Meeting of the Board of Directors

Thursday, 1 February 2024

PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 1 FEBRUARY 2024
CSB, ROOMS 20063/64

AGENDA

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

	Item	Lead	Format	Action	Duration
1.	Patient Story	T Brigstock	Enclosure	N	10:00 (10 mins)
2.	2.1 Apologies for Absence- 2.2 Confirmation of Quoracy 2.3 Declarations of Interest	Chair	Verbal/ Enclosure	As/Ap	10:10 (10 mins)
3	• Minutes of previous meeting held on 07 December 2023 3.2 Action Matrix 3.3 Matters Arising				
4.	Chair's Report	Chair	Enclosure	As	10:20 (10 mins)
5.	Chief Executive Officer Update	A Hardy	Enclosure	As	10:30 (10 mins)
6.	Audit and Risk Assurance Committee 6.1 Approved Minutes 6.2 Meeting Report	A Ismail	Enclosure	As	10:40 (10 mins)
	People Committee 6.3 Approved Minutes 6.4 Meeting Report	J Mawby-Groom			
	Quality and Safety Committee 6.5 Approved Minutes 6.6 Meeting Report	C Mills			
	Finance and Performance Committee 6.7 Approved Minutes 6.8 Meeting Report	J Gould			
7.	Integrated Quality, Performance and Finance Report • Operations • Quality • Finance • Workforce	K Patel	Enclosure	As	10:50 (10 mins)
8.	Freedom To Speak Up Report (Guest: Lorna Shaw)	A Hardy	Enclosure	As	11:00 (10 mins)

	Item	Lead	Format	Action	Duration
9.	Emergency Preparedness Resilience and Response (EPRR) Core Standards	G Harris	Enclosure	As	11:10 (10 mins)
10.	Guardian of Safe Working Hours Report (Guest: Tim Robbins)	K Patel	Enclosure	As	11:20 (10 mins)
11.	CQC Registration Report (Guest: Lisa Cummins)	K Patel	Enclosure	As	11:30 (5 mins)
12.	Innovation Strategy	D Griffiths	Enclosure	Ap	11:35 (10 mins)
13	Coventry and Warwickshire Integrated Care Board Update	A Hardy	Enclosure	As	11:45 (5 Mins)
14.	Appointment of Senior Independent Director	Chair	Enclosure	Ap	11:50 (10 mins)
15.	Board Assurance Framework	D Walsh	Enclosure	As	
The remaining agenda items will be taken as read, with no time allocated for discussion. Any questions from Board members should be raised in advance of the meeting.					
16.	Draft Board Agenda	Chair	Enclosure	N	12:00 (5 mins)
17.	Meeting Reflections	Chair	Verbal	D	12:05 (5 mins)
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	
Next Meeting: Thursday 4 April 2024 10:00 am					

Resolution of Items to be Heard in Private (Chair)

In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it is resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it is prejudicial to the public interest due to the confidential nature of the business about to be transacted. This section of the meeting will be held in private session.

Patient
Our Vision:
To be a national
and international leader in
healthcare, rooted in our communities
Our Purpose:
Local Integrated Care
Centres of Excellence
Research, Innovation and Teaching
Sustainability
Valuing and Enabling Our People
Values:
Compassion
Openness
Improve
Respect
Partnership
Pride
Learn
UHCWi - Better Never Stops

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Subject Title	Patient Story Programme
Executive Sponsor	Tracey Brigstock, Chief Nursing Officer
Author	Hayley Best, Associate Director of Quality- Patient Experience Sarah Brennan, Patient Insight and Involvement Manager
Attachments	Patient Story recording from Joe who has undergone treatment for secondary cancer
Recommendation(s)	The Board is invited to **NOTE** the Patient Story

Joe

Patient Story:

In April 2022, the Trust Board heard from Joe, a 74 year old male from Wythall, Birmingham who received a Bowel Screening home kit in the post. Joe wasn't going to complete the test as all his others over the previous years had returned negative. Joe's wife was insistent that he completed the testing kit and luckily she did as his test returned positive. Joe had cancer removed from his colon through robotic surgery in January 2021. The day after surgery he was mobile and he was discharged home a few days following surgery.

During Joe's follow up care with University Hospital it was detected that he had a tumour in his liver. This is called liver metastasis and it is the most common place for bowel cancer to spread to. This is a follow up story about his care for secondary cancer.

Joe describes his experience for the second time at University Hospital and we hear from his wife Michelle too. When Joe was first cared for at University Hospitals Coventry and Warwickshire (UHCW) NHS Trust it was during the period where COVID-19 restrictions were in place, for his second surgery there were no COVID-19 restrictions in place.

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

Can you explain when and why you have had to come back for care at UHCW?

"On the 15th November 2022, I returned to Coventry Hospital for an operation on the liver because a little bit of cancer got lost from bowel on to the liver."

Michelle was asked to expand on this further…

"Further tests after Joe's first operation for his bowel cancer, he had a resection by robot they found a little bit had travelled and wanted to make sure it was removed from the liver so he had a second lot of robotic surgery on the liver."

Joe how did your experience differ from the last time you were in?

“My experience the second time was as good as the first time- it was excellent, the staff, the surgeons and everyone I was involved I can only say they were excellent.”

Michelle how was it different for you? Considering the last time Joe was in hospital there were COVID-19 restrictions in place.

“Actually, that was the only difference in that I was able to visit Joe during his time on the ward. I knew he was confident about being in hospital and in fact I was aware that he actually preferred to be left alone to deal with it, and that visitors were not his priority, although we able to keep in contact by WhatsApp calls etc and so I wasn’t without contact at all on either occasion. We did keep visiting to a minimum because that was Joe’s wishes.”

Joe could we do anything better in your opinion?

“Not in my opinion for the treatment I had, not really I have been looked after extremely well.”

Did you receive enough information before and after surgery?

“Yes they were on the ball, the week before, well a couple of weeks before I went for the operation I had just returned from Cyprus the day after I returned from Cyprus to do a cycle ride for Coventry Hospital actually. They phoned me and said you better come in and then the pre op and all that and the rest was all done, it was fantastic.”

Joe how was the food and drink at the hospital?

“The food was excellent. When I came off the recovery ward the nurse asked me if I was hungry, and I said I was a bit hungry and would like something to eat. She told me when you get back to the ward ask them and they will give you some food. When I got back to the ward the nurse asked me if I would like hot or cold food and I said I would like something hot. I had to say I had beautiful fish and chips and peas that was nice and hot it was great.”

How have you found the follow up care?

“It’s been very good and thank God I didn’t have to have much of that if any. Anytime we did have to have information about anything the staff were always on the ball.”

How have you felt in all this Michelle? Anyone you would like to thank or think we could have done better?

“Well having experience other processes in other hospitals and using that as a comparison I actually felt the continuity between the three different consultants that Joe’s been covered by, Mr Aslam, Mr Ahmad and now his latest consultant Mr Correa because he has had a back up course of chemo was very good. Sometimes we have had to query the six-monthly processes or the different as we have changed consultants so we have had to query do we continue with this regime or we now in your regime.

“But definitely information comes through, there is always a number you can contact and ask a question and I really believe in that, ask the questions, people don’t mind being asked, sometimes there is an assumption you have understood the first time and there is a lot to take in so ring the numbers, ask what I call the “idiot” questions and people are happy to tell you.

“So overall I think the care Joe has received and on a secondary basis myself has been really very good. We haven’t felt lost, we haven’t felt unsure, we have always known what the next step will be.

"Joe is slightly unusual he doesn't like to have a lot of people around him when he is recovering so he is not an advocate of visitors. So we would rely on the information coming out afterwards about his diagnosis and what his next steps would be but no there has never been a time when we have felt lost or overlooked."

Any lessons the Trust Board should take away with them from your experience?

"I would say about my experience in the hospital and all the members of staff and everything else and this thing about visitors. I think there should be no visitors allowed into the hospital except immediate family. This thing about every uncle and aunt, next door neighbours and all these sort of people coming in to see you in hospital when they don't come to see you in good health at home. Then they think they can see you in hospital, this should be stopped all together- that's what I think. It would leave more space within hospital and especially in car parks and that sort of thing."

Response:

This story has been shared with the Bowel Screening Team and Joe's care team as a best practice example. Joe would like to say a special thanks to Mr Imran Aslam, Consultant Colorectal Surgeon, Mr Ammar Ahmad, Upper GI Senior Clinical Fellow and Mr Peter Correa, Consultant Oncologist.

PREVIOUS DISCUSSIONS HELD

None

KEY IMPLICATIONS

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

UHCW Trust Board Register of Interests

Name	Job Title	Board Role	Organisation	Interest type
Tracey Brigstock	Chief Nursing Officer	Voting member	UHCW Charity	Non-financial professional interest
Jerry Gould	Non-Executive Director (Vice Chair)	Voting member	No interests to declare	
Donna Griffiths	Chief People Officer	Voting member	No interests to declare	
Andy Hardy	Chief Executive Officer	Voting member	The Albany Theatre	Non-financial personal interest
			Deloitte	Indirect interest
			Proximie	Indirect interest
			Beamtree	Non-financial professional interest
			CIPFA	Non-financial professional interest
			ExtraCare Charitable Trust	Non-financial professional interest
			NHS Elect	Non-financial professional interest
			University Hospitals Association	Non-financial professional interest
			West Midlands Academic Health Science Network	Non-financial professional interest
			NHS National Improvement Board	Non-financial professional interest
Gaby Harris	Chief Operating Officer	Non-voting member	No interests to declare	
Douglas Howat	Associate Non-Executive Director	Non-voting member	Coventry University	Financial interest
			Grapevine Coventry and Warwickshire	Non-financial personal interest
Afzal Ismail	Non-Executive Director	Voting member	Eden Girls School	Non-financial personal interest
			Northamptonshire Integrated Care Board	Financial interest
			Orbit Housing Group	Financial interest
Jenny Mawby-Groom	Non-Executive Director	Voting Member	No interests to declare	
Carole Mills	Non-Executive Director	Voting member	Carole Mills Associates Ltd	Financial interest
			Lichfield and Hatherton Canal Restoration Trust	Non-financial personal interest
Sue Noyes	Chair	Voting member	Sue Noyes Coaching Limited	Financial interest
			Warwickshire Care Services Ltd	Indirect interest
			Institute of Chartered Accountants of E&W	Non-financial professional interest
			Association for Coaching	Non-financial professional interest
Jaiye Olaleye	Non-Executive Director	Non-voting member	Doctor Care Anywhere	Financial interest
			University of Warwick	Financial interest
			Crowther Online Medical Education	Financial interest

			JLOR Property and Investments Ltd	Financial interest
			Brave Hearts North East CIC	Non-financial professional interest
			University Hospitals Leicester	Indirect interest
Kiran Patel	Chief Medical Officer	Voting member	Shell plc	Financial interest
			Circle Healthcare	Financial interest
			Spire Healthcare	Financial interest
			Premier League Medical Governance Group	Non-financial professional interest
			South Asian Health Foundation	Non-financial professional interest
Gavin Perkins	Non-Executive Director	Voting member	University of Warwick	Financial interest
			University Hospitals Birmingham	Financial interest
			West Midlands Ambulance Service	Financial interest
			National Institute for Health and Care	Financial interest
			Resuscitation Council UK	Financial interest
			Laerdal Foundation	Financial interest
			British Heart Foundation	Financial interest
			International Liaison Committee on Resuscitation	Non-financial professional interest
			European Resuscitation Council	Financial interest
			Elsevier	Financial interest
Justine Richards	Chief Strategy and Transformation Officer	Non-voting member	Coventry and Warwickshire Integrated Care Board	Indirect interest
			UHCW Charity	Non-financial professional interest
Su Rollason	Chief Finance Officer	Voting member	No interests to declare	
Janet Williamson	Non-Executive Director	Voting member	Advancing Quality Alliance (AQUA)	Financial interest

Definitions

Category	**Description**	**Example**
Financial interests	Where the individual may gain direct financial benefit from a decision (through financial gain or the avoidance of financial loss) or where an individual is in receipt of regular payment (salary or allowance) from an organisation. An unpaid role for which reimbursement of costs such as travel would not necessarily qualify as a financial interest.	Outside paid employment
Non-financial professional interests	Where there is no financial gain but there is a professional interest to the organisation. This will generally be the case where the business of the organisation is in the same or similar sector to the individual's profession(s), or where the individual could gain professionally or reputationally as a result of a decision that may be made.	Unpaid appointment to a body which is within the same or similar sector
Non-financial personal interests	Where there is no financial gain and no relationship to the individual's profession(s). An interest may have the potential for the organisation in which the individual has a personal interest to gain from a decision, or where the individual could gain personally.	Unpaid appointment to a body which has no link to the individual's professional role
Indirect interests	Where the individual does not have a relationship with the named organisation, but where a person who they have a close relationship does have such a relationship and that person could gain from a decision that is made.	Close friend in paid employment of another organisation within the same or similar sector

MINUTES OF A PUBLIC MEETING OF THE TRUST BOARD OF UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST HELD ON 7 DECEMBER 2023 AT 10:00AM IN ROOM 20063/64 CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, CLIFFORD BRIDGE ROAD, COVENTRY

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 23/114	**PRESENT** Janet Williamson (JW), CHAIR Donna Griffiths (DG), Chief People Officer Gaby Harris (GH), Chief Operating Officer Jenny Mawby-Groom (JMG), Non-Executive Director Jaiye Olaleye (JO), Associate 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	
HTB 23/115	**IN ATTENDANCE** Gaynor Armstrong (GA), Director of Midwifery Daisy Benson (DB), Chief of Staff Hayley Best (HB), Associate Director of Quality - Patient Experience Keith Bull (KB), Communications Manager Lisa Cummins (LC), Director of Quality George Malcolm (GM), Member of the Public Trish Matharu (TM), Member of the Public Sharon Naylor (SN), Associate Director of Finance, Corporate Services Fisayo Oke (FO), Corporate Governance Manager Paula Seery (PS), Associate Director of Nursing, Workforce David Walsh (DW), Director of Corporate Affairs	
HTB 23/116	**PATIENT STORY** JR introduced the Patient Story which was an interview with Zena, a resident who had recently been discharged home and supported by the new Local Integrated Team. Following a fall at home, Zena had spent approximately 2 months in hospital and required rehab at home following discharge. JR reported that the Improving Lives programme was centred around changing the way people with urgent need were supported in Coventry. She provided an overview of the Improving Lives Programme, noting the new model of care which was a multidisciplinary team approach involving health and social care to assess and respond to the needs of people in their environment, providing an effective and responsive discharge. The Board watched the video of Zena's interview. Christine, Zena's daughter, mentioned that her mother, had a fall in her home and had ended up in hospital for roughly 2 months. Zena had required physio in the hospital and further physio at home. Christine confirmed that the hospital had explained how the service would support Zena. A	

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staff member had done an assessment on Zena and had explained that they would continue to provide the service for as long as it was needed. Zena had felt supported and had built a good relationship with the staff member. They had felt very pleased with the service and noted that the staff member had gone above and beyond.

The story had been shared with the Local Integrated Team involved in delivering support to Zena and they were proud of the experience that they had been able to deliver.

GP asked why the patient had spent 2 months in hospital and JR responded that this was a patient who had been on the early phase of the trial.

JW noted the report and extended the Board's thanks to Zena and Christine for their story.

The Board **NOTED** the patient story.

HTB 23/117 APOLOGIES FOR ABSENCE

Apologies were given for Jerry Gould (JG), Chair, Andy Hardy (AH), Chief Executive Officer, Tracey Brigstock (TB), Chief Nursing Officer, Carole Mills (CM), Non-Executive Director, Douglas Howat (DH), Associate Non-Executive Director, and Afzal Ismail (AI), Non-Executive Director.

HTB 23/118 CONFIRMATION OF QUORACY

The meeting was quorate.

HTB 23/119 DECLARATIONS OF INTEREST

GP declared his employed role at University of Warwick.

DW stated that register of interests would be included in future agendas.

HTB 23/120 MINUTES OF THE LAST PUBLIC TRUST BOARD MEETING HELD ON 2 NOVEMBER 2023

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

HTB 23/121 ACTION MATRIX

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

HTB 23/102 – It was identified that Martha's law be changed to Martha's rule. KP informed the Board that Martha's rule and Lucy Letby trial reflections were separate items and that there was no direct link, however Martha's rule would be discussed at Chief Officers' Group after which a report would be brought to Trust Board. KP reported that in relation to the Lucy Letby trial, there had been a national culture review which had been launched and some actions from this would be picked up in the Trust. **KP**

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HTB 23/122 MATTERS ARISING

None

HTB 23/123 CHAIR'S REPORT

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

The Board noted JG's notes in relation to the attendance of Non-Executive Director colleagues at the monthly Midlands Chairs update call with Regional Director, Dale Bywater, and a Board to Board meeting with Project Co and UHCW Chief Officers.

JG had visited Rugby St Cross to present a World Class Colleague award to a nurse within the Dermatology team, Caroline Morgan.

In terms of working with key partners, JG had a call with Rebecca Farmer (Director of Strategic Transformation for West Midlands), had joined a meeting with NHS Confederation Chairs and joined the regular ICB Chair's meeting with Danielle Oum, and colleagues from other health and social care organisations.

JG thanked all staff and volunteers for their continuous hard work, noting that the Trust was in the midst of winter pressures and the added operational challenges associated with this, but as always, teams continued to strive to provide great care to patients.

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

HTB 23/124 CHIEF EXECUTIVE OFFICER REPORT

KP introduced the report and highlighted key points as below:

The Board noted AH's thanks to the teams across UHCW for their work over the year, despite the challenges posed by industrial action. The clinical, operational and admin teams had continued to work together tirelessly to reduce elective backlog and the Trust was on track to reduce to zero the number of patients waiting 78 weeks by the end of November. This year, financial recovery, and delivery of the waste reduction programme had been top of the agenda of the Executive Team.

AH had attended the final stage of the £15 million expansion of the Emergency Department in University Hospital, Coventry. The completion of this development saw the revamp of the Children's Emergency Department which had resulted in the opening of two triage rooms, 14 cubicles including a Child and Adolescent Mental Health Services (CAMHS) assessment room, two resus bays, seven observation beds and extension of the patient area. It was particularly special that as part of the opening, two long-term paediatric patients Alex Copson and Masooma Shah had attended, and it was helpful to hear from them and their parents about how the improvements would make positive difference to them. It was also noted that the event had been attended by Coventry North East MP Colleen Fletcher, Mayor of Coventry, Councillor Jaswant Singh Bindi and a representative of NHS Estates.

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The Board noted the content of the report and approved the consultant appointments.

The Board **NOTED** and **RATIFIED** the consultant appointments of:

Dr Clementine Stubbs	Consultant Anaesthetist
Dr Paul Wyatt	Consultant Anaesthetist
Dr Gomathi Margabanthu	Consultant Paediatrician

JW informed the Board that the Chair's appointment was still in progress and further information would be communicated following confirmation.

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

HTB 23/125 ASSURANCE REPORTS

People Committee

The Board received the minutes of the meeting of 31 August 2023.

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

- NHS Long Term Workforce Plan – A gap analysis had been previously presented to the committee and elements of the plan were still in development.
- Workforce Performance Report – The committee had noted that the Trust vacancy position remained positive with an improving trajectory in majority of areas.
- JMG added that the commentary for inclusion had a positive evaluation and was being expanded.
- WRES/WDES Action Plan – The Board noted that this had been included as an appendix as requested at the last Board meeting. This would be picked up through People Committee. DG added that it was the first time in the year that the actions had been attached to the Inclusion Delivery Plan and this was a positive step forward. Progress against the plan would be monitored through People Committee and the metrics in relation to Staff Survey would feed into Trust Board next year.

The Board **RECEIVED ASSURANCE** from the meeting report dated 26 October 2023 and the minutes from the 31 August 2023 meeting.

Quality and Safety Committee (QSC)

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The Board received the minutes of the meeting of 28 September 2023.

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

- The committee had expressed concerns around the number of key personnel who had been absent at the meeting as they had not been able to provide full assurance to the committee.

- Patient Experience and Engagement Report – The committee had noted that 92% of complaints had been dealt with within 25 working days. The top three themes were communication, appointment cancellations and clinical treatment within the surgical group.

- Corporate Risks Report – The committee had been concerned that the risk relating to Dermatology had been closed as there were a number of unresolved issues relating to the service.

- Safe Staffing – The committee had noted and commended the higher staffing levels achieved in key areas over the period in the report, including the key developments and activity in relation to Nursing, Midwifery and AHP staffing.

- Medical Education Report - The committee had been concerned to note that despite efforts to improve things, trainees continued to express concerns about a range of issues in Dermatology, which resulted in a TPD and NHSE quality team visit in August. The committee had asked for this to be urgently and sustainably addressed in order to retain training places.

- Hospital Transfusion Committee Report – The committee noted the commendable improvements made in reducing waste blood but was concerned around the delays in replacing storage fridges and WiFi connectivity in some parts of the hospital. JR confirmed that the issue with the fridges was being addressed.

KP acknowledged the committee's concern regarding attendance and explained that the meeting had coincided with an away meeting which the corporate directors had been required to attend. KP stated that he, AH and GH had attended a meeting with dermatology consultants. The actions from the quality team visit had been completed except one which was in relation to office space. DG added that the issue would likely be resolved by January 2024. JW noted that there were a number of issues relating to dermatology from different reports and asked for a composite report with a clear plan. GP asked for more information from the Chief Officers in relation to their confidence around the risk closure. KP explained that the issue had started during the COVID-19 pandemic where there had been a move which had led to some discontentment. This was being mitigated and a report would be taken to Chief Officers' Group in the following week.

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The Board **RECEIVED ASSURANCE** from the meeting report dated 30 November 2023 and the minutes from the 28 September 2023 meeting.

Finance and Performance Committee (FPC)

The Board received the minutes of meeting of 28 September 2023.

JMG introduced the 8 November 2023 meeting report to Board highlighting some of the key points discussed during the meeting:

- National Cost Collection (NCC) Pre-Submission Report – The committee had received the report setting out the approach the Trust was taking to professional preparation and national cost collection data in accordance with the approved costing guidance.

- Estates and Facilities Update- The committee had noted the work being done and performance of the PFI provider and subcontractors.

- JMG reported on the Integrated Finance Report for Month 6, detailing the committee's concern about significant risks around the financial outturn figure due to the need to find another £12.2m savings through the waste reduction programme and the need to absorb costs related to the deferred EPR go live particularly in the context of winter pressures and continued industrial action. The committee had remained concerned regarding the lack of sufficient capital to cover EPR costs and the increased capital requirement for the CDC in 2024/25 although 50% funding had been received.

  The Board noted the update on Elective and Cancer Care and the ongoing challenges in meeting many of the national cancer targets.

  SR informed the Board that the discussions were as of 8 November and that there had been further developments since then. SR reported that there had been an Extraordinary Trust Board meeting on 17 November with respect to the H2 Financial and Operational Delivery response and as such, the Trust had progressed from the content of the meeting report.

  The Board noted that the committee had received the Winter Plan setting out the preparations in place as part of the winter planning process to deal with the pressures expected on services during the coming months.

The Board **RECEIVED ASSURANCE** from the meeting report dated 8 November 2023 and the Minutes dated 28 September 2023.

HTB 23/126 INTEGRATED QUALITY, PERFORMANCE & FINANCE REPORT – MONTH 7- 2023/24

KP presented the report which covered the reported performance for the period ending 31st October 2023. The Trust had achieved 10 of 35 rag rated indicators within the Trust's performance scorecard.

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KP highlighted that the Trust had delivered performance of 69.46% in October for the four-hour standard, below the national standard of 76%. Performance declined by 1.42% from last month. UHCW was below the benchmarked position for England and the Midlands.

20 x 12 hour Trolley Wait in Emergency Care was reported. The RTT incomplete position remained below the 92% national target and stood at 50.3% for September. The average week wait was 21.4.

The Trust had seen an increase in the number of RTT 52 Week wait patients which occurred due to service changes required in response to Covid-19. There had been 5,593 for September, an increase of 67 from August. This compared to a national average of 2,264.

RTT 78 week waits had risen to 22 which was an increase of 7 from August.

Diagnostic waiters performance was 3.25% in October which was an improvement of 2.41% from the previous month.

The Board noted the cancer performance as reported. The average number of long length of stay patients was 194. Reason to reside data collection compliance for eligible areas was 87.34%. The latest reported HSMR figure was 100.92 for June 2023 and was inside of Dr Foster's calculated relative risk range. Complaints turnaround time was 93.10%. An additional slide had been added to the report to summarize the changes in the Cancer waiting times standards introduced from October data.

GH added that the cancer standards data was as of September and this had been largely affected by industrial action which had an impact on performance pathways.

Reporting on the diagnostic position, GH stated that the Trust had achieved the 5% standard for DMO1 which had come in at 3.25% however there were still challenges in cardiac MRI and audiology. There was an improvement in the ambulance handover position particularly in 15 minutes.

GH informed the Board that there had been a new announcement from the junior doctors around industrial action which would have an impact.

Reporting on Workforce, DG stated that industrial action would be discussed alongside winter plan. The IQPFR detailed data and improvements in terms of vacancy rates for a number of key staff groups – registered nursing, midwifery and health care support workers. The report also included an overview of paediatric nursing which had been a challenged area. DG reported that there were a number of actions underway. Sickness absence remained a challenging area. DG pointed out that there had been continued improvement seen in the staff stability index since August last year. This was different from the turnover.

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JW asked if there had been any discussions with the system in relation to the challenges around 62 day and 2 week wait in cancer services. GH responded that the 2 week wait performance was low but was on the whole the Trust was achieving the faster diagnostics standards which superseded the 2 week wait standard. This was for patients to get a diagnosis within 28 days. There had been changes in pathways particularly in gynaecology and Head and Neck. In terms of 62 day standards, there had been an increase seen and the Trust was back up to 60% which was the highest performance seen in the Trust in the last 12 months. The Trust was working collaboratively with the ICB in cancer standards around triage processes, joint MDT across the system, and there was support from key providers on elective routine activities. This was an overall improving position.

The Board formally received and **NOTED** the contents of the report.

HTB 23/127 **WINTER PLAN 2023/24**

GH presented the report detailing preparedness for winter 2023/24 and the plans and approaches at national, regional, system and trust level. It was expected that this winter period would be challenging and further exacerbated due to industrial action.

GH reported that as earlier reported by SR, the Board had been informed of the H2 Financial and Operational Delivery Response and had signed off the organisation's response in terms of financial performance and operational delivery for the rest of the year, and this had an impact on the winter plan. GH reported on the requirement to provide excellence and deliver on the revised targets in -

- **Urgent and Emergency Care (UEC)**
  - 4 hour A&E performance (as per Winter Plans)

- **Elective and Cancer**
  - The March 2024 62 day backlog reduction
  - Faster diagnostic standard performance

- **Winter Plans**
  - Core G&A Bed Capacity growth (Capacity should not drop).
  - Escalation Capacity (opened as required)
  - Ambulance Handover delays (kept below thresholds).
  - Virtual Ward Capacity and use
  - Move to the new Discharge Ready Date Metric.
  - Provide updated trajectories for the number of 65-week waiters and total waiting list.

GH reported that the winter plan had been separated into financial and non-financial schemes. There had been an allocation of £10.7million which had enabled the Trust to fund extra capacity around some areas such as acute oncology, UTC, as well as providing additional medical and pharmacies support during the winter months. SR confirmed that the Trust had received £4.6million of the £10.7million.

Reporting on the non-financial part, GH added that all groups had developed their operational winter plans and there was a huge focus around the Improving Lives programme and an example of the benefits was as seen in the Patient Story. Plans were in place to

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manage patients through the UEC pathways and back into the community. Work had also been ongoing regarding direct access pathways and the team was managing its Same Day Emergency Care Offering (SDEC) and maximising utilisation of the discharge lounge patients who were exiting. The UHCWi methodology was also being used to look at processes and flow and work was ongoing with West Midlands Ambulance Service to improve handover times.

GH reported that the recently announced industrial action would have an impact due to emergency pressures during the period and the team had started planning towards this. DG mentioned that there would be industrial action from post graduate doctors between 20 to 23 December and another between 3 to 9 January. Normal planning arrangements were being put in place and plans would be confirmed with specialty areas. There had been a national agreement that there wouldn't be any industrial action from consultants until after the referendum, should the threshold be met until mid-February 2024.

JMG pointed out that the H2 financial plan funding had been on the working assumption of no further industrial actions.

JO asked about the ambulance handover times and how long the huddles had been in place, as well as how well the Trust was using the lessons learned from previous experiences. GH responded that the huddle had been born out of the UHCWi work done previously in the year and that the conversations from the huddle were usually implemented. The huddle was multidisciplinary and was done in conjunction with the Hospital Ambulance Liaison Officer (HALO) who was part of the multidisciplinary team. This was being linked with the Newton work on Improving Lives.

JW asked if the schemes mentioned in the report had been implemented. GH responded that the only scheme that had not yet been fully operationalised was the additionality of ward 42 beds. The allocation had been for 6 months but the plan in place was to open 9 beds for a period of 3 months from mid December, as January would be quite challenging. GH reported that the UEC was already under significant pressure. Some of the assumptions around bed capacity would need to be reviewed however the Trust was working within the resource envelope. Other schemes were being worked through as the Trust had been prepared for them.

JW thanked the operational team for their work and asked regarding beds occupied by patients who were medical fit and for this to be more prominently reported. JR stated that part of the Improving Lives work was around benefit tracking and the process of compiling the performance reports was underway to ensure Board visibility. SR stated that as part of the H2 plan, there was a discharge ready metric which was tied to the implementation of EPR.

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

HTB 23/128 **SAFE STAFFING**

PS joined the meeting to present 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.

PS gave an overview of recruitment and retention activity including key workstreams and areas of focus across professional as well as specialist groups including Paediatrics, Allied health professionals and Maternity services.

The Board noted the Paediatric staffing update summarising the organisational response and actions implemented to address shortfalls including redeployment of adult nurses, international recruitment and incentivised bank rates as well as a revised skill mix and work model trial. It was noted that there was an improved forecasted vacancy position to 24% by February 2024 from 38% in September 2023. The rest of the vacancy position across the organisation saw improvement in nursing, midwifery and allied health professionals and this was largely linked to international recruitment for nurses. PS reported that about 450 international educated nurses had been appointed to the Trust since October 2020. There were 43 new qualified nurses and the Trust was working with Coventry University to address any issues. The Trust was also working with some other higher education institutions to try to encourage improvement. PS added that a business case was being put together regarding nursing, midwifery and AHP delivery group. There had been 20 new midwife starters in September which saw the vacancy position improving. A programme was being developed for midwifery support workers which was being supported by NHSE. Health care support workers was reported as 8% in September. There had been slow reduction in this group, but the team continued to enhance collaborative recruitment and was on a trajectory to bring down the vacancy position to 1% by February/March 2024. There had been listening events for healthcare support workers and the need for professional development had been picked up, with various opportunities being provided such as development programs, revision of induction programs, and also in relation to wellbeing.

PS reported that the Trust continued with Project 1000 in collaboration with the system and the Trust was leading on the recruitment progress of this. The Trust had participated in some national recruitment events in London and had actually appoint some staff from these events in view of cost of living crisis.

From a retention perspective, the Trust had implemented a trial of team rostering as this afforded staff more flexibility and to achieve work life balance. This had been rolled out across three areas and would run for six months after which subject to feedback and outcomes, the same would be rolled out across the rest of the organisation.

The Board noted that complexity and acuity of patients remained high. An improved vacancy position and focussed work had reduced agency utilisation particularly reliance on higher cost agencies.

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Reporting on pressure areas, it was noted that falls had reduced, and no patients had come to any harm. Acuity levels continued to demonstrate a sustained level of complexity of patient care need seen in previous reports. Care hours per patient day maintained was within 15% tolerance. No staffing correlations had been identified in Root Cause Analysis investigations for falls or pressure ulcers.

PS provided an update on patient feedback relating to noise at night with overview of the launch of a `restful night pledge. No complaints related to staffing levels within the reporting period.

GP thanked PS for the report and commended the work done, particularly regarding the restful night pledge. Regarding nurse sensitive indicators, GP commented on the association between low nursing levels and harm and asked for this to be considered in future reports from an assurance perspective. GH asked if colleagues in Estates and Facilities were being informed about the noise at night and PS confirmed that this would be picked up.

JR stated that there was need for visibility of community nursing and to think about solutions to the challenges in this area.

JO asked if there was any pastoral support available to internationally educated nurses from a perspective of degree of violence, however noting that there was wellbeing support and listening events in place. PS responded that there was a shared decision-making council for internationally educated staff, and not just the nurses, and a lot of work was underway. DG pointed out that WRES indicators were not necessarily only driven by internationally educated staff. The Trust was taking action through the WRES action plan and the Inclusion Delivery Plan to improve the experience of colleagues in the Trust.

JO asked about Health Care Support Workers and how much of these staff were being retained by the Trust. GA joined the meeting and stated that the first cohort of the maternity support workers completed their programme in June and started in their role in July, whilst the second would complete the programme by December and commence in January 2024. All of them had been retained and a specialist role inclusive. The Trust was driving this forward and sharing with NHSE and across the region and country. DG added that the IQPFR included the details of the health care support workers turnover which reflected improved retention. JO asked if this model could be replicated for other staff groups and DG confirmed that this was already in place but needed more work. JMG commented how this linked to the People Strategy in terms of the three pillars, particularly around building on the basics and having the right people in the right place at the right time with the right support.

JW thanked PS for the report.

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

HTB 23/129 **CNST EVIDENCE AND ACTION PLANS**

GA joined the meeting and introduced the Maternity Incentive Scheme Submission Report.

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The Board –

- Noted the performance and compliance updates against the Year 5 standards.
- Supported the team to report compliance with the Maternity Incentive Scheme by Thursday 1 February 2024 at 12 noon using the Board declaration form. (This was live on the NHS Resolution website).
- Supported the submission within the Trust declaration form which had to be signed by the Trust's CEO, on behalf of the Trust Board and by Accountable Officer (AO) of Clinical Commissioning Group/Integrated Care System prior to the submission deadline.
- Noted that the signed Board declaration form would be sent to NHS Resolution (nhsr.mis@nhs.net) by the Maternity team between Thursday 25 January 2024 and Thursday 1 February 2024 at 12 noon.

GA highlighted that in terms of the Year 5 technical guidance of the Maternity Safety Incentive Scheme 2023/24, parts of Safety action 4 had not been met as neonatal workforce staffing was not at the BAPM required level currently. The action plan had been updated with the current position and the business case had been updated following ODN funding to be progressed to bridge the gap between the establishment and BAPM recommended guidance.

GA added that for Safety Action 8, the standard had been reduced to 80% by April 2024, and the Trust would achieve 90% by the end of December. As a result, there would be no need for an action plan.

JW asked what the timescale for meeting the standard was if recruitment went according to plan. GA stated that there were no anticipated challenges regarding recruiting neonatal staff where there was funding achieved by year end 2024.

The Board noted and approved the recommendations.

HTB 23/130

MORTALITY REVIEW COMMITTEE REPORT

KP provided an overview of the report which was taken as read and highlighted that the trust was in a good position.

Hospital Standardised Mortality Ratio (HSMR) for June 2023 was 96.0 which was within expected range. March 2022- February 2023 HSMR was 106.5 which was above expected range.

Summary Hospital Mortality Indicator (SHMI) was 1.0861 (within expected range) and Variable Life Adjusted Display Charts (VLAD) had 4 negative alerts.

KP informed the Board that all primary reviews and structured judgment reviews were now only completable on Datix rather than CRRS. This allowed for increased access to the required review for the reviewer and Group with improved reporting and thematic analysis. The move to Datix electronic version of reporting mortality was in line with plans for EPR and it had been recommended that this

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continued despite the EPR go live deferral. Work was ongoing with the technical governance teams and the clinical leads in this regard. Due to this switch, there had been a slight lag in terms of primary mortality reviews.

There had been 3 reviews that were more than 12 months old. These remained outstanding due to expected pre-patient transfer information from other organisations.

The issue regarding cardiology patients from George Elliott hospital was being addressed. This had to do with file transfers.

DG asked regarding the 3 outstanding reviews more than 12 months old and if there was a timescale for completion. KP responded that was being chased and would be closed by February.

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

HTB 23/131 **MEDICAL EDUCATION REPORT**

KP introduced the report.

It was reported that Dermatology had an excellent reputation as a training centre (national leader) however the Quality intervention undertaken by NHSE in September had noted that little progress had been made by the Trust on the issues identified in July 2023. The Dermatology department had continued to struggle to provide trainees with the training experience needed. The relocation of the Dermatology department had resulted in different ways of working, raising concerns around supervision ability and facilities. The Chief operating officers had reviewed the action plan drawn up as a result of the visit.

The other pressing issue was to identify some dedicated working/rest space for the trainees. The fortnightly meetings facilitated by Medical Education and involving the trainees, trainers and management team that had been set up to review progress against the action plan were ongoing. The clinical lead post had been vacant for a while and without this key leadership role, maintaining progress and embedding change remained a challenge.

KP reported that the above had been discussed at Chief Officers Group and would be brought back. — KP

KP added that there were actions in place to address some of the medical education aspects of dermatology. Reporting on the trickle platform, KP mentioned that this had been successful and was being increasingly used.

The National Student Survey results had been published and the results for Warwick Medical School showed significant improvement on previous years.

KP informed the Board that Timothy Robbins would be taking over from Andreas Ruhnke as Guardian of Safe Working from December 2023.

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GP asked if the issue with the clinical director position had been resolved and KP confirmed in the affirmative.

GP further spoke regarding the trickle feedback and peoples' willingness to speak up about sexually inappropriate conduct and commended the fact that the medical education team was focusing on this for doctors. GP asked if this also applied to students. DG, as executive lead for sexual safety, stated that a multidisciplinary working group had been set up to explore areas of sexual safety and this included the wellbeing lead for medics, Chief Registrar, and a few other colleagues. A meeting would be held in the following week to take forward actions. This would feed into People Committee, and Trust Board. DG stated that the national staff survey for the first time had included a question about sexual harassment and sexual inappropriate behaviour being faced by colleagues. The learning from the results would be taken forward. In response to GP's comment about reaching outside of the organisation, DG stated that as part of the multidisciplinary group, medical students were being made aware of the processes in the organisation and how to speak up. There was a Lead Nurse in the group to consider nursing students, and there was the Deputy Associate Director of AHPs as well.

The Trust had received communications that the organisation had signed the Sexual Safety Charter released by NHSE and was committed to making sure that every element of this would be in place by July 2024. KP stated that the undergraduate tutors were implementing the Sexual Safety Charter. There was a feedback cycle which specifically asked about the situation so that these could be acted upon. KP added that he had spoken to the medical school students and had mentioned the sexual safety aspects.

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

HTB 23/132

RESEARCH DEVELOPMENT STRATEGY

The Board took the report as read.

KP provided an update on 3 areas –

- The Trust had been successful in securing two grants in excess of £1million – Foot surgery £1.8m, and a new programme of rehabilitation in stroke £1.77m.
- In relation to EPR, the Trust had secured the power trials module which would enable recruitment to commercial trials.
- Bi-annual reviews of the 4 institutes of excellence had been launched.

GP commended the report and referred to the creation of a virtual environment that contained anonymised data which enabled postgraduate doctors and medical students to carry out research in a safe environment. GP asked if something similar was being built into the EPR programme for research purposes. KP stated that a lot of the manual governance would be replaced, and that the data could be anonymised.

The Board **NOTED** the report.

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HTB 23/133 **PATIENT SAFETY AND RISK LEARNING REPORT**

KP reported that the Overdue Serious Incidents key performance indicator had not meet 100% as of September 2023 with 33 breached cases out of the 49 open Serious Incidents. Work continued to support lead investigators to complete overdue reports.

The number of overdue SI actions increased to 41 in the month of September 2023. Action owners continued to be contacted regularly to offer support in completing the action and escalations were completed monthly via Quality Improvement and Patient Safety (QIPS) meetings and via the Quality Partners for each Clinical Group.

There had been three SI's reported during the month of September 2023 which were registered under the categories of 'Slips/Trips/Falls' All three incidents were submitted to the Serious Incident Group and agreed as SI Investigations.

Potential investigation leads were approached however there remained challenges in staff approached agreeing to complete an investigation within their current portfolio of work. The delay in establishing an investigation lead often occured in excess of twenty days from identification and notification of a serious incident resulting in the completed investigation and report falling outside of 60 days. This issue had been discussed at SIG Governance and further work was underway to review and expand the staffing group that could be approached as an investigation lead.

There had been 3 Never Events registered during 2023/24, and four National Patient Safety Alerts. Three had been closed and one remained open.

JW asked about lead investigators for serious incidents and what progress had been made to improve the situation. KP updated that there was a cohort of individuals who managed the investigations and due to the challenges, a further 8 people would be put through Serious Incidents training to enhance investigations. JW asked when this would commence and KP confirmed that the PSIRF training had commenced and that there was a significant cost involved. LC added that it was expected that this would start to move in the right direction. JO asked regarding staff reluctance to take on investigation due to their current work portfolio and if this would remain an issue in view of the training being done for additional capacity. LC stated that using existing workforce presented a challenge in itself when services were under pressure. Other challenges included complex cases which required a lot of family meetings in addition to the investigation. Investigating Officers were being supported by up to 3 buddies to manage other aspects of the case. There was no stand alone team dedicated to doing investigations and the reliance remained on existing workforce.

An update on the progress with SI investigators would be brought back to Board via the Quality and Safety Committee meeting report. KP

The Board **NOTED** the report.

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HTB 23/134 PATIENT EXPERIENCE AND ENGAGEMENT REPORT

HB presented the report.

The Trust had received 343 compliments that were reported to Datix. The Complaints Team KPI had a target to provide a response to 90% of complaint investigations within 25 working days from registration. The team had achieved 92% of the 191 complaints received within 25 working days. An increase in formal complaints received had been observed from January 2023. Communication was a top theme for formal complaints. Appointment cancellations was the second and clinical treatment within the surgical group had been included as a top theme.

HB reported that the team was working on recruitment to cover complaints gaps.

In Quarter 2, the Trust had received four referrals from the PHSO and one final outcome report.

The Board noted the National Survey Programme information.

GP pointed out that the report did not provide an indication of the 8% of the 191 complaints outside of 25 days. HB stated that there was a backlog which had an effect on the response time. GP stated that the length of time for those outside target needed to be included in the report to provide assurance to the Board that patients were being responded to. **HB**

DG asked about the top complaint specialties for Quarter 2 and asked if these were the areas that were consistently in the top 10, and if any analysis had been done to monitor changes. HB confirmed that this was monitored via the Patient Experience and Engagement Committee on an annual basis and the groups were usually tracked. There was also an SPC chart that reflected the monitoring. The groups also usually presented their actions to address the complaints.

JMG asked what the team was doing to manage complaints in view of the further industrial action. HB stated that the team would try to respond within a five working day response time however there were staff and recruitment challenges. KP stated that elective cases would only be scheduled where these could be delivered.

JR stated that under the complaints and PALS demographics, specifically regarding IMDs and ethnicity, this was not representative of our population. JR added that it was important to work with the mechanisms available and understand the barriers to people complaining. JO asked when this would be brought back to Boad. HB stated that the team was working on the data analysis and planned to have this ready by January 2024. JO asked if there were other sources of receiving and tracking complaints, apart from through PALS, such as from social media platforms. HB confirmed that this was being done. **HB**

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SR asked regarding the backlog and staffing challenges and HB stated that the establishment was undergoing an approval process.

The Board NOTED the report.

HTB 23/135 **PSIRF POLICY AND PLAN**

LC reported that the Trust previously agreed a transition plan with the ICB, which detailed the step changes required to be PSIRF ready. This came into effect from 18th July 2023 to prepare the Trust for transition. It was proposed (by the ICB) that all Providers in the System move to the PSIRF approach, therefore, ceasing to use the SI framework from 1st December 2023.

LC reported on the key implications from a financial, patient safety or quality, workforce, and operational perspective. LC informed the Board that in terms of the timeframe for completion of investigations, these were broader to accommodate complexity, cross organisational working and family preferences. This was anticipated as within 1-3 months but could be up to 6 months and processes would be in place for exceptional circumstances. LC explained that the timeframe would be monitored with a view to making sure that the team would be able to work effectively with families and patients.

JMG asked if the report would provide data and reasons for the timeframe of investigations for assurance purposes and LC confirmed that the reporting to Board would be worked on, as the data and level of learning response would also need to be monitored and demonstrated within the team.

GP asked what conversations were going on between UHCW and the regional coroners. LC stated that the Trust worked with a task and finish group in the System. The conversations were being led by the ICB.

JW asked if the Patient Safety and Risk Learning report would be replaced by the PSIRF report. LC confirmed that the PSIRF report would be the new version and there wouldn't be two separate reports.

The Board received and endorsed the report.

HTB 23/136 **CORPORATE RISK REGISTER**

LC reported that there had been no new corporate risks added.

Risk ID 3975 – Inability to deliver a sustainable Dermatology Service had been closed as a corporate risk and downgraded to a local risk.

As part of the Trust's upgraded Datix System (to support LPFSE) a review of the risk register architecture was being undertaken and a review of all risk register content (ongoing). This would improve the completeness of information in future risk reports. The Datix system upgrade was a requirement of this work and the Trust had a provisional upgrade date of December to be confirmed.
GP questioned the absence of a clinical director overseeing the Dermatology service and asked if the risk should be closed down as a corporate risk. KP stated that there was a clinical director who was on top of all the issues, but not a clinical lead and that a lot of work

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had gone into this. The main issue was regarding a dedicated workspace. KP confirmed that the risk could be downgraded from a corporate risk.

The Board received assurance from the report.

HTB 23/137 CQC NOTIFICATION OF CHANGE

KP mentioned that the report was for information and the Board noted the report.

HTB 23/138 COVENTRY AND WARWICKSHIRE ICB UPDATE

KP provided an overview of the report and highlighted that the ICB had met on 15 November 2023 and discussed on demand for Children's mental health services which had significantly increased and the most effective ways to reduce this was through improving the school experience and access to social activities and support.

Engagement in communities as well as the positive areas of work had also been discussed.

The Board noted the report.

HTB 23/139 BOARD ASSURANCE FRAMEWORK

DW presented the report and informed the Board that the overall rating for the QSC BAF had changed from Green to Amber due to changes to various individual assurance within the first line of assurance of the Quality of Care and Patient Experience and Service Stability BAF.

In view of the discussions at the Board meeting, DW stated that some of the data around performance in the Operational Performance data would need to be updated with the information in the IQPFR, due to the unusual timing when the FPC meeting had been held.

DW stated that the Winter Plan had been rated Green at FPC in terms of the assurance and Amber in terms of the status. Also, the H2 Financial and Operational Delivery Response had not been discussed at the last FPC meeting due to the change in the timing of the meeting. Due to the additional risks from the industrial action, DW asked if the status of the Winter Plan be changed to Red.

KP stated that this was a potential risk and not an actual risk. DG stated that the Board had not yet had the time to go through the command structure to do a specialty-by-specialty assessment. The Board agreed that Winter Plan remained Amber with a note to state that there were some unknowns in view of the recently announced further industrial action and this would be reviewed in terms of the level of mitigations and plans in place. Any changes would be communicated to the Chair and be brought back to Board to discuss key implications.

DG pointed out that industrial action had been included only in the People Committee BAF and asked for this to be included in the other areas as industrial action would have an impact on Quality of Care and Patient Experience and Service Stability, Operational Performance, and Financial Stability. **DW**

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HTB 23/140 **ANNUAL UPDATE OF STANDING ORDERS/SFIS AND SCHEME OF DELEGATION**

This item was taken out of the sequence of the agenda.

SN joined the meeting.

SR introduced the report and informed the Board that the most up to date version was the report to Audit and Risk Assurance Committee and not the report in the Board pack. The correct version had been circulated by email to Board members. SR reported that the document had been split into three separate documents – Standing Orders, Standing Financial Instructions, and Scheme of Delegation.

DW reported on the governance areas that went through ARAC and highlighted the changes proposed –

- Changes to voting and non-voting Chief Officers
- Clarifying that Acting Chief Officers are appointed by Remuneration Committee and not by the Board.
- Changes to terms of reference for Associate Non-Executive Directors to count towards quorum.
- Authority of the Chair to vary NED appointments to committees
- Inclusion of People Committee as a Board committee

It was noted that the amendments had been approved at ARAC.

SN reported on the below changes –

- Update of the current waiver limit for the requirement of three quotations from £10,000 to £15,000 (inclusive of VAT)
- Update of the proposed limit of COG to approve Capital business cases to £1,000,000 from £500,000 – This was in line with revenue business case limits.

The Board APPROVED the proposed changes.

HTB 23/141 **DRAFT BOARD AGENDAS**

The Trust Board **NOTED** the content of the future Board agenda.
JW asked for updates on the industrial action and EPR to be incorporated into the Chief Executive Officer Report. DG stated that she and GH would do a full NED Briefing in the next week.

HTB 23/142 **ANY OTHER BUSINESS/MEETING REFLECTIONS**

The Board noted that the Chair had kept to time.

DG stated that the items in the IQPFR had been seen in more detail in the reports and colleagues had been challenged around areas for improvement.

DW commended the full engagement of the Board members during the meeting.

HTB 23/143 **QUESTIONS FROM MEMBERS OF THE PUBLIC WHICH RELATE TO MATTERS ON THE AGENDA**

There were no questions raised.

HTB 23/144 DATE AND TIME OF NEXT MEETING

The next Public Board meeting would take place on 1 February 2023.

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

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PUBLIC TRUST BOARD MASTER ACTION MATRIX 2024

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
03/08/2023	Corporate Risk Register	HTB PUBLIC 23/80	Review the current format of the Corporate Risk Register to make the report more readable.	KP/LC	01/02/2024	This will be reviewed by MH, DW and LC and a proposal will be made to COG and committee chairs (including risk committee) on presentation format. At the 2/11/2023 Board meeting, it was agreed that this would be reported to Trust Board at the 1/2/2024 meeting. LC confirmed that the action was reliant on the Datix upgrade from the Software provider which had a provisional date of February 2024 with some upgrades in the test environment planned for end of January.
02/11/2023	Action Matrix - Reflections following the Lucy Letby trial (Patient Safety and Quality Governance following Lucy Letby trial)	HTB PUBLIC 23/102	Include information on trends of concerns raised in the next FTSU report.	LS	01/02/2024	Item will be in the agenda for 1 February 2024 Board meeting.
07/12/2023	Action Matrix- Martha's Rule	HTB PUBLIC 23/121	It was noted that Martha's Rule was separate from the Reflections following the Lucy Letby trial. Martha's Rule would be discussed at COG and a report brought to Trust Board.	KP	01/02/2024	This will be included the in the agenda for the next Board Strategic Workshop in March 2024.
07/12/2023	Medical Education Report	HTB PUBLIC 23/131	Bring back a report to Board regarding the dedicated working/rest space for trainees.	KP	01/02/2024	This update will be included under the Guardian of Safe Working report.
07/12/2023	Patient Safety and Risk Learning Report	HTB PUBLIC 23/133	An update on the progress with SI investigators should be brought back to Board via the QSC meeting report.	KP	04/04/2024	Action to be discussed with DCMOs and an update to be provided by the Board meeting in April 2024.
07/12/2023	Patient Experience and Engagement report	HTB 23/134	Include length of time for the complaints outside of the 25 days target in subsequent reports to Board and include SPC Chart/ trend analysis to show spike in complaints.	HB	04/04/2024	This will be included in the next quarterly report to Trust Board
07/12/2023	Patient Experience and Engagement report	HTB 23/134	Provide the data analysis around the complaints and PALS demographics to Trust Board.	HB	04/04/2024	This will be included in the next quarterly report to Trust Board
07/12/2023	Board Assurance Framework	HTB 23/139	Include Industrial Action as an item in the other BAF areas in view of the impact on Quality of Care and Patient Experience and Service Stability, Operational Performance, and Financial Stability.	DW	01/02/2024	Complete

Deadline Key:	
	Not started
	In Progress
	Overdue
	Completed

REPORT TO PUBLIC TRUST BOARD HELD ON 1 FEBRUARY 2024

Subject Title	Chair's Report
Executive Sponsor	Jerry Gould, Interim Chair
Author	Jerry Gould, Interim 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 07 December 2023.

By the time this report is presented, our new Chair Sue Noyes will have officially started in post and I would like to formally welcome her to the Trust.

This has been a particularly challenging winter period for the Trust and every team has been under their own enormous pressures. One thing I have been delighted about however, is the opportunity to recognise individuals for their hard work during these times and present them with a World Class Colleague award. In January, the worthy winner of this award went to Maggie Burns, Antenatal and Newborn Screening Coordinator.

In both December and January, I chaired the Finance and Performance Committee and also multiple consultant interview panels; these were for a Consultant Cardiologist with Structural Heart Disease Interest, a Consultant in Histopathology, a Consultant in Upper GI Surgery, a Consultant Radiologist with Radionuclide & Colorectal Interest and a Consultant Radiologist with Radionuclide & Gynae Interest. Internally I have also had many one-to-one meetings, from Chief Officers to our Freedom to Speak Up Guardian and I also spent time with leadership at Rugby St Cross. Just before Christmas, I attended the fantastic UHCW Thought Leadership Event which was thoroughly insightful and engaging.

My NED colleagues and I started off the new year with some Board Walkarounds. Between us, we visited Ward 14 Adolescents and the Audiology service. These visits always prove extremely useful in providing us with a real insight into how wards and services are running; what things are working well, areas for improvement and direct feedback from the staff themselves.

In terms of working with key partners, I've participated in a variety of meetings; I had a call with Rebecca Farmer (Director of Strategic Transformation for West Midlands), joined a meeting with NHS Confederation Chairs and joined the regular ICB Chair's meeting with Danielle Oum, and system colleagues. I've also had a call with Ian Cummings (Chair of West Midlands Ambulance Service) and attended a Coventry and Warwickshire Health & Wellbeing Board Development session, plus a separate Health and Wellbeing board meeting lead by Warwickshire County Council.

As my term as interim chair comes to an end, I reflect on the brilliant opportunities I've had to connect with our external partners, the one to ones with colleagues and the fantastic work I've had the privilege to reward through World Class Colleague awards. I now pass the baton to Sue and I

look forward to supporting her as Vice-Chair and continuing to work with her and my NED colleagues to support the Trust in any way I can.

PREVIOUS DISCUSSIONS HELD

Not applicable

KEY IMPLICATIONS

Financial	Not relevant to this report
Patient Safety or Quality	Participation in consultant recruitment processes by Non-Executives is a part of the quality and assurance processes in the Trust
Workforce	The report includes mention of various ways of recognising the longevity and quality of contributions by staff and volunteers to the life of the Trust.
Operational	A number of operational issues are discussed in meetings attended by the Chair either locally or system wide.

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Subject Title	Chief Executive Officer Update
Executive Sponsor	Andrew Hardy, Chief Executive Officer
Author	Andrew Hardy, Chief Executive Officer
Attachment	None
Recommendations	1. The Board is asked to **RECEIVE ASSURANCE** from the report.

EXECUTIVE SUMMARY:

1. This paper provides an update to the Board in relation to the work undertaken by the Chief Executive Officer (CEO) 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 and January.

Professor Andrew Hardy – Chief Executive Officer

The end of one year and the start of a new one saw no slowing down in the pace of activities at UHCW.

At the start of the year we were once again faced with industrial action, by Junior Doctors. This created additional challenges to our staff at one of the busiest weeks of the year and I would like to take this opportunity to thank them for their continued efforts to serve our patients at this time.

On December 12 we welcomed Sky News back for a day of filming across the Trust. Ashish Joshi, Sky News Health Correspondent, and presenter Sarah-Jane Mee interviewed a range of colleagues from a cross our organisation including members of our clinical and non-clinical teams to understand how they are managing the various challenge we face in winter. It makes me proud to see the way our staff handle pressure and always put patients first.

That same week I attended two events that are very close to my heart – annual events thanking our amazing team of volunteers in University Hospital Coventry and St Cross Hospital in Rugby. Our volunteers are an integral part of our organisation and as I said at these events patients often tell me that volunteers enhanced their experience of care at our two hospitals.

At such a busy time of the year creating space for leaders (in our organisation, system and region) to think is something I believe to be very important. Our regular Thought Leadership events are designed

for this purpose and on 18th December I was delighted to welcome Michael Wood, Head of Health Economic Partnerships at NHS Confederation to UHCW. Michael's lively talk spurred us all on to grasp the opportunities ahead of us this coming year and to act beyond the walls of our hospital – an approach that is at the heart of our organisational strategy, *More than a Hospital.*

The learnings from this event were a fabulous springboard for the January meeting of the Joint Coventry & Warwickshire Anchor Alliance. On the theme of partnership working I was pleased to attend a meeting of the Health and Wellbeing Board on 8th of January.

One of the pleasures of my role is the ability to share with a wider audience the trailblazing work led by our teams at UHCW. In early December I was invited to give a presentation to the Healthcare Finance Managers Association's Annual Conference on the topic of *Delivering value, impact and improved outcomes through place-based working: reflections on the role of finance leaders*. I shared some of the emerging lessons learned from our *Improving Lives* programme, a radically different approach to integrating care that we are delivering in partnership with Coventry City Council. Coventry & Warwickshire Partnership Trust and other local health and care partners. In the same month I was invited to present to students at George Eliot Academy on 'The world of work.' It was a privilege for me to talk to pupils about my role as CEO and I took the opportunity to encourage them to consider a future career in the NHS and at UHCW including via our successful apprenticeship scheme – with over 350 different roles to choose from there is truly something for everyone working in healthcare.

An area of increasing focus for me recently has been connection with my role as Deputy Chair of the National Improvement Board. As well as attend regular meetings to support driving improvement across the NHS I've been pleased to also showcase work led by UHCW colleagues. On 12th January Professor Kiran Patel and I were delighted to welcome two esteemed colleagues from NHS England to University Hospital: Vin Diwaker, Medical Director for Transformation in the Transformation Directorate and John Ashcroft, Director of Pathways. During their visit they visited a number of clinical departments who are using our UHCWi methodology to reduce waste and increase efficiency.

Finally, I wanted to take the opportunity to express my gratitude and extend a warm welcome to our incoming Chair, Sue Noyes. Sue is a hugely experienced and highly regarded NHS leader with significant experience of healthcare organisations. Her extensive knowledge of the Coventry and Warwickshire healthcare landscape will prove invaluable, and I am delighted she is going to be part of our improvement journey.

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	
Mr Nishant Gangil	Consultant Cardiologist

KEY IMPLICATIONS:

Financial	None arising from this report
Patients Safety or Quality	None arising from this report
Workforce	None arising from this report
Operational	None arising from this report

MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE HELD ON WEDNESDAY 18 OCTOBER 2023 AT 12.30AM VIA MS TEAMS

ITEM	DISCUSSION	ACTION
ARAC/23/79	**PRESENT** Afzal Ismail (AI), Non-Executive Director **– Chair** Douglas Howat (DH), Associate Non-Executive Director Gavin Perkins (GP), Non-Executive Director	
ARAC/23/80	**IN ATTENDANCE** Amar Bhagwan (AB), Director of Procurement [*for ARAC/23/90]* Lisa O'Brien (LOB), Audit Manager, 360Assurance Michelle Dixon (MD), Local Counter Fraud Specialist, 360Assurance [*for ARAC/23/95*] Liz Gardiner (LG), KPMG [*for ARAC/23/96]* Mo Hussain (MH), Chief Quality Officer Sharon Naylor (SN), Associate Director of Finance, Corporate Services Fisayo Oke (FO), Corporate Governance Manager Susan Rollason (SR), Chief Finance Officer Sarah Swan (SS), 360Assurance David Walsh (DW), Director of Corporate Affairs Rob Davidson (RD), minutes	
ARAC/23/81	**APOLOGIES FOR ABSENCE** Tracey Brigstock (TB), Chief Nursing Officer Sarah Brown (SB), KPMG Jerry Gould (JG), Non-Executive Director, it was noted that as JG is Chair of the Trust Board he was unable to attend ARAC pending a new Chair appointment. Gaby Harris (GH), Chief Operating Officer	
ARAC/23/82	**CONFIRMATION OF QUORACY** The meeting was confirmed as quorate. It was noted that AI would be late attending the meeting and the Chair was taken by GP in the interim.	
ARAC/23/83	**DECLARATIONS OF INTEREST** DH declared that he was an employee of the University of Coventry and a Trustee of Grapevine. GP declared that he was an employee of the University of Warwick.	
ARAC/23/84	**MINUTES OF THE PREVIOUS MEETING** The minutes of the previous meeting held on 20 July 2023 were **APPROVED** as a true and complete record.	
ARAC/23/85	**MATTERS ARISING FROM THE MINUTES** There were no matters arising from the minutes.	

ITEM	DISCUSSION	ACTION
ARAC/23/86	**ACTION MATRIX**	

It was agreed that action ARAC/22/136 would be discussed in another item and then closed. 23/64 and 23/70 closed.

The Committee **RECEIVED** the updated report and **APPROVED** the actions taken.

ARAC/23/87 LEARNING FROM DEATHS – FOLLOW UP REPORT

LOB presented the report.
The audit was completed in January 2022 and Limited assurance was provided overall. A total of 15 recommendations were made and agreed by the Trust.
Progress had been made in taking forwards recommendations in some areas. Training arrangements for Medical staff around completion of mortality reviews had been strengthened through additional induction programme material. Arrangements for collating and validating mortality alert data prior to national submission had been reviewed and documented and job descriptions for the Lead Medical Examiner (ME) and supporting MEs had been developed/ enhanced. A SOP had been developed to support ME roles and responsibilities as part of the mortality process however there was work to do to ensure all processes/ tasks were included and clear in detail.
The review identified 2 areas as not implemented, related to timely completion of mortality reviews and included monitoring and escalation arrangements for continued delays and documentation/ completion of postmortem screenings by Medical Examiners within the Bereavement Office. The Mortality module within Datix went live in early October 2023 and the upload of all new and pending mortality reviews was complete at the point of go live. A training video had been published and shared with Datix users. The mortality module provided a more systematic and streamlined approach to reviewing deaths within the Trust. A number of actions had been superseded and closed.

GP noted that the Datix module had only recently been added and asked whether the figures presented to the committee reflected the new module. LOB replied that the report highlighted the current position. GP further noted the timescales shown in the report and whether the longstanding issues been resolved. LOB stated that there had been resourcing issues and the actions would be closed as soon as possible. SR asked whether the recommendations would be shared with the QSC. DW affirmed that the QSC BAF had been updated and the committee was sighted. GP noted that the actions had been outstanding for some time and were concerned that the actions be finalised. DH agreed with GP's comments.

The Committee **NOTED** the report and the actions identified.

ARAC/23/88 LOSSES AND SPECIAL PAYMENTS

AI resumed the chair at this point and apologised for the delay in his arrival.

ITEM	DISCUSSION	ACTION
	The report was taken as read noting the individual figures of three ex-gratia payments totalling £234 and theatre, pharmacy and stock losses of £51,381. GP asked a question of clarification concerning reimbursement of blood pressure cuffs. SR advised the item raised. The Committee **NOTED** and **APPROVED** the losses and special payments recorded from the report.	
ARAC/23/89	**DEBT WRITE OFF REPORT** The report was taken as read. The detail of the write offs was noted by the committee totalling £281,116.94 of which the largest amount was due to overseas debts. The Committee **RECEIVED** the report and approved the write off of the uncollectable debts.	
ARAC/23/90	**WAIVERS OF STANDING ORDERS, SFI'S AND SoRD** AB presented the report. An overview was given of the instances when the trust had waived the business rules. No new reasons for waivers had been given since the last ARAC meeting. Seven had a value in excess of £100,000 with all required through the normal day to day operation of the trust. AB then highlighted the number of waivers by value together with the number of waivers that had been refused and the drive towards compliance. The Committee **NOTED** the number, reasons and appropriateness of the requests made for the waiving of Standing Orders, Standing Financial Instructions and Scheme of Delegation and Reservation	
ARAC/23/91	**REVIEW OF STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION** SN presented the report. An internal process had been undertaken with key stakeholders across the Trust to review the current Trust Governance Manual consisting of SOs, SFIs and SoRD. Key proposed updates were: • Separate the current combined 150 page document into three documents – SO, SFIs and SoRD, collectively to be known as the Governance Manual. Main purpose of that change was to make the documents more user friendly. This was in line with NHS England's approach • Electronically index and refresh the format of the documents, to make the documents easier to navigate and understandable for readers. • Update the current waiver limit for the requirement of three quotations from £10,000 to £15,000 (inclusive of VAT)	

ITEM	DISCUSSION	ACTION

- Update the proposed limit of COG to approve Capital business cases to £1,000,000 from £500,000 – this was in line with revenue business case limits.

SS congratulated the team on the revisions. MD noted an amendment to a change to a name of an NHS body.

AI asked for clarification concerned with the division of the document into three new documents. SN confirmed that most trusts had adopted this approach.

AI questioned the waiver request limits as they appeared low. SN confirmed that colleagues had been involved in the revision of the document and the trust was comfortable with the proposed waiver limits.

The Committee **APPROVED** the report and recommended approval of the proposed changes to Trust Board.

ARAC/23/92 **ACCOUNTING POLICIES**

SR presented the report and noted that IFRS16 and PFI liabilities accounting had been delayed with the trust not receiving the full guidance at the point of the ARAC meeting. It was not anticipated that there would be any changes made to the trust's financial reporting in 2023/24.

The Committee **NOTED and ACCEPTED** the application of IFRS16 delay until the 2023/24 Accounts.

ARAC/23/93 **POLICY MANAGEMENT FRAMEWORK**

LOB Presented the report.

It was noted that the review of the framework took place during a period that the trust was reviewing and had amended the procedures and framework itself. As a result a split opinion was given. With limited assurance of existing procedure but significant assurance for the framework to be adopted in late 2023. DW stated how helpful the review had been in the planning and faults had been identified.

DH noted the high percentage of policies that were expired and asked whether these were very important and therefore high priority. DW stated that as soon as the new process was adopted high priority expired policies could be addressed.
DH further requested a timeline to address the issues. DW stated that the trust had adopted a cautious approach and long expired policies be looked at urgently. The Policy Governance Group was to commence before the end of 2023.

AI asked how the trust was to manage the risk and deal with outstanding expired policies, in particular the high risk ones as soon as possible.

SR asked whether a split opinion had been seen before as it was not common and was this a change of approach. SS noted that the

ITEM	DISCUSSION	ACTION
	framework was an unusual case hence the split opinion as the replacement framework was well developed. Neither SS or AI could remember a split opinion occurring before. AI requested 360Assurance reconsider the opinion to give a limited assurance opinion.	**SS**
	GP asked for a risk assessment of expired policies. He further asked whether controls were in place for the holding of local copies. SS stated that this had not been looked at and was expected to be a low risk. SS would bring back a revised opinion to the January ARAC meeting. DW said that split opinion had been very helpful.	
	The Committee **NOTED** and **RECEIVED ASSURANCE** from the internal audit report.	
ARAC/23/94	**INTERNAL AUDIT PROGRESS REPORT**	
	SS presented the report. Two reports were presented at the meeting. Eight further reports had been issued and progressed. SS drew the committees attention to the Action Tracker reporting that no new actions against progress were overdue however there was two historic actions not completed, relating to cyber security.	
	Challenges reported in the commencement of some audits. Strategy meeting between 360Assurance and the Chair agreed to assist the progression of the reports.	
	The Committee **NOTED** the progress made against the Internal Audit Plan.	
ARAC/23/95	**COUNTER FRAUD PROGRESS REPORT**	
	MD presented the report which was taken as read. A new Counter Fraud policy had been developed to be presented to the next committee meeting. Training provision had been revised and made more personal for groups of staff. Work undertaken in training for ID identity fraud and rolled out to medical staffing team and the trust HR teams. Two new referrals added and recorded on the national intelligence database. More timely information received from the national database to allow the trust to progress investigations particularly with salary diversion investigations. A July 2022 investigation was still ongoing.	
	AI commented favourably on the progress made to date in national fraud investigations. Training offered was particularly pleasing.	
	The committee **RECEIVED ASSURANCE** from the report.	
ARAC/23/96	**ANNUAL EXTERNAL PROGRESS REPORT**	
	LG noted that the quarterly benchmarking tool used data from the NHS Provider Finance In Year Monitoring Returns for the Trust's and Foundation Trust's audited by KPMG to produce a report which compared UHCW's relative position to other providers in the portfolio. The report presented was as at quarter 1 (June 2023).	

ITEM	DISCUSSION	ACTION

LG further reported that debrief meetings had taken place after the annual accounts had been produced and suggestions had been made to streamline some processes. Early evaluations of the 2023/24 accounts had taken place and would take place on a monthly basis.

DH noted the benchmarking report and asked whether there were any points of concern. LG said there were no issues presented.

SR noted that benchmarking around non-recurrent waste showed the trust in a less favourable light. The debtors issue was also explained as due to the PFI contract.

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

ARAC/23/97 **EPR UPDATE**

MH Presented the report.
The Trust Board met on the 5th October 2023 and considered a recommendation to defer the planned Go-Live of the EPR given assurance could not be fully provided in the go-live criteria for clinical safety and operational readiness, in particular reporting. The report brought together immediate actions the Trust needed to consider relating to this decision as well as some next steps notably:

- Stepping down programmed activity
- Stepping trust activity up
- Workforce/programme team implications
- Management of internal and external communications

Key next steps included:

- Agreement of a new go live date
- Re-phasing of the programme to confirm completion of actions and any re-do of programme activities.
- Understanding of the contractual position
- Understanding of the financial impact.

MH further reported that Chief Officers met on 24 October to scope the actions required. AI stated that the decision was the correct thing to do and further decisions needed to be taken. AI asked for an indication of a future go-live date. MH stated that a decision on this would be taken after further testing had taken place but would be sooner rather than later.

DH asked about the process to defer and if that had been taken in accordance with the Channel 3 recommendations or internal decisions taken around patient safety. MH noted that the bronze, silver and gold commands had been brought in and some of the risks had been contained by them. MH reported that the two critical areas decided upon were patient safety and reporting and those could not be fixed in time.

The committee **RECEIVED** the EPR Gateway 6 report; **NOTED** the notice of deferral letter sent to Oracle Cerner following the Trust

ITEM	DISCUSSION	ACTION
	Board decision on 5 October 2023 to defer implementation of EPR; and **NOTED** the immediate actions and next steps described in the report.	
ARAC/23/98	**INFORMATION GOVERNANCE REPORT**	
	MH gave the report which was taken as read, The report was a summary of work of the Information Governance Committee for the period April to September 2023. This included key activities that are integral to the Trusts' data protection programme of work for compliance with the Data Protection Act and UK GDPR (General Data Protection Regulation) including the requirements of the Data Security and Protection Toolkit (DSPT) assessment. Updates were provided on the latest release of the DSPT, developments with the data protection impact assessment process, and a spot check audit that was undertaken. Subject access requests and Freedom of Information Act request figures were included in the report with a comparison for the same period of the previous year. Routine updates were also provided on risks, and high-level figures were provided on the number of IG incidents.	
	MH gave further detail on the data protection impact assessment in relation to police enquiries and staff accessing their own health records and further training required.	
	The committee **NOTED** the report.	
ARAC/23/99	**CORPORATE RISKS REPORT**	
	The committee accepted the paper as read. Three open risks had been identified of which two were moderate risks and one high risk. The high risk item related to cyber security. No new risks had been added to the register since the last meeting and no risks had been closed.	
	GP asked how the trust was to transition from a high risk item to an acceptable risk. No gaps in controls and assurances were noted. MH would advise the committee further.	**MH**
	AI asked for a further report to be given on managing cyber risks when James Matthews attends the next committee meeting. MH noted some of the improvements made in cyber security in upgrading technology and separating servers.	**JM**
	The committee **RECEIVED ASSURANCE** from the report.	
ARAC/23/100	**DRAFT AGENDA FOR NEXT MEETING**	
	The Draft Agenda was accepted and **RECEIVED** for the next meeting	
ARAC/23/101	**ANY OTHER BUSINESS** There had been no other business noted by the meeting.	
ARAC/23/102	**CHAIRS REPORT TO THE TRUST BOARD** The Chair reported that this would be drafted between himself and DW at a later point.	

ITEM	DISCUSSION	ACTION
ARAC/23/103	**MEETING REFLECTIONS** The Chair gave apologies for his late attendance at the meeting. Thanked the trust for the quality of the papers but noted the error in date on the agenda.	
ARAC/23/104	**DATE AND TIME OF NEXT MEETING** The next meeting would take place on Thursday 18 January 2024 at 9.30am-12 noon. There being no further business the meeting closed at 13:55	

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Report of the Audit and Risk Assurance Committee following its meeting held on 18 January 2024

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: 1. Confirm assurance received from the business discussed at the meeting; 2. Raise any questions in relation to the same.

Key highlights of discussions held during the meeting

ISSUE	DETAILS
Item 6.4 Payroll and Overpayments	We noted the moderate assurance opinion given to this item. When we questioned this we were advised the information can be brought forward from our internal partners to help us understand how we are performing compared to comparator trusts. We felt it helpful to bring this subject back to ARAC at our next meeting to see what further action the Trust is taking to reduce the numbers of overpayments.
Item 6.6 Nutrition and Hydration – NG feeding tubes checks	We were concerned that this audit had only received limited assurance. We further noted the long deadlines for actions to be completed. As there is a risk to patient safety concern we asked that this item be discussed at the Quality and Safety Committee, and understand that there subsequently was the requested discussion following a CNO update at the meeting on Thursday 25 January, with a more detailed report to follow.
Item 6.7 Maternity Triage Audit Report	We welcomed the advisory review of the report and were pleased by the responses of both the internal auditors and the members of staff within the department. We thanked the auditors for their very prompt responses and feedback given to the department.
Item 7 Internal Audit Progress Report	We discussed this report and were pleased to see that the Trust had implemented 100% of actions in the reporting period. However, the historic issues in cyber security still gave great concern to the committee although the risks in this area had reduced, the overall 60% rate does give us some concern and we noted the additional tracking and compliance efforts being made by the trust, and the need to ensure greater compliance with actions by the originally agreed due date moving forward.
Item 16 Cyber Threats BAF	We received the Cyber Threats BAF, which had received numerous offline updates since its last presentation. Following advice from the SIRO, we supported a proposal to receive more frequent SIRO reporting to help triangulate assurances received in the future against the BAF and ensure the document remains dynamic and tracks the committee's assurances effectively.
Item 17 Policy Management Update	We received the report and noted the steps the Trust was taking in the reduction of the numbers of policies that are expired and the imminent commencement of the new policy governance arrangements.

ITEMS FOR ESCALATION, WHY AND TO WHERE		
Item or issue	Purpose for escalation	Escalated to
6.6 Nutrition and Hydration – NG tubes checks	To reduce the patient safety risk as soon as possible	QSC

OTHER ITEMS CONSIDERED

- Item 8 – Counter Fraud Progress Report
- Item 9 – Losses and special payments
- Item 10 – Debt write offs
- Item 11 – Waivers of SO/SFIs/SoRD
- Item 12 – Accounting Policies
- Item 13 – Review of Clinical Audit Effectiveness
- Item 14 – Annual Report and Accounts timetable
- Item 15 – BAF and Cyber Security BAF
- Item 18 - External Audit Progress Report

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

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
Advise the Trust Board on the strategic aims and objectives of the Trust	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 12 – Accounting Policies
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of the Committee	Item 13 – Review of Clinical Audit Effectiveness
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	Item 14 – Annual Report and Accounts timetable
Review the annual audit letter from the external auditor	
Review the Head of Internal Audit opinion	
Review any breaches of standing orders	Item 11 - Waivers of SO/SFIs/SoRD
Review write-off of losses or the making of special payments	Item 9 - Losses and Special Payments Item 10 - Debt Write-Offs
Review the Trust's annual report, accounts and quality account and	

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
recommend approval to the Trust Board	
Review the effectiveness of financial reporting	
Receive assurance about the effectiveness of arrangements for; • Governance • Risk management • Internal audit • Internal control • External audit • Counter fraud • Clinical audit • Information governance	Item 7 - Internal Audit Progress Report Item 6 - Internal Audit Reports Item 8 - Counter Fraud Progress Report Item 18 - External Audit Progress Report Item 13 – Review of Clinical Audit Effectiveness
Review the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions	Item 11 – Waivers of SO/SFIs/SoRD
Review the Trust's policies and procedures for the management of risk	
Review the arrangements for declaring interests, gifts and hospitality	
Other	

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

*In accordance with guidance within the Code of Governance for NHS Provider Trusts, the Vice Chair stepped down as a member of the committee during the period during which he was acting as Trust Board Chair.

MINUTES OF THE MEETING OF THE PEOPLE COMMITTEE HELD AT 09:30 ON THURSDAY 26 OCTOBER 2023 VIA MS TEAMS

MINUTE REFERENCE	DISCUSSION	ACTION
PC/23/62	**PRESENT** Carole Mills (CM), Non-Executive Director - CHAIR Jaiye Olaleye (JO), Associate Non-Executive Director Afzal Ismail (AI), Non-Executive Director Tracey Brigstock (TB), Chief Nursing Officer Donna Griffiths (DG), Chief People Officer	
PC/23/63	**IN ATTENDANCE** Wendy Bowes (WB), Director of Workforce Dan Pearce (DP) Head of People Development David Walsh (DW), Director of Corporate Affairs Vicky Williams (VW), Deputy Chief Nursing Officer *[For item 9]* Lesley Terry (LT), Head of Integration – Strategy *[For item 11]* Becky Kimberley (BK), Learning Development Manager *[For item 12]* Jessica Mabbott (JM), Committee Officer (Minute Taker)	
PC/23/64	**APOLOGIES FOR ABSENCE** Apologies were received from Justine Richards (JR), Chief Strategy and Transformation Officer and Jenny Mawby-Groom (JMG), Non-Executive Director.	
PC/23/65	**CONFIRMATION OF QUORACY** The meeting was declared quorate.	
PC/23/66	**DECLARATIONS OF INTEREST** No declarations of interest were made.	
PC/23/67	**MINUTES OF THE PREVIOUS MEETING** It was agreed that the minutes of 31 August 2023 meeting were an accurate record and **APPROVED** them.	
PC/23/68	**ACTION MATRIX** In relation to Action PC/23/57, WB advised that conversations were to take place between Chief Officers regarding the Long Term Workforce Plan (LTWP) and progress reports would be provided. DG said that not all elements included within the LTWP were agreed at a national level and aspirations to grow staffing numbers had not had funding signed off at a national level. She said that the Plan was an ambition, and the previous report was to provide assurance that elements covered in the Long Term Plan were mapped against the UHCW People Strategy Delivery Plan. Accordingly, it was suggested that updates would be brought to PC through the subgroups reports and deep dive reports as required. Committee agreed that the action could be closed. It was agreed that all other completed actions were to be closed.	

MINUTE REFERENCE	DISCUSSION	ACTION
PC/23/69	**MATTERS ARISING** None.	
PC/23/70	**CHIEF OFFICERS' EXCEPTION/UPDATES** DG advised that a report on the Lucy Letby case would go to the November Trust Board meeting, highlighting lessons learnt for an organisational review. It would include areas within the Trust needing further focus and improvement, including having oversight of employee relations cases. DG noted that an overview of employee relation cases was included in the Workforce Performance Report on today's agenda. DG advised that the Sexual Safety Charter had been launched by the NHS and all organisations had all elements in place by July 2024. She confirmed that UHCW had signed up to the charter, she was the nominated executive lead and a multidisciplinary team was being created to explore and discuss what else UHCW needs to do. DG said she would bring a detailed report on this once all data had been collected. DG provided an update on the Coventry and Warwickshire Health and Care Employability Academy, which is primarily focused on supporting care leavers (care experienced), the refugee community, those with learning disabilities and those from deprived communities in C&W into training and employment opportunities. The ICB set an ambition of supporting 400 individuals by the end of the 23/24 financial year and was on track to exceed this ambition, with progress being governed through the C&W People Board. DG said that the ambition was to retain 25% of those in employment, whilst currently 10% had been retained in either voluntary or paid roles to date. She added that this was being reported directly to the Coventry and Warwickshire ICB People Board. Kirsty Elliot would bring a detailed report on this to PC at a later date. CM agreed this was encouraging and asked what the 25% target included. DG confirmed it's 'positive outcomes' and therefore included both paid and voluntary roles. In relation to the Sexual Safety Charter, JO asked if the Trust had previous cases of sexual harassment reported. DG confirmed that there had been and there were also live cases under investigation. DG assured the Committee that these cases were taken seriously, and the MDT was in place to understand how to ensure colleagues knew how to raise concerns, how they would be supported, and that action would be taken.	
PC/23/71	**WORKFORCE PERFORMANCE REPORT (IQPR)** WB presented the report, highlighting that the vacancy rate remained positive, agency spend was on target, sickness absence was higher than it should be, and turnover was in a good position. She noted that medical appraisals, mandatory training, and non-medical appraisals were below target. She assured Committee that this was a key focus for managers and that the EPR implementation and industrial action were contributing factors.	

On vacancies, WB confirmed that good work had taken place on Band 5 nurse recruitment, now averaging 8.37% with a forecast position of 5.22% by the end of November 2023. Midwifery had seen an improvement, now being at 17.10%, with a forecast of 5% by the end of December 2023. HCSW had remained stable with a vacancy rate of 8.37% - slightly higher than expected. WB said that there was discussion at ICB level on how it could be improved. She confirmed that Paediatric Nurses had a vacancy rate of 35.35% which was an improvement, with a forecasted vacancy rate of 17.26% by the end of January 2024.

WB noted that vacancy benchmarking data had been included this time, outlining the forecasted position. This showed the Trust's relatively strong position, but there were hotspots which were being addressed.

WB highlighted that there had been an overall reduction of 40% in Nursing & Midwifery (N&M) agency shifts in September v August, due to a change in the authorisation process. All requests for agency cover required review by the ADN for Workforce and the GDNA before final approval by the DCNO/CNO. WB assured the Committee that groups were continuing to monitor agency usage.

AI noted that Nursing agency usage had decreased significantly and asked what was being done differently and if other clinical areas could learn from them. WB said that the Nursing team was working collectively and sharing their workforce according to patient requirements, which was very challenging and needed constant monitoring. TB thanked the N&M team for embracing the approach.

JO was concerned about the impact on staff working additional hours and asked if they were being monitored for wellbeing purposes. WB said that the e-roster had built in restrictions to prevent staff from working too many hours. DG confirmed that there was visibility on this and that an improved vacancy position reduces the need for both agency and additional hours.

WB mentioned staff turnover, highlighting that the reasons for leaving were included in the report and an e-termination form would collect the exact reasons for departure. JO asked for clarification on voluntary resignations and if the data was analysed by department and set to clinical groups as part of workforce reporting. WB said that this was available and if a particular area was of concern, it would be addressed with the management team. She suggested that data could be triangulated following the e-termination launch. DG commented that the report featured the turnover by clinical groups but suggested that future reports could include a narrative on the reasons/ driving factors and the actions being taken.

WB

WB

AI asked whether there was a challenge with individuals with persistent short term absence and whether full action was being taken to tackle this. DG said that 10% of the workforce was on a stage one trigger which was relatively high. Benchmarking of our attendance management triggers had been undertaken which showed UHCW as an outlier and therefore a new approach to support attendance was being considered. DG added that 29 colleagues had been on sick leave for six months or more, which was low for the size of the organisation.

WB provided an update on overpayments, highlighting that the majority were being actively recovered. Conversations were underway seeking to improve communication between Payroll and managers. AI asked for the percentage of overpayments recovered. WB said that all overpayments would be recovered but anything unrecoverable would go to Audit and Risk Assurance Committee (ARAC) to be written off. Future reports to PC should include the value and percentage of write-offs relative to overpayments for completeness. This was agreed. **WB**

DG suggested that the outcome of the Payroll audit could be brought to PC once completed. This was agreed. **DG**

WB advised that employee relations was included in the report. CM asked for the comparator figures to be included in future reports (e.g. % of BAME staff) to ensure that the information was meaningful in future. **WB**

The Committee **RECEIVED ASSURANCE** from the report

PC/23/72 **ALERT, ASSURE, ADVISE REPORTS:**

8.1 PEOPLE SUPPORT GROUP

DP presented the report, noting that an update from the Trust's Freedom to Speak up Guardian was provided as part of a regular scheduled update. Data was shared on the number of people coming forward, which clinical groups and staff groups were most represented and the most common presenting issues.

DP advised that the group had an update on staff survey fieldwork, in particular plans for the 'results share' element. A project group had been set up to monitor the field work and ensure that the results were shared in a timely fashion for groups to respond effectively.

8.2 PEOPLE SUPPLY AND TRANSFORMATION GROUP

WB presented the report, advising that the national Digital Staff Passport pilot had been deferred to December 2023. The Local Clinical Impact Awards competitive process was live, and guidance was to be provided to support applications. The report included KPIs, and these could be significantly affected by international recruitment requirements.

WB added that virtual ID checks were also live to improve time to hire and a risk assessment approach to recruitment was being explored to potentially make unconditional offers based on a risk assessment and ahead of pre-employment check completion. Scientific and Technical Highlights had been added to the report noting a Mortuary Workforce Review and Histology Workforce Review.

8.3 PEOPLE DEVELOPMENT GROUP

DP presented the report, stating that the group focuses particularly on mandatory training and appraisal compliance and work was underway to improve compliance. The impact of EPR training and industrial action had impacted compliance and improvement should be seen going forward. The NHS Education Contract self-assessment had been completed and updates would be provided through AAA upward reporting.

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

PC/23/73 **NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONAL EDUCATION ANNUAL REPORT**

VW joined the meeting to present the report, highlighting that UHCW hosted 2,000 multi professional clinical placements annually. There were 450 newly registered practitioners on preceptorship programmes, supporting transition from student to experienced practitioner.

VW said that NHSE supported the continuing professional development for NMAHP registered staff via allocation of specific CPD funding. Training needs analysis was done to identify appropriate staff education and training needs and prioritise programmes to align with service requirements and strategic priorities.

JO asked how this had helped with recruitment and retention. VW said the programmes had helped with recruitment and build a career progression framework with positive feedback received.

CM asked about the value of training Nursing Associates compared to Training Nurses based on which were needed most. VW said that Nursing Associate was a distinct role within the Trust and there was opportunity to progress and that it was essential to understand the skill mix and responsibilities required of the role.

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

PC/23/74 **MENTORING FOR INCLUSION PILOT SUMMARY**

DP presented the report, mentioning that it included a summary of the Mentoring for Inclusion pilot programme which completed its evaluation in September 2023. A further detailed report was available and would be shared more widely through the PC subgroups.

DP added that the pilot programme supported the delivery of actions held in the Inclusion Delivery Plan and the People Strategy. DP noted that plans were now underway with further cohorts of the programme, with planning and set-up currently underway led through the OD team.

CM asked DG and TB what learning points they had gained from the mentoring sessions. DG said that there was a continued need to think about how the Trust reaches people and proper engagement. TB agreed and mentioned the levels of communication and how it filters through the organisation. DG and TB both confirmed that it was incredibly beneficial. CM commented that of particular value was a better understanding of the lived experience of colleagues and what needed to happen as a result.

The Committee **NOTED** the report.

PC/23/75 **ICB PROCESS - OUT OF HOSPITAL SERVICES**

LT joined the meeting to provide a verbal update, advising that the Community Partnership Trust had given notice that it did not intend to bid to be the provider of Adult Physical Community Health services.

UHCW had expressed an interest to the ICB, and it had been decided that UHCW would be awarded the contract to be the direct provider of these services.

LT added that a notice was issued on 5 October which was in a 30 day standstill. That would come to an end on 3 November, when a formal announcement would be made. SWFT would be the provider for Rugby, South and North.

LT confirmed that a joint programme board would be set up with CWPT, with JR being the SRO. Detailed engagement would take place with colleagues impacted by the change. There would be a due diligence process with an expected go live date in April, but this was to be confirmed.

LT said that the workforce structure would need to be considered, with discussions being held with the relevant Chief Officers. LT assured the Committee that governance issues were being covered.

PC/23/76 **OLIVER MCGOWAN TRAINING UPDATE**

BK joined the meeting to present the report, highlighting that, within Coventry and Warwickshire, a steering group had been established, chaired by Coventry & Warwickshire NHS Partnership Trust.

BK added that a project management offer had been established to provide support. Members of the Learning and Development team were working alongside clinical colleagues from nursing, focussing on establishing the requirements at UHCW including training numbers and a roll out plan, feeding this into the overall plans across our local health and social care system.

BK explained that moving forward, e-learning completion would be encouraged for all relevant staff from 1 November 2023 with an aim to achieve 90% compliance by April 2024.

CM asked how quickly the training would be completed. BK said this was a long term programme and teams were working to enable those who need the training the most were receiving it.

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

PC/23/77 **LONG TERM WORKFORCE PLAN**

DG noted that this was discussed earlier on in the meeting.

PC/23/78 **CORPORATE RISKS REPORT**

DW took the report as read and welcomed questions.

CM said that the font size of the report was still too small and needed to be more user friendly. DW said the Quality Team had been asked to address this, but he would ask them again. **DW**

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

PC/23/79 **BOARD ASSURANCE FRAMEWORK (BAF)**

DW presented the BAF. On the first line of assurance, DW proposed that NMAHP report be rated as green, Oliver McGowan report be

rated as green for assurance and amber for status. DW had updated the mitigation on agency usage and suggested that the status be amber, and assurance green. He had also added in the projected position regarding paediatric nurses.

CM asked if there was an update on industrial action and the impact this had on staff. DG said conversations would continue over the next few weeks and people were feeling unsettled. She added that this may be evident in the staff survey. CM asked for a verbal update at the December PC meeting on industrial action and initial findings of the staff survey results. **DG**

JO asked if agency usage should be rated as green as improvement had only been seen in the previous month. It was agreed that the assurance rating would be changed to amber.

It was agreed that the status section of vacancies be changed to green/amber to reflect the hot spot areas. DG asked that the date on Inclusion Delivery Plan be updated to October 2023 as an update had been provided at the meeting and that the payroll audit date be updated.

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

PC/23/80 DRAFT AGENDA FOR NEXT MEETING

CM said that more time needs to be allocated to the Workforce Performance Report to enable sufficient discussion. This was agreed.

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

PC/23/81 ANY OTHER BUSINESS

CM gave her apologies for the December PC meeting due to annual leave.

No other business discussed.

PC/23/82 CHAIRS REPORT TO TRUST BOARD

Following discussion with colleagues, CM confirmed that the report would include:

- Workforce Performance report – that HR cases and comparison with other organisations was now included. Also, that mandatory training and appraisals were behind target but a plan was in place to address the issue.
- Improvement in the vacancy position, whilst noting hot spot areas.
- Mentoring inclusion plan to be expanded.
- NHS Long Term Workforce Plan (mentioning that a gap analysis was presented to PC and elements of the plan were still in development).
- Positive work done around Oliver McGowan Training, noting that it was a long term plan.

PC/23/83 MEETING REFLECTIONS

DW said that the BAF prompted discussions and allowed for Triangulation. DG agreed that there was triangulation throughout the meeting and elements of the inclusion delivery plan was coming through via different updates.

JO complimented the hard work put into the reports and appreciated the benchmarking elements included. WB said the discussions were helpful and gave an insight into the breath of work taking place within the organisation. DP agreed and stated that the meeting was a good place to showcase work taking place to ensure it was seen at a senior level. CM complimented the quality of the reports received.

MEETING END TIME: 11:30

Alert, Advise, Assure Report to the Trust Board

Reporting Committee: **People Committee**

Committee Chair: **Jenny Mawby-Groom**

Date of meeting: **21st December 2023**

Quoracy **The meeting was not Quorate.**

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

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

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
Workforce Performance Report (IQPR)	An update was received in regard to Mandatory Training Compliance, Sickness absence rate, staff turnover and Appraisals.	It was identified that Resus mandatory training was a challenged area.	Additional information regarding Resus training to be included in February's IQPR.	29th February 2024
AAA Reporting: People Development Group	It was reported that current completion of Oliver McGowan training was 45.52% with the	N/A	N/A	N/A

	aim to achieve 90% compliance by March 2024.			
Apprenticeship and Widening Participation report	An update was received on Apprenticeship Levy, with spending increasing and expenditure for 2023 was forecasted to equate to 48% of the annual funds.	Good progress had been made however, UHCW was still looking to utilise all of the Levy.	Conversations to take place regarding approaching the third sector locally to spend the unallocated apprenticeship levy.	29th February 2024
Freedom to Speak up	The Committee received an update on Freedom to Speak up. Good progress had been made with suggestions to explore appointing rotational doctors, AHP's and Student's to Ambassador roles to increase diversity.	N/A	N/A	N/A
Staff Survey Update	It was reported that the final response rate of the staff survey was 40%, however learning from the year would be taken to next year to improve staff response rates. There had been a generally positive improvement on the Trust's own results compared to 2022.	N/A	N/A	N/A

ASSURE (Include here areas of generally positive assurance)

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions

MINUTES OF THE MEETING OF THE QUALITY AND SAFETY COMMITTEE HELD AT 09:00 ON THURSDAY 30 NOVEMBER 2023 IN ROOM 20063/64, CSB, UHCW, COVENTRY

MINUTE REFERENCE	DISCUSSION	ACTION

QSC/23/85 PRESENT

Carole Mills (CM) – Non-Executive Director **(CHAIR)**
Janet Williamson (JW) – Non-Executive Director
Douglas Howat (DH) – Associate Non-Executive Director
Tracey Brigstock (TB) - Chief Nursing Officer

QSC/23/86 IN ATTENDANCE

Andy Phillips (AP) – Deputy Chief Medical Officer
Hayley Best (HB) – Associate Director of Quality Patient Experience
Falguni Choksey (FC) – Consultant Anaesthetist
Marie Midgley (MM) – Manager of Education and Training
Paula Seery (PS) – Associate Director of Nursing for Workforce
Fiona Wells (FW) – Infection Prevention and Control Nurse
Fisayo Oke (FO) – Corporate Governance Manager
Rob Davidson (RD) – Committee Officer (minute taker)

QSC/23/87 APOLOGIES FOR ABSENCE

Kiran Patel (KP) - Deputy CEO & Chief Medical Officer
Gavin Perkins (GP) – Non-Executive Director

QSC/23/88 CONFIRMATION OF QUORACY

The meeting was declared quorate.

QSC/23/89 DECLARATIONS OF INTEREST

DH declared his employed role at Coventry University and that he was also a trustee and board member of the charity Grapevine.

QSC/23/90 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 28 September 2023 were confirmed as an accurate record subject to an amendment to QSC/23/69 final paragraph to remove the words “due to staff vacancies and sickness” and **APPROVED**.

QSC/23/91 ACTION MATRIX

Items 22/102, 23/45 & 23/63 amend deadline to January 2024. Items 23/68, 23/69, 23/7423/79, & 23/81 to be closed. 23/78 explanation given and date extended.

The Action Matrix was **NOTED** and completed actions were confirmed as closed.

QSC/23/92 MATTERS ARISING

None.

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/23/93	**CHIEF OFFICERS EXCEPTIONS/UPDATE**	
	TB said that there had been a presentation from the End of Life Committee both to QSC and Trust Board. A delivery group will progress the actions, including the 24/7 service and palliative care. The NACEL audit started in January 2024 on a two-year cycle.	
	TB advised on a new strain of C.diff of which Coventry had seen 12 cases out of 48 which posed a challenge and needed early diagnosis due to a high mortality rate. CM asked if an antibiotic regime was available and was advised this was at the extreme end of the scale available. Measles was rife at present, and 198 letters had been sent to advise and inform contacts. CM asked about vaccination and low take up. TB advised this was due to the effects of COVID and ongoing reluctance in the light of misinformed adverse comments about the MMR vaccine. The strain presented was different to normal and IPC were more careful in monitoring. TB further reported she had presented at the CNO summit and had showcased the service provided by UHCW.	
	AP stated that there were no exceptions to report from KP, however it was reported as at the date of the QSC meeting that there had been six safety reports with no safety concerns raised.	
QSC/23/94	**INTEGRATED QUALITY, PERFORMANCE & FINANCE REPORT**	
	AP presented the report and gave further detail. No serious incidents had been reported since October 2023. There had been an increase in the number of RTT 52 week wait patients as a result of service changes required in response to Covid-19. There had been 5,593 breaches in September, up by 67 from August. This compared to a national average of 2,264.	
	The percentage of patients over 52 weeks in September was 7.69%, v a national average of 5.21% for similar sized Trusts. RTT 78 week waits were 22 in September, an increase of seven from August.	
	There'd been 20 12-hour trolley waits within the Emergency Department (ED). Hospital at Home provision was noted and AP paid tribute to the clinical lead, Dr Gorana Kovacevic.	
	In October 2023 15% of complaints had been upheld, 38% partially upheld and 47% not. Non-executives commented on the need to improve the style and tone of wording in complaint response letters.	
	There had been three mixed sex accommodation breaches reported in October.	
	82.83% of urgent clinical letters were sent within seven calendar days; no further detail of the MModal issue was to hand. CM asked if a patient portal could be used to upload such letters, giving smoother access given the delays, challenges and cost of post. AP said that every method of communicating with patients was being considered and changes would be brought in under the EPR rollout.	
	DH questioned the value of some of the reports given that the information was a snapshot rather than an an overview over a two month period. He asked for this to be considered, which was **agreed.** There also appeared to be a discrepancy over the HSMR figures.	**KP**

MINUTE REFERENCE	DISCUSSION	ACTION
	JW noted the stubborn lack of improvement in the four-hour wait statistics given that the ED had now been refurbished. AP stated that more patients were using the service and ebbs and flows could not be predicted. The 12 hour wait figure was the key issue to consider. TB noted the mutual aid requirements and intelligent conveyancing of patients which caused issues. Later discharges during the day were also being worked on. JW referred to a recent call she'd participated in and the comparative low numbers of virtual ward beds utilised. TB replied that our utilisation was higher than some trusts but we could not open more beds due to a shortage of a second consultant post. It was recommended and **agreed** that a presentation be made to QSC on Hospital at Home.	**TB**
	CM noted the changes in the figures presented including a concern over the increase in MRSA cases and that the number of day cases had improved.	
	The Committee **RECEIVED ASSURANCE** from the IQPFR.	
QSC/23/95	**INFECTION PREVENTION AND CONTROL UPDATE**	
	FW presented the report. There had been one MRSA case reported in a child during Q2 from an unclear source. COVID monitoring was in place across the Trust with differing rules for separate areas. The Trust had achieved a GAMSAS level 2 accreditation and an action plan was being drafted to address the feedback received.	
	JW congratulated the author of the report and asked about the impact of infections on activity. FW noted that infections were making patients ill for longer and were requiring more antibiotics. This could also affect the flow of patients through the hospital. Increased activity in the trust created an increased number of infections. The Trust was also seeing an increase in community infections.	
	CM asked what else needed doing for MRSA infections particularly given there was a zero tolerance for the infection. FW noted that the case in question was particularly sensitive and little further investigation had been undertaken. CM acknowledged this but also felt it was important to get to the bottom of such things.	
	The Committee **RECEIVED ASSURANCE** from the report.	
QSC/23/96	**PATIENT EXPERIENCE AND ENGAGEMENT REPORT**	
	HB presented the report. It was noted that recruitment to the complaints team was continuing. During Q2 92% of complaints had been responded to within 25 working days with communication the top theme for complaints and cancelled appointments the second main theme. Analysis of the doctors strike had been undertaken. Detail of the National Survey Programme was also disclosed.	
	DH asked a question on the case disclosed in appendix A. HB clarified the roles of the complainant and the handling of the complaint. HB also stated that the Trust response had now changed and aspects of the response would now be made in a timelier basis.	
	DH asked whether complaints due to cancellation of appointments were upheld. HB said that some complaints would be. Discussion and explanation was also given to 'touch points' between patients and the Trust.	

MINUTE REFERENCE	DISCUSSION	ACTION
	JW noted the themes that had come through and asked if enough had been done in relation to patient engagement. HB and TB **agreed** that communications should improve to show more empathy. CM asked about PHSR outcomes and whether they had improved over time. HB stated that responses were catching up. The Committee **NOTED** the report.	
QSC/23/97	**PATIENT SAFETY AND RISK LEARNING REPORT**	
	AP presented the paper and some background detail showing that the industrial action had affected data collection and reporting during this time period. There had been 33 breaches out of 49 open serious incidents as of September 2023. Three serious incidents reported in September. Three never events were being investigated. Four National Patient Safety Alerts were included with an action update.	
	DH asked about the 60 working day targets and the shared learning. He asked if this was on a contractual or voluntary basis to complete the investigations and what management support was given. AP said that time was allowed within the job plan of clinicians but the investigation was done on a voluntary basis. DH also asked for averages to be disclosed over time rather than monthly snapshots.	**KP**
	JW asked for a clear plan to be given on the 33 breaches of the open serious incidents and for a presentation to the next meeting. This was **agreed**. CM recognised that resources needed to be allocated to effect improvements.	**KP**
	The Committee **NOTED** contents of the report and the actions that had arisen from the report.	
QSC/23/98	**SAFE STAFFING REPORT**	
	PS presented the report. TB noted the main focus was on Paediatrics due to identified risks in that area. PS noted the improvement actions included international recruitment, incentivised bank rates and staff retention. The forecast vacancy rate was 24% by February 2024 v 38% in September 2023. Other vacancy rates were 8.3% Registered Nurses, HCSW 8.3%, Registered Midwives 17.79% and Allied Health Professionals 7.6%. The Trust had attended national recruitment events and professional development programmes to support further recruitment. PS stated that some candidates had moved from higher cost areas to Coventry. Rostering pilots commenced to improve staff experiences. Bank and agency costs had reduced. The Non-Executive Directors all thanked PS for a very clear and accessible style of report. The Committee **RECEIVED ASSURANCE** from the report and noted key developments and activity in relation to AHP staffing.	
QSC/23/99	**PSIRF POLICY AND PLAN**	
	AP presented the PSIRF Policy and Plan showing a national movement to standardise a framework for patient safety responses across the NHS. The policy document was based on the national template available to the Trust. It was noted that training had started for staff before the introduction of the policy.	

MINUTE REFERENCE	DISCUSSION	ACTION
	CM asked if the training, which had been very thorough but repetitive at times, could be streamlined to make it more efficient.	
	DH questioned the response timeframe in the policy. AP stated that these were aspirational timelines and were too long. The committee asked for the report to Trust Board to reflect that this was under review. JW asked that a sustainable model be developed to ensure staff were available to undertake investigations.	**KP**
	JW asked for clarity on the reporting process as to whether patient safety review figures would be reported with the PSIRF plan or separately in the Patient Safety and Risk Learning report and it was **agreed** that this would be fed back.	**LC**
	The Committee **RECEIVED ASSURANCE** and **ENDORSED** the Policy and Plan.	
QSC/23/100	**MEDICAL EDUCATION REPORT**	
	MM presented the report which was taken as read.	
	JW asked about the Trust's position in addressing concerns following the NHSE inspection visit to Dermatology. MM stated that the service required a consultant appointment and the department had been moved earlier in the year into another area of the hospital. MM stated that the matter was with COG and the CMO. TB noted that there were learning opportunities which were undertaken and the Trust was moving at pace with the issue.	
	CM asked for a further report as a separate agenda item on the status, the history of the issue and how the Trust could move forward on this in a sustainable way. This was **agreed.**	**DW**
	DH noted the national student survey responses and the questions had changed from earlier years and so could not be compared.	
	The Committee **RECEIVED ASSURANCE** from the report.	
QSC/23/101	**CORPORATE RISKS REPORT**	
	AP presented the report. There had been no new risks added since the last report. He noted that Risk ID3975 had been closed.	
	CM reminded the meeting that despite previous agreements to change it, the format of the report continued to be suboptimal, including the small font. CM also questioned the closing of this risk at this point, given that the Committee had heard of several ongoing issues in this area during the meeting. It was **agreed** that this would be raised with the relevant senior colleagues.	**KP**
	The Committee **RECEIVED ASSURANCE** from the report with the exception of closing risk ID3975 and required further assurance.	
QSC/23/102	**MORTALITY UPDATE REPORT**	
	AP presented the report	
	Mortality Profile Performance - there were 398 primary mortality reviews requiring completion (including the ED). Of those, 254 were over 30 days from the date of death. There were three primary mortality reviews over 12 months old, allocated to the specialties General Surgery and Acute Medicine, which had been escalated as per Trust process.	

MINUTE REFERENCE	DISCUSSION	ACTION
	Dr Foster Ongoing and New Alerts: • Septicaemia (except in labour) • Intracranial injury • Acute myocardial infarction • Other fractures • Crushing injury or internal injury • Cancer of breast • Respiratory failure, insufficiency, arrest (adult) • Other diseases of kidney and ureters. Hospital Standardised Mortality Ratio (HSMR) for June 2023: • June 2023 HSMR 96.0 (expected range) • July 2022- June 2023 HSMR 106.5 (above expected range) Summary Hospital Mortality Indicator (SHMI) update for April 2022 to March 2023: • SHMI: 1.0855 (within expected range) • Variable Life Adjusted Display Charts (VLAD) Charts Alerts 4 diagnosis groups with negative alert. DH noted the figures presented varied according to the summary of the report, the detail of the report and the IQPFR. DH considered that the Committee should consider the rolling trend rather than a snapshot figure. This was **agreed.** AP acknowledged the errors shown which would be followed up and reviewed. The Committee **RECEIVED ASSURANCE** from the report.	
QSC/23/103	**QUALITY SCHEDULE** AP presented the report. Performance for Incomplete Pathways within 18 weeks had deteriorated from 52.04% to 50.84%. RTT 78 week waits and RTT 65 week waits had increased. The over 18 week backlog stood at 36,106. Performance for Diagnostic Waiting Times had deteriorated from 3.81% to 5.66%. There had been an increase in the number of diagnostic tests undertaken. Performance for Emergency Care four-hour wait had decreased from 72.74% to 70.88% and was below the national target. Ambulance handover times had decreased. There had been an 8% increase in ED attendances. TB suggested that an operational lead, either Gaby Harris or Jo Lydon attended the next QSC meeting to report how the Trust was handling the increased demand on the service. This was **agreed.** The Committee **NOTED** the report.	**GH**
QSC/23/104	**HOSPITAL TRANSFUSION COMMITTEE ANNUAL REPORT** FC presented the report and gave further details. Success in the provision of major haemorrhage packs had reduced the amount of blood wasted when being used. Standardised paperwork had been introduced. This was welcomed by the Committee. EPR management had caused an issue due to the inability to print sticky labels. Committee expressed concern and asked that this be addressed.	**TB**

MINUTE REFERENCE	DISCUSSION	ACTION

FC further reported that O Negative stock was too high in the Trust.

The Committee also noted with concern that satellite fridges in some areas were not working due to the previous supplier becoming insolvent and a new supplier not being secured. There had also been difficulties with PDA connectivity due to Wi-Fi issues, and the Committee asked that this be resolved without delay.

The Committee **NOTED** the report.

QSC/23/105 QUALITY IMPACT ASSESSMENT REPORT

AP presented the report and noted a recent addition, which would be subsequently uploaded to Team Engine. He explained how the waste reduction programme was being assessed according to the quality of care provided.

CM asked whether a quality impact assessment had ever refused a WRP request. AP said that one had been sent back for further information. TB added that she had also rejected one case for further information.

DH asked for further clarification on the process. AP and TB provided this and outlined the detail of the assurance process.

The Committee **RECEIVED** the report and **RECEIVED ASSURANCE** of the processes in place.

QSC/23/106 PAEDIATRIC AUDIOLOGY AUDIT REPORT

Due to time constraints and some Committee members needing to leave to go to another meeting, this item was deferred to January 2024.

QSC/23/107 BOARD ASSURANCE FRAMEWORK (BAF)

FO presented the BAF, which had been updated throughout the meeting to reflect reporting and discussion.

It was noted that under the first line of assurance, Palliative and End of Life Care had been included following discussions at the last Trust Board meeting and an action had been included to provide the committee with an update on 7-day service proposals. It was noted that a delivery group had been convened to progress the actions which included the 24/7 service and palliative care and this was included as a mitigation.

IPC Update was rated as having an amber status and green assurance. Patient Safety Risk and Learning, Safe Staffing, Medical Education, Hospital Transfusion Annual Report and Stroke services were all rated as amber for both status and assurance.

Under the second line of assurance, Dermatology review was rated as amber for both status and assurance and FO advised that, although NHSE Audit on Paediatric Review had been deferred, this had been included under the third line of assurance. This item was not rated as it had not been discussed.

With the above changes, the Committee **RECEIVED ASSURANCE** from the BAF.

MINUTE REFERENCE	DISCUSSION	ACTION

QSC/23/108 **DRAFT AGENDA FOR NEXT MEETING**

The draft agenda was presented. It was noted the items to be added to the agenda in January together with items deferred from November 2023.

The Committee **NOTED** and **APPROVED** the draft agenda for the next meeting.

QSC/23/109 **ANY OTHER BUSINESS**

None.

QSC/23/110 **CHAIR'S REPORT TO TRUST BOARD**

CM proposed that her report should include:

- Comments on the impreciseness of some of the data supplied.
- Potential premature closure of the Dermatology risk given a number of outstanding items that had been identified and discussed at the meeting
- Disappointment that several subject expert colleagues had sent apologies but no subs, potentially compromising oversight and scrutiny.
- Issues of note within the patient experience, safe staffing and transfusion service reports.

DH also proposed including the significant change to the PSIRF policy.

The proposed content of the Chair's report was **AGREED** by the Committee.

QSC/23/111 **MEETING REFLECTIONS**

CM thanked AP for his attendance and the invaluable contribution he had made to the work of the Committee at this meeting, particularly in the absence of so many other colleagues. This was endorsed by those present.

CM reiterated her significant disappointment at the number of scheduled attendees who had sent apologies but no briefed substitutes, potentially compromising scrutiny and assurance and asked for assurance that this would not happen again. TB agreed and said she would take this up.

It was noted that KP was not in attendance but for a different reason to the others and agreed that AP had covered all those aspects incredibly well.

MEETING END TIME – 12:15

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Report of the Quality and Safety Committee following its meeting held on 25th January 2024

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: 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
Context	QSC continues to exercise its duties fully cognisant of the challenging environment within which the NHS and UHCW is operating including, amongst other pressures, financial and people resourcing constraints, increased demand and the requirements of the national policy and performance framework. We very much appreciate the hard work of colleagues throughout the Trust.
Item 4: Action Matrix	It was reported that there were still Wi-Fi issues in some parts of the hospital resulting in 'dead' or poor reception areas. With the increased use of digital solutions and the rollout of the EPR programme we felt that this could impinge on patient safety and have asked for a report by the Director of ICT to the next meeting describing the current risks associated with this issue and the priorities and timescales for it to be rectified.
Item 6: Chief Officers' Exceptions/Updates	We heard that the outcome of a recent Internal Audit review of nasal gastro feeding tubes following a never event was only "limited assurance". The efforts being made to correctly document the management of the tubes and complete the actions accepted was noted.
Item 7: Integrated Quality, Performance and Finance Report	We noted with concern the number of never events at a time when colleagues are being required to increase productivity. We asked for future reports to always include a summary of the immediate learning from each event. We also asked for information about theatre use optimisation and the breast screening service. Committee supported the need for service development business cases to include the resourcing requirements of entire pathways and support staff in addition to the front end.
Item 11: Infection Prevention and Control	This excellent report covered a range of issues and we examined C.diff and measles in some detail. The measles outbreak and its impact are concerning and we thanked the team for their efforts both in trying to contain it and in encouraging immunisation in the community. We asked about the rate of staff immunisation for MMR and other diseases.
Item 12: Hospital at Home	We received an excellent and informative presentation about this project. Both presenters were very knowledgeable and incredibly enthusiastic about the work and realistic about the challenges within the community with practical solutions to overcome them. They exuded confidence in its roll out and the opportunities for future development.

Item 13: NACEL Audit Report	The Committee remains concerned about the length of time being taken to finalise the new bereavement suite and the extension to the mortuary, which are in significant part due to the processes required by the PFI contract.
Item 20: Corporate Risks	We noted with concern the risks relating to the reverse boarding of patients and the importance of this being carefully managed. The Committee fully supports the inclusion of this item in the Corporate Risk report and the importance of receiving regular updates.
Item 23: AOB	This was Kiran Patel's final QSC meeting and we thanked him for his invaluable support to the Committee and contribution to the Trust and wished him well in his new role.

Item/issue for escalation	**Purpose for escalation**	**Escalated to**
None		
Other items considered		
Item 8: Quality Strategy Update Item 9: Quality Accounts Priorities Progress Update Item 10: PLACE Report – update against action plan Item 14: Health and Safety Update Item 15: Medical Education Report Update Item 16: HTA Legal Licencing Item 19: Organ and Tissue Donation Committee – Terms of Reference Item 21: Board Assurance Framework		

Terms of reference	**Agenda item**
Advise the Trust Board on the strategic aims and objectives of the Trust	
Review risks to the delivery of the Trust's strategy as delegated by the Trust Board	Item 20: Corporate Risks Report Item 21: Board Assurance Framework
Approval of the quality strategy	
Review the Quality Account	Item 8: Quality Strategy Update Item 9: Quality Accounts Priorities Progress Update
Receive assurance on the organisation structures, processes, and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 10: PLACE Report - Update Item 12: Hospital at Home Update Item 19: Organ and Tissue Donation Committee – Terms of Reference
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of the Committee	Item 7: Integrated Quality, Performance and Finance Report Item 8: Quality Strategy Update
Receive assurance on the delivery of strategic objectives and annual goals within the remit of the Committee	
Review performance against quality indicators and seek assurance about the effectiveness of remedial actions and identify good practice.	Item 7: Integrated Quality, Performance and Finance Report

Receive assurance about the effectiveness of arrangements for: • infection prevention and control • patient safety • patient experience • clinical effectiveness • managing patients with mental health issues • health and safety	Item 11: Infection Prevention and Control Update Item 13: NACEL Audit report Item 14: Health and Safety Update Item 15: Medical Education Report Item 16: HTA Legal Licencing
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.

Item 17: Impact and Lessons Learnt from Industrial Action. This item was considered but is to be brought back to the next meeting as insufficient information was provided in the report. A steer was given about the additional detail required for example, including all industrial action, absence data, mortality and 'softer' aspects to provide a more complete analysis.

Item 18: NHSE Audit on Paediatric Audiology. This item was deferred to the March 2024 meeting due to the non-availability of subject experts to present the report.

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

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE HELD AT 13:30 ON THURSDAY 21 DECEMBER 2023 VIA MS TEAMS

MINUTE REFERENCE	DISCUSSION	ACTION
FPC/23/130	**PRESENT**	
	Jerry Gould (JG), Interim Chair – **CHAIR** Jenny Mawby-Groom (JMG), Non-Executive Director Janet Williamson (JW), Non-Executive Director Su Rollason (SR), Chief Finance Officer	
FPC/23/131	**IN ATTENDANCE**	
	Antony Hobbs (AH), Director of Operational Finance David Walsh (DW), Director of Corporate Affairs Jo Lydon (JL), Deputy Chief Operating Officer Peter Betts (PB), Head of Business Intelligence *[For item 6]* Amar Bhagwan (AB), Director of Procurement *[For item 7]* Jessica Mabbott (JM), Committee Officer (Minute Taker)	
FPC/23/132	**APOLOGIES FOR ABSENCE**	
	Apologies were received for Gaby Harris (GH), Chief Operating Officer.	
FPC/23/133	**CONFIRMATION OF QUORACY**	
	The Chair confirmed the quoracy of the meeting and declared the meeting open in accordance with Standing Orders.	
FPC/23/134	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest made.	
FPC/23/135	**MINUTES OF THE PREVIOUS MEETING**	
	The minutes of the Finance and Performance Committee (FPC) held on 8 November 2023 were **APPROVED** as a true and accurate record.	
FPC/23/136	**ACTION MATRIX**	
	JL provided an updated on Action FPC/23/93 and confirmed that an update would be included in the next scheduled Emergency Care Update report.	
	JL also said that Action FPC/23/96 would be included in the next scheduled IQPFR report to the Committee. JMG confirmed that this was referring to the average wait times in total. SR stated that there	

MINUTE REFERENCE	DISCUSSION	ACTION
	was a similar action to this for Trust Board regarding bandings and asked for this to be triangulated.	
	It was agreed that Action FPC/23/119 was complete and could be removed from the action matrix.	
FPC/23/137	**MATTERS ARISING**	
	No matters arising.	
FPC/23/138	**PERFORMANCE BENCHMARKING**	
	PB joined the meeting to present the report to the Committee. PB reported that the Cancer TWW Breast Symptomatic Performance had been erratic however, the Trust was currently 21.5% above the national average and 0.7% below the target of 93%. PB added that the Cancer 31 Day performance had also been erratic, and the Trust remained above the national average however, the performance was currently at 90.2% compared to the 96.0% target.	
	PB stated that the percentage of patients waiting more than 6 weeks for diagnostic tests continued to recover at a faster rate compared to national performance. The Trust was reporting 5.7% which was above the NHS Standard Contract target of 1.0% and the NHS England planning guidance which stated that 5% should be met by March 2025. PB highlighted that the 28 Day Faster Diagnosis Cancer Standard for July's performance was 75.1% which was 1.0% higher than the national average and above the national target of 75%.	
	PB brought the Committees attention to some areas which were under performing. The Cancer 62 Day Screening Performance dropped in January 2023 and remained below the national average since. Performance was at 57.8% compared with 64.6% nationally. PB added that the Incomplete pathway within 18 weeks target of 92% had not been achieved.	
	PB reported that the Cancer 62 Day performance was 51.4% of patients beginning their first definitive treatment within 62 days of being urgently referred for suspected cancer compared with 59.3% nationally. The Trust had only achieved this standard once in the last 2 years.	
	PB stated that the A&E 4 hour Wait Performance remained below target and was slightly below the national average. October's Performance was 69.5% compared with 70.2% nationally. PB added that the Cancer TWW September performance was 57.8% which was 16.2% lower than the national average and was one of the lowest achievements following a decline in performance since January 2023.	
	JG mentioned that the 6 week endoscopy measure had doubled and queried the reasoning for this. PB said this was across a small cohort of patients but would come back to the Committee with the reasoning for this.	**PB**
	JG queried why the cancer performance for 2 week waits had	

MINUTE REFERENCE	DISCUSSION	ACTION
	declined significantly and was there a particular area which was causing the problem. PB said that he would find out the answer from the Head of Cancer Services and provide an update.	**PB**

PB left the meeting.

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

FPC/23/139 **PROVIDER SELECTION REGIME: UPDATE ON IMPLEMENTATION**

AB joined the meeting and presented the report to the Committee. AB confirmed that PSR came into effect on the 1st January 2024 and would cover 29 regs with 16 schedules. AB noted that the departments affected by PSR were strategy, finance, and procurement and that the Trust required legal support to understand the changes. AB added that there were several options to award opportunities, but each option needs to be thought out and communicated in line with the transparency notices.

AB reported that the implementation of PSR was a major change to the process for seeking and appointing NHS organisations to deliver healthcare services. The Trust would need to familiarise a number of departments on how to implement the transparency notices required for bidding and tendering services.

JG asked whether the reasoning for the PSR was to give commissioners more freedom on how they choose to allocate activity. AB agreed, adding that it provides a better set of tools to justify the actions taking place.

AB left the meeting.

The Committee **NOTED** the report.

FPC/23/140 **EMERGENCY CARE UPDATE**

JL presented the report to the Committee, highlighting that the UHCW Local Health Economy delivered a four-hour performance of 68.75% for November 2023 against the national standard of 76%. JL noted that the Trust had challenges within Resus and Children Emergency Department was a particular focus.

JL added that the Trust was significantly challenged from an occupancy perspective, with a large amount of extra capacity open. JL confirmed that patient length of stay was still a challenge, bringing the Committees attention to patients over 21 days length of stay which was a more favourable position compared to the same time last year. JL added that improvements to the length of stay had aligned with the Improving Lives Programme.

JL went on to add that work continued to be rolled out regarding changes to ward processes in line with Improving Lives. A launch event and presentation to Chief Officers Forum was very successful. However, it was expected that this roll out would be delayed slightly due to the impact of Urgent and Emergency Care pressures and

MINUTE REFERENCE	DISCUSSION	ACTION

imminent Industrial action.

JL stated that in terms of Ambulance Handover performance, the Trust was ahead in terms of the national performance, however there was significant challenges in this area with 40% of patients being handed over within 15 minutes and 8.5% of patients waiting over an hour.

JL added that the Board were advised in a flash report that in response to the increased risk within Urgent and Emergency Care, Chief Officers had made a decision to authorise safe utilisation of “plus one” boarding on all wards. The impact of this was that each ward had one extra patient in an ‘unconventional space’ overnight rather than holding patients within the ED department. JL noted that 14 wards had patients held in unconventional spaces and this would be increased once more areas had been risk assessed.

JL highlighted that pressure would continue over the winter period, with the industrial action from Junior Doctors expected to be mitigated as much as possible, but still presenting a risk during this highly challenged period.

JL briefed the Committee on the recent National changes to the Operational Pressures Escalation Levels (OPEL) Framework 2023/24. The document provided guidance to acute hospital trusts, Integrated Care System (ICS) and NHS England (NHSE) regions in order to support effective, integrated, and coordinated responses. The aim of this was to promote improved patient safety, increased efficiency, improved communication, and enhanced decision making. JL added that the parameters detailed within the reports were now being actively reported against.

JW asked if it was likely that patients would be discharged at the same rate without Junior Doctors being present due to strike action. JL said that the rate should remain the same as although there would be fewer junior doctors on the frontline, the doctors the Trust had were consultants who would be discharging more often.

JMG queried what processes were in place to monitor ambulance received from elsewhere. JL said that she does not believe that the Trust necessarily received ambulances from elsewhere, however the Trust does receive limited support from system partners. JMG asked if this was discussed within the ICB. JL stated that it was.

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

FPC/23/141 **INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT**

JL presented the report, noting that some of this information was presented earlier on in the meeting through the Emergency Care Update and Performance Benchmarking report.

JL explained that the new National Cancer standards had been introduced for October’s data to report 31 day combined and 62 day combined performance. The 31 day combined was 90.11% against

MINUTE REFERENCE	DISCUSSION	ACTION

the 96% target, with 62 day combined 61.96% against the 85% target. JL added that the Faster Diagnosis standard remained and was achieved at 75.23% against the 75% target.

JL reported that 23.5 breaches (30 patients) were treated after the 104+ day target and the average number of long length of stay patients for November was 187, a decrease of 7 from October.

JL highlighted that there was significant challenges within Breast Screening due to increased demand, however intensive support was being provided to the teams. JL added that Head and Neck from a cancer perspective was also struggling and was a top area for concern, however, support was being provided in this area.

JL said that the Urology department had received funding from the Cancer Alliance which would be used to increase capacity through Medinet.

JL mentioned that in relation to 78 week waits, in May over 100 patients were waiting over 78 weeks, whereas in November it was 3. JL congratulated the significant work the teams had done to reduce this.

JL lastly added that the reason to reside data collection compliance for eligible areas was 86.88%.

JG queried the progress around theatre start times within 15 minutes as this did not seem to be progressing. JL said this was linked to bed availability and if a bed could not be guaranteed to be available a case may be started at risk or a case may not be started at all. JG asked if this was part of the work that was being done through FRB on Theatres. JL confirmed it was.

JW asked if the 65 week target being achieved by the end of March would be achieved due to industrial action taking place. JL suggested that it would depend on how January goes but usually the Trust stayed on trajectory even when previous strike action had taken place.

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

FPC/23/142 **INTEGRATED FINANCE REPORT**

SR presented report to the Committee. SR stated that the month 08 year to date position showed a £0.9m deficit, compared to a NHSE/I deficit plan of £3.9m. Therefore, the month 8 reported position was £2.9m positive variance against the YTD control target.SR added that the Trust was forecasting a break-even position, therefore, the forecast financial control total had been met. The forecast assumes a further £1.7m of future waste reduction savings would be made before the end of the year.

SR confirmed that a breakeven Financial Plan was approved by the Trust Board on 4th May 2023, this included the delivery of a £58.4m Financial Recovery Plan. SR added that on the 17th of November 2023 an Extraordinary Trust Board was convened to sign-off the H2

financial and operational plan. The Board supported a break-even position, on the back of the additional funding and additional ERF income on the back of ERF overperformance. SR said that the revised plan included an improvement in the YTD planned position for months 8 – 11.

SR went on to confirm that Capital expenditure was £24.8m year-to-date, compared to a £28.2m plan. Forecast capital expenditure was £44.8m, an increase of £0.8m from the original plan. This included a £2.1m increase in EPR expenditure from £6.8m to £8.9m in year, and an offsetting £2.1m decrease in BAU expenditure.

SR added that EPR funding was a significant trust and system capital risk and in Month 08, the system had been asked to show the overspend on capital. UHCW was showing the over commitment of the system capital envelope by recording the EPR expenditure in the BAU envelope, and so reporting an overspend of £6.8m.

SR highlighted that the Coventry and Warwickshire ICB were awarded £5.8m of IFRS16 CDEL cover, however in M07 providers in the system reported £7.2m of IFRS16 charges. There was a risk that UHCW may not receive the full allocation required for its IFRS16 charges which would be an additional pressure to achieving the Trust's CDEL limit.

The Trust had set a £58.4 target for the year, comprising of £25m recurrent and £33.4m non-recurrent. Year to date delivery stands at £36.4m compared to a target of £36.5m, an adverse variance of (£0.2m). SR added that forecasted delivery stood at £56.7m compared to a target of £58.4m, an adverse variance of (£1.7m).

SR noted that the forecast assumed a further £1.7m of future waste reduction savings would be made before the end of the year.
Adding that Capital funding continued to be a significant risk and the system submitted a compliant plan, with the working assumption that additional digital allocation would be available in year to support the UHCW EPR capital programme of £6.8m. SR stated that receipt of digital funding was unlikely, and the Trust was working on mitigations with the system to ensure the Trust's capital resource limit obligation was not breached.

SR explained that the IFRS would be a control total adjustment and was not an area for concern at the moment. Further guidance was to be received on this.

It was noted that EPR implementation delay of 9 million was no longer a downside risk for the year 2023/24, however it would be a significant risk for 2024/25. Within the forecasted position there was a downside risk associated with industrial action which needed to be fully quantified. Currently, it was assumed this would be £6.4mil in total.

The Committee **UNDERSTOOD** and **NOTED** the Integrated Finance Report.

MINUTE REFERENCE	DISCUSSION	ACTION
FPC/23/143	**FINANCIAL RECOVERY BOARD PROGRESS REPORT**	

SR presented report to the Committee and noted that the FRB meeting was not held in December. SR stated that the Trust was forecasted to deliver £56,717k which was 97% of the overall plan. However, of the forecasted savings £46,376k were non-recurrent (82%) compared to £10,341k Recurrent (18%).

The Trust had delivered actual savings of £36,352k against a YTD target of £36,517k (99.5%), of which £29,184k (80%) was non-recurrent. SR added that the majority of YTD savings were delivered through the Local WRP workstream (£12,268k), VfM & Non-Pay workstream (£13,823k) and Workforce Vacancies (£7,368k).

SR explained that the Workforce Vacancies programme had delivered YTD recurrent savings of £889k and Non-Recurrent savings of £6,479k, against a YTD target of £8,320k. This was in addition to vacancy factor delivery of £5,041 in the Trust's baseline.

SR highlighted that the main workstreams under-delivering against the YTD target were Workforce Vacancies programme (£953k off target), VFM, Non-Pay & Income (£3,515k) and Theatres Productivity (£1,035k).

SR added that the Full Year Effect value of Recurrent Schemes for 24/25 was £1,148k although £448k of this was EPR related the full value of which was dependent upon how early in the financial year that the EPR system was implemented.

SR noted that Trauma and Orthopaedics was forecasted to achieve below 100% of their overall waste reduction activity because they had not managed to get back to the same levels of productivity from previous years. SR confirmed that there was some outstanding Quality Impact Assessments. AH said that most QIA's had been moved to the new system and all should be moved before the year end.

JG mentioned that he was keen for momentum not to be lost because the figures for waste reduction had improved significantly at the end of the year. SR agreed but highlighted that with continued industrial action this does make it difficult.

JG asked for an update on Job Plans. AH said there was not an update at the moment.

JW asked if any investment would go towards additional waiting lists before the end of the financial year. SR confirmed that waiting lists go through a sign off process and the baseline performance of the speciality was looked at before signing off.

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

FPC/23/143	**CORPORATE RISK REGISTER**	

DW presented the report to the Committee, noting that changes

MINUTE REFERENCE	DISCUSSION	ACTION

would be made to the report format in due course once a meeting had been held with the quality team to agree what the report should look like.

DW confirmed that the report had fully integrated all risks under FPC and those that cross over from QSC. DW added that there were 11 open risks.

DW brought the Committees attention to risk 4495 and confirmed that this was discussed at Risk Committee with the outcome being that it remains as a risk on the register rather than being considered as a mitigation to the Urgent and Emergency Care Risk. DW also added that some risks had a risk level of 15 and this was to be discussed at future Risk Committees as to whether this was too high.

JG suggested that the target risk level should reflect the agreed risk appetite for patient care. JG also asked for the assurance columns to be discussed with Lisa Cummins as majority of them were left blank in the report.

AH said that assurances and gaps had been updated for Finance Risks and asked DW to discuss with the quality department how this was being triangulated with the information the Committee was receiving.

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

FPC/23/144 **BOARD ASSURANCE FRAMEWORK (BAF)**

DW presented the BAF to the Committee.

Operational Performance BAF:
DW added the 'Intentional Boarding of inpatient wards' to the associated risks which would be reviewed periodically.
On the second line of assurance the Performance Benchmarking report was added, with areas of underperformance being added.
On the first line of assurance the review date for emergency care update had been updated and 78 week waiters was suggested to be changed to amber/green.

Financial Performance BAF:
On the second line of assurance the H2 plan had been added with the status of amber.
On the first line of assurance, it was agreed that Waste Reduction Programme and Integrated Finance Report could be rated as Amber.

The Committee **RECEIVED ASSURANCE** from the BAF subject to any further amendments received.

FPC/23/145 **DRAFT AGENDA FOR NEXT MEETING**

It was agreed that the Sustainable Development Update be removed from the agenda and be reviewed on the annual plan to be received only twice a year.
It was also asked that the Emergency Care update be removed from the agenda and the elective update be added to the agenda.

MINUTE REFERENCE	DISCUSSION	ACTION
	The Committee **APPROVED** the Draft Agenda for the next meeting.	
FPC/23/146	**ANY OTHER BUSINESS**	
	No other business discussed.	
FPC/23/147	**MEETING REFLECTIONS**	
	The Committee thought the meeting was well chaired, with detailed and informative reports being received.	
	MEETING END TIME 15:00	

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 February 2024

Report of the Finance and Performance Committee following its meeting held on 25 January 2024

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: 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
Item 6: 5-year Capital Programme 2024/24 – 2029/30	We received a report updating us on the capital programme planning for the next 5 years. This suggested some significant affordability challenges particularly in 2024/25 in which large sums were required, for example for EPR, the final stages of the ED expansion and the dermatology relocation.
Item 7: Financial Recovery Board Progress report	The Committee was updated on the progress being made by the Financial Recovery Board to address the WRP savings target of £58.4m. Saving's to date total was £47.3m which was slightly ahead of plan and the Committee was now confident that the year's target would be reached. However, the Committee remained concerned at the proportion of savings which were recurrent at just £11.9m against a target of £25m. We were also updated on the planning for the 2024/25 programme on which work had now started.
Item 8: Integrated Finance Report	We received the Integrated Finance Report which included details in relation to changes in funding allocations and ERF targets introduced by NHSE to accommodate the impacts of junior doctors' industrial action and how this was driving a positive variance due to the plan trajectory still being based on the original plan. However, it also indicated that currently, we were projecting a year end deficit of £2.9m against a break even plan due to the H2 guidance assuming no industrial action in December and January when such industrial action did take place. We also heard that we were now significantly ahead of the latest ERF performance target with a month 9 provisional position of 109.7% against a target of 105% and that we remained below the agency cap, though we were projecting a £6.8m overspend on capital due to the EPR funding gap.
Item 9: Elective and Cancer Care Update	The Committee received the bi-monthly Elective and Cancer Care update report. We heard that performance against national waiting times standards remained extremely challenged due to the combined impacts of high referral volumes, the focus on post pandemic recovery, diagnostic capacity, theatre lifecycle maintenance, vacancies and industrial action. There was significant focus and work by teams to address these challenges, including daily and weekly monitoring and use of mutual aid along with both insourcing and

	outsourcing and the release of two theatres from lifecycle maintenance should provide a positive impact going forward. On a positive note, the Trust was ahead of its trajectory to eliminate 65-week waiters by March 2024, albeit there were three 78-week waiters in November and 9 in December.
Item 10: Integrated Quality, Performance and Finance Report (IQPFR)	We received the IQPFR and noted its contents.
Item 11: How Model Hospital Benchmarking is used to shape future Waste delivery targets	The Committee received a report which explained how the data included in the Model Health system was going to be used to identify the greatest opportunities to make efficiency improvements and how this will be used to develop the 2024/25 and subsequent years WRP.
Item 12: Corporate Risk Register	The Committee received and reviewed the Corporate risks for which it is responsible and asked for assurances to be added to risks where these were absent.
Item 13: Board Assurance Framework	We received the Operational Performance and Financial Stability Board Assurance Framework's and reassessed the content and risk scores to reflect the contents of the reports received by the Committee at the meeting.

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

OTHER AGENDA ITEMS

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 13 Board Assurance Framework Item 12 Corporate Risk Register
Review the financial strategy	Item 8 Integrated Finance Report Item 7 Financial Recovery Board Progress 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 7 Financial Recovery Board Progress Report
Receive reports from the Chief Officers relating to organisational performance within the remit of the Committee	Item 10 Integrated Quality, Performance and Finance Report
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	Item 7 Financial Recovery Board Progress Report

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties? Yes	
Item from terms of reference	State which agenda item achieved this
Review performance against financial and operational indicators and seek assurance about the effectiveness of remedial actions and identify good practice	Item 8 Integrated Finance Report Item 7 Financial Recovery Board Progress Report
Review the capital programme	Item 6 5 year Capital Programme 2024/24 – 2029/30
Receive assurance about the effectiveness of arrangements for; • Financial management • Operational performance • Recruitment, employment, training and workforce management • PFI arrangements • Organisational development • Emergency preparedness • Insurance and risk pooling schemes (LPST/CNST/RPST) • Cash management • Waste reduction and environmental sustainability	Item 8 Integrated Finance Report Item 10 Integrated Quality, Performance and Finance Report Item 9 Elective and Cancer Care Update Item 7 Financial Recovery Board Progress Report Item 11 How Model Hospital Benchmarking is used to shape future Waste delivery targets
Receive reports from the Chief Finance Officer on actual and forecast financial performance against budget and operational plan	Item 8 Integrated Finance Report Item 7 Financial Recovery Board Progress 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.

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

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Subject Title	Integrated Quality, Performance & Finance Report – Month 9 – 2023/24
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Daniel Hayes, Director of Performance & Informatics
Attachment(s)	Integrated Quality, Performance & Finance Report – Reporting period: December 2023
Recommendation(s)	The Board is asked to review and note the contents of the report

EXECUTIVE SUMMARY

The attached Integrated Quality, Performance & Finance Report covers the reported performance for the period ending 31st December 2023.

The Trust has achieved 14 of the 36 rag-rated 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 70.42% in December, for the four hour standard, an improvement of 1.67% from last month but below the national standard of 76%. UHCW is above both the benchmarked position for England and the Midlands.

Twenty six 12 hour Trolley Waits in Emergency Care were reported in December 2023.

There was one reported case of MRSA in December, with three YTD.

There were 5 Never Events reported this month, details are included within the report.

The RTT incomplete position remains below the 92% national target and stands at 50.4% for November. The average weeks wait was 20.9.

The Trust has seen a decrease in the number of RTT 52 Week Wait in November and met its current YTD target. There were 4,460 breaches in November, a decrease of 629 from October. This compares to a national average of 2,042.

RTT 78 Week Waits have dropped to 3 in November, a decrease of six from October.

Diagnostic waiters performance was 5.94% in December, a decline in performance of 2.57% on the previous month.

Cancer performance for November 2023 was:

- Cancer 28 days Faster Diagnosis Overall: 75.92% (target 75%)
- Cancer 31 Day Combined: 95.43% (target 96%)
- Cancer 62 Day Combined: 56.7% (target 85%)
- Cancer 104+ days wait (Treated Combined): 31.5 breaches, 38 patients (target 0)

The average number of long length of stay patients for December was 178.

Reason to reside data collection compliance for eligible areas is 86.49%.

The latest reported HSMR figure is 113.22 for September 2023 and is inside of Dr Foster's calculated relative risk range.

Complaints Turnaround time <= 25 days was 90.32% and met its target of 90%.

PREVIOUS DISCUSSIONS HELD
Standard monthly report to Trust Board

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

University Hospitals Coventry and Warwickshire NHS Trust

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: December 2023

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Executive Summary

The Trust has achieved 14 of the 36 rag rated indicators reported within the Trust's performance scorecard.

The last few months have continued to bringing challenges for the Trust and for the NHS as a whole, with an increased focus on the number of patients waiting Nationally for treatment, whilst the demand for services increases across all areas.

Despite these challenges at UHCW all our teams have been working to find new ways to improve our patients experience. Our Performance and Information team, alongside our Operational teams, have been reviewing and implementing new methods of analysis and through this have identified a number of key areas where efficiency could be applied and improved - in particular around our outpatient appointments. Through careful management this has resulted in more patients being seen, with the elective waiting list reducing by 1,574 in November, and 1,540 in December, and the number of patients waiting more than a year reducing by 700 a month on average in the same period.

This is a fantastic achievement and has resulted in UHCW being recognised nationally as a leader in this field

For patients referred for Cancer the Trust has continued to achieve the new Faster Diagnosis national target, with most patients receiving their diagnosis within 28 days of their referral - helping to ensure that intervention and treatment can be delivered faster.

I am also very proud that through careful winter planning and preparation our Emergency Department has shown improvements in the waiting time of new arrivals, with the percentage of patients waiting less than four hours improving by a further 1.7% over the previous period, above the benchmarked figures for both England and Wales - during what is traditionally a very pressured period for the NHS as a whole. Although I do recognise that a small number of patients had to wait for a long time due to extraneous circumstances, but the whole team remains committed to continue their improvement reviews and are working to find new ways to ensure this does not happen where at all possible.

I would like to finish by announcing that following a thorough review and evaluation process the Trust has now restarted its Electronic Patient Record implementation and is aiming to complete this by the end of June this year. Work has already started across all areas in the Trust to ensure our staff and processes are ready to begin this new journey for the Trust, and I am grateful to all those who have worked so hard to bring us to this position.

I look forward to updating you on progress shortly as we move into the new year and the challenges this always brings.

Professor Andrew Hardy, Chief Executive Officer

14 KPIs achieved the target in December

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Quality and Safety	4	5	0	9
Local Integrated Care / Centre of Excellence	3	12	0	15
Valuing and Enabling Our People	2	1	2	5
Sustainablity	2	0	0	2
Research, Innovation and Teaching	3	2	0	5
All domains	**14**	**20**	**2**	**36**

KPIs categorised based upon SPC methodology*

	Consistently Achieving Target (P)	Consistently Failing Target (F)	Hit and Miss Target (?)
Quality and Safety	0	2	3
Local Integrated Care / Centre of Excellence	1	2	7
Valuing and Enabling Our People	1	2	2
Sustainablity	0	0	0
Research, Innovation and Teaching	0	0	0
All domains	**2**	**6**	**12**

* Not all KPIs are suitable for SPC analysis

Trust - KPI Performance Trends

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

Mandatory - KPIs with a National Target

Variation	Measure	Annual Target	Target Assurance	Latest Position
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%	F	50.41%
	A&E 12hr Total Wait Time	2%	F	7.23%

Non Mandatory (Local or Regional Targets)

Variation	Measure	Annual Target	Target Assurance	Latest Position
L	Diagnostic Waiters - 6 Weeks and Over (Local Target)	1%	F	5.94%
	Appraisal - Non-Medical	90%	F	86.74%
	Average Number of Long Length of Stay Patients	109	F	178
	Friends & Family Test - Positive Rate Targets Achieved	7	F	0
	Sickness Rate	4%	F	5.99%

Quality and Safety | Headlines December 2023

SUMMARY

This summary covers the last 2 reported months.

The number of 12-hour trolley waits has increased by 15 from November. Ambulance Handovers within 15/30 minutes have shown a slight improvement, however, ambulance handovers within 60 minutes has declined. 4hr Performance has shown an improvement of 1.67% from November. No Medicine Related Serious Incidents were reported for November or December. One MRSA case was reported in December bringing the Year-To-Date figure to three. Five Never Events have been reported in December.

Accident and Emergency

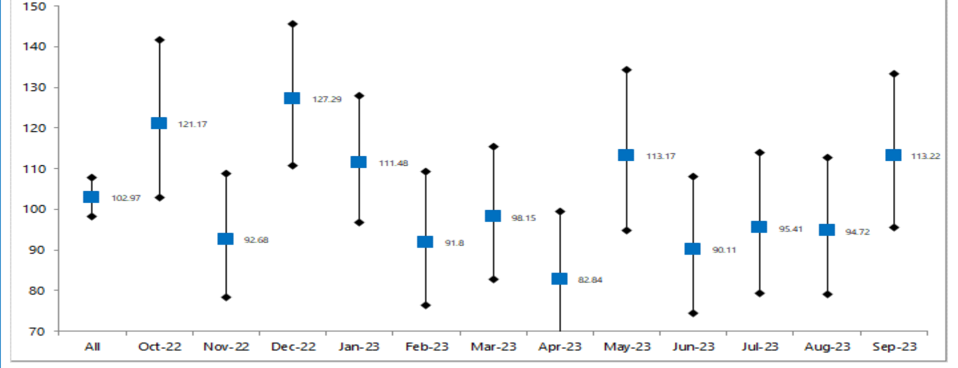
	Target	Previous Value	Latest Value	DoT
12-hour Trolley Waits	0	11	26	↓
Ambulance Handover within 15 minutes	65%	39.29%	40.53%	↑
Ambulance Handover within 30 minutes	95%	72.83%	74.24%	↑
Ambulance Handover within 60 minutes	100%	85.00%	84.06%	↓

4hr Achievement Overview - as at 16/1/2024

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	28.02%	30.06%	30.12%	30.78%
Type 1 Resus	29.82%	32.21%	26.56%	30.73%
Type 1 Paediatrics	59.47%	63.22%	60.33%	66.25%
Local Health Economy	70.42%	71.23%	70.45%	71.94%

Patient Outcomes

	Target	Previous Value	Latest Value	DoT
Never Events (Cumulative)	0	3.0	8.0	↓
Medicine Related Serious Incidents	0	0	0	→
MRSA Incidents (Cumulative)	0	2	3	↓
C.diff Incidents (Cumulative)	47	43	52	↓
LLOS	109	187	178	↑
Reason to Reside	95%	86.88%	86.49%	↓
HSMR	RR	94.72	113.22	



RTT

	Target	Previous Value	Latest Value	DoT
52 Weeks Wait	5025	5089	4460	↑

52 Weeks

Trustwide

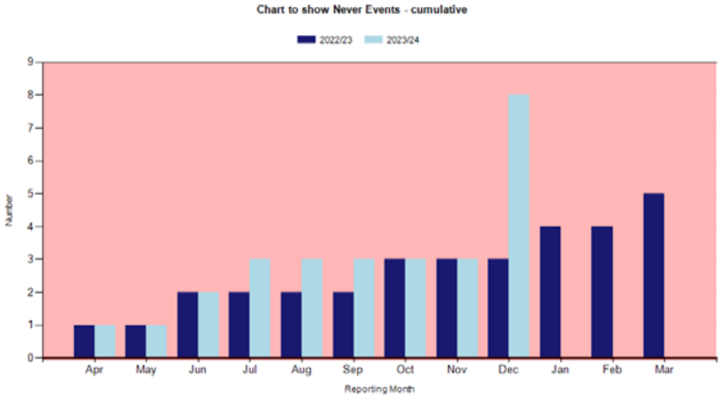
	Target	Previous Value	Latest Value	DoT
RIDDOR	0	2	0	↑

Patient Experience

	Target	Previous Value	Latest Value	DoT
Complaints Upheld	N/A	9%	17%	
Complaints Partially Upheld	N/A	63%	45%	
Complaints Not Upheld	N/A	28%	38%	
Complaints Turnaround in <= 25 days	90%	87.23%	90.32%	↑
Urgent Clinic Letters Sent in 7 Calendar Days	100%	84.10%	81.09%	↓

Area of underperformance – Never Event

Cumulative number of Never Events – year to date



Never Event reported December 2023 – Wrong Site Surgery (Breast Screening)

The patient attended a breast screening assessment clinic and underwent a repeat mammogram and a biopsy under ultrasound; the biopsy was completed on the wrong side (incorrect breast).

Immediate learning/status:

The incident is under investigation (PSII)

Never Event reported December 2023 – Wrong Site Surgery (Nuclear Medicine)

The patient attended for an injection to identify sentinel lymph node(s) (SLN) prior to surgery.

The incorrect site was used and resulting in the incorrect lymph node being removed.

Immediate learning/status:

The incident is under investigation (PSII)

Area of underperformance – Never Event

Never Event reported December 2023 – Wrong Site Surgery (Plastic Surgery)

This patient had surgery performed to remove a "mole". Following the procedure, the patient highlighted the incorrect mole had been removed which was confirmed by a surgeon on review.

Immediate learning/status:

The incident is under investigation (PSII)

Never Event reported December 2023 – Wrong Implant (Theatres)

This patient had a revision arthroplasty to their left hip, once the implants were removed, it was identified that an incorrect implant had been used previously at UHCW. The patient has since had further surgery.

Immediate learning/status:

The incident is under investigation (PSII)

Never Event reported December 2023 – Wrong Site Surgery (Breast Screening)

This patient attended breast screening clinic and assessed for an asymmetric density which identified microcalcifications in the LEFT breast requiring biopsy. The incorrect area was biopsied.

Immediate learning/status:

The incident is under investigation (PSII)

Operational Performance | Headlines December 2023

NHS University Hospitals Coventry and Warwickshire NHS Trust

Emergency 4 hour wait:
December 2023 - **70.42%**

Latest benchmarked month:
England – December 69.4%
Midlands – December 68.5%

4hr Achievement Overview - as at 15/1/2024

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	28.02%	30.06%	30.12%	30.78%
Type 1 Resus	29.82%	32.21%	26.56%	30.73%
Type 1 Paediatrics	59.47%	63.22%	60.33%	66.25%
Local Health Economy	70.42%	71.23%	70.45%	71.94%

Diagnostic Waiters 6 Weeks and Over

5.94% : 908 breaches across all areas

Imaging	408
Cardiology	121
Endoscopy	6
Neurophysiology	14
Sleep Studies	93
Urology	32
Audiology	234

Summary

Emergency 4 Hour Wait was 70.42% for December, an increase of 1.67% from last month. UHCW is above the benchmarked position for both England (69.4%) and the Midlands (68.5%).

Cancer 31 day combined improved 5.32% to 95.43% in November whilst Cancer 62 day combined declined 5.26% to 56.7%. The Faster Diagnosis standard improved to 75.92% & continued to meet the 75% target.

Diagnostic Waiters performance declined by 2.57% to 5.94% in December.

There were 26 12hr Trolley Waits in December.

Ambulance Handover

Within 15 minutes : **40.53%**
Within 30 minutes : **74.24%**
Within 60 minutes : **84.06%**

Last minute Non-Clinical Operations – Elective
0.94%
of elective admissions – 61 Patients
Last month – 86 Patients

Incomplete RTT pathways

Submitted Position	Inc %	Backlog (Over 18 Weeks)	Latest Benchmarked Month	UHCW	NHS England
Nov 2023	50.4%	34,539	01/11/2023	50.4%	57.4%
Nov 2022	54.0%	29,208	01/11/2022	54.0%	59.6%
YTD UHCW Change	-3.6%	5,331	Benchmark Change	-3.6%	-2.2%

4,460
(November)
Previous month: 5,089
Target 0

LLOS
Average number of patients with a length of stay 21 days and over
178

26 - 12 hour trolley waits

Reason to Reside
Data Collection compliance for eligible areas: 86.49%

Cancer Standards - November

Cancer Standards	Month	YTD
Faster Diagnosis Overall	75.92%	75.71%
Cancer 31 Day Combined	95.43%	92.6%
Cancer 62 Day Combined	56.70%	56.5%

31.5 breaches (38 patients) treated over 104 days

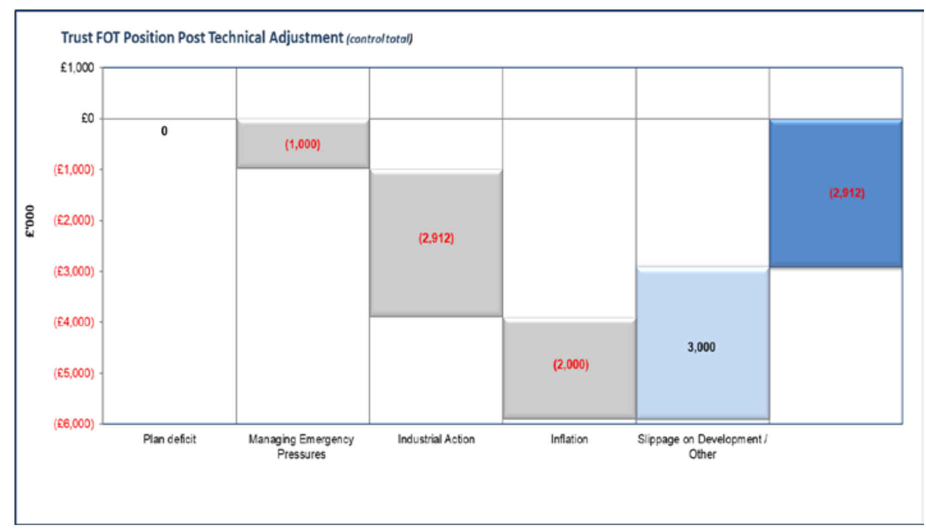
Theatres

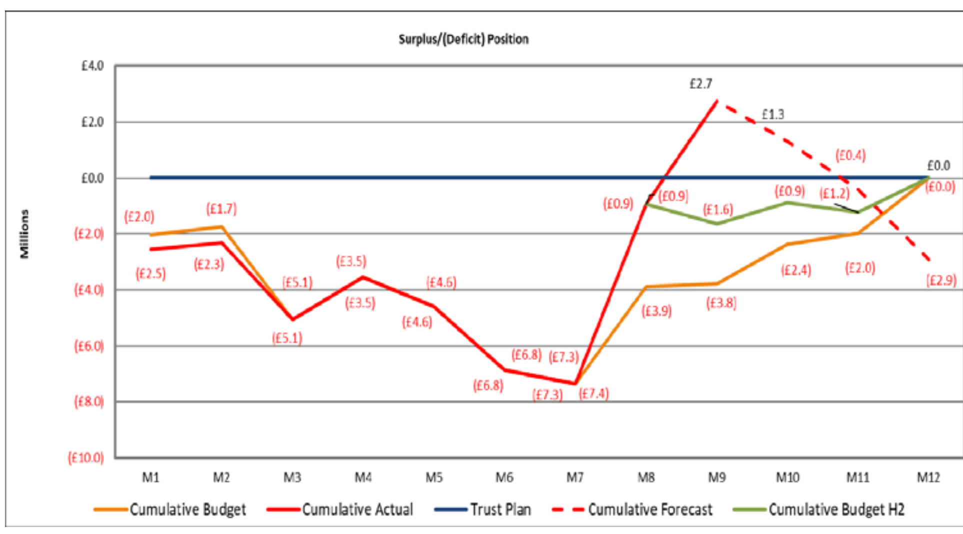
Theatre Location	Efficiency	Utilisation
Main	61.37%	82.25%
Rugby	67.26%	79.46%
Day Surgery	53.93%	73.23%

Integrated Finance Report |Finance Headlines

Reporting Month: December 2023 Forecast

The forecast position at Month 09 shows a (£2.9m) deficit against a breakeven plan. This is primarily driven by the costs of the Industrial action costs for December and January.





Movements on the waterfall shows a deficit position of (£2.9m) compared with Trust plan. Largely driven Emergency Pressures (£1.0m), Inflation (£2.0m), industrial action (£2.9m) this is offset by slippage of developments / cost control £3.0m.
WRP is assumed to be delivered.

The forecast position at Month 09 shows a deficit position of (£2.9m) against the original breakeven plan and not H2 plan.

CONTRACT & ACTIVITY INCOME

£1.8m Surplus

The Trust reported £1.8m surplus position compared to plan at Month 09.

100 %

Waste Reduction Programme

£58.4m has been identified against a full year target of £58.4m

Capital Forecast expenditure is £43.5m

FOT £18.0m

Agency Spend

Forecast expenditure at Month 09 is £18.0m against a target of £19.6m

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

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

Performance Informatics Rationale

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

XmR chart

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

Process limits

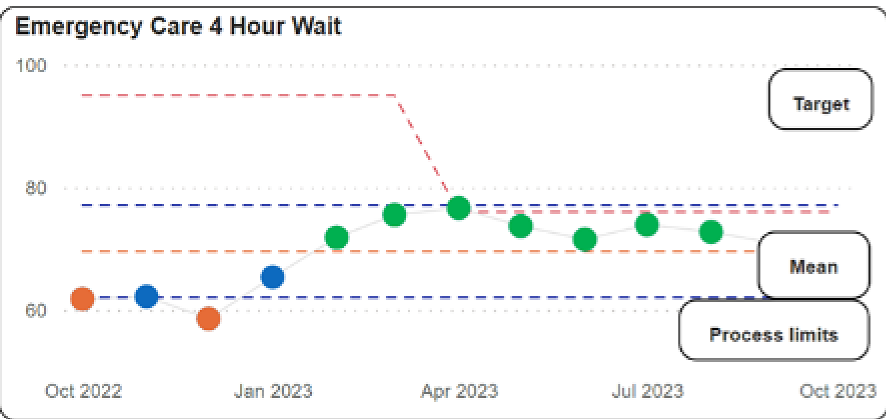
In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

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

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

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



Summary Icons: Variation

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

Summary Icons: Assurance

- This process is capable and will consistently **PASS** the target if nothing changes.
- This process is not capable and will **FAIL** the target without process redesign.
- This process will not consistently **HIT OR MISS** the target as the target lies between process limits.

There is not enough data for an SPC chart, so variation and assurance cannot be given.

Trust Scorecard

Reporting Month : December 2023

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Appendix B – Trust Scorecard

Quality and Safety

Infection Control

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
MRSA Bacteremia - Trust Acquired - Cumulative	122	2	3	↓	0	0	CNO		
Healthcare associated incidents of Clostridioides difficile - Cumulative	1360	43	52	↓	47	47	CNO		

Safe Care

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	264	94.72	113.22	↓	RR	RR	CMO		?
SHMI - Monthly (6 months in arrears)	267	107.28	107.21	↑	RR	RR	CMO		
Serious Incidents - Number	449	3	6	↓	15	15	CMO		?
Never Events - Cumulative	848	3.0	8.0	↓	0	0	CMO		
Average Number of Long Length of Stay Patients	1336	187	178	↑	109	109	CNO		F

Patient Experience

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Complaints Turnaround <= 25 Days (1 month in arrears)	1064	87.23%	90.32%	↑	90%	90%	CMO		?
Friends & Family Test - Positive Rate Targets Achieved	1487	0	0	→	7	7	CMO		F

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard

Reporting Month : December 2023

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Local Integrated Care / Centre of Excellence

Patient Flow

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Breaches of the 28 Day Readmission Guarantee	16	16	29	↓	0	0	COO		?
Emergency Care 4 Hour Wait	45	68.75%	70.42%	↑	76%	76%	COO		?
Bed Occupancy Rate - KH03 (3 months in arrears)	1065	97.03%	97.03%	→	93%	93%	COO		
Diagnostic Waiters - 6 Weeks and Over (National Target)	1507	96.63%	94.06%	↓	95%	95%	COO	H	?
A&E 12hr Total Wait Time	1511	7.81%	7.23%	↑	2%	2%	COO		F

RTT

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Last Minute Non-clinical Cancelled Operations - Elective	14	1.12%	0.94%	↑	0.8%	0.8%	COO		?
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	480	49.90%	50.41%	↑	92%	92%	COO		F
RTT 52 Week Waits Incomplete (1 month in arrears) (National Target)	1508	5089	4460	↑	5025	5025	COO		?
RTT 78 Weeks Wait Incomplete (1 month in arrears) (National Target)	1509	9	3	↑	0	0	COO	L	?
RTT 104 Weeks Wait Incomplete (1 month in arrears) (National Target)	1510	0	0	→	0	0	COO	L	P

Cancer

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Cancer Faster Diagnosis Overall (1 month in arrears)	1491	75.23%	75.92%	↑	75%	75%	COO		?
Cancer 31 Day - Combined (1 month in arrears)	1537	90.11%	95.43%	↑	96%	96%	COO		
Cancer 62 Day - Combined (1 month in arrears)	1529	61.96%	56.70%	↓	85%	85%	COO		
Cancer 104+ days wait (treated combined) (1 month in arrears)	1531	23.5	31.5	↓	0	0	COO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard

Reporting Month : December 2023

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Appendix B – Trust Scorecard

Valuing and Enabling Our People

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Mandatory Training Compliance - Substantive Staff	384	94.62%	94.75%	↑	95%	95%	CPO		
Sickness Rate	385	5.57%	5.99%	↓	4%	4%	CPO		
Appraisal - Non-Medical	641	86.52%	86.74%	↑	90%	90%	CPO		
Appraisal - Medical	642	89.99%	91.07%	↑	90%	90%	CMO		
Vacancy Rate Compared to Funded Establishment	650	6.91%	8.02%	↓	10%	10%	CPO		

Sustainability

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Forecast Income & Expenditure	477	£0k	£0k	→	0	0	CFO		
WRP Delivery	478	£36.352m	£47.220m	↑	42004.2	42004.2	CFO		

Research, Innovation and Teaching

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	297	1724	2221	↑	3055	3055	CMO		
Commercial Income Invoiced - Cumulative (1 month in arrears)	684	£723k	£761k	↑	700	700	CFO		
NIHR Research Capability Funding (3 months in arrears)	1332	£473k	£473k	→	500	500	CMO		
Trial Recruitment Income (3 months in arrears)	1344	£1.877m	£1.877m	→	1062.5	1062.5	CMO		
All Grant Income (3 months in arrears)	1345	£3.280m	£3.280m	→	1000	1000	CMO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard

Reporting Month : December 2023

University Hospitals Coventry and Warwickshire NHS Trust

Appendix B – Trust Scorecard

UHCW Ambition

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Diagnostic Waiters - 6 Weeks and Over (Local Target)	33	3.37%	5.94%	↓	1%	1%	COO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Heatmap

Reporting Month : December 2023

NHS University Hospitals Coventry and Warwickshire NHS Trust

Measure	Emergency Medicine	Medicine	Trauma and Neuro Services	Surgical Services	Women and Children's Services	Clinical Diagnostics Services	Clinical Support Services	Trust	Trust Target
Quality and Safety									
Healthcare associated incidents of Clostridioides difficile - Cumulative	5	23	8	9	2		0	52	47
MRSA Bacteremia - Trust Acquired - Cumulative	0	2	0	0	1		0	3	0
Never Events - Cumulative	0.0	1.0	1.0	0.0	0.0	3.0	3.0	8.0	0
Serious Incidents - Number	0	1	1	0	1	2	1	6	15
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	123.17	85.62	118.42	89.92	70.46			113.22	100
Average Number of Long Length of Stay Patients	0	93	53	23	0	0	8	178	109
Friends & Family Test - Positive Rate Targets Achieved	0	0	0	0	1		1	0	7
Complaints Turnaround <= 25 Days (1 month in arrears)	88.89%	85.71%	100.00%	50.00%	100.00%	100.00%	100.00%	90.32%	90%
Local Integrated Care / Centre of Excellence									
Emergency Care 4 Hour Wait	68.49%			100.00%	82.24%			70.42%	76%
Breaches of the 28 Day Readmission Guarantee		0	12	16	1		N/A	29	0
Diagnostic Waiters - 6 Weeks and Over (Local Target)		15.10%	2.81%	17.39%		4.88%		5.94%	1%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)		55.83%	49.07%	47.50%	50.12%	46.84%	47.44%	50.41%	92%
RTT 52 Week Waits Incomplete (1 month in arrears) (National Target)		735	934	2034	690	6	61	4460	5025
RTT 65 Weeks Wait Incomplete (1 month in arrears) (National Target)		106	176	575	239	1	10	1107	489
RTT 78 Weeks Wait Incomplete (1 month in arrears) (National Target)		1	1	0	1	0	0	3	0
RTT 104 Weeks Wait Incomplete (1 month in arrears) (National Target)		0	0	0	0	0	0	0	0
Last Minute Non-clinical Cancelled Operations - Elective		0.03%	2.57%	3.23%	0.50%	0.00%	0.00%	0.94%	0.8%
Cancer Faster Diagnosis Overall (1 month in arrears)		76.92%	66.67%	77.86%	72.41%			75.92%	75%
Cancer 31 Day - Combined (1 month in arrears)		98.89%	85.37%	95.54%	78.13%			95.43%	96%
Cancer 62 Day - Combined (1 month in arrears)		81.61%	58.70%	48.83%	48.28%			56.70%	85%
Cancer 104+ days wait (treated combined) (1 month in arrears)		5.0	1.0	23.5	2.0			31.5	0
Valuing and Enabling Our People									
Mandatory Training Compliance - Substantive Staff	93.77%	94.22%	92.42%	94.47%	93.72%	94.34%	96.90%	94.75%	95%
Appraisal - Non-Medical	88.45%	83.95%	83.88%	91.88%	89.18%	85.70%	92.27%	86.74%	90%
Appraisal - Medical	90.43%	93.12%	87.59%	90.08%	96.61%	91.55%	91.45%	91.07%	90%
Sickness Rate	6.20%	5.84%	5.46%	5.79%	5.49%	6.69%	7.14%	5.99%	4%
Sustainablity									
WRP Delivery	£1.892m	£4.557m	£964k	£1.679m	£2.370m	£1.752m	£3.500m	£47.220m	42004.2
Research, Innovation and Teaching									
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	38	648	148	60	1135	0	192	2221	3055.5

Trust Scorecard - Quality and Safety Committee

Reporting Month : December 2023

University Hospitals Coventry and Warwickshire NHS Trust

Appendix C – QSC Scorecard

Quality and Safety

Patient Outcomes

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Serious Incidents - Overdue	475	31	29	↑	0	0	CMO		
Reported Harmful Patient Safety Incidents (1 month in arrears)	649	31.7%	28.9%	↑	24.94%	24.94%	CMO		
CAS Alerts - Overdue	437	0	1	↓	0	0	CMO		
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	264	94.72	113.22	↓	RR	RR	CMO		
Medicine related serious incidents	435	0	0	→	0	0	CMO		
Mixed Sex Accommodation Breaches	135	0	0	→	0	0	COO		
MRSA High Risk Elective Inpatient Screening	1280	99.05%	97.94%	↓	95%	95%	CNO		
MRSA High Risk Emergency Screening	1281	92.81%	93.34%	↑	90%	90%	CNO		
Serious Incidents - Number	449	3	6	↓	15	15	CMO		
E. Coli - Trust Acquired - Cumulative	162	73	80	↓	89	89	CNO		
Healthcare associated incidents of Clostridioides difficile - Cumulative	1360	43	52	↓	47	47	CNO		
Klebsiella - Trust Acquired - Cumulative	1499	37	40	↓	37	37	CNO		
MRSA Bacteremia - Trust Acquired - Cumulative	122	2	3	↓	0	0	CNO		
NCE POD Categorised E Deaths - Cumulative (3 months in arrears)	850	6	6	→	5	5	CMO		
Never Events - Cumulative	848	3.0	8.0	↓	0	0	CMO		
Pressure Ulcers Cat 3 - Reportable - Cumulative (1 month in arrears)	1512	0	0	→	0	0	CNO		
Pseudomonas - Trust Acquired - Cumulative	1497	17	19	↓	24	24	CNO		
SHMI - Monthly (6 months in arrears)	267	107.28	107.21	↑	RR	RR	CMO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard - Quality and Safety Committee

Reporting Month : December 2023

NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Quality and Safety

Patient Outcomes

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Falls with Moderate Harm or Above per 1000 Occupied Bed Days	1063	0.13	0.25	↓	0.08	0.08	CNO		?
Average Number of Long Length of Stay Patients	1336	187	178	↑	109	109	CNO		F
Transfer of Patients at Night (UH to Rugby)	1343	22	17	↑	0	0	COO		?
Eligible Patients Having VTE Risk Assessment (1 month in arrears)	1373	95.38%	95.32%	↓	95%	95%	CNO		?
Reason to Reside	1490	86.88%	86.49%	↓	95%	95%	CNO		F
Pressure Ulcers Cat 3 - Reportable - Cumulative (1 month in arrears)	1512	0	0	→	0	0	CNO		
Pressure Ulcers Cat 4 - Reportable - Cumulative (1 month in arrears)	1513	0	0	→	0	0	CNO		
Pressure Ulcers Unstageable - Reportable - Cumulative (1 month in arrears)	1514	15	20	↓	22	22	CNO		

Operational Quality Measures

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Ambulance Handover within 30 Minutes	131	72.83%	74.24%	↑	95%	95%	COO		F
Ambulance Handover within 60 Minutes	405	85.00%	84.06%	↓	100%	100%	COO	L	F
Ambulance Handover within 15 minutes	129	39.29%	40.53%	↑	65%	65%	COO	H	F
RTT 52 Week Waits Incomplete (1 month in arrears) (National Target)	1508	5089	4460	↑	5025	5025	COO		?
12 Hour Trolley Waits in Emergency Care	646	11	26	↓	0	0	COO	L	?
Urgent Operations Cancelled for the Second Time	414	0	0	→	0	0	COO		P

DoT	
↑	Improving
→	No Change
↓	Falling

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

Target Type
National target
Regional target
Local target

Trust Scorecard - Quality and Safety Committee

Reporting Month : December 2023

Quality and Safety

Patient Experience

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Friends & Family Test A&E Positive Rate	1480	71.79%	71.35%	↓	85%	85%	CMO		
Friends & Family Test Inpatient Positive Rate (Inc. Day Cases)	1482	87.11%	86.20%	↓	95%	95%	CMO		
Maternity FFT No of Touchpoints Achieving a 15% Response Rate	467	2	1	↓	4	4	CMO		
Complaints per 1000 Occupied Bed Days (1 month in arrears)	1068	1.49	0.99	↑	0.99	0.99	CMO		
Complaints Turnaround <= 25 Days (1 month in arrears)	1064	87.23%	90.32%	↑	90%	90%	CMO		
Friends & Family Test A&E Coverage	398	10.62%	12.18%	↑	15%	15%	CMO		
Maternity FFT Positive Rate - 36 weeks	1483	87.18%	83.13%	↓	95%	95%	CMO		
Maternity FFT Positive Rate - Postnatal Community	1486	83.33%	89.09%	↑	95%	95%	CMO		
Number of Registered Complaints (1 month in arrears)	373	48	31	↑	32	32	CMO		
Maternity FFT Positive Rate - Labour / Birth	1484	91.67%	86.27%	↓	95%	95%	CMO		
Maternity FFT Positive Rate - Postnatal Hospital	1485	84.62%	85.00%	↑	95%	95%	CMO		
Friends & Family Test Outpatient Coverage	1178	7.52%	7.31%	↓	8%	8%	CMO		
Friends & Family Test Inpatient Coverage (Inc. Day Cases)	1014	21.36%	18.94%	↓	26%	26%	CMO		

Theatres

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

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard - Quality and Safety Committee

Reporting Month : December 2023

NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Appendix C – QSC Scorecard

Quality and Safety

National Quality Requirements

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Valid NHS Number - A&E - Cumulative (2 months in arrears)	645	96.40%	96.40%	→	95%	95%	COO		
Valid NHS Number - Inpatients - Cumulative (2 months in arrears)	644	99.70%	99.70%	→	99%	99%	COO		

Research, Innovation and Teaching

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	297	1724	2221	↑	3055	3055	CMO		
Peer Reviewed Publications - Calendar Year Cumulative (2 months in arrears)	682	160	160	→	182	182	CMO		
Performance in Delivery of Trials - Quarterly	422	35.29%	35.29%	→	80%	80%	CMO		
Performance in Initiating Trials - Quarterly	421	31.6%	31.6%	→	80%	80%	CMO		
Research Critical Findings and Serious Incidents - Quarterly	681	0	0	→	0	0	CMO		

DoT	
↑	Improving
→	No Change
↓	Falling

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

Target Type
National target
Regional target
Local target

QSC - KPI Performance Trends

University Hospitals Coventry and Warwickshire NHS Trust

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

Mandatory - KPIs with a National Target

Variation	Indicator	Annual Target	Target Assurance	Latest Position
	Ambulance Handover within 60 Minutes	100%		84.06%
	Ambulance Handover within 15 minutes	65%		40.53%
	Ambulance Handover within 30 Minutes	95%		74.24%

Non Mandatory (Local or Regional Targets)

Variation	Indicator	Annual Target	Target Assurance	Latest Position
	Reported Harmful Patient Safety Incidents (1 month in arrears)	24.94%		28.9%
	Average Number of Long Length of Stay Patients	109		178
	Friends & Family Test A&E Positive Rate	85%		71.35%
	Friends & Family Test Inpatient Positive Rate (Inc. Day Cases)	95%		86.20%
	Maternity FFT No of Touchpoints Achieving a 15% Response Rate	4		1
	Reason to Reside	95%		86.49%
	Serious Incidents - Overdue	0		29

Trust Scorecard - Finance and Performance Committee

Reporting Month : December 2023

Quality and Safety

Emergency care

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	A&E 12hr Total Wait Time	1511	7.81%	7.23%	↑	2%	2%	COO		
	Ambulance Handover within 30 Minutes	131	72.83%	74.24%	↑	95%	95%	COO		
	Ambulance Handover within 60 Minutes	405	85.00%	84.06%	↓	100%	100%	COO		
	Ambulance Handover within 15 minutes	129	39.29%	40.53%	↑	65%	65%	COO		
	30 Day Emergency Readmissions (1 month in arrears)	447	8.34%	8.07%	↑	8.2%	8.2%	COO		
	Emergency Care 4 Hour Wait	45	68.75%	70.42%	↑	76%	76%	COO		
	12 Hour Trolley Waits in Emergency Care	646	11	26	↓	0	0	COO		
	Length of Stay Acute - Average	951	7.18	7.00	↑	6.9	6.9	COO		
	Number of Medical Outliers - Average per Day	950	51.8	52.2	↓	50	50	COO		

Non emergency care

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	480	49.90%	50.41%	↑	92%	92%	COO		
	Breaches of the 28 Day Readmission Guarantee	16	16	29	↓	0	0	COO		
	Last Minute Non-clinical Cancelled Operations - Elective	14	1.12%	0.94%	↑	0.8%	0.8%	COO		
	Urgent Operations Cancelled for the Second Time	414	0	0	→	0	0	COO		

DoT	
↑	Improving
→	No Change
↓	Failing

RAG Type	
(white)	No Target or RAG Rating
(green)	Achieving or exceeding target
(orange)	Slightly behind target
(red)	Not achieving target
(blue)	Data not currently available
(black)	Annual target breached

Target Type	
(light blue)	National target
(pink)	Regional target
(yellow)	Local target

Trust Scorecard - Finance and Performance Committee

Reporting Month : December 2023

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Quality and Safety

Non emergency care

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	E-referral Appointment Slot Issues – National data (1 month in arrears)	260	25.74%	26.49%	↓	4%	4%	COO		F
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	33	3.37%	5.94%	↓	1%	1%	COO	L	F
	Bed Occupancy Rate - KH03 (3 months in arrears)	1065	97.03%	97.03%	→	93%	93%	COO		

Cancer

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	69	81.42%	92.70%	↑	96%	96%	COO		?
	Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	67	91.38%	94.92%	↑	96%	96%	COO		?
	Cancer 62 Day Screening Standard (1 month in arrears)	75	48.65%	35.85%	↓	85%	85%	COO		?
	Cancer Faster Diagnosis Screening (1 month in arrears)	1423	61.02%	56.49%	↓	75%	75%	COO		?
	Cancer Faster Diagnosis 2WW (1 month in arrears)	1421	75.26%	76.77%	↑	75%	75%	COO	H	?
	Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	65	100.00%	100.00%	→	96%	96%	COO		P
	Cancer Faster Diagnosis Breast Symptomatic Referral (1 month in arrears)	1422	98.53%	91.53%	↓	75%	75%	COO		P
	Cancer 104+ days wait (treated combined) (1 month in arrears)	1531	23.5	31.5	↓	0	0	COO		
	Cancer 31 Day - Combined (1 month in arrears)	1537	90.11%	95.43%	↑	96%	96%	COO		
	Cancer 62 Day - Combined (1 month in arrears)	1529	61.96%	56.70%	↓	85%	85%	COO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard - Finance and Performance Committee

Reporting Month : December 2023

Quality and Safety

Cancer

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Cancer Faster Diagnosis Overall (1 month in arrears)	1491	75.23%	75.92%	↑	75%	75%	COO		?

Theatre Productivity

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Theatre Efficiency - Day Surgery	425	54.36%	53.93%	↓	85%	85%	COO		F
	Theatre Efficiency - Main	423	63.34%	61.37%	↓	85%	85%	COO		F
	Theatre Efficiency - Rugby	424	66.97%	67.26%	↑	85%	85%	COO		F
	Theatre Lists Started within 15 mins of Start Time	1319	32.83%	33.86%	↑	75%	75%	COO		F
	Theatre Utilisation - Day Surgery	371	73.50%	73.23%	↓	85%	85%	COO		F
	Theatre Utilisation - Main	369	83.69%	82.25%	↓	85%	85%	COO		?
	Theatre Utilisation - Rugby	370	80.46%	79.46%	↓	85%	85%	COO		?
	Surgical Safety Checklist - WHO	442	100.00%	100.00%	→	100%	100%	CMO		P

Sustainability

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Agency Expenditure	1315	£667k	£1.021m	↓			CPO		
	Forecast Income & Expenditure	477	£0k	£0k	→	0	0	CFO		
	WRP Delivery	478	£36.352m	£47.220m	↑	42004.2	42004.2	CFO		
	YTD Income & Expenditure Trust	986	£-946k	£2.781m	↑	-3782	-3782	CFO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

Trust Scorecard - Finance and Performance Committee

Reporting Month : December 2023

Research, Innovation and Teaching

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	All Grant Income (3 months in arrears)	1345	£3.280m	£3.280m	→	1000	1000	CMO		
	Commercial Income Invoiced - Cumulative (1 month in arrears)	684	£723k	£761k	↑	700	700	CFO		
	NIHR Research Capability Funding (3 months in arrears)	1332	£473k	£473k	→	500	500	CMO		
	Submitted Research Grant Applications - Quarterly - Cumulative	683	89	89	→	76	76	CMO		
	Trial Recruitment Income (3 months in arrears)	1344	£1.877m	£1.877m	→	1062.5	1062.5	CMO		

DoT	
↑	Improving
→	No Change
↓	Failing

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

Target Type
National target
Regional target
Local target

FPC - KPI Performance Trends

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

Mandatory - KPIs with a National Target

Variation	Measure	Annual Target	Target Assurance	Latest Position
	Ambulance Handover within 60 Minutes	100%		84.06%
	Ambulance Handover within 15 minutes	65%		40.53%
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%		50.41%
	A&E 12hr Total Wait Time	2%		7.23%
	Ambulance Handover within 30 Minutes	95%		74.24%

Non Mandatory (Local or Regional Targets)

Variation	Measure	Annual Target	Target Assurance	Latest Position
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	1%		5.94%
	E-referral Appointment Slot Issues – National data (1 month in arrears)	4%		26.49%
	Theatre Efficiency - Day Surgery	85%		53.93%
	Theatre Efficiency - Main	85%		61.37%
	Theatre Efficiency - Rugby	85%		67.26%
	Theatre Lists Started within 15 mins of Start Time	75%		33.86%
	Theatre Utilisation - Day Surgery	85%		73.23%

Integrated Finance Report | Trust Financial Position

Reporting Month: December 2023

09 Months Ended 31 December 2023	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	656,902	659,104	2,202	881,597	883,398	1,801
Total Other Operating Income	46,494	53,243	6,750	61,335	71,269	9,934
Total Operating Income	703,396	712,348	8,952	942,932	954,668	11,735
Total Medical and Dental - Substantive	(119,274)	(116,057)	3,216	(159,370)	(156,842)	2,528
Total Agenda for Change - Substantive	(230,410)	(257,565)	(27,155)	(305,697)	(345,352)	(39,655)
Total Medical and Dental - Bank	(11,189)	(15,435)	(4,246)	(13,572)	(19,398)	(5,827)
Total Agenda for Change - Bank	(26,466)	(21,534)	4,932	(35,367)	(29,092)	6,274
Total Medical and Dental - Agency	(2,357)	(5,505)	(3,149)	(3,133)	(6,812)	(3,679)
Total Agenda for Change - Agency	(12,381)	(6,682)	5,699	(16,499)	(11,207)	5,292
Other gross staff costs	(1,431)	(1,326)	105	(1,930)	(1,916)	14
Total Employee Expenses	(403,508)	(424,103)	(20,596)	(535,567)	(570,619)	(35,052)
Total Operating Expenditure excluding Employee Expenditure	(248,342)	(238,017)	10,325	(333,273)	(322,399)	10,874
Total Operating Expenditure	(651,850)	(662,121)	(10,271)	(868,840)	(893,018)	(24,178)
Operating Surplus/Deficit	51,546	50,227	(1,319)	74,093	61,650	(12,443)
Total Finance Expense	(52,577)	(104,904)	(52,327)	(69,675)	(119,875)	(50,200)
PDC dividend expense	(5,537)	0	5,537	(7,383)	0	7,383
Movements in Investments & Liabilities	0	0	0	0	(1,000)	(1,000)
Net Finance Costs	(58,114)	(104,904)	(46,790)	(77,058)	(120,875)	(43,817)
Surplus/Deficit For The Period	(6,568)	(54,677)	(48,109)	(2,965)	(59,225)	(56,260)
Control Total adjustments						
Donated assets (income)	0	(572)	(572)	0	(966)	(966)
Donated assets (depn)	540	587	47	719	719	0
Impairments	2,246	2,290	44	2,246	2,290	44
PFI Finance Costs	0	77,475	77,475	0	84,099	84,099
PFI Interest	0	(9,527)	(9,527)	0	(12,703)	(12,703)
PFI Contingent Rent	0	(12,845)	(12,845)	0	(17,126)	(17,126)
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	(3,782)	2,731	6,513	0	(2,912)	(2,912)

Year to date Financial Performance:

£6.5m positive variance compared to plan

- Emergency pressures (£1.0m)
- Excess inflation is (£1.5m)
- Industrial Action (£0.8m)
- WRP £5.2m
- Slippage on Developments / Other £4.6m

Forecast Financial Performance:

(£2.9m) deficit compared to plan

- Emergency Pressures (£1.0m)
- Excess inflation (£2.0m)
- Industrial Action (£2.9m)
- Slippage on Developments / Other £3.0m

ERF Assumption:

In November NHSE announced a further reduction of 2% to ERF, on top of the previous 2% target from earlier in the year, a 4% reduction in total. This is to reflect the estimated impact of Industrial Action (IA) on output for the period April-October.

This means that the target for UHCW has reduced from 109% to 105%, and there has been a corresponding transfer of £6.8m (4% by value of the Trust ERF target) between the variable element of the API Contract to the fixed element.

Statement of Financial Position	Full Year			Year To Date		
9 months ended 31 December 2023	Plan (£'000)	Forecast Outturn (£'000)	Variance (£'000)	Plan (£'000)	Actual (£'000)	Variance (£'000)
Non-current assets						
Property, plant and equipment	482,680	482,327	(353)	467,526	462,110	(5,416)
Intangible assets	26,303	28,668	2,365	27,212	27,377	165
Investment Property	10,440	9,440	(1,000)	10,440	10,440	0
Trade and other receivables	54,929	53,468	(1,461)	53,893	56,586	2,693
Total non-current assets	**574,352**	**573,903**	**(449)**	**559,071**	**556,513**	**(2,558)**
Current assets						
Inventories	17,415	17,358	(57)	17,190	17,133	(57)
Trade and other receivables	47,366	57,417	10,051	47,366	51,829	4,463
Cash and cash equivalents	31,341	39,211	7,870	35,044	47,300	12,256
	96,122	**113,986**	**17,864**	**99,600**	**116,262**	**16,662**
Non-current assets held for sale	0	0	0	0	0	0
Total current assets	**96,122**	**113,986**	**17,864**	**99,600**	**116,262**	**16,662**
Total assets	**670,474**	**687,889**	**17,415**	**658,671**	**672,775**	**14,104**
Current liabilities						
Trade and other payables	(98,735)	(117,809)	(19,074)	(110,042)	(132,180)	(22,138)
Borrowings PFI obligations	(8,585)	(18,457)	(9,872)	(7,160)	(15,019)	(7,859)
Borrowings leases	(3,622)	(3,228)	394	(3,705)	(3,416)	289
DH Capital loan	(895)	(894)	1	(892)	(891)	1
Provisions	(6,361)	(7,276)	(915)	(6,436)	(5,712)	724
Total current liabilities	**(118,198)**	**(147,664)**	**(29,466)**	**(128,235)**	**(157,218)**	**(28,983)**
Net current assets/(liabilities)	**(22,076)**	**(33,678)**	**(11,602)**	**(28,635)**	**(40,956)**	**(12,321)**
Total assets less current liabilities	**552,276**	**540,225**	**(12,051)**	**530,436**	**515,557**	**(14,879)**
Non-current liabilities:						
Trade and other payables	0	0	0	0	0	0
Borrowings PFI obligations	(213,941)	(448,222)	(234,281)	(216,088)	(453,174)	(237,086)
Borrowings leases	(44,936)	(44,694)	242	(45,128)	(43,588)	1,540
DH Capital loan	0	0	0	0	0	0
Provisions	(3,399)	(3,488)	(89)	(3,399)	(3,435)	(36)
Total assets employed	**290,000**	**43,821**	**(246,179)**	**265,821**	**15,360**	**(250,461)**
Financed by taxpayers' equity:						
Public dividend capital	277,961	277,924	(37)	268,485	256,016	(12,469)
Retained earnings	(97,807)	(343,949)	(246,142)	(101,410)	(339,402)	(237,992)
Revaluation reserve	109,846	109,846	0	98,746	98,746	0
Total Taxpayers' Equity	**290,000**	**43,821**	**(246,179)**	**265,821**	**15,360**	**(250,461)**

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.

The previously deferred change in PFI liability accounting has been implemented in M09.

Key Year to Date variances

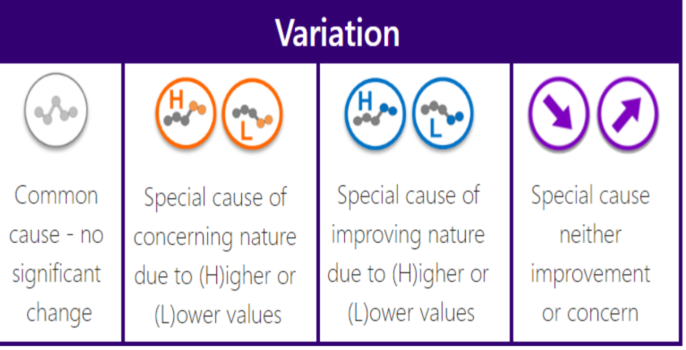
- Property plant and equipment and intangible assets are lower than Plan due to YTD slippage on the capital plan;
- Receivables are higher than Plan due to higher values of accrued income than anticipated in the Plan for this month;
- Payables balances are greater than Plan due to additional expenditure accruals;
- PFI borrowings are much greater than Plan due to the revised accounting methodology for PFI liabilities implemented in M09;
- Lease borrowings are less than Plan due to slippage on some blood analyser leases and revised lease liability revaluations
- Provision balances are lower than Plan due to an assessment of risks regarding anticipated income;
- The phasing of PDC capital funding has slipped against the Plan;
- Retained earnings are impacted by restating the opening PFI liability balance and subsequent remeasurement in year;
- These movements have resulted in higher cash balances than planned..

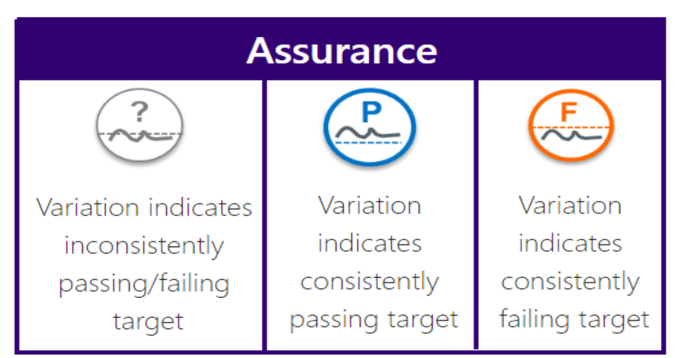
Key Full Year variances

- Capital expenditure is anticipated to be largely in line with Plan though the delayed start of the EPR scheme results in a lower amortisation charge;
- Receivables are higher than Plan due to forecast debts with NHS organisations;
- Payables are are forecast to drop at year-end but still be higher than Plan due to additional expenditure accruals;
- Opening PFI borrowings are subject to a £190m restatement and a further £57m in-year remeasurement;
- Lease borrowings are forecast to be lower than Plan largely due to revised specification and term for the mobile MRI unit;
- While the new PFI accounting regime results in a significant deficit, this impact is removed from the Trust's "adjusted performance" which will be a small deficit for the year.

Workforce Information | Summary for December 2023

KPI	Latest month	Measure	Target	Variation	Assurance
Total Trust Vacancy Rate - % FTE	Dec-23	8.02%	10.00%		
Pay Costs & Temporary Staffing - Total Bank Spend	Dec-23	£4,091,102	£3,547,000		
Pay Costs & Temporary Staffing - Total Overtime Spend	Dec-23	£74,447	-		
Pay Costs & Temporary Staffing - Total Agency Spend	Dec-23	£1,314,180	£1,633,000		
Agency ceiling target	Dec-23	£13,743,156	£16.9m		
Total Trust Turnover % FTE - 12mth Rolling	Dec-23	9.70%	10.00%		
Sickness Absence - Total Trust % - Rolling 12 months	Dec-23	5.39%	4.00%		
Sickness Absence - Total Trust % - in month	Dec-23	5.99%	4.00%		
Mandatory Training Compliance	Dec-23	94.75%	95.00%		
Non Medical Appraisal Compliance %	Dec-23	86.74%	90.00%		
Medical Appraisal Compliance %	Dec-23	91.07%	90.00%		



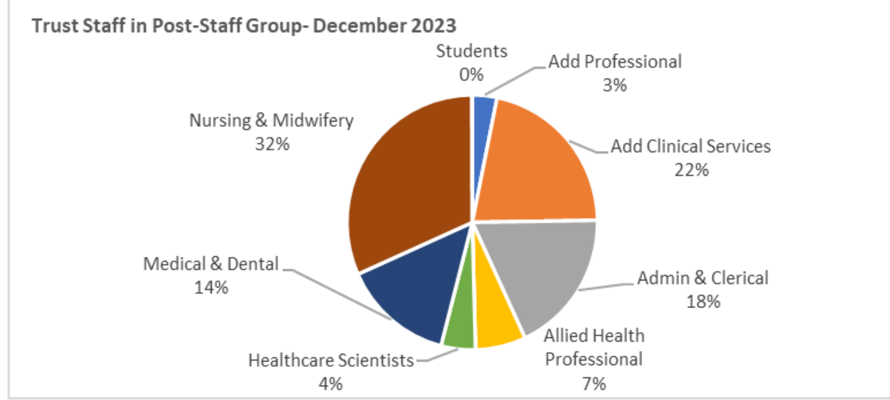


Workforce Information | December 2023

Staff in Post & Headcount

Staff Headcount Breakdown	Metric	Oct-23	Nov-23	Dec-23	3 months trend
Substantive / Fixed Term	Headcount	9998	10002	9961	
	FTE	8906.90	8945.29	8908.94	
ISS (ROE)	Headcount	371	340	369	
	FTE	285.20	252.20	275.30	
Trust Total	**Headcount**	**10369**	**10342**	**10330**	
	FTE	**9192.10**	**9197.49**	**9184.24**	
Bank Only	Headcount	1416	1357	1330	

Staff Group	Dec-23	Starters FTE	Leavers FTE
Add Professional	284.39	3.00	0.75
Add Clinical Services	1920.15	21.07	22.03
Admin & Clerical	1633.50	11.87	13.76
Allied Health Professional	579.32	0.00	3.80
Healthcare Scientists	395.97	2.00	4.80
Medical & Dental	1275.46	30.23	42.27
Nursing & Midwifery	2817.15	9.68	16.15
Students	3.00	0.00	0.00
Total	**8,908.94**	**77.84**	**103.56**



Data observations

Starters (excluding bank staff)
There were **77.84 WTE** (84 headcount) new starters with:

- **38.84%** from Medical and Dental Staff of which 84% were rotational doctors
- **27.06%** Additional Clinical staff (including healthcare support workers)
- **15.24%** Administrative and Clerical

Leavers (excluding bank staff)
There were **103.56 WTE** (116 headcount) leavers in December with:

- The highest proportion from Medical and Dental **40.82%** (rotational doctors)
- **21.28%** Additional Clinical Services
- **15.59%** from Nursing and Midwifery

Leaving Reasons

36% (43 Headcount) of staff were voluntary resignation, **32%** (35 Headcount) were due to fixed term contract ending and external rotations, **16%** (20 Headcount) retired, **14%** (16 Headcount) resigned due to relocation, and **2%** (2 Headcount) of staff left for other reasons not disclosed.

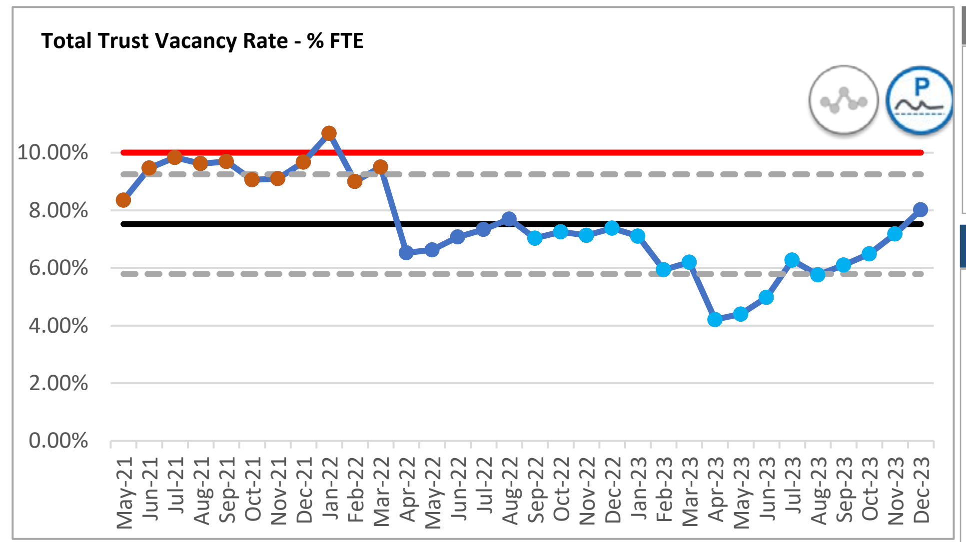
Steps taken and planned impact

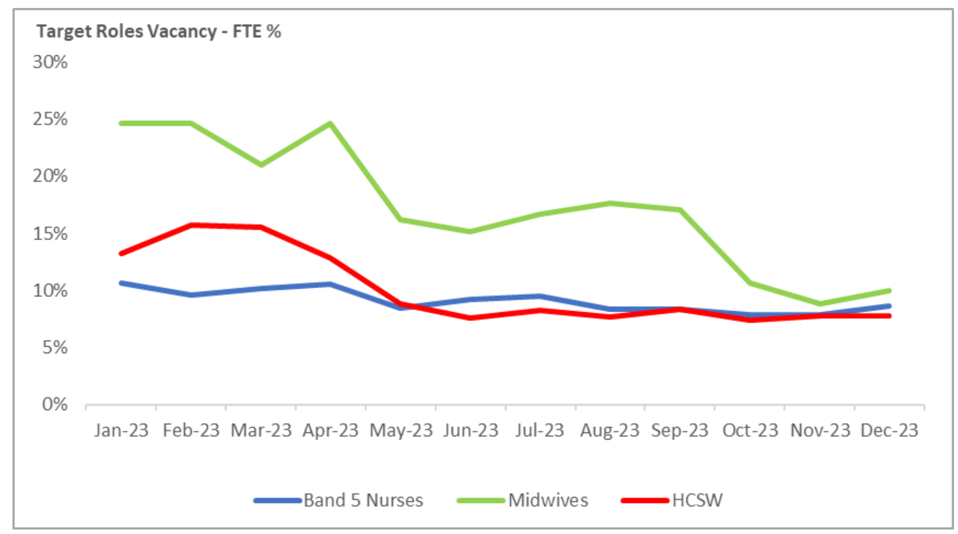
- We continue to explore opportunities to improve the candidate and manager recruitment experience. The new virtual ID checking system is live, and we are monitoring our time to hire KPI and seeking feedback from users and continue to have post appointment check in and chats. Communication and training has commenced for the new e-termination form.

NB: *Staff in Post data reflects new starters, monthly amendments , and increases/ decreases in hours and leavers. (Whilst the number of staff recruited in-month may increase , the overall figure may go down due to these adjustments).*

Workforce Information | December 2023

Vacancy





Data observations

- The Trust's **vacancy rate** of **8.02%** has increased in December by **0.87%,** primarily driven by the increased budgeted establishment.
- The **budgeted establishment** increased by **49.99 WTE** in December to **9687.06 WTE.**
- The budgeted increase is primarily driven by Medicine (**14.57 WTE**) and Core Services (**13.54 WTE**).

Steps taken and planned impact

Band 5 Nurses – 128.44 WTE/8.65% vacancy rate

- UHCW will be attending the Coventry University newly qualified nurse recruitment event on 29th January 2024. We have also introduced a simplified recruitment process for all Coventry University students.
- Program 3 of International Nurse recruitment has completed with 134 nurses recruited since April 2023.
- 42 newly qualified nurses due to commence in January 2024.
- The forecasted vacancy position is now **7%** by end January 2024.

Midwives – 23.74 WTE/10.1% vacancy rate

- The Midwifery international recruitment programme is complete with **36** internationally trained midwives appointed, 4 of whom are awaiting PIN numbers.
- There are **7.52** midwives in the recruitment pipeline with projected start dates during February and March 2024
- The forecasted vacancy position for end March 2024 is now **8.6%, with adjustments resulting from** candidate withdrawals and unforecasted reductions in contracted WTE.

HCSW – 68.23 WTE/7.80% vacancy rate

- A continued focussed recruitment and retention programme remains in place, with **60 WTE** forecast to commence before 31st March 2024.
- HCSW Assessment Centre held on 20th January 2024 saw 28 offers made
- The forecasted vacancy position for 31st March 2024 stands at 6%.

Risks

- Temporary staff reliance and increased cost.
- Noted National skills shortages for key roles. (Paediatric Nursing, Midwifery, Radiography)

Workforce Information | December 2023

NHS University Hospitals Coventry and Warwickshire NHS Trust

Vacancy

Trust Vacancy Rate - % FTE Vacant - Trust Group				
Trust Group	FTE Budget	FTE Actual	FTE Vacancy	% FTE Vacancy
218 Clinical Diagnostics	1171.21	1034.74	136.47	11.65%
218 Clinical Support Services	1867.63	1782.10	85.53	4.58%
218 Core Services	1283.04	1257.98	25.06	1.95%
218 Emergency Medicine	769.88	671.51	98.37	12.78%
218 Medicine	1919.88	1762.65	157.23	8.19%
218 Surgical Services	828.65	766.27	62.38	7.53%
218 Trauma and Neuro Servic	914.45	823.71	90.74	9.92%
218 Women and Children	932.32	810.79	121.53	13.04%
Grand Total	9687.06	8909.74	777.32	8.02%

Trust Vacancy Rate - % FTE Vacant - Staff Group				
Staff Group	FTE Budget	FTE Actual	FTE Vacancy	% FTE Vacancy
Add Prof Scientific and Technic	339.61	284.39	55.22	16.26%
Additional Clinical Services	2061.04	1920.15	140.89	6.84%
Administrative and Clerical	1779.43	1633.50	145.93	8.20%
Allied Health Professionals	616.85	579.32	37.53	6.08%
Healthcare Scientists	420.95	395.97	24.98	5.93%
Medical and Dental	1369.57	1275.46	94.11	6.87%
Nursing and Midwifery Register	3095.65	2817.15	278.50	9.00%
Students	2.00	3.00	-1.00	-50.00%
Grand Total	9687.06	8909.74	777.32	8.02%

Data observations

- **The Trust's vacancy rate increased in December by 0.87% compared to November (7.18%)** due to the increased budgeted establishment of 49.99 WTE. The budgeted increase is primarily driven by Medicine (**14.57 WTE**) and Core Services (**13.54 WTE**).

Paediatric Nurses 27.40 WTE / 29.09% Vacancy Rate

- We have recruited 9 International Nurses, 8 of these have arrived in the country, with the 9th candidate due to arrive in February. Currently one of these has an active pin number, another 3 candidates have passed their OSCE assessments and are awaiting Pin Number activation. The others are expected to have completed their OSCE assessments by the end of February .
- The forecast vacancy rate for April 2024 is 19.18 WTE / 20.36% considering the recruitment and retention strategy currently in place.

Steps taken and planned impact

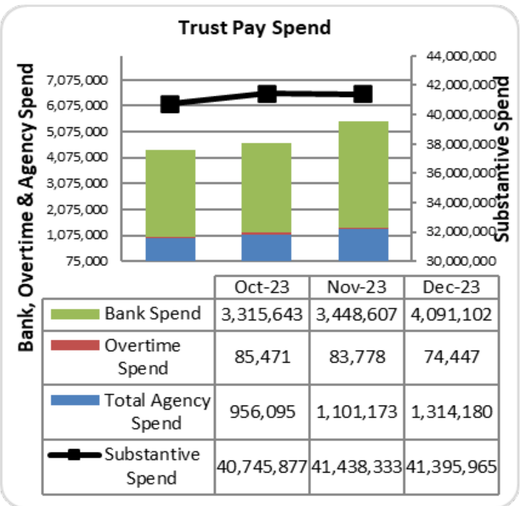
- As part of the Trust's Waste Reduction Programme, significant focus has been on identifying recurrent and non-recurrent vacancies, alongside the annual budget setting process and a review on temporary staffing utilisation.
- Vacancies within this Add Prof Scientific and Technical staff group include Theatre staffing and there is a local workforce plan in review for this staff group to manage recruitment activity and track applicant pipelines.
- Staff Group recruitment plans are being developed as part of the Group People Plans and areas of focus, these are being developed in partnership between the Group People Business Partner and Group Leadership teams
- Clinical Diagnostics and the Medicine Group have set up a dedicated Workforce Oversight group to track recruitment fill plans required to meet the staffing profile for the community diagnostics centre business case.
- Emergency Medicine continue to track vacancy gaps through their monthly workforce KPI production boards.

Risks

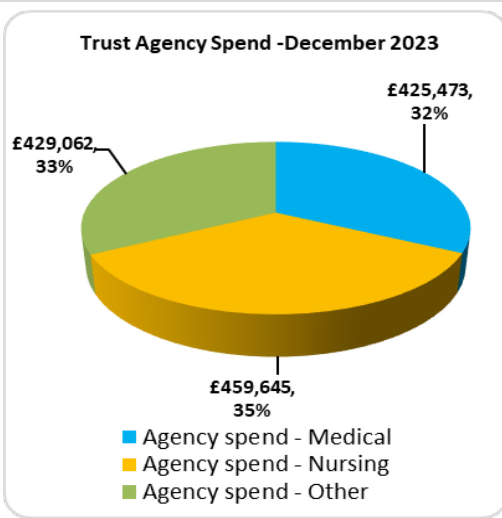
- Temporary staff reliance and increased cost.
- Noted National skills shortages for key roles. (Paediatric Nursing, Midwifery, radiography).

Workforce Information | December 2023

Pay Costs & Temporary Staffing



	Oct-23	Nov-23	Dec-23
Bank Spend	3,315,643	3,448,607	4,091,102
Overtime Spend	85,471	83,778	74,447
Total Agency Spend	956,095	1,101,173	1,314,180
Substantive Spend	40,745,877	41,438,333	41,395,965



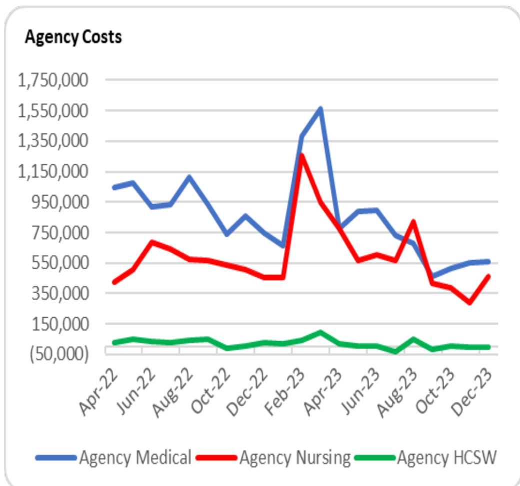
Data observations

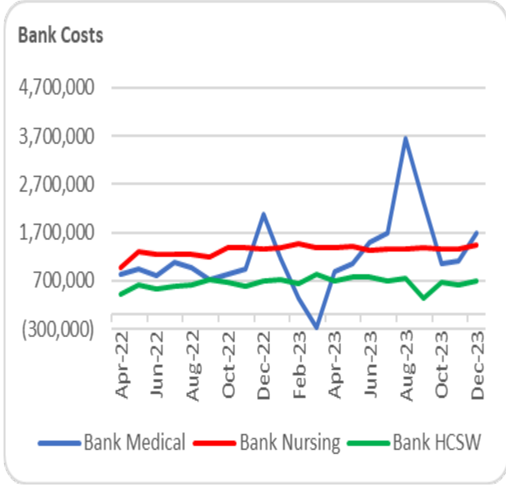
There has been a marginal increase in agency spending levels across two specific areas these being Emergency Department (increase of 22.56% shifts booked) and Medicine Group (increase of 40.67% shifts booked).

Agency spend increases relate to medical and dental and nursing and midwifery shifts with both groups having an increase in sickness absence during this period which would account for the increase in spend especially given bank holiday cover required.

There has been a noted reduction of 21.14% of agency shifts booked within the Trauma and Neuro Group.

There has been a noted fluctuation on temporary staffing costs across the quarter linked to escalating capacity / flow. Radiography, CSS Medic roles, and Physiotherapy roles, in December 2023





Steps taken and planned impact

Groups continue to monitor temporary staffing usage by reason as part of cost control monitoring in group. This is reviewed with Groups through Trust level cost control groups and Financial Recovery Board meetings.

Utilisation and expenditure data continues to be presented in Integrated Performance Reporting that is reviewed by Corporate Directors and Chief Officers through the Trust's Performance Framework.

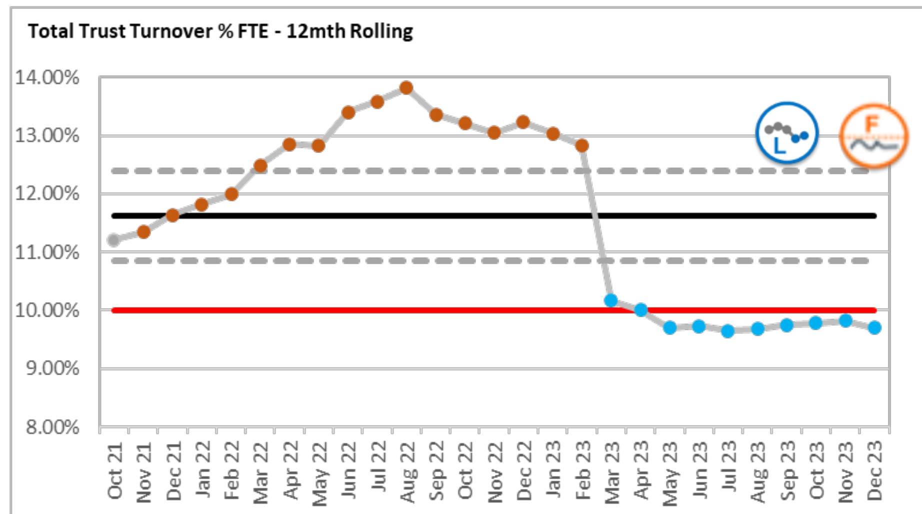
A round of Clinical Group reviews into medical bank and agency usage is one element of the medical workforce productivity workstream, reporting to the Financial Recovery Board. These are being scheduled to take place during February.

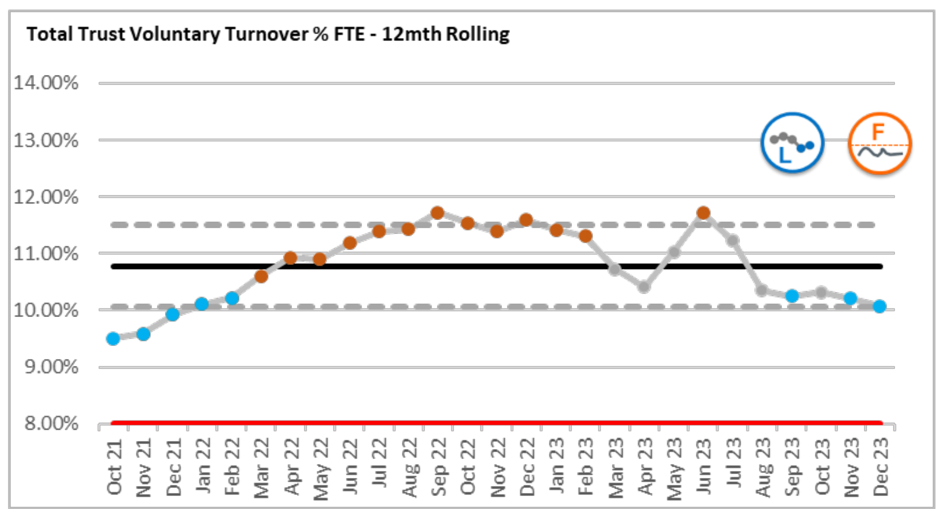
Risks

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

Workforce Information | December 2023

Staff Turnover





Data observations

- This **month's turnover rate** has shown a decrease from **9.82%** to **9.70% in December.**
- **Core services** is the group with the highest turnover rates since November 2022 followed by **Clinical Diagnostics**, however the overall trend has remained relatively steady in recent months.
- Clinical Diagnostics have included within their Group People Plan priorities - increased focus on ways to stay and exit interview process and review of pilot for stay interviews.

Steps taken and planned impact

- **Stay Interviews** are being piloted as part of a system engagement stream within Emergency Medicine and across 2 wards within the Trauma & Neuro group to assess if there are opportunities to support and improve staff retention levels.
- We continue to work with **ICS colleagues** in sharing best practice and identifying improvement actions.
- **Development of detailed Retention plans** by Clinical and Professional Groups continue to be a key priority and area of focus within the Group People Plans which remain in development by the People Business Partners and Group Leadership Teams.
- A task and finish group has been set up in January 2024 to map key actions required as part of the national "Ways to Stay" high impact action plans. This is initially focusing on AHP and Nursing / Midwifery staff groups.
- We continue to promote **flexible working opportunities** and further promote the Trust's **Disability and Carer's Passport**
- There is a continued focus on improving roster lead in times and self-rostering trials across ward areas.

Risks

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

Workforce Information | December 2023

Staff Turnover

Group	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
218 Clinical Diagnostics	13.87%	14.33%	13.98%	13.76%	12.81%	12.27%	11.96%	11.23%	11.68%	11.90%	12.56%	12.80%	
218 Clinical Support Services	10.11%	9.98%	10.00%	9.51%	9.47%	10.08%	10.01%	10.28%	9.99%	10.24%	9.79%	9.54%	
218 Core Services	14.50%	14.51%	14.06%	13.85%	13.76%	13.52%	13.54%	13.45%	13.50%	13.37%	13.50%	13.08%	
218 Emergency Medicine	10.68%	9.82%	9.58%	9.59%	9.91%	10.55%	8.52%	9.28%	8.48%	7.66%	7.99%	7.00%	
218 Medicine	8.80%	8.51%	7.92%	7.75%	7.15%	6.78%	7.05%	6.85%	7.17%	7.45%	7.24%	7.33%	
218 Surgical Services	10.09%	10.08%	9.02%	9.09%	8.29%	8.02%	8.42%	8.65%	8.87%	7.62%	7.58%	8.22%	
218 Trauma and Neuro Services	8.11%	8.09%	7.04%	6.70%	6.64%	7.27%	7.66%	7.44%	8.32%	9.13%	9.02%	8.67%	
218 Women and Children	8.15%	8.17%	8.49%	8.37%	8.84%	8.94%	8.82%	9.58%	9.23%	9.21%	9.91%	9.89%	

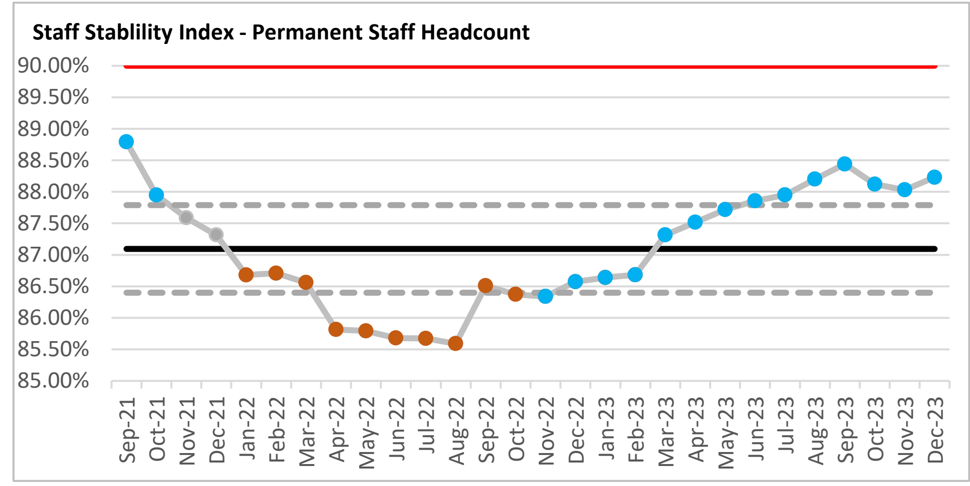
Staff Group	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Add Prof Scientific and Technic	11.52%	11.90%	10.12%	10.68%	10.18%	11.31%	11.38%	11.30%	11.41%	12.13%	12.66%	12.47%	
Additional Clinical Services	12.16%	12.03%	11.88%	11.38%	10.68%	10.70%	10.74%	10.26%	10.44%	10.23%	10.66%	10.77%	
Administrative and Clerical	16.19%	16.30%	15.60%	15.33%	14.92%	14.67%	14.41%	14.63%	14.90%	15.26%	14.79%	13.67%	
Allied Health Professionals	12.50%	12.67%	13.36%	12.05%	11.77%	12.23%	12.11%	12.79%	10.35%	10.36%	10.27%	10.80%	
Healthcare Scientists	11.47%	10.67%	10.44%	10.99%	9.95%	8.92%	8.65%	8.38%	9.07%	8.38%	9.51%	10.75%	
Medical and Dental	5.79%	5.88%	4.26%	4.33%	4.38%	4.37%	4.56%	4.74%	5.05%	4.72%	3.96%	4.04%	
Nursing and Midwifery Registered	6.93%	6.93%	6.50%	6.46%	6.61%	6.72%	6.69%	6.84%	7.11%	7.24%	7.22%	7.17%	

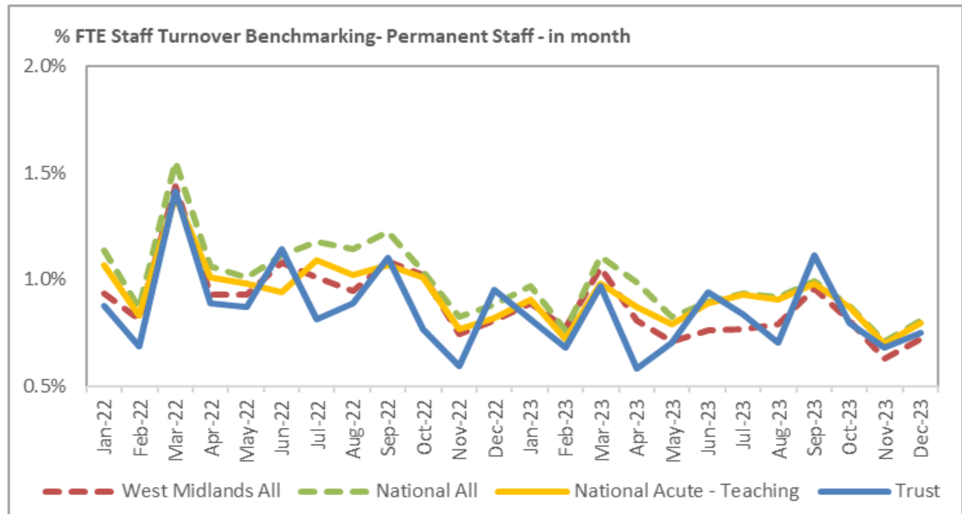
Data observations

- Red markers on trendline show the peak value over the 12-month period.
- Turnover indicator shows the percentage of staff who have left on a rolling 12-month basis as a proportion of employed staff (excluding junior doctors on rotation) and the need to have a long-term plan to tie colleagues in for 3 years. There is no specific trend risk identified within this metric, people are moving on viable reasons.
- Clinical Diagnostics group has re-emphasised on the importance of exit interviews to identify areas for learning and improvements. Additionally, a review of all the staff who have retired and returned or who are approaching retirement age is being carried out to enable the group to succession plan for key roles.
- We are seeing increased Healthcare Sciences staff turnover rates due to some specialties being impacted by higher pay rates being offered from the private sector providers. As an example, we are seeing this within audiology (private providers increasing offer of hearing tests through opticians and competitively seeking qualified technicians)

Workforce Information | December 2023

Staff Turnover – Stability & Benchmarking





Data observations

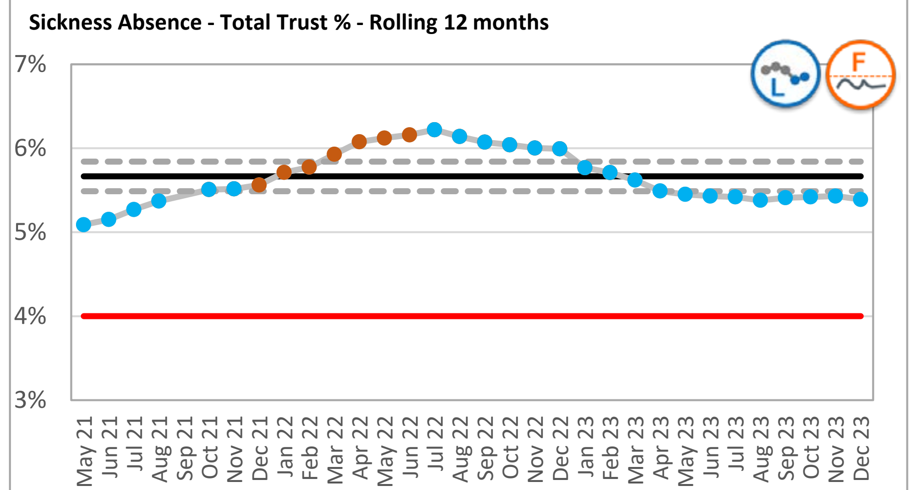
- **8,699** Employees were in post at the start of the most recent 12-month period, with **7,765** remaining at the end meaning **88.23%** of employees were retained.
- Since August 2022, the stability data is showing a continued trend of improvement.
- The stability index is compiled on data taken from ESR as an indicator of staff retention for the Trust. The index measures the percentage of FTE's at the end of a 12-month period (e.g. 31 December 2023) who were working in the organisation at the beginning of the period (1 January 2023).
- Turnover Benchmarking is derived from the ESR system, it indicates we are in line with West Midlands region and national Trends for Turnover.

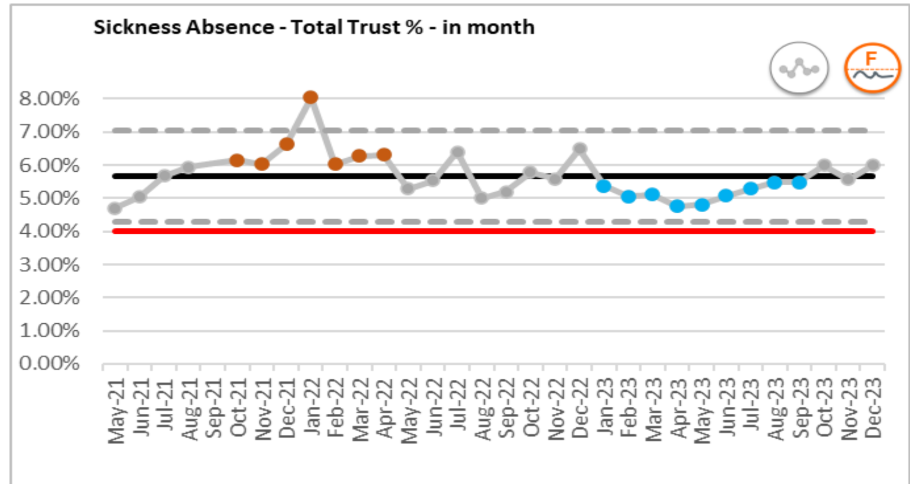
Risks

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

Workforce Information | December 2023

Sickness Absence Performance





Data observations

- The Trust sickness absence rate has increased from **5.57%** in November to **5.99%** in December.
- The sickness % has increased overall this month by **0.42%.**
- **The 12-month rolling sickness absence** has decreased slightly to **5.39%** from **5.43%,** although this remains a comparative improvement from **6.46% in** December 2022,

Steps taken and planned impact

- A new approach to Attendance Management has recently been approval, with implementation scheduled for April 2024. This new approach will support a person centred approach to return to work and adjustments in regards to long term absence cases.
- Absence Production Boards for Clinical Groups and Core Services will continue to report absence trend data for group leadership teams and enable oversight of individual cases at service level and identify where further support/training is required.
- A review of the MSK health and well-being fast track referral service is underway with a considered focus on prevention.
- The fast-track staff referral rates for diagnostic scans continues to be effective in supporting staff to access appointments.
- A new Psychological wellbeing framework and associated resources is under development following stakeholder engagement.

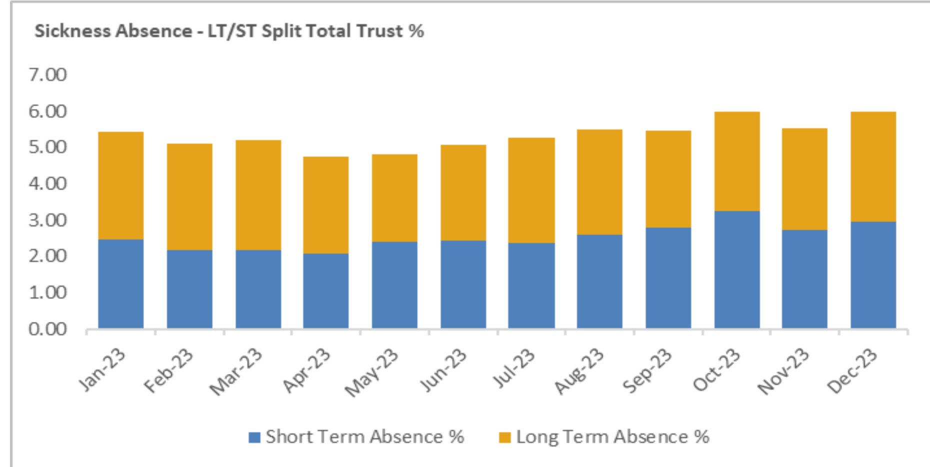
Risks

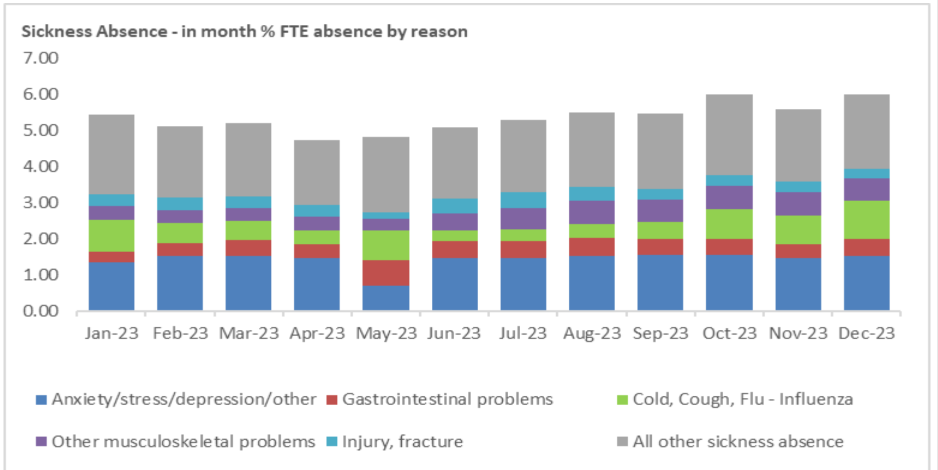
- Staff absence arising from ongoing high operational pressures
- Ongoing high sickness levels can impact patient care through safe staffing levels and operational delivery. This is mitigated through the use of temporary staffing.
- Additional cost of temporary staff cover

Workforce Information | December 2023

University Hospitals Coventry and Warwickshire NHS Trust

Sickness Absence Performance





Data observations

- Absence relating to mental health has slightly decreased in month (from **26.53%** to **25.64%**), absence due to cough/ cold flu increased to **(17.35%)** and Infectious diseases has increased in month from **3.25**% in November to **4.06%** in December 2023. This is reflective of the national picture and the impact of winter illnesses.
- Absence reasons reported have fluctuated due to seasonal flu/covid/viral outbreaks (also observed across the Midlands Regional data/reports)

Risks

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

Workforce Information | December 2023

Sickness Absence Performance

Group	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
218 Clinical Diagnostics	5.42%	5.79%	5.35%	4.28%	4.92%	5.94%	6.03%	7.11%	6.28%	6.61%	5.84%	6.68%	
218 Clinical Support Services	5.87%	5.22%	5.21%	5.33%	5.32%	5.73%	5.58%	5.42%	6.39%	7.24%	6.94%	7.12%	
218 Core Services	4.71%	4.30%	4.37%	3.89%	4.41%	3.86%	4.55%	4.40%	5.07%	5.82%	4.65%	4.63%	
218 Emergency Medicine	5.93%	5.38%	5.65%	5.20%	5.33%	5.13%	5.45%	5.98%	6.18%	6.65%	6.06%	6.32%	
218 Medicine	5.09%	5.14%	5.52%	5.11%	4.65%	5.07%	5.29%	5.27%	4.58%	5.56%	5.25%	5.82%	
218 Surgical Services	5.86%	4.92%	5.10%	4.02%	4.69%	4.48%	5.15%	6.40%	5.34%	4.65%	4.95%	5.85%	
218 Trauma and Neuro Services	4.95%	4.79%	5.43%	4.32%	4.41%	5.19%	4.75%	5.35%	5.36%	5.50%	5.06%	5.43%	
218 Women and Children	6.05%	5.41%	5.12%	5.16%	4.64%	4.92%	5.31%	4.47%	4.65%	4.79%	5.00%	5.47%	

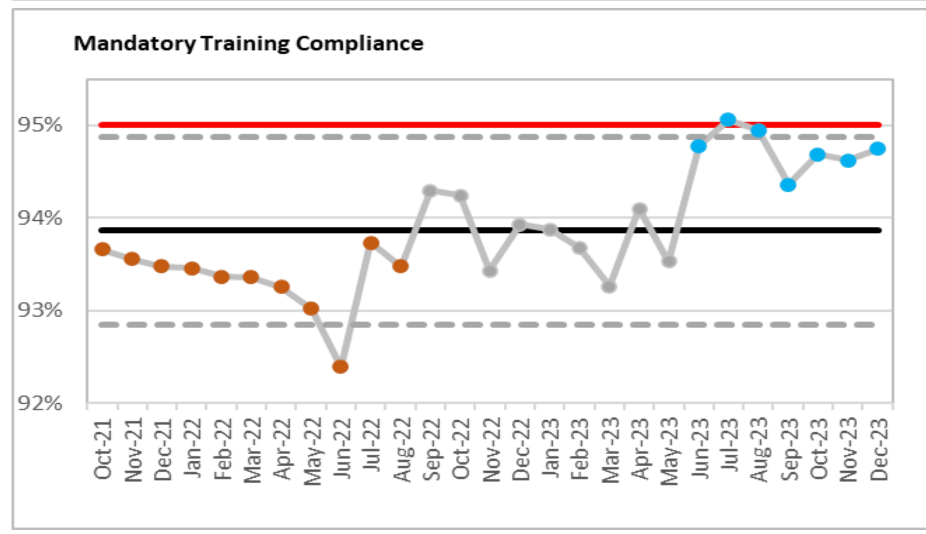
Staff Group	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
Add Prof Scientific and Technic	5.89%	5.74%	6.24%	6.80%	6.99%	6.74%	5.74%	6.01%	6.87%	8.24%	6.87%	7.15%	
Additional Clinical Services	8.78%	8.45%	8.20%	7.47%	7.26%	8.01%	8.79%	8.76%	8.37%	8.76%	8.56%	8.63%	
Administrative and Clerical	5.23%	5.03%	4.71%	4.54%	4.93%	4.80%	5.36%	5.58%	6.23%	7.04%	6.44%	6.74%	
Allied Health Professionals	3.46%	3.44%	2.47%	2.82%	2.39%	3.42%	3.38%	3.33%	3.84%	3.81%	3.25%	4.59%	
Healthcare Scientists	3.69%	5.43%	5.42%	3.52%	3.78%	4.86%	4.01%	4.47%	4.12%	5.12%	4.39%	5.08%	
Medical and Dental	0.89%	0.89%	1.05%	0.64%	0.72%	0.86%	0.63%	1.15%	0.65%	0.73%	1.19%	1.08%	
Nursing and Midwifery Registered	5.82%	4.90%	5.63%	5.05%	5.26%	5.24%	5.34%	5.62%	5.60%	6.20%	5.50%	6.27%	

Data observations

- 3 of the groups experienced their highest sickness % rates during December 2023, however there is not a direct correlation to staff group absence rates.. For Staff Groups there is a spread of peaks between October and December, this may be expected due to the movement into the winter period.
- Further absence modelling based on the staff group mix within each Clinical Group may give better indications of future trends.

Workforce Information | December 2023

Mandatory Training



Data observations

- **Mandatory Training compliance** has increased slightly in December by **0.13**% from **94.62**% to **94.75%,** with an upward trend continued from September 2023.
- There is a decrease in compliance in some clinical areas, particularly in Additional Prof Scientific and Technical compliance by **0.36% and Healthcare Scientists by 0.34%.**
- **The targeted campaign to improve compliance** by proactively contacting individuals directly to advice of non-compliance continues**.**

Group Mandatory Training %	Oct-23	Nov-23	Dec-23
Clinical Diagnostics	95.03%	94.55%	94.34%
Clinical Support Services	96.83%	96.88%	96.90%
Core Services	95.71%	95.86%	95.78%
Emergency Medicine	92.68%	92.98%	93.77%
Medicine	94.17%	94.09%	94.22%
Surgical Services	94.93%	94.47%	94.47%
Trauma and Neuro Services	92.92%	92.35%	92.42%
Women & Children	92.75%	93.16%	93.72%
Substantive Staff Only	94.69%	94.62%	94.75%

Steps taken and planned impact

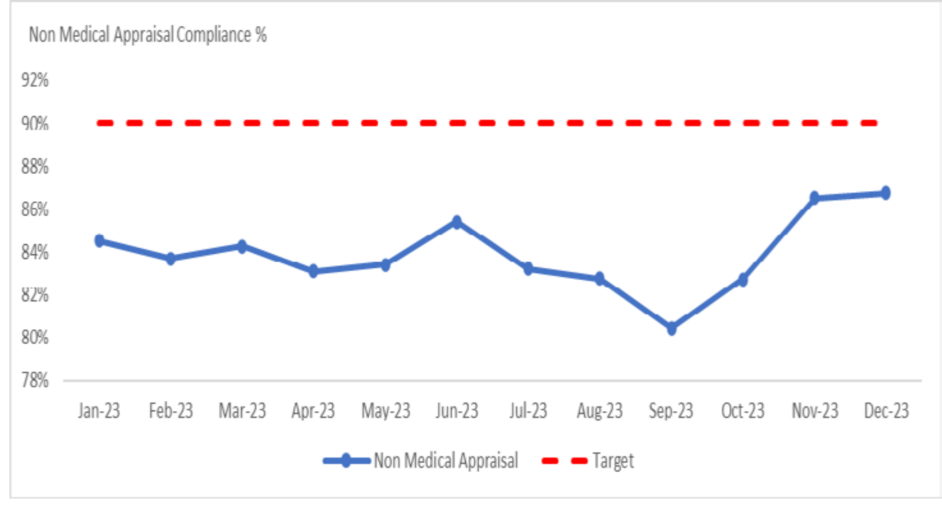
- Key areas which report lower compliance from an individual subject perspective are being targeted with specific support.

Risks

- Capacity plans and performance are affected by non-attendance at training.

Workforce Information | December 2023

Non Medical Appraisals & Medical Appraisal



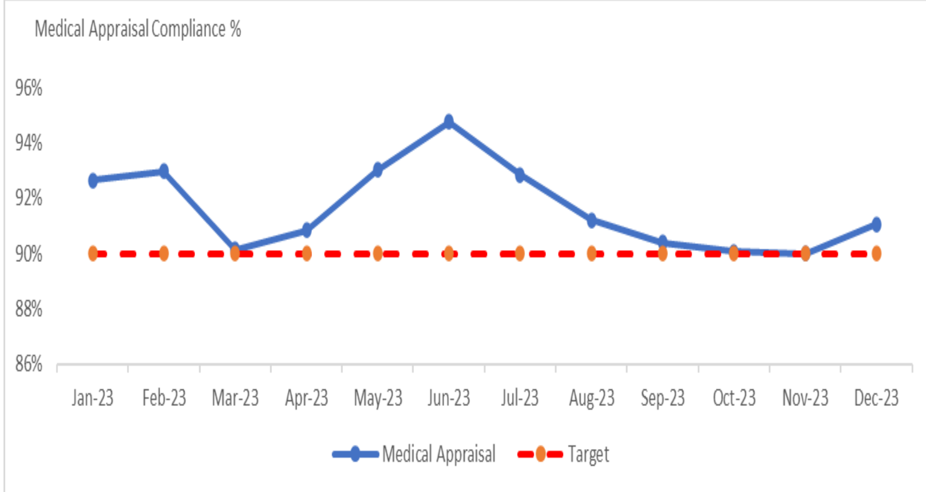
Data observations

Non-Medical Appraisals

- Compliance continues to increase across the Trust, with a **0.22% improvement in month** resulting in **86.74%** compliance.
- Clinical Support Services and Surgical Services are both above **90%,**

Medical Appraisals

- The overall level of medical appraisal completions Increased this month by **1.08%** with **91.07%** compliance, therefore **achieving the target.**
- **8** out of **10** areas are above **90%** and **2** areas are above **80%** .



Steps taken and planned impact

Non-Medical Appraisals

- Managers continue to be reminded of the importance of completion and recording appraisal conversations on ESR.
- Groups continue to focus on trajectory improvement plans and track these locally through specialty reviews and Group Management Boards.
- Appraisal Stakeholder Listening Events have been scheduled for January and February 2024 to seek feedback from staff and managers around the delivery model and opportunities to refresh our approach to objective setting and career conversations with staff.

Medical Appraisals

- Work continues to support appraisal compliance which is monitored by the Chief Medical Officer.

Risks	• Adverse impact on staff engagement • Adverse impact on staff development

Workforce Information | December 2023

Non Medical Appraisals & Medical Appraisal by Clinical Group

Non Medical Appraisal	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
218 Clinical Diagnostics	89.41%	88.14%	89.74%	89.83%	88.11%	90.17%	88.15%	85.03%	83.66%	82.81%	84.89%	85.70%	
218 Clinical Support Services	91.86%	90.92%	90.29%	86.67%	84.21%	86.96%	84.01%	85.56%	84.70%	87.22%	92.12%	92.27%	
218 Core Services	72.10%	71.50%	73.47%	72.64%	73.77%	73.54%	72.68%	71.93%	70.16%	73.71%	78.92%	79.92%	
218 Emergency Medicine	88.73%	90.14%	90.73%	88.01%	91.97%	93.85%	93.71%	93.16%	90.86%	90.19%	89.22%	88.45%	
218 Medicine	79.43%	75.83%	76.11%	78.66%	80.69%	82.48%	79.61%	76.15%	73.54%	77.78%	84.18%	83.95%	
218 Surgical Services	85.10%	88.54%	90.30%	87.93%	89.55%	92.66%	89.31%	87.16%	82.78%	89.26%	90.88%	91.88%	
218 Trauma and Neuro Services	85.46%	85.05%	85.90%	86.35%	84.64%	86.80%	80.96%	87.72%	85.16%	84.54%	85.29%	83.88%	
218 Women and Children	86.61%	86.53%	85.71%	81.24%	83.69%	87.15%	87.85%	88.51%	83.49%	84.16%	88.27%	89.18%	

Medical Appraisal	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
218 Clinical Diagnostics	89.55%	96.97%	88.24%	89.71%	92.75%	100.00%	100.00%	98.53%	94.52%	90.41%	90.14%	91.55%	
218 Clinical Support Services	94.85%	92.93%	91.00%	94.17%	92.52%	95.28%	94.06%	93.14%	93.91%	91.07%	93.16%	91.45%	
218 Core Services	100.00%	100.00%	85.71%	80.00%	100.00%	86.67%	91.67%	91.67%	93.75%	100.00%	94.44%	100.00%	
218 Emergency Medicine	91.46%	92.77%	94.12%	95.45%	96.63%	96.70%	96.70%	94.44%	92.78%	95.65%	92.93%	90.43%	
218 Medicine	91.12%	92.35%	90.06%	91.28%	87.50%	92.86%	92.53%	91.53%	91.40%	91.62%	92.19%	93.12%	
218 Surgical Services	93.33%	94.12%	92.13%	88.37%	94.51%	93.85%	89.31%	83.46%	77.10%	81.60%	82.03%	90.08%	
218 Trauma and Neuro Services	90.44%	91.18%	87.22%	91.43%	91.34%	96.58%	89.36%	90.44%	92.81%	92.03%	88.57%	87.59%	
218 Women and Children	98.28%	93.10%	85.96%	82.46%	89.13%	93.44%	94.83%	94.74%	94.83%	94.83%	94.83%	96.61%	

Risks

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

REPORT TO PUBLIC TRUST BOARD
HELD ON 01 FEBRUARY 2024

Subject Title	Freedom to Speak Up / Raising Concerns Bi-annual Report
Executive Sponsor	Andy Hardy - Executive Lead for Raising Concerns
Author	Lorna Shaw - Freedom to Speak Up Guardian
Attachment(s)	None
Recommendation(s)	The Board is asked to receive **ASSURANCE** from the report

EXECUTIVE SUMMARY

Attached is the bi-annual report from the Freedom to Speak Up Guardian on activities namely:

1. Continuing to raise the profile of FTSU
2. Freedom to Speak Up Training
3. Raising Concerns Activity & Analysis
4. Freedom to Speak Up Feedback
5. FTSUG Engagement
6. Learning from Raised Concerns
7. Disadvantageous/Demeaning experiences following Concerns Raised
8. Speak Up Support Scheme

PREVIOUS DISCUSSIONS HELD

Trust Board April 2023

KEY IMPLICATIONS

Financial	None directly relating to this report
Patients Safety or Quality	A robust policy on raising concerns is important for patient well-being and the risk of staff not feeling able to raise concerns is on the corporate risk register.
Workforce	A robust policy on raising concerns is important for patient well-being and the risk of staff not feeling able to raise concerns is on the corporate risk register.

Operational	There are no direct operational implications arising from this report although the Trust's performance and service could be affected if staff don't feel able to raise concerns

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Freedom to Speak Up / Raising Concerns Bi-annual Report

1. Introduction

The role of Freedom to Speak Up Guardians and the National Guardian for the NHS were established in 2016 following recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, the issues they raise are responded to and that the person speaking up receives feedback on the actions taken. Freedom to Speak Up Guardians, are appointed by the organisation they support and abide by the guidance issued by the National Guardian's Office. They work proactively to support their organisation to tackle barriers to speaking up.
Freedom to Speak Up Guardians cannot be effective in isolation. Their role requires them to work in partnership throughout their organisation to support speaking up and translate this learning to improve the safety and experience of all. This requires time, commitment, and support of everyone responsible for fostering a `Speak Up, Listen Up, Follow Up culture.'

The National Guardian's Office (NGO)
The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015). These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

The National Guardian's Office leads, trains and supports a network of Freedom to Speak Up guardians in England. There are over 1,000 guardians in NHS and independent sector organisations, hospices and national bodies. The Office support their organisations to help address the barriers to speaking up; provides challenges / learning to the healthcare system as a whole as part of its remit and conduct Speak Up reviews to identify learning and support improvement of the speaking up culture of the healthcare sector.

2. Continuing to Raise the Profile of FTSU

The Clinical Directors are supporting the Guardian to attend Group meetings. This has enabled engagement, bi-annually to share Freedom to Speak Up data by specific group. Women & Childrens Group Board and Trauma & Neuro QIPS diary dates are confirmed. An invite to attend Nursing & Midwifery Care Quality Forum (NMCQF) in February will bring an opportunity to continue engagement with GDN's matrons and Ward Managers.

The Guardian alongside the Chief people Officer, Chief Quality officer and four voluntary employees participated in the creation of a promotional video, highlighting UHCW SpeakUp app for both Future Workshops (FW) and Apple Inc. celebrating partnership working. The final version is available for viewing and is located on UHCW TrustNav: Freedom to Speak Up Apple Inc & FW platforms alike. FW have requested additional filming on behalf of Apple Inc in recent weeks which is yet to be planned. Apple Inc would like longer edits on the app being used.

UHCW SpeakUp app was shortlisted as a finalist in HSJ (Health Service Journal) Staff Wellbeing Awards on November 16, 2023, saw a record breaking 1456 entries with 223 projects shortlisted, making it the biggest awards programme in HSJ's 43-year award history.

Our Communications Team have included FTSU on the Trust website for staff to view/access when at home. TrustNav Intranet pages have been updated with links to the Raising Concerns policy, UHCW (University Hospitals Coventry and Warwickshire) Speak Up app and descriptions of both Guardian and Ambassador roles. With time, our Freedom to Speak Up Ambassadors may seek other opportunities, therefore these numbers are ever changing. From the last report, the Ambassador numbers have decreased from 13 to 10. The Guardian continues proactive engagement to recruit employees to this voluntary supporting role.

The Guardian will continue to assess the impact of communications, to identify reach and understand which channels have the biggest impact.

3. Freedom to Speak Up Training

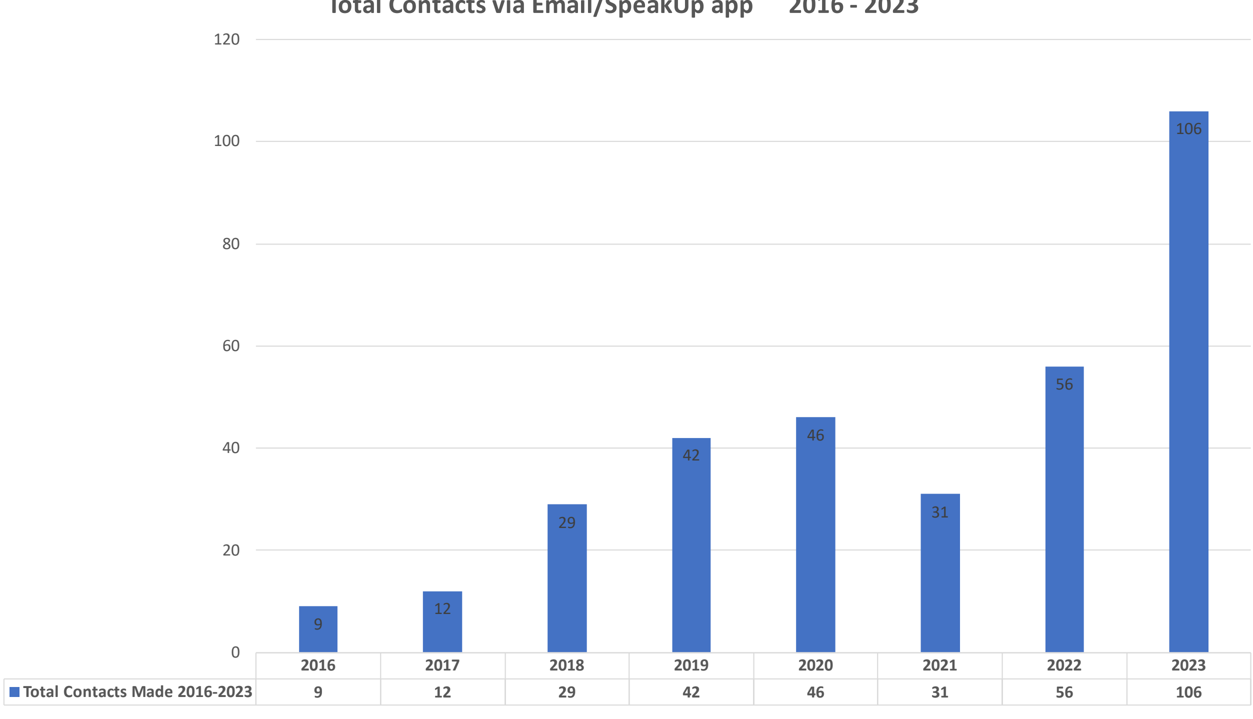
Freedom to Speak Up e-learning, developed in association with Health Education England, is freely available for anyone who works in healthcare and explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. It helps healthcare staff to understand the vital role they play and the support available to encourage a healthy speaking up culture for the benefit of both patients and workers. The Guardian has had initial conversations with the Learning & Development team on implementing this training to specific roles which would be recognised on ESR records, this continues to be work in progress. All employees who contact the Guardian are made aware this e-learning is free and each module takes approximately 30 minutes of their time.

4. FTSU Activity

4.1 FTSU Data

The FTSU database records all raised concerns providing themes and trends. It reflects a year upon year increase in contacts made with the Guardian.

The FTSUG (Freedom to Speak Up Guardian) continues to explore how the learning points /recommendations that arise out of each case can be recorded so they can be used to make suggestions for improvement. Guardians nationally, submit external quarterly data reports, assisting the National Guardian's Office to spot wider trends and themes. This database will continue to be used alongside the data collated within the Raising Concerns App.
Since the initial raising concerns policy and Guardian role was introduced in 2016, there have been a total of 331 contacts via email /SpeakUp app, as shown below.

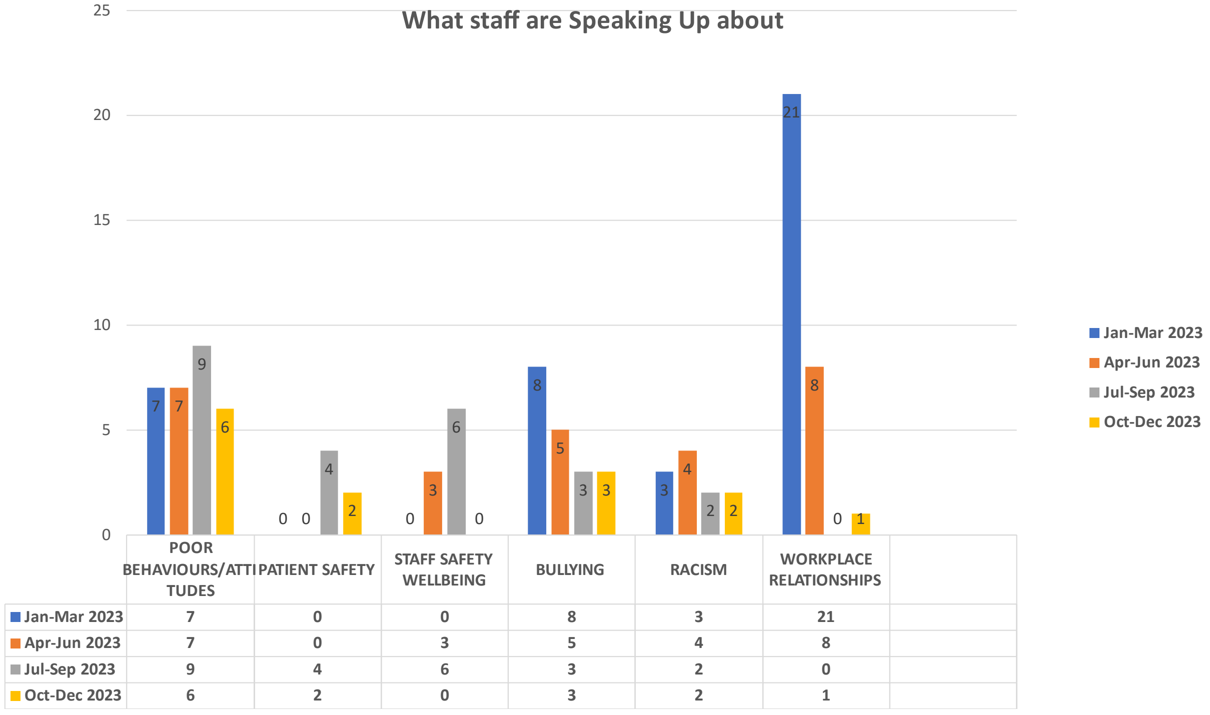


	2016	2017	2018	2019	2020	2021	2022	2023
Total Contacts Made 2016-2023	9	12	29	42	46	31	56	106

Data from the National Guardian Office (ref: A Summary of Speaking Up to Freedom to Speak Up Guardians 1 April 2022 - 31 March 2023), show nurses and midwives, nationally account for the largest portion of Speaking Up cases at 29.9%. This is expected as the largest workforce group. 24.5% of concerns raised in 2023 by nurses is proportionate, being 32% of UHCW workforce.

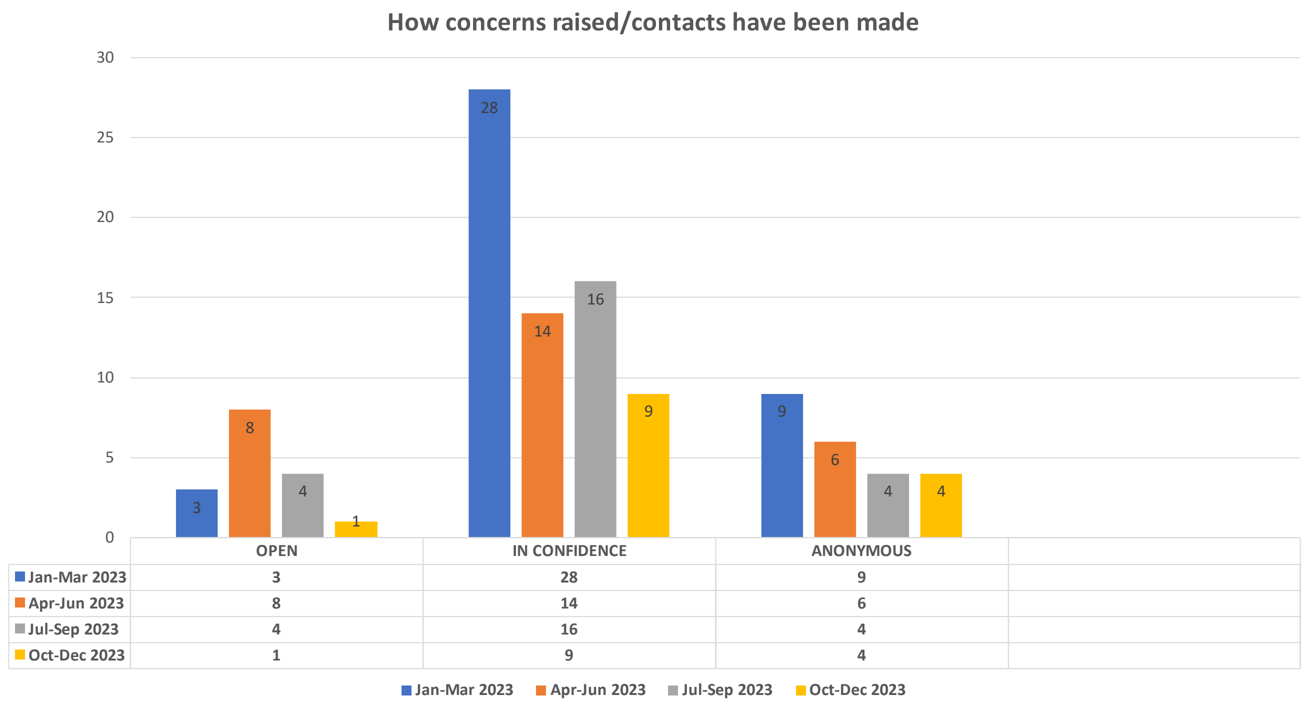
Administration and clerical staff accounted for the second largest portion of cases 16.03% (20.2% nationally), proportionate to our current workforce at 17.7%.

	No of Contacts by Professional Staff Groups							
	2016	2017	2018	2019	2020	2021	2022	**2023**
NURSES/MIDWIVES	0	1	2	6	11	8	14	**26**
MEDICAL & DENTAL	0	0	3	7	9	10	6	**15**
AHP's	0	0	2	4	4	4	4	**12**
ADMIN & CLERICAL	9	3	7	16	12	4	9	**17**
SCIENTIFIC & TECHNICAL	5	9	1	1	2	0	8	**7**
HEALTHCARE SCIENTISTS	0	0	1	0	0	1	1	**5**
ESTATES & ANCILLARY	0	0	1	2	3	1	2	**1**
ADDITIONAL CLINICAL SERVICES	0	1	0	5	2	3	5	**4**
ANONYMOUS	0	1	1	1	3	1	5	**5**
OTHER	0	2	0	0	0	0	1	**2**
UNKNOWN	0	0	0	0	0	0	0	**2**

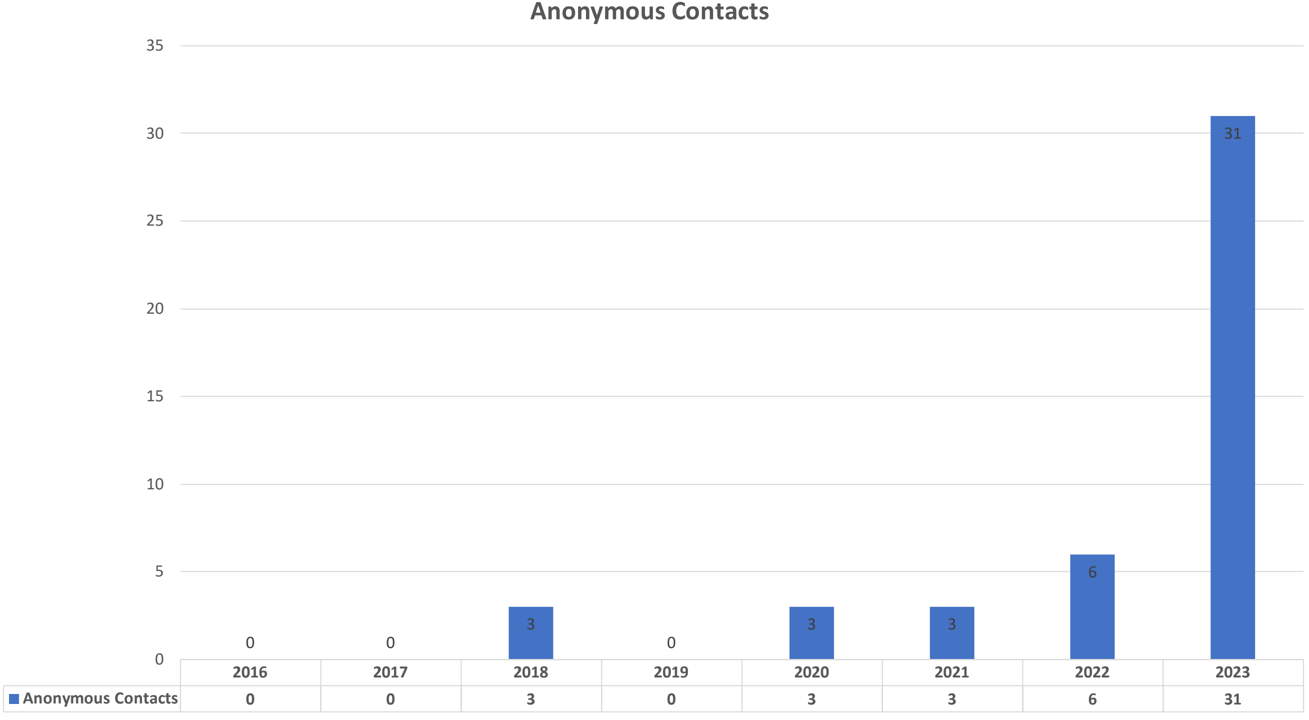


	POOR BEHAVIOURS/ATTITUDES	PATIENT SAFETY	STAFF SAFETY WELLBEING	BULLYING	RACISM	WORKPLACE RELATIONSHIPS
Jan-Mar 2023	7	0	0	8	3	21
Apr-Jun 2023	7	0	3	5	4	8
Jul-Sep 2023	9	4	6	3	2	0
Oct-Dec 2023	6	2	0	3	2	1

The data above highlights Workplace Relationships 28.3%; Poor Behaviours or Attitudes 27.3%; Bullying 17.9%; Racism 10.4%; Staff Safety/Wellbeing 8.5%; Patient Safety 5.6% as the top six concerns raised with the FTSUG between January – December 2023.



	OPEN	IN CONFIDENCE	ANONYMOUS
Jan-Mar 2023	3	28	9
Apr-Jun 2023	8	14	6
Jul-Sep 2023	4	16	4
Oct-Dec 2023	1	9	4

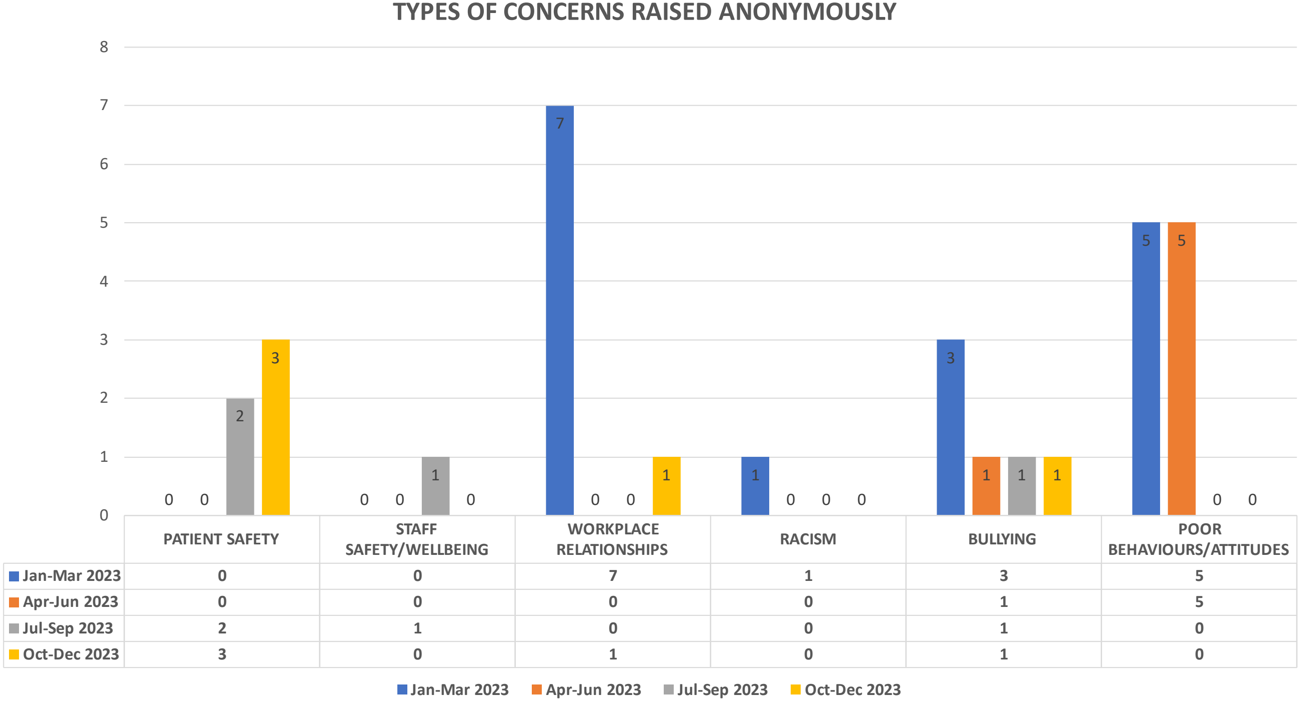


	2016	2017	2018	2019	2020	2021	2022	2023
Anonymous Contacts	0	0	3	0	3	3	6	31

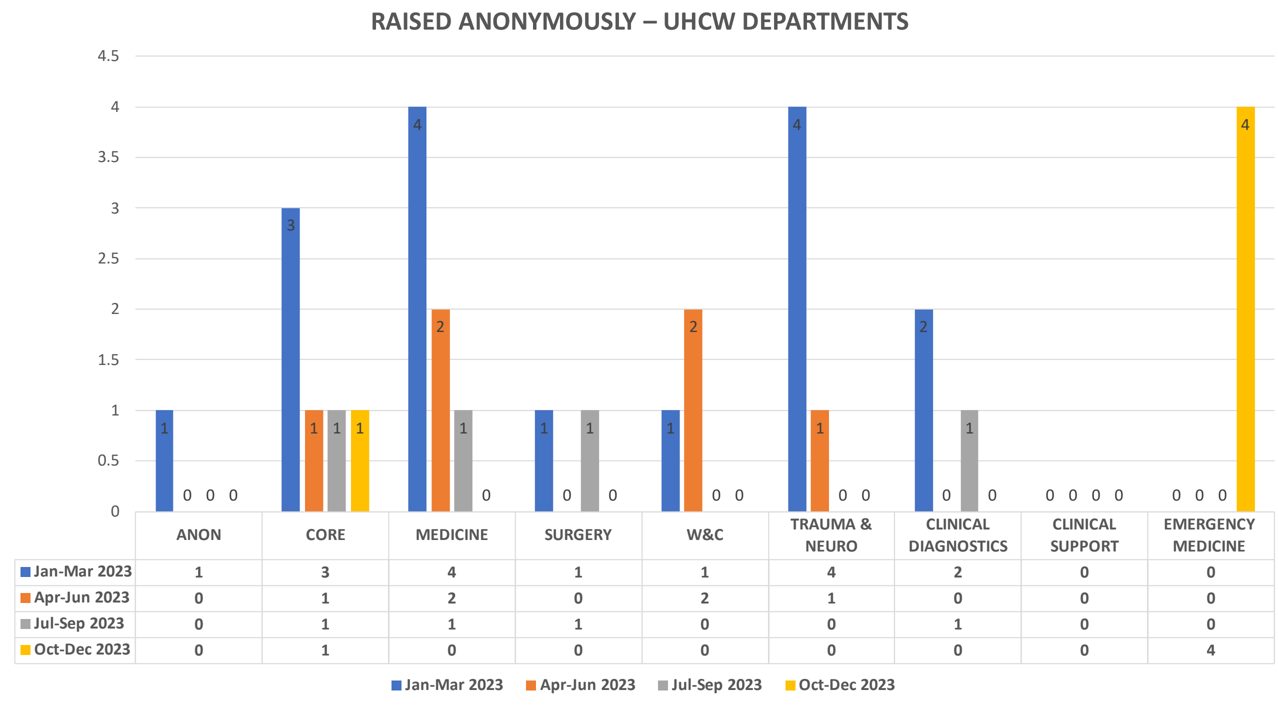
Staff do not reveal their identity – even to a guardian - when they are too fearful of the potential consequences of speaking up. The continued high-profile cases reported in the media continue this chilling effect that speaking up is not safe. Add that to feelings that speaking up is futile, and this will silence workers who may feel that speaking up is not worth the risk if nothing will be done if they do.

``Fear of detriment Levels of anonymity are to me an indicator of confidence in the guardian route for speaking up. The proportion of cases raised anonymously continues to fall – down to 9.3% from 17.7% when we first started collecting data in 2017''. (ref - ``A Summary of Speaking Up to Freedom to Speak Up Guardians 1 April 2022 - 31 March 2023'') 202223-Annual-Data-Report.pdf (nationalguardian.org.uk)

UHCW anonymous concerns raised via Freedom to Speak Up avenues increased by 92.7% from Jan-Dec 2023 compared to previous 12 months. The launch of UHCW SpeakUp app in October 2022 significantly contributed to this rise.

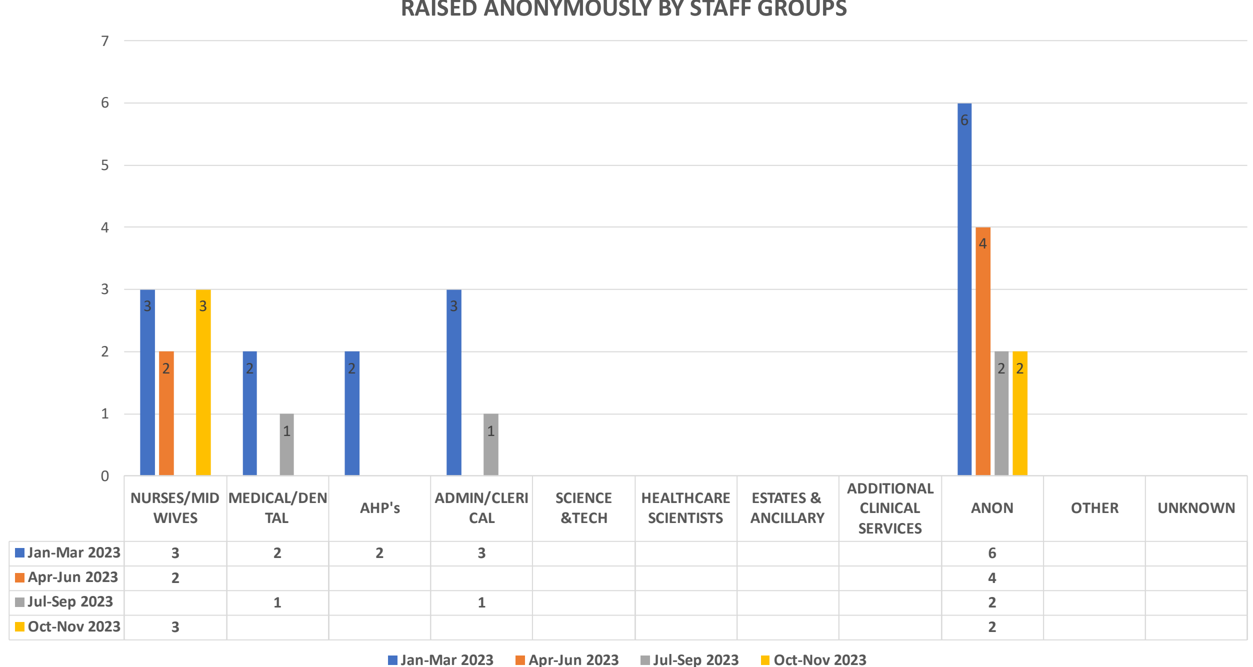


	PATIENT SAFETY	STAFF SAFETY/WELLBEING	WORKPLACE RELATIONSHIPS	RACISM	BULLYING	POOR BEHAVIOURS/ATTITUDES
Jan-Mar 2023	0	0	7	1	3	5
Apr-Jun 2023	0	0	0	0	1	5
Jul-Sep 2023	2	1	0	0	1	0
Oct-Dec 2023	3	0	1	0	1	0



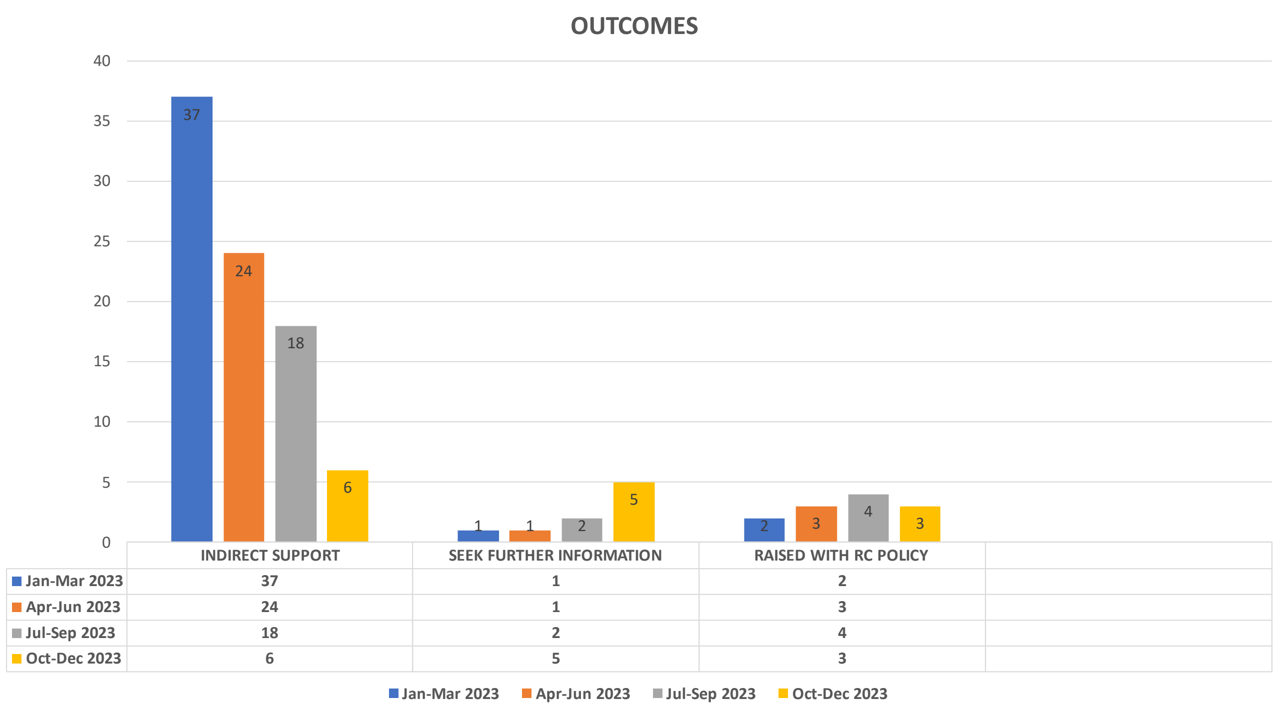
	ANON	CORE	MEDICINE	SURGERY	W&C	TRAUMA & NEURO	CLINICAL DIAGNOSTICS	CLINICAL SUPPORT	EMERGENCY MEDICINE
Jan-Mar 2023	1	3	4	1	1	4	2	0	0
Apr-Jun 2023	0	1	2	0	2	1	0	0	0
Jul-Sep 2023	0	1	1	1	0	0	1	0	0
Oct-Dec 2023	0	1	0	0	0	0	0	0	4

Medicine (22.6%); CORE (19.4%) and Trauma & Neuro (16.1%) represent the highest 3 groups speaking up anonymously, these figures are reflective of departments ratios in relation to the organisation size overall.



	NURSES/MID WIVES	MEDICAL/DEN TAL	AHP's	ADMIN/CLERI CAL	SCIENCE &TECH	HEALTHCARE SCIENTISTS	ESTATES & ANCILLARY	ADDITIONAL CLINICAL SERVICES	ANON	OTHER	UNKNOWN
Jan-Mar 2023	3	2	2	3					6		
Apr-Jun 2023	2								4		
Jul-Sep 2023		1		1					2		
Oct-Nov 2023	3								2		

31 anonymous contacts made with the Guardian, 17 employees revealed their professional groups, 14 chose not to disclose.



	INDIRECT SUPPORT	SEEK FURTHER INFORMATION	RAISED WITH RC POLICY
Jan-Mar 2023	37	1	2
Apr-Jun 2023	24	1	3
Jul-Sep 2023	18	2	4
Oct-Dec 2023	6	5	3

80.2% INDIRECT SUPPORT- Locate HR Advisors; HR processes may be in action; referred to own line management; supported to access relevant policies or procedures for issues not met under Raising Concerns policy criteria.

8.5% SEEK FURTHER INFORMATION – The Guardian requires supporting information to raise a formal concern utilising the Raising Concerns policy.

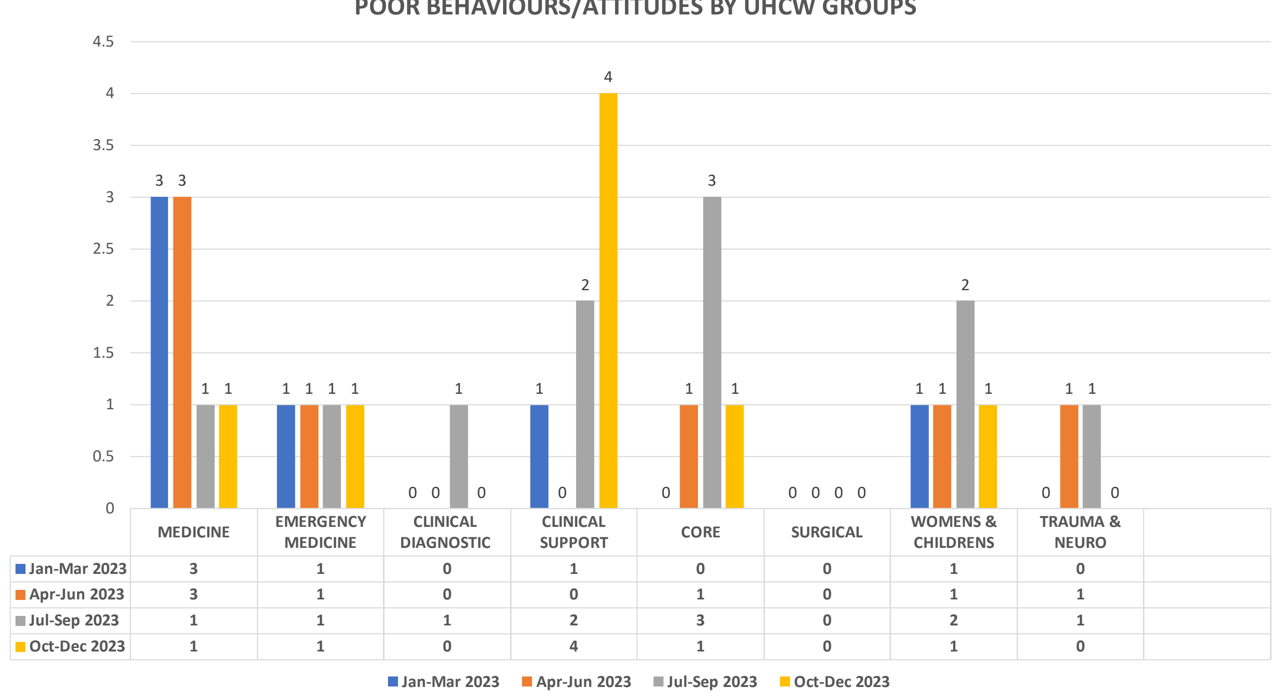
11.3% RAISED WITH RC POLICY- The Guardian received adequate information to raise a formal concern.

4.2 FTSU Activity Analysis

Themes and trends collated from ongoing cases and this report, continue to indicate employees require further 1:1 support when undergoing formal HR processes. The Guardian and Ambassadors continue to provide direct/indirect support when required.

Examples contrary to our organisation's values raised via FTSU continue to include incivility and micro-aggressions. Specific issues, highlighted below:

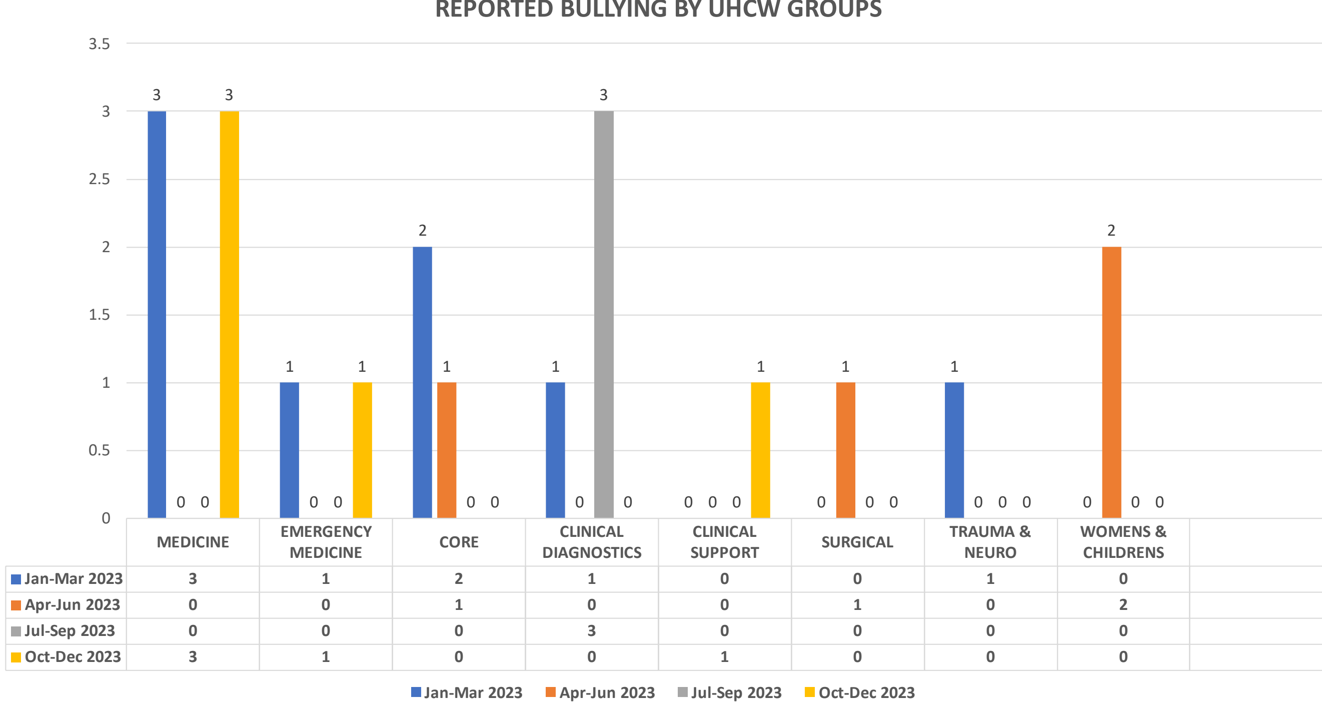
<u>Poor Behaviours / Attitudes / Culture</u>
Home working agreement not honoured; Inconsistencies around homeworking and treatment of staff; Disclosing personal information; Breaching confidentiality; Unfair distribution of workload with unrealistic deadlines; toxic and bullying cultures; inconsistencies, unfairness and bias.



	MEDICINE	EMERGENCY MEDICINE	CLINICAL DIAGNOSTIC	CLINICAL SUPPORT	CORE	SURGICAL	WOMENS & CHILDRENS	TRAUMA & NEURO
Jan-Mar 2023	3	1	0	1	0	0	1	0
Apr-Jun 2023	3	1	0	0	1	0	1	1
Jul-Sep 2023	1	1	1	2	3	0	2	1
Oct-Dec 2023	1	1	0	4	1	0	1	0

<u>Bullying Behaviours</u>

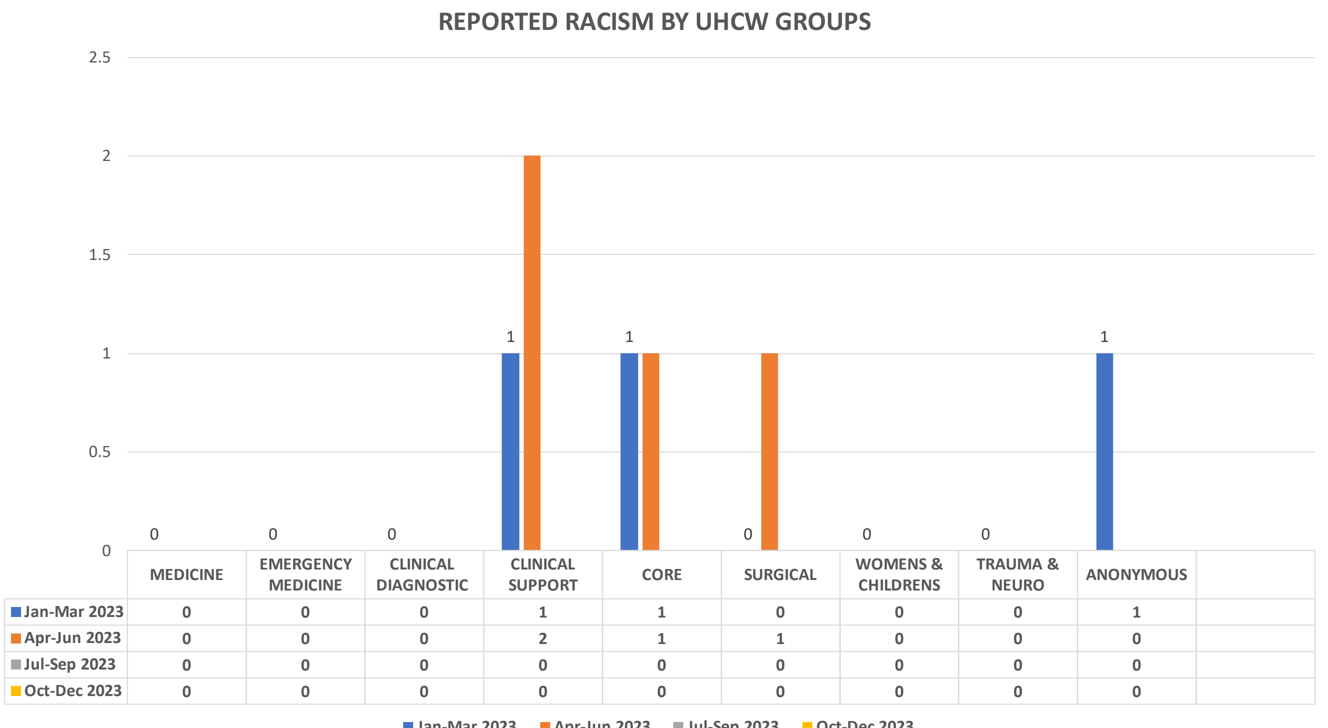
Threatened to be dismissed; micro-management, line managers allegedly aware of issues and failing to act.



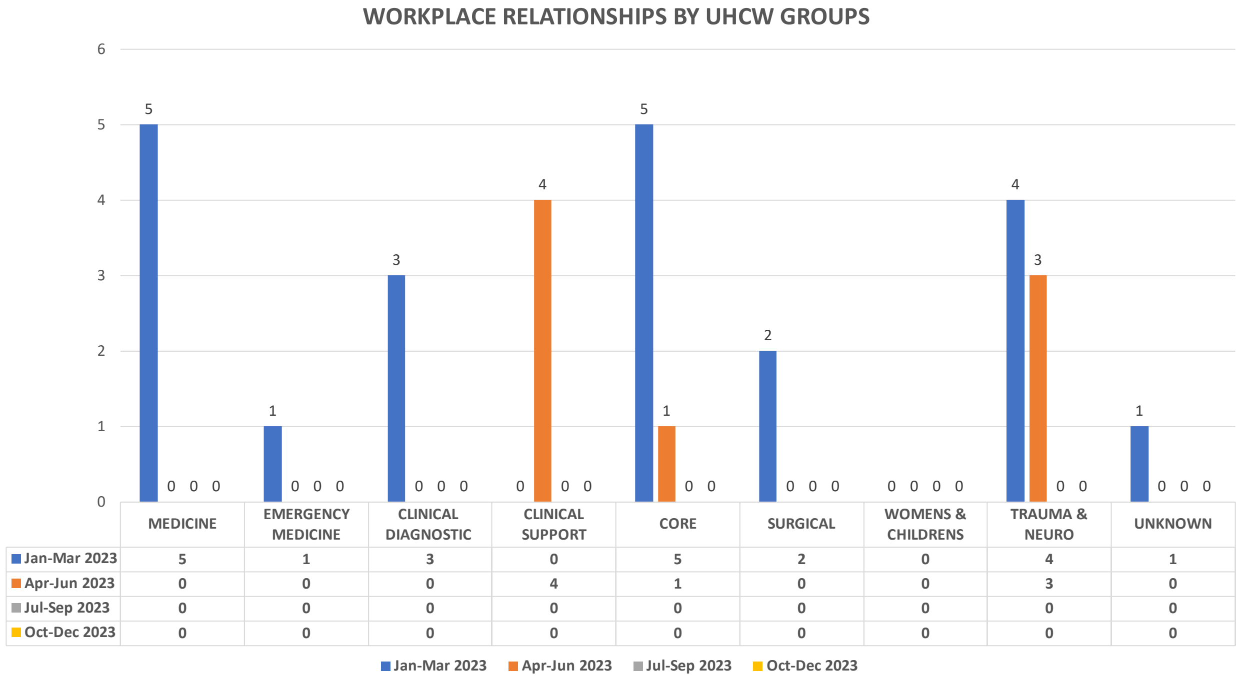
	MEDICINE	EMERGENCY MEDICINE	CORE	CLINICAL DIAGNOSTICS	CLINICAL SUPPORT	SURGICAL	TRAUMA & NEURO	WOMENS & CHILDRENS
Jan-Mar 2023	3	1	2	1	0	0	1	0
Apr-Jun 2023	0	0	1	0	0	1	0	2
Jul-Sep 2023	0	0	0	3	0	0	0	0
Oct-Dec 2023	3	1	0	0	1	0	0	0

<u>Racism and Discrimination</u>

Repeatedly denied training opportunities, openly criticised on being authentic self, differential treatment from line managers regarding to staff coming in late, workload expectations and accepted `workplace banter.'

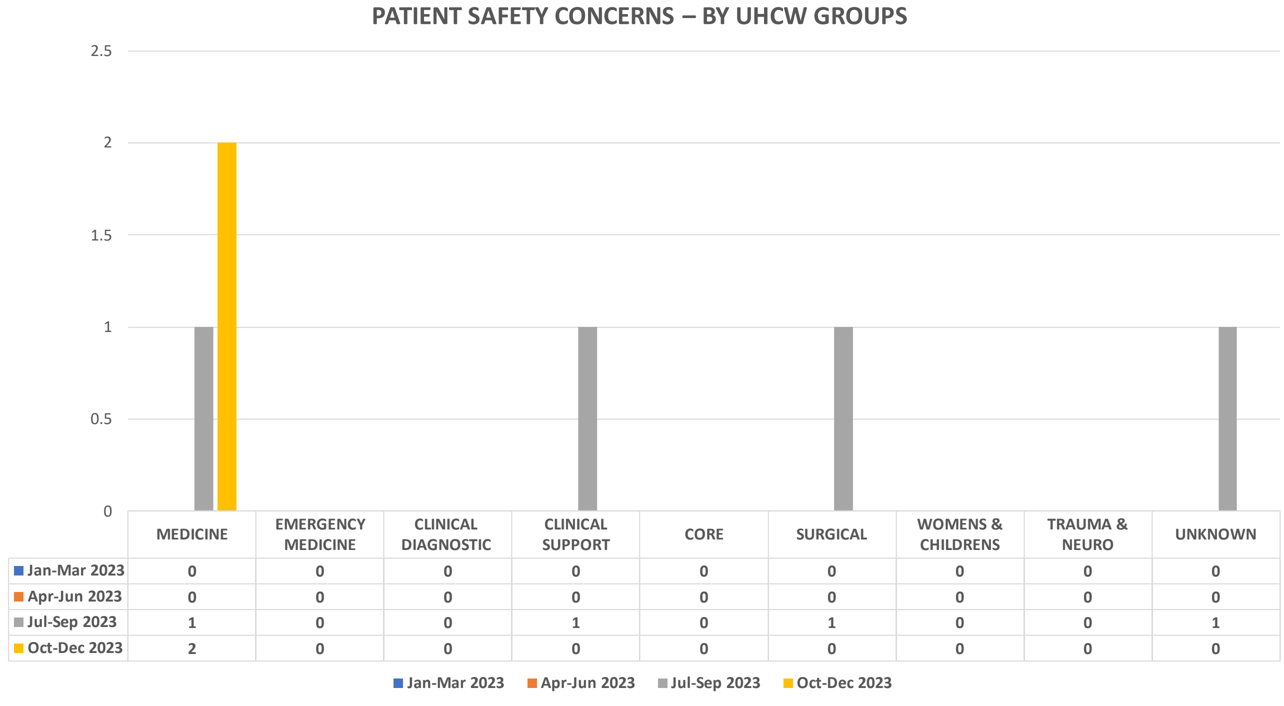


	MEDICINE	EMERGENCY MEDICINE	CLINICAL DIAGNOSTIC	CLINICAL SUPPORT	CORE	SURGICAL	WOMENS & CHILDRENS	TRAUMA & NEURO	ANONYMOUS
Jan-Mar 2023	0	0	0	1	1	0	0	0	1
Apr-Jun 2023	0	0	0	2	1	1	0	0	0
Jul-Sep 2023	0	0	0	0	0	0	0	0	0
Oct-Dec 2023	0	0	0	0	0	0	0	0	0

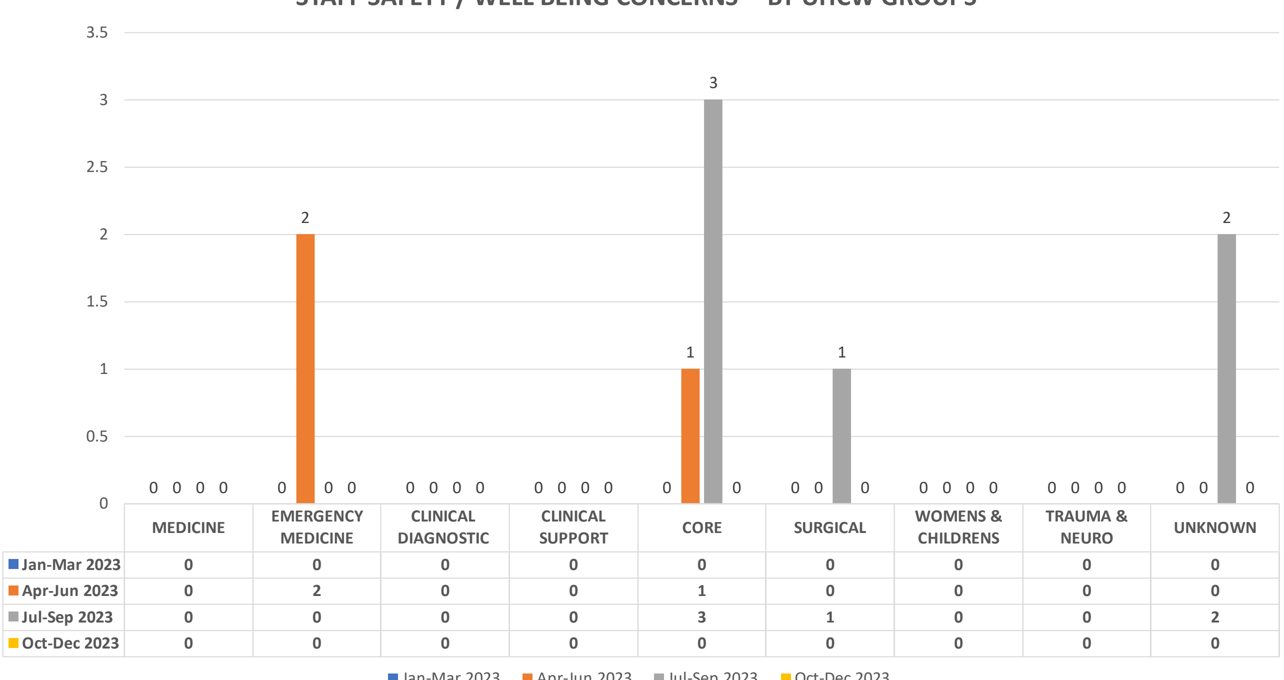


	MEDICINE	EMERGENCY MEDICINE	CLINICAL DIAGNOSTIC	CLINICAL SUPPORT	CORE	SURGICAL	WOMENS & CHILDRENS	TRAUMA & NEURO	UNKNOWN
Jan-Mar 2023	5	1	3	0	5	2	0	4	1
Apr-Jun 2023	0	0	0	4	1	0	0	3	0
Jul-Sep 2023	0	0	0	0	0	0	0	0	0
Oct-Dec 2023	0	0	0	0	0	0	0	0	0

Workplace Relationships - *quotes taken from communications with employees.*
``There is fear around speaking up despite people feeling strongly because of intimidation from senior managers in the form of back handed punishments.''
``A team being sent to an office away from the rest of their team hindering collaboration and leaving them feeling ostracised and questioning what they have done wrong for this to happen. This was as a direct result of people speaking up about health and safety policies in place to protect office workers health and well-being''.
``Middle management are unable to make decisions for fear of them being overturned by senior management.''
``There is a blame culture which disempowers staff and leaves them feeling unable to voice opinions in a safe space.''
``Certain managers are selected for opportunities that are not afforded to the wider team despite those managers not always being the best fit for the content of the training/conference''.
``Stress levels in the department are very high and a number of people have voiced their concerns informally and feel unable to control what is going on around them. This has had a significant impact on the well-being of individuals, which is being ignored by senior managers. An example of this would be someone voicing that they are finding it difficult to remain in work because of the significant level of stress and impact that is spilling over into their personal life. Anecdotally people are looking for other opportunities as a result of the inconsistent and reactive management being displayed within the department''.
``I have personally been unwell as a result of the pressures of trying to manage the situation and the constant changing situation''.



	MEDICINE	EMERGENCY MEDICINE	CLINICAL DIAGNOSTIC	CLINICAL SUPPORT	CORE	SURGICAL	WOMENS & CHILDRENS	TRAUMA & NEURO	UNKNOWN
Jan-Mar 2023	0	0	0	0	0	0	0	0	0
Apr-Jun 2023	0	0	0	0	0	0	0	0	0
Jul-Sep 2023	1	0	0	1	0	1	0	0	1
Oct-Dec 2023	2	0	0	0	0	0	0	0	0



	MEDICINE	EMERGENCY MEDICINE	CLINICAL DIAGNOSTIC	CLINICAL SUPPORT	CORE	SURGICAL	WOMENS & CHILDRENS	TRAUMA & NEURO	UNKNOWN
Jan-Mar 2023	0	0	0	0	0	0	0	0	0
Apr-Jun 2023	0	2	0	0	1	0	0	0	0
Jul-Sep 2023	0	0	0	0	3	1	0	0	2
Oct-Dec 2023	0	0	0	0	0	0	0	0	0

5. FTSU Feedback

Feedback from employees is only requested when concerns were formally raised under the Raising Concerns policy. Whilst staff are willing to speak up and feel supported, some have expressed disappointment in the length of time, complex cases can take to conclude; described increased stress levels; sick time off work and overall, a negative impact on their general wellbeing. In addition, frustrations have been repeatedly heard, when outcomes cannot be shared fully and openly in relation to confidentiality for all parties to be maintained. More than half of staff asked, would be reluctant to raise concerns in the future for these reasons.

6. FTSUG Engagement

The Guardian attended a Group Clinical Directors meeting in October, taking the opportunity to highlight trends and themes for own specialities. Going forward the Guardian will be invited to group / departmental meetings to share data on a quarterly basis. This will provide environments for shared learning Trust wide, maintaining confidentiality as needed.
The Guardian continues to attend bi-monthly People Support Group meetings, triangulation meetings with relevant departments/services and regional network meetings with peers and representatives from the National Guardian Office.

7. Learning from Raised Concerns

Recommendations following investigations, have been local to departments/services to date. The Guardian continues to seek opportunities to cascade any learning Trust wide where appropriate.

8. Disadvantageous / Demeaning treatment

The National Guardian Office, request data on the number of cases where disadvantageous and or demeaning treatment is recorded as a result of Speaking Up. Examples but not an exhaustive list, describe behaviours such as being ostracised; given unfavourable shifts repeatedly, being overlooked for promotion, being moved from a team, deliberate acts/failure to act.

UHCW currently record one for January – December 2023. Following a concern raised openly, an employee requested a temporary move to another department. They felt psychologically unsafe to continue working where the issue was raised until the concern was investigated. The organisation continues to support the individual. Previous 12 months, zero reported.

9. Speak Up Support Scheme

The Speaking Up support scheme (formerly Whistle-blower's Support Scheme) is a newly revised scheme that acts on the recommendations from the 2015 Freedom to Speak Up review and learning from a previous scheme pilot.

The Speaking Up support scheme aligns itself to our NHS People Promise pillar of ensuring 'We each have a voice that counts.' It is designed to support individuals, who following a formal speak up process, have experienced significant adverse impact, leading to difficulties in moving forward, in both their professional and personal lives.

The FTSU Guardian follows up with employees, whose issues, were raised utilising Raising Concerns Policy, at 3 and / or 6-month intervals, for data reporting. UHCW remain at zero referrals from Speaking Up avenues Jan – Dec 2023 and previous 12 months.

Recommendations

None at time of Reporting.

Author Name: Lorna Shaw
Author Role: Freedom to Speak Up Guardian
Date report written: 18 January 2024

REPORT TO PUBLIC TRUST BOARD
HELD ON 1ST FEBRUARY 2024

Subject Title	EPRR Annual Report
Executive Sponsor	Gaby Harris, Chief Operating Officer
Author	Luke Peachey, Head of Emergency Planning and Operational Resilience
Attachment(s)	EPRR Annual Report
Recommendation(s)	Public Trust Board is asked to NOTE the content of the Annual Report and RECEIVE ASSURANCE in the improvements with compliance score

EXECUTIVE SUMMARY

This EPRR Annual Report outlines the activity undertaken by the Emergency Planning Team during 2022/2023 alongside the Trust' Self-assessment with the NHS Emergency Preparedness Response and Resilience (EPRR) Core Standards Framework & the Civil Contingencies Act (CCA) 2004.

UHCW (University Hospitals Coventry and Warwickshire) is actively meeting the requirements of the Core Standards Framework achieving 'Substantially Compliant' status this year, a significant improvement on last year's non-compliant position.

The forthcoming Work Programme includes.

- Strengthening business continuity across all departments and services
- Training for business continuity standards for service leaders.
- Maintaining comprehensive plans to respond to diverse incidents and emergencies which are current and validated through scheduled tests and exercises over the next 12 months.
- Continue in the development of EPRR Awareness Training for all staff to further improve the current compliance position.

Despite the significant progress that has been achieved, the ongoing focus is on further enhancement, aiming for a 'Fully Compliant' status in 18-24 months' time through a robust work programme monitored by Urgent and Emergency Care Board.

PREVIOUS DISCUSSIONS HELD

KEY IMPLICATIONS	
Financial	None
Patients Safety or Quality	Impact on service continuity in the event of an emergency incident, linking to patient safety and quality of care
Workforce	Direct link to workforce response in the event of emergency incident
Operational	Direct link to operational processes in the event of emergency incident

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST
EPRR ANNUAL REPORT TO PUBLIC TRUST BOARD
HELD ON 1ST FEBRUARY 2024

1.0 Introduction

The Department of Health guidelines set out a requirement that all NHS Boards receive regular reports, at least annually on Emergency Preparedness, Resilience & Response (EPRR).

The work that is undertaken by the Head of Emergency Planning and Operational Resilience focuses on ensuring that the Trust, is compliant with the duties placed upon it by the Civil Contingencies Act (CCA) (2004), the NHS Act 2006, the Health and Care Act 2022 and the NHS Standard Contract, along with the associated guidelines; Emergency Preparedness, Response and Resilience Framework (2022) and the NHS Emergency Planning Guidance.

This is a strategic national framework containing principles for health emergency planning for all NHS funded organisations including Integrated Care Boards (ICBs), General Practitioners (GPs), Acute Trusts, primary and community funded organisations.

The following report details the activity of the Emergency Planning Team undertaken during the Core Standards assessment period September 2022 – August 2023 under the following:

- EPRR governance arrangements
- Compliance with NHS England's Core Standards for EPRR
- EPRR Policies and Plans
- EPRR Training and Exercises
- Incident Response
- Maintenance of Equipment

2.0 EPRR Governance Arrangements

2.1 Accountabilities

UHCW oversees effective leadership for Emergency Preparedness, Resilience, and Response (EPRR), addressing incidents 24/7. The Chief Executive holds ultimate responsibility for well-

established response processes. The Chief Operating Officer (COO), as the Accountable Emergency Officer (AEO), guides strategic direction, and the Deputy Chief Operating Officer manages EPRR policies and deputises for the COO where required. The Head of Emergency Planning and Operational Resilience ensures day-to-day operational input for emergency planning.

2.1.1 Staffing

The Emergency Planning team currently has one full-time equivalent (1 WTE) staffing resource, at Band 8b 'Head of Emergency Planning and Operational Resilience'. A business case for additional personnel (EPRR Professional and EPRR Support Officer) has been paused due to financial sustainability concerns within the Trust. In the interim, the Operations Team Business Manager is providing full-time support to the EPRR portfolio.

2.2 Internal EPRR Governance

2.2.1 Emergency Planning Steering Committee

The Emergency Planning Steering Committee (EPSC) is responsible for the co-ordination of all activities in relation to EPRR and reports directly to the Urgent and Emergency Care Board on a quarterly basis and then onto the Operational Delivery Board. It monitors the emergency planning workstream against legal and regulatory requirements and reviews the work of the emergency planning team, providing an opportunity to influence ongoing planning within the Trust.

During 2022/23 the committee met on:

- 2nd November 2022
- 8th February 2023
- 25th July 2023
- 24th October 2023

The next scheduled meeting is planned for 24th January 2024

The EPSC reports to the Urgent and Emergency Care (UEC) Board on a quarterly basis, which reports to the Operational Delivery Board therefore ensuring all internal stakeholders and been collaborated and the whole patient pathway is considered.

2.2.2 Risk Committee

All EPRR risks are considered in line with UHCW risk management strategy via a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks to the Risk Committee on a quarterly basis.

2.2.3 External EPRR Governance

The Trust is represented on various multi-agency forums, working with partners across the health economy and the region to ensure plans and responses to incidents are integrated, these include;

- Warwickshire and West Midlands Local Resilience Forums (LRF)
- Warwickshire and West Midlands Local Health Resilience Partnerships (LHRP)
- Health Emergency Planners Operational Group (HEPOG)
- Coventry and Warwickshire Integrated Care System (ICS) EPRR Leads Meetings
- Acute Network Group for Midlands, joint chaired by UHCW Head of Emergency Planning and Operational Resilience
- Coventry Building Society Arena, Coventry, Warwick, and Rugby Borough Council Safety Advisory Groups (SAGs)
- Coventry Resilience Forum

Feedback from all of the above forums is disseminated via the UHCW EPRR governance processes.

3.0 Compliance with NHS England's Core Standards for EPRR

UHCW is required to comply to EPRR Core Standards as NHS organisations and providers of NHS-funded care have an obligation to meet. All health organisations have been assessed against these standards, with the self-assessment released on 25th May 23, and deadline for submission on 31st August 2023.

Core Standards facilitate nationwide coordination of Emergency Preparedness, Resilience, and Response (EPRR) activities based on organisational size and scope. They offer a cohesive framework for self-assessment, peer review, and assurance processes. The EPRR assurance process aligns with NHS England Core Standards, which may vary yearly, making direct comparisons challenging due to additions or amendments. The comparison presented is between the 2021-2022 and the current 2022-2023 submissions.

The Core Standards include an annual deep dive focus area; this year, the area was focused on Training and Exercising. The deep dive identifies good practice and areas for development by NHS England (NHSE). Deep dive questions do not contribute to the overall compliance rating as they there to guide organisations in enhancing the national chosen focus area (Training and Exercising) for improvements. The number of applicable core standards varies yearly, and for 2022-2023, there was 73 standards, with 62 applicable to UHCW as an acute Trust. The EPRR assurance rating is based on the percentage of core standards the organisation considers 'fully compliant.' See Table 1 for details.

Overview	Criteria
Fully compliant	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantially compliant	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially compliant	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Table 1. EPRR Core Standards assurance ratings

UHCW submitted its self-assessment against Core Standards on August 31, 2023, with an approved score (from the Chief Operating Officer (AEO), and the Deputy Chief Operating Officer) and an accompanying annual Work Programme to address any compliance gaps, and regulatory requirements. The Coventry and Warwickshire Integrated Care Board (C&W ICB) and Midlands regional NHSE EPRR team reviewed the submission, seeking additional evidence where necessary. Assurance questions were then discussed in a check and challenge session held on 8th November 2023, involving key personnel from UHCW, NHS England, and C&W ICB.

After the check and challenge meeting, UHCW was recognised as achieving 'Substantially Compliant' in its annual Core Standards assessment. This achievement reflects the significant progress made over the past 12 months following the 2021-2022 Non-Compliance status. UHCW received acknowledgments for good practices, which will contribute to future regional and national best practice guidance in specific areas, listed below:

- EPRR Policy
- Standards of training records, and functionality of training database
- Training Needs Analysis
- Adverse weather plans
- Corporate Business Continuity Plans & Business Impact Assessment Dashboard to monitor compliance

Summary of the final position was reported at the LHRP by NHSE and the ICB on 6th December 2023. UHCW and all other organisations positions were agreed at LHRP, with the findings presented to the national EPRR team in December 2023, and thereafter to the NHSE Board in March 2024. NHSE Midlands EPRR Team will publish a formalised report regarding the levels of preparedness within the Midlands in early 2024.

A breakdown of UHCW's 2023 Core Standard assessment is detailed in table 2 below.

2023 Core Standards Overview	Count	%	Overall
Fully compliant	55	89%	89%
Partially compliant	7	11%	
Non-compliant	0	0%	
Not applicable	11		
Total standards	73		
Applicable Standards	62		
Overall outcome	Substantially Compliant		

Table 2. 2023 EPRR Core Standards Overview

Due to the non-compliance last year, recovery of this position has been a priority in terms of focus following the newly revised standards, and style of review changed, with more rigorous analysis of evidence. Comparing 2021-2022 non-compliance to 2022-2023 core standards it is clear in diagram 1 below that substantial improvement that has been made.

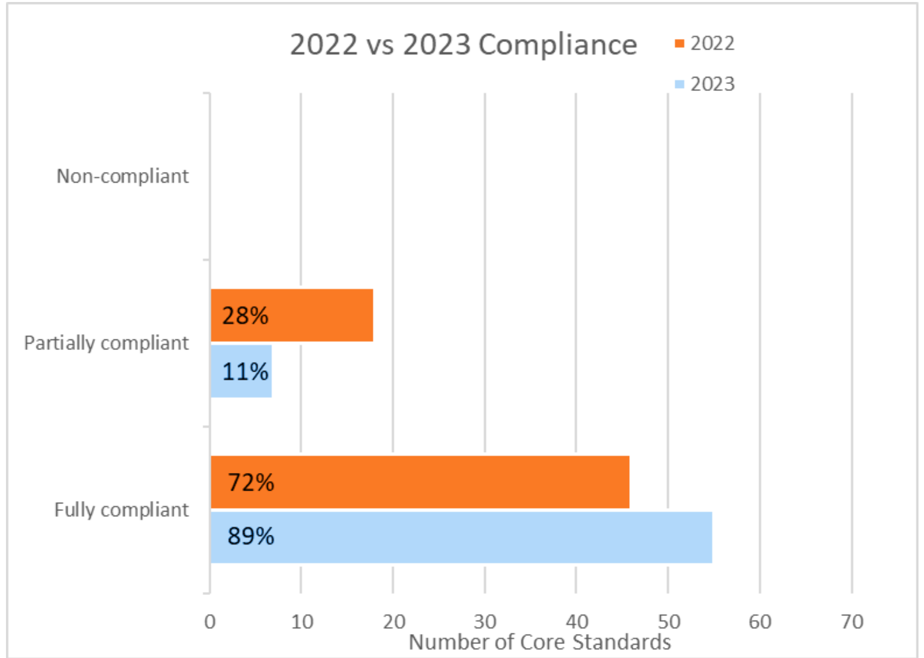


Diagram 1: Comparison of UHCW Core Standards Compliance for 2022 and 2023.

The 7 standards that are partially complaint are detailed in the table below outlining the action plan to bring these to fully complaint status and achieve Full Compliance for all EPRR Core Standards.

Core Standards	Reason for partial compliance	Action Plan	Timescale for completion
12. Infectious disease	Out of date policies	Infection Prevention and Control (IPC) Team to complete updates required with Trusts IPC Policy, and Management of an Outbreak or Incident Policy	February 2024
13. New and emerging pandemics	Lessons following COVID to be incorporated into Trust Plan	Emergency Planning to reflect lessons identified following COVID pandemic into Trusts Pandemic Plan	January 2024
14. Countermeasures	To incorporate the location to dispense medication and the flow of the organisation	To work with Senior Pharmacy, Medical and Nursing colleagues to identify lessons from COVID and how this plan could be operationalised at UHCW for future use when its required	April 2024
16. Evacuation and Shelter	To be aligned to recently updated guidance, and identify potential locations that could be utilised as 'shelter' in the event of evacuation	Emergency Planning to align to new guidance. Work with Integrated Care System to identify and agree potential locations that can be utilised and detail how patients could be evacuated to new location	June 2024
25. Staff Awareness & Training	No trust wide EPRR awareness training in place	To continue developing an awareness training package with ESR team	May 2024
51. BC audit	To complete BIA audit against the Trusts suppliers	Complete business community assessment / audit on Trusts supplier & commissioned providers To train procurement/contracts team in process for future assessments required	August 2024
53. Assurance of commissioned providers / suppliers' Business Continuity Plans (BCPs)			

Table 3. EPRR Core Standards Action Plan

3.2 EPRR Work programme

UHCW has an annual EPRR work programme, informed by:

- Current guidance and best practice
- Lessons identified from incidents and exercises
- Identified risks
- Outcomes of any assurance and audit processes

The work programme progress is reported upon via the EPSC and shared with partners where appropriate. A copy of the programme is included within Appendix 1.

4.0 EPRR policies and plans

In accordance with legislation and guidance all policies and plans must be current (in date), aligned with the latest guidance and legislation, and validated through incidents or exercises to meet EPRR Core Standards. NHSE mandates a 3-year policy review and annual plan review under the EPRR framework.

4.1 Duty to Maintain Plans

UHCW plans are developed to allow staff to respond efficiently and effectively to any type of incident including being developed in collaboration with internal and external stakeholders to ensure the whole patient pathway is considered.

4.1.1 Corporate Plans

UHCW remains compliant with current requirements, however there are 4 plans outside of the Core Standards framework assessment, but these remain in the UHCW EPRR portfolio requiring review. These are captured within the annual EPRR Work Programme to be reviewed. These plans are as follows:

Corporate Plans	Action Plan	Timescale for completion
Utilities Business Continuity Plan (BCP)	Emergency Planning, Estates, and Vinci general review of plan	May 2024

Helicopter Landing Standard Operating Procedure (SOP)	General review of plan in consultation with Trust Health & Safety Team, and Helicopter stakeholders	January 24
Rise in Threat Level	Emergency Planning general review of plan	March 24
Telecommunications BCP	Emergency Planning and ICT Team general review of plan	June 24

Please refer to Appendix 2 for further detail.

In addition to the above, 7 further plans require validation through testing via an exercise or following an incident. All actions detailed in the list below are captured within the EPRR Work programme which is referenced including updates provided at EPSC.

Corporate Plans	Exercise Schedule	Timescale for completion
Evacuation and Shelter SOP	Tabletop Exercise planned within EPRR Work Programme	March 24
CBRN & HAZMAT SOP	Small Live Exercise being arranged by Emergency Planning for ED staff in collaboration with external partners	June 24
Counter measure SOP	New SOP, but further amendments are required with plan by Emergency Planning before exercise can be planned	June 24
Mass Fatalities SOP	New SOP, exercise to be arranged with Mortuary staff and system partners by Emergency Planning. Awaiting details from partners	November 2024
Fuel Shortage BCP	New SOP, testing to be aligned with wider system partners exercise by Emergency Planning	September 2024
Telecommunications BCP	SOP to be reviewed by Emergency Planning & ICT Teams then exercise/testing can be arranged	June 2024

Please refer to Appendix 2 for further detail.

As outlined above all plans are within the 2023-24 EPRR Work Programme and plan to be reviewed, and, or validated by July 2024 where possible. An outline of all the EPRR policies and plans can be viewed in Appendix 2.

4.1.2 Business Continuity Plans

Business continuity plans (BCPs) are crucial for UHCW to maintain operational running of the organisation during emergencies. During the 2019 Corona Virus pandemic, there was a focus on BCP development, but changes in national guidance introduced new compliance requirements. Many plans have not been reviewed or lack essential components for current standards. A programme is underway to enhance compliance, monitored through the EPSC and UEC Board. Appendix 3 outlines the BCP compliance status of clinical groups and services, aligning with current organisational service delivery requirements.

5.0 EPRR Training & Exercising

5.2 Training

In accordance with EPRR Core Standards individuals involved in incident planning or response must undergo appropriate training every three years. UHCW tailors EPRR training to individual roles, aligning with a training needs analysis. The Head of Emergency Planning oversees all training and records all training objectives and outcomes, reporting compliance via the EPSC.

Within 2022-2023 a total of 56 training sessions took place at UHCW which are summarised in table 4 below including the compliance score for staff based on the EPRR Training Guide document.

Title of Training	Staff Groups	Number of training sessions delivered	Compliance* As of December 2023
Incident Management Training	On Call Executive On Call Manager ED Consultant Clinical Site Manager	18	100% 100% 100% 100%
CBRN Training	ED Nursing Staff On Call Executive On Call Manager	27	83%
Loggist Training	Nominated	3	85%

	administrative staff		
Business Continuity Training	Service Leaders	6	
Other		2	

Table 4. EPRR Training sessions undertaken for 2022-2023
*Compliance is based on the staff group meeting the required training standards every three years as a minimum.

Those on the On-Call rota, including On-Call Executives and On-Call Managers, must also complete external training with NHSE called "Principles of Health Command." This program enhances knowledge and competencies for effective strategic leadership in various environments, such as Multi-Agency, Regional, System and Organisational groups and Incident Management Teams. Over half of those on call have completed this training, with the goal of achieving 100% compliance within the next 7 months.

In accordance with the EPRR Core Standards all organisations should have organisational wide EPRR awareness training in place. This complex requirement remains in development stage with the support with the ESR team and is hoped to be developed over the next 12 months.

5.3 Exercising

The Trust has a rolling exercise programme consisting of live, table-top, command post and communications exercises. The exercises are designed to test and develop our plans, as well as reinforce learning.

The Trust is required to hold the following:

- Communications exercise – minimum frequency – every 6 months
- Table-top exercise – minimum frequency – every 12 months
- Live play exercise – minimum frequency – every 3 years
- Command post exercise – minimum frequency – every 3 years*

*If the Incident Coordination Centre is activated in response to a live incident, this replaces the need to run an exercise, providing lessons are identified, logged and an action plan developed.

Appendix 2 summarises the exercises that have been completed over the last 12 months. Appendix 4 summarises all the learning identified within exercises and incidents, recommendations, and

actions that have been completed. All exercise reports, including learning is shared and monitored via the Emergency Planning Steering Committee.

6.0 Incident Response

6.2 Major incidents

There have been no activations of the Major Incident Plan within the last 12 months, however the Head of Emergency Planning and Operational Resilience, and Operational Team have supported in a number of business continuity, and critical incidents to minimise the impact to the organisation as listed below.

6.3 Critical Incidents

- 4th November 23 - Stack pipe leak
- 8th September 23 - Suspicion of gun shots
- 21st March 23 – Power Failure

6.4 Business Continuity Incidents

- 9th September 23 – Girpi Pipe Leak

The Head of Emergency Planning generates incident reports, outlining the response and participant experiences through structured debriefs to extract lessons. Reports include identified lessons and an action plan with timescales, shared and monitored through the EPSC and the external Health Emergency Planners Operational Group to update plans and training requirements.

Appendix 4 summarises the learning identified, recommendations, and actions that have been completed. All exercise reports, including learning is shared and monitored via the Emergency Planning Steering Committee.

7.0 Maintenance of Equipment

The Head of Emergency Planning and Operational Resilience manages, on behalf of the Trust, a range of equipment including decontamination equipment for patients who are contaminated by chemical, biological, radiological or nuclear (CBRN) material, Mass Casualty Stock, and Trust Radio equipment.

The Major Incident Control Room is also maintained and prepared for use to function appropriately as a control centre during an incident.

7.2 Decontamination Equipment

The Trust has 28 operational decontamination suits (Powered Respirator Protective Suits – PRPS) out of 24 of the required number to be held and these are maintained under an annual service programme.

All Trusts are required to have finance in place to revalidate (extend) or replace suits that are reaching their expiration date as these will no longer be funded by NHSE. 4 suits come to the end of their life cycle in 2027, 12 in 2028, 5 in 2029, and 7 in 2031, all of which will require replacing before the expiry date to maintain the minimum 24 required operational suits. A capital proforma has been created with the corporate finance team to ensure costing is captured for 2027/28.

The Trust also has a two-lane articulating frame decontamination tent, which is light weight and easy to erect. This tent is also equipped with a conveyor to deal with non-ambulatory patients. The tent is inspected on an annual preventative maintenance contract to ensure it is in good working order by an external company.

8.0 Summary

UHCW continues to deliver against the requirements of the CCA (2004) and the NHS EPRR Framework. The self-assessment position of 'Substantially Complaint' reflects the significant work that has been undertaken over the past 12 months to improve last year's position of non-compliance and there remains an opportunity for ongoing improvement. A robust workplan has been developed to strive for a 'Fully Compliant' status by June 2025. Performance will be monitored through the Emergency Planning Steering Committee and the Urgent and Emergency Care Board.

The agreed work programme over the next 12 months will focus heavily on business continuity arrangements and training within all groups and services, alongside core services with the aim to ensure an improvement on the compliance status to the annually reviewed core standards and provide robust business continuity for the Trust.

Comprehensive plans are in place to ensure the Trust can respond to a range of incidents and emergencies. Working both internally and externally with partner organisations, the Trust will ensure plans remains current and up to date, and validated following scheduled testing and exercises.

Further work will focus on EPRR Awareness Training for all staff, and Business Continuity Training for Service Leaders to strengthen the current compliance position.

Whilst a small portfolio of equipment is maintained by the emergency planning team there are several PRPS suits that are due for renewal within the next 5 years. This has been captured within future capital proformas to ensure funding is available to replace when the time arises.

9.0 Recommendations

Public Trust Board is asked to **NOTE** the content of the Annual Report and **RECEIVE ASSURANCE** in the improvements with compliance score.

Author Name: Luke Peachey

Author Role: Head of Emergency Planning & Operational Resilience

10.0 Appendices

10.2 Appendix 1 - EPRR Work Programme

Emergency Planning Work Programme

Project Start: 21/11/2023

Display Week: 1

Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24

20 27 4 11 18 25 1 8 15 22 29 5 12 19 26 4 11 18 25 1 8 15 22 29 6 13 20 27 3 10 17 24 1 8 15 22 29 5 12 19 26 2 9 16 23 30 7 14 21 28 4 11 18 25 2 9 16 23 30 6

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TASK	ASSIGNED TO	PROGRESS	START	END	Days
Maintain Plans/Policies/SOPs					
EPPR Policy		100%	01/01/26	01/01/26	1
Business Continuity Policy		100%	01/01/26	01/01/26	1
Exercise Policy		100%	01/01/24	31/01/24	31
Major Incident Plan / Incident Response Plan		0%	01/04/24	28/04/24	28
Business Continuity & Critical Incident Plan		0%	01/07/24	28/07/24	28
Mass Casualties SOP		0%	01/04/24	28/04/24	28
Evacuation & Shelter Plan (align to new guidance and incorporate shelter element for consideration - consult with ICB/ICS		0%	01/11/23	30/12/23	60
Pandemic Flu (incorporate lessons following COVID pandemic)		0%	01/11/23	30/12/23	60
Heatwave SOP		0%	01/05/24	28/05/24	28
Cold Weather SOP		100%	01/10/24	30/10/24	30
Flood SOP		0%	01/11/23	28/11/23	28
Operation Consort & VIP SOP		0%	01/03/24	28/03/24	28
Lockdown SOP		0%	01/03/24	28/03/24	28
Hazmat & CBRN SOP		0%	01/12/23	28/12/23	28
Suspect Package SOP		0%	01/02/24	28/02/24	28
Bomb Threat SOP		0%	01/02/24	28/02/24	28
Training Guide		0%	01/06/24	28/06/24	28
Rapid Reach Guide		0%	01/08/24	28/08/24	28
Communications SOP		0%	01/07/24	30/07/24	30
Continue to maintain plans & resources on MS SharePoint/ e-library for in & OOH		100%	date	date	####

Task	Owner	Progress	Start	End	Days
Out of Scope Plans/Policies for Compliance					
Information Governance Incident Management Policy	IG Team	0%	01/09/23	18/09/23	18
Mass Fatalties	Mortuary	0%	28/06/24	28/08/24	62
Information Sharing Policy	IG Team	0%	01/09/23	14/09/23	14
Risk Strategy Policy	Quality	0%	01/05/24	01/06/24	32
IPC Policy	IPCT	90%	01/09/24	01/09/24	1
VHF COP	IPCT	0%	28/12/24	28/03/25	91
IPC Management of an Outbreak COP	IPCT	90%	01/09/24	01/09/24	1
Countermeasures	Pharmacy	0%	01/04/25	01/06/25	62
CBRN					
Weekley CBRN Equipment Check	ED Staff	50%	28/11/23	28/11/23	1
Powered Respirator Protected Suit (PRPS) PPM	LP	0%	17/11/23	17/11/23	1
Decontamination Tent PPM	LP	0%	01/06/24	01/06/24	1
Business Continuity Plans & Business Impact Analysis (BIA) - Critical Functions Listed					
Business Continuity Plan Audits		100%	date	date	####
Redesign local BCP template to current Framework		100%	24/07/23	11/08/23	19
Service / Contractual Supliers BCP audit Identify training needs for procurement team		0%	01/10/23	01/11/23	32
Arrange external audit on BCPs for 2026		0%	date	date	####
ICT Critical Systems BCPs		20%	date	date	####
Fuel Disruption		100%	date	date	####
Supply Chain Disruption		100%	date	date	####
UHCW Utilities		20%	date	date	####
RSX Utilities		0%	date	date	####
Telecoms		20%	date	date	####
Bleep System		50%	date	date	####
Reverse Boarding		100%	date	date	####
Medicine		50%	01/11/23	date	####
Emergency Medicine			01/11/23	date	####
Trauma & Neuro			01/11/23	date	####
Surgery			01/11/23	date	####
Clinical Diagnostics			01/11/23	date	####
Womens & Childrens			01/11/23	date	####
Clinical Support Services			01/11/23	date	####
Core Services			01/11/23	date	####

Core Standards				
Core Standards Submission 22-23	100%	01/07/24	31/08/24	62
Compile COG paper	100%	21/08/23	05/09/23	16
COG Core Standards unratified position paper	100%	12/09/23	12/09/23	1
NHSEI/ICB 1st round review		16/10/23	18/10/23	3
NHSEI/ICB 2nd round review		18/10/23	20/10/23	3
Addiitonal Evidence request		24/10/23	30/10/23	7
NHSEI/ICB confirm and challenge with UHCW		01/11/23	14/11/23	14
UHCW confirmed EPRR position		14/11/23	14/11/23	1
LHRP ratify Core Standards position		06/12/23	06/12/23	1
Compile EPRR Annual Report for COG & Trust Board		28/11/23	05/12/23	8
COG - Ratified Core Standards Annual Report		19/12/23	19/12/23	1
Trust Board		01/02/24	01/02/24	1

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10.3 Appendix 2 - Plan & Policy Compliance

	Within Date	Valid Period	Published Date	Review Date	Validation of Plan			
					Name of Incident/Exercise	Date of Incident/Exercise	Tested	Comments
Policies /Guides								
EPPR Policy	✓	36	25/07/23	25/07/26				
Business Continuity Policy	✓	36	25/07/23	25/07/26				
Exercise Policy	✓	36	12/08/21	12/08/24				
Training Guide	✓	12	25/07/23	01/06/24				
Rapid Reach Guide	✓	12	01/08/23	01/08/24				
Corporate Plans								
Major Incident Plan	✓	12	25/07/23	01/04/24	Ex Winsford	28/06/23	✓	
Business Continuity & Critical Incident Plan	✓	12	25/07/23	01/07/24	Critical Incident	04/11/23	✓	
Mass Casualties SOP	✓	12	25/07/23	01/04/24	Ex Winsford	28/06/23	✓	
Evacuation & Shelter Plan	✓	12	01/08/23	01/08/24	West Wing Fire	07/03/18	×	Ex planned March 2024
Pandemic Flu	✓	12	01/08/23	01/08/24	COVID Pandemic	31/01/21	✓	
Heatwave SOP	✓	12	25/07/23	01/05/24	Summer 23	01/08/23	✓	
Cold Weather SOP	✓	12	25/07/23	01/10/24	Winter 23/24	01/12/23	✓	
Flood SOP	✓	12	25/07/23	01/11/24	Flooding CSB CarPark	01/10/23	✓	
Operation Consort & VIP SOP	✓	12	25/07/23	01/03/24	VIP - Silverstone RTC Incident	03/07/22	✓	
Lockdown SOP	✓	12	25/07/23	01/03/24	Lockdown Ex	19/11/21	✓	
Hazmat & CBRN SOP	✓	12	25/07/23	01/12/23	HAZMAT Incident	11/06/19	×	Ex TBC
Suspect Package SOP	✓	12	25/07/23	01/02/24		06/04/23	✓	
Bomb Threat SOP	✓	12	25/07/23	01/02/24	Bomb Threat call Incident	06/04/23	✓	
Utilities Failure BCP	×	36	01/08/19	01/08/21	Power Failure Critical Incident	16/01/23	✓	Plan under review
Countermeasures SOP	✓	12	20/06/23	19/06/24			×	Plan to be re-revised & then tested
Fuel Shortage SOP	✓	36	01/11/22	01/11/25			×	Ex TBC
Helicopter Landing SOP	×	36	01/03/18	01/03/21				
Mass Fatalitieis SOP	✓	12	25/08/23	01/08/24			×	Ex TBC
Rise in Threat Level SOP	×	36	01/09/17	01/09/20	Threat Level - CRITICAL	15/09/17	×	Ex TBC
Telecommunications Failure BCP	×	36	07/07/20	01/07/23	Telecommunications Failure	12/10/18	×	Plan to be re-revised & then tested
Supply Chain Disruption BCP	✓	36	01/11/22	01/11/25	Intra-aortic balloon pump shortage	26/05/23	✓	
Communications SOP	✓	12	31/08/23	01/07/24	Critical Incident	04/11/23	✓	
Risk Register								
Risk Register Review	✓	12	04/10/23	04/10/24				
Reporting								
EPRR Annual Report & Core Standards Compliance	✓	12	05/12/23	01/12/2024				
EPSC Report to UEC Board	✓	3	14/08/23	14/11/2024				
Audits								
EPRR Core Standards Self-Assessment	✓	12	31/08/23	31/08/2024				
CBRN Audit	✓	12	05/10/23	01/10/2024				
Business Continuity Plans (Dashboard)	✓	12	25/07/23	25/07/2024				
Supplier Business Continuity (Dashboard)	×	12	TBC					
External Business Continuity	×	36	TBC					
Exercises								
3 year Live Exercise	✓	36	28/06/2023	01/06/2026	Ex Winsford	28/06/23		
6 months Comms test exercise 1	✓	6	01/11/23	01/09/2024	ICT Team Ex	12/09/2022		
6 months Comms test exercise 2	✓	6	01/05/24	01/03/2024	Communications Team Ex	16/03/2023		
3 year command post exercise	✓	36	04/11/23	01/11/2026	Critical Incident	04/11/23		
Annual desktop exercise	✓	12	01/07/24	01/06/2025	ICT Disaster Recovery Ex Multi-Agency Flood Ex	01/07/24 26/09/23		

10.4 Appendix 3 - Clinical groups & services BCP compliance

Directorate	Total	In Date	Out of Date	No Plan	% In date Compliance	Aligned to Current Framework
Medicine	53	1	25	27	2%	9
Emergency Medicine	11	0	2	9	0%	1
Trauma and Neuro Services	16	0	16	0	0%	0
Surgical Services	21	0	6	16	0%	0
Women's and Childrens	23	0	0	0	0%	0
Clinical Diagnostics	15	5	9	1	33%	17
Clinical Support Services	21	8	11	2	38%	1
Core Services	57	1	15	40	2%	2
ICT Critical Systems	41	1	29	11	2%	10
OVERALL	**258**	**16**	**113**	**106**	**6%**	

The table above displays the total number of plans that are required based on the total number of services UHCW delivers. Not all services may require a BCP as more than one service could be grouped together, but since plans that have been developed during the pandemic some services have expanded, or new services have been created therefore it is difficult to outline the gap until impact assessments have been completed so comprehensive plans can be developed. In addition as not all BCP have been centralised within e-library further plans may exist within the organisation unbeknown to the EPRR team. Therefore a series of actions have been created for clinical groups and core services.

1. Groups/Services to review their Service/Department list and ensure this an accurate reflection of all their services.
2. Identify if any further plans are held locally within services that are not on e-library and inform EPRR team so the above audit dashboard can be updated to reflect the current position.
3. Ensure all services have a BIA in the revised format which includes an impact scoring.
4. Ensure all BCP are aligned to the new template documentation.
5. Ensure annual review of plans takes place of plans.

Once all 5 tasks have been completed this will improve UHCW compliance with the EPRR Core Standards, and ensure UHCW is better prepared for future emergencies. It is noted training is likely

required to ensure staff have the required skills to complete the above actions which has been factored into the EPRR Work Programme. As mentioned the above actions are being monitored via the EPSC and UEC Board.

10.5 Appendix 4 UHCW Learning Action Tracker

Date Identi	Ex/Training/ Inc/ E	Event/ Incident/ Exercise na	Type	Learning/concern Identified	Recommended action to address learning or concern	Status	Completion d
09-Sep-2022	Incident	Girpi pipe leaks	Business Continuity	1. Assurance from Project Co that future planned maintenance works include a detailed impact statement including timescales, and managing expectations to enable Trust Estates Team and Operational colleagues to assess and to share info with affected areas 2. To explore the possibility of utilising RapidReach to alert senior Operational Staff, and selected clinical staff of emerging significant incident (whether this be a BC or Critical Incident that warrants prompt attendance of senior colleagues to the ICC) 3. Project Co to ensure estates teams involve Trust in decision making opportunities to support warning and informing of wider organisation 4. Importance of the regular flow of updates and timescales of remediation's throughout the incident and not to wait until the next planned meeting to share info 5. Ensure command and control arrangements are maintained OOH with all stakeholders i.e. Vinci Senior On Call Manager should liaise with Trust On Call Manager and any concerns should be escalated using agreed structure 6. Moving forward any maintenance undertaken on the boilers or hot water system which do not go as planned and require any isolation to the main valves will be stopped and the systems re-instated. The works would be rescheduled with a revised impact statement issued for all stakeholders to review and approve. 7. Vinci propose the installation of live insertion valves to the return flow pipes to mitigate the impact of a similar event occurrence, additionally Vinci are exploring the opportunity to introduce a bypass pipe from boiler 4 to the plate exchanges to further build in resilience to the hot water system. 8. Project co have appointed consultancy firm to identify other single point of failures within organisation to prevent similar incident occurring again	1. Review impact works process including sign off, and ensure Vinci follow correct procedure in the event of a issue occurs 2.Review Corporate BCP and explore how additional support (in and out of hours) could be called in the event of a critical incident	Closed	01-Aug-23
16-Sep-2022	Incident	iPM Failure	Business Continuity	1. Requirement for prompt communciation messages to warn and inform staff 2. Assurance of emergency numbers are live and operational 3. To esnure all DAP areas are aware of BCP process	1. Requirement for prompt communciation messages to warn and inform staff 2. Assurance of emergency numbers are live and operational 3. To esnure all DAP areas are aware of BCP process	Closed	01-Aug-23
21-Sep-2022	Exercise	Communication Ex- ICTDept	Communications	ICT overall understanding and responsibility to an incident required improving in hours	Improve awareness through localised awareness training in huddles	Closed	01-Nov-22

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Date Identi	Ex/Training/ Inc/ E	Event/ Incident/ Exercise na	Type	Learning/concern identified	Recommended action to address learning or concern	Status	Completion d
16-Jan-2023	Incident	Power failure	Cricitial Incident	required and continue care to patients with minimal delay. 2. Calling switchboard adds time- took 10 mins to get through to site during the incident. Consideration for urgent communications whether alert line could be utilised by incident management team (on and off site calls) 3. Process for critical incident declaration including alerting and contacting senior staff in and out of hours including Loggists and informing partners e.g. completion of SBAR 4. Visible site map / chart to assign staff members to check areas by floor and or speciality to gain situational awareness of incident impact 5. To update definitions of incident types (major, critical, business continuity) following recent national changes, and include examples to help decision making where incident falls into each category 6. Action card for on call management team for business continuity and critical incidents including options for consideration to support wide diverse range of incidents that can occur 7. Briefing tool visible in ICC (in addition to METHANE board) to support briefing incident team i.e. IIMARCH 8. Raise awareness that WhatsApp is a valuable tool for sharing of communication during incidents but cannot be relied upon for communication, therefore to utilise pre-existing alerting cascade i.e. Rapid Reach 9. Decisions must sit with on call management teams even if close to handover times to ensure safety and accurate oversight of incident response 10. All staff to be reminded of red downtime box and location of local BCPs 11. Consider annual refresh training of incident response for on call management teams and site teams instead of current model (every 3 years) with regular drills/exercises of likely incidents that can occur 12. Review of standard works for on call management teams including site team 13. Aid memoir/principles for those undertaking logging until trained loggist arrive how to capture decisions/actions 14. Clear role and responsibilities for ICC members 15. Utilities BCP needs to have clearer actions for incident management teams 16. Raise awareness to staff during power outage if power socket not working to try nearby plug on different distribution board as labelled on socket to restore power as outlined in Utilities BCP	1. Set up Critical Incident call out procedure on Rapid Reach and agree who should be contacted, including process to ensure this is regularly updated. 2. Develop Business Continuity & Critical Incident Procedure. Procedure to include use of appropriate briefing tool eg METHANE. 3. Deliver training on procedure to on call managers and Executives including regular use of tabletop exercise. This will ensure all are familiar with roles, responsibilities and actions both in and out of hours in the event of a business continuity, critical or major incident. 4. Visible site map / chart to be made available in site office. To be used to gain situational awareness of incident impact. 5. Attach aid memoir/principles of log taking to Log books and capture within plans/SOPs for those undertaking logging. 6. Review Utilities Business Continuity Plan for electrical outage and consider if robust. 7. Share learning with wider organisation including PFI partners, and system colleagues following governance process	Ongoing	1. Aug 23 2. Aug 23 3. June 23 4. March 23 5. Sept 23 6. TBA 7. March 23
16-Mar-2023	Exercise	Communication Ex- Communication Dept	Communications	Communications Team overall understanding and responsibility to an incident required improving	Improve awareness through localised awareness training in huddles	Closed	01-May-23
13-Jul-2023	Exercise	Desktop BC Ex	Business Continuity	1. Greater awareness required for BCP for all staff 2. To imapct assess clinical hardware e.g. CTG mcahines in Labour ward in the event of a cyber attack 3. To esnure Trust systems are all accounted for with named owner and responsbility 3. To rasie greater awareness of staff phishing and malicious emails 4. Complete impact assessments for all major systems and services (MTPD) and downtime processes	1. Awareness for BC - outlined in current EPRR training, however all staff awareness training is to be developed 2. To improve understanding of hardware impact in the event of a cyber attack 3. To ocntinue in rasining awareness of phising and malicious emails to Trust staff 4. To conintue to monitor activity of BCP compliance as captured in BC Dashboard	Ongoing	
28-Jun-2023	Exercise	Exercise Winsford	Mass Casualties	1. To clarify who would fulfil specific roles when the incident occurs out of hours roles? 2. Training re decision making opportunities for ED consultants and nurses 3. I feel the receptionist role should be itemised, I was unsure from my action card where I should be stood to fulfil my part 4. No watch to record times of arrival so perhaps a fob watch in the box with pens and a marker pen. 5. MI boards should be correlated to the layout of the department. 6. Suggest visual/dept view of the patient location alongside list view with further clinical information. This would reduce time required to locate & check notes. 7. All patients should be registered and triaged in main ED and then streamed to MIU. Self-presenters to MIU should re-directed to majors. 8. Team to provide resources or take part in creating space and transferring patients. 9. Ensure that if RAT/Med NEWS model is adopted that we have the appropriate resources to do this. 10. We recommend receiving, registering and triaging all patients through ED majors, and then streaming post registration to MIU. 11. Separate communication channel/ methods to liaise to save time walking between departments. 12. We recommend that the continuous flow model specifically states the expectations in response to a major incident. 13. At the time of the incident, we had a large number of patients awaiting IP mental health bed in the department. It is clear that we need an organisational response from CWPT to decompress the ED from this group. 14. Use MIU for another purpose. 15. Keep all MI patients on the same part of the Emergency footprint. 16. For SDEC patients who are discharged home it may be advisable to book these patients into a future SDEC appointments so that their needs do not go un-met	1. To review major incident plan and incorporate the ED expansion, direct access pathway changes throughout the document. To review action and consider detail contained for each role, and add in a additional action card for acute medical village 2. To review all major incident training and ensure the changes with the revised major incident plan is incorporated into the syllabus. Training to also include decision making opportunities for EM consultants 3. To add additional stationary items to major incident patients notes box	Closed	01-Aug-23

REPORT TO PUBLIC TRUST BOARD
HELD ON 01 FEBRUARY 2024

Subject Title	Guardian of Safe Working Hours
Executive Sponsor	Prof Kiran Patel, Chief Medical Officer
Author	Dr Tim Robbins
Attachment(s)	Report
Recommendation(s)	The Board is asked to **NOTE** this report

EXECUTIVE SUMMARY

This paper provides a summary of the following areas related to Post Graduate Doctors in Training (PGDT) and the 2016 TCS:-

- Exception reports
- Rota design
- Work schedule reviews
- Guardian of Safe Working Hours Role

PREVIOUS DISCUSSIONS HELD

Previous Guardian of Safe Working Hours Reports

KEY IMPLICATIONS	
Financial	Potentially added costs as a result of exception reporting
Patients Safety or Quality	Safe working hours for post graduate doctors in training
Workforce	Impact of rota gaps and exception reporting
Operational	Impact of postgraduate staffing supporting operational delivery

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REPORT TO PUBLIC TRUST BOARD

Guardian of Safe Working Hours Report

1. INTRODUCTION

In October 2016 a new contract was introduced for Postgraduate Doctors in Training (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 (noting the limitation of remit below).
• Ensure the fair distribution of any financial penalty income, to the benefit of PGDTs.

This Report covers the period from 1st July 2023 to 01 January 2024.

UHCW NHS Trust currently employs 507 PGDTs working under the new 2016 TCS.

Additionally, there were previously 225 Trust and Locally Employed Doctors of various grades some of whom 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 former GoSWH (Dr Andreas Runkhe) stepped down from the role on the 1st October 2023, a new GoSWH (Dr Tim Robbins, author) has been appointed and started the role in December 2023. The GoSWH previously received 2 job-planned Programmed Activities (PAs) to undertake the role, which has been reduced to 1 PA from the new appointment. There is currently no administrative support for the role as is common in most organisations and the CMO has contacted the CPO to request administrative support as it is not appropriate for the GSW to be undertaking the administrative duties the prior GSW has been undertaking to date.

Educational supervisors receive 0.25 job-planned PAs per trainee.

2. CONTENT

2.1 Exception reports with regard to working hours

During the reporting period a total of 94 exception reports were received, 50 of these exceptions remain unresolved as described below.

Reference period of report	01/07/23 - 01/01/24
Total number of exception reports received	94
Number relating to immediate patient safety issues	5
Number relating to hours of working	80
Number relating to pattern of work	13
Number relating to educational opportunities	0
Number relating to service support available to the doctor	1

Roughly 50% of resolved exceptions were closed with an outcome for Time Off in Lieu, with the other 50% resolved with payments (including payment to the trainee and penalty payment to the Trust Guardian account. Exceptions should be resolved within 7 days through a meeting between the educational supervisor and the trainee. Where these are not closed within 14 days the GoSWH will close remotely, the only option then being resolution through payment, which creates additional cost pressure to the Trust.

All exception reports noting an immediate patient safety concern received since the 1st December 2023 have been transferred into the Datix incident reporting system so that patient safety reporting is not compromised. Trainees are being asked at their induction to simultaneously log a Datix incident where there is a patient safety risk.

Outcomes	
Total number of reports resulting in no action	2
Total number of exceptions where TOIL was granted	21
Total number of overtime payments	20
Total number of resolutions	43
Unresolved	50

There is significant variation in the number of exception reports received by speciality and the proportion acknowledged in a timely fashion by each specialty. The GoSWH notes the particularly high

number of reports received in relation to both Dermatology and Ophthalmology and a meeting has been requested with the Group Managers of both specialities to consider whether a work schedule review is required, the outcome of this will be updated in the next Trust Board Report.

Reasons for ER over last quarter by specialty & grade					
ER relating to:	Specialty	Grade	Raised	Closed	Outstanding
Immediate patient safety issues	General surgery	FY1	2	0	2
	Ophthalmology	ST1	1	1	0
	Renal Medicine	CT1	1	1	0
	Respiratory Medicine	FY1	1	1	0
Total			**5**	**3**	**2**
No. relating to hours / pattern	Acute Medicine	CT1	2	2	0
	Acute Medicine	FY2	1	0	1
	Anaesthetics	CT1	1	0	0
	Clinical Oncology	FY2	1	0	1
	infectious disease	FY1	3	3	0
	Dermatology	ST4	1	0	1
	Dermatology	ST5	27	2	25
	Diabetes & endocrinology	FY1	1	1	0
	Diabetes & endocrinology	FY1	3	3	0
	Diabetes & endocrinology	FY2	1	0	1
	General surgery	FY1	7	0	7
	Neonatology	ST2	2	0	2
	Neonatology	ST5	1	0	1
	Nephrology	FY1	5	5	0
	Ophthalmology	ST4	3	3	0
	Ophthalmology	ST1	5	5	0
	Ophthalmology	ST4	2	1	1
	Ophthalmology	ST5	3	3	0
	Ophthalmology	ST6	5	4	1
	Paediatrics	FY1	1	0	1
	Plastic surgery	ST4	1	1	0
	Psychiatry	FY1	2	2	0
	Renal Medicine	CT1	1	1	0
	Respiratory Medicine	FY1	8	1	7
	Respiratory Medicine	FY2	1	0	1
	Urology	FY1	2	2	0
	Vascular Surgery	FY1	3	3	0
Total			**93**	**42**	**50**
No. relating to educational opportunities	None received				
Total			**0**	**0**	**0**

No. relating to service support available	General medicine	ST4	1	1	0
Total			**1**	**1**	**0**

2.2 Rota Redesign and Oversight Committee

The current GoSWH has not attended the rota oversight committee, but has requested an invitation to subsequent meetings.

2.3 Work Schedule reviews

The current GoSWH is not aware of any work schedule reviews that were triggered during the last 6 months. As described above, he has written to both dermatology and ophthalmology group managers to review exception reports for those specialities and consider whether a work schedule review is required.

2.4 Safety and Working Hours

The 2016 Junior Doctor Contract TCS Contact States (p77):

> "WHERE A DOCTOR ADVISES THE EMPLOYER THAT THE DOCTOR FEELS UNABLE TO TRAVEL HOME FOLLOWING A NIGHT, LONG, OR LATE SHIFT DUE TO TIREDNESS, THE EMPLOYER SHALL WHERE POSSIBLE PROVIDE AN APPROPRIATE REST FACILITY WHERE THE DOCTOR CAN SLEEP, WITHOUT CHARGE. THE HOURS WHEN THE DOCTOR IS RESTING IN THE HOSPITAL UNDER THESE CIRCUMSTANCES WILL NOT COUNT AS WORK OR WORKING TIME. WHERE THE PROVISION OF AN APPROPRIATE REST FACILITY IS NOT POSSIBLE, THE EMPLOYER MUST COVER THE COST OF ALTERNATIVE ARRANGEMENTS FOR THE DOCTOR'S SAFE TRAVEL HOME. WHERE NECESSARY, THE EMPLOYER MUST ALSO COVER REASONABLE EXPENSES AS DETERMINED THROUGH LOCALLY AGREED POLICIES FOR THE DOCTOR'S RETURN JOURNEY TO WORK, EITHER TO BEGIN THE NEXT SHIFT OR, WHERE THE DOCTOR HAS LEFT THEIR PERSONAL VEHICLE AT WORK, TO COLLECT THE VEHICLE."

The junior doctor forum minutes of December 2020 advise that this provision is available via either Jayne Sanderson or the Hospital Site Managers. The new GoSWH has not been able to confirm the viability of these processes, however is working to seek assurances that these processes work efficiently if needed. All doctors in training inducted in the December 2023 induction have been advised to seek the above support, should it be required. A meeting led by Dr Richard de Boer is being organised to understand these challenges as it appears a robust process is not currently in

place. The trust should note that the offer of rest facilities in Rugby for doctors finishing shifts at the UH site, is not appropriate if it involves the need for Doctors to drive to Rugby.

2.5 Allocate Reporting Software

All PGDT are provided with access to Allocate Exception Reporting Software, supported by the workforce team. The new GoSWH is working with workforce to ensure full Guardian access to the system.

2.6 Guardian Penalty Account

The current balance of the Guardian Penalty Account is £7104.60.

A junior doctor forum is planned and the disbursement of this will be discussed.

2.7 Vacancies

No data has been received on the vacancy rate

2.8 Rota Compliance with Working Time Regulations

Workforce advise that all published specialty rotas for all current PGDTs (2016) are compliant with working time directives.

3. ISSUES ARISING

The GoSWH role at UHCW NHS Trust has been reduced from a 2 PA time allocation to a 1 PA time allocation. There is currently no administrative support and this requires urgent resolution or acceptance that the GSW time incurred to undertake administrative duties will require an increase in PA allowance again (noting that the role is not attractive and the trust has struggled to fill the role historically due to the lack of administrative support).

NHS Employers advise for the GoSWH role that "In most circumstances, one would expect the time allocation to be the same as that allocated to departmental head of service or clinical director in the same organisation, although this might be higher or lower depending on the number of doctors in training, the number of and stability of rotas and the amount of administrative support available (Information for guardians of safe working hours, 2021)." As a major teaching hospital UHCW NHS

Trust has a large number of trainees. Typical national person specifications for GoSWHs includes a 2 PA time allocation.

The time allocated to the UHCW GoSWH is therefore likely under the required time allocation needed to deliver the role, particularly given the low rates of exception report resolution by educational supervisors. Included in this board report therefore is the recommendation of allocation of administrative support to GoSWH (0.4 WTE) with ongoing review of the time commitment required to deliver the GoSWH role.

4. CONCLUSIONS

The GoSWH can provide assurance that all PGDT, through the workforce team, are provided access to Allocate Exception Reporting software and that they are issued with Rota's compliant with the Working Time Regulations. As may be expected with a new Guardian taking on the role, there are a number of priority areas to focus on:

1) Confirm "Too tired to drive arrangements" with both CSB Reception and Site Bleep Holders at UHCW and St Cross Hospital.

2) Work with the Postgraduate Medical Education Committee to support closer engagement of educational supervisors with the exception reporting system to ensure timely completion of exception report resolutions and reductions in penalty payments resulting in a saving to the Trust.

3) Work with group managers and education leads for both ophthalmology and dermatology to understand increased exception reporting patterns observed and find a sustainable solution.

5. RECOMMENDATIONS

5.1 Support provision of administrative assistance to the GoSWH Role with ongoing review of time allocation required to deliver the role.

Author Name: Dr Tim Robbins
Author Role: Consultant Physician & Guardian of Safe Working Hours
Date report written: 2nd January 2024

REPORT TO PUBLIC TRUST BOARD

HELD ON 1st FEBRUARY 2024

Subject Title	Care Quality Commission (CQC) Registration Report
Executive Sponsor	Professor Kiran Patel, Chief Medical Officer
Author	Nicola Corbett, Head of Assurance & Effectiveness
Attachment(s)	Care Quality Commission (CQC) Registration Report
Recommendation(s)	The Board is asked to **NOTE** and **APPROVE** the CQC Registration Report.

EXECUTIVE SUMMARY

The Trust is required to regularly review its CQC registration, including delivery of regulated activity, Statement of Purpose, and CQC defined service types.

The report details updates and amendments made to the Trust's CQC registration and provides an update on CQC's new regulatory approach and provider portal.

PREVIOUS DISCUSSIONS HELD

Previous update to Trust Board in October 2023

High level changes included:

- Change in Nominated Individual
- Change in Relationship Manager
- CQC announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) on 7th February 2024.

KEY IMPLICATIONS

Financial	N/A
Patients Safety or Quality	The trust is required to maintain fundamental standards to deliver safe and effective care. There are regulatory implications if the Trust does not meet the required standard in line with its registration.
Workforce	N/A
Operational	N/A

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Care Quality Commission (CQC) Registration Report

1. INTRODUCTION

1.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. They ensure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

1.2 University Hospital Coventry and Warwickshire NHS Trust (UHCW) is registered with the CQC to provide care across three registered locations and is continuously working to ensure it is compliant with published fundamental and quality standards in line with the regulations. These regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2. CONTENT

Summary of CQC Registration Changes

2.1 At the end of October 2023, the Trusts Nominated Individual (NI) Mo Hussain (Chief Quality Officer) stepped down as NI, with Kiran Patel (Chief Medical Officer) assuming the NI role from November 2023. A formal notification was submitted to the CQC to inform them of this change prior to Kiran beginning in his role as NI. An NI is a requirement of Regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In order to maintain the Trusts CQC registration a new NI will need to be identified and an application submitted when Kiran Patel steps down from the Trust.

2.2 Plans are progressing as part of the Community Services transition to ensure that community services are registered in a timely manner; the process is reliant upon a confirmed position of services and estate (registered locations) that will form part of the transition.

Routine Monitoring

2.3 In December 2023, Eve Davis was replaced as UHCWs Relationship Owner (RO) by Sarah Hill. Regular contact with the CQC RO continues through provider engagement meetings, used to share progress within the Trust, monitor risks identified in outcome data and discuss concerns or feedback from the public. The first engagement meeting with Sarah took place on 16 December 2023 and included a presentation showcasing the Trusts journey to inclusion. Meeting dates for 2024 are awaited.

2.4 An informal visit to St Cross Hospital Rugby was due to take place on 16 November 2023. The focus of the visit was to provide the CQC RO with an understanding of the services delivered and the future plans for the site. This visit was cancelled, and a revised date is awaited from the CQC.

2.5 On 9 October 2023 the CQC RO visited University Hospital, Coventry. This was an informal visit focusing upon the Emergency Department, Childrens Emergency Department, ‘Medical Village’, Surgical Assessment Unit (SAU) and the Discharge Lounge. During the visit the CQC RO met with several staff members and the visit was well received.

2.6 As part of CQC's regulatory model, concerns raised by service users or staff, general queries, or requests for information are logged and tracked by the CQC as an 'enquiry'. Enquiries associated with UHCW are managed by the CQC RO and are routinely discussed during engagement meetings. Where information is required by the CQC in relation to an enquiry, the Assurance Team, in conjunction with the appropriate clinical service, will coordinate, draft and submit a response. Since September there has been a significant increase in the number of enquiries received by the Assurance Team many of which have had short turnaround times. Themes from enquiries are staffing levels, poor communication, and concerns related to care delivery. As of 12 January 2024, there were six open enquiries.

Inspection Activity

2.7 The CQC has announced an inspection of the Radiotherapy Department for compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). The inspection will take place on 7 February 2024. The service has been notified and identified leads are completing and evidencing the self-assessment questionnaire, the submission deadline for this is 26 January 2024.

New Regulatory Approach

2.8 In November 2023, the CQC launched their new assessment framework, which is being rolled out regionally, starting with providers in the South of England. Roll out across the West Midlands will commence from 6 February 2024, further information is awaited from the CQC. From the 6 February 2024 the CQC will also commence Trust well-led assessments in all regions.

2.9 The new framework is built on the existing five key questions (safe, effective, caring, responsive and well-led) and ratings system (outstanding, good, requires improvement and inadequate), however the existing key lines of enquiry (KLOEs) and prompts will be replaced with new "We" and "I" quality statements. This will reduce existing duplication across the four current separate assessment frameworks and allow CQC to focus on specific topic areas under each key question and will link to the relevant regulations to make it easier for providers.

2.10 To make CQC's judgements on the quality of services more structured and consistent, they have also developed six categories for the evidence they collect:

- People's experiences
- Feedback from staff and leaders
- Observations of care
- Feedback from partners
- Processes
- Outcomes of care.

Each category sets out the types of evidence the CQC will use to understand the quality of care being delivered, and the performance against each quality statement.

Provider Portal

2.11 Between September 2023 and March 2024, health and social care providers across England (including UHCW) will be invited to log onto a new CQC provider portal. The new portal will

be rolled out to all providers in phases, with invites sent to key contacts within each organisation with their login details and guidance on how to use it.

2.12 The new portal will allow providers to easily share information including submitting notifications, register or apply changes to registration, and display information held by CQC including benchmarking.

3. IMPLICATIONS

Link to Trust Objectives and Corporate/Board Assurance Framework Risks

3.1 To be able to deliver healthcare services to the population of Coventry and beyond, the Trust must be registered with the CQC and have in place a current Statement of Purpose.

3.2 The responsibility for ensuring the regular review of the Trust's CQC Statement of Purpose lies with the Nominated Individual and the Quality Department.

Governance

3.4 The Trust is required by law to be registered with the CQC as it is an offence to provide regulated activities in England without registration. The CQC can take enforcement action which can include prosecution (which can lead to a fine or imprisonment) and/or other actions such as obtaining an injunction. Without CQC registration, the Trust would be unable to fulfil its statutory duties.

4. CONCLUSIONS

4.1 One change to the Trust's registration has been made to the Nominated Individual. A subsequent application will have to be made when the current Nominated Induvial steps down from the Trust in March 2024.

4.2 Engagement to provide assurance of regulated activity continues through routine engagement meetings with the CQC Relationship Owner (RO), and the Trust will work with the CQC in the introduction of the new assessment framework.

4.3 An inspection of the Radiotherapy Department for compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) will take place on 7 February 2024.

5. RECOMMENDATIONS

5.1 The Board is asked to NOTE and APPROVE this annual CQC Registration update report.

Author Name: Nicola Corbett
Author Role: Head of Clinical Effectiveness and Assurance
Date report written: 20 January 2024

REPORT TO PUBLIC TRUST BOARD
HELD ON 01 FEBRUARY 2024

Subject Title	Innovation Strategy
Executive Sponsor	Donna Griffiths, Chief People Officer
Author	Emilia Olejniczak, Innovation Lead
Attachment(s)	Innovation Strategy
Recommendation(s)	The Board is requested to **DISCUSS** and **APPROVE** the updated Innovation Strategy 2024-2030.

EXECUTIVE SUMMARY

Research, Innovation and Education forms one of the core strategic purposes of the Trust's Strategy to 2030, to be "More than a hospital". Our Innovation Strategy sets out how building a culture of Innovation supports this mission and details our direction, ambitions, and priorities until 2030.

The Innovation Strategy has been developed following engagement and consultation with key individuals and groups across the organisation and sets out a vision to ensure all staff have opportunities to be involved in innovation every day and how we will collaborate with our academic partners, colleagues in the Coventry and Warwickshire Integrated Care System (ICS) and local industry.

The strategy outlines four key pillars of innovation: key milestones and deliverables and key measures of success. It is proposed that an annual delivery plan will be developed against each of the pillars to operationalise this strategy.

PREVIOUS DISCUSSIONS HELD

Discussions have been held with key stakeholders , including R&D, Digital Leads and Clinical Leads. across the organisation during the development of the strategy and continuous feedback was actively sought in developing, shaping and refining the strategy.

The draft strategy was discussed at Board Workshop in July 2023, with further feedback utilised re-shape the strategy.

KEY IMPLICATIONS

Financial	No increased financial cost to the Trust included within the strategy. Possible financial income and financial savings through development and adoption of innovation solution internally, and through external sharing and scaling.

Patients Safety or Quality	Innovation in patient service delivery can support positive improvements and the strategy covers how projects are assessed against quality and safety during development and adoption.
Workforce	The strategy speaks to building a culture of Innovation within our workforce, supporting colleagues to be engaged in innovating and improving patient care, experience and/or the working environment, processes and procedures. Innovative approaches, such as adoption of AI, can lead to release of human potential and support retention, recruitment and workforce transformation.
Operational	Innovation of services and pathways, including development and adoption of digital solutions, can support increased operational capacity and capability. Thes strategy outlines the need to ensure innovations are aligned to strategic priorities and developments.

Innovation Strategy 2024-2030

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Welcome to our Innovation Strategy

Innovation is high up on the national NHS agenda, having featured heavily in the NHS Long Term Plan published in January 2019. With the move to Integrated Care Systems, we will increasingly see the need and opportunity for not only doing things differently but doing different things. As a teaching hospital and a Trust with world class aspirations, we must strive to be at the forefront of Innovation.

Research, Innovation and Education forms one of the purposes of the Trust's Strategy to 2030, to be "More than a hospital". Our Innovation Strategy sets out how building a culture of Innovation supports this mission and details our direction, ambitions, and priorities until 2030.

Innovation touches upon all areas across the Trust and with a dedicated Innovation Team we are able to use Innovation as a mechanism to improve patient care, staff wellbeing and operational efficiencies.

We are proud of our Innovation Hub, a purpose-built facility to encourage creativity and collaboration in an area which feels like stepping away from the hospital environment; and are focused on making the most of this facility.

Innovation projects may harness existing technology in new ways, explore new creative ideas, implement new technology and devices, or explore how future technologies could support our hospital.

We want to ensure all staff have opportunities to be involved in Innovation every day. We will collaborate with our academic partners, work closely with our colleagues in the Coventry and Warwickshire Integrated Care System (ICS) as well as supporting local industry by opening the door to the NHS and exploring how they can help make our hospital the best it can be in serving our local population.

Andy Hardy
Chief Executive Officer

Donna Griffiths
Chief People Officer

Our Context

As the healthcare landscape continues to evolve, there is an increasing need for Innovation to ensure that the NHS can continue to provide high-quality care to patients, as recognised within the Care Quality Commission's (CQC) well-led domain. Barriers to Innovation in the NHS are well documented and the UHCW Innovation Hub was set up to embrace and help overcome these, working in collaboration with the Health Innovation Network, academia, and industry partners to drive Innovation and improve patient outcomes. Through collaborative working with partners and NHS peers we can harness Innovation to continue to provide world-class healthcare.

Our vision is to create a culture where everyone can be an innovator; we know our staff have many improvement ideas and seek to engage all staff in Innovation activities, ignite curiosity and imagination to stimulate creativity and new ideas. Creating a culture where Innovation is facilitated in local areas as well as those ideas that are supported and nurtured by the Innovation Team.

We strive to have a diverse Innovation Team with expertise in user-centered design, Innovation methodology, change management, project management and evaluation. The diverse background enables the synthesis of ideas from different areas and diverse perspectives further stimulates creativity and transforms ideas into implemented solutions. As Innovation spans the Trust we have a wide-ranging portfolio of projects, alongside strategically aligned programmes of work to explore and exploit innovative technology.

Our vision is to be a leader regionally and nationally in the development, adoption and spread of Innovation across the healthcare system.

During 2021/2022 a comprehensive programme of engagement took place with staff, patients, stakeholders and the public to discuss the future direction of the Trust. This culminated in the publication of “More than a hospital – our strategy 2022/2030” in which we outlined our ambitions and plans to be a national and international leader in healthcare, rooted in our communities. The strategy has five interconnected purposes including Research, Innovation and Teaching and through the process it was recognised that our commitment to Innovation needed to be strengthened. Our Innovation Strategy is a direct response to these conversations and will support the delivery of the Trust Strategy and its enabling strategies.

Engagement from across the Trust was sought to aid in the development of this strategy. Discussions were held with various stakeholders from the Trust's Senior Leadership Team and the draft was presented for discussion at clinical and leadership forums across the organisation. The strategy was also presented to our patient and public involvement group. Comments from these engagement activities have been woven into the strategy.

Enabling Strategies

The delivery of our Organisational Strategy is dependent on our key Enabling Strategies, Innovation being one of them. Here we describe how our Innovation Strategy is aligned with the other enabling strategies.

Quality

Our focus is on patient safety, patient experience and clinical effectiveness being everyone's responsibility.

Building a culture of Innovation supports our people to generate ideas that have positive impact for patients. In turn this will support exploration for our patients to identify potential innovations that improve their journey.

Digital

Digital technology and data are critical to our success; digital solutions can significantly improve the experience of patients and staff.

Innovation identifies and supports new technologies that simplify the way we work and improve outcomes for patients.

A significant proportion of innovative ideas identify some form of digital technology as a solution. Partnership working between Innovation and our digital colleagues we will simplify and co-develop joint processes.

People

Our people will need to work in new and different ways. This will include working outside of the hospital more, working in partnership and working virtually with greater use of digital solutions to provide healthcare to our patients.

Not only will we need to support our people to develop the skills and knowledge for the future, but we must build a culture of Innovation where we encourage curiosity, creativity and idea generation at the front line. Idea generation from our people who do the work is key to successful delivery of the Innovation Strategy.

The UHCWi Improvement System provides the fundamental foundation enabling all our people to work at their best and identify ideas for improvements in their work.

Sustainability

Our Green Plan seeks to embed sustainability and low carbon practice in the way we offer vital healthcare services. The Leads for Innovation and Sustainability have worked in partnership to develop the main structure of the Green Plan, following full consultation with stakeholders.

Innovation is, therefore, at the heart of our plans for future sustainability and meeting our net zero targets.

Clinical

"More than a hospital" is about working closely with partners to address significant challenges to the health of our population and the sustainability of our local health care system. It means a greater focus on the wider determinants of health and our opportunities to positively contribute to these. It also means a shift to providing more preventative and proactive interventions outside of the walls of our hospitals to reduce unnecessary visits to our sites which in turn will free up capacity to focus on providing more specialist care to a broader population, including supporting Innovation within community settings.

Innovation linked to improved patient outcomes, changing care delivery and the use of technology will support the delivery of the clinical strategy ambitions.

Research & Development

Our ambition is to strengthen a patient-centred,

pro-innovation and digitally enabled clinical environment. This will empower our patients, staff and the public, and ensures that clinical groups are better engaged with Research and its impact.

We are keen to support and nurture a new generation of healthcare professionals (clinical and managerial) who think differently and go on to be instrumental in transforming understanding and treatment of human disease.

By collaborating closely with R&D, we will realise our mission of inspiring Research and Innovation for the benefit of our patients and the communities we serve.

Our Approach to Innovation

UHCW Innovation is defined as "**the implementation of something genuinely new that has a positive impact**". Innovation involves both digital and non-digital solutions and could be a product, device, system or process. The shared characteristic is that the Innovation is new to the organisation and requires changes to be made for it to be used successfully.

Desirability
Is it strategically aligned and wanted by the end user?

Feasibility
Can we do this from a technical perspective?

Viability
Should we do this from a business perspective?

The ability to innovate is dependent on building a culture of Innovation across the organisation. Therefore, a large focus of our activity is based upon building this culture of creativity, curiosity and thinking differently. Building a place where everyone can innovate.

The UHCW Innovation Team will focus on those projects that are strategically aligned to the delivery of "More than a hospital", ensuring our scarce resources are directed most appropriately. This includes projects which are strategically aligned, and any resulting solution can be implemented and potentially commercialised.

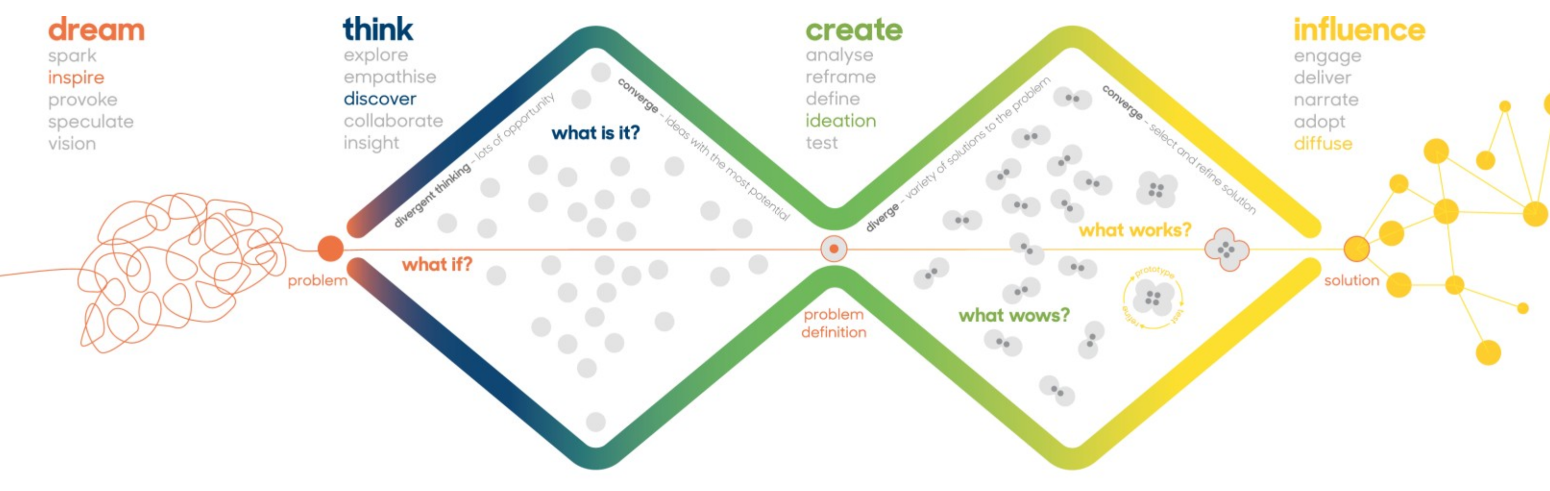
We remain responsive to changing demands on the organisation and align our work with current Trust priorities such as financial pressures, net zero, waste reduction and patient experience.

All Innovation projects, be they an internal idea, challenge or external adoption are managed by following the Design Council's Double Diamond approach to demand led innovation. This approach involves a combination of divergent and convergent thinking which places users at the centre of all decisions. This approach helps ensure that challenges and opportunities are effectively scoped and understood before solutions are brainstormed and evaluated for benefits. Ideas are then co-designed, prototyped and iterated in an empathetic and user-centered manner. All stakeholders are engaged at the earliest opportunity to ensure all projects are clinically and operationally appropriate.

Innovation does not exist in isolation and we work closely with our colleagues in our Kaizen Promotion Office, Research & Development, ICT, and the Project Management Office. At the heart of the Trust is a culture around staff feeling empowered to identify and raise ideas for improvement.

We use a Plan, Do, Study, Act (PDSA) cycle in our Innovation work, ensuring evaluation and research are integral to this.

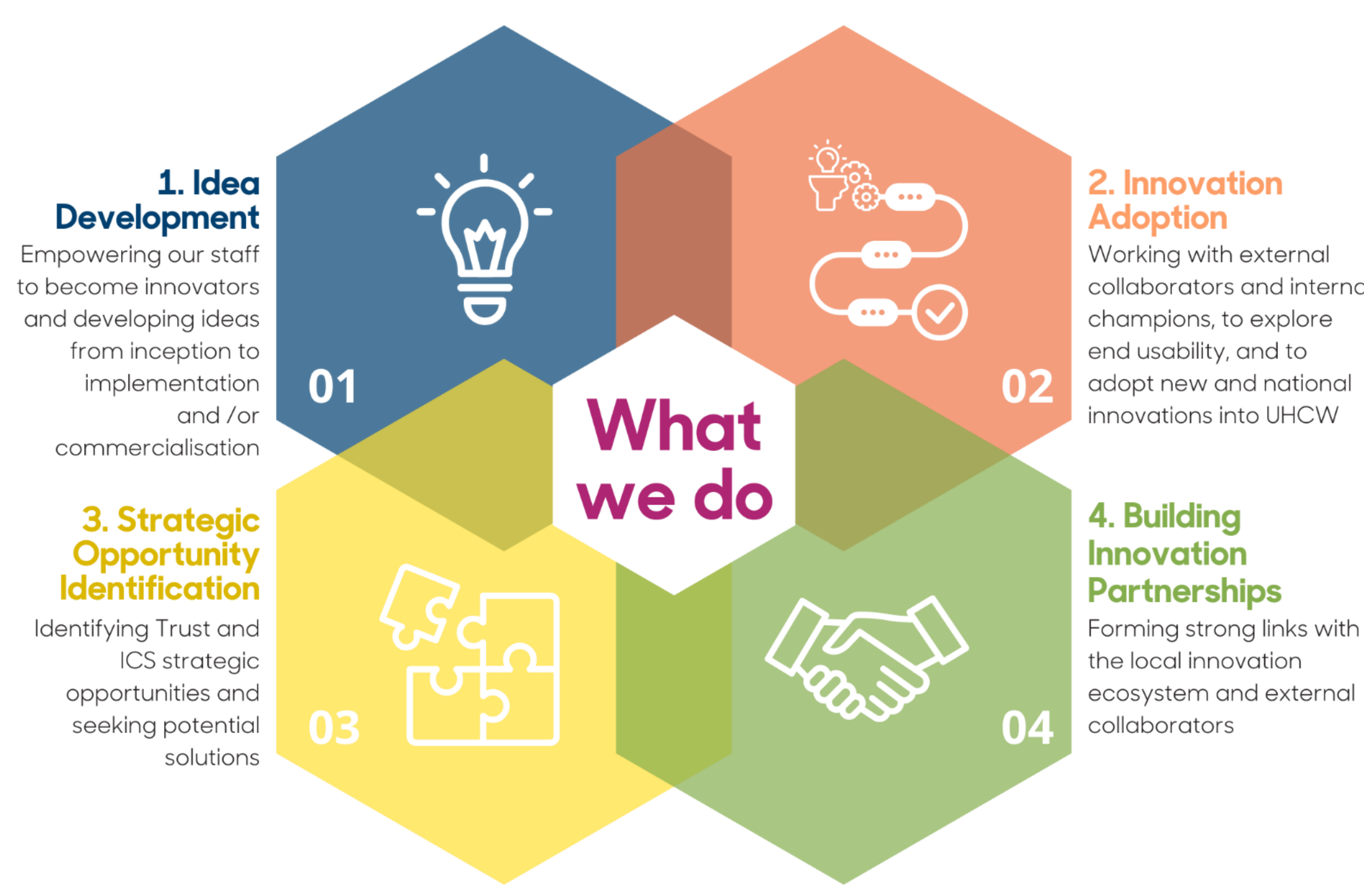
Projects are presented to the Ideas Den, which consists of a panel of senior leaders across the organisation and acts as project governance.



The Four Pillars of Our Strategy

Our Innovation activity falls under four distinct pillars of work. These will be discussed in turn throughout this document, describing the activity, our vision for 2030 with a case study against each pillar.

An annual delivery plan will be developed against each of the pillars to operationalise this strategy.



Idea Development

We know our staff have plenty of ideas on how to improve their work and the areas they work in. We are committed to listening to staff ideas and encouraging intrapreneurship by working with them to develop solutions which can be implemented, or commercialised where possible. These could be ideas for a new process, device, product, technology or mobile application. The Innovation Team will facilitate the development of the idea, ensuring it solves a challenge in line with the Trust's ambitions and the development is both feasible and viable. To encourage more ideas, we want to create a culture of creativity and build capability across the organisation in idea generation, problem framing and Innovation methods.

Idea development means:

Focus Areas:	Our 2030 Vision
Listening to staff	Staff feel empowered to embrace Innovation and are able to raise their ideas and explore the potential of them with the support of the Innovation Team. Staff have space to think creatively and explore new ways of working.
A robust ideas pipeline	A transparent process to triage ideas and take them through from exploration, to prototyping, to production and implementation and/or commercialisation. This means ideas progress quickly and decisions on which projects to support responds to changing needs and priorities within the organisation. The pipeline will have governance processes built in to ensure resource is used responsibly and that each idea being pursued has a senior sponsor. Once developed, innovations will move into our Research portfolio.
Ability to produce rapid prototypes	If an idea is desirable, feasible and viable, we are able to build a prototype either in-house or with the support of our local universities or industry, working in partnership with our anchor alliance partners. We are able to secure seed funding to pump prime innovations which have return on investment potential.
Intellectual Property protection	Intellectual Property is an asset which we may be able to commercialise to generate income. All staff know to disclose ideas to the Innovation or Research & Development Team at the earliest opportunity and are rewarded financially if the Trust is able to commercialise their idea. Innovations developed can potentially spread outside of UHCW, supporting other NHS Trusts, primary care and social care who share the same need for the solution.
Reward and recognition	Staff feel valued, recognised and rewarded for their ideas. We know that not every Innovation project will be successful, we will celebrate successful projects, whilst embracing a safe to fail culture through small scale tests of change.
Staff development	All staff are able to access a programme of masterclasses and development opportunities to develop creative thinking, problem framing, user-centered design approaches and idea generation techniques. Skills and capability in entrepreneurship and digital transformation will be built across the organisation by supporting colleagues to pursue national development opportunities such as Topol fellowships and Clinical Entrepreneur programme.

Intrapreneurship Case Study- SpeakUp App

The FTSU Guardian and Team of Ambassadors provide a route for staff to raise concerns which may impact upon patient safety or staff or patient wellbeing. Lorna Shaw – the Trust's FTSU Guardian – recognised a need for staff to have an easily accessible method of raising concerns, anonymously if needed, and approached the Innovation Team with her idea for a SpeakUp app in June 2020.

The Team worked alongside Lorna to understand the processes involved in the FTSU so that a prototype could be built to test the concept of such an app. This was built using MS Forms and was well received by pilot users but did not meet the anonymous reporting or tracking concerns requirements.

Following a new partnership with a company named Future Workshops, the Innovation Team were able to use AppRail, a no code app development platform to build a second iteration of the prototype from April 2021. Lorna and the Innovation Team worked together on the step-by-step content. Once built, a small-scale pilot was launched to seek feedback and analyse user data.

Following a successful pilot, the app and associated Guardian and Ambassador portal was deployed across the Trust in October 2022.

The app enables employees to learn more about the FTSU programme. They can send a concern or request advice via one of three routes of their choice, i.e. anonymous, open and in confidence. Staff can select from a list of FTSU Ambassadors who are identified by their names and job roles. Once an anonymous concern was submitted, there is messaging functionality to allow a further conversation about the concern whilst protecting anonymity.

Following launch there has been an increase in email contacts and calls, evidencing that the role of the Guardian is being further known across the organisation. "It's early days, but the app has definitely been welcomed by staff, especially those who don't traditionally use computers in their day-to-day jobs and wouldn't email the Guardian or Ambassadors," says Lorna.

A finalist at the Health Service Journal Awards 2023, the SpeakUp App is now being marketed across the NHS.

Innovation Adoption

Innovation activity within the Trust is not only limited to the development of Innovation ideas, but also the evaluation and implementation of technologies, processes, devices or designs which are developed elsewhere and new to the Trust.

These solutions may be at various stages of development, and we can either support or signpost either to our Research & Development Teams, or external academic or industry links. The Innovation Team will take the lead on identifying use cases for new technologies and will pilot new digital adoptions on a small scale, before passing over responsibility for the Trust wide roll out to ICT or PMO, as appropriate.

Innovation Adoption Means:

Focus Areas	Our 2030 Vision
Horizon scanning	We seek out new healthcare trends to ensure UHCW remains at the forefront of Innovation activity. When these are identified, we explore potential roadmaps to adoption. This activity includes exploration of technology which may not be currently relevant but may encourage fresh perspectives.
Pilot site	We believe in small scale tests of change and ensuring we pilot Innovation on a small scale before evaluating if it is suitable for wider rollout. We are a test bed site for innovations, pursuing joint Innovation grants with industry and academic partners. Staff are offered the opportunity to get involved in Innovation activity and exposed to innovations which can make a difference to their practice.
Solution evaluations	We offer usability evaluations of products which are CE/CA marked but new to the NHS market. This allows us to explore the usability of the product from both a patient and clinical perspective, the financial implications and how it could fit within current practice, making these results available to the company to support adoption.
Local business support	To support the Trust's ambitions to be more than a hospital, we support innovators and businesses who are local to Coventry and Warwickshire. We offer initial exploration of local solutions and stakeholder feedback to inform design, or usability studies on prototypes, depending on stage of product development.
National programmes	The adoption of national innovations on the accelerated access schemes within the Trust. The innovations on these schemes have successfully navigated a competitive process and are deemed safe, effective, and cost saving. We will work closely with the Health Innovation Network and our clinical teams to review, and where there is appetite, facilitate implementation.
Governance	There is a clear and robust process to facilitate the safe adoption of new technology into the Trust, working closely with ICT and Procurement Teams to do this.
Shared learning	We disseminate knowledge on new innovations beyond organisational boundary, through publications, conference presentations and peer sharing.

Innovation Evaluation Case Study- OMRON

Omron Healthcare (Kyoto, Japan), a leading cardiovascular home monitoring manufacturer have collaborated with AliveCor (Mountain View, CA, USA) to develop the OMRON Complete, a 2 in 1 BP and single lead echocardiogram (EGC) aimed to provide clinicians and patients with more comprehensive cardiovascular data and designed for home use. This device was available on the market in 2022.

OMRON contacted Professor Faizel Osman, a national leader in cardiology, to seek his support in exploring the feasibility and value of using this device within cardiology care. Whilst the clinical implications of early detection are well understood, insights towards the usability of this device and other similar home monitoring devices from a patient perspective is under-examined. The Innovation Team worked with Prof Osman and OMRON to complete a commercial evaluation of the product which explored usability and patient perceptions towards the OMRON Complete.

Twenty patients were invited to trial the device for a period of 2 – 4 weeks, using it twice daily. Following the trial, patients participated in a recorded semi-structured interview to explore the usability of the device including, what they liked or disliked, potential adaptions or inclusions and their reflections on using the device long term to monitor their health. Focus groups were also held with patient partners, alongside seeking feedback from clinicians.

Upon completion OMRON received an evaluation report detailing the findings which can be used to inform future developments and integration into care pathways.

This stream of work supports a wide range of companies manufacturing innovative products, as well as providing clinicians with more opportunities to be involved in innovation. It also provides opportunities for our patients to experience cutting edge technology.

Strategic Opportunity Identification

The NHS is facing significant challenges and needs to adapt to new ways of working. We will set up a number of programmes of activity which will seek to unite clinical areas with shared needs and technological requirements to meet our strategic priorities around improving patient outcomes and experience, our financial and environmental sustainability, and valuing and enabling our people.

We see the Electronic Patient Record as an avenue to accelerate digital innovation; and will seek these digital opportunities through collaboration and will support safe environments for innovation to be tested.

We will also listen to challenges at a speciality or team level. With a full understanding of the challenge, Innovation can be pulled in and adapted to fit our context.

Strategic opportunity identification means

Focus Areas	Our 2030 Vision
Robust challenge process	We follow the Double Diamond approach to ensure Innovation activity is demand led. Staff can raise challenges and identify opportunities, which the Innovation Team seek to understand from all perspectives, generating a problem statement, including user needs to guide idea generation or seeking existing solutions.
Technology enabled home monitoring	Oversight of remote monitoring work, supporting clinical teams to articulate needs, adopt and evaluate solutions.
Artificial intelligence/ machine learning	Work closely with the Digital and Data Driven Research Unit to support the identification of need, tool development, testing and deployment.
Asset tracking	Maintain oversight of asset and temperature tracking needs across the organisation, and seek to streamline the number of solutions in place to achieve economies of scale, whilst improving operational efficiencies as equipment is easily located and room, operating theatres, and fridge temperatures falling outside of acceptable ranges are identified swiftly.
Apps	Ideas for staff facing apps are prototyped by the Innovation Team. We work to explore needs for self-management apps, facilitating adoption of proven patient apps and working with industry partners to co-create if a gap in the market is identified.

Immersive reality	The exploration of potential use cases and safe implementation of proven VR/augmented reality applications. To include using VR for staff education and training our next generation of healthcare staff.
Robotic process	Use cases for RPA are identified and scoped, then passed to our PMO and ICT

Strategic Opportunities Case Study – HEARTT ® Elective Care Scheduling Tool

When planning the elective recovery from COVID 19 the Trust faced a challenge to reduce significant treatment backlogs, whilst not exacerbating the health inequalities observable during the pandemic. Treatment booking is traditionally based upon clinical prioritisation and time of referral, but this can overlook the differential impact of waiting on different population groups.

In response to this challenge, the Trust started to ideate on how to use clinical outcome factors to better allocate elective care resource. There was no national solution currently available to manage waiting lists in a way that contributes to reducing health inequalities. The UHCW HEARTT (Health Equity and Referral to Treatment) programme was created in response to this strategic opportunity. This innovative approach adds to clinical prioritisation of patients to ensure that those who need care most are prioritised.

The HEARTT tool was developed by colleagues in Performance and Informatics, alongside our Chief Medical Officer and Public Health consultant. The tool considers evidenced determinants of health outcomes, both clinical and socioeconomic, such as Emergency Department (ED) attendance, impact on education, carer status and occupation, to establish the impact of intervention on individual patients and their families. These factors were explored, and found to be acceptable, with members of the public sampled to be representative of the Coventry and Warwickshire population. Recommendations on booking priority are made following a detailed comparison of patient needs, after ensuring constitutional standards are met. The process is dynamic so that clinical status review whilst on a waiting list can alter priority.

Following deployment at UHCW, we have been able to deliver better population health outcomes and reduce waiting times significantly, ensuring the entire population benefits from a reduction in waiting times and improved access to care.

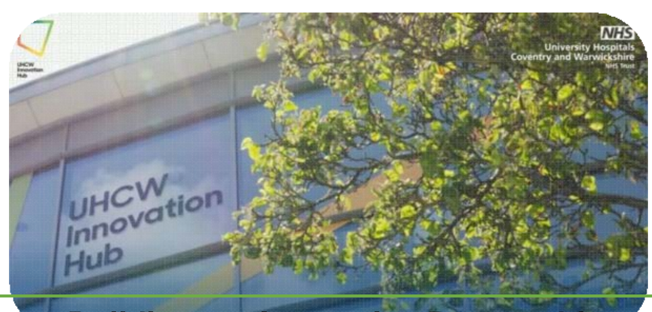
Our local ICS is keen to adopt the tool across all partner organisations to support all citizens of Coventry and Warwickshire. The tool is currently being marketed to NHS Trusts with some 40 Trusts expressing an interest in adopting the tool.

The HEARTT Team also won a HSJ award for Innovation in Health Inequality in November 2022.

Building Innovation Partnerships

Innovative activity at UHCW is centred around the UHCW Innovation Hub. The Hub space is designed to support transformational conversations and encourage creativity. The space is designed as both a networking and collaborative space, supporting the interface between healthcare, industry, academic and public and patients. We encourage everyone to come to connect, learn, challenge, and test ideas in a space which feels a step away from a clinical environment.

The West Midlands is a hotbed of Innovation activity, having been selected as one of the three Innovation Accelerator regions as part of the Government's levelling up agenda. We will work hard to capitalise on the increased investment into our region and build our relationships with anchor alliance partners and other organisations within the regional and national ecosystem.



Building our Innovation Partnerships means

Focus Areas	Our 2030 Vision
Manage an effective space for creativity to thrive	The Innovation Hub is a highly utilised space which is kept current, with opportunities for prototyping using soft and hard materials, as well as 3D printing and digital development. Our people have a dedicated space within which to gain experience of innovation.
Innovation Hub reputation	The Innovation Hub has a high visibility and reputation within the regional and national Innovation ecosystem. We regularly host events and networking activities, including an annual Medici event designed to celebrate Innovation activity at UHCW and bring together partners to stimulate future Innovation opportunities.
Relationships with partner organisations	We have strong relationships and regular collaboration with key organisations, including our ICS Partners, local universities, the Academic Health Science Network. Relationships with industry and academia provide early access to innovations to improve patient care and experience. Relationships with industry and academia also afford opportunities for collaborations which attract funding and/or exploration of innovations which cement UHCW as a centre for clinical and operational excellence.
Industry links	We maintain strong relationships with local and national industry working in the MedTech field, with regular showcases of new and emerging technology and innovative products and devices in the Hub.

Innovation Partnerships Case Study- Skyfarer

The Innovation Team is currently exploring an innovative method of transport to support pathology and pharmacy logistics. Early 2021, the Innovation Team was approached by local company Skyfarer. Skyfarer is an SME based in Coventry, which works to make logistic deliveries using Unmanned Autonomous Vehicles (UAV) a reality.

Commonly known as drones, UAVs have the potential to transform the transport field and Coventry is leading the way in being the centre of this emerging and rapidly developing field. UHCW were keen to work collaboratively with our local partner organisations to be at the forefront of this innovative activity and ensure the mode of transport is safe, beneficial and governed appropriately.

Several workshops were held with key people from across the organisation to understand how the utilisation of UAVs could improve operations and deliver better patient care. An area identified to trial this Innovation is the delivery of pathology samples and blood products between the Coventry and Rugby hospital sites. By avoiding use of the roads, samples and blood products, could be delivered more quickly, and on demand, meaning items can get to where they need to be sooner and without delay. This could unlock benefits for our patients as results of blood tests could be received sooner. There is also scope to roll out use to pharmacy, to expedite the delivery of medications to the Rugby hospital, again delivering time benefits to patients.

Alongside the operational and patient benefits, UAVs are far more environmentally friendly, with journeys between sites having a much lower carbon footprint than the equivalent journey by motorised vehicles on the road, which supports the Trust's net zero ambitions. The use of UAVs is highly regulated, as is the transport of pathology sample and pharmacy products, and UHCW is committed to ensure the highest standards of transportation are retained, whilst exploring this future focused innovation.

Our 2030 Milestones and Deliverables

	2024-2025 Priorities	2025-2026 Priorities	3-5 years	5 years plus
Idea development	**Build a culture of Innovation within UHCW** Develop and implement an engagement strategy to ensure Innovation is accessible to all our people and staff know where to raise ideas. Launch an Innovation champions network to support raising profile of Innovation and provide a route to rapidly assess support for projects. Deliver a robust pipeline to take staff ideas from inception to commercialisa tion, ensuring ideas are appropriately assessed for desirability, feasibility and viability and ensuring benefits are captured. Refresh our approach to Ideas Den to act as governance for Innovation projects. Support staff to apply for Topol fellowships.	**Enhance number of ideas raised and number prototyped** Write and implement a series of training sessions to support innovation. Expand the prototype area of the Hub to support low-fidelity prototyping. Further expansion of seeking funding for Innovation projects via charity and other grants. Work with local universities to set design challenge projects for students. Explore how ideas from various Trust wide forums can be harnessed.	**Be a regional leader in idea development, generating income and engaging our people** Be generating income from commercialised ideas to be reinvested into future ideas as seed funding. Supporting other regional Trusts with their pipelines. Offer secondment oppor tunities for nurses, AHPs medics and non-clinical staff to explore innovation.	**Be a national leader in idea development, ge nerating income and engaging our people** Supporting healthcare organisations natio nally by sharing learning and best practice.

Our 2030 Milestones and Deliverables

	2024-2025 Priorities	2025-2026 Priorities	3-5 years	5 years plus
Innovation Adoption	**Have a process for supporting adoption of external Innovation and demonstrating savings** Create external offer document to showcase our capabilities to industry. Begin to generate income from offering usability evaluations. Ensure a process for rapid implementation of national Innovations. Build relationship with Coventry and Warwickshire Growth Hub. Present adoption projects in Ideas Den as governance.	**Grow adoption of external Innovation with a focus on regional activity** Build relationships with regional Growth Hubs to support new referrals. Grow income from collaborations with academia and industry regionally. Develop and implement a process to rapidly review all solutions supported by the Clinical Entrepreneur programme. Support the spread and diffusion of Innovation regionally.	**Grow adoption of Innovation with a focus on national activity** Grow income from collaborations with academia and industry nationally. Support the spread and diffusion of Innovation nationally.	**Be a national leader in adoption of Innovation** Present evaluations of solution adoptions at national conferences.
Strategic Opportunities	**Grow internal awareness of challenge streams and strategic opportunities scoped** Set up machine learning pipeline meeting to join up work across the Trust. Work with Warwick University's Innovation District to run a challenge sprint. Scope use cases for Immersive Reality, Robotic Process Automation and remote monitoring. Gain an understanding of current state of asset tracking. Launch regular scheduling of challenge and opportunities calls.	**Progress challenge streams and evaluate strategic opportunities solutions** Build patient involvement into Double Diamond approach. Run one further challenge sprint with Warwick University. Evaluate IR, RPA and remote monitoring solutions. Begin to rationalise suppliers of asset tracking. Support UHCWi RPIW.	**Challenge streams are run as BAU and strategic opportunities solutions are rationalised** Regular programme of challenge sprints. Implement a patient facing app library for self-management tools.	**Be a national leader in challenge areas** Work with Cerner oracle to create apps for integration into our Electronic Patient Record.

Our 2030 Milestones and Deliverables

	2024-2025 Priorities	2025-2026 Priorities	3-5 years	5 years plus
Building Innovation Partnerships	**Grow awareness of Innovation Hub in existing partnerships** Host annual Medici event to bring partners and colleagues together to create new connections. Reach wider audience by developing the website and increasing social media presence.	**Grow external presence of Innovation Hub regionally** Regularly presenting and showcasing Hub offer at regional conferences. Publish results of evaluation and thought leadership. Support local primary care networks with Innovation pipeline and adoptions. Offer external training in innovation.	**Grow external presence of Innovation Hub regionally** Present Innovation Hub offer at national events. Delivery of thought leadership through hosting networking events and presenting at conferences.	**National reputation as a leader in Innovation** Seek industry sponsorship of the Innovation Hub.

Evidence of Success

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

Success Indicator	Ideas Development	Innovation Adoptions	Strategic opportunities	Building Innovation Partnerships
A 10% increase in the number of staff generated ideas disclosed each year **53 staff generated ideas disclosed in 2023*	✓		✓	
Increase in NHS staff survey response for the number of people who feel able to make improvements happen in their area of work	✓	✓		
Year on year growth of income generated (e.g. from commercialised ideas, product valuations, funding) and/or enabled waste reduction	✓	✓	✓	✓
A 10% increase in number of referrals received about SMEs or local entrepreneurs with a healthcare related Innovation **22 referrals received in 2023*		✓		✓
Year on year growth of number of collaborations with industry and academia, evidenced by number of MoUs or NDAs signed	✓	✓	✓	✓
Successful adoption of national innovations on the MedTech Funding Mandate		✓		
Year on year increase on our people attending training sessions	✓			
Maintain consistent usage of Innovation Hub and yearly increase in number of external bookings	✓			✓
Publications or conference presentations	✓	✓	✓	
Year on year growth on challenges/opportunities raised			✓	
Year on year growth of adopted solutions implemented, including solutions implemented within Coventry and Warwickshire ICS		✓	✓	✓
Ideas Den being held and acting as governance following the refreshed approach	✓	✓	✓	
Year on year increase in staff nominated for their Innovation work at Trust OSCAs	✓			
Annual submission to regional and national Innovation awards	✓	✓	✓	✓
Growing numbers of Topol Fellows or Clinical Entrepreneurs	✓			

App — A computer programme or software application downloaded to a mobile device.

Term	Definition
Artificial Intelligence (AI)	Using data to develop and use computer systems which are able to perform tasks usually reserved for humans.
Health Innovation Network (HIN)	There are 15 Health Innovation Networks across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth. HIN was formerly known as the Academic Health Science Network (AHSN).
Integrated Care System (ICS)	Partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.
Information Communications Technology (ICT)	The use of computing and telecommunication technologies, systems and tools to facilitate the way information is created, collected, processed, transmitted and stored.
Immersive reality (IR)	A step beyond virtual reality, surrounding the user in an artificial environment using images, sounds and other stimuli.
Innovation	The implementation of something genuinely new has a positive impact.
Kaizen Promotion Office (KPO)	The team who support the use of our UHCWi improvement methodology and teach lean tools.
Machine learning (ML)	A branch of AI which uses data and algorithms to learn and adapt, gradually improving accuracy.
Pilot	A test of something new before it is introduced more widely.
Programme Management Office (PMO)	The team responsible for overseeing and supporting the delivery of programmes.
Prototype	An early sample or model of a product to test the concept.
Robotic Process Automation (RPA)	Software technology which defines a set of instructions to allow a robot to perform traditionally manual business process, for instance uploading, transferring or checking data.
Research & Development (R&D)	The team who provides support to conduct transformational and impactful Research at UHCW.
Usability	The extent to which something can be used as intended, safely and effectively.
Virtual reality (VR)	A computer-generated 3D environment that can be interacted with through VR equipment such as headsets and hand controllers.

Coventry and Warwickshire Integrated Care Board Report for the meeting held on 15 November 2023		
Key Information		
Chair: Ms Danielle Oum	**Executive Lead:** Mr Philip Johns	**Date of Next Meeting in Public** 17 January 2024
Quoracy met?	Yes	
Purpose of the report	To inform of key decisions and discussion points raised at the meeting.	

Key highlights of discussions and decisions held during the meeting:	
Agenda item description	**Details**
Patient Story – Warwickshire North Frailty Hub	**Patient Story – Warwickshire North Frailty Hub** A short video was shown which illustrated the good work being carried out by the pilot Frailty Clinic Hub, which had been set up by a collaborative approach between the South Warwickshire University NHS Foundation Trust (SWFT), the Voluntary and community sector, a Primary Care Network (PCN), Warwickshire North Place and the George Eliot Hospital NHS Trust (GEH). The Clinic stemmed from an identified need whereby better coordinated care was required for people with frailty as well as complex needs due to multiple long-term conditions. The Clinic was a one stop, multi-disciplinary place for patients which had been set up via a Population Health management approach using data to analyse needs for the local community in an attempt to reduce health inequalities in this rural area. Patients went through five stations and received a full assessment and health check followed by a full personalised care plan and follow up telephone calls from a care coordinator. Despite the challenges of funding, recruitment and retention, work was under way with other Primary Care Networks (PCNs) with a view to creating more Hubs where possible however ongoing sustainability was an issue and input from other organisations and some mapping would be required. In terms of measuring success, simple, short and long-term key performance indicators (KPIs) were in place and the Clinic was being guided by feedback responses. Board members confirmed that the Hub had already helped to move activity into the right places quicker with fewer conveyances to hospital and patients being moved straight to frailty beds where discharge could be more efficiently supported. The scheme linked well to the new community integrator contracts and would help to deliver Fuller. The Board was advised that a new type of recruitment was being tried whereby a pool of staff was to be recruited jointly with GEH and SWFT.

	This would enable joined up learning and cross organisational governance but also those people would be ambassadors and clinicians and be able to question pathways where relevant. These people would be employed on a rotational basis, which was often more attractive, thus enhancing staff retention. The Hub was operating on an iterative basis, constantly gaining feedback from patients. Various long and short-term KPIs had been set to enable evaluation and information was being shared amongst relevant parties to make immediate changes where found appropriate.
ICB Chair's Report	This report revealed the new set of behavioural principles that the Board had developed which encapsulated how the ICB would deliver its vision of supporting people to start well, age well and end well, promote independence and put people at the heart of everything it does. The report talked about the need to work with communities to do winter differently in order to meet population needs and gave congratulations, thanks and good wishes, and said farewell to the ICB's most valued Non-Executive Member Sue Noyes, who was successful in becoming the Chair of University Hospitals of Coventry and Warwickshire NHS Trust, and therefore remaining within the Integrated Care System.
ICB Chief Executive Officer's Report	This report contained an update on the detrimental impact of the recent industrial action, which had been exceptionally challenging. The full figures for rescheduled activity were not available at the time and no further industrial action was scheduled. Urgent and emergency care (UEC) also remained challenging with performance standards fluctuating and showing slight improvement going forwards. On a positive note, the ICB won the 'Performance Recovery Award' in the 2023 Health Service Journal (HSJ) awards for its work to improve life expectancy of people with severe mental illness (SMI) which was a fantastic achievement. This had been achieved by successful partnership working across a number of organisations and with Experts by Experience. The judging panel were impressed by the turnaround achieved and the passion of the team involved. The report also gave a financial update from a national meeting which took place on 7 December. The System had experienced the highest percentage population growth in the country and a high level 2024/25 financial plan had been requested for March. Finally, and on another positive note, the ICB had been successful in securing £700k from the Health Technology and Adoption and Accelerator Fund (HTAAF). The objective of the HTAAF was to pinpoint technologies that could mitigate system pressures and realise the anticipated benefits for scaling across the ICS. The successful application had been submitted by UHCW to enhance efficiency in the Elective Surgery Pathway and the full report could be read at ICB Board Meetings - Happy Healthy Lives.
Fit and Proper Person Test (FPPT) Update	The ICB's response to the new NHSE Framework for the FPPT was presented, which provided assurance that the ICB had reviewed and updated its processes in line with national requirements and to ensure there was no duplication within the constituent organisations that made up the

	partnership Board. The Test would be applied across the Board to the relevant people.
Refreshed Digital Transformation Strategy (DTS)	The refreshed Strategy was presented owing partly to the new asks of the Integrated Care System around digital safety, health equalities and legal duties. The Strategy would continue to involve all System partners and local authorities and would use their expertise. The Strategy was not yet costed as there were many moving parts however this was part of ongoing work. The engagement work that had been carried out was explained and priority areas listed as diagnostics, virtual wards and single care, ie, System control centres. Board members approved the key principles and direction of travel in the Strategy, noting that a fully costed plan was to follow.
Population Health Management (PHM) Roadmap Refresh and Progress Report	This report focused on the four 'I's of infrastructure, intelligence, incentives and interventions and these were clearly laid out in the paper as well as the three key areas of risk that required attention. The ICB was happy with the progress made to date in relation to PHM and it was intent on maintaining the momentum. Board members approved the refreshed PHM Roadmap Delivery Plan and were assured of progress in the implementation of the PHM Roadmap.
Report from the 26 September 2023 Quality, Safety and Experience Committee (QSEC)	This paper was taken as read and Board members were assured in respect of the matters set out within the report and approved the: - Coventry and Warwickshire (CW) ICB Safeguarding Adults and Children Annual Report - CW ICB Children in Care Annual Report - CW Palliative and End of Life Care Strategy
Report from the 11 October 2023 Strategic Commissioning and Population Health Committee (SCPHC) meeting	This paper was also taken as read and acknowledged Dr Sarah Raistrick for her input relating to Marmot and Ms Liz Gaulton for her significant contribution to the work of the Committee during her time with the ICB.
Safeguarding Annual Report 2022/2023	Board members approved this report which covered the progress, governance, priorities and achievements that had been detailed as evidence of the ICB's compliance with safeguarding statutory duties and the Intercollegiate Framework. Safeguarding arrangements had been strengthened over the last year and the ICB was compliant with the section 11 audits. Safeguarding heat maps had been completed and data strengthened by working with partners and NHSE. Significant work had taken place around the serious violence duty and developing a new Safeguarding Strategy for the System which included delegation of optometry and dentistry into the ICB footprint. Much support had also been provided to strengthen the arrangements in relation to primary care.
Coventry and Warwickshire Palliative and End of Life Care Strategy 2024-29 and Delivery Plan 2024-26	Board members approved this 5-year joint Strategy which was owned by Coventry City Council (CCC), the ICB and Warwickshire County Council (WCC). This Strategy also connected with the Digital and Population

	Health Strategies and had been to both the Coventry and Warwickshire Health Overview and Scrutiny Committees. The Strategy focused on providing information which related to early intervention and identification and coordinating the right care from a culturally sensitive, long-term point of view that was sustainable. It was noted that accessing a skilled, trained and educated, competent workforce was key to delivering political end of life care with compassionate conversations, cultural sensitivity and the ability to work together well.
Children in Care Annual Report	This report summarised the pathways and processes in place for the ICB to meet its statutory responsibilities regarding the health of children in care. Significant work had taken place throughout the year on restoring data and information about children in care where there had been real vulnerability and inequity in outcomes. Collaboration work had also taken place with the local authorities and the Corporate Parenting Board. Health assessments and vaccination services, particularly for unaccompanied asylum seekers, had been key areas of focus and there was an intention to carry out further work on the transition of children exiting care, the longer-term outcomes and the provision of further education and employment opportunities. Board members were assured that the CWICB had pathways and processes in place to meet its statutory responsibilities regarding the health of children in care and approved the overview of the health of children in care in Coventry and Warwickshire.
Coventry and Warwickshire Integrated Care Board Primary Care Access Recovery Plan	This report detailed the work undertaken for the national request to tackle the 8.00 am rush and reduce the number of people struggling to contact and work with their GP practice. This work was one part of the Primary Care Strategy and would build on the Fuller Stocktake report. Board members were assured by the Plan.
Report from the 27 September, 4 October and 1 November 2023 Finance and Performance Committee (FPC) meetings	This report highlighted a number of concerns relating to finances and risks and the need to rework a finance and activity plan for the end of the second half of this year. An urgent, detailed finance return was submitted to NHSE after a short notice request and a meeting with the national and regional team followed. Board members were assured in respect of the matters set out within the reports and noted the items for escalation and actions identified.
Integrated Performance Report	This report detailed the impact the above financial issues could have on performance and noted that the ICB had already signed up to deliver around ambulance handovers, cancer backlogs and elective care. These areas were being worked through along with the related finances. The report identified concern regarding the high level of agency spend and confirmed that winter funds had been fully allocated out. Important information regarding staff turnover, sickness, retention and recruitment was also included which was being closely monitored and reviewed.
Report from the 25 October 2023 People Committee meeting	This report noted that progress was being made on the One People Plan amongst other areas and that the Oliver McGowan training had been rolled out. Approval had been given to the various ICB Workforce Standards, as

	well as the Gender Pay Gap reports, and a number of changes to a few human resource policies.
Developing our Support for Broader Social and Economic Development	This report gave an update on the current and planned activity that contributed to the delivery of the ICB's fourth aim, Supporting the Broader Social and Economic Development of Coventry and Warwickshire. The paper discussed ways by which the ICB could maximise the wider benefits of integration across partners to tackle the wider determinants of health. The report noted there was a real appetite to do more work on the overall topic and to gain further learning from the existing work of the local authorities.

Date of next meeting : Wednesday 17 January 2024

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Subject Title	Appointment of Senior Independent Director
Sponsor	Sue Noyes, Trust Board Chair
Author	David Walsh, Director of Corporate Affairs
Attachment(s)	None
Recommendation(s)	The Board is asked to **APPROVE** the appointment of Carole Mills as the Trust's Senior Independent Director.

EXECUTIVE SUMMARY

The Senior Independent Director (SID) is a role initially established within NHS foundation trusts but widely utilised within NHS trusts as well. The Code of Governance for NHS Provider Trusts (published by NHS England in October 2022) provided for more consistent governance arrangements across both types of providers, further supporting the principle of SID appointments within NHS trusts. This was then endorsed by the updated version of the Chair Appraisal Framework (published by NHS England in April 2023).

UHCW has had a SID for many years although the Vice Chair acted in this role following the departure of the previous Board appointee.

The SID is a non-executive director whose responsibilities include:

- Leading the appraisal of the Chair, including engaging with other board members and stakeholders and engaging with the NHS Midlands Regional Director both as part of the multi-source assessment and as part of the submission of the output of the appraisal process;
- Acting as a point of contact for the Trust Board members or external partners to hear concerns where the usual channels of communication would be inappropriate or have not been successful in resolving issues;
- Acting as a sounding board for independent advice for the Trust Board Chair.

Following between the Chair and Vice Chair, it was agreed that the SID role should again be separated from the Vice Chair. Following consideration of factors including suitable experience and remaining tenure as non-executive directors, the opportunity was discussed with Carole Mills who confirmed she would be happy to be appointed to the role.

PREVIOUS DISCUSSIONS HELD

None in a formal setting.

KEY IMPLICATIONS	
Financial	A small discretionary supplementary payment can be made for additional responsibilities such as the Senior Independent Director. A paper proposing that this post attracts a £2,000 per annum supplementary payment will be presented to the Remuneration Committee.
Patients Safety or Quality	None directly arising.
Workforce	None directly arising.
Operational	None directly arising.

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 FEBRUARY 2024

Subject Title	Board Assurance Framework
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	David Walsh, Director of Corporate Affairs
Attachments	BAF for Operational Performance; Financial Stability; Staff Wellbeing and Morale and Workforce Supply; Quality of Care and Patient Experience and Service Stability
Recommendation	Board is asked to: **RECEIVE** the BAF, consider and triangulate assurances received during the meeting and how these reflect on the existing document, and **AGREE** the assurance ratings.

EXECUTIVE SUMMARY

Changes agreed at the Board meeting in August were fully implemented for the subsequent rounds of committees meetings, resulting in dual reporting with committees assessing items for both the current status and the assurance against management of risk. This resulted in some changes to overall assurance levels, as described below.

There is no Cyber Security BAF in this month's update as it will not be next considered by Audit and Risk Assurance Committee until January. It is described in the snapshot of this report for completeness.

Highlights since previous Board consideration

Red RAG assurance ratings of individual sources

There continue to be three RED rated individual items within the Finance and Performance Committee's portfolio. Cancer Care has remained RED within the Operational Performance BAF. At the FPC meeting in December, changes were made to separate the in-year waste reduction assessment from the recurrent position. This reflected the acceptance of a new corporate risk around recurrent waste reduction, and recognised that the in-year improved RAG-rating of the in-year position did not capture the full assurance. As such, the Integrated Finance Report and in-year Waste Reduction were each uprated from RED to AMBER while the new recurrent line was added with a RED assurance rating. At the January meeting, a new RED assurance rating was added following consideration of a report on the five-year Capital Programme, in recognition of the unaffordability of the proposed capital schemes.

There is also a new RED-rated assurance within the Quality of Care and Patient Experience and Service Stability BAF. This was in relation to a nutrition and hydration internal audit that was undertaken and returned a limited opinion. A verbal assurance provided at the meeting on progress against actions enabled the item to be rated as AMBER in terms of management but it will remain RED in terms of status until the committee receives assurances that the actions have been addressed. This item was also considered at the Audit and Risk Assurance Committee.

There remain areas of RED assurance rating within the Cyber Security BAF, which are shown within the private part of the Board agenda.

Changes to RAG ratings of individual lines of assurance

There has been one positive change to the individual lines of assurance, with the third line of assurance moving from RED to AMBER within the Cyber Security BAF. This is again shown in the private part of the Board agenda.

Changes to overall BAF RAG ratings

There have been no changes on the overall assurance ratings since the last meeting.

Other updates

The Audit and Risk Assurance Committee, as well as consider the Cyber Threats BAF which it oversees, undertook its regular review of the use of the BAF. It was noted that this is due for its annual assessment by internal auditors as part of the Head of Audit Opinion. It was also noted that we are approaching the second anniversary of the BAF in its current form being in use following the deep dive that Board members were engaged with to develop a model which enabled Board and committee-level ownership and a dynamic operation to ensure assurances were triangulated. It was proposed by the committee that given there have been changes in Board membership during that time, it would be appropriate to consider revisiting this, and work will commence on this in the near future.

Snapshot

Committee	Risk area	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				

PREVIOUS DISCUSSIONS HELD

The BAF is discussed and reflected upon at Board and Board Committee meetings.

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: **Operational Performance**

First line of assurance

Assurances received

Issue/report	Last review	Status	Assur.
IQPFR	25/1/24		
Emergency Care	21/12/23		
Cancer Care	25/1/24		
Elective Care – 104-week waiters	25/1/24		
Elective Care – 78-week waiters	25/1/24		
Elective Care – 65-week waiters	25/1/24		
Elective Capacity Self-Certification	5/10/23 (B'd)		
Sustainable Development	8/11/23		
Winter Plan 2023	7/12/23 (B'd)		
Estates and Facilities	8/11/23		
Theatre Utilisation	31/8/23		
Power Failure – learning from incident	30/3/23		
ED Expansion	29/6/23		

Gaps

- Cancer – standards not met for two-week wait, 31-day or 62-day (Dec 23)
- Elective 78-week – 3 breaches in Nov, 9 in Dec; low numbers anticipated to continue as industrial action challenges prevent reaching zero (Jan 24)
- RTT incomplete at 50.4% vs 92% national target (Jan 24)
- Diagnostic waits over 6 weeks at 5.94% vs 5% target (Jan 24)
- Long length of stay: 178 patients at 21 days or over (Jan 24)
- Ambulance handover below national metrics but above WM average (Jan 24)
- Four-hour standard at 70.42% vs 76% target (Jan 24)
- Theatre utilisation 82.25% actual vs 96% booked (Jan 24)
- Outpatient utilisation 80% actual vs 89% booked (Aug 23)
- Risks around elective delivery in gynae, ENT and dermatology (Nov 23)
- Estates/Facilities issues including soft/hard FM performance (Nov 23)

Mitigations

- Additional sessions cost implications considered by COG (Apr 23)
- Theatre utilisation –DCMO supporting groups (Aug 23)
- Impr Plan underway to address challenges in derm and radiology (Sep 23)
- Maximising mutual aid opportunities (gynae referrals to GEH, skin pathology to SWFT, ENT to SWFT), maximising ISP contracts for orthopaedics, spine and plastics, intensive validation of pathways (Nov 23)
- Winter Plan: UHCW participation in national programme, ICB KLOE submissions and establishment of system escalation call on daily basis as required (Nov 23)
- Winter Plan: UHCW actions around SDEC, ED huddles, DAP ward moves and escalation/support strategies described in paper to FPC (Nov 23)
- Hard FM PPM plan now submitted and soft FM improvement programme progressing (Nov 23)
- Adoption of intentional boarding on in-patient wards (Jan 24)
- OPEL Framework providing unified approach to UEC pressures (Dec 23)

Actions

Action	Issue	Target
BSW to be arranged to focus on use of data mining	1/24	3/24

Second line of assurance

Assurances received

Issue/report	Last review	Status	Assur.
Data Quality Review – 28 Day Faster Diagnosis Standard	26/4/23 (ARAC)		
Emergency Planning Annual Report	23/2/23		
Discharge Planning Internal Audit	29/6/23		
Performance Benchmarking	21/12/23		

Gaps

- 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
- Performance Benchmarking underperformance in cancer 62-day referral and 2-day screening, incomplete pathway for 18 weeks, A&E 4-hour wait, cancer two week wait (Dec 23)

Mitigations

- An action plan responding to the internal audit was developed and presented to ARAC on 21/4/22
- *Mitigations in relation to Performance Benchmarking areas of under-performance relate to actions in first line of assurance (Dec 23)*

Actions

Action	Issue	Target
Discharge Planning actions to be brought back to FPC (ARAC 19/1/23) and re-audit to be undertaken and presented to ARAC in January 24.	1/23	TBC

Third line of assurance

Assurances received

Issue/report	Last review	Status	Assur.
ICB Oncology Review	TBC		
Rugby St Cross Elective Hub Accreditation	8/1/24		

Associated Corporate Risks

Managed risk	Initial	Current	Target
Intentional boarding on in-patient wards*	20	20	15
Lack of permanent mortuary space	15	16	6
Emergency medicine overcrowding and patient flow*	12	15	9
Ambulance turnaround performance*	15	15	6
Inability to meet demand for breast imaging/screening*	15	15	12
Hybrid Operating Theatre and impact on major trauma	12	12	3
Hybrid Operating Theatre and impact on vascular surgery	12	12	4
Reduction in research capacity	12	12	4

*Also on Quality and Safety BAF

Local integrated care
Research, innovation, and teaching
Valuing and enabling our people
Centres of excellence
Sustainability

Overall level of assurance: **Amber**

Stat:	On track/complete	On track/incomplete	Off track/incomplete
Assur:	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: **Financial stability**

Assurances received

First line of assurance

Issue/report	Last review	Status	Assur.
IQPFR	25/1/24		
Waste Reduction Programme – In-year	25/1/24		
Waste Reduction Programme – Recurrent	25/1/24		
Integrated Finance Report (23/24)	25/1/24		
Capital Programme	25/1/24		
Procurement Update	21/12/23		
Research and Development Income, Expenditure and Compliance	28/9/23		
National Cost Collection 2022/23 subm'	8/11/23		
Financial Sustainability (mandated review) self-assessment	27/10/22		
Charging of Overseas Patients	24/11/22		
Virtual wards – approach/funding	24/11/22		
Cost control (23/24)	23/2/23		
23/24 Financial Performance, Controls and Governance	28/9/23		
Update to SFIs	7/12/23 (B'd)		

Second line of assurance

Issue/report	Last review	Status	Assur.
Financial Governance (planning guidance) internal audit report	14/10/21		
Accounts Payable internal audit report	13/1/22		
Accounts Receivable internal audit report	13/1/22		
Financial ledger internal audit report	13/1/22		
Financial Sustainability (mandated review) – internal audit	19/1/23 (ARAC)		
Financial Systems internal audit	19/1/23 (ARAC)		
2023/24 Annual Plan	4/5/23 (Board)	Monitored via IFR	
H2 Plan	21/12/23		

Third line of assurance

Issue/report	Last review	Status	Assur.
VFM External Audit Assessment	22/6/23 (Board)		
National Cost Collection 21/22 outputs	25/5/23		
External Audit Section 30 letter	22/6/23 (Board)		
H2 System Plan discussion with NHSE	21/12/23		

Gaps

First line of assurance

- IQPFR – see Operational Performance BAF entry
- CDEL limit forecast to be breached as a result of £6.8m EPR capital spend on EPR (Jan 24)
- 81% of forecasted savings are non-recurrent - £47.2m vs £33.4m target (Jan 24)
- 23/24 mitigations relating to EPR result in financial risk deferred into 24/25 (Dec 23)
- Unaffordability of £200m worth of proposed capital schemes by 2029, with significant challenges in 2024/25 (Jan 24)

Second line of assurance

- 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)
- H2 Plan based on no further industrial action, but industrial action now planned (Dec 23)

Third line of assurance

- 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

Mitigations

First line of assurance

- FRB launched, governance/workstream structure in place (Mar 23 review) and terms of reference received (Apr 23). FRB increased to twice monthly meetings, reported to FPC (May 23)
- 'No PO No Pay' policy now live (Sep 23)
- Approval to implement non-pay panels and controls through FRB (Apr 23)
- Plan being developed to live within existing virtual ward funding envelope (May 23 review)
- Downside/Upside shared and discussed with ICB on a monthly basis (Aug 23)
- Comprehensive capture of capital schemes to aid prioritisation and management of risk (Jan 24)

Second line of assurance

- Actions arising from all gaps identified above completed by 31/3/22
- Further advice anticipated nationally following confirmation of further industrial action undermining position of H2 Plan assumptions (Dec 23)

Actions

First line of assurance

Action	Issue	Target

Second line of assurance

Action	Issue	Target

Third line of assurance

Action	Issue	Target

Associated Corporate Risks

Managed risk	Initial	Current	Target
23/24 Recurrent waste reduction delivery	20	20	4
23/24 Capital Programme – Funding	15	15	3
23/24 Contract Income – High cost drugs and devices block	12	12	6
22/23 EPR Training and Backfill Costs	12	12	4
Reduction in research capacity (affecting income)	12	12	4
23/24 Contract Income – ERF	16	8	4
23/24 Inflation Pressure	12	8	4
22/23 Capital Charges Funding outside ICB envelope	8	8	4
23/24 Waste Reduction Delivery	20	6	4
23/24 Emergency pressures	12	6	6

Overall level of assurance: **Amber**

Stat:	On track/complete	On track/incomplete	Off track/incomplete
Assur:	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**

Assurances received

First line of assurance

Issue/report	Last review	Status	Assur.
IPQFR - sickness absence	21/12/23		
IPQFR - vacancies	21/12/23		
IPQFR - mandatory training	21/12/23		
IPQFR - Turnover	21/12/23		
IPQFR - Medical appraisals	21/12/23		
IPQFR - Non-medical appraisals	21/12/23		
IPQFR – Agency spend	21/12/23		
People Strategy Delivery Plan	21/12/23		
Equality, Diversity, Inclusion	23/2/23		
Inclusion Delivery Plan Update	26/10/23		
Anti-Racism Toolkit	29/6/23		
Freedom to Speak Up	21/12/23		
Widening Participation/Apprent'ships	21/12/23		
Gender Pay Gap	23/2/23		
Industrial Action – People Impact	21/12/23		
Waste Reduction – Workforce	29/6/23		
NM&AHP Prof. Education Annual Rep't	26/10/23		
Oliver McGowan Training Programme	21/12/23		

Second line of assurance

Issue/report	Last review	Status	Assur.
Staff Survey 2022	27/4/23		
Workforce Race Equality Standard	31/8/23		
Workforce Disability Equality Standard	31/8/23		
Internal Audit – Payroll and Overpayments	Due Jan 2024 (ARAC) Due Feb 2024 (PC)		
Staff Survey	21/12/23		

Third line of assurance

Issue/report	Last review	Status	Assur.
Disability Confident (Leader Status)	Nov 23		
Defence Employers Recognition Scheme – Silver	June 22		
Employer With Heart Charter	Jan 22		
Miscarriage Association: Pregnancy Loss Pledges	Jan 22		
Pathways to Excellence (reaccreditation due Aug 24)	Aug 22		
Veterans Aware Standard (reaccreditation due Aug 24)	Aug 23		

Gaps

First line
- Vacancy gap in paediatrics (Aug 2023)
- Sickness absence at 5.57% against target of 4% (Dec 23)
- Non-med appraisals at 86.52% (90% target) (Dec 23)
- Mandatory training compliance at 94.62% vs 95% target (Dec 23)
- Overspending on agency (£1.13m) (Dec 23)
- Expired app. levy of £937k in 23/24, down from £1m in 22/23, spend increased to £1m from £889k (Dec 23)
- TempRE (bank agency system) glitch has identified mechanism to procure bank/agency shifts outside of agreed governance (June 23)
- Loss of one third of FTSU ambassadors (Dec 23)

Second line
- WRES identified gap around people feeling they belonged to the organisation (Aug 2023)
- Actions required following Payroll and Overpayments Internal Audit (ARAC Jan 2023)
- Some areas of deterioration in initial staff survey results
- Staff survey completion down from 43% in 2022/23 to 40% in 2023/24 (Dec 23)

Mitigations

First line
- Activity to address training detailed in deep dive (June 22)
- New e-form for staff termination to live in June 23 (Apr 23)
- Agency: Cost Control Group and agency control processes in place. Tightened controls on HCAs resulting in no agency HCAs in May 2023 (June 23) Significant resultant improvement in agency shown in September data (Oct 2024)
- Emergency planning readiness in place around ind. action (Feb 23)
- TempRE glitch being monitored to prevent usage while issue remedied (June 23)
- Paediatric nurses vacancy position projected to improve to 17.26% from 35.35% by January 2024 (Oct 24)

Second line
- Caution on indicator re appointment of shortlisted staff as does not account for international recruitment of nurses and midwives
- Staff survey data only recently received (20/2/23) so analysis ongoing (Feb 23)

Actions

First line

Action	Issue	Target
Oliver McGowan programme tracked through AAA	10/23	12/23
Conflict resolution and attendance management report to be presented	12/23	2/24
Understand the challenges behind achieving 95% mandatory training target within resus and associated risks within IPQFR	12/23	2/24
Discussion around psychological health and support	12/23	2/24

Second line

Action	Issue	Target
Further review of recruitment and selection process to identify potentially discriminatory practices	12/22	TBC

Associated Corporate Risks

Managed risk	Initial	Current	Target
Registered midwife vacancies including Community	15	15	6
Violence and aggression against staff	15	15	9
Registered Nurse Vacancies	15	12	6
Raising Concerns	9	9	6
Industrial action which affects workforce	9	9	3

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Overall level of assurance: **Amber**

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Assur:	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**

First line of assurance

Assurances received

Issue/report	Last review	Status	Assur.
IQPFR	25/1/24		
Patient Safety, Risk, Learning, Nev. Ev.	7/12/23 (B'd)		
Patient Exp. & Engagement incl complaints	7/12/23 (B'd)		
Maternity Safety and Plan	2/11/23 (B'd)		
N&M Safe Staffing (including paediatrics)	7/12/23 (B'd)		
Safeguarding Adults & Children	27/7/23		
Health and Safety Update incl. gas usage	25/1/24		
IPC Update	25/1/24		
Quality Account	30/11/23		
Quality Priorities 23/24	25/1/24		
Medical Education / Clinical Placements	7/12/23 (B'd)		
Quality Strategy	25/1/24		
Hospital Transfusion Annual Report	25/1/24 (vbl)		
Research and Development Annual Rep.	28/9/23		
Nursing, Midwives, AHPs Education	24/11/22		
Palliative and End of Life Care	2/11/23 (B'd)		
Perinatal Mortality	28/9/23		
Stroke Services	30/3/23		
Provision of CT scanning	30/3/23		
Emergency Department performance	28/9/23		
PLACE Assessments	25/1/24		
Hospital at Home	25/1/24		
Industrial Action Impact	25/1/24		

Gaps

- Neonatal mortality performance (May 23)
- Scanning capacity creating risks – workforce deficit and capital requirement for diagnostics equipment (Mar 22)
- Day case performance – unlikely to be resolved in 23/24 (May 23)
- PLACE assessments outcomes concerning (May 23)
- Theme in complaints in relation to values and behaviours (Sep 23)
- IPC turned amber due to recent issues with CDiff and Measles (Nov 23)
- Medical Education issues relating to dermatology (Nov 23)
- Hosp Transfusion – concerns around EPR, fridges and WiFi connectivity (Nov 23)
- Concerns in never events, theatres and breast services flagged in IPQFR (Jan 24)
- Actions required to address policy compliance in H&S (Jan 24)

Mitigation

- Changes to flow following review and improvement focus (Jan 23)
- Day case monitoring by QSC – now included in IPQFR (May 23)
- Measures underway to fill staffing gaps in complaints (Mar 23)
- PLACE actions being monitored by task and finish group (Sep 23)
- Palliative and EoL Care – Delivery Group set up to progress actions (Nov 23)

Actions

Action	Issue	Target
ICT to report on WiFi issues in Hospital Transfusion rept	1/24	3/24
Theatre Safety Report to PSEC to be brought to QSC	1/24	3/24
Never Event report to show how issues are actioned	1/24	3/24
IPQFR to show rolling HSMR figure alongside monthly	1/24	TBC
Ind. Action report to be brought back with greater detail	1/24	3/24

Second line of assurance

Assurances received

Issue/report	Last review	Status	Assur.
National patient survey action plans	31/3/22		
Mortality Update	30/11/23		
Dermatology review – UHCW actions	25/5/23		
Learning from Deaths – internal audit report	30/3/23		
Response to NHS Spec Comm on Sickle Cell report actions	28/7/22		
Learning Disability internal audit	27/7/23		
Medical Education / Postgraduate Doctors' Feedback	25/1/24		
Nutrition and Hydration internal audit	25/1/24 (vbl)		

Gaps

- Completion of actions arising from Royal College Review of Dermatology (Nov 22)
- Limited outcome of Learning from Deaths audit (May 22 – ARAC) and moderate outcome of Learning Disability internal audit (Jan 23 – ARAC)
- HSMR improved (Board, Nov 23) but awaiting final endorsement of QSC following review of performance before changing rating
- Gaps in experience of postgraduate doctors (May 23)
- Limited assurance around Nutrition and Hydration internal audit (Jan 24)

Mitigation

- HSMR action plan complete and being monitored through MRC (July 23)
- Learning Disability action plan presented to ARAC (Jan 23)
- Assurances provided by CNO around progress in addressing immediate actions by end of January re Nutrition and Hydration internal audit (Jan 24)
- Action plan around postgraduate doctors feedback presented (Jan 24)

Actions

Action	Issue	Target
Nutrition and Hydration internal audit progress	1/24	3/24
Postgrad feedback process to in future be absorbed within standard Medical Education report	1/24	3/24

Third line of assurance

Assurances received

Issue/report	Last review	Status	Assur.
HTA inspection – postmortem licence	27/7/23		
HTA inspection – transplants	27/7/23		
CQC full inspection	11/2/20		
JAG inspection of endoscopy	7/23		
Pathway to Excellence accreditation	29/9/22		
CQC surgery visit 5/9/22 – awaiting feedback	29/9/22		
ISO45001 – H&S accreditation	6/10/22 (B'd)		
Maternity CQC inspection – Nov 2022	30/3/23		
Internationally Educated Nurse Pastoral Care Award received	26/1/23		
LMNS Insight Visit	27/7/23		
National Quality Award for Preceptorship	6/23		
NHSE Audit on Paediatric Audiology	Due Mar 24		
National Audit of Care at the End of Life	25/1/24		
HTA Legal Licensing – Directions given	25/1/24		
Radiation Safety IRMER	25/1/24		

Gaps

- HTA identified major shortfalls relating to four standards and minor shortfalls relating to one standard
- Areas for focus highlighted in Ockenden visit (Aug 22), including risk relating to EPR replacing maternity system, and delays on delivery of bereavement suite
- Action plan detailing gaps provided by JAG in endoscopy
- Areas for improvement in NACEL report (Jan 24)

Mitigation

- HTA identified actions being overseen by KP/MH (July 23)
- CQC provider engagement meetings every eight weeks, and service-focused dynamic monitoring approach (DMA) meetings periodically
- UHCW liaising with Cerner relating to risks around maternity system
- Action Plan in relation to NACEL improvements presented (Jan 24)

Actions

Action	Issue	Target

Associated Corporate Risks

Managed risk	Initial	Current	Target
Inability to recruit paediatric trained nurses	20	20	3
Reduced cardiac capacity	20	20	8
Intentional boarding on in-patient wards*	20	20	15
Emergency medicine overcrowding and patient flow*	12	20	9
Hospital corridor storage	16	16	4
Availability of medicines due to national shortage	16	16	6
Cold/hot water pipe failure (GIRPI system)	12	16	6
Ambulance turnaround performance	15	15	6
Potential major fire risk	15	15	8
Violence and aggression against staff	15	15	9
EDMS system (clinical notes storage)	15	15	10
Demand for breast imaging/screening*	15	15	12
PSIRF Implementation	16	12	4
Recording of clinical evaluations in patient records	15	12	6

*Also on Operational Performance BAF

Overall level of assurance: **Amber**

Stat:	On track/complete	On track/incomplete	Off track/incomplete
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PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 4 APRIL 2024
CSB, ROOMS TBC

AGENDA

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

	Item	Lead	Format	Action	Duration
1.	Patient Story	T Brigstock	Enclosure	N	10:00 (10 mins)
2.	2.1 Apologies for Absence- 2.2 Confirmation of Quoracy 2.3 Declarations of Interest	Chair	Verbal/ Enclosure	As/Ap	10:10 (10 mins)
3	• Minutes of previous meeting held on 01 February 2024 3.2 Action Matrix 3.3 Matters Arising				
4.	Chair's Report	Chair	Enclosure	As	10:20 (10 mins)
5.	Chief Executive Officer Update	A Hardy	Enclosure	As	10:30 (10 mins)
6.	Audit and Risk Assurance Committee 6.1 Approved Minutes 6.2 Meeting Report	A Ismail	Enclosure	As	10:40 (10 mins)
	People Committee 6.3 Approved Minutes 6.4 Meeting Report	J Mawby-Groom			
	Quality and Safety Committee 6.5 Approved Minutes 6.6 Meeting Report	C Mills			
	Finance and Performance Committee 6.7 Approved Minutes 6.8 Meeting Report	J Gould			
7.	Integrated Quality, Performance and Finance Report • Operations • Quality • Finance • Workforce	J Young	Enclosure	As	10:50 (10 mins)
8.	Childrens ED Business Case	G Harris	Enclosure	As	11:00 (10 mins)

	Item	Lead	Format	Action	Duration
9.	Medical Education Report	J Young	Enclosure	As	11:10 (10 mins)
10.	Mortality (SHMI and HSMR) Update	J Young	Enclosure	As	11:20 (10 mins)
11.	PSIRF /Patient Safety and Risk Learning Report (Guest: Lisa Cummins)	J Young	Enclosure	As	11:30 (10 mins)
12.	Corporate Risk Register (Guest: Lisa Cummins)	J Young	Enclosure	As	11:40 (10 mins)
13.	Caldicott Guardian Annual Report 2023/24	J Young	Enclosure	Ap	11:50 (10 mins)
14	Development of the Digital Strategy	J Young	Enclosure	As	12:00 (10 Mins)
BREAK: 12:10-12:20					
15.	Patient Experience and Engagement Report (Guest: Hayley Best)	T Brigstock	Enclosure	As	12:20 (10 mins)
16.	Infection Prevention and Control Annual Report 2022/23 and Annual Plan 2023/24	T Brigstock	Enclosure	As	12:30 (10 mins)
17.	Maternity Safety Report and Plan	T Brigstock	Enclosure	As	12:40 (10 mins)
18.	NHS Staff Survey	D Griffiths	Enclosure	As	12:50 (10 mins)
19.	UHCW Strategy Delivery Plan	J Richards	Enclosure	As	13:00 (10 mins)
20.	Fit and Proper Persons Declaration	D Walsh	Enclosure	As	13:05 (5 mins)
21.	Forward Work Programme	D Walsh	Enclosure	Ap	13:10 (5 mins)
22.	Coventry and Warwickshire Integrated Care Board Update	A Hardy	Enclosure	As	13:15 (5 mins)
23.	Board Assurance Framework	D Walsh	Enclosure	As	13:20 (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.					
24.	Draft Board Agenda	Chair	Enclosure	N	13:25 (5 mins)
25.	Meeting Reflections	Chair	Verbal	D	13:30 (5 mins)
26.	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	
Next Meeting:					

<table>
<tr><th></th><th>Item</th><th>Lead</th><th>Format</th><th>Action</th><th>Duration</th></tr>
<tr><td colspan="6">Thursday 6 June 2024 10:00 am</td></tr>
<tr><td colspan="6">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.</td></tr>
</table>