consider the BAF as the final business item in meetings, providing the members opportunity to reflect on and triangulate the assurances received, and agree changes to assurance ratings and document content within the meeting, ensuring the BAF remains dynamic.

Included for the first time is the BAF for Cyber Threats following its consideration by Audit and Risk Assurance Committee on 19 January 2023.

Highlights since previous Board consideration

Red RAG ratings of individual sources of assurance

One previously rated 'red' area of assurance, around Mortality, has been up-rated to amber following consideration by QSC. The committee considered the action plan being managed through the HSMR Task and Finish Group and received assurances that, while gaps still remained, the risk was being managed appropriately. It was anticipated that the required data to provide assurances that would enable this to be returned to 'green', which it had been prior to November 2022, would be unavailable until June 2023.

There are five new areas with 'red' ratings. Four of these relate to the Cyber Threats BAF, which was monitored for the first time on 19 January 2023, so it would be anticipated that as ARAC receives updates in the coming meetings there will be opportunities to address these. The fifth is on the Operational Performance BAF, and follows an internal audit on Discharge Planning which received limited assurance. The audit itself was considered at ARAC on 19 January 2023, but the action plan will be returned to FPC in April/May to provide assurance against response to the actions.

Changes to RAG ratings of individual lines of assurance

It was reported at the previous Board meeting that the third line of assurance relating to the Operational Performance BAF had turned from 'green' to 'amber' given UHCW was placed in Tier 2 by NHSE/I for cancer standards. It was anticipated that this would be short-lived and that has proven to be the case, the elimination of this aspect from the third line of assurance now enabling the overall rating to return to green.

Changes to the overall BAF RAG ratings

There have been no changes to the overall levels (shown in the right column below), though the picture is different to that presented previously due to the addition of the Cyber Threats BAF entry.

Snapshot

Committee	Risk area	Associated Corporate Risks	First line of assurance	Second line of assurance	Third line of assurance	Overall level of assurance
FPC	Financial Sustainability					
FPC	Operational Performance					
QSC	Quality of Care and Patient Experience and Service Stability					
PC	Staff wellbeing and morale and Workforce Supply					

ARAC	Cyber Threats							
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PREVIOUS DISCUSSIONS HELD

As described earlier.

KEY IMPLICATIONS

Financial	None directly arising
Patients Safety or Quality	None directly arising
Workforce	None directly arising
Operational	None directly arising

Committee: Finance and Performance Committee

Critical risk areas: Financial stability

Associated risks

Managed risk	Initial	Current	Target
2022/23 Contract Income – High Cost Drugs and Devices	9	20	6
2022/23 Emergency Pressures	9	16	6
2022/23 Recurrent waste reduction delivery	15	15	4
2022/23 Capital Funding	12	12	3
2022/23 Inflation pressure	16	12	4
2022/23 Agency expenditure *	12	12	4
2022/23 Contract income – ERF	20	12	8
2022/23 Covid costs	9	9	6
2022/23 Capital programme delivery	9	9	4

*Also included on People Committee BAF

First line of assurance

Issue/report	Last review	Rating
IQPFR	26/1/23	
Waste Reduction programme	26/1/23	
Integrated Finance Report	26/1/23	
Procurement Update	26/1/23	
Research and Development Income, Expenditure and Compliance	29/9/22	
National Cost Collection 2021/22	24/11/22	
Financial Sustainability (mandated review) self-assessment	27/10/22	
Charging of Overseas Patients	24/11/22	
Virtual wards – approach/funding	24/11/22	

- IQPFR – see Operational Performance BAF entry
- M9 £18.5m deficit vs £13.2m plan, capital spend of £29.4m vs £25.3m plan (Jan 23)
- Agency expenditure at £17.1m v YTD ceiling of £15.6m (Jan 23)
- YTD £21.7m WRP delivery vs £21.5m target (Jan 23), reliance on non-recurrent delivery (Oct 22)
- Uncertainty relating to virtual wards alongside national requirement to proceed – staffing cost/financial risks
- Monitoring of the financial impact of delayed discharge (Jan 23)
- Capital for EPR not funded centrally for 23/24 (Jan 23)

- Group level waste delivery sessions with senior leadership engaged (COG and corporate directors)
- Trust wide waste delivery projects re-established
- Agency adjustment required re UTC (Nov 22)
- Any staff for virtual wards could be reallocated if required
- Capital Plan to be addressed if £5.5m EPR gap not plugged (Jan 23)

- Star chambers ongoing with groups to improve traction on achieving waste targets, pipeline schemes being quantified (Oct 22)
- Recommend to ARAC addition of costing to internal audit plan (Aug 22)
- WRP presentation on theatre productivity in Nov (complete) and cost control in Jan (Oct 22)
- Additional monitoring of financial impact of delayed discharge in IPQFR (Jan 23)

Second line of assurance

Issue/report	Last review	Rating
Financial Governance (planning guidance) internal audit report	14/10/21	
Accounts Payable internal audit report	13/1/22	
Accounts Receivable internal audit report	13/1/22	
Financial ledger internal audit report	13/1/22	
Financial Sustainability (mandated review) – internal audit	19/1/23 (ARAC)	
Financial Systems internal audit	19/1/23 (ARAC)	

- Improvements identified in financial systems reports around duplicate payments, fraud/misappropriation, delayed income receipt and financial loss, budgetary impact, misreporting, impact on delivery of financial and strategic objectives (Significant assurance overall)

- Actions arising from all gaps identified above completed by 31/3/22

- Scope of financial sustainability internal audit received and now progressing – replaced financial assessment that has previously been undertaken by CW Audit but is wider (Sep 22)
- HFMA outcome to be presented to regional team following review by ARAC on 31 January 2023 (Oct 22)

Third line of assurance

Issue/report	Last review	Rating
VFM Audit Plan (ARAC)	21/4/22	
National Cost Collection 20/21 outputs	25/8/22	

- Due to the current levels of underlying deficit at both the Trust and system level, KPMG identified there was a risk that the Trust did not have adequate arrangements to achieve financial stability over the medium term

- KPMG to revisit later in the year and the full outcome to be reported back

Assurances received

Gaps

Mitigations

Actions

Overall level of assurance:

Amber

Key: Strong assurance of actions to manage risks and issues Risks being managed but gaps requiring further assurance No or limited assurance on management of risks

Committee: Finance and Performance Committee

Critical risk areas: Operational Performance

Associated risks

Managed risk	Initial	Current	Target
Lack of permanent mortuary capacity	20	20	6
Emergency medicine overcrowding and patient flow	16	12	9
Stroke centralisation recruitment funding	10	10	6
Non-standardisation of follow-up processes affecting RTT	10	8	6

First line of assurance

Issue/report	Last review	Rating
IQPFR	27/10/22	
Emergency Care	26/1/23	
Cancer Care	26/1/23	
Performance benchmarking	28/4/22	
Elective Care – 104-week waiters	26/1/23	
Elective Care – 78-week waiters	26/1/23	
Elective Care – update	26/1/23	
Sustainable Development	26/1/23	
Winter Plan	29/9/22	
Estates and Facilities	27/10/22	
Theatre Productivity	24/11/22	
Performance Benchmarking	24/11/22	

Second line of assurance

Issue/report	Last review	Rating
Data Quality Review – 28 Day Faster Diagnosis Standard	21/4/22 (ARAC)	
CT/MRI Scan capacity discharge planning	TBC	
Emergency Planning Annual Report	1/12/22 (Board)	
Discharge Planning internal audit	19/1/23 (ARAC)	

Third line of assurance

Issue/report	Last review	Rating
National Hospital Only Discharge Programme – reviews/support from NHSE/I and ECIST – now exited following improvements	25/8/22	

Assurances received

Gaps

Mitigations

Actions

- Cancer –28-day (71.7%), 31-day (94.6%) and 62-day standards (9.4%) off track (Jan 23)
- RTT incomplete at 53.96% vs 92% national target (Jan 23)
- Long length of stay: 203 patients at 21 days or over (Jan 23)
- Four hour standard – 58.59% in Dec vs 95% national standard (Jan 23)
- Performance issues relating to UH estate (Oct 22)
- Theatres: Closed session % and average late starts off track (Nov 22)

- The data quality internal audit returned moderate assurance, with improvements identified around the newly introduced standard
- Awaiting validation of compliance from NHSE/I
- Discharge Planning internal audit ‘limited assurance’ conclusion

- Cancer: funding secured for staffing in Lung, Colorectal, Gynae, RTP in head and neck commenced May 2022, rapid access pathway for patients with prostate cancer risk being commenced (May 22)
- Any patient waiting 3hrs+ has patient harm review completed - no harm caused due to delays in handover (Aug 22)
- Support from SWFT and GE functioning effectively in times of handover challenge (Aug 22)
- Targeted focus on late starts within theatre productivity programme – evidence of progress in Neuro example shared with FPC (Nov 22)

- An action plan responding to the internal audit was developed and presented to ARAC on 21/4/22
- Actions in place to respond to Discharge Planning internal audit by end of March.

- Organisational push to commence UHCWi value streams focussed on Emergency Care at pace by November – five Kaizen events to reduce length of stay planned in September (Aug 22)
- Breakdown of mutual aid elective patients and impact on UHCW data to be included
- Report out on ED improvement focus due in Dec 22 (Oct 22)
- Commenced focus on 26-week outpatient target (Oct 22)

- Report to be presented to future FPC confirming compliance with actions required
- Update to be provided to FPC on Emergency Planning Compliance (Board, 1/12/22)
- Discharge Planning actions to be brought back to FPC in April/May (ARAC 19/1/23) and re-audit to be undertaken and presented to ARAC in January 24.

Overall level of assurance:

Amber

Key: Strong assurance of actions to manage risks and issues Risks being managed but gaps requiring further assurance No or limited assurance on management of risks

Committee: Quality and Safety Committee

Critical risk areas: Quality of care and patient experience and Service stability

Associated corporate risks				First line of assurance			Second line of assurance			Third line of assurance					
Managed risk	Initial	Current	Target	Assurances received	Issue/report	Last review	Rating	Issue/report	Last review	Rating	Issue/report	Date	Rating		
	Failings in theatre infrastructure	15	20		2	IQPFR	26/1/23		National survey action plans	31/3/22		Inspection of mortuary services by HTA	18/1/22		
	Storage in hospital corridors	16	16		4	Patient Safety, Risk, Learning, Nev. Ev.	24/11/22		Mortality Update	26/1/23		CQC full inspection	11/2/20		
	Inability to keep CAMHS patients safe	20	16		6	Patient Exp. & Engagement	24/11/22		Dermatology review	26/1/23		JAG inspection of endoscopy	TBC		
	Inability to deliver a sustainable Dermatology Service	16	16		6	Complaints Annual Report	26/5/22		Learning from Deaths – internal audit report	26/1/23		Pathway to Excellence accreditation – formal notification received on 15/8/22	29/9/22		
	Recording of clinical evaluations in patient records	15	15		6	Maternity Safety and Plan	26/1/23		Response to NHS Spec Comm on Sickle Cell report actions	28/7/22		Visit from regional team on Ockenden assurance 11/8/22	29/9/22		
	Potential of major fire risk	15	15		8	N&M Safe Staffing	24/11/22		Learning Disability internal audit	19/1/23 (ARAC)		CQC surgery visit 5/9/22 – awaiting feedback	29/9/22		
	Violence and aggression against staff	15	15		9	Safeguarding Adults & Children	26/1/23					ISO45001 – H&S accreditation	6/10/22 (Board)		
	Inability to meet demand for breast imaging/screening	15	15		12	Health and Safety update	26/1/23					Maternity CQC inspection – Nov 2022	26/1/23		
	Registered Midwife vacancies	15	15		6	IPC Update	26/1/23					Internationally Educated Nurse Pastoral Care Award received	26/1/23		
				Gaps	Remaining questions over training standards expected for substantive staff vs bank vs agency (Jul 22)			Completion of actions arising from Royal College Review of Dermatology (Nov 22), with action required to maximise partner engagement (Jan 23)			HTA identified major shortfalls relating to six standards and minor shortfalls relating to four standards				
					IPQFR – concern over numbers of day cases (Nov 22) and quality impact of performance issues in ED (Jan 23)			Limited outcome of Learning from Deaths audit (May 22 – ARAC) and moderate outcome of Learning Disability internal audit (Jan 23 – ARAC)			Areas for focus highlighted in Ockenden visit (Aug 22), including risk relating to EPR replacing maternity system, and delays on delivery of bereavement suite				
					Neonatal mortality requiring focus (Nov 22)										
					Scanning capacity creating risks in Stroke Services (Jan 23)										
					Mit.	Changes to flow following review and improvement focus (Jan 23)			HSMR Task and Finish Group – strong progress against action plan reported (Jan 23)			Risks added and managed through risk registers, action plan developed to address shortfalls			
						Non-prioritisation of P3 & P4 affecting day cases (Nov 22)			Learning from deaths action plan presented Jan 22 – amber overall			CQC provider engagement meetings every eight weeks, and service-focused dynamic monitoring approach (DMA) meetings periodically			
									Learning Disability acton plan presented to ARAC (Jan 23)						
						Actions	Further assurance on training bank/agency (Sep 22)			Follow-up on progress on action plan in response to Learning from Deaths internal audit to be presented in May 23 (Nov 22)			Detailed outcome awaited on JAG inspection – to be reported back to QSC		
							Introductory item on PSIRF during 2023 (verbal Jan 23)			Ongoing review of HSMR and work of weekly mortality review group to be reported back, along with mortality action plan in March 23 (Jan 23)			Outstanding issues in Ockenden visit to be addressed in next report, including Bereavement Suite		
							Data on night transfers to future meeting (Sep 22)								
				Assurance around benchmarking for NMAHP Education (Sep 22)			Update on delivery of Learning Disability internal audit actions to be presented to QSC in May 2023 (ARAC Jan 23)								
				Complaints data on upheld/not upheld and themes on compliments requested for future Patient Exp. & Eng. Report (Nov 22)			Exec and Non-Exec channels to be utilised to maximise engagement relating to Dermatology Action Plan (Jan 23)								
				IG to explore anonymised data being accessed (Nov 22)											
				Future focus on neonatal mortality (Nov 22)											
				Review taking place following NG tube Never Event (Jan 23)											
				Invite ED Group to present clinical impact of ED performance (Jan 23)											
				Assurance requested relating to scan capacity (Jan 23)											

Overall level of assurance:

Amber

Key:

Strong assurance of actions to manage risks and issues

Risks being managed but gaps requiring further assurance

No or limited assurance on management of risks

Committee: People Committee

Critical risk areas: Staff Wellbeing and Morale and Workforce Supply

Associated corporate risks		First line of assurance			Second line of assurance			Third line of assurance																																																																																						
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	Gaps	<ul style="list-style-type: none">Sickness absence at 5.55% against target of 4%Vacancies increased from 6.4% to 7.4%Mandatory training at 93.44% (95% target), Non-medical appraisals at 80.22% (90% target), Turnover at 10.73% (10% target)Overspending on agency (£3m+ by year end) (Sept 22)Forecast expired apprenticeship levy of £825k in 2023 (Dec 22)FTSU app not yet rolled out, some gaps in lessons learned			<ul style="list-style-type: none">WRES identified affected staff report lower levels of confidence in provision of equal opportunities within the Trust, and higher levels of having experienced discrimination in the workplaceWDES identified affected staff reported higher likelihood of being discriminated againstWRES indicator suggested reduced likelihood of being appointed following shortlisting for BME staffActions required following Payroll and Overpayments Internal Audit (ARAC Jan 2023)																																																																																									
	Mitigations	<ul style="list-style-type: none">Vacancy increase related to winter funding adjustmentsActivity to address training detailed in deep dive (June 22)Planned focus on retention to address turnover in 22/23Levy spend up from £614k in 20/21 to £1.1m in 21/22, estimated £1.1m in 2023. Participation in Care Leavers Covenant (Dec 22)Agency: Cost Control Group and agency control processes in place, Agency & Bank Card rate reviews underway, engaged in West Mids Medical Agency Project (Oct 22), implementation of TempRE system from 6 Feb 2023 (Dec 22)			<ul style="list-style-type: none">Caution on indicator re appointment of shortlisted staff as does not account for international recruitment of nurses and midwives																																																																																									
	Actions	<ul style="list-style-type: none">Three-month improvement trajectories for non-medical appraisals, though some deterioration shown in September (reported Oct 2022)Mandatory training – focus described in AAA report from People Development Group (Oct 2022)EDI Delivery Plan to be launched in Feb 23 (Dec 22)			<ul style="list-style-type: none">Work being monitored through People Support Group relating to WRES/WDES actions, and will be reported to People CommitteeFurther review of recruitment and selection process to identify potentially discriminatory practices – to be reported back to committee in context of changes already madeLaunch of inclusive mentoring pilotPayroll/overpayments action plan due in Feb/Apr (ARAC Jan 2023)			<ul style="list-style-type: none">Applying for Disability Confident (Leader Status) – Dec 22																																																																																						

Overall level of assurance:

Amber

Key:

Strong assurance of actions to manage risks and issues

Risks being managed but gaps requiring further assurance

No or limited assurance on management of risks

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Engaging with people and communities - 'More Than a Hospital'
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Lesley Terry, Head of Integration - Strategy Helen Mosley, Strategic Relationships Network Lead
Attachment(s)	Engaging with people and communities - 'More Than a Hospital'
Recommendation(s)	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • ENDORSE an approach to engaging with people and communities to support delivery of our organisational strategy - 'More Than a Hospital' • NOTE the plan to present a framework on engagement to the Trust Board for approval in Quarter 1 2023/24 • Add any comments to shape key issues and aspects of the strategy

EXECUTIVE SUMMARY

INTRODUCTION

The purpose of this report is to set out our approach to working in partnership with the people and communities we serve to support delivery of our new organisational strategy for 2022- 2030: 'More a Than a Hospital'.

'MORE THAN A HOSPITAL'

Our organisational strategy is based on serving the needs of our local populations and is informed by the views of the people of Coventry and Warwickshire to ensure that our ambitions as a Trust reflect the health and wellbeing priorities of the many and diverse communities we deliver services to.

Engagement with local people shaped our strategic vision to 'be a national and international leader in health, **rooted in our communities**' and will be a key enabler in the delivery of our strategy over the next eight years. This will require a new, more in-depth approach to engaging with people that reflects our long-term commitment to working in partnership.

Fundamental to our commitment to addressing health inequalities, working in partnership with people and communities enables a shift away from the 'care and repair' tradition of the acute hospital towards a focus on supporting and enabling people to engage in improving their own health outcomes.

This asset-based approach recognises the strengths, resources and potential that exists within our local communities and positions us as a partner in delivery of better health outcomes.

ALIGNMENT WITH NATIONAL GUIDANCE

This approach fully aligns with the new **NHS England** statutory guidance on 'working with people and communities' and reflects the collaborative, joined-up approach required by health and care organisations as outlined in the Health and Care Act 2022.

WHY IS ENGAGEMENT WITH PEOPLE AND COMMUNITIES FUNDAMENTAL TO DELIVERING OUR STRATEGY?

Engagement is a key enabler to delivering our strategic ambitions effectively and should be woven into delivery. This approach will provide assurance that we are focussing on the right priorities and delivering the kind of services that are required to turn the dial on **outcomes, access and experience**. We need to spend time listening to people to understand their needs and recognise the diversity of needs and preferences across our communities.

Effective, considerate and meaningful engagement brings multiple benefits for the people we serve and for the Trust:

- Effective engagement with the people who will use a service leads to better service design and **better value for money**. Meeting people's needs with the right service at the right time is more cost effective.
- Working with groups affected helps us to design ways to address the individual and **wider environmental factors** that adversely affect health outcomes.
- Insights from local people, communities and their representatives can bring a **different perspective**, add diversity and positively influence decision making.
- Participating for health: Engagement brings benefits for our local population. Being involved reduces isolation and contributes to improved wellbeing.
- Insights gathered through partnership working inform improved design and delivery of services. This leads to **improved quality** and can also open avenues to discuss safety concerns as trust between the organisation and local people builds.
- Engagement supports **accountability and transparency** by providing clear evidence of how decisions have been made.
- Engagement **builds trust** between local communities and increases public confidence and support for proposals.
- **Addressing health inequalities:** working with people and communities is fundamental in supporting our understanding of the impact of barriers to access that health inequality brings.

Engagement will be a core component of how we go about transformation, priority setting and service design. We will build a culture of engagement into delivery, whether working on optimising internal hospital processes or in our role as a provider and anchor organisation in our local Places, Care Collaboratives and Integrated Care System.

Engagement is more than gathering insights to support delivery. Engagement builds trust and confidence. Engagement gives people a voice and rebalances the power between the healthcare provider and the patient, towards a more collaborative partnership where the needs of the people we serve are central to how we plan and deliver the future.

HOW WILL WE ENSURE ENGAGEMENT IS AT THE HEART OF STRATEGIC DELIVERY?

The ambition is to ensure that engagement is 'business as usual'. To do this, we need a culture to reflect the notion that involvement and engagement of people and communities in decision-making is the responsibility of everyone in UHCW. We will realise this ambition by weaving engagement into the delivery of our strategic objectives.

The first step is to collaboratively develop a framework that will guide our approach.

Development the framework will require input from a range of stakeholders both within and external to the Trust. The strategy team and patient experience and involvement expertise within the Quality team will lead this work, ensuring the approach is aligned to our strategic delivery priorities and grounded in best practice approaches.

Stakeholders will include Patient Partners, Equality and Diversity and our clinical workforce, many of whom are members of our local communities. We will invite external stakeholders with expertise in this area including partners in the local authority, the ICB, our local Healthwatch, local VCSE and our partners in the Community Partnership Trust who have experience in co-production and co-design.

The framework will support the level of engagement required to support delivery of our strategy and will provide a **toolkit of approaches** ranging from community-centred approaches to co-production.

A guide to who the key community, voluntary and statutory groups are in our local areas will be developed as part of the framework. We will build these **relationships** over time as our profile outside of the boundaries of the Trust increases.

The framework will be presented to the Trust Board for approval in Quarter 1 (2023/24) and an engagement plan will be developed, aligned to the strategic delivery plan priorities.

CONCLUSION

Engagement with people and communities is a key enabler in the delivery of our strategic priorities. There is an opportunity now to develop an approach to engagement that draws on the strengths and assets in our local communities and partners. This will support the Trust to deliver the excellent care and experience we strive to provide to our patients and the wider communities we serve, to realise our vision to be 'More Than a Hospital'.

RECOMMENDATION

The Trust Board is requested to:

- ENDORSE an approach to engaging with people and communities to support delivery of our organisational strategy - 'More Than a Hospital'
- NOTE the plan to present a framework on engagement to the Trust Board for approval in Quarter 1 2023/24
- Add any comments to shape key issues and aspects of the strategy

PREVIOUS DISCUSSIONS HELD

N/A

KEY IMPLICATIONS

Financial	No financial implications.
Patients Safety or Quality	Insights gathered through partnership working inform improved design and delivery of services. This leads to increased quality and can also open avenues to discuss safety concerns as trust between the organisation and local people builds.
Workforce	No workforce implications.
Operational	No operational implications.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO TRUST BOARD

2 FEBRUARY 2023

Engaging with people and communities- 'More Than a Hospital'

1. INTRODUCTION

- 1.1 The purpose of this report is to set out our approach to working in partnership with the people and communities we serve to support delivery of our new organisational strategy for 2022-2030: 'More a Than a Hospital'.

2. 'MORE THAN A HOSPITAL'

- 2.1 Our organisational strategy is based on serving the needs of our local populations and is informed by the views of the people of Coventry and Warwickshire to ensure that our ambitions as a Trust reflect the health and wellbeing priorities of the many and diverse communities we deliver services to.
- 2.2 Engagement with local people was an important part of the strategy development process. The Trust sought the views of people using our services, our staff (also users of health services) and the organisations that we work alongside to seek their views on our proposed direction of travel for the next eight years.
- 2.3 The valuable insights gained through this engagement exercise shaped our strategic vision to 'be a national and international leader in health, **rooted in our communities**'. The influence of this feedback is evident in our five purposes, particularly in relation to our ambition to deliver excellent integrated care for our local communities.



- 2.4 Engagement with our communities will be a key enabler in the delivery of our strategy over the next eight years. This will require a new, more in-depth approach to engaging with people that reflects our long-term commitment to working in partnership.
- 2.5 This is fundamental to our commitment to addressing health inequalities- without the critical insights that engagement with people with lived experience bring we cannot design or deliver effective solutions to address the drivers of health inequality that are so pervasive across many of the populations we serve.
- 2.6 Working in partnership with people and communities enables a shift away from the 'care and repair' tradition of the acute hospital towards a focus on supporting and enabling people to engage in improving their own health outcomes. This asset-based approach recognises the strengths, resources and potential that exists within our local communities and positions us as a partner in delivery of better health outcomes.
- 2.7 As well as working with people and local groups this includes working with external partners in the local authority, Voluntary, Social Enterprise and Community sector (VCSE) and our neighbouring healthcare providers.
- 2.8 Integration, changing models of delivery, changing the role of patients in their care- the level of transformation we aspire to in our strategy will rely on getting engagement right.

3. **ALIGNMENT WITH NATIONAL GUIDANCE**

- 3.1 This approach fully aligns with the new **NHS England statutory guidance** on working with people and communities [NHS England » Working in partnership with people and communities: statutory guidance.](#)
- 3.2 The guidance reflects the collaborative, joined-up approach required by health and care organisations as outlined in the Health and Care Act 2022. Health and care partners will come together to deliver a 'Triple Aim' of improved health and wellbeing, quality services and a sustainable financial model.
- 3.3 Collaboration and partnership are central to this approach. The guidance aims to support NHS organisations to build a new kind of relationship with their local populations, a relationship that is based on asking questions and listening; a relationship that builds trust and enables us to work in collaboration to drive improvements in health outcomes.
- 3.4 Our approach to engagement will align to this and draw guidance from the principles and methodologies outlined. Our partners across the Coventry and Warwickshire Integrated Care Board will likewise have an increased focus on engagement in the development and delivery of their strategies.

4. **WHY IS ENGAGEMENT WITH PEOPLE AND COMMUNITIES FUNDAMENTAL TO DELIVERING OUR STRATEGY?**

- 4.1 Our strategy outlines an ambitious vision for the Trust to positively influence health and wellbeing outcomes for our populations. We will do this by delivering excellent secondary and tertiary care. We also have an ambition to play a role in improving the wider determinants of health that pose a barrier to significant cohorts of our populations.
- 4.2 Engagement is a key enabler to delivering these ambitions effectively and should be woven into delivery. This approach will provide assurance that we are focussing on the right priorities and delivering the kind of services that are required to turn the dial on **outcomes, access and experience**. We need to spend time listening to people to understand their needs and recognise the diversity of needs and preferences across our communities.
- 4.3 This approach is at the heart of population health management and the personalisation agenda and will be critical as we work to address the impact of health inequality.
- 4.4 Effective engagement with the people who will use a service leads to better service design and **better value for money**. Meeting people's needs with the right service at the right time is more cost effective.

It is important to design services that can be accessed by all members of society. This is particularly important when considering the barriers to access faced by some. We need to speak with people who have lived experience to understand those barriers. Working with groups affected helps us to design ways to address the individual and wider environmental factors that adversely affect health outcomes.

Delivering our strategy- Community Diagnostics Centre

A Community Diagnostic Centre will be delivered in the City centre, serving the population of Coventry and Rugby. The centre will deliver much needed additional diagnostic capacity and the city centre location will improve access for the majority of patients but specifically for those people living in the more deprived parts of the City.

The delivery programme has a wider focus than developing a new facility. There is also an ambition to understand barriers to accessing diagnostic tests and to work with people to identify a different approach to service delivery that will improve uptake and reduce the risk of delayed presentation. This will require an engagement exercise that reaches out to groups who are less represented, who typically don't share views. This will require a new approach that goes further than surveys and focus groups with the willing few. The Trust will likely need to work in collaboration with partners such as the Local Authority and the VCSE to access and engage.

- 4.5 The benefits of the 'patient voice' in **decision making** is well-understood and the Trust routinely includes Patient Partners in decision-making meetings to ensure the patient perspective is represented.
- 4.6 Insights from local people, communities and their representatives can bring a different perspective, add diversity and address professional or organisational biases. Only through engaging with people can we really know that we are focusing on what is important to the people we serve.
- 4.7 Engagement brings benefits for our local population: **participating for health**. Being involved reduces isolation and contributes to improved wellbeing. Getting involved and being in control brings health benefits. As a large organisation the Trust is in a good position to offer this opportunity to individuals and community groups.

Delivering our strategy- Patient Partners

The Patient Partners work in partnership with the Trust to help improve its services and bring a patient perspective to influence service delivery, ensuring the experience of patients is central to our approach.

Following a review of the Patient Partners programme, a recruitment campaign is underway to grow the resource, and ensure that it is representative of the local population and communities we serve. The Trust's Patient Experience and Involvement Coordinator is working with local community groups and voluntary sector to highlight opportunities for individuals to positively engage in care and service improvement.

Future work includes the development of a Children's and Young Person's Patient Partner Forum, and building on existing networks and forums to provide more opportunities and mechanisms to hear what matters to our people and communities.

- 4.8 Insights gathered through partnership working inform improved design and delivery of services. This leads to **improved quality** and can also open avenues to discuss safety concerns as trust between the organisation and local people builds.

Delivering our strategy- Out of Hospital care

Delivery of local integrated care for the Coventry and Rugby population is one of our five core purposes. Our role in supporting transformation of Out of Hospital services is critical. Working in collaboration with health and care partners in our local Places we will seek to design and implement a new model of care that supports people to access the right care, at the right time, in the right place and address the incredibly challenging operational pressures in our urgent and emergency pathway.

The Improving Lives of Older People programme will drive this transformation and inform the future model for Out of Hospital.

The design and implementation of the model requires engagement- with our older population, with people living with long term conditions and their families and carers. We need to understand who is using services and importantly, who isn't accessing services or positive outcomes due to the impact of wider determinants of health.

By working with people and communities we can collaboratively identify solutions that work in practice and ensure we are delivering transformation that works not just for us as providers, but for our patients.

- 4.9 The NHS Constitution requires NHS organisations to be transparent in decision making. Engagement with people and communities on decisions in relation to any proposal supports **accountability and transparency** by providing clear evidence of how decisions have been made. This works to build trust between local communities and increase public confidence and support for proposals.

Delivering our strategy- Rugby St Cross site development

Development of the Rugby St Cross site as an elective hub is a key enabler in progressing our ambition to be a centre of excellence for specialist services.

Early engagement with the Rugby population regarding the redevelopment and proposed investment to the site will build confidence that the proposal has been informed by and takes consideration of the views of local people.

This engagement should include a wide range of stakeholders and seek the views of those less likely to engage due to specific characteristics such as disability, language barriers or trust in healthcare services. This will require collaboration and support from the voluntary and community sector who have a well-established foundation of trust with local people.

- 4.10 **Addressing health inequalities:** there is a strong rationale for working with people and communities to understand the impact of barriers to access that health inequality brings. This is applicable to multiple cohorts of the populations served by UHCW- people who live in deprivation or experience other health inequalities because of individual or wider environmental contexts.

Delivering our strategy- Digital care and health inequalities

Delivery of virtual care and digital-enabled care is a key feature of future healthcare delivery. Our digital strategy recognises the benefits that digital solutions can bring for our patients and the wider public.

However we must acknowledge that these solutions are not right for everyone and pay particular care to understand the impact of digital exclusion.

This is particularly relevant in the context of health inequality and the inverse care law. Individual factors such as disability or language ability may impact on a person's ability to engage in or even be considered for virtual care. Wider environmental factors such as deprivation, digital poverty, access to sufficient Wi-Fi may be hidden to us but pose significant barriers to people requiring our care.

Insights gained through engagement activities led by the ICB and local HealthWatch indicate significant concerns in cohorts of our population regarding the move towards digital care. Distrust in virtual care was a strong theme and people felt worried about being left behind or left out.

In the context of our ambition to deliver more virtual models such as the 'Hospital at Home' it is important that we engage with the range of people using our services to identify potential for digital exclusion, and more importantly, work with people to identify solutions. Some of these solutions may be outside of the NHS for example libraries are a source of support for digital skills and local groups such as Faith Groups may be keen to play a role in supporting digital literacy in their communities.

Our approach to engagement must include groups affected by health inequality who may not typically respond to surveys or focus groups. We will need to work in collaboration with external partners such as the VCSE or local authority to access some of these groups, for example the refugee community, older people with digital or literacy challenges, homeless people and the many other diverse groups in our local area who may have extremely limited access to digital options.

- 4.11 Engagement will be a core component of how we go about transformation, priority setting and service design. We will build a culture of engagement into delivery, whether working on optimising internal hospital processes or in our role as a provider and anchor organisation in our local Places, Care Collaboratives and Integrated Care System.
- 4.12 Engagement is not just about gathering insights to support delivery. Engagement builds trust and confidence. Engagement gives people a voice and rebalances the power between the healthcare provider and the patient, towards a more collaborative partnership where the needs of the people we serve are central to how we plan and deliver the future.

5. HOW WILL WE ENSURE ENGAGEMENT IS AT THE HEART OF STRATEGIC DELIVERY?

- 5.1 The ambition here is to ensure that engagement is 'business as usual'. To do this, we need a culture to reflect the notion that involvement and engagement of people and communities in decision-making is the responsibility of everyone in UHCW. We will realise this ambition by weaving engagement into the delivery of our strategic objectives.
- 5.2 The first step is to collaboratively develop a framework that will guide our approach.
- 5.3 **Developed in collaboration:** development of the framework will require input from a range of stakeholders both within and external to the Trust. The strategy team and patient experience and involvement expertise within the Quality team will lead this work, ensuring the approach is aligned to our strategic delivery priorities and grounded in best practice approaches.
- 5.4 Patient Partners will play an important role in supporting and guiding this work and we hope to draw on their role as ambassadors for the benefits of engagement and involvement.
- 5.5 Our clinical workforce will make a significant contribution. Indeed, many of our staff already hold roles in their local communities and are in an excellent position to inform this work.
- 5.6 We will invite external stakeholders with expertise in this area including partners in the local authority community development team, the ICB engagement team, our local Healthwatch partners, representatives from local VCSE and our partners in the Community Partnership Trust who have experience in co-production and co-design.
- 5.7 **Good practice:** The framework will draw on the principles and good practice outlined in the national guidance and draw on the principles of good engagement set out by HealthWatch. We will look to our partners in the VCSE who have extensive experience in community engagement and a rich knowledge of local people to sense check our approach.
- 5.8 **Supporting strategic delivery:** the framework will support the level of engagement required to support delivery of our strategy. There is not a 'one size fits all' template for how to do this- engagement with the local people of Rugby on the St Cross site development will require a different approach to engagement with people in marginalised groups around health-seeking behaviours. The framework will include a toolkit of approaches ranging from community-centred approaches to co-production. We can then use the most effective approach that is proportionate to the specific objectives of our delivery priorities.
- 5.9 **Delivered in collaboration:** We should recognise, and embrace, the opportunity to work with external partners - particularly in the VCSE- in our approach. There is a strong rationale for working alongside the local organisations and formal and informal leaders who are known and trusted by local people as we move outside of the traditional boundaries of the hospital.
- 5.10 A guide to who the key community, voluntary and statutory groups are in our local areas will be developed as part of the framework. This will expand and evolve over time. We will build these relationships over time as our profile outside of the boundaries of the hospital increases.
- 5.11 The framework will be presented to the Trust Board for approval in Quarter 1 (2023/24) and an engagement plan will be developed, aligned to the strategic delivery plan priorities.



6. CONCLUSION

- 6.1 Engagement with people and communities is a key enabler in the delivery of our strategic priorities. There is an opportunity now to develop an approach to engagement that draws on the strengths and assets in our local communities and partners. This will support the Trust to deliver the excellent care and experience we strive to provide to our patients and the wider communities we serve, to realise our vision to be 'More Than a Hospital'.

7. RECOMMENDATION

- 7.1 The Trust Board is requested to:

- ENDORSE an approach to engaging with people and communities to support delivery of our organisational strategy - 'More Than a Hospital'
- NOTE the plan to present a framework on engagement to the Trust Board for approval in Quarter 1 2023/24
- Add any comments to shape key issues and aspects of the strategy

Authors

Name: Lesley Terry Helen Mosley
Author Role: Head of Integration Strategic Relationships Network Lead

Date report written: 20 January 2022

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Quality Account Priorities Update 2022-2023 and plan for the Quality Account Priorities 2023-2024
Executive Sponsor	Mo Hussain, Chief Quality Officer
Author	Claire Evans, Associate Director of Quality- Patient Safety (Priority One) Sharron Salt, Associate Director of Quality- Clinical Effectiveness (Priority Two) Beverley Thompson, Head of EPR (Priority Three) Hayley Best, Associate Director of Quality – Patient Experience
Attachment(s)	Quality Account Priorities Update 2022-2023 report and the plan for 2023-2024 priorities
Recommendation(s)	For NOTING and to provide the ASSURANCE

EXECUTIVE SUMMARY

The Quality Account priorities for 2022-2023 which were approved by Trust Board are:

Priority One: Patient Safety

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 NHS Trust will roll out Patient Safety Level 1 and 2 training, this will be monitored by the Electronic Staff Record (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 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 role. Furthermore, the touch point communication process will be measured and patient and their relatives will have opportunity to provide feedback.

Priority Two: Clinical Effectiveness

To improve the effectiveness of services through the implementation of clinically effective, efficient and innovative care, informed by best practice. University Hospitals Coventry & Warwickshire (UHCW) NHS Trust aims to improve the delivery of patient care through improvements identified through best practice, evidence based reviews and benchmarking of services.

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.

To implement a robust process for assessing the effectiveness of new or novel procedures and implementing them to support innovation and best practice.

Priority Three: Patient Experience

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.

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.

Improving visibility of their health information by providing them with online access to their own health record.

Providing better communication channels through secure messaging and the ability to book and change their own appointments.

Attached is a paper which offers assurance of the progression for each of the above priorities and outlines the plan for the possible 2023-2024 priorities. On 3 February 2023, 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 2022-23

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 2022-2023 Assurance Report and Proposed Plan for 2023-24 Priorities

1.0 INTRODUCTION

The Trust Board approved a number of Quality Account Priorities for 2022-23. This report gives an update on the progress of each of the priorities set in last year's Quality Account and details next year's priorities 2023-24.

Priority One- Patient Safety

To implement and embed the new Patient Safety Strategy and enhance patient involvement in safety, the Trust will deliver the following three priorities:

Measure of success	Update on Progress
In line with the National Patient Safety Strategy, UHCW NHS Trust will roll out Patient Safety Level 1 and 2 training, this will be monitored by the Electronic Staff Record (ESR) and compliance shared. This training is scheduled to become mandated (awaiting national timescale)	<p>This is an ongoing action linked to the roll out of Patient Safety Incident Response Framework (PSIRF). System patient safety training will be implemented as a standard process across the system.</p> <p>Level 1 training is now available to every trust employee on ESR, whilst this is currently not mandatory, compliance is monitored and fed into the National Patient Safety Team.</p>
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 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.	A comprehensive review has been undertaken which incorporated a review of 50 Serious Incident Investigations, this will form part of annual review of improvement work to assist Quality Learning Improvement Committee, this will support the committee to consider recommendation and improvement work.
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 role. Furthermore, the touch point communication process will be	Due to national delay in the implementation of the Patient Safety Incident Response Framework (PSIRF) (now by Autumn 2023) Patient Partner involvement, will be rolled over into the priorities for 2023/2024. A Patient Support Liaison Specialist is now in post and has enabled a central point of contact for all

measured, and patient and their relatives will have opportunity to provide feedback.	patient/ relatives to enhance communication and support provided by the trust.
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Priority Two- Clinical Effectiveness

To improve the effectiveness of services through the implementation of clinically effective, efficient and innovative care, informed by best practice. University Hospitals Coventry & Warwickshire (UHCW) NHS Trust aims to improve the delivery of patient care through improvements identified through best practice, evidence based reviews and benchmarking of services.

Measure of success	Update on Progress
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.	<p>Following a national directive, the GIRFT Central Team are currently focusing on supporting specialties to increase elective activity to the maximum possible levels through a programme called High Volume Low Complexity (HVLC). As such, GIRFT are prioritising support for 17 specialties with six of those part of the HVLC programme. The remaining specialties not included in this 17 are supported internally by the Trust to focus on improvements at Trust level with reviews following the typical GIRFT methodology.</p> <p>Opportunities to improve services identified so far include the reviewing length of stay and day case rates for General Surgery patients and a review of emergency and community pathways in Ophthalmology.</p> <p><u>High Volume Low Complexity</u></p> <ul style="list-style-type: none"> • The HVLC programme is focused on system wide rather than local improvements and is led exclusively by GIRFT. • Aimed at supporting elective recovery and standardised patient pathways. • Initial focus on six high-volume specialties: Ophthalmology, General Surgery, Trauma, and Orthopaedics (including spinal surgery), Gynaecology, ENT and Urology. <p>Five HVLC reviews have taken place with Ophthalmology, Orthopaedics and ENT, General Surgery and Gynaecology. Implementation plans have been received and are being worked through by the specialties.</p> <p>A GIRFT follow-up meeting for the Urology Area Network (UAN) took place 7 October 2022.</p>

	<p>A visit by Professor Tim Briggs (Chair of GIRFT and National Director of Clinical Improvement for the NHS) took place 22 November 2022, providing an opportunity for providers across the ICB to share their GIRFT improvement work with the national team.</p> <p>Improvements identified at the review include the length of stay for primary hip and knee replacements, which is in line with the GIRFT standard. The review also provided an opportunity to further investigate unwarranted variation with work identified to review non-elective admissions with no procedures and the role of SAU in the data and variation between providers in the length of stay for Gynaecology patients.</p>
<p>To implement a robust process for assessing the effectiveness of new or novel procedures and implementing them to support innovation and best practice.</p>	<p>Following a review of existing arrangements and processes associated with New Techniques and Procedures, in October 2022 it was relaunched as New and Novel Procedures (NNP). The NNP process sets out the approach to be taken for the introduction of new clinical techniques and procedures within the Trust and to enable health professionals to embrace innovative technologies whilst protecting patients, maintaining safety, and reducing risk to the Trust. As part of the transition from NTP to NNP, governance at each stage of the process has been reviewed and strengthened. This includes an update to the NNP application and approval forms, including additional questions around clinical governance, training requirements and finance arrangements.</p> <p>A formal NNP approval group (NNPG) has been established which meets monthly to review and approve new applications. This is chaired by the DCMO lead for Clinical Governance and Standards, and includes representatives from Quality, Nursing, Finance, and Pharmacy. Additional colleagues are invited to attend on an ad hoc basis for specific applications including from Theatres, Critical Care and Clinical Diagnostics.</p> <p>Since October 2022, the NNPG have supported five applications from specialties including Cardiology, Gastroenterology, Urology, and Trauma and Orthopedics. All of these applications have been approved for use in the Trust and have led to the introduction of new heart value repairs, and treatment for urological conditions using a laser.</p>

	<p>As part of continuous improvement, the Assurance Team will be seeking feedback on the NNP process from applicants following approval meetings.</p> <p>The current NTP policy is under review to incorporate the changes associated with the transition to the new NNP process.</p>
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Priority Three- Patient Experience

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.

Measure of success	Update on Progress
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.	<p>A Patient Portal workstream is being developed as part of the EPR Programme to design the Trust's future Patient Portal in collaboration with our Cerner EPR colleagues. Cerner have partnered with a third party, Zesty, to enhance its patient portal capabilities. The Go Live date for the EPR and the patient portal has been confirmed as October 2023.</p> <p>The scope of the Patient Portal workstream is currently being explored between Cerner and the Trust. The workstream will be established in April 2023, between January and April the Trust will agree the scope, develop the plan and test the scope / approach with key Patients groups/representation.</p>
Improving visibility of their health information by providing them with online access to their own health record.	<p>These two areas will be the benefits arising from the Patient Portal.</p> <p>The portal should remain as a priority for this year's quality accounts due to the benefits it will bring to patient experience.</p>
Providing better communication channels through secure messaging and the ability to book and change their own appointments.	

Choosing Quality Priorities for 2023-24

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 moved to a co-development approach in 2019 which was repeated for the last three years. On the 3 February 2023, 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 (Patient Experience priority) 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 2022. The proposed 2023-24 priorities which will be presented at this event include:

Patient Safety Priority:

The Trust is required to create a framework and delivery plan for the implementation of PSIRF by Autumn 2023 To achieve implementation key areas of delivery will be:

1. Developing our Patient Safety Partners (PSPs).
2. Develop our patient safety incident profile.
3. System-based approaches to learning from patient safety incidents.
4. Compassionate engagement and involvement of those affected by patient safety incidents.
5. Develop a patient safety incident response plan.

Clinical Effectiveness Priority:

The Trust is required to demonstrate that care, treatment and support is delivered to patients in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes. To deliver this the Trust will improve the process in place to support the development, management, and access to clinical guidelines. Key areas of delivery will be:

1. Implement national clinical guidance where applicable and practical and demonstrate when further local guidance is required.
2. Engage with clinical teams at a multidisciplinary level to develop local clinical guidelines and procedures that are of good quality and based on best available evidence
3. Design a clear governance framework to ensure robust consultation and approval of local clinical documents including guidelines and procedures
4. Improve access to clinical documents for clinicians to support delivery of care

Patient Experience Priority:

It is being proposed for the patient experience that the priority that for 2022-23 is rolled over to 2023-24. The portal should remain as a priority for this year's quality accounts due to the benefits it will bring to patient experience.

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 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:

- 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.
- Improving visibility of their health information by providing them with online access to their own health record.
- 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 2023.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Improvement Focus: Urgent and Emergency Care and Hospital Flow
Executive Sponsor	Gaby Harris, Chief Operating Officer
Author	Jo Lydon, Deputy Chief Operating Officer
Attachment(s)	Improvement Focus: Urgent and Emergency Care and Hospital Flow Report
Recommendation(s)	The Board is asked to NOTE the content of the update and to RECEIVE ASSURANCE in the measures in place to support improvement in Urgent and Emergency Care across clinical groups.

EXECUTIVE SUMMARY

1. The national position for Urgent and Emergency Care remains challenged, with the coming months expected to place even more strain on unplanned pathways.
2. UHCW remains in a difficult position, reflective of national performance.
3. A significant amount of work has been undertaken by groups and with partner organisations to make improvements, which have undoubtedly impacted positively on patient care.
4. Opportunities remain for further development and ongoing improvement.
5. The winter period will challenge Urgent and Emergency Care Pathways even further, with decisions and models of care being implemented to balance risk across all pathways, subject to ongoing review.

PREVIOUS DISCUSSIONS HELD

Updates have been reported through Finance and Performance Committee, and in the Committee's reports to Board. Chief Officer Group has been appraised and this was given attention at an away session with senior leaders including operational and clinical leads in early December 2022. A discussion has taken place at the Board's Strategic Workshop on 5 January 2023.

KEY IMPLICATIONS	
Financial	Nil
Patients Safety or Quality	There is a patient safety focus to the improvement in Urgent and Emergency Care pathways through supporting timely ambulance handovers and seeking to minimise over crowding in the Emergency department and assessment areas.
Workforce	Improvements in patient flow and patient safety have a direct impact on the wellbeing of staff and their satisfaction at work supporting recruitment and retention.
Operational	Ongoing improvement programmes across the whole pathway are needed to see the Trust improve against key performance metrics in Urgent and Emergency care.

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Improvement Focus: Urgent and Emergency Care and Hospital Flow

1. INTRODUCTION

- 1.1 The purpose of this paper is to provide an update on the current position of Urgent and Emergency Care (UEC) at University Hospitals Coventry and Warwickshire NHS Trust as a result of high levels of demand locally, regionally and nationally.
- 1.2 The Trust is engaged in longer term work within the Coventry and Warwickshire Integrated System to achieve more integrated care, with smoother pathways of care between primary and secondary care and for patients leaving hospital care and requiring further support. However, this paper addresses what has been done in recent months in the Trust and with partners to address 2022/23 winter pressures.
- 1.3 Significant work has been undertaken across the Trust, by individual Clinical Groups and with partners to respond to unplanned demand and preserve patient safety. Despite this, and in line with the national position, demand continues to outstrip capacity, exacerbated by pressures on Social Care.
- 1.4 The paper details the significant work undertaken, the current position and ongoing improvement together with a summary of current performance and risk.

2. National UEC Position

- 2.1 The national position for UEC remains challenged, with the coming months expected to place even more strain on unplanned pathways.
- 2.2 Emergency Departments (ED) continue to report significant overcrowding, resulting in delays handing over patients presenting via ambulance and delays in ambulance response times in the community.
- 2.3 Overcrowding in ED presents a significant patient safety risk, not only to those in ED, but also to those waiting for delayed ambulances in the community. Nuffield Trust reference 21% ambulance handovers experiencing a delay of at least 30 mins in 2021/2022, compared with 12% in 2018/19. It is fair to say that the performance during 2022/2023 has been significantly worse.
- 2.4 In November 2022, NHS England (NHSE) led a Winter Collaborative event, which UHCW participated in, with the aim of bringing all acute providers together to action plan improvements that could be made to:
 - 2.4.1. Reduce ambulance handover delays
 - 2.4.2. Improve category 2 ambulance response times
 - 2.4.3. Reduce the time patients spent in ED

3. Local UEC Position

3.1 Emergency Department Performance

3.1.1. The UHCW local health economy delivered a four-hour performance of 58.58% in December 2022, significantly below the 95% target. The Urgent Treatment Centres (UTC) at Coventry and Rugby continue to perform well despite the pressures faced. However, it should

be noted that the Coventry UTC performance data has been un-reported since 4th August 2022 following the malware incident with the Adastra software, affecting many Trusts. The Trust has been advised that retrospective data will be loaded once the issue has been resolved.

3.1.2. The Emergency Department at University Hospital continues to be the most challenged area, with four-hour performance at 51.72% in December 2022. The average acute presentations for adult emergency care in December 2022, including all pathways across Adult ED, Medical Decisions Unit (MDU), Surgical Assessment Unit (SAU) and Same Day Emergency Care (SDEC), were 104% of the attendances when compared with December 2021. MDU/SDEC were the pathways with the greatest uplift, with presentations at 120% compared with December 2021. This reflects the streaming of patients to the most appropriate clinical area to meet their needs, and promotion of ambulatory pathways.

3.2 **Hospital ‘flow’**

3.2.1. Unplanned demand has increased by 20% compared to three years ago. Approximately 30% of unplanned attendances result in admission. However, daily discharges often fall short of the admission demand. Length of stay has been at a heightened position with a notable increase against over 7, 14 and 21 day length of stay metrics. Over 75% of patients with a length of stay over 21 days are waiting for a supported package of care or associated assessment. As a result of both of these issues, there has been sustained pressure on the bed base with University Hospital (UH) and Rugby St Cross.

3.2.2. University Hospital has a core bed base of 1,025 but has the ability/capacity to surge into escalation beds at times of pressure. As a result of the above issues, exacerbated by increased COVID and Flu admissions there has been sustained pressure on the bed base within UH during December 2022 and January 2023 with an average daily occupancy of 105%.

3.3 **Ambulance Handover Position**

3.3.1. The expected time for handover of a patient arriving by ambulance is 15 minutes, with a maximum expected of 30 minutes.

3.3.2. In December 2022 the percentage of patients handed over within 15 minutes at UHCW was 18.8%, compared to a regional position of 23.4%. The percentage of patients handed over within 30 minutes was 55.8%, compared to a regional position of 54.4%.

3.3.3. In December 2022 the mean average handover time at UHCW was 52 minutes, compared to a regional position of 62 minutes. This was a significant deterioration to November 2022 when the average handover time was 37mins. The longest handover time at UHCW in December 2022 was just under 7 hours compared to a regional position of more than 12 hours.

3.4 **Admission Avoidance**

3.4.1. Coventry Urgent Community Response (UCR) Service provides urgent support, seven-days a week, to help prevent unnecessary hospital admissions.

3.4.2. This service is offered by the Coventry and Warwickshire Partnership Trust (CWPT) and is proving very helpful to UHCW in reducing admissions to ED.

3.4.3. The service provides a two-hour crisis response delivered by a multi-skilled team of professionals. Support is provided at home, or where people usually reside, for those who have declining health or mobility and are therefore at risk of admission to hospital. The service also provides a two-day response for patients who require support to regain their skills,

confidence, and independence to remain safely in their home or usual place of residence, following an illness or hospital admission.

3.4.4. Admission avoidance is an integral factor for Urgent and Emergency Care improvement. Work is ongoing with CWPT to maximise the use of the UCR team and develop data to enable evaluation of impact to be assessed. At a recent Coventry Care Collaborative meeting there was commitment to explore extending this further to maximise the impact.

3.5 **Discharge Plans**

3.5.1. Occupancy & Discharge rates remain a significant challenge, directly linked to flow and time spent in ED. Criteria led discharge has been rolled out in some areas and has been seen to add value.

3.6 **Criteria Led Discharge**

3.6.1. Criteria Led Discharge (CLD) is where clinical parameters for a patient's discharge are clearly defined by the lead consultant, MDT and the patient to ensure patient centred discharge. If these specific criteria are met, a competent staff member can facilitate the discharge and therefore reduce length of stay (LOS) and improve flow. CLD was initially rolled out as a pilot in 2021 having early success in reducing LOS and earlier discharge. In February 2022 it was made a priority by NHS England as part of the Discharge Improvement Programme to aid system flow.

3.6.2. Since April 2022, CLD has been implemented in Gynaecology, for medical and surgical management of miscarriage, and Neurosurgery, for embolisations, Digital Subtraction Angiography (DSA) and biopsies of space-occupying lesions. Data suggests that patients are discharged on average 2 hours earlier following surgical management of miscarriage, 4 hours earlier for DSA and 12 hours earlier for embolisations using CLD methodology.

3.6.3 Following the positivity around CLD, neurosurgery have developed further pathways to embed the knowledge and other wards have piloted CLD. This is an ongoing project and future plans involve cardiology and medicine wards who have started to identify scope and undertake pilot tests to impact on flow. Key to its success is ongoing and increased medical engagement, increasing visibility of CLD decisions at board rounds and ward rounds, use of 'Champions' in each area supporting training and education, and data collection.

3.6.4 Cardiology have potential to shorten both, wait and usage time, for cardiac monitors and pathways could be created for STEMIs. There is also potential to implement pathways within Gynaecological Oncology to increase flow during the planned theatre improvement works.

3.7 **Access to Adult Social Care**

3.7.1. It is recognised that access to adult social care is a limiting factor with discharge delays being seen.

3.7.2 There are several strategies in place to aid the discharge process with the aim to reduce LOS which include:

- Gold, Silver and Bronze escalation meetings, discharge programme board weekly meeting.
- System Operational Discharge Delivery Group (SODDG) weekly Coventry and Warwickshire (with a wider monthly meeting), early supported discharge for stroke patients (Warwickshire).
- Confirm and challenge weekly with all clinical groups for patients with long length of stay (LLOS) >14 days.
- Discharge before 12pm and before 5pm weekly meetings resulting in driving for early flow, with early discharges.

- Quarterly Multi Agency Discharge Event (MADE) meetings.
- Bariatric awareness event (held 17th November and was well received). Awareness that lack of provisions and understanding has led to increased LOS in this patient cohort.

3.7.3 However, with the position of current hospital occupancy more is planned for future and further events to include:

- Care Home Forum.
- Warwickshire additional monies for care provision (a working group is in place to establish and redesign pathway 1 referrals and access).
- Newton transfer of care hub (due to the findings from the quarterly MADE meetings).
- Following the bariatric awareness event, changes to management of bariatric patients will aim to facilitate earlier discharge.
- 7-day discharge lounge funding has been extended until the end of the financial year.
- Review of demand and capacity and commissioning of services for Fast Track – which looks at end of life care.
- Integrated Care Board meet with neurology functional patients scheduled and develop a pathway to aid in discharge processes.

3.7.4 Collaboration across the Integrated Care System continues as business as normal and winter planning. This has proven valuable during January 2023 with Partners supporting UHCW by ensuring strategic, tactical, and operational responses are in place with options to spot purchase beds / target long waiting patients as necessary.

3.8 Virtual Wards

3.8.1 The Trust has a virtual ward care system in place, with current levels allowing for 30 beds for patients needing treatment for infection, including 10 beds for patients who are suffering from Chronic Obstructive Pulmonary Disease (COPD) usually because of infective exacerbation and 2 heart failure bed. Virtual beds offer an option for the delivery of medical treatment and monitoring in the patient's home, to avoid physical hospital admission. Plans are in place to increase virtual ward capacity, focusing on heart failure, respiratory, acute medicine and diabetes.

3.9 Additional patients in specific wards

3.9.1. In times of greatest pressure, the Trust has been using a system of placing an additional patient on a ward, over and above the standard number of patients that ward would usually accommodate. This has been linked to a planned discharge from that ward. This is carefully organised, done at specific times of the day between 8am and 6pm (i.e. not during the night) and with the specific judgement of clinicians and senior nurses. Making this system work to release space and capacity in the Emergency Department, contribute to reducing ambulance handover times and ensure patient safety, has been done following extensive consultation with different clinical group leaders and with the involvement of the Chief Nursing Officer and Chief Medical Officer. There are some wards e.g. cancer wards, which are exempt from this procedure. This process is regularly reviewed and is used when the Trust is under the greatest pressure.

4. Actions By Specific Clinical Groups

Recognising “flow” issues and the need for organisation-wide input, a decision was taken in Autumn 2022 to focus on improvement work focused on flow across both University Hospital, Coventry and Hospital of St Cross, Rugby. This is set out by clinical group below:

4.1 Emergency Medicine

4.1.1. Work in this group has focused on non-admitted, non-surgical pathways:

1) Streaming to minor injuries unit.

The concept of streaming is to triage patients directly to their destination minimising their time in the main Emergency Department. This has increased streaming to the minor injuries unit through supportive and visible medical oversight. As a result of this work the EM group found that the number of patients streamed increased by five per day with a corresponding increase in four-hour performance of 1%.

2) Ambulatory Majors Patient Streaming

The focus of this work was to stream patients, who do not need admission, to the optimum location to achieve their next pathway step within a reduced timeframe. This remains work in progress.

3) Right test, right patient

The aim of this work was to create standard work and remove waste. The results saw a small reduction in the number of test sets requested per patient over the trial period.

4) Paediatric streaming. This work has been delayed, but a previous Rapid Process Improvement Workshop (RPIW) is going to be revisited to support paediatric minors streaming, triage streaming and nurse led discharge in Children’s ED.

4.1.2. Further work undertaken has included:

➤ Direct ambulances to ‘Same Day Emergency Care’ (SDEC)

Suitable patients arriving via ambulance are immediately redirected to SDEC by a senior Nurse, avoiding the need to be seen in ED. This allows patient care and treatment to be delivered on the same day, reducing admission and reliance on hospital beds, to improve patient flow. This is targeted on patients who would previously have had a 1–2-day hospital length of stay. In addition, there is a facility for Paramedics to contact SDEC directly whilst en-route to the hospital to allow immediate access to this facility on arrival, bypassing ED.

➤ Increasing SDEC numbers

Use of SDEC for ambulance attendances and self-presentation is beneficial to remove delays in the patient pathway and offer an alternative to hospital admission. Numbers attending SDEC have increased significantly. Approximately 450 patients each week have care delivered through this facility.

➤ Frailty SDEC live 1 December 2022 utilising winter funding

SDEC is particularly beneficial for patients with frailty as it allows ongoing community-based individual care. Identifying frail patients and re-directing to a frailty SDEC pathway allows assessment and treatment by a multidisciplinary team in a timely manner. A 4 bedded facility is in place and operational.

➤ **Standardised board rounds**

Board rounds take place twice daily and essential requirements have been defined. These are focused on setting and adjusting the expected date of discharge for each patient on each ward. They are also focused on ensuring that each patient's care pathway is progressed daily.

➤ **On site Urgent Treatment Centre live 1 December 2022 utilising winter funding**

A facility has been created on site at University Hospital for GP delivered care. For Winter 22/23 this is in the form of allocated clinical rooms in the minor injuries unit. A GP is seeing approximately 26 patients per day. Further developments to allow Rugby UTC (which is not GP led) to direct patients to UH UTC are being rolled out. In addition, tele-medicine provision for patients at Rugby UTC is being explored to remove the need for patients to transfer.

4.2 Medicine

4.2.1. Work in Medicine has focused on discharge timeliness, aligning to internal professional standards. A workshop on flow and discharge was delivered which resulted in proposals for improvement being developed and owned by ward-based teams. These actions were implemented from early December 2022, including having a senior nurse for flow and improved focus boards.

4.2.2. This has resulted in improved discharges before 12pm and 5pm, increased use of the discharge lounge and increased early patient flow.

4.2.3. In addition, Medicine has focussed on improvement work for inpatient endoscopy, to avoid unnecessary increased length of stay. Observations and data collection and an improvement event with endoscopy has been completed and the group are working through next steps.

4.3.4. Medicine also recognises that staff engagement is key to the wider work on improved patient flow. As a result, Care of the Elderly have established a Unit Shared Decision-Making Council. This allows a staff led session to identify waste in their processes.

4.2.5. Next steps for Medicine include patient led discharge 'nudge home', To Take Out (TTO) workshop and further criteria led discharge opportunities.

4.3 Diagnostics

4.3.1. Diagnostics have been focussed on ensuring 'today's work today' to ensure that additional delay and extended length of stay is avoided. Value streams have been completed together with ideas generation. The team has used UHCWi methodology and a number of improvements have been implemented including visible processes for porters and changes in authorisation and booking of requests. A particularly beneficial pilot was the use of Radiology assistants to visit wards and support patient preparation requirements for scans.

4.3.2. The Diagnostics Team plan next steps to focus on supporting ED teams with reducing haemolysis rates on blood samples, and creating and improved governance framework for point of care testing.

4.4 Clinical Support Services

4.4.1. Focus has been on emergency theatre start times and prioritisation of patients on the emergency list. A pilot included early identification of the first patient and use of a 'huddle' led

by theatre coordinators. Learning from this has been acted on and the group continue to embed and track improvement.

4.4.2. In addition, work is underway to review and deliver improvement for the following areas:

- A dedicated SALT service for Critical Care
- MSK Utilisation and DNA
- Abscess Pathway

4.5 Trauma and Neurology Services

4.5.1. Trauma and Neuro have been strong ambassadors for criteria led discharge, with 4 clinical pathways originally identified and 9 clinical pathways currently live. In addition, they have trailed and excluded other pathways.

4.5.2. Improvement has also been focused on the stroke pathway, particularly in relation to direct conveyances to ED from SWFT and GEH.

4.5.3. Furthermore, work is underway to improve the CERU (neuro rehab at CWPT) referral and transfer process. Some achievements have already been realised, particularly in relation to weekend transfers. More engagement and roll out of actions are planned.

4.6 Surgery

4.6.1. Surgery have focussed attention on SAU triage processes with an aim to reduce total time in department. Kaizen events took place in December 2022 and the team are now seeking to standardise the triage process and reception to meet the needs to the patient.

4.6.2. Criteria led discharge has also been embraced by Surgery, with over 116 patient discharges in this way between September to December 2022. The group continue to expand the use of these pathways.

4.6.3. Surgery have also undertaken work to improve daily operational management, using huddles, MDT approaches and continuous improvement.

4.6.4. Furthermore, Surgery report on average 73% of discharges taking place before 5pm through regular use of the discharge lounge, identification of “golden patients” and very robust reviews of patients with long length of stay.

4.7 Women & Children's

4.7.1. The area of focus for the Women and Children's group has been around Gynaecology. This has included converting in-patient procedures to outpatient procedures, embracing criteria led discharge and revising the Early Gynaecology unit decision making model. The group has also focused on Paediatrics with workstreams in place. These include mental health escalation processes, enhanced surge plans and two consultant led ward rounds. A small reduction in length of stay has already been seen.

5 Further Actions

5.1 Emergency Department Expansion

5.1.1. The ED Expansion is a £15m Capital programme remodelling the emergency footprint to improve the Minors and Majors departments, increase capacity of the Resus and Childrens Emergency Department and develop a bespoke SDEC Unit, so that improved patient care and experience can be delivered.

5.1.2. Phase 3 of the Emergency Department expansion is due to complete by January 2023. Phase 4 will see expansion of Adult ED completed around May 2023 with the projections to complete the project in September 2023.

6 Conclusion

There is an abundant amount of work with projects ongoing and planned to take place at UHCW to improve flow and quality of care for our patients. Teams are working exceptionally hard and seeing improvements, however despite this, performance remains significantly challenged. The long-term work with partners on Improving Lives, through the Coventry Collaborative needs to continue while the Trust manages the short and medium risk to patients and staff of the current pressures.

Name: Jo Lydon
Author Role: Deputy Chief Operating Officer
Date report written: 20 January 2023

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Patient Experience and Engagement Report Quarter 2 2022-23
Executive Sponsor	Mo Hussain – Chief Quality Officer
Author	Hayley Best, Associate Director of Quality - Patient Experience
Attachment(s)	Patient Experience and Engagement Report
Recommendation(s)	The Board is asked to NOTE this report

EXECUTIVE SUMMARY

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high-quality services and for driving real service improvements.

This report will provide an overview of progress on Patient Experience and Engagement work programmes for University Hospitals Coventry and Warwickshire NHS Trust in Quarter 2 2022-23.

Compliments and Thanks: In Quarter 2, the Trust received 300 compliments that were added to Datix, the Trust's incident management system.

Complaints: The Complaints Team key performance indicator (KPI) is to provide a response to 90% of complaint investigations within 25 working days from registration; the team continues to deliver month on month KPI compliance. During Quarter 2, 116 complaints were received of which 97% were provided a response within 25 working days.

Primary themes: Of complaints received in Quarter 2, communication with patients and relatives/carers was the most complained about subject. Clinical Treatment – Obstetrics and Gynaecology, was the second most complained about subject in Quarter 2. Clinical Treatment - Surgical Group was the third most complained about theme in Quarter 1.

Parliamentary Health Service Ombudsman (PHSO): In Quarter 2, the Trust received two referrals from the PHSO, (which is a reduction from the previous months figure of five) and one outcome decision.

Patient Advice and Liaison: The Trust received 791 PALS enquiries in Quarter 2 compared with 768 in Quarter 1, a slight increase of 23. The PALS Team key performance indicator is to process 90% of enquiries within five working days. During Quarter 2, 82% of enquiries were processed within five working days. This is an increase of 4% (improvement) compared to the previous reporting period (Q1). The team has now successfully recruited to all vacancies and a sustained improvement is anticipated in Quarter 3 2022/23.

Primary themes: Communications was the primary theme in Quarter 2. Appointments is the second theme (specifically communication with relatives/carers. Values and behaviour of Medical and Nursing staff remains PALS third highest subject for the past two quarters.

Patient information leaflets: During Quarter 2, 191 leaflets were updated including 20 new leaflets uploaded. The Trust achieved a 94.3% compliance average for all patient information leaflets. 453 queries were received and responded to during Quarter 2.

National Survey Programme

Results from all national surveys are reported through to the Patient Experience and Engagement Committee, where actions plan are also monitored to ensure progress on the areas that are identified for improvement.

Urgent and Emergency Care Survey 2022

The sample has been drawn for the Urgent and Emergency Care Survey, with fieldwork commencing for this survey between November 2022 - March 2023. Publication of results is yet to be confirmed.

Maternity Survey 2022

The maternity survey results were released from embargo on 11 January 2023. An action plan has been devised which was approved and will be monitored through the Patient Experience and Engagement Committee (PEEC).

Cancer Survey 2021

The cancer survey results were published in July 2022. The survey demonstrates that as a Trust we are above the expected range for patients' having received a main point of contact within their care team; UHCW sits within the expected range for many of the questions, with a considerable number of them at the higher end of the range.

Adult Inpatients 2021

The results from the Adult Inpatient Survey were released from embargo in September 2022. The results were shared via Trust Communications and the Chief Officer Forum.

Patient Partners: The Patient Partner Forum meetings have continued every six weeks during Quarter 2 to receive updates from the Trust and to feedback what they have been involved with at UHCW. A review of the group has commenced in Quarter 2 with the newly appointed Patient Insight and Involvement Coordinator scoping and establishing a plan to improve involvement activities within the Trust.

Friends and Family Tests (FFT): The Patient Insight and Involvement Team have continued to implement initiatives during Quarter 2 to improve FFT response rates for the groups which include improved reporting, enhanced communications (social media), and a trial of the use of Ipads in Childrens ED.

Patient Led Assessment of the Care Environment (PLACE): The assessments take place every year, and peer comparative results are published to help drive improvements in the care environment. These assessments were stood down during COVID-19 however have recommenced for 2022 with responsibility having been recently transferred to the Patient Experience Team (from Estates and Facilities). The PLACE assessments are unannounced visits, these took place in October 2022 at UHCW, Coventry and Rugby St Cross. When the national results are released (date yet to be confirmed, expected February 2023), these will be reported to the Quality and Safety Committee and Trust Board.

PREVIOUS DISCUSSIONS HELD

1. Reported to the Patient Experience and Engagement Committee on 17 November 2022.
2. Reported to Quality and Safety Committee 24 November 2022.

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 TRUST BOARD 2 FEBRUARY 2023

Patient Experience and Engagement Report (Complaints, Patient Advice and Liaison Service (PALS) and Patient Insight and Involvement)

Quarter 2 2022-23 (July, August, September 2022)

1. INTRODUCTION

- 1.1 Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high-quality services and for driving real service improvements.

This report will provide an overview of progress on Patient Experience and Engagement work programmes for University Hospitals Coventry and Warwickshire NHS Trust in Quarter 2 2022-23.

2. CONTENT

2.1 Compliments and Thanks

In Quarter 2, the Trust received 300 compliments that were added to Datix, the Trust's incident management system.

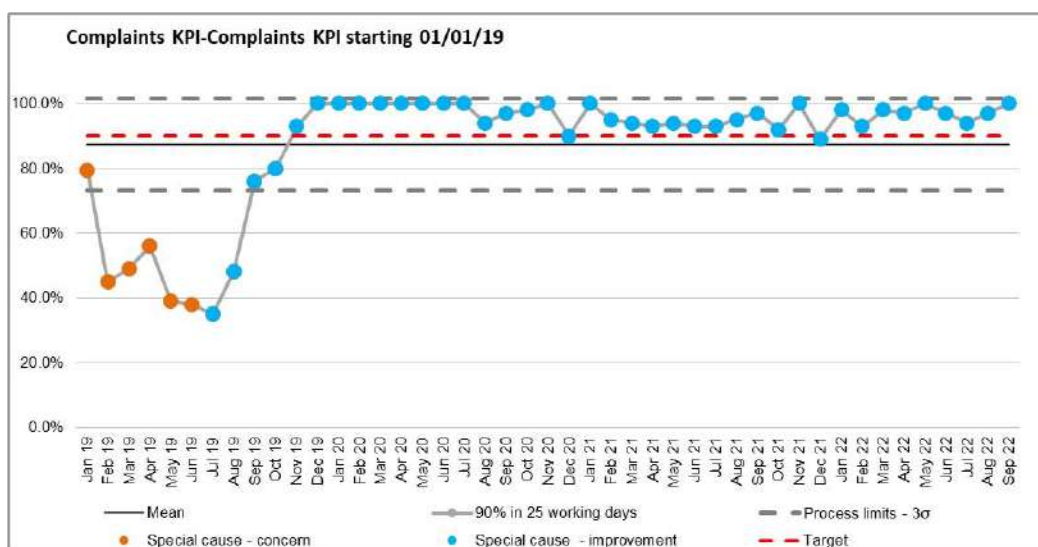
A breakdown of the top 10 specialties is provided below.

Speciality	Total compliments received
Gynaecology	99
Bowel Cancer Screening - Hub (Rugby)	26
Emergency Department	19
UHCW@Home	14
Endocrinology	12
Cardiology	11
Rheumatology	9
Breast Screening	9
Obstetrics	7
Ophthalmology	7

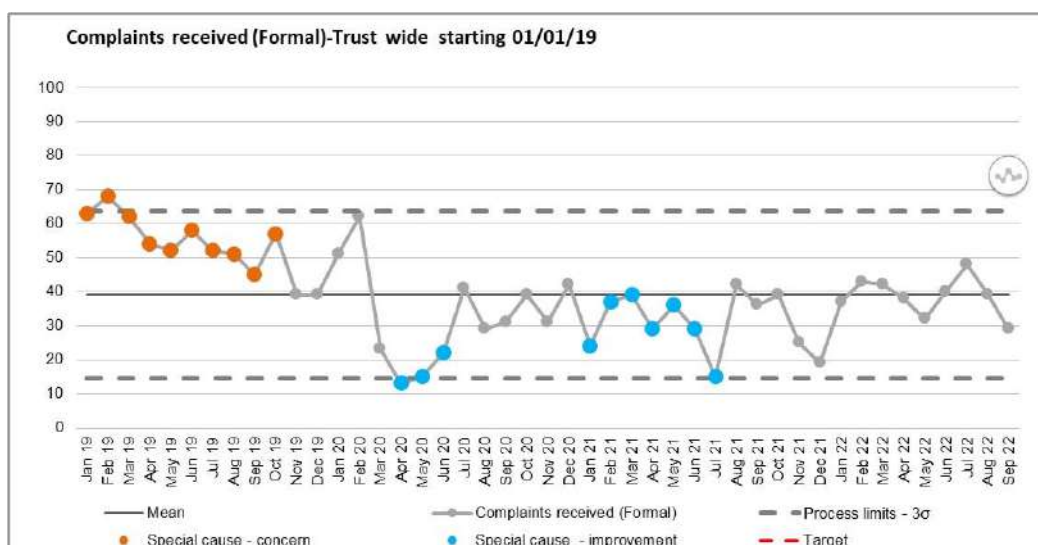
2.2 Complaints

The Complaints Team key performance indicator (KPI) is to provide a response to 90% of complaint investigations within 25 working days from registration; the team continues to deliver month on month KPI compliance. During Quarter 2, 116 complaints were received of which 97% were provided a response within 25 working days.

The below statistical process chart (SPC) shows the performance of the Complaints Team against the KPI (response within 25 working days):



The below SPC chart show the total number of complaints received per month:



Complaints for further local resolution (FLR)

A complaint is categorised as 'further local resolution' if the complainant is not satisfied with the Trust's initial response and requests a further response to the issues raised or raises further questions.

During Quarter 2 the Trust received 4 'further complaints' per month (12 in total) a reduction of 10 from the previous Quarter bringing the total of FLR's to 55 requiring a response. Out of the 12 'further complaints', 50% of FLR's were coded as 'Complaints addressed but not to a satisfactory level' from the complainant's perspective. The remaining FLR's were re-opened because new issues were raised, or the complainant was dissatisfied with the outcome in regards to financial compensation or identified learning.

To support 'further complaint' responses an interim Complaints Officer commenced in role in September 2022 to ensure all current pending responses are completed by January 2023.

2.3 Top complaint themes and categories

The table below shows the themes of the complaints received during Quarter 2 (top themes and categories):

Top 3 Complaint Themes	Top Sub-Categories of Complaint Themes
Communications	<p>Communication with relatives/carers</p> <p>Communication with patient</p> <p>Failure to provide adequate care (inc. overall level of care provided)</p>
Clinical Treatment - Obstetrics & Gynaecology	<p>Delay or failure in treatment or procedure</p> <p>Mismanagement of labour</p> <p>Delay or failure to undertake scan/x-ray etc</p>
Clinical Treatment - Surgical Group	<p>Clinical Treatment - Surgical Group</p> <p>Communications</p>

2.4 **Developments in Complaint data sharing**

To share and improve our services from patient feedback the following actions have been completed during Quarter 2:

- Complaint Officers meet group representatives weekly and themes, escalations and concerns are shared.
- Data and themes are shared in Trust monthly Quality Improvement and Patient Safety (QIPs) reports.
- Data and themes are shared in Quarterly Patient Experience Reporting.
- Deep dive analysis of hot spots to enable services to better understand their patient's experience.
- Analysis shared and discussed at the monthly Patient Experience and Engagement Committee (PEEC).
- Patient care specific themes and cases are presented quarterly at the Nursing and Midwifery Committee.
- The Patient Experience and Engagement Committee (PEEC) contact areas identified as a cause for concern to gain assurance for improvements or actions being taken.
- A weekly patient care specific report for complaints and PALS is provided to the Chief Nursing Officer.

2.5 **The Patient Experience and Engagement Committee (PEEC)**

The Patient Experience and Engagement Committee continue to meet monthly chaired by the Chief Quality Officer or Chief Nursing Officer. PEEC has two primary responsibilities - the development and oversight of:

- Commissioning and monitoring quality improvement priorities to improve patient experience based on learning and feedback, utilising UHCWi methodology.
- Patient and carer involvement / engagement at the forefront of all improvement work streams to shape responsive services and improve future patient experience metrics.

2.6 **Parliamentary and Health Service Ombudsman (PHSO) Outcomes**

In Quarter 2, the Trust received two referrals from the PHSO, (which is a reduction from the previous months figure of five) and one outcome decision.

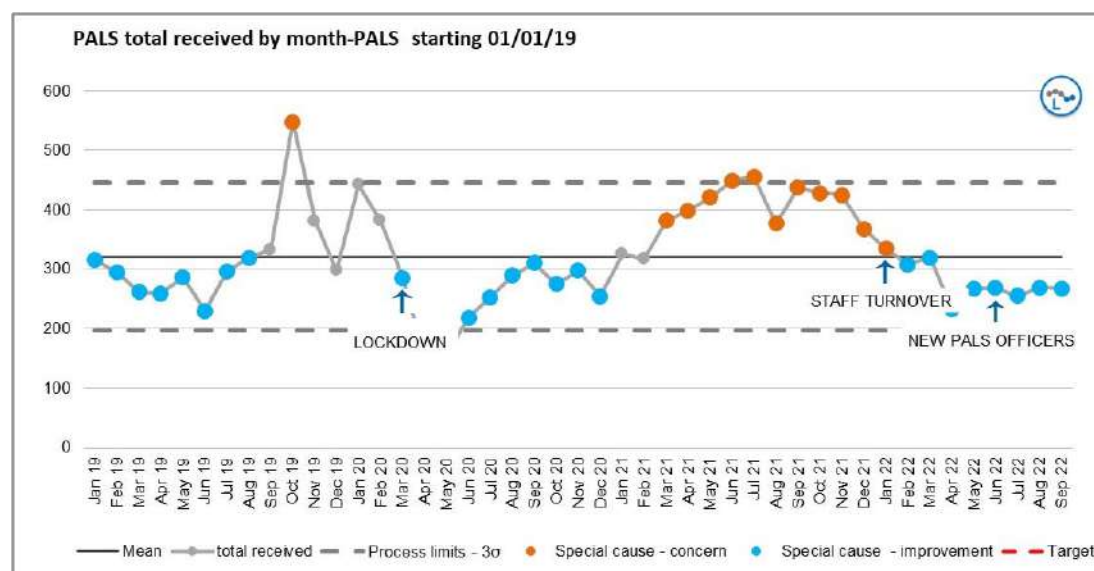
The PHSO final outcome decision was to acknowledge and apologise for the failings outlined in their investigation, pay the complainant compensation in recognition of the distress and anxiety caused and develop an action plan to address the areas identified by the PHSO in their final response.

2.7 **The Patient Advice and Liaison Service**

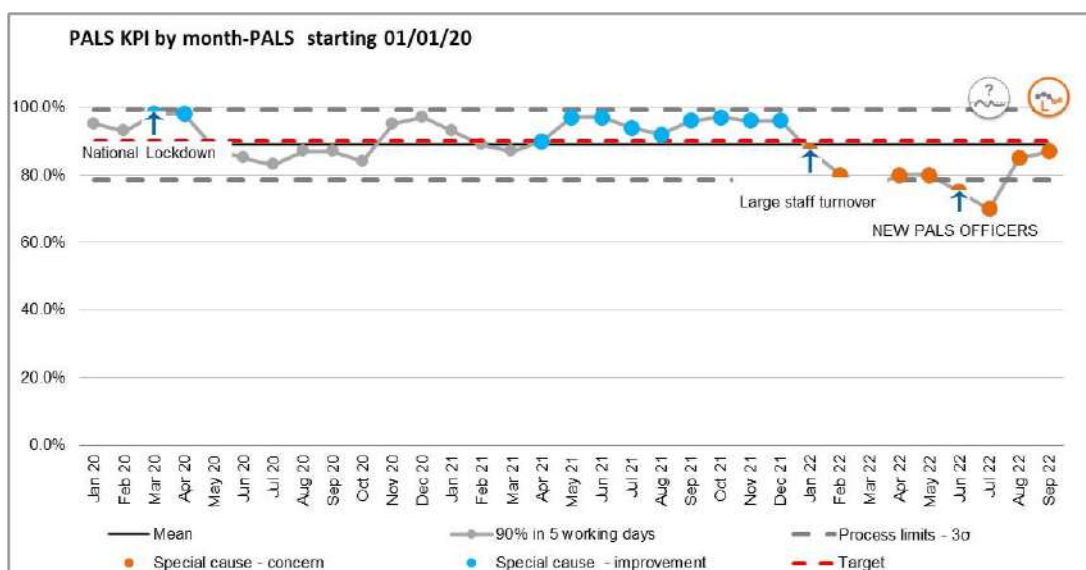
The Trust received 791 PALS enquiries in Quarter 2 compared with 768 in Quarter 1, a slight increase of 23.

The PALS Team key performance indicator is to process 90% of enquiries within five working days. During Quarter 2, 82% of enquiries were processed within five working days. This is an increase of 4% (improvement) compared to the previous reporting period (Q1). The team has now successfully recruited to all vacancies and a sustained improvement is anticipated in Quarter 3 2022/23.

The below SPC chart shows the total PALS queries received per month against the PALS KPI (response within five working days):



The below SPC chart shows PALS performance against the 5-day target:



2.8 **Top PALS themes and categories**

The table below details the top themes and categories received into the PALS team during Quarter 2:

Top 3 PALS Themes	Top Sub-Categories of PALS Themes
Communications	<p>Communication with patient</p> <p>Communication with relatives/carers</p> <p>Other - Communications</p>
Appointments	<p>Appointment Cancellations</p> <p>Appointment - availability (inc urgent)</p> <p>Appointment delay (inc length of wait)</p>
Values and Behaviours (staff)	<p>Attitude of Medical Staff</p> <p>Attitude of Nursing Staff/midwives</p> <p>Other - Values & Behaviours</p>

The PALS data aligns to the data received for complaints to identify themes and trends and any areas that require more focus or a deep dive report.

2.9 **Conversion Rate from a PALS to Formal Complaint**

In Quarter 2, there were 44 PALS records that were converted to a formal complaint. This demonstrates that 38% of formal complaints received in Quarter 2 were originally managed as a PALS enquiry but required progression to a formal complaint. This has decreased compared to Quarter 1, in which 42% of formal complaints were previously received as a PALS enquiry.

2.10 **Developments in the PALS Service**

To help improve the performance within the PALS Team and to support shaping our services from patient feedback the following developments have been completed during Quarter 2:

- The PALS Team have restored their face-to-face service provided within the Main Reception at University Hospital, Coventry.
- The PALS service re-instated the service availability until 8pm on a weekday. This has proved to be beneficial as patient visiting was re-introduced by the Trust.
- All enquiries involving nursing elements are sent to the Group Director of Nursing for the service affected to ensure they have oversight of concerns and can escalate when required.
- PALS Officers have been individually allocated a specialty group, which involves weekly or biweekly meetings with the group to discuss cases and close monitoring of open or breached cases.

2.11 **Complaints and PALS Demographic Data**

The tables below show the demographic detail of those accessing the Complaints and PALS service. Demographics including ethnicity, gender and age are captured where possible on the Trust's Datix system. Currently, the Complaints and PALS Team manually input these details when provided by the enquirer. Presently, there are 116 records for complaints and 791 for PALS with full demographic detail recorded. Full data for demographics is not currently available within Datix; with the anticipated upgrade of the Datix system, being introduced in 2023, the contacts module will be linked to the IPM (Inpatient Management System) which will populate patient information (including demographic data) onto the Datix record.

Complaints

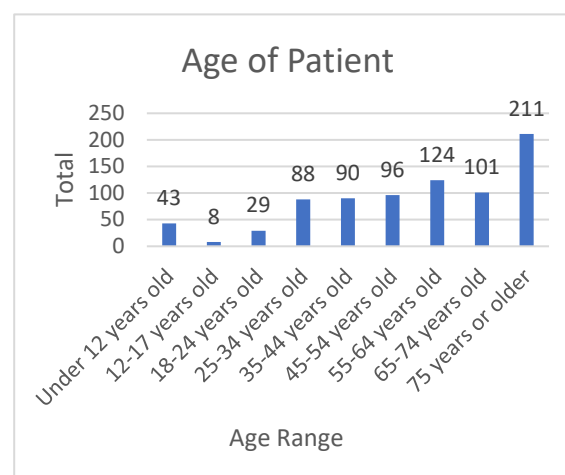
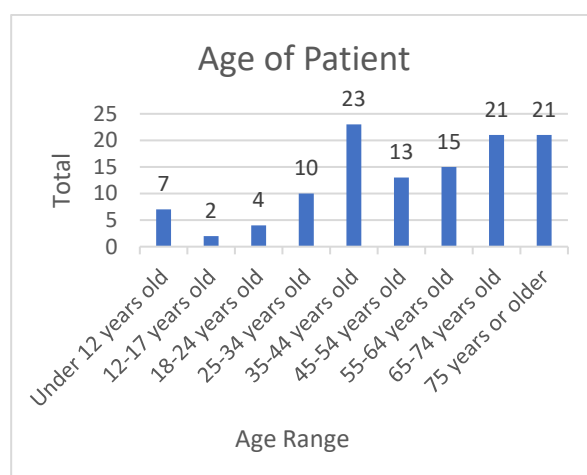
Ethnicity:

Ethnicity of Patient	Number of patients
Not stated	91
White - British	20
Indian	4
Black Caribbean	1
Total	116

PALS

Ethnicity of Patient	Number of patients
Not stated	689
White - British	83
White - other white	7
Indian	4
Other ethnic category	3
Other Asian	2
Pakistani	1
White - Irish	1
Total	791

Age:



Gender:

Sex of patient	Total
Male	34
Female	36
Not Stated	46
Total	116

Sex of patient	Total
Male	103
Female	189
Not Stated	507
Total	791

Following feedback from the Quality and Safety Committee in November 2022, the Patient Experience Team have been working with Rachel Chapman, Public Health Consultant and the Performance and Informatics Team to understand any connection between the patients/families who access the Complaints and PALS team, accessibility of the services and social deprivation indices of themes for complaints and PALS enquiries. Data from this analysis will be shared in future Patient Experience reports.

2.12 **Patient Information Leaflets**

During Quarter 2, 191 leaflets were updated including 20 new leaflets uploaded. The Trust achieved a 94.3% compliance average for all patient information leaflets. 453 queries were received and responded to during Quarter 2.

2.13 **Patient Partners**

The Patient Partner Forum meetings have continued every six weeks during Quarter 2 to receive updates from the Trust and to feedback what they have been involved with at UHCW.

All members are assigned to a work stream identified by the Patient Experience and Engagement Committee. As well as being involved with the Patient Partner Programme, the Patient Partners also support several groups within the Trust. These include Cancer Support Groups, the ReSPECT Forum, Healing Arts, and a number of Research Committees. A review of the group has commenced in Quarter 2 with the newly appointed Patient Insight and Involvement Coordinator scoping and establishing a plan to improve involvement activities within the Trust. The next step will be to review the terms of reference, role descriptions and the Patient and Public Involvement Policy to ensure it is in line with the groups objectives. The aim is to strengthen the group and ensure that there is community representative from the members of the group.

During Quarter 1 the Patient Partners supported a Patient Visitor Survey and presented their findings to the Patient Experience and Engagement Committee. The aim of this survey was to

measure if the new visiting hours introduced on both Hospital sites meet the needs of loved ones and carers and to invite comments and concerns from visitors regarding the length of visiting times available. The themes gathered from the results indicate that overall people are happy with the visiting hours – as they are better than what was on offer previously. The survey will be repeated in October 2022 and an update will be provided in the Quarter 3 report.

2.14 **National Survey Programme**

The NHS National Patient Survey Programme is part of the Government's commitment to ensure Hospital patient feedback informs continued development and improvement. CQC publishes patient experience surveys in secondary care under their National Patient Survey Programme. This includes surveys for Outpatients, Inpatients, Urgent and Emergency Care, Maternity and Children & Young People. In addition, NHS England publishes the Cancer Patient Experience Survey.

At the point that the National Survey programme results are received into the Trust, action plans are developed. The action plans detail the response to each theme outlining how the Trust plans to improve, a 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 CQC rated Outstanding Trusts to understand what more can be done to learn and improve the patient experience in the areas identified.

Urgent and Emergency Care Survey 2022

The sample has been drawn for the Urgent and Emergency Care Survey, with fieldwork commencing for this survey between November 2022 - March 2023. Publication of results is yet to be confirmed.

Maternity Survey 2022

The maternity survey results were released from embargo on 11 January 2023. An action plan has been devised and the embargoed results which was approved and will be monitored through the Patient Experience and Engagement Committee (PEEC).

Adult Inpatients 2021

The results from the Adult Inpatient Survey were released from embargo in September 2022. The results were shared via Trust Communications and the Chief Officer Forum. The table below illustrates the areas where the Trust performed well and areas that require improvement:

Where patient experience is best

- ✓ Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- ✓ Understanding care after leaving hospital: patients being given information about what would happen next with their care
- ✓ Having enough to drink: patients getting enough to drink whilst in hospital

Where patient experience could improve

- Keeping in touch: patients getting help from staff to keep in touch with family and friends during their stay in hospital
- Help with eating: patients being given enough help from staff to eat meals, if needed
- Taking medication: patients being able to take medication they brought to hospital when needed
- Noise from staff: patients not being bothered by noise at night from staff
- Changing wards during the night: staff explaining the reason for patients needing to change wards during the night

Adult Inpatients 2022

The sample has been drawn for the Adult Inpatient Survey 2022, with fieldwork commencing in January 2023. Publication of results is yet to be confirmed.

Cancer Survey 2021

The cancer survey results were published in July 2022. The survey demonstrates that as a Trust we are above the expected range for patients' having received a main point of contact within their care team. This is usually a Clinical Nurse Specialist (CNS) as indicated in the questionnaire. The survey results also show that UHCW sit within the expected range for many of the questions, with a considerable number of them at the higher end of the range.

An action plan for the actions that were below expected range is being prepared which will be presented at the Patient Experience and Engagement Committee for approval.

The results that were below the expected range were:

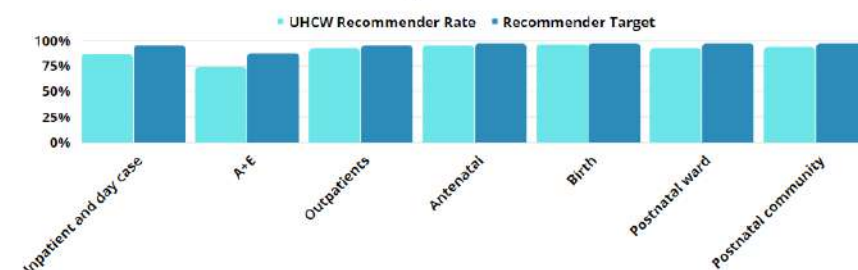
Questions Below Expected Range

	Case Mix Adjusted Scores			National Score
	2021 Score	Lower Expected Range	Upper Expected Range	
Q7. Patient felt the length of time waiting for diagnostic test results was about right	74%	79%	85%	82%
Q34. Patient was always able to get help from ward staff when needed	69%	71%	81%	76%
Q36. Hospital staff always did everything they could to help the patient control pain	81%	82%	90%	86%
Q37. Patient was always treated with respect and dignity while in hospital	85%	86%	92%	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	84%	85%	92%	89%

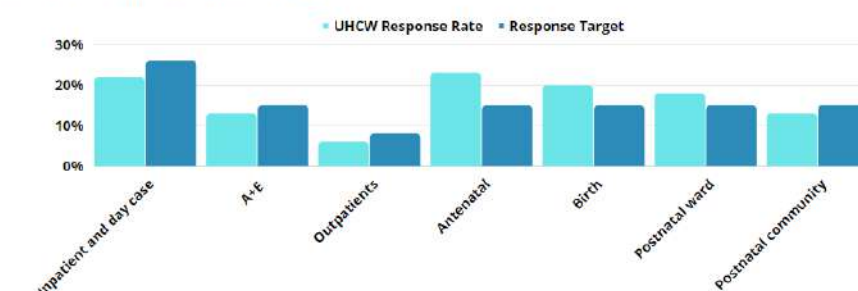
2.15 Friends and Family Tests (FFT)

2.16 In Quarter 2 the Trust's Friends and Family Test overall results for each touchpoint were as follows:

Recommender Rate/Recommender Target



Response Rate/Response Target



The Patient Insight and Involvement Team have continued to implement initiatives during Quarter 2 to improve FFT response rates for the groups which include:

- FFT reports updated to present FFT data in statistical process control (SPC) charts, allowing for detailed analysis and comparisons.
- Trial commenced in the Children's Emergency Department (CED) to use iPads to collect patient feedback.
- #FFTFriday Patient Experience team twitter account campaign has been well received by staff promoting positive feedback from patients, increasing further awareness of FFT for both staff and patients.
- Patient instructions on how to leave FFT feedback is continuing to be rolled out on all new patient information leaflets.
- The Post COVID-19 FFT survey is live, collecting feedback from patients using this service.
- Volunteers have been supporting the collection of FFT feedback by visiting patients on Wards and Outpatients.
- To increase engagement and feedback from younger patients, the team are investigating with Healthcare Communications the development of child friendly FFT surveys.
- FFT feedback kiosks in Main Reception, Coventry have been decommissioned following review and approval by PEEC.

2.17 **Patient Led Assessment of the Care Environment (PLACE)**

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

The assessments take place every year, and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. These assessments were stood down during COVID-19 however have recommenced for 2022.

PLACE responsibility has transferred to the Patient Experience Team from Estates and Facilities. The assessment programme will be led by the Patient Insight and Involvement Team and supported by Estates and Facilities to ensure a smooth handover between teams.

The PLACE assessments are unannounced visits, these took place in October 2022 at UHCW, Coventry and Rugby St Cross. When the national results are released, these will be reported to the Quality and Safety Committee and on to Trust Board.

2.18 **Conclusion**

The Patient Experience Team continue to monitor the Trust's patient experience metrics for measurement of the services that are provided which is reported through PEEC for assurance. All national patient survey results are managed through a robust governance process to ensure that the results are shared and acted upon with detailed action plans in place. Work continues to improve the Trust's FFT response and recommender rates with our system provider to ensure that this is a valuable source of patient feedback. The PLACE assessments have provided valuable insight for the Trust on what we can do to improve the environment for our patients and public.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Integrated Quality, Performance & Finance Report – Month 9 – 2022/23
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Daniel Hayes, Director of Performance & Informatics
Attachment(s)	Integrated Quality, Performance & Finance Report – Reporting period: December 2022
Recommendation(s)	The Board is asked to review and NOTE the contents of the report

EXECUTIVE SUMMARY

The attached Integrated Quality, Performance & Finance Report covers the reported performance for the period ending 31st December 2022.

The Trust has achieved 13 of the 35 indicators reported within the Trust's performance scorecard.

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

The Trust delivered performance of 58.59% for December for the four hour standard, below the national standard of 95%. Performance deteriorated by 3.59% from last month and is reduced with no activity for the Coventry Urgent Treatment Centre included for a third month. UHCW remains below the benchmarked position for England and the Midlands.

135 12 hour Trolley Waits in Emergency Care were reported in December.

The RTT incomplete position remains below the 92% national target and stands at 53.96% for December. The average weeks wait was 20.2.

The Trust has seen a reduction in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. There were 4,460 for November, a reduction of 539 from October. This compares to a national average of 2,178.

RTT 78 week waits have risen to 103 in November, an increase of 10 from October.

Diagnostic waiters performance was 12.38% in December, a deterioration in performance of 8.1% on the previous month.

Cancer performance for November 2022 was:

- Cancer TWW: **80.83%** (target 93%)
- Cancer 31 day diagnosis to treatment: **96.75%** (target 96%)
- Cancer 62 day referral to treatment: **52.69%** (target 85%)
- Cancer 104+ days wait: **33** breaches, **40** patients (target 0)
- Cancer 62 day screening: **87.88%** (target 90%)
- Cancer 28 days Faster Diagnosis Overall: **70.11%** (target 75%)

The average number of long length of stay patients for December was 203, an increase of 7 from November.

Reason to reside data collection compliance for eligible areas is 84.5%.

The latest reported HSMR figure is 129.26 for September 2022 and is outside Dr Foster's calculated relative risk range.

Two medicine related serious incidents have been reported for December. Details are included in this report.

There have been 29 serious incidents reported for December.

Complaints Turnaround time <= 25 days was 91.8%.

The Trust has delivered 96,522 Covid-19 vaccinations (as at 16/01/2023).

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

- Emergency Care 4 Hour
- Emergency Care 12 Hour
- RTT Incomplete %
- Cancer 62 Day Standard
- Cancer 104 Day
- Mandatory Training
- Average number of Long Length of Stay Patients
- Friends & Family Test – Recommender Targets Achieved

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

PREVIOUS DISCUSSIONS HELD

Standard monthly report to Trust Board

KEY IMPLICATIONS

Financial	Deliver value for money and compliance with NHSI
Patients Safety or Quality	NHSI and other regulatory compliance

Workforce	To be an employer of choice
Operational	Operational performance and regulatory compliance

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: December 2022



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Executive Summary

The Trust has achieved 13 of the 35 rag rated indicators reported within the Trust's performance scorecard.

Our current position continues to demonstrate the challenge of restoring elective care services, whilst delivering non elective services at a scale we had not planned for, in the context of striving to achieve financial balance. I am proud of the hard work of our teams through December across the whole Trust, who have worked together to continue to ensure no patient is waiting over 104 weeks, and who have recently managed to demonstrate improvements in a number of key areas such as lowering the overall wait time for patients within the Emergency department, reducing the wait time for our longest waiting elective patients, and improving the time taken for a Cancer Diagnosis to occur. This has been achieved during a time of increased sickness across both our community and our staff, with Flu and Covid-19 continuing to put pressure on all our services.

We continue to monitor and work to improve our performance against the 4 hour standard, despite it no longer being used nationally in the same way, and have managed to significantly reduce the number of Elective patients waiting more than a year for treatment through collaborative working across all areas and all levels of the Trust.

We know that demand for services will continue to increase over the coming months, and our operational teams remain committed to using our analytical services to ensure they develop an evidence based methodology to find new ways to meet this challenge despite an increasing level of staff sickness absence and an increase in Covid-19 cases (both among staff and patients). We continue to have a significant focus on well-being and efforts to engage and listen to staff at a level beyond our conventional approach. As part of our staff engagement we strive to return to more business as usual, demonstrated by maintaining our rates of medical and non-medical appraisals as well as an improvement in our already high levels of mandatory training. In addition to the services we deliver, we also continue to focus on what we plan to deliver.

Professor Andrew Hardy, Chief Executive Officer

13 KPIs achieved the target in December

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Safest care and excellent experience	3	6	0	9
Leader in operational performance	2	12	0	14
Model employer	2	1	2	5
Achieve financial sustainability	1	1	0	2
Frontrunner in research innovation and education	5	0	0	5
All domains	13	20	2	35

KPIs categorised based upon SPC methodology*

	Consistently Achieving Target 	Consistently Failing Target 	Hit and Miss Target 
Safest care and excellent experience	2	2	0
Leader in operational performance	0	7	1
Model employer	0	3	1
Achieve financial sustainability	0	0	0
Frontrunner in research innovation and education	0	0	0
All domains	2	12	2





* Not all KPIs are suitable for SPC analysis

Performance Trends – Trust Overview

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

Mandatory - KPIs with a National Target



Special Cause Concern

Measure	Annual Target	Target Assurance	Latest Position
Emergency Care 4 Hour Wait	95%		58.59%
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	85%		52.69%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%		53.96%
A&E 12hr Total Wait Time	2%		12.15%

Special Cause Improvement





Measure	Annual Target	Target Assurance	Latest Position
---------	---------------	------------------	-----------------

Common Cause Variation

Measure	Annual Target	Target Assurance	Latest Position
Breaches of the 28 Day Readmission Guarantee	0		25
Diagnostic Waiters - 6 Weeks and Over (National Target)	95%		87.62%

Non Mandatory (Local or Regional Targets)



Special Cause Concern

Measure	Annual Target	Target Assurance	Latest Position
Mandatory Training Compliance	95%		94.07%
Cancer 104+ days wait (treated) - (1 month in arrears)	0		33.0
Average Number of Long Length of Stay Patients	109		203
Friends & Family Test - Positive Rate Targets Achieved	7		0

Special Cause Improvement

Measure	Annual Target	Target Assurance	Latest Position
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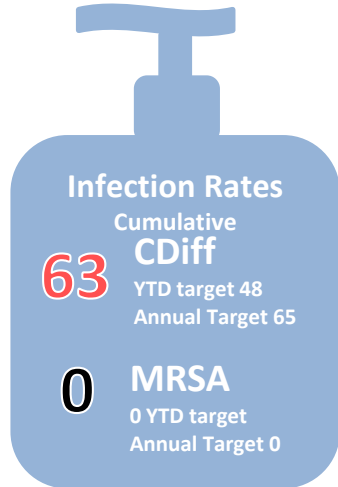
Common Cause Variation

Measure	Annual Target	Target Assurance	Latest Position
Sickness Rate	4%		6.46%
Appraisal - Non-Medical	90%		80.10%

Quality and Safety | Headlines December 2022

INFECTION CONTROL

This month 0 MRSA and 3 CDiff cases were reported.



- **CDiff 30 RCAs** carried out and reviewed. 1 deemed avoidable. No further RCAs held.
- **MRSA High Risk Elective Inpatient Screening: 98.49%**
- **MRSA High Risk Emergency Screening: 89.43%**

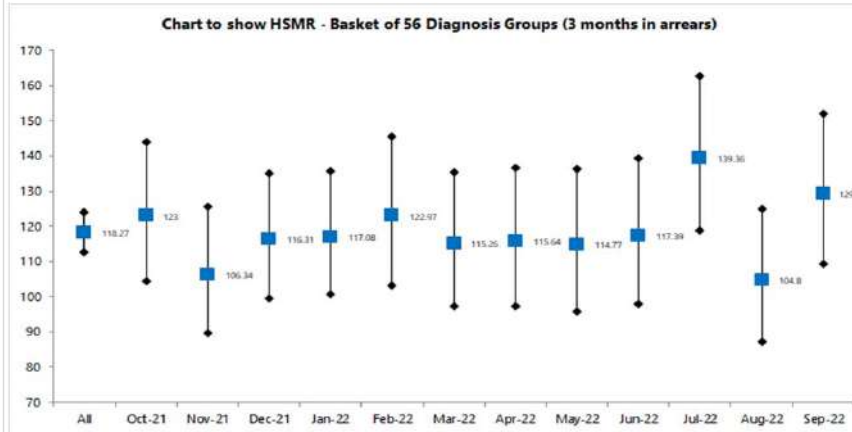
MEDICINE RELATED SERIOUS INCIDENTS



2 medication errors causing serious harm has been reported.

HSMR

The latest HSMR score reported from Dr Foster is 129.26



135 - 12
hour trolley
waits

No urgent operations have been cancelled for a second time

UIGRU



5 Urgent Inpatient Goals

Never Events

3 YTD performance against target of 0

91.84%
Complaints
turnaround
in <= 25
days
Last month 91.38%
Target 90%

Urgent Clinic
Letters sent in 7
calendar days



83.3%

Last month: **85.5%**
Target 100%



LLOS

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

203

Reason to Reside
Data Collection
compliance for eligible
areas: 84.54%

Summary

RIDDOR – There were two reported injuries, one to a patient and one to a member of staff in December.

The average number of patients with a length of stay of 21 days is 203 (an increase of 7 from last month), against the Trusts target of 109.

Two medicine related serious incidents have been reported for December. Details are included in this report.

There have been 29 serious incidents reported for December.

The latest HSMR score reported is 129.26 for September and is outside Dr Foster's calculated relative risk range

4hr Achievement Overview - as at 16/1/2023

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	29.28%	35.07%	38.78%	29.34%
Type 1 Resus	19.29%	24.00%	36.40%	25.90%
Type 1 Paediatrics	49.78%	70.47%	69.32%	59.93%
Local Health Economy	58.59%	64.93%	73.87%	65.71%

Incomplete RTT pathways



4,460

(November)

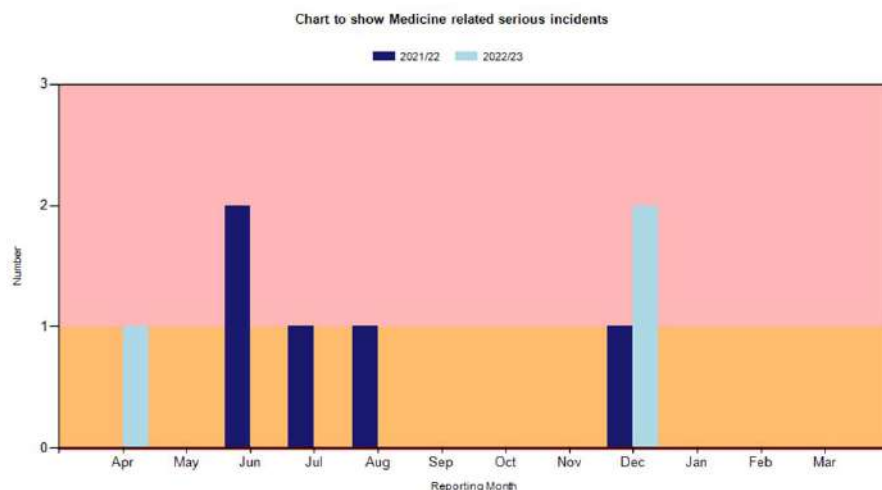
Previous month

4,999

Target 0

Area of underperformance – Medicine related serious incidents

Two medicine related serious incidents have been reported in December 2022



A Patient Safety Response (PSR) review was carried out and any immediate learning that was identified to reduce/prevent recurrence was considered and put in place.

A full investigation will take place to identify further learning and will be taken through Trust governance processes.

Two medicine related serious incidents have been reported in December 2022:

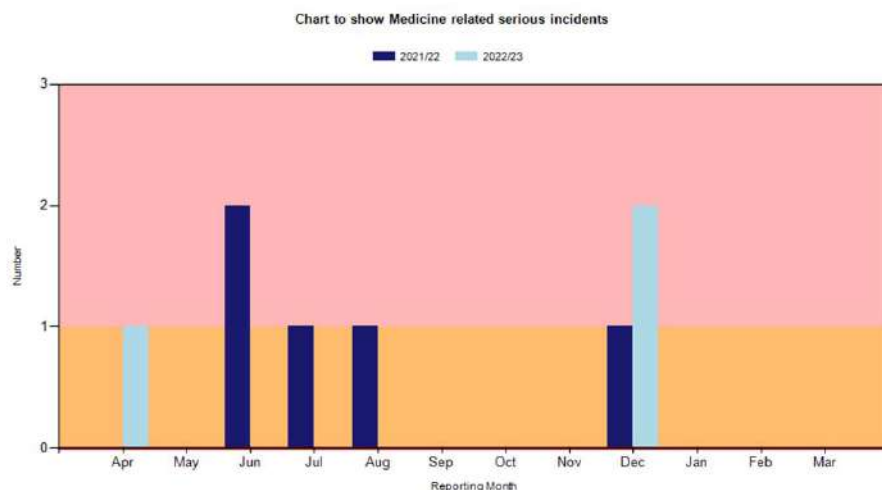
Incident 1:

Patient admitted to the Emergency Department with sore throat and swollen uvula. A suspicion of Epiglottitis was recognised and Dexamethasone was prescribed following review by the ENT team. There was a delay of several hours in this medication being administered.

The patient deteriorated and suffered a cardiac arrest. The patient was admitted to General Critical Care.

Area of underperformance – Medicine related serious incidents

Two medicine related serious incidents have been reported in December 2022



A Patient Safety Response (PSR) review was carried out and any immediate learning that was identified to reduce/prevent recurrence was considered and put in place.

A full investigation will take place to identify further learning and will be taken through Trust governance processes.

Two medicine related serious incidents have been reported in December 2022:

Incident 2:

A patient presented with possible infected metal work following intramedullary nailing procedure; due to a penicillin allergy microbiology advised to give the patient teicoplanin. The patient had a reaction to this medication therefore it was stopped and further advice was provided by microbiology to give daptomycin.

The patient later developed daptomycin induced pneumonitis and died.

Operational Performance | Headlines December 2022

Emergency 4 hour wait:
December 2022 - **58.59%**

Latest benchmarked month:
England – December 65%
Midlands – December 67.9%

4hr Achievement Overview - as at 16/1/2023

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	29.28%	35.07%	38.78%	29.34%
Type 1 Resus	19.29%	24.00%	36.40%	25.90%
Type 1 Paediatrics	49.78%	70.47%	69.32%	59.93%
Local Health Economy	58.59%	64.93%	73.87%	65.71%

Diagnostic Waiters 6 Weeks and Over



12.38% : 2,210 breaches across all areas

Ambulance Handover



Within 30 minutes : **58.76%**
Within 60 minutes : **78.32%**

Summary

Emergency 4 hour wait was 58.59% for December, a deterioration of 3.59% from last month. Performance is reduced with no activity for the Coventry Urgent Treatment Centre included. UHCW remains below the benchmarked position for England and the Midlands.

135 12 hour Trolley Waits in Emergency Care were reported in December.

Cancer standards for Two week wait (80.83%), 62 day (52.69%) and Faster Diagnosis (70.11%) standards were not achieved in November.

Diagnostic Waiters over 6 weeks has deteriorated by 8.1% to 12.38% for December.

Covid-19 Vaccinations

96,522
as at
16/01/2023



Urgent Clinic Letters sent
in 7 calendar days



83.3%

Last month: **85.5%**
Target 100%

Incomplete RTT pathways

Submitted Position	Inc %	Backlog (Over 18 Weeks)	Latest Benchmarked Month	NHS UHCW	England
Nov 2022	54.0%	29,208	01/11/2022	54.0%	59.6%
Nov 2021	58.2%	23,023	01/11/2021	58.2%	64.8%
YTD UHCW Change	-4.3%	6,185	Benchmark Change	-4.3%	-5.2%



4,460
(November)
Previous month
4,999
Target 0



LLOS

Average number of patients with a length of stay 21 days and over
203



135 - 12 hour trolley waits

Reason to Reside

Data Collection compliance for eligible areas: 84.54%

Cancer standards - November



Mth
TWW: **80.83%**
31 day: **96.75%**
62 day: **52.69%**
FD Overall: **70.11%**
31 Day Sub Radio **92.31%**
62 day Screening **87.88%**
33 breaches (40 patients) treated over 104 days

Last minute Non-Clinical Operations – Elective

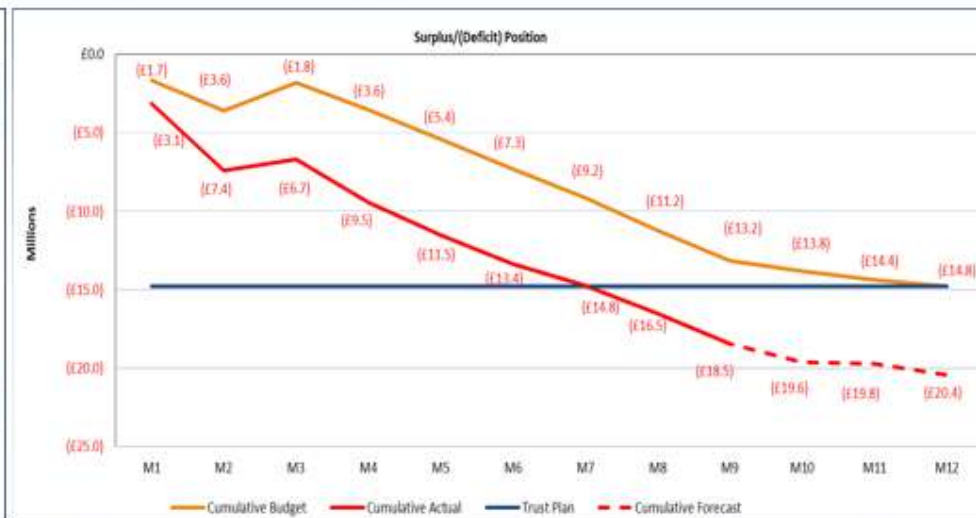
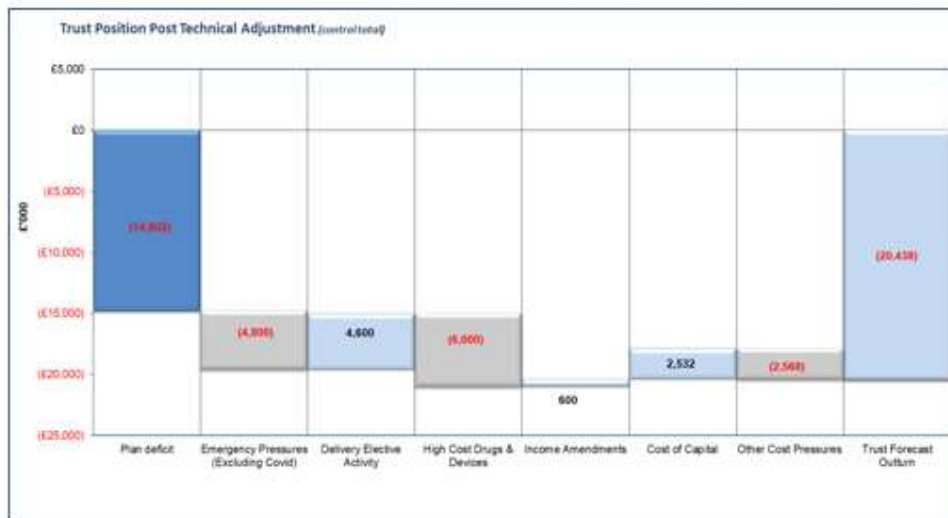
1.38%
of elective admissions – 83 Patients
Last month – 99 Patients



Integrated Finance Report | Finance Headlines

Reporting Month: December 2022

The month 9 year to date position shows a (£18.5m) deficit compared to (£13.2m) deficit plan, an unfavourable variance of (£5.3m). The forecast position at Month 9 shows a (£20.4m) deficit compared to (£14.8m) deficit plan, an unfavourable variance of (£5.6m).



Movements on the waterfall shows a (£5.6m) forecast deficit position compared with the Trust plan. Largely driven by Managing Emergency pressures (£4.8m), Delivery of elective activity £4.6m, High-cost drugs & devices (£6.0m), Income changes £0.6m, Cost of Capital £2.5m and other cost pressures (£2.0m) which include CW Pathology Network, PFI costs and the additional bank holiday costs.

The Trust submitted a revised plan of a deficit position of (£14.8m) in month 3.
ERF Income Assumption:

- Internal monitoring to month 08 indicates delivery of 96%, it is expected that the official delivery will be around 100%, when figures are finalised.
- This is an improving trajectory but is still some way short of the target of 104%. The ESRF has been neutralised for H1 and while it has not been formally stated by NHSE, H2 is expected to be treated the same – meaning no reductions to income for performance below 104%.

CONTRACT & ACTIVITY INCOME

£0.8m surplus

The Trust reported £0.8m surplus compared to plan at Month 9. The forecast position is £1.4m surplus compared to plan at Month 9.



101%

Waste Reduction Programme

£21.7m has been delivered against a YTD £21.5m target
£38.8m has been identified against a full year target of £38.8m

Capital

Capital Expenditure of £29.4m at Month 9. Capital Forecast expenditure is £56.3m

YTD

£17.1m

Agency Spend

Agency expenditure at Month 9 is £17.1m compared to a target of £15.6m
Forecast expenditure is £22.2m against a target of £20.8m

Appendices

Appendix A – SPC explained







Appendix B – Trust scorecards and SPC analyses

Appendix C – Committee scorecards and trends

Appendix D – Financial supporting information

Appendix E – People supporting information

SPC Explained

Variation (Performance Trend)		Trigger
	Special Cause Improvement	60% of the last 13 data points showed a statistical improvement
	Special Cause Concern	60% of the last 13 data points showed a statistical decline
	Common Cause Variation	No pattern of decline or improvement in the last 13 data points
Assurance (Target Trend)		Trigger
	Consistently Achieving Target	80% of the last 13 data points achieved the KPI target
	Consistently Failing Target	80% of the last 13 data points failed the KPI target
	Hit and Miss Target	No pattern of achieving or failing KPI target in the last 13 data points



How to understand the SPC Chart colours



No Special Cause detected - changes shown are due to natural variation, (such as seasonality) and are within the Upper and Lower limits



Special Cause - Concern detected - these changes are statistically due to factors outside of the normal variation, and need to be investigated. For example there may have been a reduction in services or an external influence.



Special Cause - Improvement detected - these changes are statistically due to factors outside of the normal variation, and have resulted in an improvement. For example the Area may have put in additional work to improve performance

Trust Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Performance
Met or exceeded target
Approaching or exceeding target
Slightly behind target
Not achieving target
Outward currently available
Radical target breached

Target Type
National Target
Regional Target
Local Target

Trust Board Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Safest care and excellent experience										
Infection Control										
	Healthcare associated incidents of Clostridioides difficile - Cumulative	1360	60	63	↓	48	65	CNO	N/A	N/A
	MRSA Bacteremia - Trust Acquired - Cumulative	122	0	0	→	0	0	CNO	N/A	N/A
Safe Care										
	Never Events - Cumulative	848	3.0	3.0	→	0	0	CMO	N/A	N/A
	Serious Incidents - Number	449	7	29	↓	15	15	CQO	●●●	P
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	264	104.80	129.26	↓	RR	RR	CMO	N/A	N/A
	SHMI - Monthly (6 months in arrears)	267	111.13	111.01	↑	RR	RR	CMO	N/A	N/A
	Average Number of Long Length of Stay Patients	1336	196	203	↓	109	109	CNO	●●●	F
Patient Experience										
	Friends & Family Test - Positive Rate Targets Achieved	1487	1	0	↓	7	7	CQO	●●●	F
	Complaints Turnaround <= 25 Days (1 month in arrears)	1064	91.38%	91.84%	↑	90%	90%	CQO	●●●	P
Leader in operational performance										
Patient Flow										
	Emergency Care 4 Hour Wait	45	62.18%	58.59%	↓	95%	95%	COO	●●●	F
	A&E 12hr Total Wait Time	1511	8.92%	12.15%	↓	2%	2%	COO	●●●	F
	Bed Occupancy Rate - KH03 (3 months in arrears)	1065	97.99%	97.99%	→	93%	93%	COO	N/A	N/A
	Breaches of the 28 Day Readmission Guarantee	16	17	25	↓	0	0	COO	●●●	F
	Diagnostic Waiters - 6 Weeks and Over (National Target)	1507	95.72%	87.62%	↓	95%	95%	COO	●●●	F

Trust Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Performance
Exceeding or exceeding target
Slightly behind target
Not achieving target
Current currently available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Trust Board Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
RTT										
	RTT 52 Week Waits Incomplete (1 month in arrears) (National Target)	1508	4999	4460	↑	4060	4060	COO	N/A	N/A
	RTT 78 Weeks Wait Incomplete (1 month in arrears) (National Target)	1509	93	103	↓	142	0	COO	N/A	N/A
	RTT 104 Weeks Wait Incomplete (1 month in arrears) (National Target)	1510	0	0	→	0	0	COO	N/A	N/A
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	480	52.83%	53.96%	↑	92%	92%	COO	●●●	F
	Last Minute Non-clinical Cancelled Operations - Elective	14	1.40%	1.38%	↑	0.8%	0.8%	COO	●●●	?
Cancer										
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	73	61.17%	52.69%	↓	85%	85%	COO	●●●	F
	Cancer 104+ days wait (treated) - (1 month in arrears)	860	20.0	33.0	↓	0	0	COO	●●●	F
	Cancer Faster Diagnosis Overall	1491	66.57%	70.11%	↑	75%	75%	COO	N/A	N/A
	National Cancer Standards Achieved (1 month in arrears)	1290	5	6	↑	12	12	COO	N/A	N/A
Model employer										
	Mandatory Training Compliance	384	93.61%	94.07%	↑	95%	95%	CPO	●●●	F
	Appraisal - Non-Medical	641	80.22%	80.10%	↓	90%	90%	CPO	●●●	F
	Appraisal - Medical	642	93.84%	92.43%	↓	90%	90%	CMO	●●●	?
	Sickness Rate	385	5.55%	6.46%	↓	4%	4%	CPO	●●●	F
	Vacancy Rate Compared to Funded Establishment	650	7.44%	6.59%	↑	10%	10%	CPO	N/A	N/A

Trust Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Performance
Exceeding or exceeding target
Slightly behind target
Not achieving target
Current not available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Trust Board Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Achieve financial sustainability										
	Forecast Income & Expenditure	477	£-20438k	£-20438k	→	-14802	-14802	CFO	N/A	N/A
	WRP Delivery	478	£16.909m	£21.670m	↑	21547	38788	CFO	N/A	N/A
Frontrunner in research innovation and education										
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	297	2856	3241	↑	3029	5213	CMO	N/A	N/A
	Commercial Income Invoiced - Cumulative (1 month in arrears)	684	£551k	£668k	↑	600	900	CFO	N/A	N/A
	NIHR Research Capability Funding (3 months in arrears)	1332	£605k	£605k	→	500	1000	CMO	N/A	N/A
	Trial Recruitment Income (3 months in arrears)	1344	£1.348m	£1.348m	→	1062.5	2125	CMO	N/A	N/A
	All Grant Income (3 months in arrears)	1345	£2.466m	£2.466m	→	1000	2000	CMO	N/A	N/A
Enhanced Performance										
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	33	4.28%	12.38%	↓	1%	1%	COO	...	F
	RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)	416	4999	4460	↑	0	0	COO	N/A	N/A
	RTT 78 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1503	93	103	↓	0	0	COO	N/A	N/A
	RTT 104 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1504	0	0	→	0	0	COO	N/A	N/A

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

Trust Heatmap

Measure	Reporting Period:							December 2022	
	Emergency Medicine	Medicine	Trauma and Neuro Services	Surgical Services	Women and Children's Services	Clinical Diagnostics Services	Clinical Support Services	Trust	Trust Target
Group Level Indicators									
Safest care and excellent experience									
Healthcare associated incidents of Clostridioides difficile - Cumulative	3	16	5	9	0		0	63	48
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	0	0	0		0	0	0
Never Events - Cumulative	0.0	0.0	0.0	0.0	1.0	1.0	1.0	3.0	0
Serious Incidents - Number	6	14	3	2	3	0	1	29	15
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	101.24	125.97	104.37	155.96	0.00			129.26	100
Average Number of Long Length of Stay Patients	0	99	70	22	0	0	11	203	109
Friends & Family Test - Positive Rate Targets Achieved	0	1	1	1	2		2	0	7
Complaints Turnaround <= 25 Days (1 month in arrears)	100.00%	100.00%	77.78%	87.50%	100.00%	100.00%	100.00%	91.84%	90%
Leader in operational performance									
Emergency Care 4 Hour Wait	54.78%			99.88%	88.82%			58.59%	95%
Breaches of the 28 Day Readmission Guarantee			12	11	1		1	25	0
Diagnostic Waiters - 6 Weeks and Over (Local Target)		12.77%	1.64%	10.00%		12.76%		12.38%	1%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)		57.96%	58.06%	50.11%	50.27%	61.19%	49.55%	53.96%	92%
RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)		1093.0	560.0	2166.0	627.0	6.0	8.0	4460.0	0
Last Minute Non-clinical Cancelled Operations - Elective		0.00%	4.22%	3.45%	1.85%	0.00%	0.80%	1.38%	0.8%
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)		88.24%		44.38%	43.75%			52.69%	85%
Cancer 104+ days wait (treated) - (1 month in arrears)		1.0	3.0	28.0	1.0			33.0	0
Cancer Faster Diagnosis Overall		81.00%	66.67%	65.10%	57.20%			70.11%	75%
National Cancer Standards Achieved (1 month in arrears)		6	2	2	4			6	12
Model employer									
Mandatory Training Compliance	92.66%	93.43%	92.74%	93.63%	91.98%	94.36%	95.99%	94.07%	95%
Appraisal - Non-Medical	86.12%	72.66%	77.06%	85.40%	79.87%	86.59%	88.56%	80.10%	90%
Appraisal - Medical	85.71%	95.83%	88.24%	96.64%	91.23%	91.18%	94.79%	92.43%	90%
Sickness Rate	6.94%	5.64%	6.16%	7.14%	6.93%	6.40%	7.18%	6.46%	4%
Achieve financial sustainability									
WRP Delivery	£1.176m	£2.974m	£1.615m	£957k	£729k	£1.059m	£2.507m	£21.670m	21547
Frontrunner in research innovation and education									
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	62	1166	161	322	1372	0	150	3241	3029

Trust SPC - Areas of Concern - Mandatory

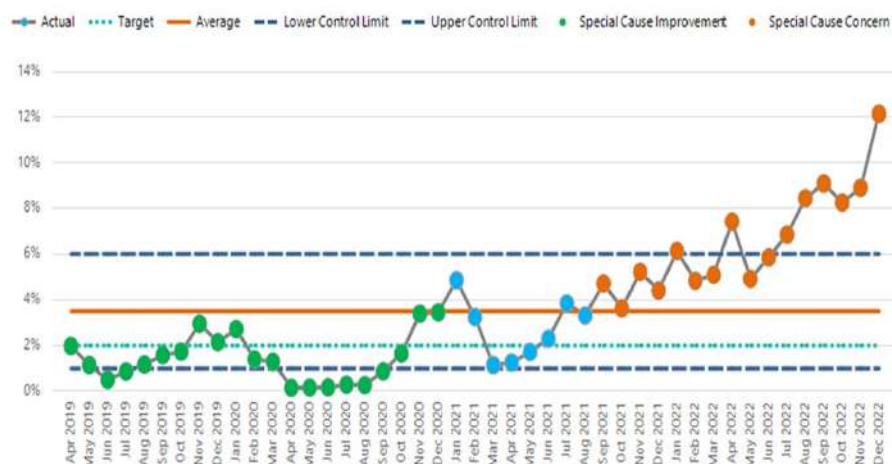


Special Cause Concern

Emergency Care 4 Hour Wait



A&E 12hr Total Wait Time



Urgent and Emergency care pathways remain challenged, reflecting the national position.

The statutory 95% target has not been achieved this financial year, remaining the case in December 22. None compliance with this target is directly linked to high occupancy (~98%), LLOS and discharge delays. The rapid deterioration since August is due to data relating to UTCs being unavailable due to the cyber attack on Adastra software. This data remains unavailable. This was exacerbated by Flu / Covid peaks in December & January.

Overall ED activity in December 2022 was 104% compared to December 2021. Unplanned demand has increased by 20% compared to 3 years ago.

Actions ongoing include streaming patients away from ED to assessment areas, providing timely specialist care. Partnership working on admission avoidance is in place and ongoing. Criteria led discharge, virtual wards, and group led PDSA projects are ongoing to promote improvement.

Commentary Provided by the Chief Operating Officer

This performance metric is directly linked to the challenges described for the performance in the 4 hour wait – in particular the challenges experienced in the majors stream which is impacted by increased occupancy and LOS in the medical bed base.

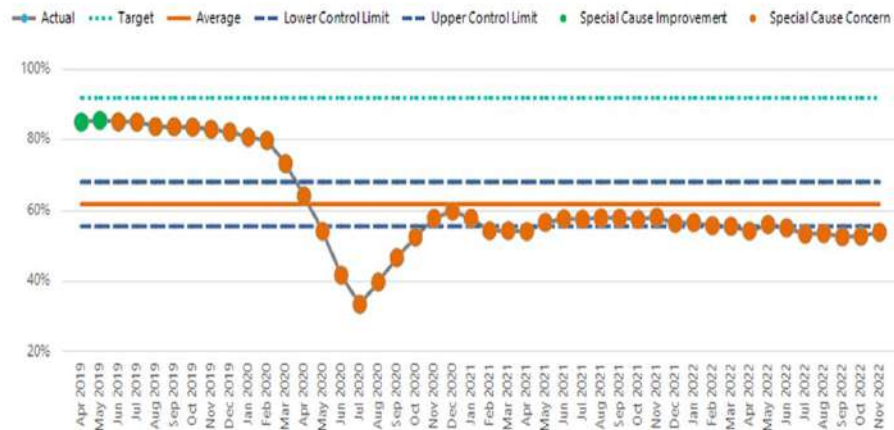
Commentary Provided by the Chief Operating Officer

Trust SPC - Areas of Concern - Mandatory



Special Cause Concern

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



The Trust continues on the journey of elective recovery. The maintenance of the 18 weeks position, whilst below the lower control limit masks the smoothing of the waves in the underlying waiting lists. The Trust continues to focus on the reduction in long waits, by eliminating 104 weeks and sustaining that position since August 2022. The number of patients waiting over 78 weeks has also reduced significantly and continues to be an area of dedicated focus by the Clinical Groups to actively reduce further.

Following the recent letter from NHS England on the 78 week Cohort, work has begun on the instructions detailed in the letter to book all those who breach 78 weeks by the end of March 2023.

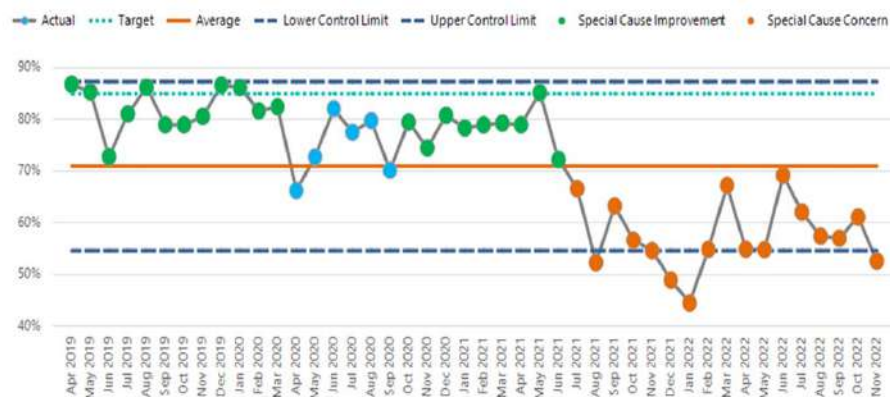
Commentary Provided by the Chief Operating Officer

Trust SPC - Areas of Concern – Mandatory/Non Mandatory

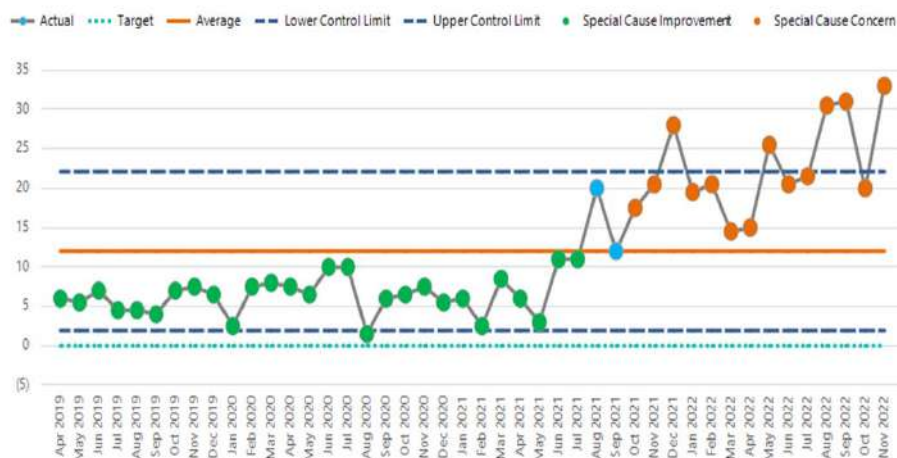


Special Cause Concern

Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)



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



The Trust continues to prioritise diagnosis and treatment of all patients on a Cancer pathway.

Daily tracking and validation of patients continues across all tumour sites, alongside:

- Weekly review of all patients with a decision to treat to ensure treatment within timed pathway standard
- Weekly DCOO led meetings with Group operational teams to challenge Cancer position and support unblocking of issues.
- Weekly senior operational meeting with all tumour site leads to understand service challenges and ensure plans are in place to support referral demand and backlog clearance chaired by DCOO
- Working with C&W System ICB and West Midlands Cancer Alliance to support transformation of diagnostic pathways and to determine additional funding to support delivery of 28 Faster Diagnosis Standard for all tumour sites
- Seeking mutual aid and utilisation of independent sector for cancer pathways where practically viable
- Reducing the waiting time for patients on a Cancer pathway continues to be a key priority for the Trust to ensure that as many patients as possible could receive their treatment.
- Tumour Site Recovery Plans are in place for all

The Trust is working towards reducing the number of patients treated at 104 days or more to zero by March 2023 in line with NHS England National Operational Planning Guidance for 2022/23.

Commentary Provided by the Chief Operating Officer

Trust SPC - Areas of Concern – Non Mandatory



Special Cause Concern

Mandatory Training Compliance



Overall Mandatory Training compliance for substantive staff remains in a stable position, with a slight increase in December of 0.46%. Compliance rates continue to be affected by sickness absence and operational pressures, however all clinical groups are achieving over 93% compliance.

The Trust's Mandatory Training Group are looking at a more proactive approach to supporting compliance with a number of ideas being put into action; using data to identify those staff whose competence is due to expire so a more targeted approach can be taken. The Trust-wide awareness campaign entitled 'Get Green, Stay Green' continues; intended to motivate all staff to consider their own accountability to mandatory training and the role we all have to play.

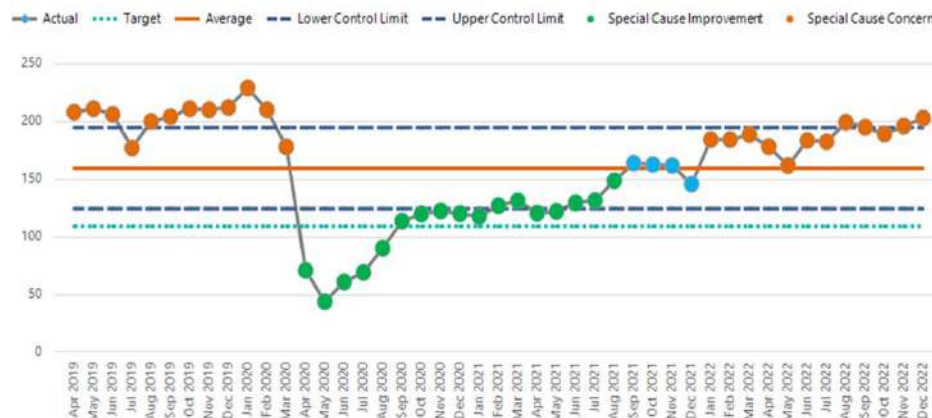
Commentary approved by the Chief People Officer

Trust SPC - Areas of Concern – Non Mandatory



Special Cause Concern

Average Number of Long Length of Stay Patients



Patients MFFD with no reason to reside have remained high due to the slowing down of service provision over the Bank Holiday periods and continuing lack of available capacity for patients with more complex needs (pathways 2 and 3) resulting in additional capacity open (100 beds+) to support timely ambulance off load and turn around – emergency admissions.

As volume has expanded, additional resource has been drawn in from social care colleagues to support assessment and expedite discharge.

Actions that continue:

Twice Daily Board Rounds

Daily Bronze / Silver system meetings (patient level reviews)

‘Gold’ escalations with ICB and acute hospital CEOs / COs – x3 weekly

Weekly review of 7 / 14/ 21 day length of stay patients

MADE Event planned 25/01/2023

To note:

£200m fund announced for additional bedded capacity (nationally) – ICBs / social care to lead.

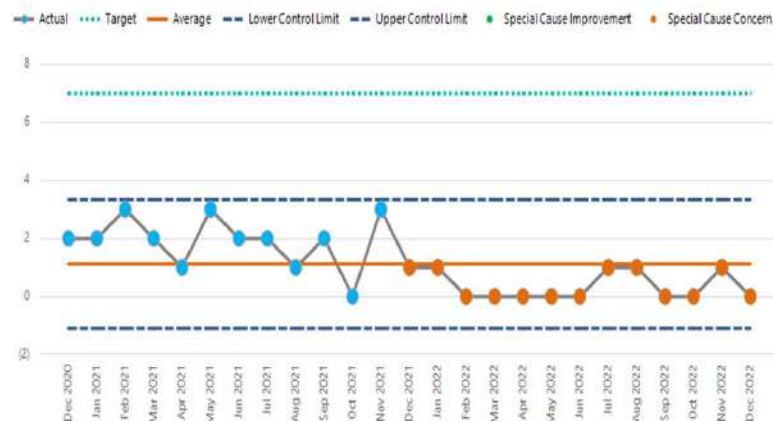
Commentary provided by the Chief Nursing Officer

Trust SPC - Areas of Concern – Non Mandatory



Special Cause Concern

Friends & Family Test - Recommender Targets Achieved



The attached SPC chart reflects the aggregated performance of all seven Friends and Family Test (FFT) touchpoint recommender rates for UHCW combined. Reporting for FFT is monitored monthly for the seven FFT touchpoints through the Patient Experience and Engagement Committee (PEEC).

For the past three months the Trust has seen an increase in the FFT recommender positive rate for; Accident and Emergency (A&E), Inpatients, Outpatients and one of the Maternity touchpoints (Postnatal Ward), although these are not yet achieving the target.

The Patient Insight and Involvement Team continue to promote FFT across the Trust and have made a number of improvements to achieve the Trust internal response rate target including:

- Investing in an increase of patients that we contact through FFT to gain their feedback where the response target is not achieved (A&E and Outpatients).
- The FFT QR code and link will be displayed on all patient information leaflets.
- Meetings with the Trusts FFT provider, Health Care Communications on a bi-weekly basis to improve the FFT response and recommender rates.
- Re-introducing league tables of services that have seen an improvement in their response and recommender rates each month.

FFT recommender and response rates are shared via Clinical Group Board reports on a monthly basis and all group leads receive a weekly FFT report for their services which includes patient's verbatim comments of their experience. Themes and trends of the comments of the FFT are monitored through PEEC and triangulated with our other patient experience metrics; Complaints, Patient Advice and Liaison Service enquiries and compliments. Alongside this the Patient Experience Team lead the Trust's response to the results received from the National Patient Survey programme for; Inpatients, Urgent and Emergency Care, Cancer, Maternity and Children and Young People, with improvement actions monitored through PEEC.

The Patient Experience Team undertook the Patient Led Assessments of the Care Environment (PLACE) during October 2022. An action plan has been developed to improve those areas identified as requiring improvement from a patient experience perspective. Examples of this include clear signage, access across the Trust sites and infection prevention and control measures.

Commentary provided by the Chief Quality Officer

Quality & Safety Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Target Type
Not reported for 1200 online
Achieving or exceeding target
Slightly behind target
Significantly behind target
Target not currently available
Target not achieved

Target Type
National Target
Regional Target
Local Target

Quality & Safety Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Excellence in patient care and experience										
Patient Outcomes										
	MRSA Bacteremia - Trust Acquired - Cumulative	122	0	0	→	0	0	CNO	N/A	N/A
	Healthcare associated incidents of Clostridioides difficile - Cumulative	1360	60	63	↓	48	65	CNO	N/A	N/A
	E. Coli - Trust Acquired - Cumulative	162	85	98	↓	103	137	CNO	N/A	N/A
	Pseudomonas - Trust Acquired - Cumulative	1497	21	23	↓	30	40	CNO	N/A	N/A
	Klebsiella - Trust Acquired - Cumulative	1499	30	34	↓	48	63	CNO	N/A	N/A
	MRSA High Risk Elective Inpatient Screening	1280	97.56%	98.49%	↑	95%	95%	CNO	●●●	P
	MRSA High Risk Emergency Screening	1281	93.21%	89.43%	↓	90%	90%	CNO	●●●	P
	Serious Incidents - Number	449	7	29	↓	15	15	CQO	●●●	P
	Serious Incidents - Overdue	475	24	22	↑	0	0	CQO	●●●	F
	Medicine related serious incidents	435	0	2	↓	0	0	CQO	N/A	N/A
	Reported Harmful Patient Safety Incidents (1 month in arrears)	649	34.6%	33.4%	↑	24.94%	24.94%	CQO	●●●	F
	CAS Alerts - Overdue	437	0	0	→	0	0	CQO	N/A	N/A
	NCE POD Categorised E Deaths - Cumulative (3 months in arrears)	850	4	6	↓	5	10	CMO	N/A	N/A
	Never Events - Cumulative	848	3.0	3.0	→	0	0	CMO	N/A	N/A

Quality & Safety Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

DoT
Not reported for 600+ days
Achieving or exceeding target
Slightly behind target
Significantly behind target
Not currently available
Target not benchmarked

Target Type
National Target
Regional Target
Local Target

Quality & Safety Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Mixed Sex Accommodation Breaches	135	0	0	→	0	0	COO	N/A	N/A
	HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	264	104.80	129.26	↓	RR	RR	CMO	N/A	N/A
	SHMI - Monthly (6 months in arrears)	267	111.13	111.01	↑	RR	RR	CMO	N/A	N/A
	Pressure Ulcers Cat 3 - Reportable - Cumulative (1 month in arrears)	1512	0	0	→	12	12	CNO	N/A	N/A
	Pressure Ulcers Cat 4 - Reportable - Cumulative (1 month in arrears)	1513	2	2	→	0	0	CNO	N/A	N/A
	Pressure Ulcers Unstageable - Reportable - Cumulative (1 month in arrears)	1514	23	25	↓	8	12	CNO	N/A	N/A
	Falls with Moderate Harm or Above per 1000 Occupied Bed Days	1063	0.06	0.06	→	0.08	0.08	CNO	●●●	?
	Eligible Patients Having VTE Risk Assessment (1 month in arrears)	1373	95.97%	96.54%	↑	95%	95%	CNO	●●●	P
	Average Number of Long Length of Stay Patients	1336	196	203	↓	109	109	CNO	●●●	F
	Reason to Reside	1490	87.31%	84.54%	↓	95%	95%	CNO	●●●	F
	Transfer of Patients at Night (UH to Rugby)	1343	17	15	↑	0	0	COO	●●●	F
	Friends & Family Test Inpatient Positive Rate (Inc. Day Cases)	1482	84.78%	88.79%	↑	95%	95%	CQO	●●●	F
	Friends & Family Test Inpatient Coverage (Inc. Day Cases)	1014	23.64%	20.79%	↓	26%	26%	CQO	●●●	F

Quality & Safety Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Target Type
Not in arrears (100% in arrears)
Achieving or exceeding target
Slightly behind target
Well behind target
Not currently available
Target not benchmarked

Target Type
National Target
Regional Target
Local Target

Quality & Safety Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Friends & Family Test A&E Positive Rate	1480	71.87%	76.39%	↑	87%	87%	CQO		
	Friends & Family Test A&E Coverage	398	13.64%	12.05%	↓	15%	15%	CQO		
	Friends & Family Test Outpatient Coverage	1178	6.30%	5.69%	↓	8%	8%	CQO		
	Maternity FFT Positive Rate - 36 weeks	1483	89.52%	90.73%	↑	97%	97%	CQO		
	Maternity FFT Positive Rate - Labour / Birth	1484	98.13%	95.06%	↓	97%	97%	CQO		
	Maternity FFT Positive Rate - Postnatal Hospital	1485	88.89%	92.45%	↑	97%	97%	CQO		
	Maternity FFT Positive Rate - Postnatal Community	1486	91.94%	87.72%	↓	97%	97%	CQO		
	Maternity FFT No of Touchpoints Achieving a 15% Response Rate	467	3	3	→	4	4	CQO		
	Number of Registered Complaints (1 month in arrears)	373	58	49	↑	32	34	CQO		
	Complaints per 1000 Occupied Bed Days (1 month in arrears)	1068	1.78	1.56	↑	0.99	0.99	CQO		
	Complaints Turnaround <= 25 Days (1 month in arrears)	1064	91.38%	91.84%	↑	90%	90%	CQO		
Theatres										
	Surgical Safety Checklist - WHO	442	100.00%	100.00%	→	100%	100%	CMO		
Excellence in patient care and experience										
National Quality Requirements										
	Valid NHS Number - Inpatients - Cumulative (2 months in arrears)	644	99.80%	99.80%	→	99%	99%	COO		

Quality & Safety Committee Scorecard

Reporting Month : December 2022

DoT		Target Type
↑ Improving	Not in arrears (0.00% in arrears)	National Target
→ No change	Achieving or exceeding target	Regional Target
↓ Falling	Slightly behind target	Local Target
	Well below target	
	Significantly below target	
	Target not currently available	
	Annual target breached	



Quality & Safety Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Valid NHS Number - A&E - Cumulative (2 months in arrears)	645	95.80%	96.20%	↑	95%	95%	COO		
	12 Hour Trolley Waits in Emergency Care	646	4	135	↓	0	0	COO	N/A	N/A
	Ambulance Handover within 15 minutes	129	21.3%	18.0%	↓	65%	65%	COO		
	Ambulance Handover within 30 Minutes	131	68.57%	58.76%	↓	95%	95%	COO		
	Ambulance Handover within 60 Minutes	405	86.46%	78.32%	↓	100%	100%	COO		
	Urgent Operations Cancelled for the Second Time	414	0	0	→	0	0	COO	N/A	N/A
	RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)	416	4999	4460	↑	0	0	COO	N/A	N/A
Leading research based health care organisation										
	Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	297	2856	3241	↑	3029	5213	CMO	N/A	N/A
	Performance in Initiating Trials - Quarterly	421	8.0%	8.0%	→	80%	80%	CMO	N/A	N/A
	Performance in Delivery of Trials - Quarterly	422	55.56%	55.56%	→	80%	80%	CMO	N/A	N/A
	Research Critical Findings and Serious Incidents - Quarterly	681	0	0	→	0	0	CQO	N/A	N/A
	Peer Reviewed Publications - Calendar Year Cumulative (2 months in arrears)	682	251	257	↑	182	246	CMO	N/A	N/A

QSC – KPI Performance Trends

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

Mandatory - KPIs with a National Target

Special Cause Concern

Measure	Annual Target	Target Assurance	Latest Position
Ambulance Handover within 30 Minutes	95%		58.76%
Ambulance Handover within 60 Minutes	100%		78.32%

Special Cause Improvement







Measure	Annual Target	Target Assurance	Latest Position
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Common Cause Variation




Measure	Annual Target	Target Assurance	Latest Position
Ambulance Handover within 15 minutes	65%		18.0%

Non Mandatory (Local or Regional Targets)





Special Cause Concern

Measure	Annual Target	Target Assurance	Latest Position
Friends & Family Test A&E Coverage	15%		12.05%
Serious Incidents - Overdue	0		22
Reported Harmful Patient Safety Incidents (1 month in arrears)	24.94%		33.4%
Average Number of Long Length of Stay Patients	109		203
Transfer of Patients at Night (UH to Rugby)	0		15
Friends & Family Test Inpatient Positive Rate (Inc. Day Cases)	95%		88.79%

Special Cause Improvement

Measure	Annual Target	Target Assurance	Latest Position
Friends & Family Test Outpatient Coverage	8%		5.69%
Maternity FFT Positive Rate - 36 weeks	97%		90.73%
Reason to Reside	95%		84.54%

Common Cause Variation

Measure	Annual Target	Target Assurance	Latest Position
Maternity FFT No of Touchpoints Achieving a 15% Response Rate	4		3
Friends & Family Test Inpatient Coverage (Inc. Day Cases)	26%		20.79%
Friends & Family Test A&E Positive Rate	87%		76.39%
Maternity FFT Positive Rate - Postnatal Hospital	97%		92.45%

Finance & Performance Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Target Type
Not covered by RAG rating
Achieving or exceeding target
Slightly behind target
Well below target
Current month available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Finance and Performance Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Excellence in patient care and experience										
Emergency care										
	Emergency Care 4 Hour Wait	45	62.18%	58.59%	↓	95%	95%	COO		
	12 Hour Trolley Waits in Emergency Care	646	4	135	↓	0	0	COO		
	A&E 12hr Total Wait Time	1511	8.92%	12.15%	↓	2%	2%	COO		
	Ambulance Handover within 15 minutes	129	21.3%	18.0%	↓	65%	65%	COO		
	Ambulance Handover within 30 Minutes	131	68.57%	58.76%	↓	95%	95%	COO		
	Ambulance Handover within 60 Minutes	405	86.46%	78.32%	↓	100%	100%	COO		
	30 Day Emergency Readmissions (1 month in arrears)	447	8.03%	7.50%	↑	8.2%	8.2%	COO		
	Number of Medical Outliers - Average per Day	950	41.5	61.7	↓	50	50	COO		
	Length of Stay Acute - Average	951	7.1	6.9	↑	6.9	6.9	COO		
Non emergency care										
	Last Minute Non-clinical Cancelled Operations - Elective	14	1.40%	1.38%	↑	0.8%	0.8%	COO		
	Breaches of the 28 Day Readmission Guarantee	16	17	25	↓	0	0	COO		
	Urgent Operations Cancelled for the Second Time	414	0	0	→	0	0	COO		
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	480	52.83%	53.96%	↑	92%	92%	COO		

Finance & Performance Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Performance
Not in line with KPI rating
Achieving or exceeding target
Slightly behind target
Well below target
Current month available
Annual target breached

Target Type
National Target
Regional Target
Local Target

Finance and Performance Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)	416	4999	4460	↑	0	0	COO	N/A	N/A
	RTT 78 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1503	93	103	↓	0	0	COO	N/A	N/A
	RTT 104 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1504	0	0	→	0	0	COO	N/A	N/A
	E-referral Appointment Slot Issues – National data (1 month in arrears)	260	3.29%	3.35%	↓	4%	4%	COO	●●●	?
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	33	4.28%	12.38%	↓	1%	1%	COO	●●●	F
	Bed Occupancy Rate - KH03 (3 months in arrears)	1065	97.99%	97.99%	→	93%	93%	COO	N/A	N/A
Cancer										
	Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	59	81.40%	80.83%	↓	93%	93%	COO	●●●	F
	Cancer 2 Week Wait Breast Symptom (1 month in arrears)	61	96.77%	98.13%	↑	93%	93%	COO	●●●	?
	Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	63	95.93%	96.75%	↑	96%	96%	COO	●●●	?
	Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	67	100.00%	96.08%	↓	94%	94%	COO	●●●	?
	Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	65	100.00%	100.00%	→	98%	98%	COO	●●●	P
	Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	69	96.18%	92.31%	↓	94%	94%	COO	●●●	?
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	73	61.17%	52.69%	↓	85%	85%	COO	●●●	F
	Cancer 62 Day Screening Standard (1 month in arrears)	75	86.11%	87.88%	↑	90%	90%	COO	●●●	F
	Cancer 62 Day Consultant Upgrades (1 month in arrears)	77	65.4%	81.2%	↑	85%	85%	COO	●●●	F

Finance & Performance Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Target Status
Not in line with target
Achieving or exceeding target
Slightly behind target
Not achieving target
Not in line with target
Not in line with target

Target Type
National Target
Regional Target
Local Target

Finance and Performance Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Cancer 104+ days wait (treated) - (1 month in arrears)	860	20.0	33.0	↓	0	0	COO		
	Cancer Faster Diagnosis 2WW	1421	65.29%	67.89%	↑	75%	75%	COO		
	Cancer Faster Diagnosis Breast Symptomatic Referral	1422	97.92%	96.46%	↓	75%	75%	COO		
	Cancer Faster Diagnosis Screening	1423	61.95%	79.78%	↑	75%	75%	COO		
	Cancer Faster Diagnosis Overall	1491	66.57%	70.11%	↑	75%	75%	COO		
Excellence in patient care and experience										
Theatre Productivity										
	Theatre Efficiency - Main	423	58.24%	55.19%	↓	85%	85%	COO		
	Theatre Efficiency - Rugby	424	68.22%	66.61%	↓	85%	85%	COO		
	Theatre Efficiency - Day Surgery	425	51.71%	48.60%	↓	85%	85%	COO		
	Theatre Utilisation - Main	369	77.42%	74.49%	↓	85%	85%	COO		
	Theatre Utilisation - Rugby	370	81.44%	77.68%	↓	85%	85%	COO		
	Theatre Utilisation - Day Surgery	371	73.18%	70.24%	↓	85%	85%	COO		
	Surgical Safety Checklist - WHO	442	100.00%	100.00%	→	100%	100%	CMO		
	Theatre Lists Started within 15 mins of Start Time	1319	32.14%	31.92%	↓	75%	75%	COO		

Finance & Performance Committee Scorecard

Reporting Month : December 2022

DoT
↑ Improving
→ No change
↓ Falling

Target Status
Not in line with target
Achieving or exceeding target
Slightly behind target
Significantly behind target
Target not currently available
Target not yet benchmarked

Target Type
National Target
Regional Target
Local Target

Finance and Performance Scorecard										
Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Deliver value for money										
	Forecast Income & Expenditure	477	£-20438k	£-20438k	→	-14802	-14802	CFO	N/A	N/A
	WRP Delivery	478	£16.909m	£21.670m	↑	21547	38788	CFO	N/A	N/A
	YTD Income & Expenditure Trust	986	£-16502k	£-18463k	↓	-13164	-14802	CFO	N/A	N/A
	Agency Expenditure	1315	£1.840m	£1.615m	↑			CPO		
Leading research based health care organisation										
	Submitted Research Grant Applications - Quarterly - Cumulative	683	78	78	→	76	152	CMO	N/A	N/A
	Commercial Income Invoiced - Cumulative (1 month in arrears)	684	£551k	£668k	↑	600	900	CFO	N/A	N/A
	NIHR Research Capability Funding (3 months in arrears)	1332	£605k	£605k	→	500	1000	CMO	N/A	N/A
	Trial Recruitment Income (3 months in arrears)	1344	£1.348m	£1.348m	→	1062.5	2125	CMO	N/A	N/A
	All Grant Income (3 months in arrears)	1345	£2.466m	£2.466m	→	1000	2000	CMO	N/A	N/A

FPC – KPI Performance Trends

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

Mandatory - KPIs with a National Target

Special Cause Concern

Measure	Annual Target	Target Assurance	Latest Position
Emergency Care 4 Hour Wait	95%		58.59%
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	85%		52.69%
Cancer 62 Day Consultant Upgrades (1 month in arrears)	85%		81.2%
Ambulance Handover within 30 Minutes	95%		58.76%
Ambulance Handover within 60 Minutes	100%		78.32%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%		53.96%
A&E 12hr Total Wait Time	2%		12.15%

Special Cause Improvement

Measure	Annual Target	Target Assurance	Latest Position
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Common Cause Variation

Measure	Annual Target	Target Assurance	Latest Position
Breaches of the 28 Day Readmission Guarantee	0		25
Cancer 62 Day Screening Standard (1 month in arrears)	90%		87.88%

Non Mandatory (Local or Regional Targets)

Special Cause Concern

Measure	Annual Target	Target Assurance	Latest Position
Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	93%		80.83%
Cancer 104+ days wait (treated) - (1 month in arrears)	0		33.0
Length of Stay Acute - Average	6.9		6.9

Special Cause Improvement

Measure	Annual Target	Target Assurance	Latest Position
Theatre Utilisation - Main	85%		74.49%
Theatre Utilisation - Rugby	85%		77.68%
Theatre Utilisation - Day Surgery	85%		70.24%
Theatre Efficiency - Main	85%		55.19%
Theatre Efficiency - Rugby	85%		66.61%

Common Cause Variation

Measure	Annual Target	Target Assurance	Latest Position
Theatre Efficiency - Day Surgery	85%		48.60%
Theatre Lists Started within 15 mins of Start Time	75%		31.92%

Integrated Finance Report | Trust Financial Position

Reporting Month: December 2022

09 Months Ended

31st December 2022

	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	596,344	596,966	622	798,255	799,512	1,257
Adjusted Top Up Income	2,629	2,795	166	3,242	3,409	167
Total Other Operating Income	34,916	44,452	9,536	50,314	59,832	9,518
Total Operating Income	633,889	644,213	10,324	851,811	862,753	10,942
Total Medical and Dental - Substantive	(107,283)	(104,629)	2,654	(141,771)	(134,778)	6,993
Total Agenda for Change - Substantive	(223,475)	(234,260)	(10,785)	(295,529)	(314,815)	(19,286)
Total Medical and Dental - Bank	(10,033)	(9,198)	835	(13,389)	(11,147)	2,242
Total Agenda for Change - Bank	(24,034)	(18,942)	5,092	(32,542)	(26,936)	5,606
Total Medical and Dental - Agency	(7,391)	(8,368)	(977)	(9,699)	(10,956)	(1,257)
Total Agenda for Change - Agency	(9,734)	(8,697)	1,037	(12,911)	(11,263)	1,648
Other gross staff costs	(1,352)	(1,037)	315	(1,805)	(1,491)	314
Total Employee Expenses	(383,302)	(385,131)	(1,829)	(507,646)	(511,386)	(3,740)
Total Operating Expenditure excluding Employee Expenses	(209,669)	(222,152)	(12,483)	(282,847)	(298,226)	(15,379)
Total Operating Expenditure	(592,971)	(607,283)	(14,312)	(790,493)	(809,612)	(19,119)
Operating Surplus/Deficit	40,918	36,930	(3,988)	61,318	53,141	(8,177)
Total Finance Expense	(49,276)	(52,726)	(3,450)	(65,677)	(68,383)	(2,706)
PDC dividend expense	(5,111)	(5,111)	0	(6,814)	(6,814)	0
Movements in Investments & Liabilities	0	0	0	0	0	0
Net Finance Costs	(54,387)	(57,837)	(3,450)	(72,491)	(75,197)	(2,706)
Surplus/Deficit For The Period	(13,469)	(20,907)	(7,438)	(11,173)	(22,056)	(10,883)
Control Total adjustments						
Donated assets (income)	0	(3,250)	(3,250)	(4,035)	(4,177)	(142)
Donated assets (depn)	306	305	(1)	406	406	0
Impairments	0	5,389	5,389	0	5,389	5,389
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	(13,164)	(18,463)	(5,300)	(14,802)	(20,438)	(5,636)

Year to date Financial Performance:

Income from Patient Care: Activities (including Adjusted Top Up: £0.8m favourable

- Overseas Patients £0.5m; Private patients (£0.3m); Injury cost recovery scheme (£0.4m); BMI income (£0.5m); Contract income additional to block contract £1.5m

Other Operating Income: £9.5m favourable:

- Donated Asset Income £3.3m
- Education & Research Income £4.1m
- International recruitment £0.3m; Section 106 £0.4m; Other NHS Income £1.4m

Expenditure: (£14.3m) adverse

- Education, Training & Research (£3.7m)
- High-cost drugs and devices (£5.2m)
- Managing emergency pressures (£4.4m)
- Other cost pressures net (£1.0m)

Forecast Financial Performance:

Income from Patient Care Activities (including Adjusted Top Up £1.4m favourable:

- Overseas Patients £0.5m
- Private patients (£0.5m); Injury Cost Recovery Scheme (£0.6m); BMI Income (£0.9m); Contract income additional to block contract £2.9m

Other Operating Income: £9.5m favourable:

- Education, Training & Research £5.6m
- Charitable Funds £0.2m
- International recruitment £0.3m; Section 106 £1.1m; Other NHS Income £2.1m

Expenditure: (£19.1m)

- Education, Training & Research (£5.6m)
- High-cost drugs and devices (£6.0m)
- Managing emergency pressures (£4.8m)
- Delivery of elective activity £4.6m
- Variations (£0.6m); Specialist beds £0.4m; Other Services received (£1.7m); Professional fees (£1.3m); Recruitment & Course fees (£1.3m); Other cost pressures (£2.0m)

Finance Expense:

Finance expense in Month 09 includes a technical adjustment relating to the revaluation of PFI equipment costs under the PFI life cycling scheme (£5,389).

This impairment is then added back as part of the control total £5,389.

Integrated Finance Report | Statement of Financial Position

Reporting Month: December 2022

Statement of Financial Position 9 months ended 31 December 2022	Full Year			Year To Date		
	Plan (£'000)	Forecast Outturn (£'000)	Variance (£'000)	Plan (£'000)	Actual (£'000)	Variance (£'000)
Non-current assets						
Property, plant and equipment	472,661	482,397	9,736	449,845	452,736	2,891
Intangible assets	16,592	13,644	(2,948)	15,120	12,668	(2,452)
Investment Property	12,080	12,080	0	12,080	12,080	0
Trade and other receivables	35,060	27,908	(7,152)	32,856	29,783	(3,073)
Total non-current assets	536,393	536,029	(364)	509,901	507,267	(2,634)
Current assets						
Inventories	17,183	17,674	491	16,979	17,461	482
Trade and other receivables	50,232	58,909	8,677	51,207	49,430	(1,777)
Cash and cash equivalents	19,291	26,000	6,709	32,855	53,063	20,208
	86,706	102,583	15,877	101,041	119,954	18,913
Non-current assets held for sale	0	0	0	0	0	0
Total current assets	86,706	102,583	15,877	101,041	119,954	18,913
Total assets	623,099	638,612	15,513	610,942	627,221	16,279
Current liabilities						
Trade and other payables	(78,322)	(90,729)	(12,407)	(90,681)	(117,784)	(27,103)
Borrowings PFI obligations	(2,904)	(2,904)	0	(3,423)	(4,133)	(710)
Borrowings leases	(5,914)	(4,877)	1,037	(5,914)	(4,877)	1,037
DH Capital loan	(899)	(899)	0	(891)	(893)	(2)
Provisions	(2,548)	(9,802)	(7,254)	(2,608)	(6,450)	(3,842)
Total current liabilities	(90,587)	(109,211)	(18,624)	(103,517)	(134,137)	(30,620)
Net current assets/(liabilities)	(3,881)	(6,628)	(2,747)	(2,476)	(14,183)	(11,707)
Total assets less current liabilities	532,512	529,401	(3,111)	507,425	493,084	(14,341)
Non-current liabilities:						
Trade and other payables	0	0	0	0	0	0
Borrowings PFI obligations	(222,526)	(222,526)	0	(223,252)	(222,525)	727
Borrowings leases	(32,898)	(37,738)	(4,840)	(31,755)	(35,431)	(3,676)
DH Capital loan	(890)	(890)	0	(890)	(890)	0
Provisions	(4,029)	(4,200)	(171)	(4,029)	(4,200)	(171)
Total assets employed	272,169	264,047	(8,122)	247,499	230,038	(17,461)
Financed by taxpayers' equity:						
Public dividend capital	249,876	252,638	2,762	239,501	229,479	(10,022)
Retained earnings	(77,644)	(88,528)	(10,884)	(79,939)	(87,378)	(7,439)
Revaluation reserve	99,937	99,937	0	87,937	87,937	0
Total Taxpayers' Equity	272,169	264,047	(8,122)	247,499	230,038	(17,461)

The Statement of Financial Position ("SoFP") shows the assets, liabilities and equity held by the Trust and helps to assess the financial soundness of an entity.

IFRS16 accounting standard for leases was implemented in April, with a significant value of contracts previously expensed now being "capitalised", with a "right of use" lease asset recognised within property, plant and equipment and a related lease liability within borrowings. The impact is an approximate £36m of additional assets.

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

Year to Date variances

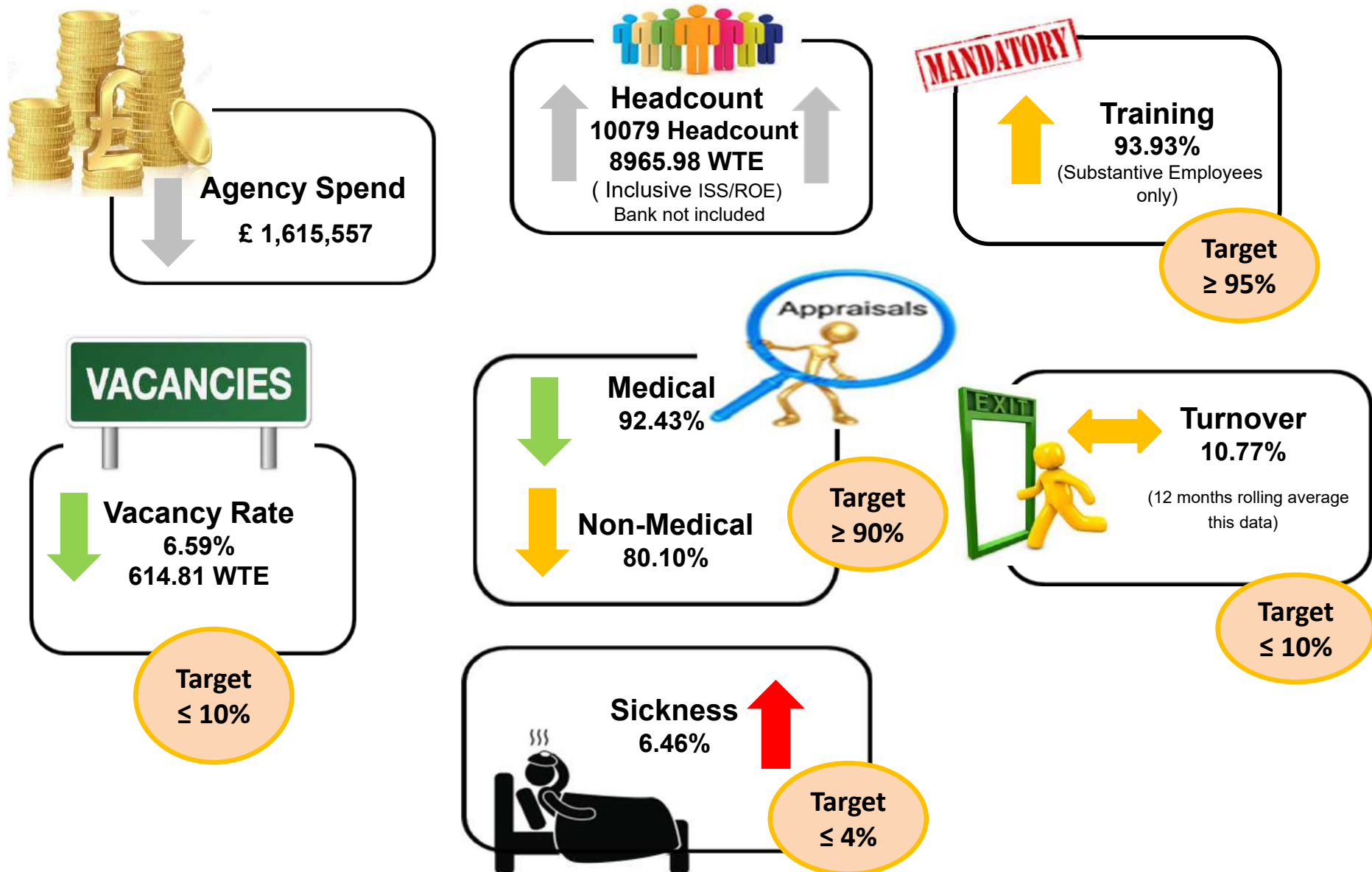
- Taken together, property plant and equipment and intangible assets are broadly in line with plan;
- Receivables balances are lower than Plan following the reduction of NHS debtor balances;
- Payables balances are significantly higher than Plan due to high levels of pay and non-pay expenditure accruals and deferred income;
- Lease borrowing is higher than Plan due to increased annual rent payments and the timing of leased assets being brought into use;
- Provisions are higher than Plan, reflecting some risk over the income position;
- Retained earnings reflect the year-to-date increased deficit position;
- PDC is lower than Plan due to the timing of PDC draws;
- The above variances, particularly increased payables balances, in turn are the main contributing factors to the increased cash balance month end.

Full Year variances

- Property plant and equipment balance is higher than Plan due to additional forecast capital expenditure, especially around the CDH scheme;
- Payables balances are forecast to be higher than Plan in anticipation of additional expenditure and capital creditor accruals;
- Provision balances are higher than Plan to cover additional income risk. Provision balances will be subject to further review in month 10;
- Lease borrowing is greater than planned due to the addition of the Paybody lease to the CDH capital scheme and rent increases;
- Additional PDC funding is required for the increased capital programme;
- Retained earnings reflect the revised forecast outturn, which is currently showing an overspend against the planned deficit position.

Workforce Information | Headlines for December 2022

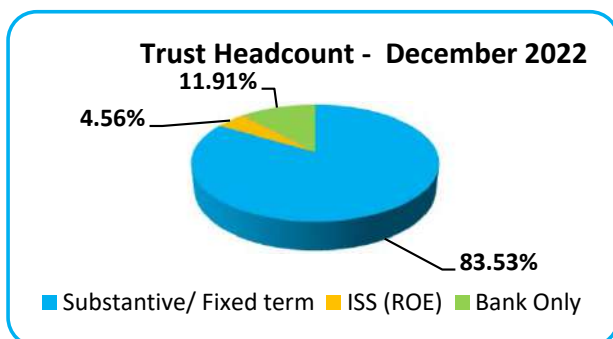
This report provides a summary overview of workforce data for the month.



Staff Headcount | Monthly Variation

The tables below shows the **primary** headcount and WTE for UHCW and ISS staff.

Staff Headcount Breakdown	Oct-22	Nov-22	Dec-22
Substantive/Fixed Term	9697	9736	9675
ISS (ROE)	406	404	404
Trust Total	10103	10140	10079
Bank Only	1381	1360	1379



Staff WTE Breakdown	Oct-22	Nov-22	Dec-22
Substantive/Fixed Term	8611.49	8615.18	8648.58
ISS (ROE)	317.40	317.4	317.4
Trust Total	8928.89	8932.58	8965.98

Staff in Post by Staff Group | Monthly Variation

Staff Group	Nov-22 (WTE)	Dec-22 (WTE)	Starters Dec-22 (WTE)	Leavers Dec-22 (WTE)
Add Professional	304.63	318.67	4.00	1.00
Add Clinical Services	1931.09	1919.4	20.16	21.43
Admin & Clerical	1544.04	1557.96	17.28	27.48
Allied Health Professional	528.28	553.74	3.00	1.00
Estates & Ancillary	1.00	1.00	0.00	0.00
Healthcare Scientists	374.67	391.42	2.00	0.00
Medical & Dental	1231.12	1208.27	55.12	52.67
Nursing & Midwifery	2700.36	2759.16	5.53	18.02
Students	0.00	0.92	0.00	0.00
Total	8615.18	8710.58	107.09	121.60

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.

Starters (excluding bank staff)

There were **107.09 WTE (112 headcount)** new starters of which **18.82% (22 headcount)** were **Additional Clinical staff** with **17 Healthcare Assistants, 2 Healthcare Science Assistants, 1 Phlebotomist and 2 Technicians. Medical staff** had **55.12 WTE (56 headcount) 12 Trust Grades, 3 Specialty Registrars, 1 Speciality Doctor and 39 rotational doctors and 1 Consultant. Nursing and Midwifery** had **5.53 WTE (6 Headcount)** new starters including **4 Band 5 Nurses and 2 Band 6 Charge Nurses.**

Leavers (excluding bank staff)

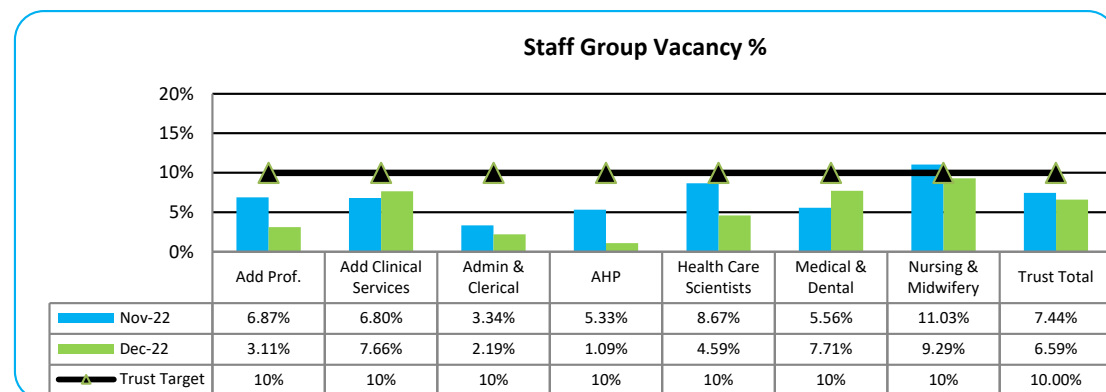
There were **121.60 WTE (134 headcount)** leavers in December. **Medical Staff** had **52.67 WTE (54 Headcount)** of which **1** was Consultant, **9** Specialty Registrars (rotational doctors), **2** Trust Grade, **23** Foundation Year-1, **18** Foundation Year-2 and **1** Dental Core Trainee. **Additional Clinical staff** had **21.43 WTE (26 Headcount).**

Leaving Reasons

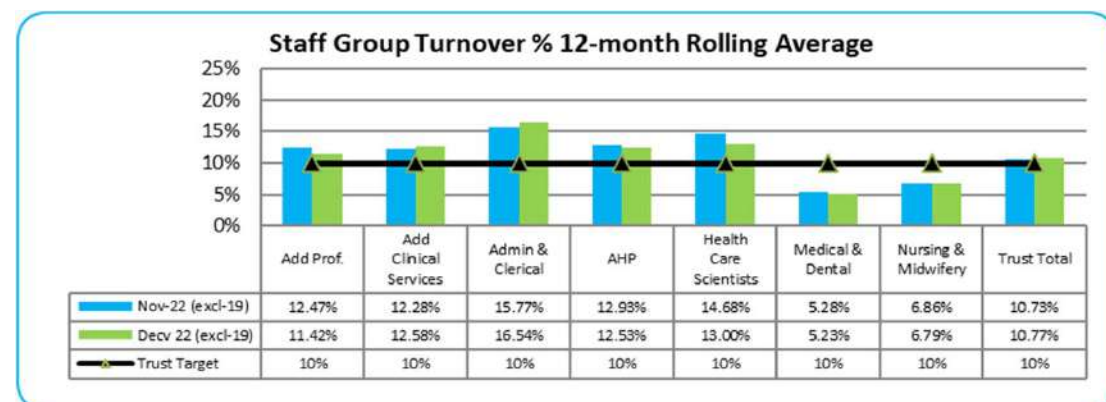
40.50% (50 Headcount) had end of fixed term contract primarily due to rotational doctors, **23.54% (33 Headcount)** of staff voluntary resigned with no reason recorded, **12.77% (20 Headcount)** retired, **9.63% (12 Headcount)** voluntary resigned due to relocation, and **3.56% (6 Headcount)** left due to health reasons.

We are soon to launch an e-termination / amendment form which will ensure reasons for leaving is a mandatory field, this data will further support the development of retention strategies.

Vacancy | by Staff Group



Staff Group	Nov-22			Dec-22		
	Funded (WTE)	Staff In Post (WTE)	Funded Vacancies (WTE)	Funded (WTE)	Staff In Post (WTE)	Funded Vacancies (WTE)
Add Prof Scientific and Technic	327.10	304.63	22.47	328.91	318.69	10.22
Additional Clinical Services	2071.96	1931.09	140.87	2078.59	1919.40	159.19
Administrative and Clerical	1597.43	1544.04	53.39	1592.87	1557.96	34.91
Allied Health Professionals	558.01	528.28	29.73	559.87	553.74	6.13
Healthcare Scientists	410.24	374.67	35.57	410.24	391.42	18.82
Medical and Dental	1303.54	1231.12	72.42	1309.23	1208.27	100.96
Nursing and Midwifery Registered	3035.27	2700.36	334.91	3041.72	2759.16	282.56
Estates and Ancillary	1.96	1.00	0.96	1.96	1.00	0.96
Students	2.00	0.00	2.00	2.00	0.92	1.08
Grand Total	9,307.51	8,615.18	692.33	9,325.39	8,710.58	614.81



Vacancy | by Staff Group

The Trust's vacancy rate of 6.59% has decreased in December 2022 by **0.85%**

The headline and forecasted vacancy positions for the following key staff groups are:

Band 5 Nurses – 162.83 WTE/10.78% vacancy rate

In addition to our local recruitment campaigns, we remain on track with our IEN recruitment programme, and will have recruited a total of 440 international nurses by the end of March 2023. Based on current trends, the forecasted vacancy position by end March 2023 is 7%.

Band 5/6 Midwives–42.21 WTE/25.11% vacancy rate.

A recruitment campaign to fill community midwifery roles is in development. International recruitment campaigns continue, with 8 individuals currently in recruitment pipeline, with 5 booked for OSCE conversion in January 2023. Based on current trends, the forecasted vacancy rate by March 2023 is 16%.

HCSW – 125.05 WTE/12.82% vacancy rate

Active recruitment campaigns remain underway, with a one stop shop recruitment event in January 2023 resulting in 49 conditional offers. Based on current trends, the forecasted vacancy position by end of March 2023 is 6%.

A&C – 34.91 WTE/2.19% vacancy rate

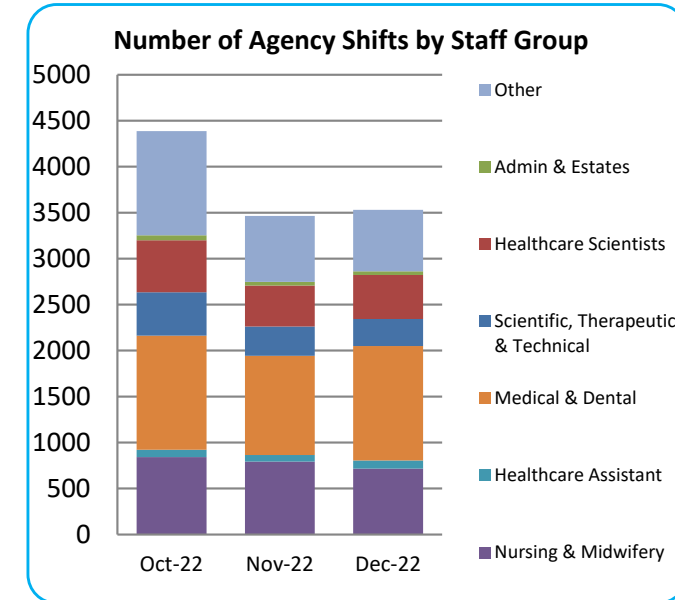
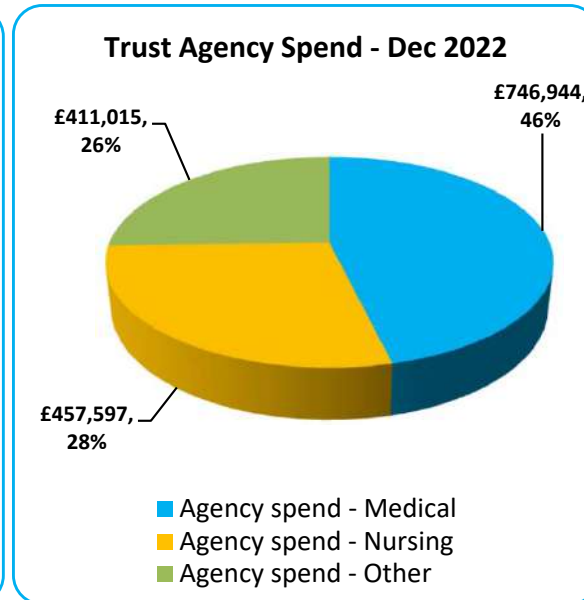
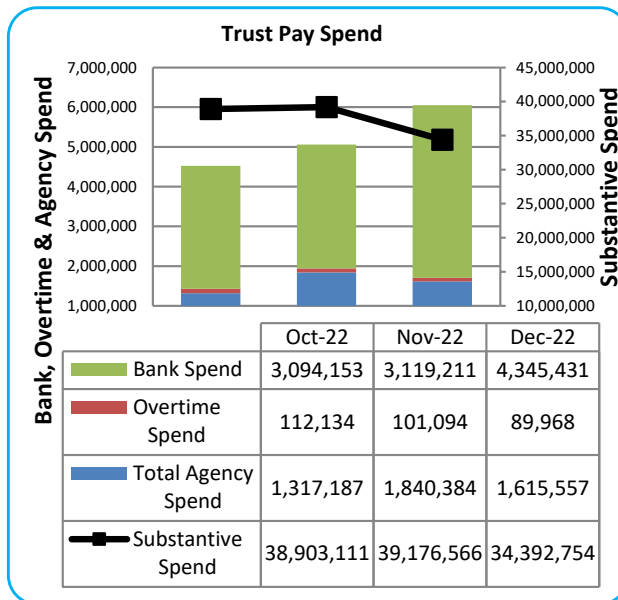
Active recruitment campaigns remain in place, with confirmed start dates for 23.08 WTE for January 2023, and 12 WTE for February 2023. Based on current trends, the vacancy position by end of March 2023 will be 0%.

Turnover | by Staff Group

This month's turnover rate has shown a slight increase to 10.77%. Ongoing activities include a review of our exit Interview process to enable full analysis and trend review and enhancements to our Total Rewards Packages for staff.

Pay Costs | Provided by Finance

Agency | Number of Shifts Booked



Agency Shifts Booked | Reasons for Shifts Booked

Medical and Dental shifts have increased from 1,079 to 1,244 shifts in December. For **Nursing and Midwifery**, the shifts decreased in December from 793 to 717 shifts. There has been an increase in **HCA** shifts from 71 to 88 shift compared to the last month.

Lastly for the **Scientific, Therapeutic & Technical** (AHP) shifts, there is a decrease from 319 to 295 shifts and for **Healthcare Scientists** an increase from 445 to 478 shifts in December. Bookings which fall into the 'Other' category, a mixture of Biomedical Assistant and Assistant Practitioners agency shifts have decreased from 717 to 669 shifts, which is a significant reduction in position to that reported in October (1,113 shifts).

Although the Trust remains under operational pressures, there was an overall reduction in agency usage for the majority of staff groups as individual groups focus intention on their waste reduction schemes and recruitment operations.

The £4.7m reduction in substantive spend is primarily driven by the delivery of non-recurrent WRP which will continue until year end, alongside a financial technical adjustment between pay and non-pay for non recurrent funding.

Staff Group	Oct-22	Nov-22	Dec-22
Nursing & Midwifery	842	793	717
Healthcare Assistant	80	71	88
Medical & Dental	1241	1079	1244
Scientific, Therapeutic & Technical	471	319	295
Healthcare Scientists	566	445	478
Admin & Estates	54	40	40
Other	1133	717	669
Total Shifts Booked	4,387	3,464	3,531

Absence | by Group

Overview

Trust Group	Covid-19 Absence% (FTE)	Sickness absence % excluding Covid-19 (FTE)
218 Clinical Diagnostics	0.32%	6.09%
218 Clinical Support Services	0.40%	6.78%
218 Core Services	0.22%	5.55%
218 Emergency Medicine	0.46%	6.48%
218 Medicine	0.47%	5.17%
218 Surgical Services	0.71%	6.51%
218 Trauma and Neuro Services	0.68%	5.48%
218 Women and Children	0.46%	6.47%
Grand Total	0.44%	6.02%

ABSENCE

The overall Trust sickness absence rate has increased by **0.91%** from November **5.55%** to December **6.46%**. The non Covid-19 absence level has dropped compared to last month.

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

Work continues on reviewing and refining our health and wellbeing offer available to staff and our annual Flu and Covid-19 booster programme is underway.

Our key area of focus is to explore all other opportunities to support staff with the current cost of living crisis which affects health and wellbeing. Our new “Money Matters” campaign launched in December includes a food hub voucher scheme, meal cards for staff restaurants, direct access to financial advice, free sanitary products for staff and in development is an act of kindness pay-it-forward scheme.

Group Rolling Sickness Absence Rate % (including Covid 19 sickness)	Oct-22	Nov-22	Dec-22
218 Clinical Diagnostics	5.45%	5.42%	6.40%
218 Clinical Support Services	6.15%	6.52%	7.18%
218 Core Services	5.02%	4.45%	5.77%
218 Emergency Medicine	5.36%	5.68%	6.94%
218 Medicine	5.38%	5.15%	5.64%
218 Surgical Services	6.01%	5.92%	7.22%
218 Trauma and Neuro Services	6.40%	4.68%	6.16%
218 Women and Children	5.97%	6.50%	6.93%
Trust Total %	5.77%	5.55%	6.46%

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 %
Cold, Cough, Flu - Influenza	3973.39	23.02%
Mental Health Issues	3582.96	20.76%
Musculoskeletal Problems	1974.25	11.44%
Infectious diseases	1494.66	8.66%
Gastrointestinal problems	1050.10	6.08%
Overall All Absence Trust Totals	17257.81	6.46%

Mandatory Training | by Group

Group Mandatory Training %	Oct-22	Nov-22	Dec-22
Clinical Diagnostics	94.96%	96.47%	94.36%
Clinical Support Services	96.07%	95.56%	95.99%
Core Services	94.32%	93.94%	94.37%
Emergency Medicine	92.53%	92.08%	92.66%
Medicine	93.99%	92.96%	93.43%
Surgical Services	94.54%	93.25%	93.63%
Trauma and Neuro Services	93.48%	91.85%	92.74%
Women & Children	91.88%	91.28%	91.98%
Substantive Staff Only	94.25%	93.61%	93.93%

Mandatory Training

Mandatory Training compliance has increased slightly by 0.32% to **93.93%** in December 2022 compared with November.

All trust groups are over 91%, 1 being above 95% target. L&D have increased their resource of clinical trainers which means that the administration of MT classes will be more timely and will enable the quicker update of training records when people have attended any MT course

To improve the Mandatory Training Compliance, a number of SME's have agreed to offer bespoke sessions to certain clinical areas.

There will be a more targeted approach to those staff whose compliance will expire in the coming months to ensure compliance continues to improve.

Appraisals | by Group

Appraisal % by Group	Non Medical Appraisals			Medical Appraisals		
	Oct-22	Nov-22	Dec-22	Oct-22	Nov-22	Dec-22
Clinical Diagnostics	83.54%	85.92%	86.59%	97.01%	95.52%	91.18%
Clinical Support Services	89.57%	89.57%	88.56%	95.79%	96.70%	94.79%
Core Services	65.16%	66.75%	67.92%	100.00%	100.00%	100.00%
Emergency Medicine	81.03%	83.30%	86.12%	97.50%	96.05%	85.71%
Medicine	73.81%	73.42%	72.66%	95.76%	94.38%	95.83%
Surgical Services	87.86%	87.76%	85.40%	91.45%	94.78%	88.71%
Trauma and Neuro Services	77.72%	77.20%	77.06%	95.45%	89.47%	88.24%
Women & Children	85.29%	80.54%	79.87%	94.55%	96.30%	91.23%
Trust Total	80.09%	80.22%	80.10%	94.38%	93.84%	92.43%



Non Medical Appraisals

There has been a **0.12%** decrease in compliance of non-medical appraisal across the Trust. Groups have been informed of the importance of focusing on their improvement trajectories, with continued scrutiny and monitoring via Accountability and Quarterly Performance Reviews.

Completion of appraisals during times of high operational pressure remains a challenge.

Medical Appraisals

The overall level of medical appraisal completions has declined this month by **1.41%**

The outstanding appraisals will be managed via the formal appraisal and revalidation process including individual monthly notification from the CMO regarding missed appraisals.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Safeguarding Adult and Children Bi-Annual Report
Executive Sponsor	Tracey Brigstock – Chief Nursing Officer
Author	Lisa Pratley – Lead Professional for Safeguarding
Attachment(s)	Bi-Annual Safeguarding Adult and Children report
Recommendation(s)	The Board is asked to RECEIVE ASSUARANCE in 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' is the predominant reason for referrals to Childrens Social Care from UHCW. The majority of these referrals stem from adolescent's whom 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, neglect and domestic abuse are the main reasons for referral. There has been an increase in the number of referrals made during this time period compared to the first 6 months of the year. It is believed that this increase may reflect the national pressures in relation to the cost of living and the impact that this if having on families.

- **Training compliance**

Compliance with safeguarding training throughout the Trust is mostly achieving the Integrated Care Board (ICB) target of 90% except for safeguarding adult's level 3 which is 86.37% compliant and children's level 3 which is 87.14% compliant. There has been bespoke training sessions delivered to the clinical groups to help improve this compliance.

- **Serious Case Reviews**

UHCW NHS Trust are contributing to 2 of the agreed cases across Coventry and Warwickshire that have met the threshold for a full Serious Adult Review. There has been the publication of one review in November 2022 and there were no specific actions or recommendations for UHCW NHS Trust. UHCW NHS Trust are contributing to 4 of the agreed cases across Coventry and Warwickshire that have met the threshold for a full Serious Practice Review. There has been

the publication of one review in December 2022 and there were no specific actions or recommendations for UHCW NHS Trust. There was one recommendation in the review that was UHCW specific in relation to delivering training regarding child sexual abuse and reviewing access to specialist services. This action was completed prior to the publication.

- **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 preparing data to submit to the NHS England & NHS Improvement Learning Disabilities Improvement Standards survey at the end of January 2023. A subsequent action plan will be created and monitored through the bi-monthly Learning Disability Forum, which reports into the Safeguarding Adults, Children and Young People Committee.

PREVIOUS DISCUSSIONS HELD

Last report to Trust Board was July 2022

KEY IMPLICATIONS

Financial	Nil identified
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, policies 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 report is to update the Trust Board on recent safeguarding activity for both adults and children for the last six months (July - December) of 2022. 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. The Safeguarding Team monitor local and national themes which supports the development of the internal work plan and audit schedule. The safeguarding agenda is monitored bi-monthly via the Safeguarding Adults, Children and Young People Committee, chaired by the Deputy Chief Nurse. This committee reports into the Nursing and Midwifery Committee and the Quality and Safety Committee.

2. CONTENT

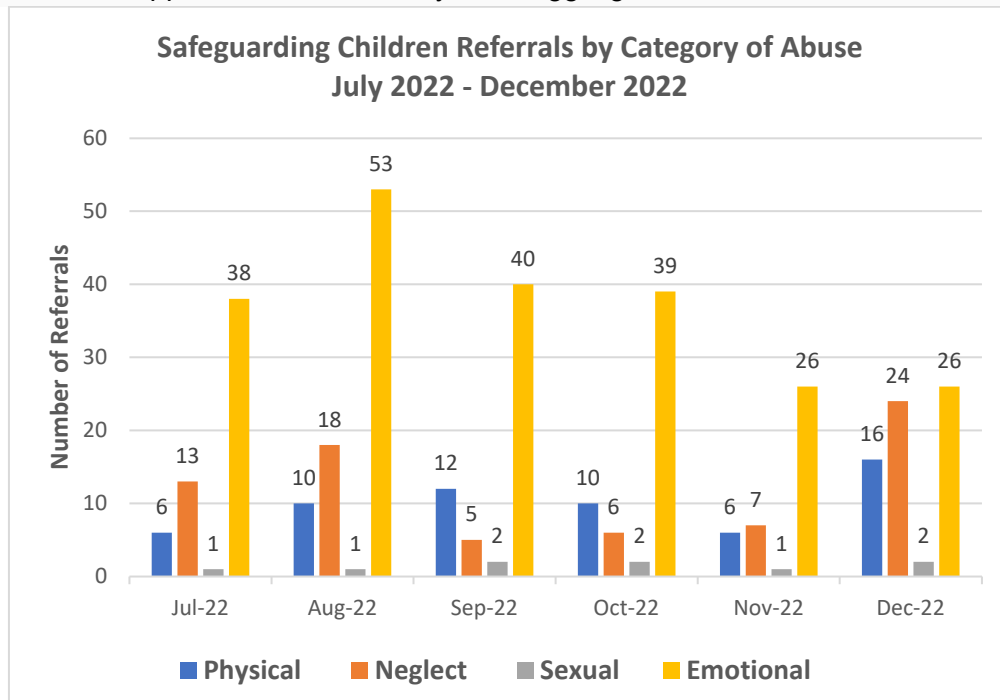
2.1 Safeguarding Referrals

2.11 Safeguarding Children

Referrals to Childrens Social Care are largely made from the Emergency Medicine Group and the Women and Childrens Group which reflect the national picture within acute hospitals. The category of 'emotional abuse' continues to be the predominant reason for children's safeguarding referrals, although this has steadily declined throughout the last 6 months of 2022. Emotional abuse can incorporate many things including exposing a child to upsetting events or situations, like domestic abuse or misusing drugs and alcohol. The majority of the referrals made to Childrens Social Care by the Trust are largely attributed to an adolescent or a parent / carer attending in a mental health crisis. Whilst suspicion of emotional abuse is the predominant reason for referral to Childrens Social Care it may often be disguising other categories of abuse, such as neglect. This is often not known until further investigation by Childrens Social Care.

Between July 2022 and December 2022 there were a total of 63 referrals made by UHCW due to concerns in relation to neglect, in comparison to 50 referrals in the first 6 months of 2022. Some of the concerns have related to children being left on their own rather than being looked after whilst parents / carers attend their personal commitments. Another example included an inpatient informing staff that she was struggling to care for her child as she was not able to afford her bills resulting in there being no heating at home or hot water. There appears to be a correlation to the current cost of living crisis. Further analysis into the increasing trend of neglect referrals will be completed by the Safeguarding Team in quarter 4 of 2022/23. The Coventry

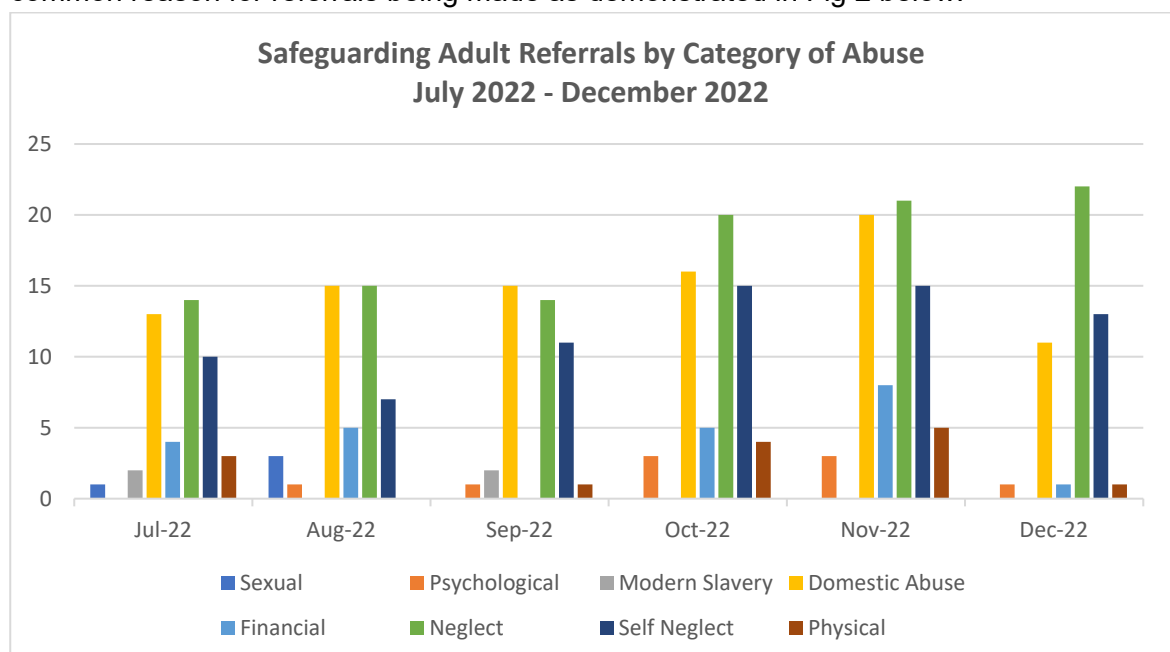
and Warwickshire Safeguarding Childrens Partnerships have recently delivered education and resources to support families who may be struggling with their finances.



(Fig.1)

2.12 Safeguarding Adults

UHCW NHS Trust continues to refer patients into Adult Social Care from all clinical groups. The category of self neglect and neglect previously have been the predominant reason for referrals being made. During the last six months of 2022 there has been a significant increase in the number of referrals for domestic abuse meaning that this is now emerging as the second most common reason for referrals being made as demonstrated in Fig 2 below.



(Fig 2.)

There has been an increase in the overall number of referrals made during this time period. In the previous report to Trust Board there were a total of 179 referrals (between January 2022 – June 2022), compared to 321 referrals in this report. It is believed that this increase may reflect the national pressures in relation to the cost of living crisis as previously discussed in section 2.11. The increase in identification of domestic abuse could also be attributed to the financial pressures that families are facing. There was a particular increase in domestic abuse referrals in November and this was when the world cup commenced. There is a historical pattern nationally that large football tournaments lead to an increase in domestic abuse (Lancaster University 2014: [World Cup football is a risk factor for domestic violence | Lancaster University](#)).

Further analysis into the increasing number of safeguarding adults referrals will be completed by the Safeguarding Team in quarter 4 of 2022/23.

2.13 UHCW Concluded Safeguarding Investigations

Between 1st June 2022 and the 31st December 2022, 2 safeguarding investigations against UHCW have been concluded at case conference. Both investigations deemed UHCW NHS Trust to have omissions in the care provided. One of the investigations was in relation to discharge concerns. The other was in relation to a patient who developed a category 4 pressure ulcer. Actions have been taken to address these incidents with the relevant clinical teams but the learning has also been shared across the wider organisation

To address the concerns identified in the case relating to discharge concerns, the Intergrated Discharge Team, have introduced a new process for reviewing their cohort of patients to ensure their needs have not changed. This is as they were responsible for leading the discharge.

In relation the patient who developed a pressure ulcer there has been bespoke work completed between Tissue Viability and the ward in relation to categorisation and documentation.

The outcomes from all cases are shared through various committees including the Safeguarding Adults, Children and Young People Committee and the Nursing and Midwifery Committee. The Lead Professional for Safeguarding creates a trust wide newsletter and attends the Nursing and Midwifery Care Quality Forum attended by ward managers, modern matrons and senior nurses to share key themes and learning across the wide organisation.

2.2 Training Compliance

Compliance with safeguarding training throughout the Trust is generally achieving the Integrated Care Board (ICB) target of 90% with the exception of safeguarding adult's level 3 and safeguarding children level 3. The Trust target of 95% compliance has been achieved with Safeguarding Adult's level 1 and level 2.

Safeguarding Adults Training	Previous report compliance – June 2022	December 2022
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Safeguarding Adults level 1	96%	95.83%
Safeguarding Adults level 2	94.8%	95.49%
Safeguarding Adults level 3	88.5%	86.37%
Safeguarding Children Training		
Safeguarding Children level 1	91.88%	94.32%
Safeguarding Children level 2	95.09%	94.19%
Safeguarding Children level 3	93.43%	87.14%

(Fig 3)

Safeguarding Children and Safeguarding Adults level 3 compliance is challenging due to the training packages being 4 hours long. This training is encouraged to be face to face as it allows case discussion amongst disciplines and can be tailored to UHCW specific concerns and cases. During the Covid 19 pandemic the training was offered via e-learning, so this remains an option for staff that cannot attend the face to face sessions. During the last 6 months of 2022 bespoke sessions have been delivered for staff within the Surgery Group, Emergency Medicine Group and Women and Childrens Group in order to improve compliance with Safeguarding Adults and Safeguarding Children level 3. Despite good attendance at these sessions and positive feedback the latest training compliance still indicates challenges with compliance for these two elements of training achieving the Trust target.

The Deputy Chief Nursing Officer / Director of Nursing monitors safeguarding training compliance with the Clinical Groups at the monthly Accountability meetings. The Chief Nursing Officer reviews compliance at the quarterly performance reviews 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 ICB and the Trust target.

Overall Prevent training compliance (Fig. 4) is as follows:

	Previous report compliance – June 202	December 2022
PREVENT Awareness	96.84%	95.72%
PREVENT WRAP	98.76%	98.19%

(Fig. 4)

2.3 Serious Case Reviews

2.31 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 July 2022, there have been two 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 did not know either of the family's and have therefore not been required to continue with the review process for these two cases.

The Safeguarding Team are supporting with the continuation of two Serious Adult Reviews and one has been published in November 2022. There were 8 recommendations from this review but none were specific UHCW NHS Trust recommendations as the Trust had minimal involvement with the young person. Most recommendations were in relation to social care and the education system. The full report can be accessed via the Warwickshire Safeguarding Partnership website [FINAL_CJ_SAR_Report_vs_50_22_11_22_.pdf](https://www.safeguardingwarwickshire.co.uk/FINAL_CJ_SAR_Report_vs_50_22_11_22_.pdf) ([safeguardingwarwickshire.co.uk](https://www.safeguardingwarwickshire.co.uk))

2.32 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 scoping by agencies and then 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 Child Safeguarding Practice Review, or an alternative Learning Review.

Since the last report to Trust Board in July 2022, there have been a total of 2 new cases scoped for review across Coventry and Warwickshire. Neither of the cases had individuals known to UHCW and therefore there has been no identified learning for the Trust.

There have been two serious practice reviews completed since July 2022, but only one has been published on advice from the national panel. The recommendations and learning are still being shared across the partnership and monitored through the Serious Practice Review subgroup. There were no actions or recommendations specifically for UHCW NHS Trust from the unpublished case.

On the 8th December 2022, Coventry Safeguarding Children Partnership published the report of 'Child T'. In this case there was recognition of physical abuse and appropriate referral to Children's Social Care to ensure the child's safety, but there was a delay in recognising the potential of sexual abuse. The child however was always kept safe and eventually discharged home from UHCW to a foster placement.

There is one recommendation in the review that is UHCW specific;

The University Hospital Coventry & Warwickshire Trust should: -

- *Review what training on child sexual abuse is delivered to clinicians who examine children.*
- *Ensure that staff are aware of the need to access specialist safeguarding advice and how this can be achieved.*

Since this case there has been an increased focus on Child Sexual Abuse through Safeguarding training, supervision and peer reviews. The Named Nurse for Safeguarding Children and Young People also completed a 12 week multi agency Child Sexual Abuse Practice Lead Programme so we have current skills and knowledge to support staff. This knowledge has been infiltrated into all level 3 safeguarding children training. There has also been a significant amount of work across the partnership including strengthening relationships with the Sexual Abuse Referral Centre. All referral pathways are easily accessible for staff via TrustNav.

2.33 Domestic Homicide Review

Domestic Homicide Reviews (DHR) are a statutory requirement as outlined in the Domestic Violence, Crime and Victims Act (2004). A DHR is conducted when the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they have been in an intimate personal relationship or a member of the same household; with a view to identifying the lessons to be learnt from the death.

Since the last report to Trust Board in July 2022, there has been 1 new case scoped for potential review. There has been no learning identified for UHCW NHS Trust and the threshold was not met for a domestic homicide review.

2.4

2.5 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 has been postponed to 2023. The government are currently reviewing feedback following a public consultation on a Code of Practice. A business case has been approved to ensure that UHCW NHS Trust have the required dedicated staffing to support the process, once the government confirm a 'go live' date.

2.5 **Learning Disabilities**

- 2.51 UHCW continue to strengthen the collaborative working with Coventry and Warwickshire Partnership Trust in relation to improving the care of those with a learning disability. The Associate Director of Nursing for Quality and Patient Safety meets with the Acute Liaison Team monthly to share good practice and areas of improvements. This has also facilitated timely information sharing if there are any challenges with patient care.

There is a bi-monthly Learning Disability Forum within the Trust that and members of the forum are currently creating a carers charter to support patients with a learning disability. Other successful work completed by the forum includes an update to the dependency rating scale and a renewed page on TrustNav with useful resources for staff to access to support them when caring for a patient with a learning disability.

2.52 **Learning Disability and Autism Improvement Standards**

The NHS Learning disability and autism Improvement standards were produced in 2018. These standards provide a benchmark for Trusts to measure their performance and help drive improvement. There are 3 standards:

1. Respecting and protecting rights
2. Inclusion and engagement
3. Workforce

The data for 2021/22 benchmarking to these standards is currently being collated and will be submitted by the Trust in January 2023. The results of the submission will then be made available to the Trust later in the year and an action plan developed. The action plan will be monitored through the bi-monthly Learning Disability Forum, which reports into the Safeguarding Adults, Children and Young People Committee.

2.53 **Learning Disability Audit.**

As part of the UHCW 2022/23 internal audit plan agreed by the Audit and Risk Assurance Committee the Trust Commissioned an audit of care to patients with a learning disability. The audit was completed by CW Audit in September 2022. The focus was to assess how well the Trust could demonstrate efforts and focus in working towards achieving compliance with the national Learning Disability Improvement Standards.

The audit reported achievement against a number of improvement measures aligned to the standards with good progress being made within other areas or plans in place to implement further improvements. The audit commented on the hard work and dedication of staff and noted instances of staff going above and beyond to assist patients during their inpatient stay.

Key areas for implementation for the Trust to now focus on relate to :-

- the monitoring of clinical outcomes and disaggregation of data for services delivered to patients with a Learning Disability
- completing routine audits of Learning Disability patient healthcare records to ensure reasonable adjustments
- maintaining sufficient record keeping in relation to liaison with Learning Disability Team Acute Liaison.
- improve the use of the Dependency Rating Scale

The audit report and subsequent action plan is being monitored through the Safeguarding Adults, Children and Young People Committee as well as the Audit and Risk Assurance Committee., with target dates for completion of actions.

2.54 LeDeR Programme

UHCW NHS Trust continues to contribute to the national Learning Disabilities Mortality Review (LeDeR) Programme. Between July and December 2022, 4 deaths have been referred to the LeDeR programme from UHCW. In the same timeframe last year there were 7 deaths reported.

The Integrated Care Board (ICB) have specific LeDeR reviewers employed and therefore no requests have been made for UHCW to review cases to date in 2022. Outputs from these reviews are fed back into the Trust via the Mortality Review Committee from the ICB LeDeR Local Area Contact on a quarterly basis. The Lead Professional for Safeguarding participates in the LeDeR Governance meetings and where there is specific learning for a clinical area / team this is shared directly following the case presentation at the meeting.

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 and the Safeguarding Team try to support with bespoke sessions where required.

- Interventions / referrals within and across the clinical groups may be required to adapt to the emerging safeguarding issues such as, cost of living crisis, increase in domestic abuse as indicated within this report
- National ambition for Learning Disability Improvements standards to be achieved by 2024. The action plans will be created in a SMART manner, considering local population needs and public / patient engagement to achieve this.

4. **CONCLUSIONS**

Challenges persist in achieving 95% compliance consistently with all elements of safeguarding training. The Safeguarding Team are being responsive in working with the clinical groups to offer support and alternative ways for training to be received to ensure safety.

The Trust Board are asked to note and receive assurance of the safeguarding activity within the last six months of 2022.

Author Name: Lisa Pratley

Author Role: Lead Professional for Safeguarding

Date report written: 17.01.2023

Author Name: Lisa Pratley

Author Role: Lead Professional for Safeguarding

Date report written: 20.07.2022

**REPORT TO PUBLIC TRUST BOARD
HELD ON 2 FEBRUARY 2023**

Subject Title	Guardian of Safe Working Hours Semester July to December 2022 Report
Executive Sponsor	Professor Kiran Patel – Chief Medical Officer
Author	Dr Andreas Ruhnke
Attachment(s)	Report
Recommendation(s)	To NOTE the report received.

EXECUTIVE SUMMARY

This paper provides a summary of the following areas related to Post Graduate Doctors in Training and the 2016 Terms and Conditions:

- Exception reports
- Work schedule reviews
- Locum processes

PREVIOUS DISCUSSIONS HELD

Previous Trust Board Report

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
Human resources	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 Semester Report July to December 2022

Please, note that Junior Doctors in Training (JDT) are now referred to as Post Graduate Doctors in Training (PGDT) in keeping with national guidelines.

1. Purpose

To give assurance to the Trust Board that Post Graduate Doctors in Training (PGDT) 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 PGDT 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 PGDT 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 PGDTs
- Provide Boards 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 PGDTs.

This Semester Report covers the period from 01 July to 31 December 2022.

UHCW NHS Trust currently employs 496 PGDTs working under the new 2016 TCS.

Additionally there were previously 270 Trust and Locally Employed Doctors of various grades who also work on PGDT rotas. For the purpose of this report, these non-training grade 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 requirement under the 2016 TCS. Where PGDTs 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 01 Jul and 31 Dec 2022 by specialty:

Specialty	ERs carried over from last report	ERs raised	ERs closed	ERs outstanding
General Surgery	0	8	4	4
General Medicine	0	1	1	0
Ophthalmology	0	4	0	4
RespMed	5	22	21	6*
Gastro	0	1	1	0
Gerontology	0	1	1	0
Acute Med	0	4	1	3
A&E	0	2	2	0
Psychiatry	0	1	1	0
Paeds	0	23	21	2
Urology	0	3	3	0
Anaesthetics/ICM	0	17	12	5
T&O	0	3	0	3
Neurosciences	1	4	5	0
MaxFax ENT	0	3	1	2
Obs&Gyn	0	1	0	1
Total	6	98	74	30

ERs by grade:

Grade	ERs carried over from last report	ERs raised	ERs closed	ERs outstanding
F1	5	25	20	10
F2/CT/ST1-2	0	41	32	9

ST3+	1	32	22	11
Total	6	98	74	30

ERs response time:

Response time	<48h	<7d	>7d	Still outstanding
F1	0	4	16	10
F2/CT/ST1-2	3	6	23	9
ST3+	5	6	11	11
Total	8	16	50	30

This Semester Trust Board Report covers a 6-month-period from July to December 2022 during which 98 ERs have been submitted. Most ERs were submitted due to working additional hours. Increased workloads due to staff shortages were the main reason for this. Additionally, there are now an increased number of ERs due to missed breaks and missed Self-Development-Time (SDT). The contractual obligation to review exception reports within 7 days has been breached in 75.5% of ERs covered by this report. This is a 10% improvement compared to the previous semester. 5 of 6 ERs outstanding from the previous report have been actioned by the ES or by a Level 1 review panel.

Due to the excess workload caused by the various respiratory infections the highest numbers of ERs raised were seen in Respiratory Medicine (22 ERs), Paediatrics (23 ERs) and Anaesthetics/ICM (17 ERs). There are vacant slots in ICM and paediatrics on the registrar level rotas and it has been difficult/impossible to find locum cover for these slots resulting in staff working in parallel slots being exposed to greatly increased workloads leading to risks to their wellbeing and to patients' safety. Comments made by registrars in both specialties indicate that the offered locum rate is no longer attractive enough to volunteer for locum shifts. All outstanding ERs in Respiratory Medicine are due to outstanding PGDT agreement to Level 2 reviews. The doctor disagreed verbally with the outcome but failed yet to formally disagree in Allocate. Once this has been done these ERs will proceed to Final Review.

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

PGDTs 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, PGDTs 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 Post Graduate 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 Post Graduate Doctor in Training 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 Post Graduate Doctor in Training declares themselves mentally and physically fit to safely undertake this additional work.

7. Vacancies

No data received.

8. Fines

There were a few claims due to breaches of the maximum 13 hour shift. This was unavoidable due to the clock change from BST to GMT. The previous balance of the GoSWH penalty account was £3925.

9. Qualitative Information

All Post Graduate 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 PGDTs (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. As discussed at the last PMEC meeting the GoSWH will complete all pending exception reports from day 15 post-submission and will award payment as the default outcome.
3. Continued recruitment of more non-training-grade medical staff (nationally or internationally) and non-medical staff would improve cover of the Post Graduate Doctors in Training rotas and reduce workloads considerably.
4. The locum rate in hard-to-fill specialties like ICM and paediatrics should be reviewed to improve locum uptake by our own Post Graduate Doctors in Training.

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 CPO.

14. Responsibility

GSW Dr Andreas Ruhnke
CMO Professor Kiran Patel
CPO Donna Griffiths

15. Recommendations

The Board is invited to note the content of the report and receive assurance.

Name and Title of Author: Dr Andreas Ruhnke, Guardian of Safe Working Hours
Date: 04/01/2023

REPORT TO PUBLIC TRUST BOARD HELD ON 2 FEBRUARY 2023

Subject Title	Board Member Fit and Proper Person Policy
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	David Walsh, Director of Corporate Affairs
Attachment (s)	Proposed policy for approval
Recommendation (s)	<p>Board is asked to:</p> <ol style="list-style-type: none"> 1. NOTE proposed changes to the arrangements for Fit and Proper Person arrangements; 2. APPROVE the attached Board Member Fit and Proper Person Policy; and 3. NOTE the inevitable possibility of partial non-compliance with the policy by 1 April 2023 as efforts are made to address the gap between the current arrangements and the new arrangements.

EXECUTIVE SUMMARY

NHS organisations are required to ensure their directors meet the Fit and Proper Person requirements (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). For Board members specifically, this is frequently assessed by the Care Quality Commission during inspections and may be perceived as indicative of an organisation's wider governance arrangements, which are a consideration under the Well-Led domain.

Following a review of the Board member files, there are areas where this could be strengthened. In preparing this report and the attached draft policy, advice has also been sought from the local CQC inspector.

It is proposed to adopt a policy which clearly sets out the requirements and expectations. Much of this places current practice into policy, but there are specific additional requirements. The most notable of these would be the requirement for a DBS (Disclosure Barring Service) check to be undertaken. This is to provide assurance in relation to the mandated requirement to ensure Board members "do not have unspent criminal convictions". The current practice provides reassurance through self declarations.

Given the identification of these gaps and to avoid delays prior to this paper being presented to Board, Chief Officer Group and Non-Executive Directors were separately notified about these proposals and initial work has been prepared by the Resourcing team to commence DBS check paperwork. It should be noted, however, that the annual declaration of compliance with the Fit and Proper Person requirement may show gaps against this new process given the reliance on third parties such as the DBS to respond to applications.

PREVIOUS DISCUSSIONS HELD

Reported to COG on 25 October 2022 and periodic verbal updates thereafter.

Draft policy shared with Chair and CEO on 19 December 2022

Update including proposed introduction of DBS checks shared with Non-Executive Directors on 22 December 2022.

KEY IMPLICATIONS

Financial	<p>No implications directly arising in the categories set out to the left.</p> <p>The key implication of proceeding as recommended is ensuring compliance with the 2014 Regulations and to demonstrate effective governance of this area, which is within the CQC Well Led domain.</p>
Patient Safety or Quality	
Workforce	
Operational	

<i>Title of Trust-wide PPS:</i> Board Member Fit and Proper Person Policy	
eLibrary ID Reference No: <i>This id will be applied to all new Trust-wide PPSs by the Quality Department and will be retained throughout its life span.</i>	
<p style="text-align: center;"><i>Newly developed Trust-wide PPSs will be allocated an eLibrary reference number following Trust approval. Reviewed Trust-wide PPSs must retain the original eLibrary reference number.</i></p> <p style="text-align: center;"><i>The Quality department will progress all new, re-written and reviewed PPSs for final Trust approval.</i></p>	
Version: <i>(Must be a rounded number, i.e. 6.0, 7.0 etc.)</i>	1
Title of Approving Committee:	Trust Board
Date Approved:	<i>(to be applied by Quality Dept.)</i> 2 February 2023 TBC
Risk Rating: <i>(this must be applied by the Author prior to being submitted to the Quality Dept. (refer to PPS guidance pack on eLibrary)</i>	Moderate
Next Review Date: <i>(this must be applied by the Author dependant on risk rating or record alternative date if required to meet national guidance)</i>	February 2026
<p style="text-align: center;"><i>If printed, copied or otherwise transferred from eLibrary, Trust-wide Policies, Procedures and Strategies will be considered 'uncontrolled copies'. Staff must always consult the most up to date PDF version registered on eLibrary.</i></p> <p><i>As a controlled Trust-wide PPS, this record should not be saved onto local or network drives but should always be accessed from eLibrary.</i></p> <p><i>If you have any queries with regards to the library service, please could you direct your query to the email address: library@uhcw.nhs.uk.</i></p>	

Version number:

Trust-wide PPS title:

This Trust-wide PPS has been developed/reviewed in accordance with the Trust approved 'Development & Management of Trust-wide Policies, Procedures and Strategies Procedure (Clinical and Non-clinical strategies, policies and procedures)'

Trust-wide PPS to be read in conjunction with: (List overarching/underpinning strategies, policies and procedures – refer to PPS Evidence Summary)	Recruitment and Selection Policy
Relevance: (State one of the following: Governance, Human Resource, Finance, Clinical, ICT, Health & Safety, Operational)	Governance
Superseded Trust-wide PPSs (if applicable): (Should this PPS completely override a previously approved Trust-wide PPS, please complete the 'Request for Removal of PPS' form and submit to Quality Dept – please refer to eLibrary and state full title and eLibrary reference number and the PPS will be removed from eLibrary)	N/A

Author's Name, Title and email address: (must not be the same as reviewer)	David Walsh, Director of Corporate Affairs, david.walsh@uhcw.nhs.uk
Chief Officer's Name, Title:	Mo Hussain, Chief Quality Officer
Title of Group/Department/Specialty:	Corporate Affairs

Changes since last version		
Detail of Changes	Page No.	Para No.
N/A		

Evidence Based Summary
N/A

Version	Consulting & Endorsing Stakeholders, Committees/Meetings/Forums etc for this version only <i>List all Consulting & Endorsing Stakeholders for this version, this can include direct consultation with individuals, Committees/Forums/Bodies/Groups, refer to guidance pack.</i>	Date
	Chief Officer Group	October 2022

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1.0 SCOPE

- 1.1 This document applies to all board appointments, namely Executive and Non-Executive Directors.
- 1.2 For the avoidance of doubt, this includes:
- The Chair
 - Non-Executive Directors including Associate Non-Executive Directors
 - The Chief Executive Officer
 - Other Chief Officers, including both those with voting rights in accordance with the Standing Orders, and those without.
- 1.3 This shall also apply in the case of non-permanent appointments. Reasonable flexibility will be applied to enable such appointments to take effect while the processes described in this document are underway rather than cause delay, providing appropriate risk assessments are in place.

2.0 INTRODUCTION

- 2.1 Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the 2014 regulations”) recommends that a statutory Fit and Proper Person Requirement be imposed on health service bodies.
- 2.2 This document outlines the application of the Fit and Proper Person Requirement for new appointments and existing post holders.

3.0 APPLICATION OF THE FIT AND PROPER PERSON REQUIREMENT

- 3.1 The 2014 regulations place a duty on NHS providers to ensure its Board members:
- a) are of good character;
 - b) have the required qualifications, competence, skills and experience required for the relevant office for which they are employed;
 - c) are able to perform the work required of them after reasonable adjustments are made;
 - d) have not been responsible for or privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
 - e) can supply information in support of the above where required.

- 3.2 In assessing whether or not a person is of “good character”, UHCW shall undertake the following checks:
- a) A review of the register of disqualified directors held by Companies House;
 - b) A review of the register of bankruptcy and insolvency held by the Insolvency Services;
 - c) A review of the register of removed charity trustees held by the Charity Commission;
 - d) A web search to identify any causes for concern; and
 - e) An application for a basic criminal record check from the Disclosure and Barring Service;
 - f) Review of any declarations of interests made by the individual.
- 3.3 In respect of the checks detailed at points A-C above, these will be subject to the availability of the registers. Where any of the registers are unavailable, this will not prevent an appointment progressing, but the unavailability shall be marked on the relevant record and rechecked at the point of review.
- 3.4 In respect of the check detailed at point E, where for other reasons a Board member is subject to a ‘standard’ or ‘enhanced’ check in the conduct of their other duties for UHCW, such as clinical responsibilities, this will replace the need for a ‘basic’ check to be separately undertaken.
- 3.5 A record will be held of references that have been sought.
- 3.6 Upon appointment, proof of identify/evidence of the right to work in the UK shall be requested and a record of this having been completed satisfactorily will be held on file.
- 3.6 A job application or CV, as appropriate and up-to-date at the date of initial appointment, will be held on record for all Board members.
- 3.7 Details of relevant professional registrations (e.g. nursing, midwifery, medical) will be checked at initial appointment and a record of this check having been undertaken shall be held on file.
- 3.8 At the point of initial appointment, a health declaration shall be received and a record of this having been undertaken shall be held on file. Any adjustments required arising from this shall also be held on file.
- 3.9 All Board members shall be required to complete a declaration stating their own compliance with the Fit and Proper Person requirement.

4.0 REVIEW AND MAINTENANCE OF RECORDS

- 4.1 The following shall be updated on an annual basis:
- Checks of the registers of disqualified directors, bankruptcy and insolvency, removed charity trustees; and
 - Board member self-declarations of compliance with the Fit and Proper Person requirement.

- 4.2 The following shall be updated upon the expiration of documents held on file:
- Criminal record check provided by the Disclosure and Barring Service.
- 4.3 All of the other checks described in Section 3 shall be checked upon initial appointment, upon identification of gaps in compliance or upon notification of changes to circumstances.
- 4.4 The Board shall receive an annual report stating compliance with the Fit and Proper Person Requirement and compliance with this document.

5.0 DUTIES AND RESPONSIBILITIES

- 5.1 It is the responsibility of the Board to satisfy itself that the arrangements in place for compliance with the 2014 regulations are appropriate, and to determine its assurance upon the annual declaration of compliance.
- 5.2 It is the responsibility of each Board member to comply with the requirements, including any self-declarations they make and by submitting information to enable the checks detailed within this document to progress.
- 5.3 It is the responsibility of the Director of Corporate Affairs to monitor compliance with the 2014 regulations and this document, including overseeing the completion of the checks described within Section 3. The Director of Corporate Affairs is also responsible for reviewing and maintaining the records in full, as described in Section 4. The Director of Corporate Affairs is also responsible for highlighting any issues or concerns relating to compliance to the Chair and Chief Executive Officer as appropriate.
- 5.4 It is the responsibility of the Director of Workforce for the pre-employment checks described within Section 3 to be undertaken.

6.0 DISSEMINATION AND IMPLEMENTATION

- 6.1 This document shall be approved by the Trust Board and applied by the Director of Corporate Affairs and others as described in Section 5.

7.0 MONITORING

- 7.1 Compliance with this document will be monitored on an annual basis and reported to Board as described in paragraph 4.4
- 7.2 This document shall be reviewed and presented to Board for approval on a three-yearly basis.

8.0 EQUALITY AND DIVERSITY STATEMENT

- 8.1 Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of gender or gender identity, disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, pregnancy and maternity, religion / philosophical or other beliefs, social status, caring

responsibilities, their trade union activities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

9.0 ETHICAL CONSIDERATIONS

- 9.1 The Trust recognises its obligations to maintain high ethical standards across the organisation and seeks to achieve this by raising awareness of potential or actual ethical issues through the approval process for this document.

DRAFT PUBLIC TRUST BOARD AGENDA

06 APRIL 2023

MEETING	MEETING DATE	ITEM NO.	ITEM	GUEST	LEAD	AUTHOR	FORMAT	ACTION	TIME	DUR.
PUBLIC	6 Apr 2023	0					Verbal		10:00	00:00
PUBLIC	6 Apr 2023	1	Patient Story		Mo Hussain	Lisa Cummins	Enclosure	Note	10:00	00:10
PUBLIC	6 Apr 2023	2.1	Apologies for Absence		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	6 Apr 2023	2.2	Confirmation of Quoracy		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	6 Apr 2023	2.3	Declarations of Interest		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	6 Apr 2023	3.1	Minutes of Previous meeting		Chair		Enclosure	Approve	10:10	00:00
PUBLIC	6 Apr 2023	3.2	Action Matrix		Chair		Enclosure	Assurance	10:10	00:00
PUBLIC	6 Apr 2023	3.3	Matters Arising		Chair		Verbal	Assurance	10:10	00:10
PUBLIC	6 Apr 2023	4	Chair's Report		Chair		Enclosure	Assurance	10:20	00:10
PUBLIC	6 Apr 2023	5	Chief Executive Officer Update		Andy Hardy		Enclosure	Assurance	10:30	00:15
PUBLIC	6 Apr 2023	6.1	Audit and Risk Assurance Committee Approved Minutes		Afzal Ismail	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.2	Audit and Risk Assurance Committee Meeting Report		Afzal Ismail	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.3	People Committee Meeting Report & Mins		Jenny Mawby-Groom	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.4	Quality and Safety Committee Approved Minutes		Carole Mills	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.5	Quality and Safety Committee Meeting Report		Carole Mills	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.6	Finance and Performance Committee Approved Minutes		Jerry Gould	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.7	Finance and Performance Committee Approved Minutes		Jerry Gould	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	6 Apr 2023	6.8	Finance and Performance Committee Meeting Report		Jerry Gould	David Walsh	Enclosure	Assurance	10:45	00:05
PUBLIC	6 Apr 2023	7	Integrated Quality, Performance and Finance Report • Operations (Gaby Harris) • Quality (Mo Hussain) • Finance (Susan Rollason) • Workforce (Donna Griffiths)		Kiran Patel	Daniel Hayes/Julie Molloy / Christopher Clark	Enclosure	Review	10:50	00:15
PUBLIC	6 Apr 2023	8	Board Assurance Framework		David Walsh	David Walsh	Enclosure	Assurance	11:05	00:05
PUBLIC	6 Apr 2023	8.5	Break						11:10	00:10
PUBLIC	6 Apr 2023	9	Freedom to Speak Up Guardian	Lorna Shaw	Mo Hussain	Lorna Shaw	Enclosure	Assurance	11:20	00:10
PUBLIC	6 Apr 2023	10	Medicines Optimisation Committee Annual Report 2022-23		Kiran Patel	Mark Easter	Enclosure	Assurance	11:30	00:10
PUBLIC	6 Apr 2023	11	Patient Led Assessments of the Care Environment (PLACE) Annual Report	Hayley Best	Mo Hussain	Hayley Best	Enclosure	Assurance	11:40	00:10
PUBLIC	6 Apr 2023	12	Theatres ODP	Lacey Bennett	Gaby Harris	Lacey Bennett	Enclosure	Approve	12:20	00:15
PUBLIC	6 Apr 2023	13	Public Trust Board Annual Work Programme 2023-24		David Walsh	David Walsh	Enclosure	Approve	12:35	00:05
PUBLIC	6 Apr 2023	14	Draft Board agenda		Chair	Corporate Affairs	Enclosure	Note	12:40	00:00
PUBLIC	6 Apr 2023	15	Meeting Reflections		Chair		Verbal	Discuss	12:40	00:05
Public	6 Apr 2023	16	Questions from the public		Chair		Enclosure	Note	12:45	00:05
PUBLIC	6 Apr 2023	16.5	LUNCH BREAK				Verbal		12:50	00:30