University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 8th November 2023 at 9.30 am to 12.30 pm
Via MS Teams

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
9:30	**PROCEDURAL ITEMS**					
20 mins	**1.**	Staff Story	Information	Mrs J Haire	Verbal	
5 mins	**2.**	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal	
	3.	Declarations of Interest	Information	Mr D Wakefield	Verbal	
	4.	Minutes of the Meeting held 4th October 2023	Approval	Mr D Wakefield	Enclosure	
	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
20 mins	**6.**	Chief Executive's Report – October 2023	Information	Mrs T Bullock	Enclosure	
10:15		**HIGH QUALITY**				
10 mins	**7.**	Quality Governance Committee Assurance Report (02-11-23) & Maternity Dashboard	Assurance	Prof A Hassell Mrs S Jamieson	Enclosure	1
10:25		**RESOURCES**				
5 mins	**8.**	Performance & Finance Committee Assurance Report (31-10-23)	Assurance	Dr L Griffin	Enclosure	5, 7, 8
10 mins	**9.**	System Recovery Programme	Information	Mr M Oldham	Enclosure	8
10:40		**PEOPLE**				
5 mins	**10.**	Transformation and People Committee Assurance Report (01-11-23)	Assurance	Prof G Crowe	Enclosure	2, 3, 4, 6, 9
10 mins	**11.**	Speaking Up Board Brief Q2	Assurance	Mr R Irving / Mrs C Cotton	Enclosure	3
10:55 – 11:10 COMFORT BREAK						
11:10		**RESPONSIVE**				
40 mins	**12.**	Integrated Performance Report – Month 6	Assurance	Mrs AM Riley Mrs K Thorpe Mrs J Haire Mr M Oldham	Enclosure	1, 2, 3, 5, 8
11:50	**GOVERNANCE**					
5 mins	**13.**	Audit Committee Assurance Report (02-11-23)	Assurance	Prof G Crowe	Enclosure	
10 mins	**14.**	Q2 Board Assurance Framework	Assurance	Mrs C Cotton	Enclosure	ALL
10 mins	**15.**	Undertakings	Information	Mrs T Bullock	Enclosure	1, 2, 3, 5
5 mins	**16.**	Calendar of Business 2024/25	Approval	Mrs C Cotton	Enclosure	
5 mins	**17.**	Board Seminar Programme Update	Assurance	Mrs C Cotton	Enclosure	ALL
12:25	**CLOSING MATTERS**					
5 mins	**18.**	Review of Meeting Effectiveness and Review of Business Cycle	Information	Mr D Wakefield	Enclosure	
	19.	Questions from the Public **Please submit questions in relation to the agenda, by 9.00 am 6th November to** Nicola.hassall@uhnm.nhs.uk	Discussion	Mr D Wakefield	Verbal	
12:30	**DATE AND TIME OF NEXT MEETING**					
	20.	**Wednesday 6th December 2023, 9.30 am, via MS Teams**				

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 4th October 2023 at 9.30 am to 12.10 pm
Via MS Teams

MINUTES OF MEETING

Attended	Apologies / Deputy Sent	Apologies

Voting Members:			A	M	J	J	J	A	O	N	D	J	F	M
Mr D Wakefield	DW	Chairman (Chair)												
Mr P Akid	PA	Non-Executive Director												
Mrs T Bowen	TBo	Non-Executive Director						Obs						
Mrs T Bullock	TB	Chief Executive												
Mr S Evans	SE	Interim Chief Operating Officer	PB	PB	KT				KT					
Prof G Crowe	GC	Non-Executive Director												
Dr L Griffin	LG	Non-Executive Director												
Mr M Oldham	MO	Chief Finance Officer												
Dr M Lewis	ML	Medical Director					ZD	ZD						
Prof K Maddock	KM	Non-Executive Director												
Professor S Toor	ST	Non-Executive Director												
Mrs AM Riley	AR	Chief Nurse												

Non-Voting Members:			A	M	J	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy												
Mrs C Cotton	CC	Associate Director of Corporate Governance	NH											
Mrs A Freeman	AF	Director of Digital Transformation												
Mrs J Haire	JH	Chief People Officer												
Prof A Hassell	AH	Associate Non-Executive Director												
Mrs A Rodwell	AR	Associate Non-Executive Director												
Mrs L Thomson	LT	Director of Communications												
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI												

In Attendance:

Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)
Mrs R Pilling	RP	Head of Patient Experience (item 1)
Mr and Mrs Banaras		Patient Representatives (item 1)
Mrs S Jamieson		Head of Midwifery (item 7)
Dr N Coleman		Responsible Officer (item 13)
Mrs K Thorpe		Deputy Chief Operating Officer (representing Mr Evans)

Members of Staff and Public: 3

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Patient Story**	
131/2023	Mrs Banaras explained that her daughter, Janna, suffered a number of health problems after she was born, including difficulties with feeding which resulted in her being fed with an NG Tube. She explained that after 3 months Janna was transferred to Royal Stoke whereby she was diagnosed with infantile spasms and her health became more complex. Mrs Banaras highlighted some of the difficulties Janna had experienced and described the outstanding care provided to her daughter by Dr Roe and a number of other clinicians. When Jenna reached 1	

	year of age, her health deteriorated further and Mr Banaras explained how supportive the team were at the hospital, in particular providing help in assessing and identifying the need for respite care, whereby he felt the clinicians fought to ensure the family were provided with the necessary support. It was noted that an Advanced Care Pathway was provided for Janna which was helpful in ensuring that any doctor looking after her was aware of the best way to treat and care for her. In addition, it was highlighted that a therapist used to regularly visit the family's home to treat Janna in order to avoid hospital admissions, which also helped to avoid infections. The family welcomed the personalised care provided to Janna and the continued support they were provided with. Mrs Banaras stated that throughout Janna's life she received the best care from staff and explained how the staff went above and beyond in providing exemplary care for Janna. Mr Wakefield queried the impact caring for Janna had on their other daughter and Mrs Banaras explained that whilst it was difficult, she had accepted the situation. Mrs Riley thanked Mr and Mrs Banaras for sharing their story so well given the circumstances and she queried if there was anything the Trust could have done better after Janna's death. Mr Banaras stated that the family would have welcomed the opportunity to properly say thank you to the team afterwards as contact suddenly stopped which was difficult, given the constant support which was there previously. Mrs Bullock thanked Mr and Mrs Banaras for sharing their story and thanked Amy, Lauren and all the staff mentioned by the family, on behalf of the Board, for the care provided to Janna. Ms Bowen referred to the nurses recognising the pressure on the family to care for Janna which resulted in respite care. She queried whether this could have been sought earlier and Mr Banaras stated that Janna's complexities got worse as time went on and as the family adapted this was not obvious at first, and they felt that support was provided at the right time. Mr Banaras stated that an assessment could be made sooner in certain cases which may be helpful to others. Mr Wakefield referred to the resilience and love shown by Mr and Mrs Banaras and welcomed the support provided by the team at UHNM and the way in which treatment was provided at home and the personalised care. He thanked Laura Roe, Lee Abbott, Sarah Thomson, James Chapman, Aswath Kumar, Lauren Ferns and Amy Smith as well as the staff on Ward 216 and Ward 217; Kirsty, Keira, Sue, Chloe, Sam, Becky and Claire. He particularly thanked Amy for her role in making the last moments with Jenna special. Mrs Pilling and Mr and Mrs Banaras left the meeting.	
2.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
132/2023	Mr Wakefield welcomed members to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.	
3.	**Declarations of Interest**	
133/2023		

	There were no declarations of interest raised.	
4.	**Minutes of the Previous Meeting held 2nd August 2023**	
134/2023	The minutes of the meeting held 2nd August 2023 were approved as a true and accurate record.	
5.	**Matters Arising from the Post Meeting Action Log**	
135/2023	PTB/583 – It was highlighted that information had been circulated outside of the meeting and Mr Wakefield suggested that this be covered in part within the Chief Executive's update.	
6.	**Chief Executive's Report – September 2023**	
136/2023	Mrs Bullock asked Mrs Whitehead to provide an update on e-REAF 11453 and she explained that the Trust had previously been able to lock into a fixed price on energy which had been of benefit. Mr Wakefield thanked the Estates Team for the work done to hedge the energy pricing to March 2024. Mrs Bullock highlighted the number of cancellations made due to industrial action although noted the way the strike action was being managed was to minimise cancellations where possible. Dr Griffin referred to the recent publication from NHS England in terms of the strike action impact on heart and cancer patients and Dr Lewis stated that patients were regularly reviewed in terms of assessing their prioritisation. Dr Lewis highlighted that in terms of Martha's rule, it was standard medical practice to provide second opinions. Professor Hassell suggested that staff training be considered, in terms of helping to empower patients to feel confident to ask for a second opinion. **The Trust Board received and noted the report and approved e-REAFs 11529, 11515, 11502, 11453 and 11241.**	
HIGH QUALITY		
7.	**Quality Governance Committee Assurance Report (28-09-23)**	
137/2023	Professor Hassell highlighted the following: • The Get It Right First Time (GIRFT) update highlighted the continued focus on elective recovery with future assurance to be provided by the Clinical Effectiveness Group • The Care Excellence Framework highlighted that although 10 areas had dropped in their rating, this was due to a change in assessment and an increase in expectations as previously outlined at Board. Assurance was provided that wards had been informed of the changes and for those awarded with a bronze rating, a supportive approach was taken to help them tackle the issues identified • A comprehensive update was provided in relation to County Hospital which included areas of both positive and negative assurance • The delays in undertaking harm reviews of long wait patients was highlighted, due to the overwhelming number of patients and as such limited assurance was provided. A further update was to be provided to the Committee in December • A Health and Safety Act Improvement Notice had been received following a	

	Care Quality Commission review of brachytherapy whereby a number of actions had been taken as a result Mr Wakefield referred to capacity constraints which were impacting on GIRFT and the completion of harm reviews and queried whether the Committee was confident that these were being addressed. Professor Hassell stated that assurance could not be provided in relation to the harm reviews until the update was provide in December. Dr Lewis stated that in terms of GIRFT there was a need to embed the use of data within divisions so can be used to set quality improvement programmes and that this was an area of ongoing discussion. He stated that a further update on clinical effectiveness would be provided to a future Quality Governance Committee (QGC) however, noted in this case the capacity constraints were within the divisions. <u>Maternity Dashboard</u> Mrs Jamieson stated that there continued to be challenges in terms of obtaining service user feedback and as such an improvement group had been put in place, working alongside the Maternity and Neonatal Voices Partnership and Local Maternity and Neonatal System (LMNS) specifically looking at postnatal care. Mrs Rodwell welcomed the provision of 1:1 care in labour and queried whether there was an update on staffing levels. Mrs Jamieson explained that achieving 1:1 care was not without challenges and was done via the redeployment of staff to areas of greatest need. Dr Griffin referred to the statement regarding home births which continued to be suspended and queried whether this would be reinstated once the staffing had been recruited to. Mrs Jamieson stated that it was anticipated that full staffing would be in place by the end of October and at that point the service would be considered in terms of it being reinstated. Mr Wakefield referred to a recent Health Service Journal (HSJ) report in relation to inductions of labour, which did not highlight the Trust and Mrs Jamieson stated that this was reassuring noting the Trust had previously identified issues with induction of labour and as such an ongoing improvement programme was in place with support being provided from NHS England. Mrs Riley stated that the common theme in the HSJ article was staffing and that there was unsurprisingly a direct correlation with timeliness of induction. She stated that despite vacancies it was positive that the team were continuing to seek improvements. **The Trust Board received and noted the assurance report and August maternity dashboard.** Mrs Jamieson left the meeting.	
8.	**Stoke on Trent and Staffordshire System Surge Plan 2023/24**	
138/2023	Mrs Thorpe provided an overview of the plan which had been developed as a system. The plan identified a residual bed gap which was contingent on actions being taken which focussed on addressing peak demand. It was noted that there was a bigger gap between October and November than between December and January and this was due to the timing of certain actions coming online. Mrs Thorpe stated that a number of schemes had been put in place to support the medical position which was based on the worst winter modelling (2017/18). An	

	assessment of risks had been undertaken, mitigation identified which included elective protection and ring-fencing of beds. Mr Wakefield highlighted that the case had been scrutinised at the Performance and Finance Committee (PAF) in addition to reviewing the assumptions. Professor Hassell referred to the surge capacity at Royal Stoke and queried if these beds were empty over the summer. Mrs Thorpe stated that the beds were used during the summer but as they are not in the baseline capacity they had to be built into the mitigation. Mrs Bullock stated that the beds had to be counted as escalation capacity, as they were not part of core bed base, despite them having remained full over summer. Professor Maddock referred to the escalation capacity not being available as it was already being used, and how this could impact on the position. Mrs Thorpe stated that the demand modelling was over and above the demand for beds and this had been therefore had been modelled into the pack. Professor Maddock queried if it was expected that there would to be corridor holds as a result and Mrs Bullock reminded board that both Your Next Patient and corridor care were a formal, recognised part of the Trusts escalation processes. Mr Oldham stated that the plan was not affordable and while it had been agreed by PAF, the costs needed to be reviewed to establish whether these could be brought into the overall cost envelope. Professor Crowe queried what the biggest risk was in relation to the assumptions and Mrs Thorpe explained that oversight of plan remained with the Integrated Care Board (ICB), in terms of holding others to account for the actions to be taken and whilst there were inherent risks within the plan, this was no different from any other winter. She stated that as the plan had been developed as a system it had helped to spread the risk across all partners. Dr Griffin queried whether primary care had confirmed their commitment to the plan and Mrs Thorpe stated that work remained ongoing with a number of schemes which would evolve and these would be considered and agreed by all partners. Mr Wakefield highlighted that the plan continued to be considered by other partners and as such it may change but it had been based on the worst winter, with increased demand and mitigations in place. He welcomed the approach to developing the plan as a system. Mrs Rodwell queried when the finances were to be revisited and Mr Oldham stated that the plan was not within current resources, this would need agreement via the double lock, and therefore was hopeful that a solution would be found within budget. **The Trust Board approved the Staffordshire and Stoke on Trent System Surge Plan and noted the risks and mitigations outlined.**	
9.	**UHNM Patient Safety Incident Response Plan (PSIRP)**	
139/2023	Mrs Riley discussed the plan which had been approved by QGC and stated that once approved it would be shared with the ICB. Ms Bowen referred to the reference to the types of investigations which would	

	take place and given the rising number of reported incidents she queried the capacity to be able to properly investigate these. Mrs Riley stated that local incident themes had been reviewed to determine those most relevant. In terms of resource, as the approach had changed the way in which investigations would take place, the existing resource would be able to be utilised highlighted this was a change in process not an additional process. Mrs Rodwell queried whether there were resources to track the implementation of any recommendations and queried where these would be monitored. Mrs Riley stated that the process would create better oversight of learning and the change in process would assist with enabling resources to be focussed on sharing learning. **The Trust Board approved the Patient Safety Incident Response Plan and Plan on a Page.**	
RESOURCES		
10.	**Performance & Finance Committee Assurance Report (26-09-23)**	
140/2023	Dr Griffin highlighted the following: • A good discussion was held in relation to the sustainability update reflecting on the positive progress made, and whilst the ambition was applauded, this was dependant on investment which would be subject to prioritisation against other investments • A positive update was provided on recruitment and retention of overseas nurses • The surge plan was discussed, considering the assumptions, risks and mitigations • Further work was to be undertaken to improve post implementation business case reviews particularly identifying the financial impact and progress made against assumptions **The Trust Board received and noted the assurance report.**	
RESPONSIVE		
11.	**Transformation and People Committee Assurance Report (27-09-23)**	
141/2023	Professor Toor joined the meeting. Professor Maddock highlighted the following: • The Committee welcomed the transformation update from the system regarding population health and reflected on the impact the Trust could make as an anchor organisation • A cyber security penetration test had identified some deficiencies although two of these were to be mitigated by March 2024 and assurance was provided that the Trust did not utilise the system which had caused issues in the Trust in Newcastle upon Tyne • The Trust was subject to an improvement plan in relation to data security training and the Committee queried whether the target date for completing could be forward due to winter pressures • Further updates were to be provided on the strategic workforce plan • Positive assurance was provided in relation to the progress made with Improving Together **The Trust Board received and noted the assurance report.**	

12.	**2023 Workforce Disability Equality Standard Report and Action Plan**	
142/2023	Mrs Haire highlighted the following: • The work being undertaken to support colleagues with disabilities, hidden disabilities and long term conditions • 10 local and national metrics were considered with data for some metrics automatically generated • There had been a positive improvement in representation, equality opportunities and those satisfied with the extent to which the organisation values their work • Key areas for improvement included the percentage of colleagues with a disability reporting harassment from patients, relatives or the public in addition to colleagues reporting that the organisation had put in place reasonable adjustments Mr Wakefield referred to the abuse and harassment from patients and queried whether the work with security team was sufficient. Mrs Haire stated that this was ongoing with security as well as the focus of being kind. Mrs Whitehead added that the security team worked in known hotspot areas to review the control measures in place, and added that training was also important as was learning from incidents and communicating the sanctions taken as a result of investigations. **The Trust Board received and noted the report and action plan.**	
13.	**Appraisal and Revalidation Annual Report**	
143/2023	Dr Coleman highlighted the following: • In terms of deferrals, these were quite high due to doctors not having the appropriate information ready for revalidation which was mostly due to the collation of patient and colleague feedback. It was noted that work was underway to improve the way in which feedback was obtained by patients to make this easier for patients to complete • It was noted that once doctors had been deferred they were issued with a letter from the Responsible Officer which usually resulted in subsequent completion • Improvements to the arrangements for mentorship and supervision of international medical graduates were being considered, in terms of the similar approach taken for international nurses although this would come at a cost. However, the investment would ensure better channels of recruitment and improve the ability to appoint to future consultant posts • No concerns were made in terms of appraisal figures with positive assurance of the quality of appraisals being undertaken Mr Wakefield referred to the costs for international medical graduates and queried if this was not mandated. Dr Coleman stated that costs were approximately £5,000 per doctor as this would require further educational supervision although it was being considered as to whether this could be covered within the postgraduate infrastructure. Professor Hassell stated that the argument for enhancing support for the doctors was compelling and queried whether the Trust had asked the doctors what they wanted and needed. Dr Coleman stated that the anecdotal information from doctors was that they were happy with the input provided. Ms Bowen queried whether the support for doctors could be provided within	

	existing resources and Dr Coleman explained that many doctors were working above 13 PAs and improving the way in which international doctors were recruited and trained would subsequently help with recruitment and reduce the burden. Professor Crowe suggested speaking to Dr Coleman and Dr Lewis in terms of the actions being taken with a further discussion to be considered at the Transformation and People (TAP) Committee. Mrs Bullock advised that this would be taken through the Executive first to consider the potential of a future business case and if agreed this would be taken through the usual governance and prioritisation process. **The Trust Board noted and approved the report.** Mr Coleman left the meeting.	
GOVERNANCE		
14.	**Integrated Performance Report – Month 5**	
144/2023	Mrs Riley highlighted the following in relation to quality and safety performance: • The maternity serious incident was under investigation and the full review and learning would be shared with the Maternity QGC • C-difficile rates were on an upward trajectory reflecting a similar trend across the Midlands. Whilst rates varied, the focus was on reviewing antibiotic usage and a Specialist Nurse was working with teams to identify the root causes. In addition proactive action was being taken to deep clean areas Mr Wakefield recognised the positive work on reducing falls. Ms Bowen referred to incident reporting and queried how these improvements could be sustained particularly over winter. Mrs Riley referred to the objective to reduce avoidable harm which was within the quality strategy and stated that the focus on the driver metrics would help with improvements, which would not stop over winter. Mrs Thorpe highlighted the following in relation to operational performance: • There had been a slight improvement in 12 hour wait and ambulance handover performance, whereas 4 hour performance remained static which was driven by Royal Stoke performance and non-admitted patients • West Midlands Ambulance Service category 2 response times were below the 30 minute target • NHS England regional team had undertaken a pre-winter assurance visit which was well received and constructive • Diagnostics validated performance was 73% and the unvalidated position for August was 67%, although this was expected to increase. The main contributor in not achieving the target continued to be endoscopy performance • In terms of long wait patients, there remained 3 104 week patients for August and 1 patient remaining at the end of September but would be treated week commencing 9th October. There were 183 78 week patients in August and for September this had reduced to 178 which was in line with the target • The focus was moving to 65 week waits, and the areas of risk within the cohort had been identified • The cancer performance reduction trajectory for the 62 / 104 day backlog had been agreed through the Tier 1 meeting • The faster diagnostic standard target of 28 days was 72.6% which was within the regional requirement of 70%	

Mr Wakefield queried if the Trust was on track to meet the A&E target by the end of March 2024 and Mrs Thorpe stated that the performance was slightly off trajectory and therefore being re-profiled and this was to be agreed at the Tier 2 meeting with NHS England.

Mr Wakefield requested assurance whether the 65 week and 78 week patients were prioritised on clinical priority to which Mrs Thorpe confirmed. She stated that patients were categorised according to clinical priority and thereafter long wait patients were treated in order. She added that this was monitored on a weekly basis.

Mr Wakefield referred to the undertakings and queried whether there was anything within them which might not be met. Mrs Thorpe stated that the undertakings were largely in line with what was already being reported and monitored through the Tier 1 and 2 meetings.

Mrs Haire highlighted the following in relation to workforce performance:

- Turnover and vacancies remained positive with a downward trend
- There had been a decrease in sickness absence but this was closely being monitored due to the expected increase in chest, respiratory symptoms and covid
- There had been a slight reduction in PDR compliance and this continued to be a watch metric across Divisions
- National inclusion week took place last month which was well supported
- Black history month was taking place during October
- Long term workforce plan workshops had been held with key leads to identify key areas of focus such as retention and flexible working. In addition, the system was focussing on the workforce plan

Professor Hassell referred to the registered nurse vacancy position of 453.85 which was expected to reduce to 40 and queried whether this was still correct. Mrs Haire stated that the nursing team had been validating the data and this reflected the ward nurses due to be on boarded in October.

Mr Oldham highlighted the following in relation to financial performance:

- The Trust delivered a deficit of £8.8 m against a planned surplus of £2.9 m; the key drivers relating to continued use of escalation capacity, industrial action costs of £3.4 m and being behind on the cost improvement programme (CIP)
- In terms of CIP, the main area was lack of identification of divisional schemes and the stretch target
- Negotiations were ongoing between the Treasury and Department of Health regarding the cost of industrial action although it was not clear how any funding would flow in respect of this. However, if the Trust was to be recompensed it would provide a route to break even
- In terms of the system position, every ICS was in deficit and turnaround directors were starting to be utilised. The local system continued to be challenged and the ICB were expecting a deficit based on continuing healthcare costs and increased prescribing.
- A meeting was to take place with the national team to consider the recovery plan
- Capital spend was above plan due to the plan excluding some costs associated with the car parking scheme, which was expecting to overspend this year but underspend next year and agreement was being sought on this
- The cash position remained on plan

	Mr Wakefield referred to the budget for medical staff and the cost of industrial action and queried whether messages were being relayed by all Chief Finance Officers to national teams in terms of the amount spent. Mrs Bullock stated that the messages were being communicated by Chief Executives, as well from NHS Employers and NHS Providers. Mr Wakefield queried how confident the Trust was that it could improve on CIP performance and Mr Oldham stated that his concern was about the structure of the savings and these being non-recurrent which would prove to be a challenge for 2024/25. Professor Crowe queried if delivering the CIP was owned by Divisions and Mr Oldham confirmed that this was recognised by Divisions, with ongoing monitoring being in place as well as exploring further opportunities. Professor Crowe referred to the need for capacity and capability to be in place to drive transformational change and savings going forward. Professor Crowe referred to productivity savings and whether these were being reviewed. Ms Ashley stated that a paper was provided to PAF and a programme structure for productivity was being developed which she expected to be in place by November. Mrs Rodwell queried how procurement and contracting savings were identified as cost improvements. Mr Oldham explained that there was a programme of work in place and although these did not form part of the divisional savings, there was opportunity to further rationalise products within Divisions. In addition when budgets were set, these provided for inflation. Mr Wakefield summarised that the Trust was overspent, with a number of mitigations required in addition to improving productivity. He stated that whilst all systems were in deficit the Trust needed to be clear that it was as lean and as productive as possible. **The Trust Board received and noted the performance report.**	
CLOSING MATTERS		
15.	**Review of Meeting Effectiveness and Review of Business Cycle**	
145/2023	No further comments were made.	
16.	**Questions from the Public**	
146/2023	There were no questions from the public raised.	
DATE AND TIME OF NEXT MEETING		
17.	**Wednesday 8th November 2023, 9.30 am, Trust Boardroom, Springfield**	

Trust Board (Open)

Post meeting action log as at **02 November 2023**

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either:
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/583	02/08/2023	Chief Executives Update	To circulate the impact of the strike action to Board members for information.	Tracy Bullock	06/09/2023	03/10/2023	Information circulated to Board members.	B

University Hospitals of North Midlands NHS Trust

Chief Executive's Report to the Trust Board

October 2023

Part 1: Contract Awards and Approvals

2.1 Contract Awards and Approvals

Since 14th September to 14th October, 4 contract awards over £1.5 m were made, as follows:

- **Energy Management Procurement Services** supplied by Energy Industries Council, for the period 01.04.24-31.03.25, at a total cost of £18,527,789, approved on 04/10/23
- **Acute Medical Rapid Assessment Unit (AMRA) Same Day Emergency Care (SDEC)** supplied by IHP Vinci Construction, (Capital Bid 6837), at a total cost of £9,404,072, approved on 04/10/23
- **The Supply of Hips and Knees** supplied by Stryker, Smith & Nephew, for the period 31.10.23 – 30.10.26, at a total cost of £6,332,757, providing cost savings of £1,362,206, approved on 04/10/23
- **Spinal implants** supplied by Globus UK Medical, Johnson & Johnson (Depuy Synthes UK), for the period 31.10.23 – 30.10.26, at a total cost of £4,455,579, providing cost savings of £22,412, approved on 04/10/23

In addition, the following eREAFs were approved at the Performance and Finance Committee on 31st October. These require Trust Board approval due to the value:

Same Day Emergency Care (SDEC) Acute Medical Rapid Assessment Unit (AMRAU) – Contract Extension (e-REAF 12649)

Contract Value £1,522,011.13 incl. VAT
Duration Capital Bid 6837
Supplier IHP Vinci Construction

Staff Rostering Software for Medics and Nursing Staff (e-REAF 11556)

Contract Value £1,539,414.67 incl. VAT
Duration 28/11/2023 - 31/03/2026
Supplier Softcat with Allocate as 3rd Party Provider

The Trust Board is asked to approve the above eREAFs.

2.2 Consultant Appointments – October 2023

The following provides a summary of medical staff interviews which have taken place during October 2023:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Clinical Lead for Acute Oncology	Vacancy	TBC	TBC
Locum Neonatal Consultant	Maternity	TBC	TBC
Consultant Neonatologist	New	Yes	TBC
Consultant Vascular Surgeon	Vacancy	Yes	TBC
Locum Consultant Plastic Surgeon	New	Yes	TBC
Consultant Orthopaedic Surgeon specialising in Fragility Fractures	Vacancy	Yes	TBC
Specialist Doctor in Ophthalmology	Vacancy	Yes	TBC

The following provides a summary of medical staff who have joined the Trust during October 2023:

Post Title	Reason for advertising	Start Date
Locum Consultant Bariatric Surgery	Extension	05/10/2023
Consultant Orthopaedic Shoulder and Elbow Surgeon	New	09/10/2023
Locum Consultant Orthopaedic Surgeon	Extension	31/10/2023
Locum Consultant in Restorative Dentistry	Extension	25/10/2023
Imaging Consultant - Neuro Radiologist	New	03/10/2023

The following provides a summary of medical vacancies which closed without applications/candidates during October 2023:

Post Title	Closing date	Note
Locum Neonatal Consultant	09/10/2023	No suitable Applications
Locum Consultant - Winter Pressures	19/10/2023	No applications

2.3 Internal Medical Management Appointments – October 2023

The following table provides a summary of Medical Management interviews which have taken place during October 2023:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Clinical Director - General Medicine	New	Yes	TBC

The following table provides a summary of Medical Management who have joined the Trust during October 2023:

Post Title	Reason for advertising	Start Date
Royal College of Physicians College Tutor	Vacancy	01/10/2023

There were no medical vacancies that closed without applications / candidates during October 2023:

Part 2: Highlight Report

High Quality | Responsive | People | Improving & Innovating | System & Partners | Resources

National / Regional

3.1 Staff Survey

Whilst it remains open until the end of November, I am really pleased with the response rate to the National Staff Survey so far. Whilst our response last year was extremely poor, at half way through the survey we have exceeded the rate achieved last year and this stronger initial uptake is in itself is a positive measure of staff engagement. We are keen to hear as many voices as possible through the survey so that we receive a balanced view and we are taking a range of measures to make this possible.

3.2 Staffordshire and Stoke-on-Trent ICB Chief Executive Officer Appointment

Staffordshire and Stoke-on-Trent ICB have recently been out to recruit for a Chief Executive. Following a recruitment process, it has been confirmed that Peter Axon has been appointed as the substantive Chief Executive for the Staffordshire and Stoke-on-Trent Integrated Care Board.

3.3 Black History Month

October was Black History Month which provided us with an excellent opportunity to raise awareness of our focus on being an inclusive employer. A range of promotional activities were held including showing our support for the 'show racism the red card' campaign. It was great to see so many staff showing their support by wearing red clothing and sharing across Social Media.

In addition, the See ME First initiative was launched on 20th October 2023, aimed at promoting equality and inclusivity. The system led initiative forms part of our commitment to having zero tolerance for any form of discrimination and that anyone who is subjected to racism is supported to speak up and challenge this behaviour in a safe way. We will be asking colleagues to pledge to support anyone that experiences discrimination, by encouraging them to speak up using our BUILD model and safely challenge the behaviour through our speaking up channels. Once they have done this they will receive a See Me First badge to signify they have made this commitment and ensure their support is visible to colleagues.

Awareness over the month also prompted unsolicited feedback from one of our Doctors / Lead Appraisers that they wished to share with me and Matthew, and we wanted to share with the Board:

'I am moved to share some very strongly positive feedback from four International Medical Graduates I have interacted with, through appraisal, over the past two days.

A recently appointed consultant, two specialty (CESR) doctors and a locally employed doctor (LED) all volunteered, without any prompting, that they felt very welcome and extremely well supported at UHNM. Two also stated that they came to Stoke as a result of favourable accounts they had come to hear from others in the region. We have a new (post-pandemic) "Wellbeing" section in the medical appraisal portfolio and, remarkably, all four rated themselves as 10/10 in this regard. Thus, we must surely be doing something right here at UHNM!

In fact, my experience with the four colleagues mentioned above is by no means isolated and I have previously remarked to you, Matthew, that pretty-much all of the IMG doctors I have met over the last twelve months have been similarly complimentary. I felt very proud!'

3.4 Speak Up Month

October was also national 'Speak Up' month, again providing an opportunity to raise awareness of the importance of speaking up where our staff are concerned about something. It has been great to see such a strong social media presence of our 'Wear Green Wednesdays' and our Freedom to Speak Up Guardian, Rob Irving, has taken every opportunity to promote our speaking up service. Rob has undertaken ward / departmental walkabouts with me and other Executive colleagues where we have had some useful conversations with our staff – something that I do very regularly although it was great to have Rob involved this time.

3.5 Sexual Safety Charter

We are taking a proactive and systematic zero-tolerance approach to sexual misconduct and violence and keeping our patients and colleagues safe. Sexual misconduct can happen to anyone anywhere – it is crucial that when our colleagues come to work, they feel safe and supported that is why I have signed the new NHS England sexual safety charter on behalf of UHNM. I hope that by signing up to this charter we send a powerful message to our colleagues and patients that we take their experiences seriously.

As signatories to this charter we commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. We commit to implementing all ten commitments by July 2024.

We have established a Task & Finish Group, chaired by our Chief People Officer to review our policies, processes, support and training for staff with representation from across the organisation.

Data capture is really important to help us have a clearer understanding and in this year's NHS Staff Survey a new question has been included: 'In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.'

NHS England has also established a new network of NHS Domestic Abuse and Sexual Violence leads across the system to help share and promote good practice. We have written to all line managers will be sharing resources and guidance across the Trust over the coming weeks and months.

System Focus

3.6 Operational Pressures

We have experienced significant pressures across our hospitals during October which resulted in us declaring a business continuity incident so that we were able to take a number of quick steps to help improve patient flow and to decongest our Emergency Department, in order to keep our patients safe.

It is becoming increasingly evident that we have patients in our beds that do not need acute care and could likely access other services that either we or our system partners have available. Together as a system we will ensure awareness of these services and how to access them and to support this we are holding two 'Getting to Know You' drop-in sessions at Royal Stoke and County Hospital next month. Further communication will be published over the coming weeks.

Also to assist in ensuring people receive the right care in the right place we commenced a test of change (TOC) on the 23rd October on our Frail Elderly Assessment Unit (FEAU), which aims to redirect appropriate patients to the most suitable service. The vast majority will be redirected to services outside of the acute hospital and discussions to date indicate this is going very well. Phase two of this TOC will see ward 80 in the West Building become nurse and therapy led care, therefore releasing our elderly care physicians to review patients at the front door in assessment areas such as FEAU.

3.7 Executive to Executive Meeting – Mid Cheshire Hospitals NHS Trust

On Wednesday 18th October we held an Executive to Executive meeting with colleagues from Mid Cheshire Hospitals NHS Foundation Trust where we were both able to give an update on where we are in terms of performance, recovery and future direction. Mid Cheshire is part of the government programme to build new hospitals and the new hospital at Leighton will be one of the first to open in the country around 2030. They shared their clinical strategy with us and we now have the opportunity to engage in its development and to understand further potential partnership opportunities with them.

3.8 Chartered Governance Institute of UK and Ireland – Governance Award

It was great to hear news that in partnership with colleagues across the Staffordshire and Stoke-on-Trent ICS, we have been shortlisted for the Governance Project of the Year' at the prestigious Chartered Governance institute of UK & Ireland (CGIUKI) Awards. Each year, the Awards recognise and celebrate excellence in governance and annual reporting, rewarding the work and achievements of companies, teams and individuals from across the governance profession, in the public, charities and private sectors. Fingers crossed and good luck to the collaborative Governance team who are the only NHS entry in this event

Organisational Focus

3.9 Covid 19 and Vaccination Programme

Contributing to our pressure is an increase in cases of Covid-19 and we are now seeing much higher numbers of inpatients with the virus. Combined with other respiratory conditions this is also impacting on sickness absence amongst our staff. Our vaccination programme is underway and we are urging all staff to have both the Flu and Covid-19 vaccination in order to protect themselves, our patients and their families. So far (week 5 of our programme) 3, 196 of our staff have received the flu vaccination and 2, 875 staff have received their Covid-19 vaccination.

3.10 Fundamentals of Medical Leadership and Management

We ran a three day course on the Fundamentals of Medical Leadership and Management during the month. This aims to address gaps in the training and experience of doctors entering clinical management posts and has been mandated for all Clinical Leads and Clinical Directors.

Doctors will be trained in the consultant contract and job planning, dealing with conflict and disputes, finance / contracting / business cases, effective report writing, absence management and hospital operational functions. They will learn about their own particular skills and will develop a network of clinical leaders across the trust to support them in future activities.

Particular thanks go to Sadaf Butt in our People and Organisational Development Team who has contributed in helping to develop this programme.

3.11 Care Quality Commission – IR(ME)R Inspection

I was pleased to receive formal confirmation from the Care Quality Commission on 24th October that they are satisfied with the actions we have taken and are intending to be taken, in response to both of the Improvement Notices issued on 21st August following an IR(ME)R inspection of our brachytherapy department. As such we have been deemed compliant with the notices and the inspection file has now been closed.

3.12 Successful completion of BSI ISO Audit – Clinical Technology Department, Estates, Facilities and PFI Division

Following a BSI surveillance audit in October 2023 our Clinical Technology Department have maintained their ISO13485 2016 standard. The auditors reviewed general and quality procedures and processes and the engineering competence framework. ISO is an internally recognised quality standard and the success of the audit is testament to everyone in the department, the structured way they perform all tasks and the high standards that they collectively achieve.

3.13 New NHS Cleaning Standards and 5* Performance

In June this year our Estates, Facilities and PFI, Nursing and Infection Prevention colleagues worked collaboratively to introduce the new Star Rating system for NHS Cleaning Standards at UHNM. The new Star Rating certificates, displayed in ward and department areas, provide a simple and effective means of providing meaningful information to reassure patients, the public, department and clinical leads and staff about cleaning standards achieved through audit and displaying overall cleanliness results is an important part of the audit process.

In the four months of audit since its introduction in June it has been fantastic to see that 151 areas have achieved a 5* rating. The audit process for the new Cleaning Standards is rigorous and achieving 5* is by no means easy, nor is sustaining it. We have been impressed by the commitment of all to deliver improvements where needed. A good example of this is the Super Clean Day held on Friday, 20th October 2023 and the hard work and dedication of all observed on the day to improve the cleanliness of our bed stock across the Trust.

Quality Governance Committee Chair's Highlight Report to Board

2nd November 2023

1. Highlight Report

! Matters of Concern of Key Risks to Escalate

For information:

- National shortage of learning disability specialists and this is exacerbated within Stoke on Trent and Staffordshire due to the number of individuals requiring support
- Preparation of statements for the purposes of court are taking a considerable amount of time within the Safeguarding Team
- Quality of some Deprivation of Liberty Safeguard referrals although there is now expertise within the corporate team to support improvements and training has also been revised
- Above upper limit for C Difficile infection and sepsis screening compliance is variable although Covid numbers have seen an increase and flu has begun to rise with a peak in respiratory virus also being seen; vaccination programme underway through roving teams and clinics
- Midwifery staffing was the cause delays in triage within maternity service although it was confirmed that staffing had improved with the vacancy rate reduced to 21.53% and no harm had been identified
- Use of eye protection / visors identified as a concern through a nosocomial mortality review
- Children awaiting tier 4 placements linked to the year on year increase in referrals; discussions ongoing with commissioners
- Concern regarding decline in performance regarding Duty of Candour despite improvement
- Learning from litigation processes at a divisional level; plans to be developed around how to ensure this can be acted upon
- Priority 3 'prevent avoidable delay' in the Quality Strategy is the most challenged / less progressed area
- Quality and Safety Oversight Group identified concerns regarding potential under reporting of nutrition related incidents and a single sex accommodation breach – both with plans agreed to address

Major Actions Commissioned / Work Underway

- Further progress has been made with implementation of Oliver McGowan training which is now just over 80% although there is a need to focus on level 2 training which will require a cost associated with this and a need to identify cascade trainers
- Ensure governance structure for mental health and learning disabilities is accurately described
- Subject matter expects to consider how compliance with safeguarding training can be improved
- Improvement actions remain underway relating to the mental health CQC section notice
- Dedicated C Difficile nurse in post who sees all patients as well as providing education and support as well as being part of a multidisciplinary team meeting, in addition a deep dive has been undertaken which identified antibiotic use in urine infection as a common cause – task group identified and working through a broad range of actions
- Sepsis team have been working very closely with the Emergency Department to provide support
- Fetal heart monitoring training to be formalised as essential to role training for applicable staff
- Further detail to be provided for those cases where concerns with quality of care were identified within mortality reviews; this will form part of the quarterly report going forward
- Emergency Department taking actions to improve the response rate to the Family and Friends Test
- A systematic approach to triangulation of lessons learning from a range of sources, with consideration being given to digitalisation and how it is shared, acted upon and monitored
- Work to be undertaken on BAF 9 Research and Innovation as it was recognised that the assurance plan is under developed and the focus needs to be more strategic – work is ongoing to address this

✓ Positive Assurances to Provide

- Excellent progress made with training on mental health awareness which is now almost at the target level
- Child Protection Information Sharing achieved 100% compliance in quarter 3
- There were no MRSA bacteraemia reported during quarter 2
- Back to basics bed cleaning day held with engagement from wards and departments
- Ribotyping very helpful in C Difficile cases to identify commonality in strains and this will continue to be utilised (whilst recognising a cost implication)
- PRactical Obstetric Multi-Professional Training *(PROMPT)* within maternity on target to be compliant for the CNST assessment and significant progress has been made towards fetal heart monitoring training compliance and a system is in place to book staff on proactively
- Increased reporting of adverse incidents with no harm and near miss – positive culture, no never events reported during September
- Improvement seen in completion of timely observations although further work ongoing
- No outstanding patient safety alerts (linked to NHS Oversight Framework)
- Lots of progress made against the Quality Strategy, with particular highlights being around international recruitment and pastoral support
- 100% compliance with the perinatal mortality review tool identified
- Mortality rates remain within the expected range and VTE compliance above target

Decisions Made

- BAF 1 specifically in relation to the risk score, trajectory and assurance rating were approved although it was suggested to include risk appetite / tolerance within the risk summary

Comments on the Effectiveness of the Meeting

- Observation that lots of the papers contain historical information and a separate discussion will take place around this
- Very high quality reports – far better than previously seen, also presented very well leaving sufficient time for discussion

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Vulnerable Patients (Mental Health, Dementia/Learning Disabilities and Autism) Annual Report 2022-2023	BAF 1	Ext 16	! ✓	Assurance	7.	Annual Mortality Assurance Report	BAF 1	Ext 16	! ✓	Assurance
2.	Safeguarding Children Annual Report 2022-23	BAF 1	Ext 16	! ✓	Assurance	8.	Quality Performance Report – Month 6 23/24	BAF 1	Ext 16	! ✓	Assurance
3.	Safeguarding Adults Annual Report 2022-23	BAF 1	Ext 16	!	Assurance	9.	Legal Services Annual Litigation & Inquest Report			!	Assurance
4.	Infection Prevention Report Q2 23/24	BAF 1	Ext 16	! ✓	Assurance	10.	UHNM Quality Strategy 2022 – 2025 Year 2 Progress Report	BAF 1	Ext 16	! ✓	Assurance
5.	Nurse Staffing Establishment Review	BAF1/ 2	Ext 16	-	Assurance	11.	Board Assurance Framework Q2 23/24	ALL		-	Approval
6.	Maternity Dashboard: September 2023	BAF 1	ID13420 ID11518 ID13419 ID15993 ID16432	! ✓	Assurance	12.	Quality & Safety Oversight Group Highlight Report	BAF 1	Ext 16	!	Assurance

3. 2023 / 24 Attendance Matrix

No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Prof A Hassell	Associate Non-Executive Director (Chair)	KM											
2.	Mr S Evans	Chief Operating Officer	PB											
3.	Prof K Maddock	Non-Executive Director												
4.	Mr J Maxwell	Head of Quality, Safety & Compliance												
5.	Dr M Lewis	Medical Director				ZD		AMM						
6.	Mrs AM Riley	Chief Nurse	JHo			JHo	JHo		FH					
7.	Mrs C Cotton	Associate Director of Corporate Governance			NH	NH		CC						
8.	Prof S Toor	Non-Executive Director												
9.	Mrs J Haire	Chief People Officer				KM								

Attended | **Apologies & Deputy Sent** | **Apologies**

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	September Maternity Dashboard: 2023	**Agenda Item:**	7B
Author:	Sarah Jamieson - Director of Midwifery Jill Whitaker – Deputy Director of Midwifery - Governance		
Executive Lead:	Ann-Marie Riley – Chief Nurse		

Purpose of Report

Information	✓	**Approval**		**Assurance**	✓	**Assurance Papers only:**	**Is the assurance positive / negative / both?**		
							Positive		**Negative**

Alignment with our Strategic Priorities

High Quality	✓	**People**	✓	**Systems & Partners**	✓
Responsive	✓	**Improving & Innovating**	✓	**Resources**	✓

Risk Register Mapping

ID	Title	Risk level
13420	Lack of activity at Freestanding Midwifery Birth Unit (FMBU), County leading to suspension of intrapartum care	15
11518	No current operational Midwifery Continuity of Care team	15
13419	Midwifery safe staffing (entered following Birth Rate Plus establishment review 2019) Midwife to Birth ratio 2019 = 1:28 Midwife to Birth ratio 2021 = 1:26-1:25 due to fall in Birth Rate from 2019. Risk remained an item due to Covid related workforce challenges and acuity of patients 2020-2021 Risk details suspension of home births as an action	16
15993	Maternity Assessment Unit Triage	15
16432	COVID 19 & compliance with CNST maternity safety actions	15

Executive Summary

Situation

The September Maternity Dashboard report provides an overview of the Maternity performance for September 2023

Background

The Maternity incentive scheme- year 5 requires evidence that a monthly review of maternity and neonatal quality is undertaken by the Trust Board using a minimum data set.
The measures within the dataset are included below and within the addition information provided.

Based on the CQC report released 23.6.23, UHNM Maternity is rated " requires improvement"

Though not part of the maternity support programme, UHNM is part of SMOAG (System Maternity Oversight Assurance Group) which provides support and guidance.

Assessment

- Midwifery staffing continues to be a challenge but is improving gradually.
- CNST training is on target.
- Work continues to meet CNST targets
- Work continues to improve maternity triage times

University Hospitals of North Midlands NHS Trust

Maternity monthly dashboard

9/10/2023

1. Introduction

The Maternity incentivisation scheme-year 5 requires :

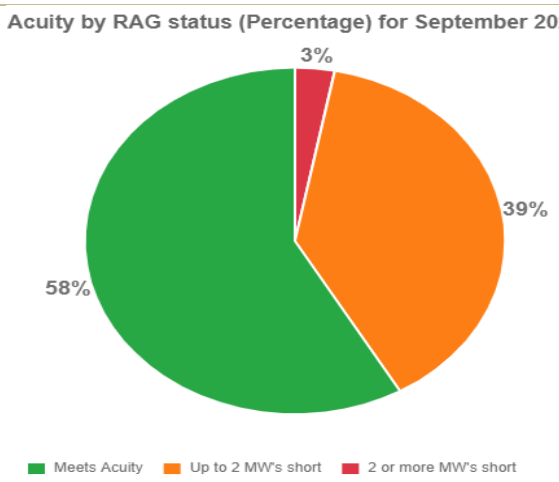
- Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues
- Evidence that a monthly review of maternity and neonatal quality is undertaken by the Trust Board, using a minimum data set.

Minimal data set

Findings of review of all perinatal deaths using the real time data monitoring tool
Findings of review all cases eligible for referral to HSIB.
Report on: • The number of incidents logged graded as moderate or above and what actions are being taken • Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training • Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.
Service User Voice feedback
Staff feedback from frontline champions and walk-abouts
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust
Coroner Reg 28 made directly to Trust
Progress in achievement of CNST 10

Midwifery staffing

The Birthrate plus data for September confirms that all women received one to one care in labour and there were no delays in pain relief. The delivery suite coordinator remained supernumerary throughout.
Positive acuity was achieved for 58% of the month. 39% of the month was up to 2 midwives short to meet the acuity on the ward and 3 % of the month there were 2 or more midwives short.



There has been a steady improvement in the positive acuity on the delivery suite, as represented below.

Month-2023	Green acuity	Amber acuity	Red acuity	Supernumerary coordinator	One to one care in labour
April	54%	38%	8%	100%	100%
May	57%	37%	7%	100%	100%
June	49%	47%	4%	100%	100%
July	50%	41%	9%	100%	100%
August	55%	40%	5%	100%	100%
September	58%	39%	3%	100%	100%

Medical staffing cover on the delivery suite has been maintained.

7 days a week with a Senior Registrar. Junior Registrar and SHO/F2
We have Consultant presence Monday – Friday - 0830-2200
We have consultant presence Saturdays and Sunday – 0830-1700
We have a Consultant non-resident on-call who take over from the end of the presence shifts.

Training

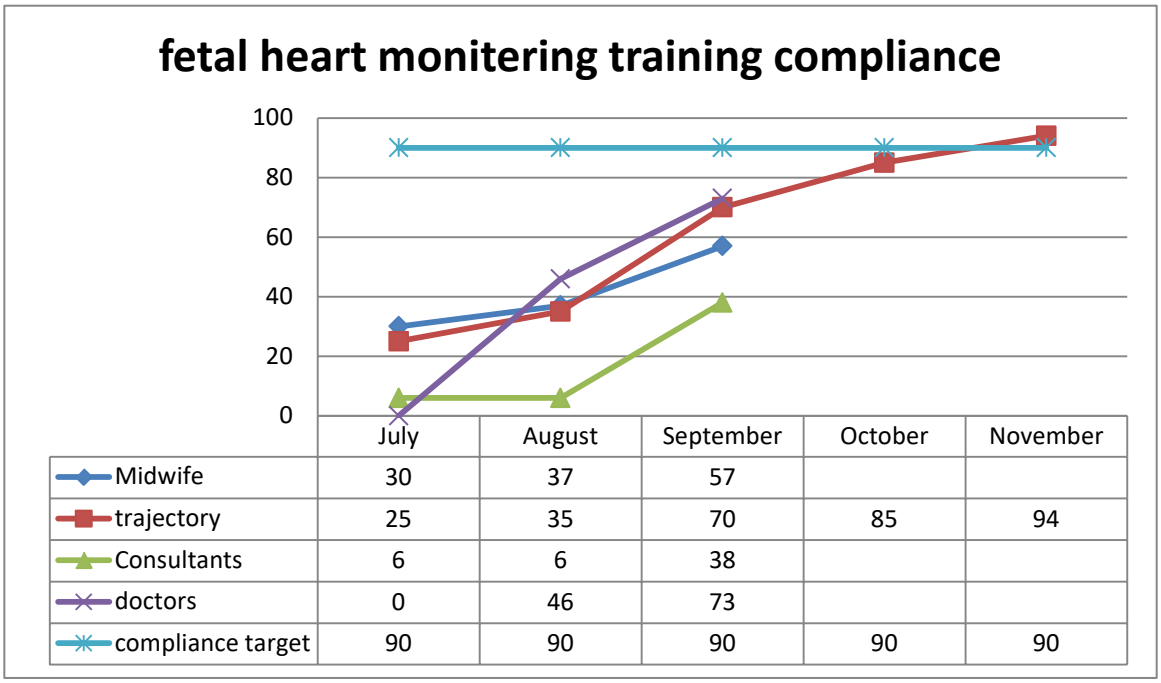
Prompt training continues with 89% of midwives and 90% of medical staff now compliant. Anaesthetic staff is now at 71%. Support staff compliance has risen 80%.

(OCTOBER 2022 – NOVEMBER 2023 inclusive – compliance)

	Doctors	Obs consultants	Obs trainees	Anaesthetist	Anaes consultants	Anaes trainees	Midwives/Bank	CSW	TOTAL
*Total number staff minus sick/maternity	63	17	46	48	27	21	286	105	502
Staff trained (inc PROMPT Trainers)	57	15	42	40	25	15	257	85	439
*Current compliance September 23	90%	88%	91%	83%	92%	71%	89%	80%	87%
90% Staff to train to be 100% compliant	57	16	41	44	24	19	258	95	451
Staff outstanding to train (within 90% figures)	0	1	0	4	0	4	1	10	20

Fetal monitoring training is a priority; the current compliance has reduced because 2022 training is now for renewal.
The current position is Consultants 38%, Doctors 73% and Midwives 57%.
We have a planned trajectory which will be monitored by the training team and the weekly CQC progress meeting.

Fetal heart monitoring training trajectory.



	July	August	September	October	November
Midwife	30	37	57		
trajectory	25	35	70	85	94
Consultants	6	6	38		
doctors	0	46	73		
compliance target	90	90	90	90	90

3rd October 2023 the current position is 68% overall

Maternity Assessment unit.
In September 1487 women were seen in the maternity assessment unit (MAU) of which 304 were not seen by the midwife within the required 15 minutes, this gives a percentage of 20% who breached guidance.
There were no adverse outcomes for those who breached.
We continue to monitor and review the breaches on a daily basis within our safety huddle. Work continues to reinforce the midwifery and medical escalation policy.

Induction of labour.
We continue to monitor and audit the induction of labour process, in particular breaches against current guidelines.
In September there were 21 beaches against guidance, this is a reduction from the previous month which was 27. This is out of a total of 240 women booked for induction of labour in September. This is a percentage 88% were induced within guidance.

There were no adverse outcomes from the cases that breached guidance for induction of labour.

PMRT
100% of PMRT were completed within 2 months of deaths.

Serious/Moderate harm incidents
There were no serious or moderate harm events in maternity in September

There have been no Coroners regulation 28 in September
There have been no HSIB referrals in September

Smoking in pregnancy

Smoking at booking has increased from 10.05% to 11.33% in September, it is reassuring to note that the rate of women smoking at the time of birth is 8.79%

Progress against CNST10

Perinatal review tool	Maternity service data set	Transitional care service	Clinical workforce	Midwifery workforce	Saving babies lives V2.0	Maternity services Partnership	Training	Trust Safety Champions	HSIB

Complaints

There were 4 Maternity complaints raised in September, 2 were around communication. 2 were related to pain management post caesarean section. Whilst these complaints will be answered directly by the areas and individuals concerned, the issues raised in regards to pain medication will feature in the planned postnatal care improvement group.
As an immediate action for this the ward managers are reminding staff of the importance of regular pain relief in the daily safety huddle.

Service user feedback.

The response rate to the friends and family test is poor and it is recognised that there is a need to improve this.

We have established a task and finish group to review options and monitor compliance on a monthly basis. The suggestions so far include.

1. Antenatal Education: Begin the feedback process early by providing parents with information about the importance of feedback during antenatal classes.
2. Online Feedback Portal: A dedicated online platform where women, birthing people and their families can easily submit feedback regarding their maternity care experiences.
   My pregnancy notes – promote my pregnancy notes
   QR Code in all maternity areas.
   Pull up banner in reception with QR – Friends and Family Pull up Banner.
3. Paper Feedback Forms: Offer paper based feedback forms in maternity wards and clinics for those who may prefer traditional methods or have limited access to the internet.
4. Mobile apps: Develop a mobile app specifically designed for women and families to provide feedback, track appointments and access relevant information.
   My pregnancy notes or an app specific to feedback.
5. In Person Interviews: Staff to conduct in- person interviews within maternity patients and their families after birth and during the postnatal period.
6. Regular Surveys: Send our regular surveys via email or text messages to maternity patients after all appointments, hospital admissions and parent craft classes.
7. Feedback workshops: Focus groups for expectant parents to discuss their expectations, concerns and experiences in a supportive environment. MNVP collaborative working.
8. MNVP: MNVP champions to engage with expectant parents to address their questions and concerns and to collect feedback.
9. Anonymous Feedback Options: Ensure there is an option for families to provide feedback anonymously if they wish.
10. Multilingual Support: Make sure that feedback forms and materials are available in multiple languages.

The following message was received by the MNVP on September 28th

It is not easy to express how grateful I am for your care and expertise that enabled our new baby boy, Fredrick Wilson Harris " Freddie" to be brought into the world following 16 hours of labour and lots of patience from the

staff involved……
The calm nature and reassurance from all the staff was constant and allowed my wife and I to feel more confident about the delivery even when it did not go to plan
The nature of the job amazed me because the work is absolutely relentless, at times the nurses and midwives would have to work through their break times in order to carry out the care during key parts of labour and birth process…….Our son was delivered safely and cared for by experts and continues to be safe and well as a result of the care that he received……

Key Recommendations

- The Trust Board is asked to receive this report.

Performance and Finance Committee Chair's Highlight Report to Board

31st October 2023

1. Highlight Report

! Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
For information: • A slightly improved month, the Trust delivered a deficit of £7.2 m at month 6, against a planned surplus of £3.1 m. This was largely driven by an allocation of wage award for medical staffing as well as underperformance of cost improvement savings, impact of industrial action and winter capacity remaining open • Whilst cumulative agency expenditure was below the 3.7% target, for the first six months of 23/24 agency expenditure was above target at 4.8% • Capital expenditure was £2.9 m below plan and the rephrased plan was described in addition to the main risks to the plan which included PDC funding, unforeseen major items requiring expenditure, the system position and IFRS16 • The system recovery plan identified a potential unmitigated deficit of £141 m driven by continuing healthcare, inflation and prescribing costs with actions focussed on seven themes. The timescales, targets and rationale for the plan were considered and discussed. • Month 6 operational performance highlighted that the Trust was performing above the regional median for Urgent and Emergency Care, with the exception of four hour performance. It was noted that in terms of progress against the winter plan, October and November were expected to be most challenged due to the phasing of interventions the majority of which were not due to take effect until November / December. • BAF risk 8 – financial sustainability had increased in risk score for Quarter 2, from High 9 to High 12	• To provide the system recovery plan to the Trust Board for information • To confirm the 78 week position and progress against the 103% target • To strengthen the neonatal business case to include an appraisal against a do nothing option including potential financial/quality implications • To continue to improve upon the process to obtain timely business case reviews at future Committees • To provide an updated EPRR core standards assurance paper to the Trust Board following review of evidence from the ICB and NHS England • To continue with the implementation of the improvement requirements identified after the NHS England review into Endoscopy
✓ Positive Assurances to Provide	**Decisions Made**
• In terms of planned care performance incremental improvements had been made, although despite a predicted zero 104 week wait position, the final patient to be treated chose to rebook to November. • Improvements to cancer performance were highlighted although progress was lower than anticipated • The Board Assurance Framework for Quarter 2 was presented which highlighted static risk scores for BAF 5 – Responsive Patient Care at Extreme 20 and BAF 7 –Fit for Purpose Estate at High 12.	• The Committee supported the business case BC0538 for recurrent investment for workforce in neonatal services but suggested that the case be amended before being submitted to the system for consideration • The Committee approved e-REAFs 11255, 12665, 12685, 12649, 11556, and 12746. In addition two non-purchase orders were approved 10150634 and I0106558 • The Committee approved the Quarter 2 Board Assurance Framework which would be presented to the Trust Board for further consideration
Comments on the Effectiveness of the Meeting	
• The Committee welcomed time provided to discuss the system recovery plan whilst noting further assurances were required, and whilst the Committee supported the business case for investment there was a need for the Division to ensure it was on track with its cost improvement savings. The Committee welcomed the change in order of the agenda	

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Finance Report – Month 6 2023/24 • Capital Plan Re-Phasing	BAF 8	High 12	!	Assurance	6.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure	-		-	Approval
2.	System Recovery Programme	BAF 8	High 12	!	Assurance	7.	Executive Infrastructure Group Highlight Report	BAF 7, 8	High 12	-	Assurance
3.	Performance Report – Month 6 2023/24	BAF 1/5	Ext 16 / Ext 20	! ✓	Assurance	8.	EPRR Core Standards Assurance	-		-	Assurance
4.	BC-0538 Additional Recurrent Investment in the Medical, ANNP and AHP Workforce in Neonatal Services	BAF 2	ID28655 ID29167	-	Approval	9.	NHSE Endoscopy Visit Feedback	BAF 1/5	Ext 16 / Ext 20	-	Assurance
5.	Business Case Review Update	BAF 8	High 12	-	Assurance	10.	Quarter 2, 2023/24 Board Assurance Framework (BAF)	All		! ✓	Approval

3. 2023 / 24 Attendance Matrix

No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Dr L Griffin (Chair)	Non-Executive Director												
2.	Mr P Akid	Non-Executive Director												
3.	Ms H Ashley	Director of Strategy												
4.	Ms T Bowen	Non-Executive Director			Chair									
5.	Mrs T Bullock	Chief Executive												
6.	Mr S Evans	Interim Chief Operating Officer	PB	KT	KT/OW	KT			OW					
7.	Mrs C Cotton	Associate Director of Corporate Governance		NH	NH	NH		NH	NH					
8.	Mr M Oldham	Chief Finance Officer												
9.	Mrs S Preston	Strategic Director of Finance												
10.	Mrs A Rodwell	Associate Non-Executive Director												
11.	Mr J Tringham	Director of Operational Finance												

Attended | **Apologies & Deputy Sent** | **Apologies**

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	System Recovery Programme	**Agenda Item:**	9.
Author:	Mark Oldham / ICB CFO's		
Executive Lead:	Mark Oldham		

Purpose of Report

Information	✓	**Approval**		**Assurance**		**Assurance Papers only:**	**Is the assurance positive / negative / both?**	
							Positive	**Negative**

Alignment with our Strategic Priorities

High Quality	✓	People		Systems & Partners	✓
Responsive		Improving & Innovating		Resources	✓

Risk Register Mapping

BAF 8	*Financial Sustainability*	*12 (High)*

Executive Summary

Situation

- The enclosed paper details the system response and action plan to address the deteriorating financial forecast across the ICB position. It has been produced through collaboration with System Partners and is progressing through organisational governance processes to gain support for the actions being taken and ensure all partners play their respective parts

Background

- Whilst the Staffordshire and Stoke on Trent Heath System has delivered consistent financial balance over the last few years the financial climate has changed as we have emerged out of Covid. The financial plan submitted at the beginning of the financial year was to breakeven but contained significant risks not least of all a Cost Improvement Programme in the region of 6% along with conservative assumptions around inflation and key risks such as industrial action.
- The collective system forecast for 2023/24 taking into account financial performance to date is now expected to reach circa £141 m unmitigated. Of this position £24 m relates to the do nothing forecast for UHNM and recovery actions that create a route to break even for UHNM have been identified, which includes assumptions around funding to offset the impact of strike action.
- Whilst MPFT and Combined Healthcare are expecting to breakeven, this leaves a significant variance at the ICB driven by continuing healthcare and prescribing costs.

Assessment

- The enclosed recovery programme concludes that the key area of focus needs to be continuing health care costs where benchmarking for similar populations suggests a circa £100 m higher cost than similar systems

Key Recommendations

The Trust Board is asked to note the report and the Trusts commitment to the actions detailed.

Staffordshire and Stoke-on-Trent Integrated Care System

System Recovery Programme

v10 – 6th October 2023

Contents

Click on the circles to jump to that page.

Appendices

Click on the boxes to jump to that page.

Executive Summary

- The system has **achieved financial balance for the last three financial years**. Two of these were during the COVID19 period when there was more money, and so the task of achieving financial balance was much more straightforward. In the year to March 2023 however, financial challenges returned, and it was only due to the close system working that took place, that we were able to land balanced positions for all system partners, something that many systems were unable to do.
- Going into 2023/24 we knew that the **financial challenges** would be immense. In the previous year, we had been able to utilise reserves that we had accumulated and so we had a significant amount of non-recurrent support, that we used to prop up the position. However, as we approached the current financial year, we signalled a significant gap that needed to be addressed.
- After much conversation and thought, we decided to plan for a break-even position in 2023/24, recognising that it is our statutory duty to do so. In agreeing to this plan, we signalled clearly to all parties that it would require a best-case outcome across a range of assumptions.
- Unfortunately, that best case scenario has not played out. Most significantly, we have seen **excess inflation** (inflation above that funded through allocations) of £50m. We've also seen the continuation of the trend of recent years where patients requiring **Continuing Health Care (CHC) has grown markedly**. In addition, there have been unforeseen costs of **industrial action** and further pressures on the acute and mental health care sector. These pressures are mirrored within the local authorities who are also experiencing financial challenge.
- This document sets out that without further action, **the NHS partners in the system face a deficit of £141m.**
- However, the likelihood of a financial deficit was recognised immediately after the plan was agreed, and the system has now held two events where we've come together to look at options for approving the position.
- At the most recent of these system conversations held on 14th July, we agreed to the need to focus on **CHC and our over 75 population in particular.**

Executive Summary (2 of 2)

- We agreed **seven key themes** to focus our efforts on, with the goal of improving the care pathway for patients over 75 and those requiring CHC, because the evidence shows that the higher levels of intervention are not only costing more, they're leading to the deterioration in the outcome for many of these patients. We have agreed a set of enablers covering clinical leadership, digital, people and governance.
- We've spent the summer working on the **detailed projects** to underpin this approach. Collectively these projects improve the care pathway for people aged over 75, with the aim that many more people receive that care outside of the acute setting, and without the need for ongoing continuing healthcare. We have set ourselves the target to save £100m from CHC in a full year, which if achieved would mean that we spend closer to the average across the region. However, there is long lead in time before we see that full year effect, and unfortunately it is too late for this to eliminate the outstanding projected deficit that we face.
- This **recovery programme will impact positively** on the financial position in 2023/24 and beyond. It will reduce the 2023/24 projected deficit down from the forecast £141m – we will be agreeing a position with Regulators in the next few weeks – and it will have gone a significant way in terms of addressing our underlying problem and gives us a fighting chance of developing a better financial plan for next year.
- We plan to deliver these improvements through our developing **provider collaborative arrangements**. The system has agreed to come together to work across the care pathway, and so the provider collaborative is the ideal vehicle.
- We have considered **a range of other measures** that would save money, but these have been discounted since they would harm patient safety or compromise delivery of statutory services
- Our immediate focus now is to assure that we **deliver our projects at pace**. Once the recovery is underway, we will start the next stage of planning to address the remaining gap that we face for 2024/25 and beyond.
- This projection would mean a significant breach of our statutory duty to break even and so the position and the planned recovery is being discussed with Regional and National colleagues.

Financial context and why we need a Recovery Programme

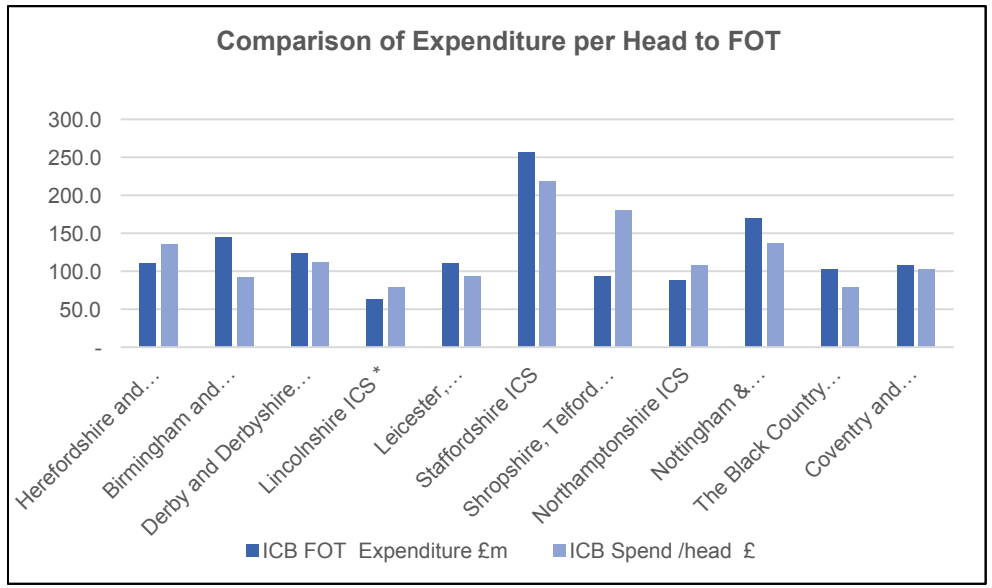
Throughout the planning round for 2023/24 a material level of financial risk was flagged

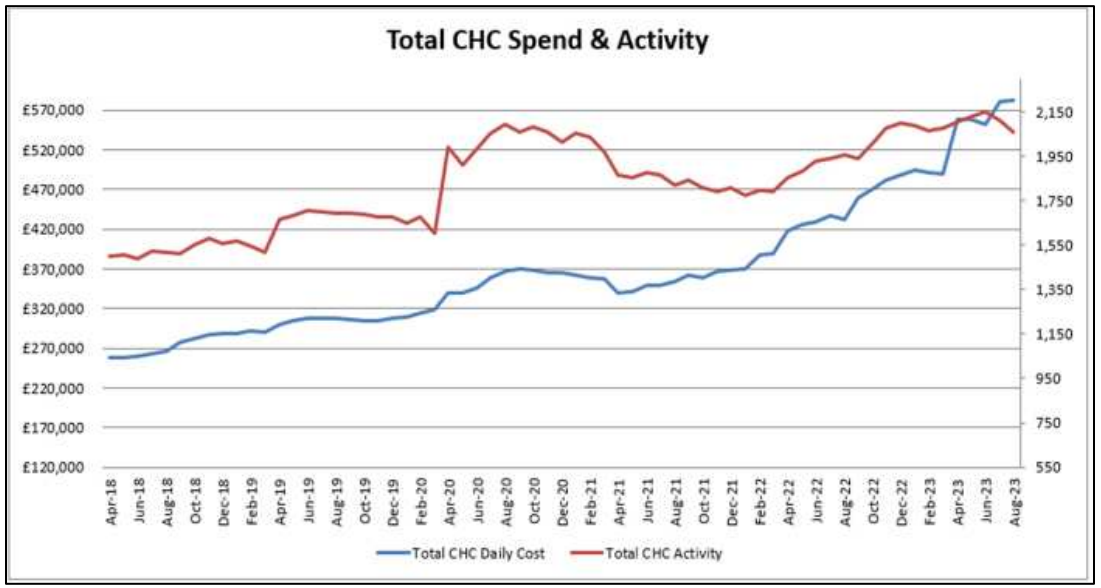
- As a system we agreed to plan for a break-even position in 2023/24, recognising that it is our statutory duty to do so. In agreeing to this plan, we signalled clearly to all parties that it would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out.
- Most significantly, we have seen
  - excess inflation within continuing healthcare (CHC) and prescribing of £50m.
  - the continuation of the trend of recent years where patients requiring CHC has grown markedly and with more complex packages being assessed. These pressures are mirrored within the local authorities who are also experiencing financial challenge.
  - there have been unforeseen costs of industrial action and further pressures on the acute and mental health care sector. Due to the Urgent and Emergency Care (UEC) pressures we have been unable to close the "Winter" escalation beds in line with plan.
- This is detailed in the The Financial Context and Rationale section.

We have concluded that without further action, the NHS partners in the system face a collective deficit of £141m for 2023/24, coupled with a deterioration in our underlying position (ULP) to £237.7m.

- However, the likelihood of a financial deficit was recognised immediately after the plan was agreed, and the system has now held two events where we have come together to look at options for approving the position.
- Our analysis demonstrates that we have a strong grip on our cost base. We need to retain this grip and control, but this alone will not return us to financial sustainability because we are not taking the cash out savings that we need, whilst we are also incurring the unbudgeted costs of excess inflation and growth in the costs of CHC and prescribing.
- A robust programme management approach is required to ensure we deliver at a rapid pace and to provide assurance to our Statutory Boards, the Integrated Care Partnership (ICP) and to our Regulators with respect to our collective grip and control in terms of recovery.

Continuing Health Care Context: The system is a major outlier in terms of the costs we incur on CHC





- The graphs above show our current position at Month 5 on CHC spend. As at month 5 the full year forecast spend is circa £256m before the actions set out in the recovery plan. This has increased from £196m in 2022/23.
- The system was a high spender on CHC before COVID.
- During COVID costs increased but were covered by the Hospital Discharge Fund.
- Since COVID costs have continued to rise from this high base, even faster than other systems. We think that there are two major factors in this:
  1. The market, particularly in the city of Stoke-on-Trent, is constrained and this has allowed Care Homes to rise prices faster
  2. The arm's length nature of the Midlands and Lancashire Commissioning Support Unit (MLCSU) means that the assessors have no 'skin in the game'. There is always pressure from patients, relatives and staff to discharge patients to the best CHC packages, and this has fuelled some of the local cost growth we have seen
- All this has led to a situation where the system is a major outlier in terms of costs, with pathways that in some cases lead to patients losing functionality and independence. There is clearly the chance to improve patient's lives and reduce cost at the same time.
- Further detail is provided in the CHC Analysis of Forecast Expenditure and Case Mix section.

Population Context: Our over 75's population

- Population Health Management analysis suggests higher use of resource by our over 75 population when looking at attendances, admissions, re-admissions and length of stay. The evidence shows that the higher levels of intervention are not only costing more, but they are also not leading to the best outcome for many of these patients.

The over 75s are 10% of the total local population (120,026) but account for 21% of A&E attendances

Nearly half of over 75s A&E attends convert to an admission

32,898 have had at least 1 ED Attendance in last 12 months

18,246 have had at least 1 non-elective admission in the last 12 months

By 2043 the population is estimated to grow in the 65-79 age group by 14% and in the 80+ age group by 64%.

Admissions

Highest rates of admission from

1. nursing home residents (732 per 1000 residents)
2. followed by the housebound (700 per 1000 residents)
3. then residential home residents (637 per 1000 residents)

- Men living in these settings are more likely to be admitted than women

Common reasons for admission

- Urinary Tract Infection (UTI)
- Pneumonia/Lower respiratory tract infection /COVID/ Exacerbation of COPD
- Acute Kidney Injury (AKI)
- Tendency to fall
- Fractured neck of femur

- Risk of emergency admission increases with age, male sex and multimorbidity

Re-Admissions

Rates of readmission were

- highest in housebound
- then by nursing home residents

- Re-admissions are higher in those with multiple co-morbidities and men with multiple co-morbidities

Common reasons for re-admission

- UTI
- COVID/pneumonia/exacerbation of COPD/Lower respiratory tract infection (LRTI)
- AKI
- Falls
- Cellulitis

- Risk of readmission increased with age, male sex, multimorbidity

Length of Stay

A number of clinical conditions increased the risk of having a prolonged length of stay (LoS)

This is regardless of the reason for the admission.

Increases in LoS

- Palliative care - 5.8 day increase
- Epilepsy - 4.6 day increase
- Osteoporosis - 2.4 day increase
- Congestive heart failure - 2.1 day increase

Chronic Conditions

- Diagnosis of epilepsy 2.4 times more likely to have an emergency admission for any reason (not necessarily related to their epilepsy)

- Patients who had a combination of multiple comorbidities and stroke were 4 times more likely to have emergency admissions
  - Congestive Heart Failure (3.3x)
  - Epilepsy (3.0x)
  - Peripheral arterial disease (2.7x)

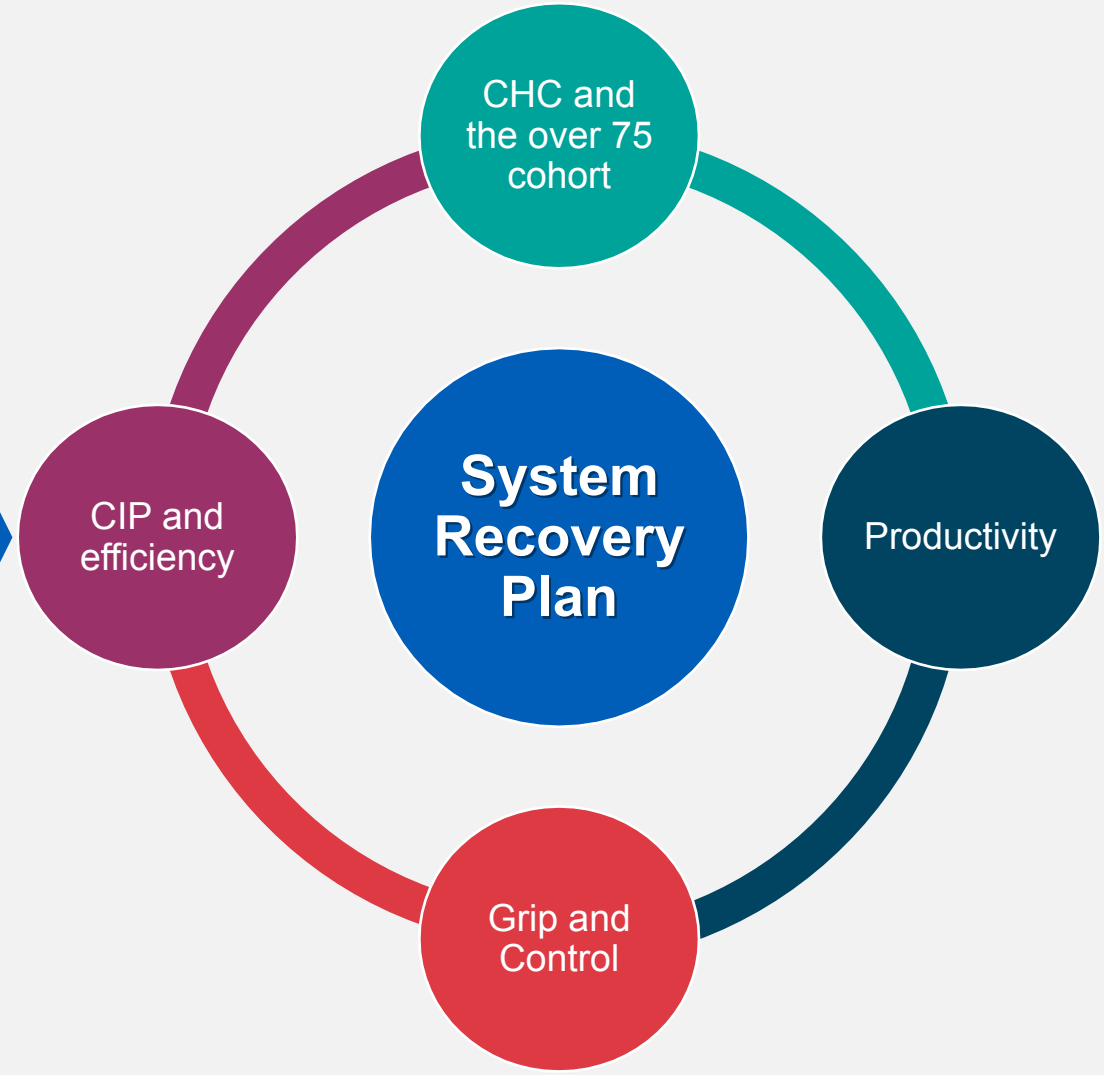
- Multi-comorbidities (4 or more chronic conditions) were 2.5 times more likely to have multiple emergency admissions (compared to the population with no chronic conditions)

- We have agreed seven key themes to focus our efforts on, with the goal of improving the care pathway for patients over 75 .

Shape of the Financial Recovery Plan

Recovery will be achieved by maintaining control, driving higher levels of efficiency and better productivity, in addition to this new focus.

The system recovery plan builds on the operational plan and seeks not to replicate existing narrative on efficiency and productivity.

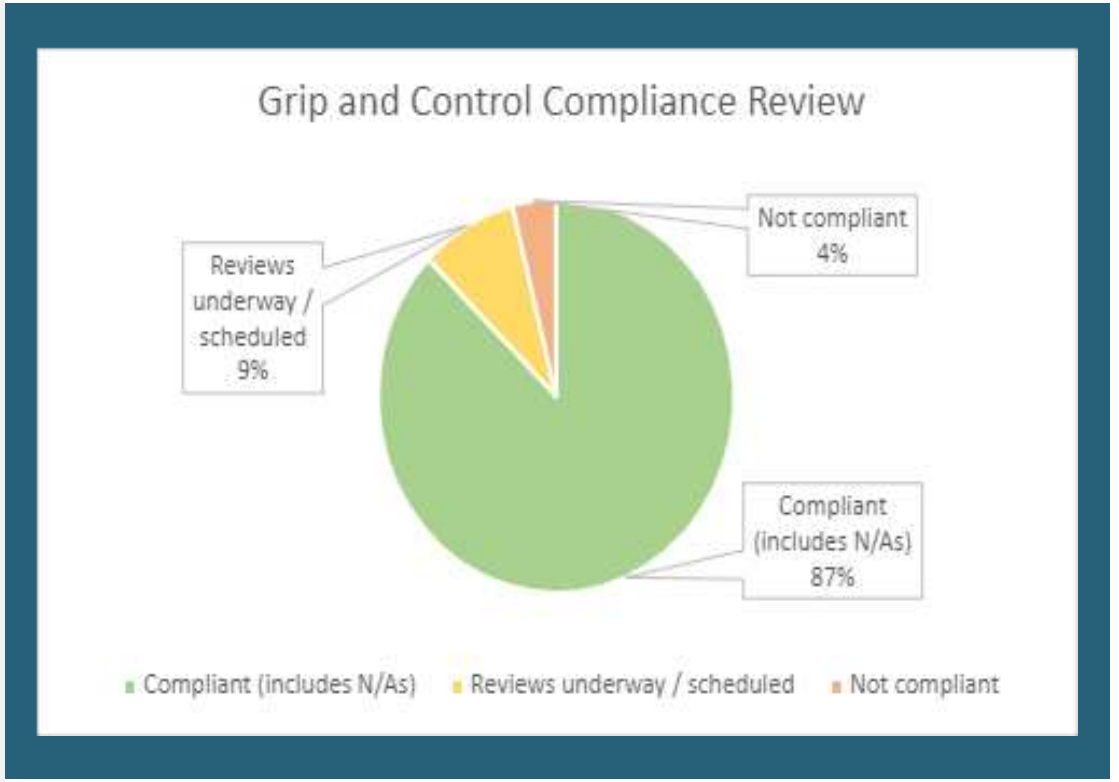


- CHC and the over 75 cohort – seven themed Big Ticket areas embedded in a Provider Collaborative model.
- Productivity – faster throughput and better use of beds, theatres and clinical capacity.
- Grip and Control – an ICS wide approach to vacancy and agency spend and the control of procurement.
- Cost Improvement (CIP) and efficiency – delivering the £181m 2023/24 target recurrently.

Grip and Control

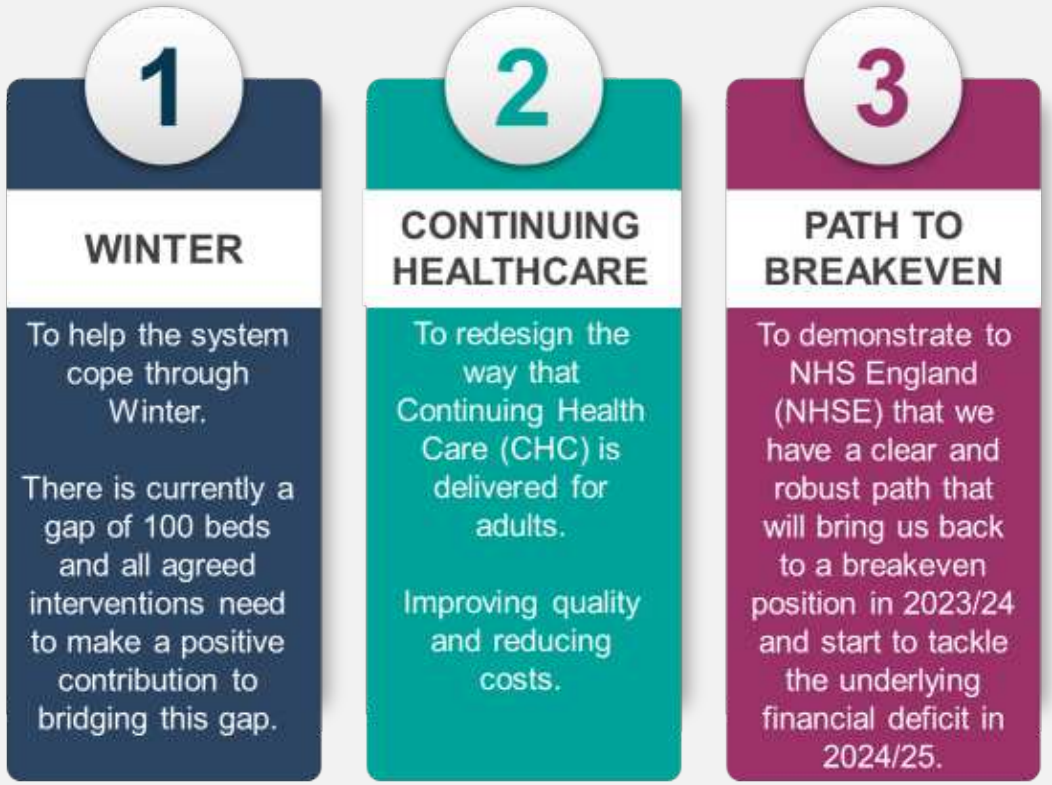
Our system has controls in place to avoid cost growth and to optimise finance sustainability, through strong governance process and internal controls.

- **System risk register** – the system collates and captures all risks impacting on performance and finance. Ensuring early visibility and any remedial actions plans can be implemented.
- **System double lock and risk share** – the system has implemented a double lock, which ensures all investments (including capital) that negatively impact the underlying position of the system require the governance route through System Performance Group onto System Finance and Performance Committee.
- **Grip and control** – the system has conducted the assessment of the NHSE list of pay and non-pay controls. The system is fully compliant with 87% of the controls and is working through the detail and impact of the remaining controls, providing an action plan to implement where possible.
- **Agency controls** – the system has implemented the NHSE process to ensure ICB approve all cases before onwards approval by NHSE where applicable. We are on target to meet the national target of containing the agency bill to 3.7% of the payroll and have good level of usage of framework rates.



Three Key Objectives of the Recovery Programme

- In developing this Recovery Programme, we have made sure that we are ensuring capacity to cope with winter, whilst dealing with the CHC challenge and setting a pathway to breakeven.



The Recovery Programme is built around

- Big Ticket 7 Recovery Themes and Projects
- It is underpinned by
  - A clear understanding of our financial position and the drivers of the deficit
  - Delivery teams at project level and provider collaborative level
  - Broader enabling work focused on clinical connectivity, digital, people, medicines, estates, ICB payroll and procurement
  - A set of project summaries
- Governance and programme management arrangements are set out in more detail in the appendices.
- Further detail on the underpinning areas is available in the appendices or by clicking on any underlined text.

The ‘Big Ticket 7’ System Recovery Themes

Theme	Focus (further detail is available in the Project Summaries)	KPI to be achieved by March 2024 (further detail is available in the metrics dashboard)
01 Management of CHC	• Transfer management of CHC to Midlands Partnership University Foundation Trust (MPFT). • North Staffordshire Combined Healthcare NHS Trust to retain management of Project 86 and Transforming Care Partnership. • MPFT to manage Midlands and Lancashire CSU staff. MPFT to align CHC with Discharge to Assess (D2A) and through the provider collaborative, when formed, to align with the rest of the pathway	• Review of 1:1’s to ensure the appropriate and least restrictive care option for individuals • Reduce cost run rate by £100m • More appropriate placement of patients in CHC to support improved outcome
02 Integrated Discharge Hub	• Implement the IDH with support from all stakeholders through Integrated Discharge Steering Group	• Improve the ratio of simple to complex discharges from 70:30 to 80:20
03 Admission avoidance	Implement the three remaining measures agreed by the admissions avoidance table: • Turbo charge end of life programme and link into care planning for elderly and frail people • Single point of access for admissions avoidance, to cover support for clinicians as well as development of rapid response services • Repository for information and sign posting both to support clinicians and also create empowered citizens • Universal offer to care homes • Professional development work to help manage clinicians to manage risk	• Reduce the number of +75-year-olds attending A and E.
04 Care Homes	Care Home Task Force to be established across Primary Care and with Local Authorities. Prioritise the use of existing resources e.g. digital. Two key objectives will be: 1. Ensure that all care home residents have a compassionate care plan 2. Ensure a rapid and compassionate response to incidents / deterioration of care home residents	• Reduce the number of overall attendances and zero LoS attendances at A&E • Reduce the number of admissions from care homes
05 Falls	Identification of those most at risk of falls and implementation of integrated support.	• Reduce number of patients admitted following a fall
06 Severe Frailty	Identification of severely frail patients and increase in the number with completed anticipatory care plans	• Reduce number of severely frail patients admitted to hospital
07 End of Life	Implement 24/7 integrated response for EOL patients	• Reduce the number of patients dying in acute secondary care settings

Our Projects and Metrics (1)

- Over the summer we have developed the **7 'big ticket' theme areas** plus medicines optimisation, Children and Young People and Estates into more detailed projects, all with leadership, deliverables and metrics. These detailed project summaries are included in the appendices and are summarised below.

Project	Interventions	Underpinning Metrics to Deliver the KPI
01 Management of CHC	• Review of 1:1's to ensure the appropriate and least restrictive care option for individuals • Changes to the market pricing structure • Improving the experience and timeliness of support for individuals who are end of life and eligible for fast track. • Addressing the existing backlog of CHC reviews to ensure appropriate care that meet the assessed needs of individuals	1. Reduction in the average LOS for Fast Track patients to 12 weeks or less 2. Reduction in fast-track discharge turnaround times 3. Reduction in fast-track bed based CHC costs
02 Integrated Discharge Hub	• Fully deployed IDH model • Implement a Virtual Wards Step Down pathway at County Hospital* • Expand Pathway 1.0 for patients who can be discharged home with a support package from the voluntary sector / use of personalised health budgets	1. Improve the number of discharges on Pathway 0 to 80% 2. Reduce the number of readmissions within 30 days and within 48 hours to 12% or less 3. Decrease the number of admissions to Pathway 3 to 1%
03 Admission avoidance	• 12hr / 7 days a week Single Point of Access - development of 3 triage point process - routine assessment, urgent assessment, emergency assessment • Acute Care @ Home	1. Consistently meet or exceed the 70% 2-hour UCR standard 2. Reach 80% utilisation of virtual wards

04 Care Homes	• Implement improvements to the Enhanced Health in Care Homes Local Enhanced Service (LES) to include RESPECT, Comprehensive Geriatric Assessments and Care Planning with a view to
	  ○ Improve the number / proportion of care home residents with a recent clinical review
	  ○ Improve the number / proportion of care home residents with an End Of Life plan
	• Implement a 24/7 single point of contact to a rapid community response to crisis service
		1. Reduce Care Home Admission Rates
		2. Number of patients in a Care/Nursing Home
		3. Number of patients on a Palliative Care Register
		4. Increase number of patients with ReSpect documentation
		5. Number of patients on a EOL Care Plan
		6. Number of patients with a Personalised Care Plan

Our Projects and Metrics (2)

Project	Interventions	Underpinning Metrics
05 Falls	• Improved referral pathway between Emergency Departments and Specialist Falls Teams	1. Increase in number of referrals from A and E to specialist falls service 2. Reduction in the number of subsequent falls for patient cohort
06 Severe Frailty	• Develop an outcomes framework to support the Care Homes LES • Prioritise the implementation of active case management in South Stoke, Leek and Newcastle	1. Reduction in admission for those identified as severely frail within the target group 2. Increase in number of targeted patients with assessments completed 3. Increase in number of targeted patients with plans in place 4. Increase in number of targeted patients with EOL/ReSPECT plans in place
07 End of Life	• Increase in patients identified as EoL on GP registers with improved MDT management • Offer of 18 additional hospice beds and 200hrs domiciliary care to support urgent and emergency care flow • Implementation of a 24/7 advice line • Implementation of a Virtual Ward • Better integration and co-ordination of existing pathways	1. Increase percentage of patients in the last 12 months of life recorded on palliative care registers. 2. Reduction in the percentage of people with 3 or more emergency admissions in the last three months of life. 3. Growth in the percentage of people dying in their usual place of residence. 4. Reduction in proportion of PEoLC admissions in out of hours period.

- We have agreed that the ICS wide work on **Medicines Optimisation and Estates** would continue with a focus on generation of cash-out savings and be monitored through the recovery plan. The main medicines programme is set out within in existing CIPs which deliver the £189m original savings therefore this is only referring to additional schemes picked up since September

Project	Interventions	Underpinning Metrics
Estates	• Voids and Disposals • Utilisation of Estate • Leases • Solar PV (link to admissions avoidance through the Warmer Homes initiative)	1. To deliver recurrent financial savings against current level of voids. 2. Further metrics to be agreed via the project team.
Medicines Optimisation	• Biosimilar Switch usage and uptake (Dependent on biosimilar and provider organisation)	1. 90% uptake within 12 months of launch.

Further detail on each project is available in the appendices or by clicking on the project title.

Provider Collaborative and System Partnership

01 Management of CHC

A Provider Collaborative Partnership is being established to own and drive **Project 1**.

The collaborative will be led by MPFT bringing key partners together from across the ICS to enable the collective delivery of agreed interventions.

The collaborative will connect into the Provider Collaborative Programme as it evolves and develops.

04 Care Homes

A System Partnership Group is being set up to own and drive **Project 4.**

This group will be led by the Local Authorities. It will bring together key partners together from across the ICS to agree and enable the collective delivery of agreed interventions.

The form this group will take is yet to evolve.

02 Integrated Discharge Hub

03 Admission avoidance

05 Falls

06 Severe Frailty

07 End of Life

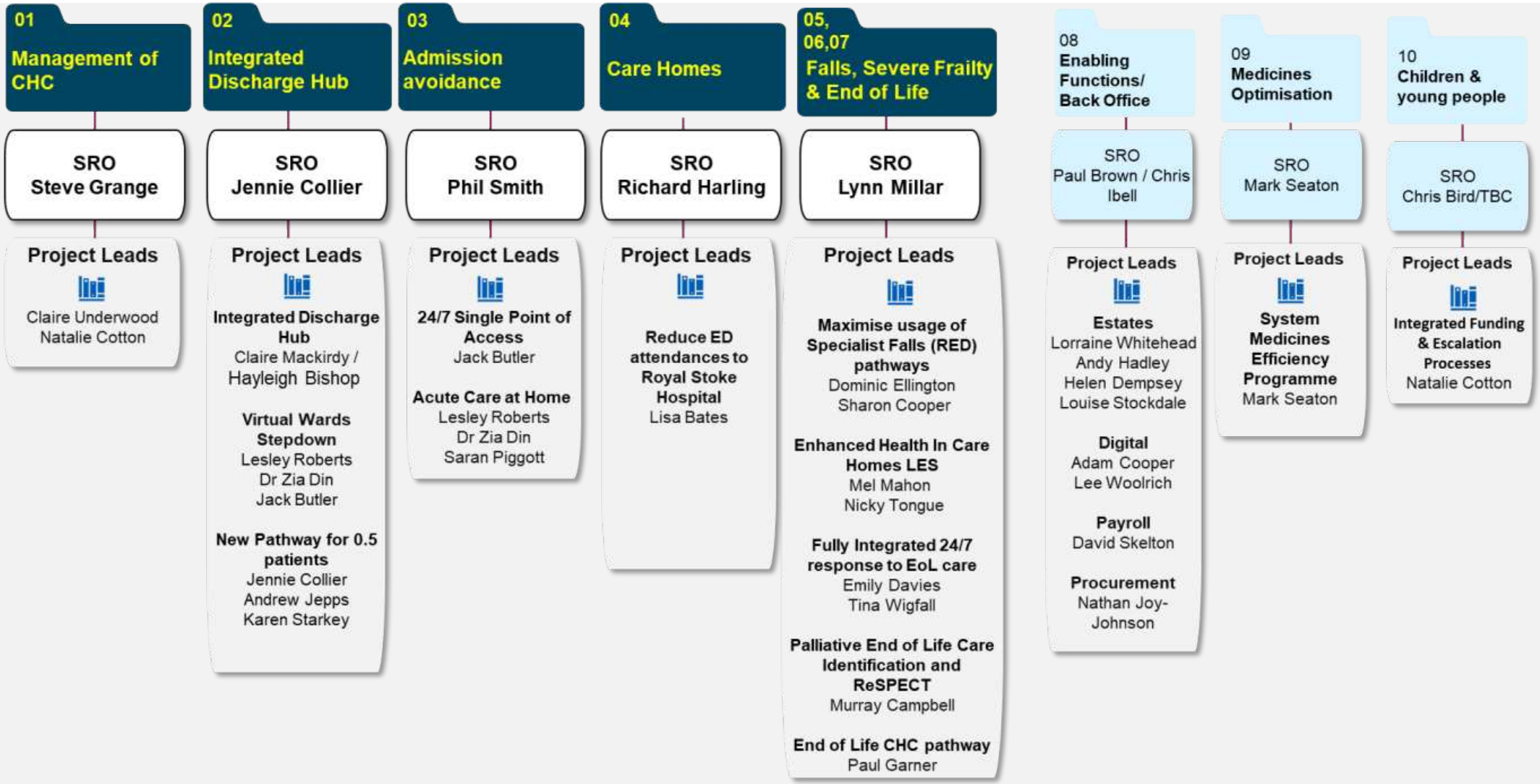
The further 5 Projects are led and **delivered through the ICS Portfolio structure** and are priority areas of focus within their delivery plans.

The co-dependencies between the Projects/Portfolios and Enablers have been identified and worked though.

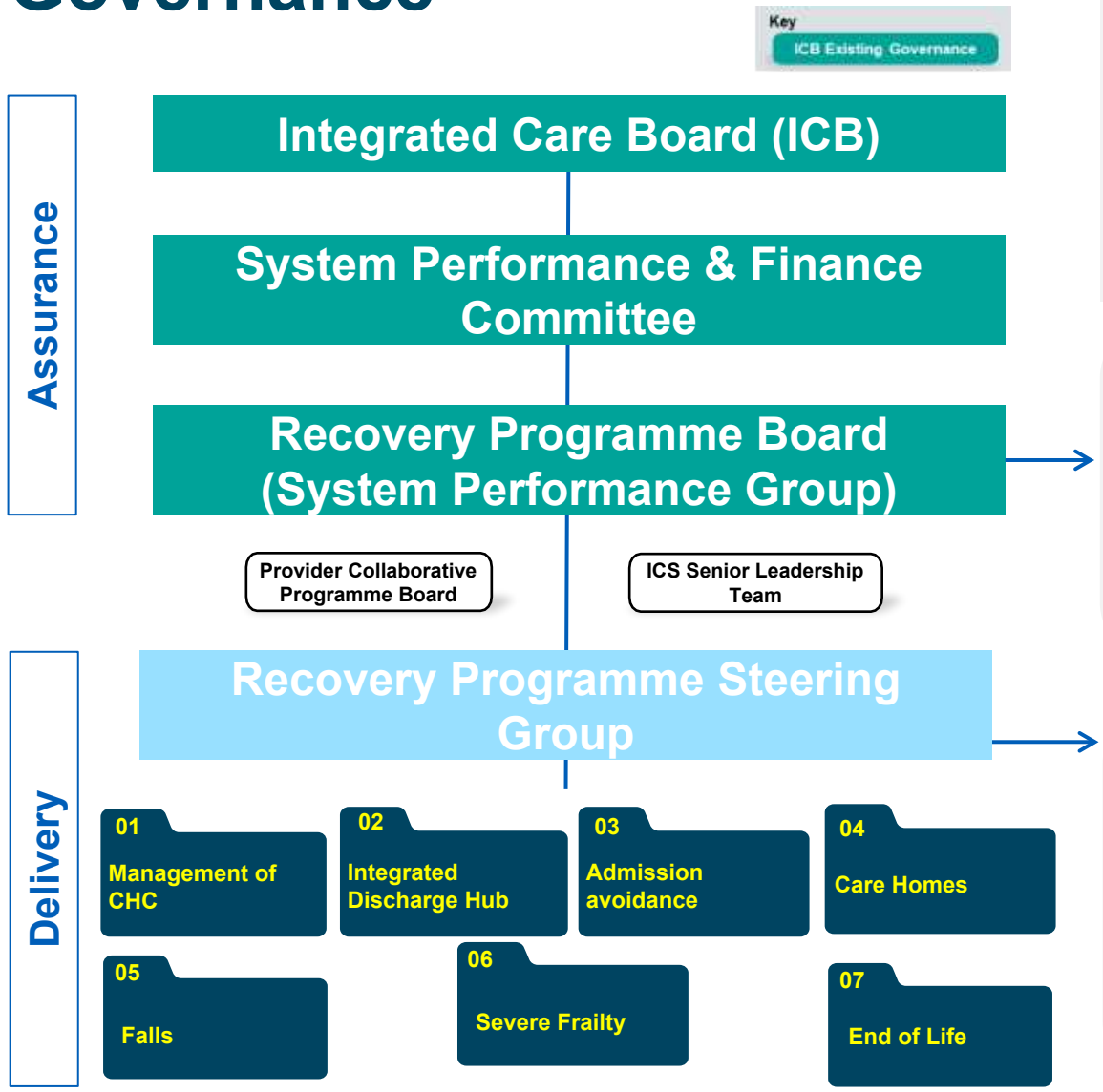
The Provider Collaborative Programme Board is a provider partnership operating as a vehicle for the development of provider collaboration, discussion, joint decision making and resolution of any barriers to delivery. The programme will support the collaborative form as it evolves

Delivery Teams at Project Level

- Each project has a nominated Senior Responsible Officer (SRO's) and project leads as outlined.
- SRO's will be accountable for the delivery of their project interventions and metrics.
- SROs will meet monthly to agree actions that interplay between projects and to focus down the issues that need discussion at the System Performance Group (SPG)
- As a system we will be accountable for the impact on the number of people admitted to acute hospital.



Recovery Programme Governance



Principles:

- Uses **existing governance** where possible with clear lines of accountability
- Clear differentiation between the Steering Group (delivery) and the Programme Board (assurance)
- The Recovery process will be supported by the Transformation and Delivery Unit (TDU) as the system PMO.
- The Provider Collaborative Programme Board and ICS Senior Leadership Team will be key in unblocking any delivery issues.

Aim:

- Receive **assurance** against delivery of the programme
- Receiving escalations and ensuring immediate actions are agreed and taken

Focus:

- Performance against plans and their impact on agreed metrics, unblocking any barriers to ensure pace

Aim:

- Monitor **delivery** of the System Recovery Programme
- Identify any **blockers** that require escalation

Focus:

- **Project management** and delivery against agreed milestones
- Holistic **clinical review** of recovery programme and supporting clinical connectivity

Clinical Review and Connectivity

Clinical Risk Group

Aim:

- Risk tolerance, identification and recommendations in support of system recovery

Focus:

- Assessment of recovery clinical risks and mitigations
- Connecting the recovery programme to H&C Senate

Health and Care (H&C) Senate

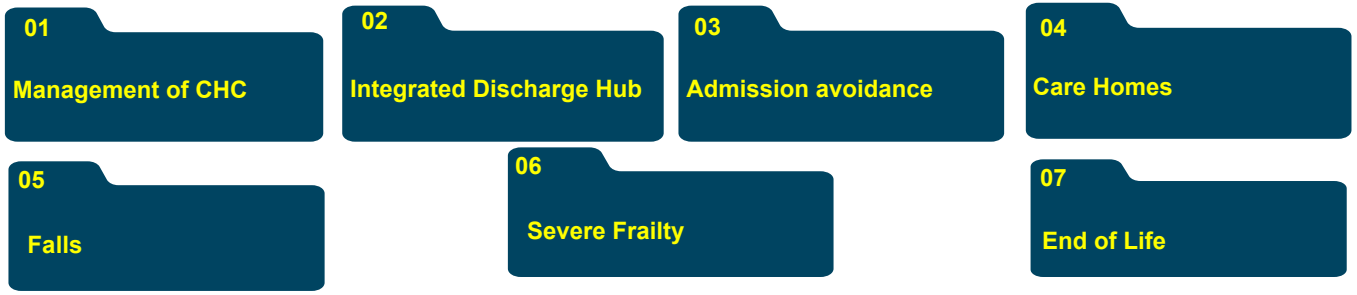
Aim:

- Clinical oversight and scrutiny of system recovery and clinical risk

Focus:

- Connecting system clinical strategy and recovery
- Clinical recommendations to the ICB

Recovery Programme Steering Group



Clinical leadership, review and connectivity across health and social care is paramount to our Recovery Programme.

Principles

- Support the Recovery Programme Steering Group with a **holistic clinical review** of the recovery programme
- Escalation to the **Clinical Risk Group** and **H&C Senate** where required.
- Assessment and identification of recovery clinical gaps **and clinical support at project level**
- Provide **clinical leadership, connectivity** and scrutiny of the system recovery programme.
- Support clinical connection between the recovery themes and projects and the **wider system**

Proposed assumptions and impact on bed savings of projects (1)

- The table below and on the next slide outline the potential UHNM bed saving at peak December 2023. There is further opportunity to impact on bed savings for our wider acute providers outside the ICB footprint.
- Senior Responsible Officers and Project leads will be accountable for the delivery of their project metrics, as a system we will be accountable for the impact on the number of people admitted to acute hospital.
- The delivery of these improvements would close the remaining bed gap and ensure that further escalation costs can be avoided.
- Reduced numbers of inpatients will also lead to some reduction in those requiring CHC on discharge. The table below outlines which of the 7 projects will contribute to the bed gap.
- The potential savings are calculated based on the assumptions shown. There is the possibility of a double count across some of these headings. The bed saving numbers will be worked through in more detail with system partners to test and check out the assumptions.
- The rationale for bed modelling is that projects will impact on all ages not just the 75+ population with opportunities for some projects identified in the 65+ age group.
- Further detail on the underpinning numbers is provided in the appendices.

Project	Assumptions	Potential UHNM bed saving at peak Dec 23
03 Admission avoidance	• Focus on 75+ excludes activity where post code is Care Home • Monitor A&E attends of cohort against previous 12 months as baseline • Assume 10% reduction in attendances of cohort • Emergency admissions conversion ratio of 42.89% based on 22/23 Emergency admissions at 6 main acutes • Volume of occupied bed days saved based on applied reduction of attends with an average length of stay of 10.6 days, derived from 22/23 emergency admissions • Potential Bed Saved Impact calculated from volume of admissions saved multiplied by average length of stay and divided by calendar days in the month • Potential Total Beds Saved by Main 6 local Acutes and UHNM as a subset	45

Proposed assumptions and impact on bed savings of projects (2)

Project	Assumptions	Potential bed saving at peak Dec 23
04 Care Homes 06 Severe Frailty	• Based on Post Code of Care Home and age 65+ represent Care Home residents • Monitor A&E attends of cohort against previous 12 months as baseline • Assumed initial 20% reduction in attendances of care homes patients with further modelling to be worked through with SRO to identify further stretch opportunities and agreement on phasing, based on start date of project interventions • Emergency admissions conversion ratio of 48.57% based on 22/23 Emergency admissions at 6 main acutes • Volume of occupied bed days saved based on applied reduction of attends with an average length of stay of 7.9 days, derived from 22/23 emergency admissions • Potential Bed Saved Impact calculated from volume of admissions saved multiplied by average length of stay and divided by calendar days in the month with further modelling to be worked through with SRO to identify further stretch opportunities and agreement on phasing, based on start date of project interventions • Potential Total Beds Saved by Main 6 local Acutes and UHNM as a subset • Includes the impact of Severe Frailty project 6.	15
05 Falls	• Focus on 65+, admitted for an overnight stay where Trauma is the primary Diagnosis and Fall as the Secondary Diagnosis • Use of BCF metric also monitoring falls across the population • Monitor against a baseline of previous 12 months • Assume emergency admissions reduced by 4% • Volume of occupied bed days saved based on applied reduction of attends with an average length of stay of 13.9 days, derived from 22/23 emergency admissions • Potential Bed Saved Impact calculated from volume of admissions saved multiplied by average length of stay and divided by calendar days in the month • 6 Local Providers Potential Bed Saved Impact • Potential Total Beds Saved by Main 6 local Acutes and UHNM as a subset	3
07 End of Life	• Focus on 65+, emergency admissions at coded with a discharge destination of Death in Hospital • Monitor against a baseline of previous 12 months • Assume emergency admissions reduced by initiatives to impact • Volume of occupied bed days saved based on reduction of admissions through initiatives assuming a patient within the last 12 months of life has 5 admissions with a length of stay of 34 days, therefore assumption is a 5/34 providing an average episode length of stay of 6.8 days. • Potential Bed Saved Impact calculated from volume of admissions saved multiplied by average length of stay and divided by calendar days in the month • Potential Total Beds Saved by Main 6 local Acutes and UHNM as a subset	6
Total	**Cumulative Impact of metrics on bed position**	**69**

The Financial Opportunities from CHC

- Given that **we spend c£100m more per capita than most systems**, the opportunities are vast. Some of this is about better control on the process, and the evidence is growing that we have started to flatten the growth curve, then there is the opportunity from the impact of the other 6 elements of the recovery plan, which will result in fewer people being eligible for CHC in the first place.
- The table below shows that the **target run rate improvement of £100m is** potentially feasible. However, there is an element of cross over as some of the high-cost patients for example, are on 1 to 1 or multiple packages. The figures shown below are likely to be the maximum achievable, but we should aim for the best return possible:

Action	Assumptions	Potential saving
Future growth avoided	The 2023/24 financial plan assumes that there is further growth over the remainder of 2023/24. The control measures already in place could avoid that growth	£20m
One to one packages	The number and the cost of one-to-one packages offered has increased significantly and there is scope to reduce this. Further detail on the working assumptions is available in the appendices by clicking here.	£14m
Fast Track	The average length of stay of fast track over the target of 12 weeks is currently 36 weeks. It should be offered when end of life is expected within 12 weeks. This cohort of patients should be on FNC care until they reach that EOL status. Further detail is available in the appendices by clicking here.	£6m
High-Cost patients	We define high-cost patients as those costing more than £3,000 per week. This cohort has increased from 410 last year to 457 at the moment, with the average cost per patient rising from £145k to £239k. Those costing more than £7k pw (£364k pa) has increased from 29 to 40 in the year. Many of these are mental health or Learning Disability patients. If we returned to the level of last year and held the cost increase at 5%, that would release £44m.	£44m
Numbers of CHC patients	The recovery plan is reducing the number of over 75-year-old cohort coming into hospital in the first place. This will lead to a smaller number eventually being deemed eligible. If we could reduce eligibility by 10% it would release a further £25m.	£25m
Total	**There is the possibility of a double count across some of these headings. The total calculated is therefore an optimistic scenario, but we should aim to achieve it to bring the system back into line with other systems.**	**£109m**

Financial Impact and Next Steps

Summary of the impact of the financial measures underway

- Prior to this financial recovery we were already looking to improve the run rate. Action underway is:
  - Non-recurrent measures to address recurrent slippage in the providers (£13m);
  - The marginal benefits of additional Elective Recovery Fund (ERF) income arising from over-target delivery of elective activity within our in-system providers of (£10m)
- This recovery plan will contribute in three ways
  - It seeks to deliver as much a part year effect of the £109m opportunity as possible. Given the nature of CHC with patients often on care packages for many years, the impact will take some time to work through. However, we expect at least £20m of part year improvement as a result of this programme
  - The volume of +75 year olds coming into the acute sector will reduce, which will reduce the risk of further escalation cost, and potentially could reduce the costs we have built into the forecast
  - Additional benefits from the system's medicines project are expected to yield c£2m
- This will not be enough to deliver the break-even plan. Achieving break-even is a statutory duty that we would be failing, and so we will require conversations with regulators. Further options for cutting cost need to be considered and the impacts assessed and discussed.

What this means for 2024/25 and the longer term

- Failing to achieve financial targets in 2023/24 is a serious matter. We think we will be far from alone across the country, but this is not a pattern we can allow to set in.
- The positive aspect is that we are launching a programme now that will have a large full year effect for 2024/25. That narrows the gap we are facing for the coming year.
- However, this will not be enough. We are going to need either a large CIP for next year or further system savings. CFOs have discussed this, and we think that it will need to be a blend of these two things.
- Consequently, there are two next steps that we are asking to be supported by the system executive and then by the system Finance & Performance Committee:
  1. **Approve these actions, recognising that this will improve the 2023/24 outturn but not eliminate the deficit**
  2. **Support the development of the 2024/25 financial plan that builds on this work and seeks to achieve a balanced financial plan for the coming year**

Staffordshire and Stoke-on-Trent Integrated Care System

Appendices

- Financial Background and Drivers of the Deficit
- Enablers to the Recovery Programme
- Governance and Programme Management
- Potential Bed Savings - Underpinning Detail
- Project Metrics
- Project Summaries

Staffordshire and Stoke-on-Trent Integrated Care System

Financial Background and Drivers of the Deficit

- Financial Context
- PHM analysis of our over 75s activity
- NHS funded CHC
- Primary care prescribing

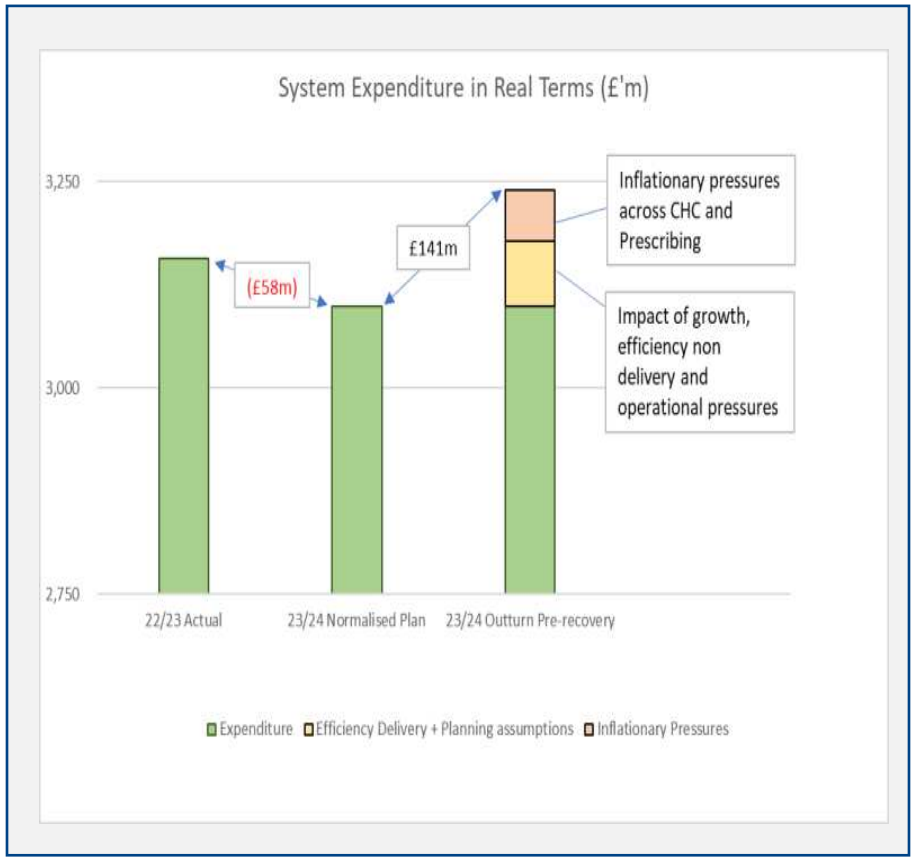
The Financial Context and Rationale

Financial Context

- The system has achieved breakeven for the last three financial years. However, our 2022/23 outturn was reliant on a material level of non-recurrent actions.
- We have a recurrent financial deficit as at 31 March 2023 of c£148m which has remained relatively consistent from the pre-covid period.
- In 2020/21 we developed our financial strategy which was to effectively allowed growth to flow to the bottom line to eliminate the recurrent deficit. The financial outlook for the NHS means that this is no longer a sustainable financial strategy and as such we need to actively find ways to reduce demand whilst simultaneously cutting costs.

Our 2023/24 plan and current position

- We set a balanced plan with unmitigated risk of £75m. This was a highly challenging plan, based on minimal levels of inflation and growth and high requirements for recurrent efficiency delivery, far in excess of anything ever achieved by the system in the past. The plan included a reduction of £58m in like for like expenditure.
- In year we have effectively controlled our costs, however we are experiencing excess growth and inflation in both primary care prescribing and continuing healthcare, alongside an element of slippage in the delivery of our efficiency programme.
- We have concluded that without further action we face a most likely deficit of £141m.
- Due to the non-delivery of our recurrent efficiencies coupled with the material levels of excess inflation we are experiencing we estimate an exit £237m recurrent deficit as at 31 March 2023.
- Traditional cost control measures will not deliver the scale of cash releasing savings required.
- The system executives collectively agreed on 14 July 2023 that the way forward is to speed up the delivery of high impact transformation schemes which will bear down on our growth in CHC packages through delivering reduced emergency admissions and more effective discharge for our over 75 population. As well has impacting on CHC, this will deliver material recurrent reductions in our cost base into the medium term.
- This recovery plan is structured around our seven projects, coupled with a focus on improving the in-year delivery of existing efficiency schemes.



Analysis of the Month 5 Position

- At a system level we have a YTD deficit of £58.6m (£45m adverse variance to plan), with the deficits sitting in UHNM and the ICB.
- The general themes driving our financial position are consistent between month 4 and month 5 namely CHC price & volume challenges, inflation in excess of plan in primary care prescribing, cost pressures from industrial action and the inability to close Winter surge capacity and efficiency under-delivery.
- Whilst MPFT and NSCHT remain in year-to-date balance, this does not mean that they are not without financial pressures, but at this point they are confident they have the required mitigations to deliver breakeven.
- On a straight-line variance, the run rate for the system would take out turn position to £108m. However there are a number of further pressures which are not reflected in the current run rate, most noticeably CHC and prescribing compounding inflation which means that spend in the latter half of the year is anticipated.

	Month 5			Month 4		
System		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	1,840.5	1,849.9	9.4	1,482.3	1,485.7	3.4
Pay	(493.8)	(492.9)	0.9	(393.7)	(389.8)	3.9
Non Pay	(258.8)	(284.1)	(25.3)	(206.7)	(225.3)	(18.6)
Non Operating Items (exc gains on disposal)	(12.0)	(8.5)	3.4	(9.6)	(7.1)	2.5
ICB/CCG Expenditure	(1,089.6)	(1,123.0)	(33.4)	(886.1)	(911.3)	(25.3)
Total	(13.6)	(58.6)	(45.0)	(13.7)	(47.8)	(34.1)
			-2.4%			-2.3%

	Month 5			Month 4		
ICB		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Allocation	1,071.5	1,071.5	(25.3)	868.4	868.4	(18.6)
Expenditure	(1,089.6)	(1,123.0)	0.0	(886.1)	(911.3)	0.0
TOTAL ICB Surplus/(Deficit)	(18.1)	(51.5)	(33.4)	(17.6)	(42.9)	(25.3)
			-3.1%			-2.9%

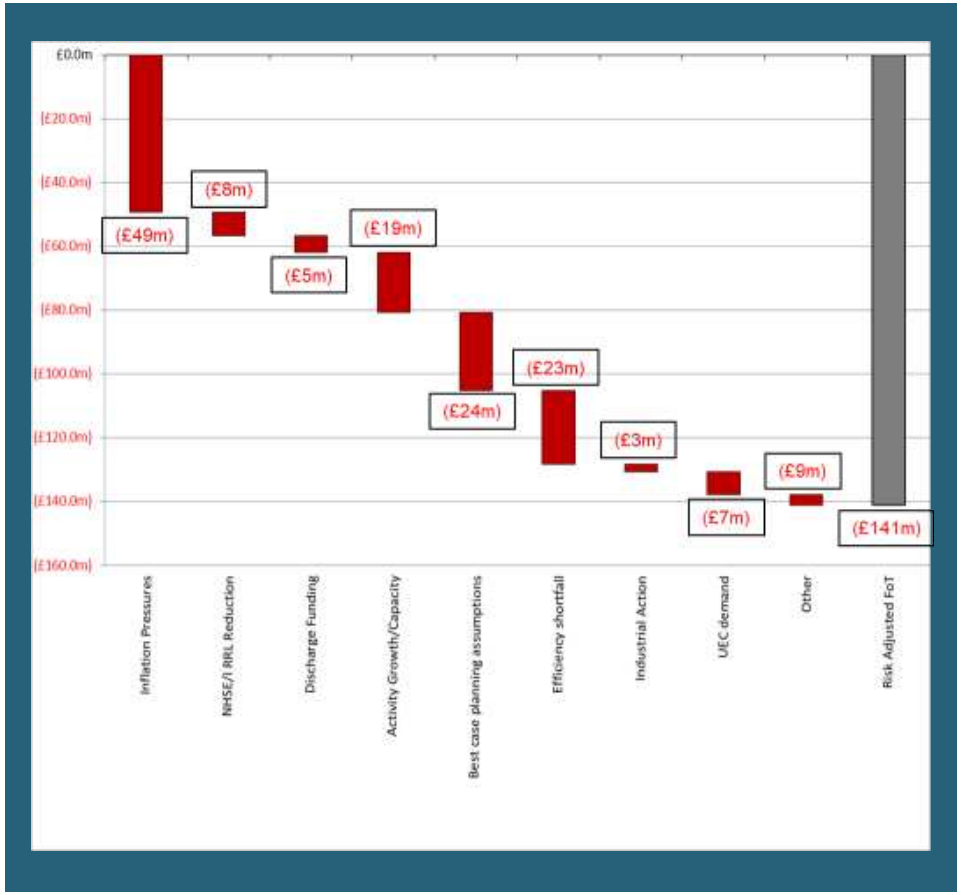
	Month 5			Month 4		
UHNM		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	439.3	449.9	10.6	351.5	355.6	4.1
Pay	(267.2)	(273.9)	(6.7)	(213.8)	(215.6)	(1.8)
Non-Pay	(157.6)	(175.0)	(17.4)	(125.7)	(138.3)	(12.6)
Non Operating Items (exc gains on disposal)	(11.6)	(9.8)	1.8	(9.3)	(8.0)	1.3
TOTAL Provider Surplus/(Deficit)	2.9	(8.8)	(11.7)	2.7	(6.3)	(9.0)
			-2.6%			-2.5%

	Month 5			Month 4		
MPFT		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	260.4	261.2	0.8	207.1	207.6	0.4
Pay	(187.6)	(180.8)	6.9	(149.0)	(143.8)	5.2
Non-Pay	(72.5)	(81.1)	(8.6)	(58.0)	(64.3)	(6.3)
Non Operating Items (exc gains on disposal)	1.1	2.1	1.0	0.9	1.7	0.8
TOTAL Provider Surplus/(Deficit)	1.4	1.5	0.1	1.1	1.2	0.1
			0.0%			0.1%

	Month 5			Month 4		
NSCHT		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	69.2	67.3	(2.0)	55.3	54.1	(1.2)
Pay	(38.9)	(38.2)	0.7	(30.9)	(30.4)	0.5
Non-Pay	(28.7)	(28.1)	0.6	(23.0)	(22.7)	0.3
Non Operating Items (exc gains on disposal)	(1.5)	(0.8)	0.7	(1.2)	(0.8)	0.4
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.0	0.1	0.2	0.0
			0.0%			0.0%

Key Drivers Behind the Forecast Deficit

- We set a plan built off national planning assumptions. As the year has progressed excess inflation has continued well above those levels, most notably in terms of:
  - CHC like for like package inflation 17.5% above inflator (£30m)
  - Prescribing price inflation 8.7% above inflator (19m), plus the continuation of Cat M & NCSO pressures (£8m)
- The plan was also set on the basis we would contain activity growth. Whilst we have been successful in managing much of our activity growth within the system providers, we have experienced activity growth in the following areas:
  - CHC patient growth c6% (£12.6m)
  - Prescribing activity growth c2% (£2.6m)
  - Within the out of system providers, we continue to be challenged to provide contractual in excess of our funded allocation growth (£3.9m)
- Changes against best case planning assumptions:
  - Shortfall against NR mitigations (£5.5m)
  - Further winter capacity required (£2.8m)
  - POD u/s vs £5.0m assumption (£2.0m)
  - Industrial action costs to date (£2.5m)
- In addition to these issues, two of our material planning mitigations have now been curtailed with the allocation clawback of (£7.5m) during August 23 and confirmation that we must pass through BCF growth (£5.1m) with any unspent monies sitting at the LA level, rather than being passed back to the NHS. We continue to seek a solution for the latter point. NB our planning assumption is that any further costs of IA will be met through additional funding.



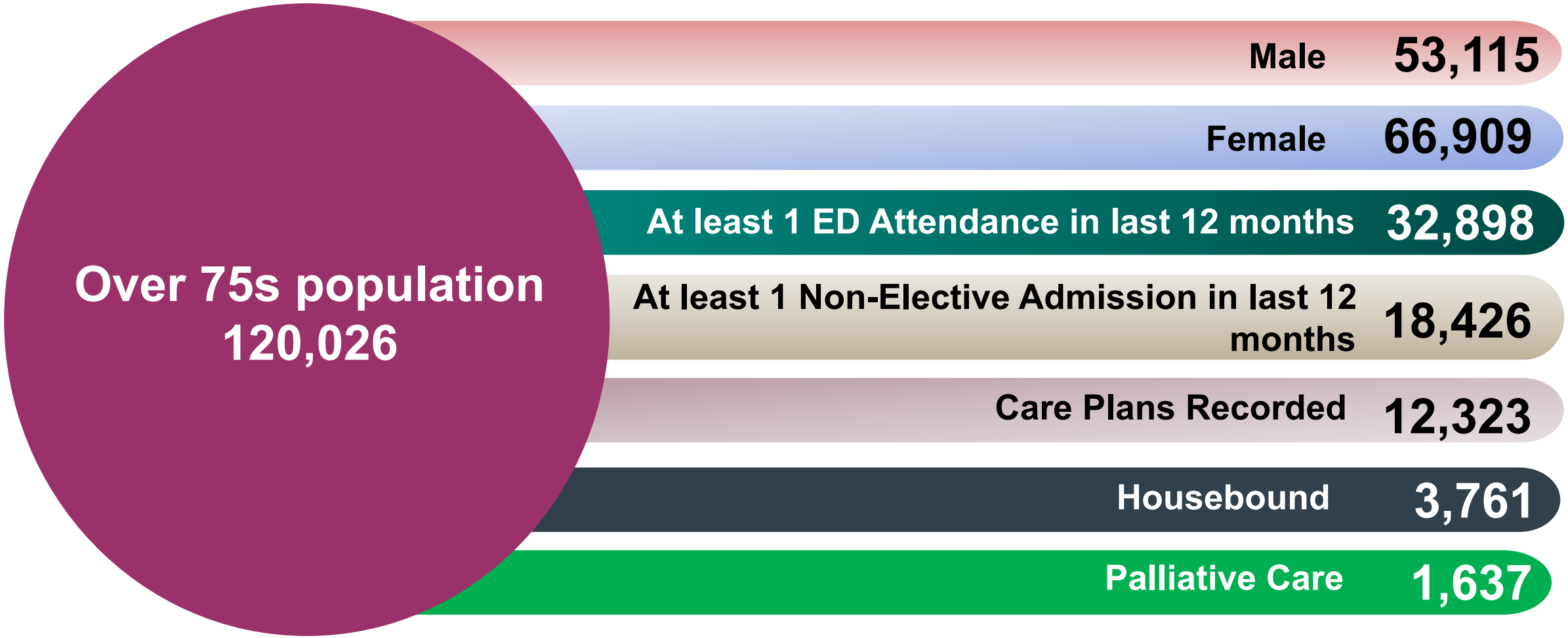
Options for discussion to eliminate the remaining 2023/24 gap

- SPG will be discussing a list of further in year and additional recovery options to further mitigate the deficit at its meeting on 25th October. The table below sets out some of the options already identified and further options will be generated over the next two weeks, along with a process for evaluation which will include clinical, operational and financial impact.

Proposal	Pros	Cons	2023/24	2024/25 +
			Supported	Supported
Reversal of the 50:50 health/social care split agreed with both local authorities and find a mechanism that agrees an actual split per patient	Cost of care is recognised more accurately	Previous inability to agree model that accurately reflects need leading to disputes	?	?
Mutually Agreed Resignation Scheme (MARS)	Enabler once future structures are in place	Destabilises workforce and implementation costs and time frame puts benefits into future years	?	?
Stop all discretionary training	Minimal financial benefit	Implementation costs and time frame puts benefits into future years	?	?
Stop all discretionary travel	Minimal financial benefit	Implementation costs and time frame puts benefits into future years	?	?
No approval of any unfunded schemes that support winter surge and the estimated bed shortfall	No increase to forecast deficit	Risk to patient care and service delivery	?	?
Shared Back Office Functions (Finance/Estates/Digital/HR/Legal/Governance)	Prioritises patient care funding	Implementation costs and time frame puts benefits into future years	?	?
Shared Boards and Executives	Prioritises patient care funding	Implementation costs and time frame puts benefits into future years	?	?
Align policies for procedures with neighbouring ICSs for example cataracts, IVF, vasectomy	Reduces differing care by post code	Implementation costs and time frame puts benefits into future years	?	?
Align policies for funding of continuing care for the support of respite and vacations with neighbouring ICSs	Reduces differing care by post code	Implementation costs and time frame puts benefits into future years	?	?
Stop any new schemes that are not fully implemented that deliver MHIS	Reduces forecast deficit	Impact on urgent care and risking the non-achievement of MHIS	?	?
Close all unfunded capacity immediately	Reduces forecast deficit	Risk to patient care and service delivery	?	?
Stop all discretionary grants to all hospices and voluntary sector service	Reduces forecast deficit	Impact on urgent care, reputational damage, risk of destabilising voluntary sector organisations	?	?
Complete vacancy freeze for all posts whether clinical or administrative	Simple to enact	Risk to patient care and service delivery	?	?
Stop all non-clinical agency and consultancy expenditure	Simple to enact	Some contracts are to deliver long-term saving schemes	?	?

Staffordshire and Stoke-on-Trent over 75s Characteristics

- By 2043 the population is estimated to grow in the 65-79 age group by **14% and in the** 80+ age group by **64%.**



Housebound Residents

- 3 times as likely to have multiple emergency admissions (3 in 12 months)
- Patients with Chronic obstructive pulmonary disease (COPD) and diabetes were 4 time more likely to have an emergency admission
- Readmission rates are highest in this population (1.5 x the rest of the over 75s population)
- Men are more likely to be readmitted than women
- 2.5 times more likely to have multiple emergency readmissions (compared to the non-housebound population)
- Housebound status for diabetic patients made risk of readmission 4 times as likely

Frailty

- Emergency admission rates increase with severity of frailty
- Readmission increases steeply with frailty and is greater in men with frailty

Care Home Residents

- 2.6 times as likely to have multiple emergency admissions (3 in 12 months)
- Those with Coronary Artery Disease are 4 times more likely to have an emergency admission

Common reasons for admission

- UTI
- Pneumonia/Pneumonitis/Exacerbation COPD
- Sepsis
- Falls
- AKI
- Fracture neck of femur

Brought in By Ambulance (BIBA)

- 92% of those admitted were BIBA
- 50% with chest pain were discharged from ED (64% in general over 75s)
- Less than 25% with respiratory causes were discharged from ED (57% in the general over 75s)

Rates of Re-admission

- Nearly 1.5 times that of over 75s population
- Twice as high for men as for women

Palliative Care Patients

- Highest rates of ED attendance and admission
- Male patients more likely to be admitted than female patients
- 4.7 times more likely to have multiple emergency admissions
- Most likely to be readmitted
- 3 times more likely to have multiple readmissions (compared to the non-palliative care population)
- At greatest risk of increased length of stay (>7 days), - a 5.8 day increase in LOS

Men

- Emergency admission and readmission rates are higher in men, particularly men with frailty
- Men living in nursing homes, residential homes and who are housebound are more likely to be admitted than women
- 1.5 times more likely to have multiple emergency readmissions (compared to females)

CHC Analysis of Forecast Expenditure and Case Mix

Table 1

Patient Type	Forecast Outturn 2023/24 £
Learning Disabilities	37,334,557
Mental Health	75,612,439
Fast Track	24,514,222
Physical Disabilities	67,765,840
Children	7,936,994
Funded Nursing Care	22,068,334
Forecast Growth across all categories	14,882,978
Retospective costs, manual adjustments & pending providers etc	253,901
CSU costs	5,600,382
Total	**255,969,647**
Budget 2023/24	203,109,969
Forecast Overspend	**(52,859,678)**

- 2022/23 Outturn was £196m
- The Forecast Expenditure for 2023/24 represents a 31% increase
- Of which is a YTD 23% annual price increase and 6% increase in activity
- **Table 1** shows the Expenditure by Patient type
- **Table 2** shows the Change in proportion of patient type and the cost per case. This shows the largest increase (of 6%) is in Mental Health Cases and the average cost per case increased by 30%
- **Table 3** Shows the change in costs as a proportion by Local Authority . Overall Staffordshire patients accounted for 68% of the total cost increase

Table 2

Patient Type	Forecast Outturn 2023/24 £	Proportion by patient cohort 2023/24	Proportion by Patient Cohort 2022/23	Movement	Average cost/ case 2023/24	Average Cost/ Case 2022/23	Average Cost/ case movement £/pa
Learning Disabilities	37,334,557	17.51%	17.92%	-0.40%	39,675	34,757	14%
Mental Health	75,612,439	35.47%	29.44%	6.03%	148,843	114,778	30%
Fast Track	24,514,222	11.50%	14.93%	-3.43%	19,333	16,310	19%
Physical Disabilities	67,765,840	31.79%	34.37%	-2.58%	86,991	84,765	3%
Children	7,936,994	3.72%	3.34%	0.38%	107,257	91,634	17%
Funded Nursing Care	22,068,334						

Table 3

2023/24 - Month 05 cost change from Month 5 2022/23	Learning Disabilities	Mental Health	Fast Track	Physical Disabilities	Children	Total
Staffordshire	61%	73%	104%	61%	63%	68%
Stoke	39%	27%	-4%	39%	37%	32%
Grand Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Eligibility - Conversion Rate to CHC
Staffordshire and Stoke-on-Trent compared to the rest of the Midlands

Integrated Care System	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1
Birmingham and Solihull ICS *	1.8	6.8	1.3	2.0
Coventry and Warwickshire ICS	1.8	1.9	3.2	2.3
Herefordshire and Worcestershire ICS	3.2	3.9	4.0	2.5
Derby and Derbyshire ICS *	2.9	2.3	3.2	2.0
Leicester, Leicestershire and Rutland ICS *	1.5	1.8	1.5	3.6
Lincolnshire ICS *	3.5	3.1	2.9	3.5
Northamptonshire ICS	3.2	2.4	2.0	2.5
Nottingham & Nottinghamshire ICS *	5.1	4.4	5.6	5.2
Shropshire, Telford and Wrekin ICS	0.8	1.9	2.2	3.4
The Black Country ICS *	2.2	1.4	1.9	3.2
Staffordshire ICS	**4.7**	**7.4**	**5.7**	**6.4**
Average including Staffordshire	2.8	3.4	3.0	3.3
Average Excluding Staffordshire	2.6	3.0	2.8	3.0

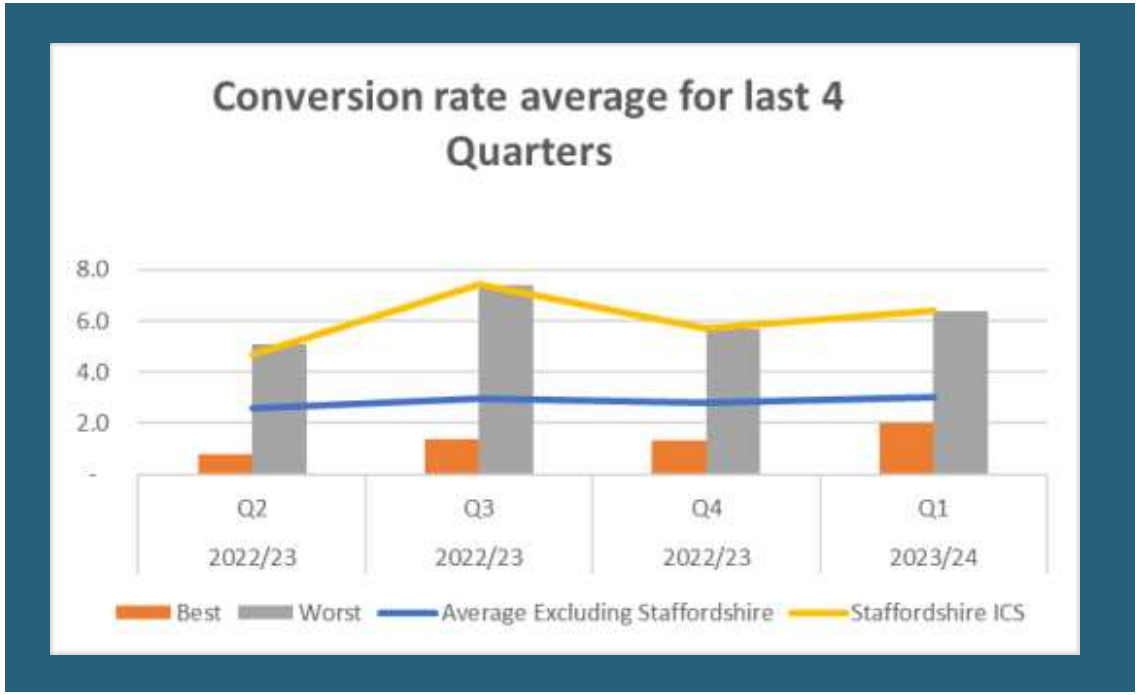
The following ICS had data by CCG so is an average of all included as an approximation

Leicester, Leicestershire and Rutland ICS *

Nottingham & Nottinghamshire ICS *

Staffordshire ICS

- The table show the number of people made eligible per 50k inhabitants across the 11 Midlands ICB's
- The Lines indicate the variation of Staffordshire and Stoke-on-Trent ICS to the average of the region
- *Conversion rate is the percentage of people made eligible out of all the people assessed.ie the people found eligible (numerator) divided by amount of people assessed (denominator).



Fast track CHC patients - change in pathway

- The Recovery Plan assumption is to actively review all patients on (and before) the 12-week pathway.
- We expect the conversion rate will be between 95% and 75% however there is an expectation there may be a financial impact on the LA's

Total Cost for Active patients over 12 weeks@26.08.23

Total Numbers	193
Average Total LOS (weeks)	35.97
Average Weekly Cost	£1,148
Total Cost for patients to date	**£7,969,657**

Potential to change to FNC Pathway / Remainder to CHC

	Rate/ week	95% FNC	75% FNC	50%FNC
CHC	£1,095	380,086	1,900,430	3,800,860
FNC	£302	1,991,720	1,572,411	1,048,274
Total Costs (if amended)for patients to date		2,371,806	3,472,841	4,849,134
Savings compared to current pathway		**5,597,851.03**	**4,496,817**	**3,120,523.40**

Length of stay is based on fixed point on time - no forecast considered due to unpredictability
Assume include total cost of pathway (ie including the initial 12 weeks)]

ICB/ Provider Collaborative Decision

- Strong pathway to achieve 95%
- Engagement with LA's re cost movement

Potential Reduction of Current 1:1's in top 10 Providers

- Cost reductions based on the 1:1 data approximation from 1 care home
- Engagement issues with providers is a risk
- Recovery plan based on reducing 1:1's by 50%

Provider	Number of 1:1s	Average Weekly Cost	50% reduction of 1:1	40% reduction of 1:1	30% reduction of 1:1
Assumed average cost reduction pa (Based on the Lake View patient costs)			**£88,525**	**£70,820**	**£53,115**
SAS Care Group Limited - Lake View Nursing Home (north)	26	£3,718.04	2,301,654	1,841,323	1,380,993
Cannock Specialist Care Centre - Cannock Specialist Care Centre	25	£3,084.86	2,213,129	1,770,503	1,327,877
St Quentin Senior Living - St. Quentin Nursing Home	24	£2,894.41	2,124,604	1,699,683	1,274,762
Nightingale Group Ltd - NG Healthcare - Trentham Care Centre	15	£2,742.05	1,327,877	1,062,302	796,726
1ST CARE LTD. - Stubby Leas Nursing Home	13	£2,524.81	1,150,827	920,662	690,496
Elysium Healthcare Limited - Adderley	12	£3,320.70	1,062,302	849,842	637,381
Avery Healthcare - ALMA COURT CARE CENTRE	11	£2,313.31	973,777	779,021	584,266
Bradwell Hall Nursing Home - Woodview Care Home	10	£3,282.74	885,252	708,201	531,151
ALPHA HEALTH CARE LIMITED - LAKEVIEW CARE HOME [NURSING] (south)	10	£1,809.28	885,252	708,201	531,151
Hyde Lea Nursing Homes Ltd - Manor House Nursing Home	9	£2,334.00	796,726	637,381	478,036
Total	**155**		**13,721,401**	**10,977,121**	**8,232,840**
Potential Payment to Liaison @ 33%			4,528,062	3,622,450	2,716,837
Net Gain to ICB			9,193,339	7,354,671	5,516,003

ICB/ Provider Collaborative Decision

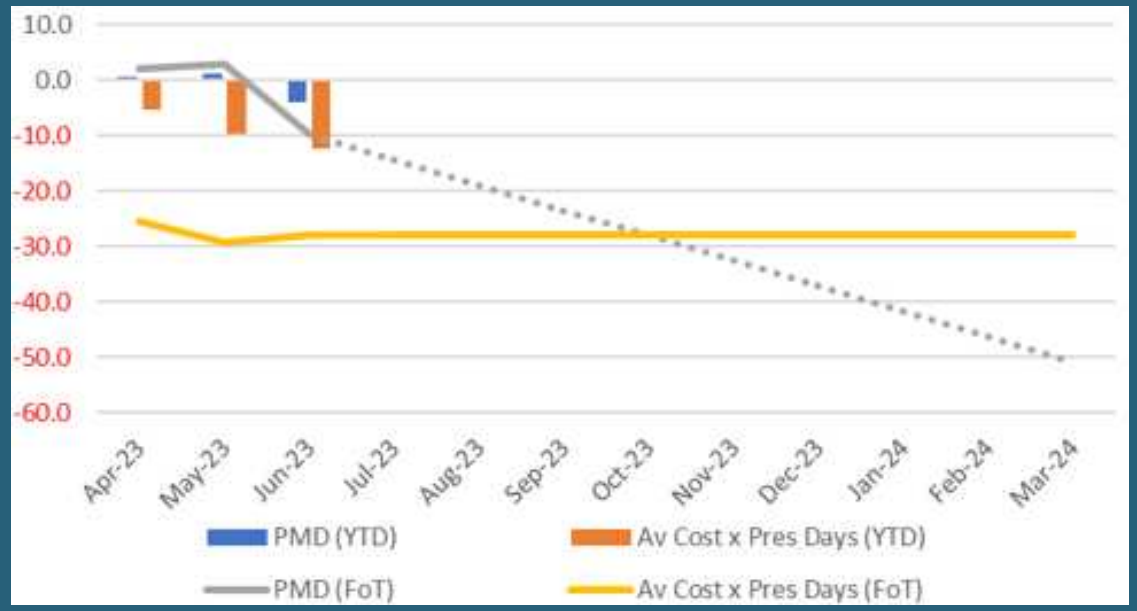
- Use Liaison at the cost if 33% (potentially £4.5m).
- Use Agency to undertake reviews/ backfill experienced staff.
- Note Contractual clauses may apply to Liaison Contract

Post	Day Rate	Total Cost 3 months
Project Manager (set up of 3 weeks)	£700	£42,875
Nurse 1	£500	£28,750
Nurse 2	£500	£28,750
Nurse 3	£500	£28,750
Project Support	£200	£11,500
Total	**£2,400**	**£140,625**

ICB Prescribing Forecast vs Prescribing Monitoring Document data

- The ICB took the decision **not to use the early** Prescribing Monitoring Document **(PMD) forecast** due to the variable nature of early surplus reported.
- Alternatively, the method used to calculate the forecast outturn **uses the average prescribing cost** by prescribing days.
- The June 23 YTD PMD position deteriorated by (£5.0m) during the month validating the ICBs use of an alternative method.
- The graph demonstrates if the YTD position continues to deteriorate by (£4.6m) per month the potential outturn.
- **Key drivers** behind the current (£28.0m) forecast deficit remain to be:
  - (£11.3m) – Excess inflation
  - (£8.2m) – CIP under-delivery
  - (£8.0m) – Continuation of Cat M and "no cheaper stock obtainable" pressures
  - (£2.3m) – unfunded activity growth

PMD vs Average Cost Per Prescribing Day (£'m)



Staffordshire and Stoke-on-Trent Integrated Care System

Governance and Programme Management

- Overall approach to governance
- Programme management
- Governance structure and roles and responsibilities
- Monitoring and reporting

Governance

- ICB / ICS Governance will adopt the default position for our "Enabling Function“

We seek to advise, support and assist collaborative endeavours by finding the "Right Governance" arrangements for you

- This means a Flexible-where-Permissible approach to wrapping the intended FUNCTION (process / activity) around AVAILABLE GOVERNANCE (from the "Arts of the Possible") to ensure that the end-state FORM safely meets that which we desire
- "Available Governance" means flexible yet driven by the list below: the mandatory "Lines in the Sand"
- These remain our MUST DO’S - and in the cases of Primary and Secondary Legislation, the NO CHOICE BUT TO’s - as Statutory Guidance or Legislation isn't flexible or waivable, until amended or replaced...
  - *Health and Care Act 2022 (Primary Legislation)*
  - *NHS Joint Working and Delegation Arrangements Regulations 2023 (Secondary Legislation)*
  - *Arrangements for Delegation and Joint Exercise of Statutory Functions 2023 (NHSE Statutory Guidance)*
  - *Integrated Care Systems: Design Framework (NHSE Policy Guidance, 2021)*
  - *Guidance on the Functions and Governance of the ICB (NHSE Policy Guidance, 2022)*

- In addition to formal governance requirements, a robust programme management approach is required.
- We will continuously evaluate our progress through
  - Each project having an agreed plan which will feed into an overall programme Gantt chart and metrics dashboard
  - A process for ensuring that the intervention we have put in place is working
  - Check points built into some interventions but not all.
  - Checkpoints which allow us to complete a PDSA cycle for each intervention

Recovery Programme Steering Group

Aims:

1. **To monitor the delivery of the System Recovery Programme**
2. **To identify any blockers / unintended consequences that require escalation**

- Lead / Facilitator: Head of TDU (System PMO)
- Attendees: All identified project leads plus/minus the supporting TDU Leads
- Focus: Purely project management – delivery against agreed milestones

Frequency

- Weekly: Friday at 10am.
- Once a month, the Recovery Programme Steering Group will take on a more formal role and will receive written highlight reports on the impact that the projects are having on the agreed metrics. This will be supported by the presentation of the monthly dashboard.

Main Output

- Weekly assurance / escalation reports to the Turnaround Director.

Other Outputs

- Monthly exception report to SPG and / or Provider Collaborative Board – focus will be on the metrics.
- Monthly progress report to the System Leadership Team (SLT) meeting

Date of first meeting: 15th September 2023

Programme Management

A robust programme management approach is required to ensure we deliver at a rapid pace and to provide assurance to our Statutory Boards, the Integrated Care Partnership (ICP) and to our Regulators with respect to our collective grip and control in terms of recovery.

Individual programme requirements

- Detailed Project Implementation Plans (PIPs) with fully worked up timelines, SMART metrics and confirmed baselines in place before the first meeting of the Recovery Steering Group.
- Any in-year investment case will need to be self funded through either remodelling our existing workforce or through cash releasing savings secured from other budgets. All investment cases will need to demonstrate reductions to the recurrent cost base of the ICS
- All programmes will be supported by an appropriate system-wide Multi-Disciplinary Team with a named clinical lead, dedicated PMO/TDU support and enabling function representation including but not limited to workforce, quality, finance and intelligence.
- All programmes to have clear points of review with rigorous "stop, continue, change" decision points which assess whether the change is delivering the anticipated impact

Overall governance

- Weekly reporting against key deliverables and metrics which feeds into a monthly formal Recovery Programme Report to the System F&PC and Integrated Care Board
- Progress on individual programmes to be reported via a systematic assessment with clear RAG rating in terms of progress against plan AND delivery against metrics.
- Any investment cases will be required to be signed off by the Chief Finance Officers through the "double lock" governance agreed by the system
- SPG – acting as the turnaround board - will be charged with seeking to resolve inter-organisational or inter-portfolio barriers and escalating to ICB System F&PC or Provider Collaborative Board any material issues which cannot be actioned through agreements gained at F&PC

Turnaround (Recovery Director) Role and Responsibilities

Aim:
1. To hold the system to account for the delivery of the Financial Recovery Programme.

- Set the strategy and pace for the Financial Recovery Programme
- Chair the Recovery Programme Steering Group once a month when a formal reporting of performance against plans and their impact on the agreed metrics will be presented. Produce a monthly Exception Report to SPG on the back of this.
- Meet with the Head of TDU on a weekly basis to understand the direction of travel in the intervening weeks
- Lead discussions between Portfolios and Providers to try and identify solutions in advance of agreeing any formal escalations to SPG and SLT.
- Set a clear brief with enablers such as Workforce, Quality, Digital and Finance where extra support has been identified
- Provide a single version of the truth of how the System Recovery Plan is being delivered, which can be shared with any internal / external forum
- Be the primary point of contact for any queries raised by the regulators

This role will be fulfilled by the ICB Chief Finance Officer 1 day per week, accountable to Chair of the Provider Collaborative, Tracy Bullock

System PMO Role and Responsibilities

Aim:

1. To support project leads to deliver their part of the Financial Recovery Programme.

- The Head of TDU (as the system PMO) will support the Turnaround Director with this programme of work
- Ensure that all the project leads have the tools and techniques to effectively manage their projects
- Identify a TDU buddy for each project lead to support them with project delivery and reporting
- Establish an effective weekly battle rhythm that drives project delivery
- Create a supportive space for project leads to share their issues and concerns as well as their progress updates
- Manage the Risk Register and Issues Log for the programme
- Support the Turnaround Director with all internal and external reporting requirements
- Oversee the delivery of the Co-Dependencies Matrix

Finance and Intelligence Role and Responsibilities

Aim:
1. To support project leads to define their projects and measure delivery.

- The Deputy Directors of Finance group should agree how this will be transacted and monitored. The guiding principles should be as follows:
  - The savings lie where they fall – i.e. we don't wish to create unnecessary transactional activity through creation of complex inter-organisational arrangements;
  - The focus should be on the system £ and the use of the IFP and risk share principles to rebalance allocations to support delivery of the overall system position
  - Any focus on pathway costs and efficiencies requires an open book approach
  - Savings should be identified as cost out, cost growth avoided or improved productivity
- The ICB Head of Intelligence and Analytics will lead and co-ordinate work with system intelligence leads to produce a monthly dashboard. The dashboard will show performance against metrics as they are agreed. The guiding principles should be as follows:
  - Based on the most up to date information, even if this means using un-validated data held by providers.
  - Providers and project leads to support with the provision of data in a timely way.

Multi-Disciplinary Teams (MDTs) Role and Responsibilities

Aim:

1. **The default position should be that all system recovery projects are provider led, supported by the ICB (unless there is a clear case to the contrary).**

- Projects should be led by the organisation within which most of the activity / change needs to happen. This generally sits with the providers.
- MDTs should be made up of individuals who have the most appropriate knowledge and skills to support the project. These could and should be sourced from any of the system partners.
- At a minimum the teams will include the relevant operational, clinical and project leads, finance, workforce, digital, population health, quality and intelligence leads.

Staffordshire and Stoke-on-Trent Integrated Care System

Potential Bed Savings Underpinning Detail

Potential Bed Savings - Underpinning Detail

Focus Area	Criteria	Baseline	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
3. Admission Avoidance Focused on 75+ (Exlcudes activity where post code is Care Home)	Baseline, previous 12 months across 6 Local Providers	A&E Attends 75+	5056	5203	4883	5430	4820	4744	5459	5313	5695	5585	5414	5595
	A&E attends after 10% reduction applied	A&E Attends	4550	4683	4395	4887	4338	4270	4913	4782	5126	5027	4873	5036
	Subsequent emergency admissions based on conversion ratio of 42.89%	NEL Admissions	1952	2008	1885	2096	1860	1831	2107	2051	2198	2156	2090	2160
	Volume of occupied bed days saved based on applied reduction (Avg LoS	Occupied Bed Days	2298	2365	2220	2469	2191	2157	2482	2415	2589	2539	2461	2544
	6 Local Providers Potential Bed Saved Impact	Beds	77	79	74	82	73	72	83	81	86	85	82	85
	UHNM Impact as a subset of above	Beds	42	43	40	45	41	39	45	44	47	45	43	46
4. Care Homes (Based on Post Code of Care Home and 65+)	Baseline, previous 12 months across 6 Local Providers	A&E Attends 65+	711	748	724	809	850	738	824	773	789	794	824	838
	A&E attends after 20% reduction applied	A&E Attends 65+	569	598	579	647	680	590	659	618	631	635	659	670
	Subsequent emergency admissions based on conversion ratio of 48.57%	NEL Admissions	276	291	281	314	330	287	320	300	307	309	320	326
	Volume of occupied bed days saved based on applied reduction (Avg LoS	Occupied Bed Days	546	574	556	621	652	566	632	593	606	609	632	643
	6 Local Providers Potential Bed Saved Impact	Beds	18	19	19	21	22	19	21	20	20	20	21	21
	UHNM Impact as a subset of above	Beds	13	13	12	15	14	12	15	13	14	14	14	15

Potential Bed Savings - Underpinning Detail

Focus Area	Criteria	Baseline	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
5. Falls Prevention (SSoT patients aged 65yrs or older admitted for an overnight stay where Trauma is the primary Diagnosis and Fall as the Secondary Diagnosis)	Baseline, previous 12 months across 6 Local Providers	NEL Admissions 65+	251	230	235	264	256	248	237	257	238	255	257	271
	Subsequent emergency admissions reduced by 4%	NEL Admissions 65+	10	9	9	11	10	10	9	10	10	10	10	11
	Volume of occupied bed days saved based on applied reduction (Avg LoS	Occupied Bed Days	140	128	131	147	142	138	132	143	132	142	143	151
	6 Local Providers Potential Bed Saved Impact	Beds	5	4	4	5	5	5	4	5	4	5	5	5
	UHNM Impact as a subset of above (proxy)	Beds	3	2	2	3	3	3	2	3	2	3	3	3
7. End of Life	Baseline, previous 12 months across 6 Local Providers	NELs, discharge destination = deceased	804	946	891	1031	1117	794	987	836	783	783	765	0
	Reduction in NELs based on inititiatives	NELS Admissions	0	0	14	45	45	43	45	44	45	44	107	107
	Volume of occupied bed days saved based on applied reduction (Avg LoS	Occupied Bed Days	0	0	100	310	310	297	310	304	310	304	732	732
	6 Local Providers Potential Bed Saved Impact	Beds	0	0	3	10	10	10	10	10	10	10	23	23
	UHNM Impact as a subset of above (proxy)	Beds	0	0	1	6	6	6	6	6	6	6	15	15

Staffordshire and Stoke-on-Trent Integrated Care System

Project Metrics Overarching Metric Dashboard Summary

Project Metrics Overarching Metric Dashboard Summary

Focus Area	Overarching Metric	Baseline	Target	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1. CHC	Reduce cost run rate by £100m														
2. Discharge	Improve the ratio of simple and complex discharges to from 70:30 to 80:20	70:30	80:20												
3. Admission Avoidance	Reduce the number of 75+ year olds attending A&E	Baseline (Last 12M)		5056	5203	4883	5430	4820	4744	5459	5313	5695	5585	5414	5595
		Actuals													
4. Care Homes	Reduce the number of A&E attendances from Care Homes	Baseline (Last 12M)		711	748	724	809	850	738	824	773	789	794	824	838
		Actuals													
5. Falls Prevention	Reduce the number of admissions for ages 65+ (BCF criteria)	Baseline (Last 12M)		251	230	235	264	256	248	237	257	238	255	257	271
		Actuals													
7. End of Life	Reduce the number of patients dying in acute secondary care settings	Baseline (Last 12M)		804	946	891	1031	1117	794	987	836	783	783	765	TBC
		Actuals													

Project Metrics Dashboard

01 Management of CHC

Supporting Metric	Baseline	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Reduction in fast track LOS	Dashboard with CHC being developed to provide													
Reduction in fast track discharge turnaround times	24.80%	95%												
Reduction in fast track bed based CHC costs (avg weekly cost)	£1,802.90	5% Reduction												

02 Integrated Discharge Hub

Supporting Metric	Baseline	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Improve the number of discharges on Pathway 0 to 80%	71.31%	80%												
Reduce the number of readmissions within 30 days	16.90%	12%												
Reduce the number of readmissions within 48 hours to 12% or less		12%												
Decrease the number of admissions to Pathway 3 to 1%	5.91%	1%												

Project Metrics Dashboard

03 Admission avoidance

Supporting Metric	Baseline	Target		Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Consistently meet or exceed the 70% 2 hour UCR standard		70%	87%												
Reach 80% utilisation of virtual wards	30%	80%	47%												

04 Care Homes

Supporting Metric	Baseline	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Care Home Admission Rates by 65+ Population	21.7													
Number of patients in a Care/Nursing Home	7702													
Number of patients on a Palliative Care Register	1445													
Number of patients with ReSpect documentation	3598													
Number of patients on a EOL Care Plan	430													
Number of patients with a Personalised Care Plan	3009													

Project Metrics Dashboard

05 Falls

Supporting Metric	Baseline	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
No of referrals from A&E to specialist falls service	Baseline		0	0	9	11	10	10	9	10	10	10	10	10
	Actual	5 week from Nov												
Reduction in the number of subsequent falls for patient cohort	Working with MPFT to enable monitoring of falls cohort													

06 Severe Frailty

Supporting Metric	Baseline	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Reduction in admission for those identified as severely frail within the target group (currently 65+ NEL admissions)	Baseline		3925	3866	4026	4270	4197	3904	4462	4199	4615	4557	3229	TBC
	Actuals	20% Reduction												
The following baselines and actuals to be finalised by Project Leads as part of project milestones														
Increase in number of targeted patients with assessments completed	Baseline													
	Actuals													
Increase in number of targeted patients with plans in place	Baseline													
	Actuals													
Increase in number of targeted patients with EOL/ReSPECT	Baseline													
	Actuals													

Project Metrics Dashboard

07
End of Life

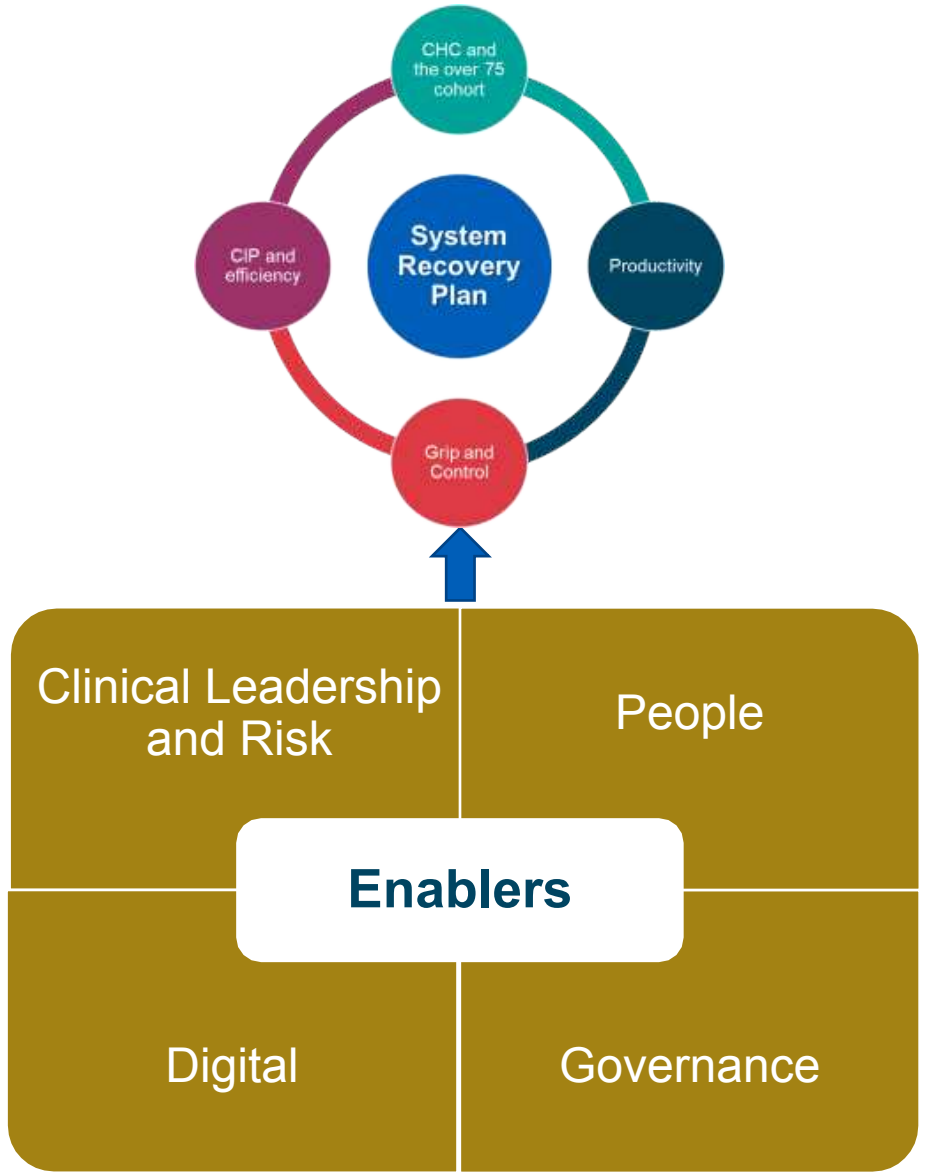
Supporting Metric	Baseline	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
% of Patients in the last 12 months of life recorded on palliative care registers	1445													
Reduction in the % of people with 3 or more emergency admissions in the last three months of life.	SQL script being developing to derive and monitor. With ICB BI													
Growth in the % of people dying in their usual place of residence.	Working with Public Health to access													
Reduction in proportion of PEoLC admissions in OOH periods	SQL script being developing to derive and monitor. With ICB BI													

Staffordshire and Stoke-on-Trent Integrated Care System

Enablers to the Recovery Programme

- People
- Digital
- Governance and Communications

Enablers



- **Clinical Review and Connectivity** – supporting clinical teams across health and social care as they make clinical judgements. A greater focus on the overall impact of risk to the patient population.
- **People** – ensuring that we have the right skills in place to deliver safe care.
- **Digital** – using the power of digital to reduce the load on stretched team, and to improve access for patients.
- **Governance** – ensuring that the programme is well-governed, empowering people to deliver whilst ensuring the right scrutiny and assurance is undertaken by executives and Boards.

People as an Enabler

Underpinning Workstream	Immediate / Already live actions	Planned
People *Coordination of Workforce Planning and OD interventions for System Partners linked to the Recovery Plan*	• The ICS People Function will coordinate the workforce support to each of the recovery plan programmes; • Supply or liaise with Providers to get workforce information • Carry out workforce planning for specific projects (particularly when projects straddle organisational boundaries) and/or work with Provider Workforce Planning colleagues on this. • Develop Workforce Transformation solutions and/or new roles in collaboration with Partners. • Recovery plan leads will be required to link with the ICS People team to ensure that workforce planning is carried out as part of the strategic planning phase of each programme.	• Work with Partners to consider and develop OD solutions to support a positive culture for the workforce concerned for changes to service delivery • Support, coordinate and assure the delivery of overall System schemes linked to the Recovery Plan – e.g. Agency controls, Vacancy Controls and liaison with Provider Chief People Officers on assurance of these. • Identify workforce risks/mitigations linked to the recovery plan programmes and assure them via the People, Culture and Inclusion Board governance process.

Digital as an Enabler

Underpinning Workstream	Immediate / Already live actions	Planned	Supporting
Digital *Our digital roadmap aims to empower our care providers and population to make the most of the benefits digital enablement can deliver.* *This includes an increased focus on prevention to reduce demand and personalised care and digital technology to empower people to have the skills and knowledge to better self-manage independently in the community*	• Virtual ward solution (Docobo) • MySense Assistive Technology (50% reduction in Emergency Department (ED) attendances, 760+ Length of Stay (LoS) days saved) • 100% of our Hospitals, General Practices and Councils are connected to our shared care record with over 2,000 unique users using the record • 100% General Practices offer online consultation options • Scaling utility of patient engagement portals Patient Knows Best (PKB) and My Health and Care • Digitising Adult Social Care – 36 care homes/hospices funding recipients to support shared care record and falls technology roll-out • System-wide Security Operations Centre is live with UHNM and Staffordshire Council remaining partners scheduled • 21 Robotic Process Automation (RPA) processes live in University Hospital of North Midlands (UHNM), Midlands Partnership Foundation Trust (MPFT) and Staffordshire Council	• Shared Care Record additional data feeds – ePrescribing, PharmOutcomes, Prison, West Midlands Ambulance Service (WMAS) connectivity, West Midlands linkup • Shared Care Record ongoing clinical training, support and promotion • Care Homes and Hospice onboarding to Shared Care Recor • Data driven prevention approaches using shared care record and other datasets to target cohorts – Acute and Mild Frail, Diabetes, Accident and Emergency (A and E) admissions notifications, smoking prevalence, Weight Management, Measles Mumps and Rubella (MMR) vaccinations • RPA – further 24 processes in development by Partners • Shared Care Record Digital Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form • Shared Care Record Digital Electronic Palliative Care Co-ordination Systems (EpACCS)	• Project 3: Admission Avoidance • Project 4: Care Homes • Project 5: Falls Prevention • Project 6: Management of CHC • Project 7: End of Life

Governance and Communications as an Enabler

Underpinning Workstream	Immediate / Already live actions	Planned
Governance and Communications *We seek to advise, support and assist collaborative endeavours by finding the "Right Governance" arrangements for you*	**Project 1: Management of CHC** • identify with NHSE Leads the 'Art of the Possible' option to safely / lawfully support transfer of the management of CHC to MPFT: **by mid-September 2023** • Then to (b) agree with ICS Governance and Risk Network the best Operating Model to safely / lawfully support ICB CHC Commissioner and CHC Provider Collaborative functions: **by mid-October 2023** **Projects 2 to 7** • To identify with Scheme / Project Leads what each needs or wants from Governance and Comms as their Enabling Function – including sight of their Forward Plans and Milestones to ensure all formal decisions land according to agreed ICB Business Cycles and any internal / external engagement timescales (for formal or informal engagements or consultations as may be required)	• As/When Statutory Guidance permits, to redesign the CHC Operating Model to any extended (deeper / further) arrangement options available to ICBs. • If any (statutory) involvement activity or communications campaign/s are needed, this is done through working with the Communications and Engagement team and is mapped into the Project Plan's timeline as core milestones.

Staffordshire and Stoke-on-Trent Integrated Care System

Project Summaries

All completed actions to date highlighted in blue

Interventions Go Live Summary (1)

Project	Intervention	June 2023	July 2023	August 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024 Onward
1. Management of CHC	Review of 1:1's to ensure the appropriate and least restrictive care option for individuals		GO LIV E									
	Changes to the market pricing structure	GO LIVE										
	Improving the experience and timeliness of support for individuals who are end of life and eligible for fast track.						GO LIVE					
	Addressing the existing backlog of CHC reviews to ensure appropriate care that meet the assessed needs of individuals						GO LIVE					
2. Integrated Discharge Hub (IDH)	Fully deployed Integrated Discharge Hub				PHASE 1 GO LIVE							
	Implement a Virtual Wards Step Down pathway at County Hospital*						GO LIVE					
	Expand pathway 1 for patients						GO LIVE					
3. Admission avoidance	24/7 Single Point of Access						GO LIVE					
	Acute Care @ Home					TBC						

Interventions Go Live Summary (2)

Project	Intervention	June 2023	July 2023	August 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	April 2024 Onward
4. Care Homes	Reduce the number of attendances at Royal Stoke Emergency Department from Care Homes											
5. Falls Prevention	Maximise usage of Specialist Falls Service						GO LIVE					
6. Severe Frailty	To work with the Primary Care Portfolio to ensure the Expected benefits of the Enhanced Health In Care Homes LES are realised					GO LIVE						
	Innovation - actively case manage an identified cohort of patients prior to full rollout					GO LIVE						
7. End Of Life (EoL)	24/7 Advice and Integrated Response - Fully integrated 24/7 system response to end of life care.							GO LIVE				
	Identification and ReSPECT - To work with practices to ensure that their end of life registers are up to date in terms of identif ication and are being actively monitored / managed								GO LIVE			
	End of Life CHC Pathway - To deliver a streamlined, personalised end of life pathway, that is timely, efficient and effective.						PHASE 2 GO LIVE					

Project Summaries

Management of CHC

- Review of 1:1's to ensure the appropriate and least restrictive care option for individuals
- Changes to the Market Pricing Structure
- Improving the experience and timeliness of support for individuals who are end of life and eligible for fast track
- Addressing the existing backlog of CHC reviews to ensure appropriate care that meet the assessed needs of individuals

**There are likely to be additional interventions identified as part of the CHC Provider Collaborative work programme, which will be added in due course

Review of 1:1's to ensure the appropriate and least restrictive care option for individuals

Review of 1:1's
Ensuring appropriate prescription of 1:1 care that is the least restrictive option to individuals

PROJECT LEAD:
Claire Underwood (ICB)

SRO:
Steve Grange

KEY MILESTONES	
Care assurance panel developed	Jun-23
Amended scheme of delegation	Jul-23
Go live	**Jul-23**
Metric and baseline development	Jul -23
Engagement event with care home providers	Jul-23
1:1 Standard Operating Procedure developed and approved at CHC Board	Aug-23
Guidance for Care Homes to be produced	Sep-23
Workforce requirements (Training and Development)	Sep-23
Care assurance panel SOP and ToR to be agreed	Sep-23
Focus on Top 10 placements	Sep-23
Reframing of additional care needs in line within the Enhanced Care Framework	Oct-23
Evaluation	Mar-24

METRICS: MONITOR FROM JULY 23
No of 1:1 care packages commissioned

Changes to the Market Pricing Structure

Changes to the market pricing structure

Inconsistent approach to funding of care packages for individuals resulting in potential over prescription and restriction of care, This having an impact on quality and experience and in turn and ultimate increase in financial pressure.

PROJECT LEAD:

Claire Underwood and Natalie Cotton (ICB)

SRO:

Steve Grange

KEY MILESTONES	
Benchmarking of pricing structures	Apr-23
Benchmarking of inflation uplifts	Apr -23
Agree new pricing structure signed off by execs	May-23
Communication to the market	May-23
Metric and baseline development	Jun-23
Go live	**Jun-23**
Engagement event with care home providers	Jul-23
Evaluation	Mar-24

METRICS: MONITOR FROM JUNE 23
Average hourly rate for Domiciliary care
Average weekly cost for Care Home's

Improving the experience and timeliness of support for individuals who are end of life and eligible for fast track

CHC FAST TRACK
To improve the timeliness of discharges for CHC fast track patients.

PROJECT LEAD:
Claire Underwood (ICB)

SRO:
Steve Grange

KEY MILESTONES	
Fast Track Priority event to understand the challenges	Aug-23
Report and actions identified	Aug-23
Liaison support with Fast Track reviews	Aug-23
Review end to end fast track pathway	Sept-23
Review Choice Policy	Sept-23
Market management and timely discharges, in relation to weekend and GP support	Sept-23
Identify and mitigate issues around transport delays	Sept-23
Identify and mitigate issues around covid screening	Sept-23
Embed the 48 Hour Fast Track discharge metric	Oct-23
Go live	**Nov-23**
Evaluation	Mar-24

METRIC: MONITOR FROM NOVEMBER 2023
48 Hour Fast Track (Care Homes) discharge metric
Average weekly cost for Care Homes

Addressing the existing backlog of CHC reviews to ensure appropriate care that meet the assessed needs of individuals

CHC Backlog
Addressing the existing backlog of CHC reviews to ensure appropriate care that meets the needs of individuals

PROJECT LEAD:
Claire Underwood (ICB)

SRO:
Steve Grange

KEY MILESTONES	
Analysis of current position of outstanding reviews	Sep-23
Breakdown of outstanding reviews per care category	Sep-23
Engaging LA support to address backlog	Sep-23
Developing system wide solutions for the backlog	Oct-23
Action log	Oct-23
Metric and Baseline development	Nov-23
Go live	**Nov-23**
Evaluation	Mar-24

METRICS: MONITOR FROM NOVEMBER 2023
Backlog of CHC Reviews to be <10% of the active CHC caseload (Includes CHC, FNC, Fast track and joint funded)

Project Summaries

Discharge

- Fully Deployed Integrated Discharge Hub Model
- Expand Pathway 1.0 for patients who can be discharged home with a support package from the voluntary sector / use of personalised health budgets

Discharge

DISCHARGE
Fully Deployed Integrated Discharge Model

PROJECT LEAD:
Hayleigh Bishop (ICB)

SRO:
Jennie Collier

KEY MILESTONES	
Implement a single operational tasking structure and physical co-location	**Complete**
Development of Operational SOP for IDT	October 2023
IDT Director commences in post	October 2023
Development of Communications (Internal Teams)	October 2023
Development of Communications (External)	January 2024
Engagement with UHNM Clinical Teams	November 2023
Data challenges identified – Acute Daily Discharge Data	Complete
Actions agreed to resolve data challenges	October
Agree date to commence metric monitoring – issues resolved project has gone live	November 2023
Review of metrics (particularly around Pathway 0)	March 2023
Embed wider services - community equipment	December 2023
Embed wider services - voluntary sector pathway	October 2023
Embed wider services - fast track pathway	December 2023
Education and Training	February 2024

METRICS: MONITOR FROM DEC-23
Improve the ratio of simple to complex discharges from 70:30 to 80:20
Improve the number of discharges on Pathway 0 to 80%
Reduce the number of readmissions within 30 days and within 48 hours to 12% or less
Decrease the number of admissions to Pathway 3 to 1%

Expand pathway 1 for patients

DISCHARGE

Expand Pathway 1 provision to meet the need of patients being discharged with voluntary sector and/or personalised health budgets

PROJECT LEAD:

Jennie Collier (MPFT) - **Accountable Lead**
Karen Starkey (Stoke LA)
Andrew Jepps (Staffs CC)

SRO:

Jennie Collier

KEY MILESTONES	
X2 Pathway 0.5 (or Pathway 0+) proposals shared with system partners	Complete
Voluntary Sector Pathway Task & finish Group to be established	Complete
Identification of funding to support procurement of 0.5 service	October 2023
Procurement/mobilisation of new service(s)	December 2023 (TBC after Sept 2023)
Revise VCSE Service Specification	Complete
Liaise with VSCE partners on model	Complete
Liaise with Fire Service on interim offer to support Winter 23/24	Complete
Go live – Interim Offer	**October 2023**
Agree supporting metrics	September 2023
Commence monitoring of supporting metrics	Commenced
Evaluation of 0.5 pathway	October 2024

MONITOR METRIC FROM November 23

Improve the ratio of simple to complex discharges from 70:30 to 80:20

Project Summaries

Admission Avoidance

- 12 hours / 7 days per week Single Point of Access
- Acute Care @ Home expansion (which includes Reactive Falls, the Community Rapid Intervention Service and Virtual Wards)

12 hour 7 day per week Single Point of Access

ADMISSION AVOIDANCE

Development of a 12 hour 7 day per week Single Point of Access across SSOT

PROJECT LEAD:

Jack Butler (ICB)

SRO

Phil Smith

KEY MILESTONES	
Commence discussions around the art of the possible with WMAS	Complete
Workshop with system partners to undertake SPA mapping	Complete
Agree scope and actions of SPA project – to align to NHSE Handbook of Principles – 12 hours per day 365 days per year	October 2023
Wider mapping – obtain system agreement around level of commitment to SPA ie a single UEC SPA or single SPA for all access points	October 2023
Complete demand and capacity analysis	October 2023
Agree supporting metrics**	September 2023
Access to patient lists and portals – training, access to systems and floor walking	Q3 2023/24
Booking ability – underlying clinical system and booking patient transport	Q3 2023/24
Single phone number	Q3 2023/24
Consideration of any MOC requirements for staff	Q4 2023/24
Commence metrics monitoring following go live	Q4 2023/24
Evaluation of SPA	March 2024

METRICS: MONITOR METRIC FROM TBC

These will be confirmed in October **

Acute Care at Home

ADMISSION AVOIDANCE
Acute Care at Home

PROJECT LEAD:
Lesley Roberts (UHNM / MPFT) Sarah Piggott (UHNM) Dr Zia Din (UHNM) Michelle Darby (ICB)

SRO
Phil Smith

KEY MILESTONES	
AC@H Stocktake	Jul / Aug 2023
Communications – clear understanding of the AC@H pathway and referral process	September 2023
Trusted Assessor – further development of the triage and assessment process within the UCCC to fully embed the trusted assessor	November 2023
Workforce stabilisation – the team has recently seen an increased level of vacancies for ACPs within the service. The system needs to ensure resource is being deployed in the best way to ensure delivery of system priorities	March 2024
Partnership agreement – further work to be undertaken with colleagues at RWT to ensure alignment of clinical pathways across the county	Complete
Onward Referral Pathways – to ensure patients can continue to access their standard community care when on an AC@H pathway	November 2023
County Hospital – a step down pathway to be developed ahead of winter for patients from County into the South West virtual ward beds	October 2023

METRICS: MONITOR FROM APRIL 2023
Consistently meet or exceed the 70% 2 hour UCR standard
Achieve 80% utilisation of virtual ward beds across the County

Project Summaries

Care Homes

- Reduce the number of unnecessary attendances for Care Home Residents with initial focus on Royal Stoke and County Hospital Emergency Department

Care Homes

CARE HOMES
Reduce the number of unnecessary attendances for Care Home Residents over the age of 75 with initial focus on Royal Stoke and County Emergency Department

PROJECT LEAD:
Lisa Bates (ICB)

SRO
Richard Harling

KEY MILESTONES	
Data obtained as identified in Care Homes PID	Complete
Focus area identified (reduction in attendances at Royal Stoke ED)	Complete
Identification of number of Care Home residents with RESPECT plans in place	Sept 2023
Agree supporting metric definition and baseline	October 2023
Update UEC Support Fund bid to include Care Homes priority	Sept 2023
Commence clinical discussions to support effective use of resources	October 2023
Dependent on outcome of bid identify team to undertaken assessments in Care Homes	October 2023
Agree date for when metric monitoring can commence to reflect change in pathway	October 2023
Agree roll out programme across Staffordshire and Stoke-on-Trent	October 2023

- Individual meetings with workstream leads planned for next 2 weeks to expand on milestones

METRICS: MONITOR FROM DECEMBER 2023
Reduction in the number of unnecessary attendances at Royal Stoke ED from Care Homes
Increased number of RESPECT assessments undertaken in Care Homes (North)
Care Home admission rates by 65+ population
Number of patients in a Care/Nursing Home
Number of patients on a Palliative Care Register
Number of patients on an EOL care plan
Number of patients with a personalised care plan

Project Summaries

Falls Prevention

- Emergency Departments at UHNM, RWT and UHDB to maximise usage of specialist falls service to reduce subsequent falls for target cohort of patients

Maximise usage of Specialist Falls Service

FALLS PREVENTION
ED departments to maximise usage of specialist falls service to reduce subsequent falls for target cohort of patients

PROJECT LEAD:
Dominic Ellington (MPFT) Sharon Cooper (ICB)

SRO
Lynn Millar

KEY MILESTONES	
Task and finish group established	15th August 2023
PID Completed	30th August 2023
Demand and capacity modelling of Specialist Falls services	29th September 2023
Development of pathway and governance	4th October 2023
Updated plan in place	9th October 2023
Metric and baseline development	16th October 2023
Go live	**Nov 23**
Evaluation	Mar-24

MONITOR METRIC FROM NOV 2023
KEY METRICS
No of referrals from A&E to specialist falls service
No of assessments completed for targeted cohort of patients

Project Summaries

Severe Frailty

- Enhanced Health in Care Homes LES – develop an Outcomes Framework which ensures effective delivery
- Active Case Management of this patient cohort across 3 geographical areas using Comprehensive Geriatric Assessments

Enhanced Health In Care Homes LES

Enhanced Health in Care Homes
To work with the Primary Care Portfolio to ensure the Expected benefits of the Enhanced Health In Care Homes LES are realised

PROJECT LEAD:
Mel Mahon (ICB)

SRO
Lynn Millar (ICB)

KEY MILESTONES	
Stakeholder group established	15th August 2023
Meet with primary care colleagues to review LES offer and map requirements for severe frailty	21 August 2023
Meeting with ICB clinical leads and PCN CDs to discuss proposed approach.	22 August 2023
Meeting with Primary care leads to understand results of survey and agree targeted approach	22nd September 2023
Targeted areas agreed and planned out	29th September 2023
ELF support programme to primary care developed	**End October 2023**
Evaluation and impact report	29thDecember 2023

MONITOR METRIC FROM NOV 2023
KEY PROJECT METRICS
Increase in number of targeted patients with assessments completed
Increase in number of targeted patients with plans in place
Increase in number of targeted patients with EOL/ReSPECT plans in place

Targeted sites for innovation

Severe Frailty
Innovation - actively case manage an identified cohort of patients prior to full rollout

PROJECT LEAD:
Nicky Tongue (MPFT)

SRO
Lynn Millar (ICB)

KEY MILESTONES	
Stakeholder group established	15th September 2023
PID complete	29th September t 2023
Identification of cohort to be targeted using evidenced based approach	29th September 2023
Demand and capacity assessment of community teams based on identified cohort	29th September 2023
MDT to gain support for approach and identify teams	4th October 2023
Go Live with test sites	16th October 2023
Development of pathway, care plans and governance	**30th October 2023**
Evaluation and impact report	1st March 2024

MONITOR METRIC FROM NOV 2023
KEY PROJECT METRICS
Increase in number of targeted patients with assessments completed
Increase in number of targeted patients with plans in place
Increase in number of targeted patients with EOL/ReSPECT plans in place

07
Project Summaries

End of Life

- Fully Integrated 24/7 system response to End of Life patients
- Better identification, management and monitoring of patients on GP Registers
- Streamlined and personalised CHC End of Life Pathway

Fully Integrated 24/7 system response to end of life care

PEoLC -24/7 Advice and Integrated Response
Fully Integrated 24/7 system response to end of life care.

PROJECT LEAD:
Emily Davies (ICB) Tina Wigfall (ICB)

SRO
Lynn Millar (ICB)

KEY MILESTONES	
PID Completed	24th August 2023
1st EOL Summit to explore options for development	6th September 2023
1st System Integration Workshop (CIG) to identify opportunities and gaps within existing services	12th September 2023
2nd EOL Summit meeting to agree way forward	15th September 2023
Palliative Care and EOL programme board to agree offer	22nd September 2023
Full project plan developed	29th September 2023
2nd System Integration Workshop	17th October 2023
Commissioned service in place (Go Live)	December 2023
Evaluation	March 2024

MONITOR METRICS FROM JAN 24
Reduction in the % of people with 3 or more emergency admissions in in last 3 months of life
Growth in the % of people dying in their usual place of residence.
Reduction in proportion of EOL admissions in OOH periods.

Digital – Security Operations Centre (SOC)

SECURITY OPS CENTRE

The Security Operations Centre (SOC) will offer a 24-hour surveillance service over ICS systems. The SOC is a levelling up exercise providing a common approach across ICS partners. It aims to identify security risks to the ICS by constantly monitoring our systems 24/7/365 for cyber security threats that could be exploited. It also prevents future issue by highlighting weaknesses in software, systems and networks.

PROJECT LEADS:

*Note this is an ICS system team with senior leadership from all partners

Adam Cooper (S&SHISS) - Lead
Vic Falcus (Staffs CC)
Amy Freeman (UHNM)
David Hewitt (NSCHT)
John Bowler (Stoke CC)

KEY MILESTONES

Award contract	01/07/23
Establish Project Governance	01/07/23
Establish Project Team	01/07/23
Implementation	15 weeks
S&SHIS	02/08/23 - 13/09/23
SCC	24/8/23 - 11/09/23
Phase 2, Rapid 7	January 24
S&SHIS	March 24
UHNM	May 24
SCC	June 24

SAVINGS TYPE	VALUE (£)
COST AVOIDANCE **It was confirmed that purchasing the SOC service as a system saved each partner approx. £40k each**	**£160k**

VALUE ADDED

- A system wide collaborative approach from start to finish.
- Reduce system level Cyber Security risk.
- Reducing the likelihood of security events that could leave our systems or services inaccessible.
- Pre-emptive identification of vulnerable areas preventing future issues by highlighting weaknesses in systems and networks enabling patching.

CONTRIBUTION TO SAVINGS PLAN

The SOC is a quality improvement programme. Note that a cyber safe organisation/system is only as strong as it's weakest link - levelling up and standardisation is key.

The embedding of a system SOC reduces the risk of security events & consequential disruption to service for staff and patients by preventing them, as well as reducing potential fines and impositions related to sub-standard security systems and processes in place.

Palliative End of Life Care Identification and ReSPECT

PEoLC –Identification and ReSPECT
To work with practices to ensure that their End of Life registers are up to date in terms of identification and are being actively monitored / managed

PROJECT LEAD:
Murray Campbell (ICB)

SRO
Lynn Millar (ICB)

KEY MILESTONES	
Stakeholder group established	Mid August
PID complete	End of August
Education and training offer for Primary Care developed and implementation plan agreed (for registration of patients and utilisation of ReSPECT).	End August 2023
Communication and Engagement Plan developed and implemented including engaging with GP Engagement Groups	20th September -23
Enhanced winter training offer ReSPECT implemented	20th September 2023
Standard Operating Procedures for coding and supporting resources accessible through GP365	End October 2023
Implement engagement plan over a phased approach	November 2023 through 15th January 2024
BAU offer to GPs (Go live)	**January 2024**
Evaluation and impacts report	**March 2024**

MONITOR METRIC FROM JAN 24
% of Patients in the last 12 months of life recorded on palliative care registers.

End of Life CHC pathway

END OF LIFE CHC PATHWAY
To deliver a streamlined, Personalised end of life pathway, that is timely, efficient and effective.

PROJECT LEAD:
Paul Garner (MPFT)

SRO
Lynn Millar (ICB)

KEY MILESTONES	
Stakeholder group identified	15th August 2023
PID complete	28th August 2023
Engagement/Comms with provider's around new model	15th September 2023
Introduction of the CDT management system	18th September 2023
Capacity, demand and Financial model agreed	29th September 2023
All CHC requests for domiciliary and bed bast EoLC in the community to be triaged by the PCCC	1st November
Evaluation and impacts	1st December 2023
Phase 2 1. Active case management 2. Tiered approach to bed management 3. Specialist Hospice bed based offer 4. Displaced patients managed	November 23 – March 24 (Go live)

MONITOR METRIC FROM MAR 24
Reduction in the average LOS for Fast Track patients to 12 weeks or less
Reduction in fast track discharge turnaround times
Reduction in fast track bed based CHC costs
Reduction in 121 care

Project Summaries

Enabling Functions

- Estates
- Digital
- Payroll
- Procurement

Estates

ESTATES
Development of System Infrastructure Strategy and delivery of short/medium term interventions to optimise utilisation of existing estate and dispose of property no longer required

PROJECT LEADS:
Lorraine Whitehead (UHNM) Andy Hadley (ICB) Helen Dempsey (ICB) Anu Kumar (ICB)

KEY MILESTONES	
System level workshop	18/07/23
Appointment of external resource to support development of Infrastructure Strategy	Aug 23
Establishment of Strategic Estates Group and supporting workstreams	08/09/23
Scoping for each workstream: •Infrastructure Strategy Development •Surplus Assets and Leases •Utilisation •Solar Panels	Sept - Nov 23
Metrics and baselines agreed	Dec 23
Implementation plans developed	Dec 23
To identify one building that can be deemed surplus and disposed of	Dec 23

2023/24 Ambition
To dispose of 1 individual asset/property across SSOT System estate

	21/22	22/23	23/24	
	Achieved	Achieved	Achieved	Pipeline
Efficiency	£14,306	£486,660	£86,686	£265,509
Cost Avoidance	£13,300			
Savings	£25,465	£389,429	TBC	
Total	**£53,071**	**£876,089**	**£86,686**	**£265,509**
	£53,071	**£876,089**	**£352,195**	
2021 – 2024	**£1,281,255**			

KEY METRICS	BASELINE	TARGET
To deliver recurrent financial savings	Current level of void	£1281k

Appendices: Project Summaries

Digital Datacentres

DATA CENTRE CONSOLIDATION

The infrastructure convergence project aims to reduce the current 8 datacentres down to 3. Initially this will not be seen as a cost saving project. However, long term this is seen to provide a net value to the ICS.

PROJECT LEADS:

*Note this is an ICS system team with senior leadership from all partners.

Adam Cooper (S&SHISS) - Lead
Vic Falcus (Staffs CC)
Amy Freeman (UHNM)
David Hewitt (NSCHT)
John Bowler (Stoke CC)

KEY MILESTONES

Site survey to be completed for the identified data centre sites	Complete
Partners to agree final 3 data centre specifications	Complete
Site survey to be completed for the identified data centre sites	Complete
Partners to agree final 3 data centre specifications	In Progress
Project timeline to be completed (accounting for current contracts)	**On Hold**
Site survey to be complete for the identified data centre sites	In Progress
Additional Hardware required to be identified and procured	Mar 24
Business case approval	May 24
Establish Project Governance	Jun 24
Establish Project Team	Jul 24
Phase 1 – Preparations at 3 selected datacentres	Sep 24
Phase 1 – Migrate Data Centre 1	Mar 25
Phase 1 – Migrate Data Centre 2	Sep 25
Phase 1 – Migrate Data Centre 3	Mar 26
Phase 1 – Migrate Data Centre 4	Mar 26
Phase 1 – Migrate Data Centre 5	Sep 26
Phase 1 – Migrate Data Centre 6	Mar 27
BAU Handover	Mar 27

SAVINGS TYPE	VALUE (£)
Cost avoidance (reduced maintenance and sharing of resource)	**£85k**

CURRENT POSITION

- The ICS partners have pooled resources together to deliver the SOC at pace. The decision has been made to put the Datacentres project on hold until SOC implementation is complete.
- Pending outcome of options appraisal to reconsider how to proceed and which existing datacentres to be used. Benefits metrics cannot be committed to until the outcome is known.

KEY METRICS	TARGET
This project is seen as a long term investment with some future cost avoidance such as: • Reduction of Estate • Sharing of resources such as network connectivity and hardware • Reduction in future maintenance costs	£85k

Robotic Process Automation (RPA) Centre of Excellence (CoE)

RPA COE
The aim of the SSOT RPA COE is to develop and automate initially HR recruitment processes to release benefits across the system. In parallel to deploying the automated processes, identify time intensive and repetitive tasks across health and social care and prioritise them to produce a pipeline of processes to automate to release further benefits to system partners.

PROJECT LEADS:
Programme Lead – Lee Woolrich Project Lead Business Analyst - Harry Bilby Technical Support - Evolution

KEY MILESTONES	
Project Check point meetings established (Monthly)	Jun 23
Finalise documentation / process maps / technical resource	July 23
Onboard technical resource to MPFT	Aug 23
Build 1st Process for 1 Trust (MPFT) - Creation of e-Folders	Sept 23
Build 2nd Process for 1 Trust (MPFT) - ESR and TRAC Advert	Nov 23
Build 3rd Process for 1 Trust (MPFT) - HPAN and Prof Reg Checks	Jan 24

SAVINGS TYPE	VALUE (£)
Cost avoidance Releasing staff hours to complete higher value activities	**£80k**

KEY METRICS	HOURS	TARGET
Increasing efficiencies by elimination of repetitive tasks freeing up staff to focus on higher value activities		
SSOT partners are already utilising automation tools such as Blue Prism, Power Automate and Automate Anywhere to deliver benefits internally. The table below shows the indicative benefits per partner		
System wide HR (projected)	7000hrs pa	£80k
MPFT	2146hrs pa	£25k
General Practice	950hrs pa	£11k
UHNM	31000hrs pa	£352k

ICB Payroll

Payroll
ICB to change Payroll supplier to MPFT
PROJECT LEADS:
David Skelton (SSOT ICB)

KEY MILESTONES	
Task and finish group established	Sept 23
Agree project plan to move from existing supplier to new payroll supplier	Sept 23
Agree payroll / employment specifics	Oct 23 – Dec 23
Development of pathway and governance	Nov 23 – Jan 24
Go live	**1 Apr 24**

SAVINGS TYPE	VALUE (£)
Cost reduction	**Est £28.5k**

CONTRIBUTION TO SAVINGS PLAN
To be modelled through

KEY METRICS	BASELINE	TARGET
Reduction in spend	£92k	31%

Procurement

North Midland Procurement Group

PROJECT LEAD:
Nathan Joy-Johnson

- The NMBC Procurement Group continues to develop its consolidated/collaborative Procurement model that now includes for the first time Procurement/Commercial representation from the Integrated Care Board (ICB's), wider Community and Commissioning Support Units (CSU's) complementing existing Procurement resources within the model supporting Acute, Mental Health, Pathology Network, GP and Community organisations.
- The NMBC, represents the largest Procurement model in the NHS Procurement landscape further enhancing all round supply chain resilience, professional development, national influence, leverage, expertise and one of the most important on-going challenges in relation to NHS Procurement workforce challenges (capacity and capability) etc. The NMBC reach covers Stoke-on-Trent, Staffordshire, half of the black county ICS's and part of South Cheshire and Shropshire ICS's, model will incorporate all the Black Country ICS by the end of 2024 given further increased resilience, capacity, competence and capability. NMBC are starting to work with City of Stoke –on-Trent Local Authority colleagues.
- In addition to driving additional bottom line value, supply chain reliance, standardisation, sharing of best practice and market intelligence at a category level etc. and key objective for the category cells concept was to develop a forum for support and networking for all Procurement colleagues across the system. The Category Cell concept was originally developed in 2022 with the introduction of a Medical and separate Non-Medical Category Cell forums.
- The new category cells have delivered over £2m additional bottom line value to the NHS in the first 12 months alone, identified over 100 new initiatives, supported over 60 products switches to support the wider resilience agenda, saved over £100k short term agency costs and can be easily extended to any NHS Procurement Team, ICS or geography.

SAVINGS TYPE

Trust	Traditional CIP	Negated inflation savings CIP	Cost avoidance CIP	Total CIP
UHNM	£1.7m	£1.6m	£1.5m	£4.8m
NSCHT	£160k	£0k	£30k	£190K
MPFT	£700k	£734k	£300k	£1.7m
				£6.6m

CONTRIBUTION TO SAVINGS PLAN DELIVERY

- The savings are modelled through individual Provider CIP plans.
- The NMBC support and enables the delivery of the organisational CIP targets.
- This group is linked in to and the estates, digital and medicines programmes

Project Summaries

Medicines Optimisation

- Biosimilar switches

Medicines Optimisation

MEDICINES OPTIMISATION
System Medicines Efficiency Programme
PROJECT LEAD:
Mark Seaton (ICB)

KEY MILESTONES	
Biosimilar opportunities data validation – for out of area	September 2023
Biosimilar opportunities data validation – for residual opportunity within the system	September 2023
Medicines & Pharmacy Strategy Group established	October 2023
Savings Validation – Biosimilar Switch Programme	November 2023
Pipeline Biosimilar Switch opportunities (anticipate 4 additional opportunities)	March 2024

SAVINGS TYPE	VALUE (£)
TBC	**TBC**

KEY METRICS	BASELINE	TARGET
Biosimilar Switch usage and uptake	Dependent on biosimilar and provider organisation	90% uptake within 12 months of launch

Transformation and People Committee Chair's Highlight Report to Board

1st November 2023

1. Highlight Report

! Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Nationally, futility has been highlighted as the main barrier to raising concerns, it was also recognised that a number of cases are taking some time to reach a conclusion – this is largely due to timeliness of response and capacity to investigate • The majority of conduct case activity continues to be within medicine, which has the potential to impact upon timeliness of investigation. Noted that some cases have external involvement which lengthens the time • Staff engagement score and response rate has seen a decline this month; work being undertaken to understand the reasons • Rollout of Wagestream has been delayed whilst data protection matters are resolved • Essential to role training is still below the target of 90%, agency expenditure is also above target • Despite improvement, WRES performance remains low and requires further action • Job planning approval is behind target and has become a watch metric for divisions • 95% training compliance not achieved for Data, Security and Protection and this will impact upon the toolkit submission; a number of actions have been identified to improve this • Phishing exercise identified concerns but provided an opportunity to raise targeted awareness	• Development of a process for handling cases of detriment when concerns are raised, along with development of timescales for responding to / closure of cases • A campaign is underway to promote sexual safety within the workplace and this has been raised through the Women's Network • An action plan is being developed on reducing agency expenditure which will be shared with regulators and the ICB as requested • Work is ongoing with our Occupational Health provider to understand the high volume of Did Not Attends (DNA) • Work continues to prepare for the HSE inspection on 9th November although the preparatory work has identified some risk • System agreed model for urgent treatment centres within Staffordshire and a single business case will now be developed before the end of March 2024 • Further work to be undertaken around the strategic risks on the BAF in relation to population health and research and innovation • Work is being undertaken to review the capacity / effectiveness of resource to undertake internal investigations (i.e. speaking up / disciplinary)
✓ Positive Assurances to Provide	Decisions Made
• The red / amber / green system within the Speaking Up Report has been replaced as agreed at the Trust Board Seminar to support the promotion of a speaking up culture • There has been a steady increase in the number of concerns being raised as a result of the work undertaken to raise awareness • There has been demonstrable success in closing the vacancy gap through a range of improved recruitment processes / events; at the same time retention is also performing well • Above closing response rate on the national staff survey when compared to the previous year • Lots of activity during the month to focus on Speaking Up and Black History Month and Show Racism the Red Card • Fundamentals of clinical leadership course had taken place and has been extremely successful with very positive feedback, with thanks given to all presenters • Feedback had been received from the CQC to confirm that they were satisfied with the response provided in relation to Brachytherapy and therefore the improvement notice has been removed • Improving Together training is becoming essential to role and will form part of the PDR	• Approval of metrics to be included within the Integrated Performance Report including a specific report on agency compliance • Approval of the Board Assurance Framework including risk scores and the assurance ratings

Comments on the Effectiveness of the Meeting

- Noted that the Nursing and Midwifery Staffing Report had been deferred multiple times as work was being undertaken to reformat it
- There had been a notable improvement to the quality of reports

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance	
1.	Speaking Up Report Q2 23/24	BAF 3	High 12	! ✓	Assurance
2.	Nurse Staffing Establishment Review	BAF 1 / 2	Ext 16	-	Assurance
3.	Formal Disciplinary Activity Q2 23/24			!	Assurance
4.	Chief People Officer Report M6 & M7	BAF 2 / 3	Ext 16 High 12	! ✓	Assurance
5.	Review of People Metrics for the Integrated Board Report	BAF 2 / 3	Ext 16 High 12	! ✓	Approval
6.	Health and Safety Report – Q2 23/24		ID18673 ID22876 ID22837 ID25412	✓	Assurance
7.	Executive Workforce Assurance Group Highlight Report	BAF 2 / 3	Ext 16 High 12	-	Assurance
8.	Executive Health & Safety Group Highlight Report			-	Assurance
9.	Improving Together Countermeasure Summary			✓	Assurance
10.	Data, Security & Protection (DSP) Toolkit Position	BAF 6	Ext 16	!	Assurance
11.	Executive Strategy & Transformation Group Highlight Report	BAF 4	Ext 20	-	Assurance
12.	Quarter 2, 2023/24 Board Assurance Framework (BAF)	ALL		-	Approval

3. 2022 / 23 Attendance Matrix

No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Prof G Crowe	Non-Executive Director (Chair)				NO MEETING HELD								
2.	Ms H Ashley	Director of Strategy and Transformation												
3.	Ms T Bowen	Non-Executive Director												
4.	Mrs T Bullock	Chief Executive												
5.	Mr S Evans	Chief Operating Officer	PB											
6.	Mrs C Cotton	Associate Director of Corporate Governance	NH	NH				NH						
7.	Mrs J Haire	Chief People Officer		RC				KM						
8.	Dr M Lewis	Medical Director						ZD						
9.	Prof K Maddock	Non-Executive Director												
10.	Mrs A Riley	Chief Nurse					JHo							
11.	Prof S Toor	Non-Executive Director												

Attended | Apologies & Deputy Sent | Apologies

Freedom to Speak Up
Your voice matters at UHNM

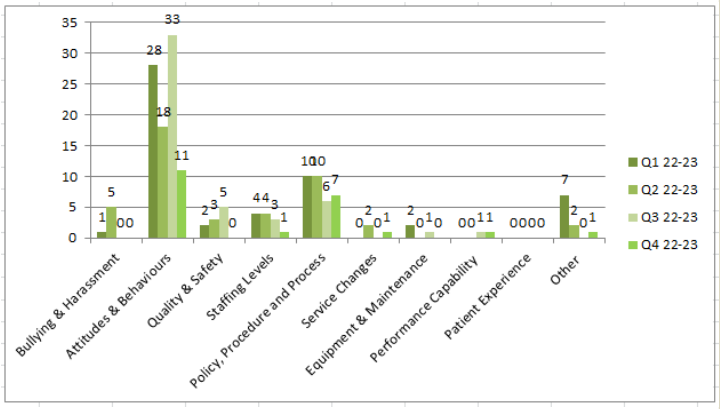
Speaking Up
Board Brief – Quarter 2, 2023/24

1. Headlines

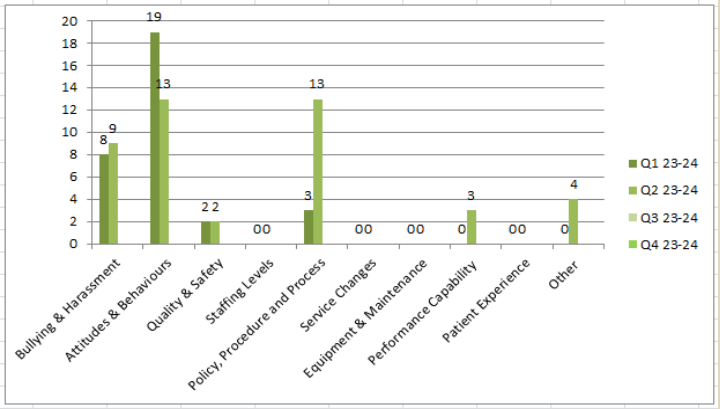
- **44 concerns** raised through the Freedom to Speak Up (FTSU) Guardian's Office during Quarter 2 2023/24
- **'Attidudes and Behaviours'** has continued to be our highest theme with 13 concerns (30%) in Quarter 2 although this, for the first time was alongside **'Policies and Procedures'** which also had 13 (30%) concerns
- Highest reporting staff group was **Administrative and Clerical** (13 concerns, 30%)
- 'Hotspot' areas for Quarter 2 were **Anaesthetics and Theatres, with Theatres** also flagging in the previous quarter

2. Summary of Concerns Raised During the Quarter

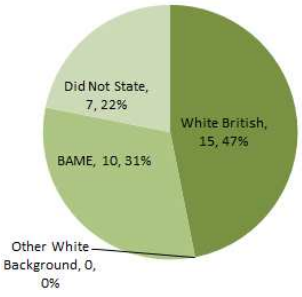
Types of Concerns Raised 2022/23



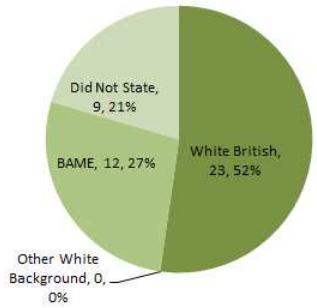
Types of Concerns Raised 2023/24



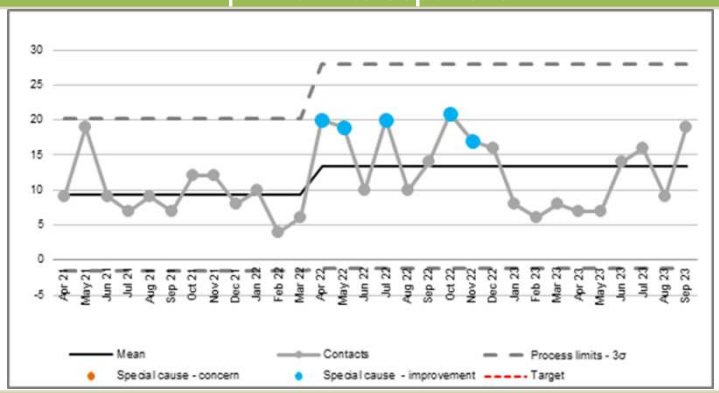
Ethnicity of Reporters Q1 22/23



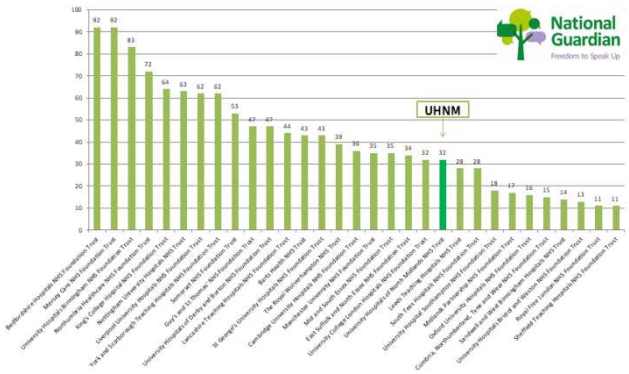
Ethnicity of Reporters Q2 23/24



SPC – Concerns Raised April 2021 to Sept 2023



National Benchmarking – Quarter 1 2023/24



- UHNM Speaking Up Reports submitted for quarter 1 2023/24 totalled 32 which is below the average (for this benchmarking group) of 41.
- UHNM ranked joint 15/31 for the total number of concerns raised during this quarter
- These figures demonstrate an improvement in overall reporting when compared with previous datasets, again reflecting the gap in our service and the work undertaken to rectify this.
- Our analysis here is based on all 31 NHS or Foundation Trusts (who submitted data) with 10, 000 or more staff.

Detriment

- Of the 44 cases reported during Quarter 2, ten cases were identified as there being detriment as a result of raising their concern.
- However, these cases are being explored to determine whether this was the case.
- A process for handling cases of detriment is currently being developed and will be included in our new policy once available.

3. Key Developments During the Quarter

Local Developments

Responding to the Lucy Letby trial and understanding what action needs to be taken in relation to any lessons learned.		Reviewing options available for moving over to an electronic reporting and data collection system.	
Review of training materials and development of a bespoke teaching package.		Revised the Speaking Up Policy in line with national requirements.	
Reviewed the infrastructure to support Speaking Up with a 6 month renewed term of office for existing Associate Guardians.		Refreshed and updated the communications strategy, intranet page and supporting materials.	

4. Priorities for the Next Quarter

No.	Strategic Priorities	Action
1.		Review national resources available to provide our managers with a toolkit for responding to concerns.
2.		Review our systems for ensuring completion of the digital feedback tool to optimise utilisation and review detailed feedback received to understand where improvements can be made.
3.		Work alongside colleagues within the People Directorate to triangulate themes of concerns with other sources of information to identify any further particular 'hotspots' that might need cultural improvement support.
4.		Asking Divisional Leadership Teams to consider high level themes at their local Culture / Workforce Groups to ensure that actions are identified to tackle poor behaviours.
5.		Undertake a review of cases raised with the Freedom to Speak Up Guardian to ensure that they have been concluded satisfactorily.
6.		Complete our review of training provision.

5. Key Conclusions

Attitudes and behaviours remain one of the highest categories of concern. Our Cultural Improvement Programme is designed to tackle attitudes and behaviours of staff and the issues contained within this report will be used to influence and inform further improvement activities.
Further work needs to be undertaken by the Freedom to Speak Up Guardian to promote the Speaking Up services, as well as expanding our network of Guardians in line with best practice.
Whilst we have developed a Training Needs Analysis for Speaking Up training, there is more work to do in terms of streamlining our offerings and promoting their availability.

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	Integrated Performance Report, Month 6 2023/24	**Agenda Item:**	12.
Author:	Quality & Safety: Jamie Maxwell, Head of Quality & Safety; Operational Performance: Warren Shaw, Strategic Director of Performance & Information; Matt Hadfield, Associate Director of Performance & Information. Workforce: Jason Ahern, Assistant Director of Workforce Information; Finance: Jonathan Tringham, Director of Operational Finance		
Executive Lead:	Anne-Marie Riley: Chief Nurse Simon Evans: Chief Operating Officer Jane Haire: Chief People Officer Mark Oldham: Chief Finance Officer		

Purpose of Report

Information		**Approval**		**Assurance**	✓	**Assurance Papers only:**	**Is the assurance positive / negative / both?**		
							Positive	✓	**Negative** ✓

Alignment with our Strategic Priorities

High Quality		People		Systems & Partners	
Responsive		Improving & Innovating		Resources	

Risk Register Mapping

Executive Summary

Situation

The attached Integrated Performance Report details the performance and achievements against a set of key indicators developed by the Department of Health and Social Care. The framework provides an overview of how the Trust is performing against the following four domains and the impacts on the strategic objectives:

1. Quality of Care - safety, caring and Effectiveness
2. Operational Performance
3. Organisational Health
4. Finance and use of resources

Quality & Safety

The report provides latest (September 2023) update on the different Quality Indicators. There have been updates to the report to include, where possible, peer benchmarking against various quality indicators. These indicators, where applicable, utilise SPC charts and to allow for comparisons allowing for activity and benchmarking, the rate per 1000 bed days. The use of rates per 1000 bed days allows comparison between organisation and national targets/benchmarking by allowing for different activity levels and not just the comparison of raw total numbers. The charts/indicators with only raw total numbers are used to provide internal analysis of the indicators so can also compare different months to set target totals i.e. C Diff Cases, E Coli cases, MRSA which have set target per month already calculated and set nationally for the organisation.

Some of the indicators used in the report have different activity based rates which are those used nationally for benchmarking i.e. Hospital Associated Thrombosis rate per 10000 admissions or Complaints per 10,000 spells.

All the indicators have now included benchmark for assurance purposes. These benchmarks are either agreed targets set nationally or locally utilising agreed target/benchmark.

Within the latest report the patient safety indicators have had recalculated control limits for the last 12 months to reflect the post COVID pandemic period

Assessment

Friends & Family Test for A&E remains below the 85% target of patients recommending the service. The September figure remains around the mean recommending rate. There has however been a reduced response rate with 9% compared to 10% in august. UHNM is 37th out of 124 Trusts nationally for response rate. In order to promote and increase the response rate the FFT questionnaires are being handed out to all patients on arrival to ED and the QR codes have been made more visible throughout the department. In addition, a 'You said, we did' board has been put up in the Waiting Area to demonstrate changes to patient/relatives comments in a bid to further promote and increase the responses received.

Inpatient FFT results remain above the 95% target. The response rate has improved to 23% in September 2023. There were 2489 responses returned in September 2023 from 68 different inpatient and day case areas across UHNM. The response rate equates to 23% which is the highest in Quarter 2 but does remain lower than our internal 30% target. UHNM have the 23rd highest response rate out of the 154 acute trusts reporting FFT for inpatient areas. There are key improvement initiatives identified previously are continuing and focus on key priorities identified within the FFT returns – timely medications, better pain management and improving the involvement of patients and/or family in care and decision making

There has been in month improvement for Maternity FFT but remains just below the 95% target at 94.7%. September 2023 saw 85 completed surveys returned and 20 completed from the Birth touchpoint which are lower than previous months returns. Compared to the latest national data available (July 2023) out of 113 Trusts, UHNM were 46th for number of responses for antenatal, 24th for number of responses for birth, 53rd for post-natal ward and 35th for post-natal community which shows improvement in all areas

Complaints rate is below the target/benchmark rate of 35 and remains within normal variation. Complaints Team are continuing to review the complaints triage process to ensure that it is effective and that the number of PALS escalated to formal complaints does not rise.

The number of reported patient safety incidents is below the long term mean and has decreased again this month although the rate per 1000 bed days has continued to remain relatively stable and is within normal variation limits and above the mean rate but lower than the NRLS mean rate during September.

The largest categories for reported PSIs excluding Non Hospital Acquired Pressure Ulcers are Medication, Patient Falls, Patient Flow, Clinical Assessment and Treatment related incidents. Medication related incidents were higher than Patient falls during September 2023 but otherwise no significant changes in these categories compared to previous months.

There have been 34 incidents identified as relating to Your Next Patient which is continued reduction compared to previous months which accounts for 1.76% of total patient safety incidents. 35.3% (30.4% previous month) were Tissue viability. However, 83% of these (10 out of 12) were **NOT** hospital acquired but recording pressure damage on admission/attendance at UHNM. Only 1 case identified as hospital acquired. The final TV related incident was Non pressure ulcer but related to Cat 2 pressure damage on upper lip from Anchorfast whilst patient ventilated

Moderate harm or above incidents, both raw numbers and rate per 1000 bed days have decreased in September 2023 and remain within normal variation and continues on a longer term reducing trend since December 2022. There is significant lower variation with 8 consecutive months below the current mean rate. It is key to note that during September 2023 there has been 1 'Your Next Patient' / patient flow related incidents reported. The main category for these moderate harm or above incident are tissue viability (5), medication (4), clinical assessment (4) and falls (2).

Patient falls rate has continued to show positive trend, not yet statistically significant, with monthly reductions in both total falls rate and the falls with harm remain below the mean and match the target rate of 1.5 in September 2023.

Medication related incidents have increased slightly this month and continue to higher than same period last year as part of the drive to improve reporting of medication errors/incidents. However, there has been decrease in September (at time of the report) in the percentage of these incidents that have been reported as resulted in moderate harm or

above. This can be reflective of positive reporting culture with increased reporting but level of harm reducing. These incidents will be reviewed at Medicines Optimisation & safety Group to assess the impact on patients and also identify and share learning.

Pressure Ulcer developed under UHNM care with lapses in care, despite an in month increase in lapse of care, continued more longer term trend of reducing numbers and well within normal variation. The increases in total numbers are related to increases in number of Category 2 pressure ulcers in recent months with reductions in Deep Tissue Injury and Unstageable Pressure Ulcers. There are number of ongoing actions noted for improving pressure area car including strategic work with A3 on urethral erosions is on-going with associated actions identified as well as a Task and Finish Group set up with the ICB to improve continuity of care and reduce harm

Serious incident numbers and rates continue to show longer term reduction trend which supports the noted reductions in incidents with moderate harm of above and overall patient safety incident reporting. Falls continue to be the main reason for serious incidents being reported during 2023/2024, but September saw 3 Treatment related incidents and just 2 falls related.

There was 0 new Never Event reported during September 2023.

Duty of Candour compliance for evidence in written notification has declined in September and relates to 7 cases that had not recorded compliance with the internal 10 day target. All letters that were noted as late have subsequently been provided. Continued promotion and support to clinical teams is being provided and the importance of being open and sharing information is shared with teams.

Timely Observations are continuing to improve across the Trust. There remain 2 wards/departments with less than 50% of patients having timely observations recorded on VitalPack and these are same areas have remained below 50% for last 5 months at least. Medicine, Surgery and Network Services have all now included Timely Observations as Driver Metrics and focussing as priority to improve compliance.

VTE Risk assessment compliance has started to improve and is again above the 95% target as use of Tendable continues to be improved.

Hospital Associated Thrombosis rate remains below the long term mean in August 2023 with 17 cases and a rate of 0.85 per 10,000 admissions.

The current position for received patient Safety Alerts shows that there are now zero overdue Patient Safety Alerts. There were 2 new alerts received during September 2023 and 1 has already been closed and the second remains open within timescale at the of compiling the report.

Sepsis screening and IV Antibiotics continue to be below targets within Royal Stoke Emergency Department. Other emergency portals are achieving these targets. Sepsis Team continue to work with RSUH ED Teams to try and improve compliance and staff are following correct sepsis guidance.

The audited missed screening cases in Children and Maternity did not result in any harm and related to lack of or incomplete documentation.

Mortality indices remain within expected ranges and compare well with our peers and other acute trusts.

All data used in this report is as recorded on 5th September 2023 and figures may change following further review/investigation/update

Operational Performance

Situation

UHNM has been assessed as NHS Oversight Framework (NOF) Segmentation 3 and as such, a series of 'Exit Criteria' have been agreed which are aimed at making and sustaining the improvements needed across a range of oversight themes / metrics. This includes Elective Care, Urgent and Emergency Care (UEC) and Cancer.

In addition to this, UHNM have been issued Undertakings by NHS England, outlining steps that must be taken across UEC, Elective Care, Cancer, Maternity and Governance. The proposed UHNM Undertakings require the Trust Board to receive and approve a highlight report that describes progress against agreed action plans on key performance domains.

This report describes the activities undertaken to improve performance against four areas of National Constitutional

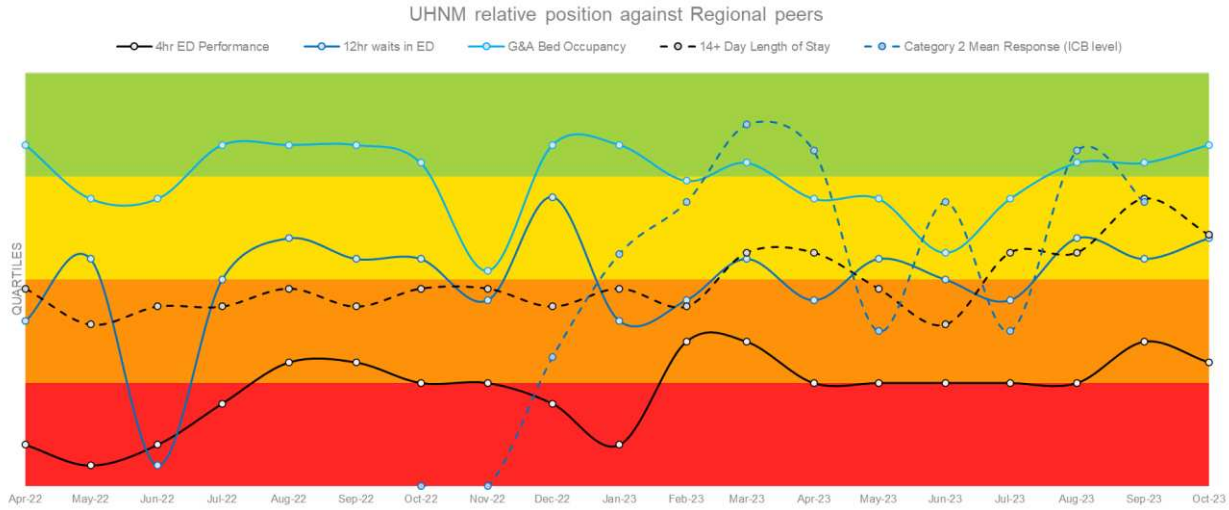
Standards. Those four areas are:

- Urgent and Emergency Care: including the A&E 4 hour target, 12 hour waits and Ambulance Handover Delays
- Diagnostic standard (6 week)
- Referral To Treatment (RTT) Elective Care Standards
- Cancer combined Standards for Treatment (31day), Faster Diagnosis (28 day) and total pathway (62 day)

Assessment

- **Urgent and Emergency Care**

- September saw a slight improvement in 4 Hour Performance with slight deteriorations to 12 Hour Performance and 1 Hour Ambulance Handovers. While there has been variance to performance month on month and individual peaks and troughs at a weekly level the majority of these metrics have maintained around a consistent median for approximately the last six months. While this flattening of absolute performance has not delivered improvements to trajectories it is notable that this is not a consistent picture regionally or nationally. The maintenance of performance has therefore through August and September improved our relative position as other Trust's performance has deteriorated. This has meant that we are now broadly performing above the median regionally for NOF UEC Exit Criteria KPI with the significant exception of Four Hour Performance.



- Given Four Hour Performance is such a significant KPI and our relative performance outlier there continues to be significant oversight, scrutiny, and challenge on the delivery of the Four Hour Recovery Plan. There has unfortunately been a number of delays across the small number of high impact actions identified to support improvements in performance. The development and utilisation of a Capacity & Demand dashboard to identify workforce requirements for optimum performance based on expected daily demand is now scheduled for implementation 17-Nov following challenges with the technical brief. The expansion of Progress Chasers to cover the Ambulatory and CED areas 24/7 has now been pushed back to 24-Nov as a result of an inability to recruit and internal sickness and/or maternity leave. Finally and in positive news, the conversion of Fit2Sit into an Ambulatory CDU has now been agreed with a planned go live date of 27-Oct. The Trust GIRFT visit scheduled for November will be targeted at non-admitted performance and will provide an opportunity for external check, challenge, and validation, as well as the highlighting of best practice nationally that will be considered for incorporation into the existing plan.

- In order to support delivery of the SSOT Winter Plan and improvements targeting 12 Hour Performance and 1 Hour Ambulance Handovers the two key workstreams of Frailty and OPAT have been agreed as priorities. Frailty developments are described in a multi-pronged strategy designed with system and regional input targeting a reduction in admissions facilitated by the movement of senior geriatric resource from MFFD patients to the ED and FEAU. While OPAT which has been identified as an underdeveloped and resourced service has an ambitious target of expanding from the current 10-12 patient load to an initial 30, with further development to 60 to align ourselves with neighbouring peers.

- The refresh of the Trust NEL Improvement Plan (NELIP) for 2024/25 has commenced with system partners aligned to our Undertakings requirement to produce and share such a plan. There are three primary principles which have been agreed. The first is that there should be a single plan encompassing all necessary NEL

obligations including Undertakings, NOF, Tier 2 Oversight, National Recovery, and Annual Operational Planning focussed on 4 Hour, 12 Hour, and Category 2 Performance. The second is that the NEL Improvement Plan should focus on fewer, high impact, programmes of work to consolidate organisational and system efforts. Finally, the third is that the plan should be fully integrated across the system with all partners engaged, involved, and working to a single shared plan and set of objectives.

- **Diagnostic Standard:**

- During September Diagnostic activity remained above 19/20 levels.
- Diagnostic performance against the 6 week standard was 74.9% un-validated overall which an improvement on the August validated performance of 70.6%
- Endoscopy performance is the main contributor to this performance. It has a large programme of work and improvement teams are designing an intensive improvement cycle in addition to extra Independent Sector capacity to ensure that trajectories for improvement are met and standard reached by March 2024.

- **Referral to Treatment (RTT) Planned Care and Elective Recovery**

As part of the Undertakings issued to the Trust the commitment for Elective services is to develop a single, comprehensive recovery plan for elective recovery. This must include:

- Maintaining zero 104-week in line with trajectories and this is maintained in line with plan
- Achieving zero 78-week waiters in line with trajectories and this is maintained in line with plan
- Eliminating waits of over 65-week by end March 2024 in line with an agreed system/NHSE trajectory and this is maintained in line with plan.

At the end of September the number of patients waiting more than 104 weeks was 1. The current prediction for the end of October is 0.

The validated number of 78 week breaches for end of September 170. This is predicted to be 154 for October, and takes into account the impact of industrial action (IA). Without IA the prediction for recovery would have been only 98 patients waiting.

National focus has now moved to patients waiting 65 weeks or more with an expectation to reduce them to below 200 patients by end of March 2024. In addition to this, there is a further expectation nationally that all patients waiting for their first outpatient appointment for more than 65 weeks are seen by the end of October. There are a number of specialties as part of our recovery plan that have substantial challenges in achieving this including Spines, Ophthalmology, MaxFac, Plastics, Paediatric Orthopaedics, Gastroenterology, Respiratory and Neurology. The number of patients waiting for more than 65 weeks position for September was 1230, down from August 1340.

There are a number of key workstreams which impact on and support elective recovery. These are highlighted as follows:

Theatres:

- Day Case activity and Elective Activity have moved from delivering 82% and 81% for August to 83% and 81% for September.
- The Trust has finalised its launch of the national standard booking 6-4-2 process within theatres with support from the regional theatres team. Day case as a % of all elective work is currently 87.2%. Both of these schemes seek to increase the number of patients being treated within existing resources and thereby reduce waiting lists.
- Capped utilisation in September was 77.1%, this is in normal variation, and sees a move to national reporting of capped utilisation. On the day cancellations have reduced for the third consecutive month but within normal variation.

Outpatients:

- Assessment on referral management, PIFU, Advice & Guidance and productivity are the key areas of focus within the improvement programme.
- There are clinical workstreams in place aligning to the OP GIRFT guidance in addition to the wider more general improvement schemes above. These receive additional support from specialists outside the organisation at NHSE and as part of the GiRFT programme. For example in Orthopaedics and Spinal services.

- **Cancer**

Undertakings for the Trust set out the requirement for a single comprehensive Cancer services recovery plan for Cancer. It will set out sustained improvement in the reduction of the 62-day backlog, and improvement in the Faster

Diagnosis Standard (28-day FDS), in line with an agreed system trajectory for a period of a least two consecutive quarters. Whilst current plans are refreshed and adapted into this single comprehensive format, existing trajectories will be maintained.

The reduction of patients waiting more than 62 and 104 days (backlog) must be tackled prior to the 62 day performance standard in order to maintain timely treatment for patients. At Q4 when the backlog trajectory looks to reduce to under 400 patients focus will move from this indicator to the % of patients waiting for 62 days or more, however until Q4 we will continue to focus on the reduction of patients who already have been waiting for more than 62 days or more.

- The trajectory which has been agreed through the tier 1 meetings with NHSE is included on slide 35 of the performance pack.
- In September the backlog of patients ended at 520. This position has now started to show signs of improvement, but affects the over all 62 day target. The backlog position is of particular issue in Colorectal, with some slippage in Skin.
- Most recent submitted Cancer Waiting Times position is August which was 51.4% for 62 day performance. September is currently predicted to be 52.1% although this will improve post validation, this is due to the number of treatments for our longest waiting patients increasing.

The 28 Day Faster Diagnosis Standard;

- This achieved 62.6% for all referral routes combined in August. The September position is currently incomplete and will be validated once Pathology confirms cancer or non cancer on high volume pathways such as Skin.
- Areas of best practice consistently achieving the standard are Breast and Upper GI and Skin.
- This achieved the regional ask of >70% and is improving towards the 75%target.

Workforce

Key messages

- The 12m turnover rate in September 2023 increased to 9.8% (8.3% in August) which remains below the trust target of 11%.
- M6 vacancies decreased to 8.59% (9.43% in August). Divisions continue to report good progress on their recruitment pipeline to close the gap on vacancies which is supported by the September presentation on progress made against the annual Workforce Plan.
- For M6, the in-month sickness rate increased by 0.15% to 5.23% (5.08% in August 2023). The 12-month cumulative rate fractionally increased to 5.32% (5.31% in August 2023).
- Stress and anxiety continues to be the top reason for sickness in September, which saw a decrease of 0.1% in the last month to 24.8% (24.9% in August). Chest & respiratory problems saw an in-month increase of 4.9% to 13.3% (8.4% in August 2023), and cold & flu to 4.7% (3.6% in August) moving cold & flu from 11th position in August, to 7th position, in September.
- 3 covid-related absences were recorded on ESR for September 2023, down from 5 episodes in August, following the cessation of symptomatic covid testing, since May 2023. Employees may report covid-like symptoms on Empactis, but Managers are then recording this as either chest & respiratory, or cold & flu, on ESR, as detailed above, in the absence of a formal lateral flow test.
- September 2023's PDR Rate increased by 0.6% to 82.6% (82.0% in August 2023). Work continues on refreshing PDR paperwork to support colleagues in achieving their potential.
- Statutory and Mandatory training rate on 30th September was 93.5% (94.2% on 31 August 2023) showing a very slight decrease. This compliance rate is for the 6 'Core for All' subjects only.
- The Staff Voice trust survey, for September 2023, received a total of 935 submissions providing an overall colleague engagement score of 6.57.
- The Being Kind sessions continued in September with 1,805 colleagues in attendance. Overall, 8,091 people have attended the training, either in person, virtually, or online, via the ESR virtual training session.
- Industrial action continued in September which required extensive coordination and cover from across the whole organisation.
- As part of Black History Month we have launched the See Me First initiative to promote equality and inclusivity during week commencing 16th October 2023. The initiative forms part of our commitment to having zero tolerance for any form of discrimination and that anyone who is subjected to racism is supported to speak up and challenge these behaviours in a safe way.
- The Chief Executive has signed the Sexual Safety Charter which is an agreement containing 10 pledges including commitments to provide our people with clear reporting mechanisms, training and support.

Finance

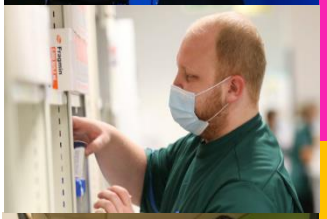
Key elements of the financial performance year to date are:

- For Month 6 the Trust has delivered a year to date deficit of £7.2m against a planned surplus of £3.1m; this adverse variance of £10.4m is primarily driven by underperformance against the Trust's in year CIP target, the impact of industrial action and unfunded additional winter escalation capacity that remains open.
- The Trust has incurred £4.4m of costs relating to winter escalation capacity remaining open to Month 6; the Month 6 position includes £1.8m of additional funding from the local ICB.
- The industrial action (IA) by medical staff has cost the Trust £3.9m in backfill arrangements. Whilst this cost is unfunded the ERF target for the year has been reduced by 2% in relation to the April IA with further guidance expected for subsequent IA.
- To date the Trust has validated £23.2m of CIP savings to Month 6 against a plan of £27.5m. The Trust has recognised £2.1m of CIP due to an assumed reduction in the annual leave provision; this delivers 50% of the NR ICB stretch CIP target. Schemes of £48.3m have been identified for delivery in 2023/24. The PMO is currently working with scheme leads to develop robust plan to deliver these savings. The £8.0m divisional schemes remain unidentified.
- There has been £25.8m of Capital expenditure which is £2.9m below plan.
- The cash balance at Month 6 is £76.6m which is £4.2m lower than plan

Key Recommendations

The Trust Board is requested to note the performance against previously agreed trajectories.
The Trust Board is requested to approve narrative within the IPR as an appropriate highlight report; satisfying the requirements of the Trusts undertakings from November 2023 onwards.

NHS
University Hospitals of North Midlands
NHS Trust



Integrated Performance Report

Month 06 2023/24

Delivering Exceptional Care with Exceptional People

Contents

A note on SPC

The following report uses statistical process control (SPC) methods to draw two main observations of performance data;

Variation - are we seeing significant improvement, significant decline or no significant change

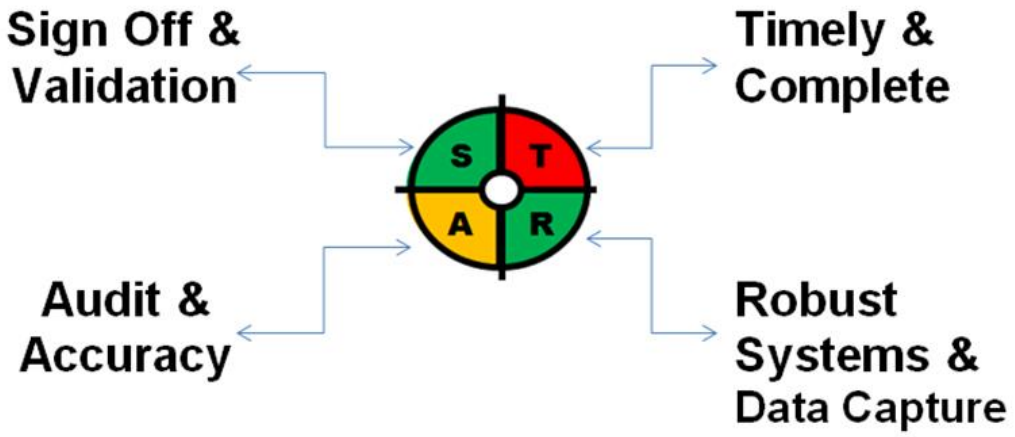
Assurance - how assured of consistently meeting the target can we be?

The below key and icons are used to describe what the data is telling us;

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

A note on Data Quality

- Data Quality Assurance Indicators (DQAI) are used in this report to help give context and assurance as to the reliability and quality of the data being used.
- The STAR Indicator provides assurance around the processes used to provide the data for the metrics reported on.
- The four Data Quality domains are each assessed and assurance levels for each are indicated by RAG status.



Explaining each domain

Domain	Assurance sought
S - Sign Off and Validation	Is there a named accountable executive, who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency with executive officer oversight?
T - Timely & Complete	Is the data available and up to date at the time of submission or publication. Are all the elements of required information present in the designated data source and no elements need to be changed at a later date?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)? Are accuracy checks built into collection and reporting processes?
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

RAG rating key

Green	**Good level of Assurance for the domain**
Amber	**Reasonable Assurance – with an action plan to move into Good**
Red	**Limited or No Assurance for the domain - with an action plan to move into Good**

NHS
University Hospitals of North Midlands
NHS Trust

Quality

Caring and Safety

2025 Vision "Provide safe, effective, caring and responsive services"

Quality Spotlight Report

University Hospitals of North Midlands NHS Trust

The Trust achieved the following standards in September 2023:

- Friend & Family (Inpatients) 96.2% and exceeds 95% target.
- The rate of complaints per 10,000 spells is 24.19 and remains below the target of 35 and long term mean rate but within normal variation
- Falls rate was 5.0 per 1000 bed days for September 2023, 3rd consecutive month below benchmark rate
- Rate of falls reported that have resulted in harm to patients currently at 1.5 per 1000 bed days and continues to be within the control limits and normal variation.
- Pressure Ulcers per 1000 bed days with lapses in care developed under UHNM care is now 0.56 in and above the target rate 0.5. Category 2 PUs appear to be driver in recent months with Cat 3, DTI and Unstageable all remaining relatively constant or reducing.
- Hospital Associated Thrombosis has continued to remain below the mean rate for the past 7 months and is within normal variation and cases are under review.
- 0 Never Events
- Trust rolling 12 month HSMR continue to be within expected range.
- Zero avoidable MRSA Bacteraemia cases reported.
- There have been no Category 4 Pressure Ulcers attributable to lapses in care.
- VTE Risk Assessment completed during admission remains above 95% target with 97.4% (via Tendable)
- Inpatient sepsis Screening and Sepsis IVAB within 1 hour achieved 92% and 100% respectively and meeting the 90% target rate
- Children's IVAB within 1 hour achieved 100%
- Zero overdue Patient Safety Alerts

The Trust did not achieve the set standards for:

- Friend & Family (A&E) has declined and remains below 85% target at 71.6%
- Friend & Family (Maternity) improved to 94.7% but below 95% target
- 90% verbal Duty of Candour compliance recorded in Datix
- 65% compliance with Duty of Candour 10 working day letter performance following formal verbal notification and under review for completion and upload of letter on Datix
- There were 27 Pressure ulcers including Deep Tissue Injury identified with lapses in care.
- Timely Observations remain below the 90% target but has seen further improvement during September
- E. Coli Bacteraemia cases above trajectory with 24 in September compared to target of 16.
- C Diff YTD figures above trajectory with 20 against a target of 8.
- Sepsis Screening compliance in Emergency Portals decreased to 50% below the target 90%.
- Emergency Portals Sepsis Screening improved to 81% but remains below the 90% target for audited patients
- Children's Sepsis Screening compliance failed to achieve the 90% target with 57.1% during September.
- Maternity Sepsis Screening compliance improved to 78.9% but remain below 90% target
- Maternity IVAB compliance 67% and below the 90% target for audited patients

During September 2023, the following quality highlights are to be noted:

- Majority of complaints in September 2023 continue to relate to clinical treatment.
- Total number and rate of Patient Safety Incidents decreased in month
- Total incidents with moderate harm or above and the rate of these incidents within normal variation levels during September and have continued to reduce for the past 9 months with 7 months below the mean (significant trend).
- Medication related incidents rate per 1000 bed days is 6.5 which is higher than previous month and patient related 5.6 is also higher than previous month. The monthly variation is within the normal expected variation and above the NRLS national rates. The % of medication incidents reported with moderate harm or above has decreased for September 2023.
- 5 Serious Incidents reported during with 3 Treatment Related and 2 falls related.
- SHMI 101.3 and is Band 2 – as expected. There has been improvement in SHMI

Quality Dashboard

NHS
University Hospitals of North Midlands
NHS Trust

Metric	Benchmark	Previous	Latest	Variation	Assurance
Patient Safety Incidents	1900	2150	1934	H	?
Patient Safety Incidents per 1000 bed days	50.70	53.81	48.97	H	?
Patient Safety Incidents per 1000 bed days with no harm	32	36.34	32.26		?
Patient Safety Incidents per 1000 bed days with low harm	13	14.47	13.72		?
Patient Safety Incidents per 1000 bed days reported as Near Miss	2	2.30	2.28	H	?
Patient Safety Incidents with moderate harm +	20	26	21	L	?
Patient Safety Incidents with moderate harm + per 1000 bed days	0.60	0.65	0.53	L	?
NRLS risk of potential under reporting (CQC Insights)	1.0	0.79	0.89		?
Patient Falls per 1000 bed days	5.6	5.0	5.0	L	?
Patient Falls with harm per 1000 bed days	1.5	1.3	1.5		?
Medication Incidents per 1000 bed days	6	6.4	6.5	H	?
Medication Incidents % with moderate harm or above	0.50%	2.33%	1.94%		?
Patient Medication Incidents per 1000 bed days	6	5.4	5.6	H	?
Patient Medication Incidents % with moderate harm or above	0.50%	2.76%	2.27%		?

Metric	Benchmark	Previous	Latest	Variation	Assurance
Serious Incidents reported per month	0	10	5		?
Serious Incidents Rate per 1000 bed days	0	0.25	0.13		F
Never Events reported per month	0	0	0		?
Duty of Candour - Verbal/Formal Notification	100%	93.8%	90.0%		?
Duty of Candour - Written	100%	82%	65.0%		?
All Pressure ulcers developed under UHNM Care	60	57	63		?
All Pressure ulcers developed under UHNM Care per 1000 bed days	1.6	1.43	1.60		?
All Pressure ulcers developed under UHNM Care lapses in care	12	13	22		?
All Pressure ulcers developed under UHNM Care lapses in care per 1000 bed days	0.5	0.33	0.56		?
Category 2 Pressure Ulcers with lapses in Care	8	7	9		?
Category 3 Pressure Ulcers with lapse in care	4	0	2		?
Deep Tissue Injury with lapses in care	0	5	8		?
Unstageable Pressure Ulcers with lapses in care	0	1	3		?

Delivering Exceptional Care with Exceptional People

Quality Dashboard

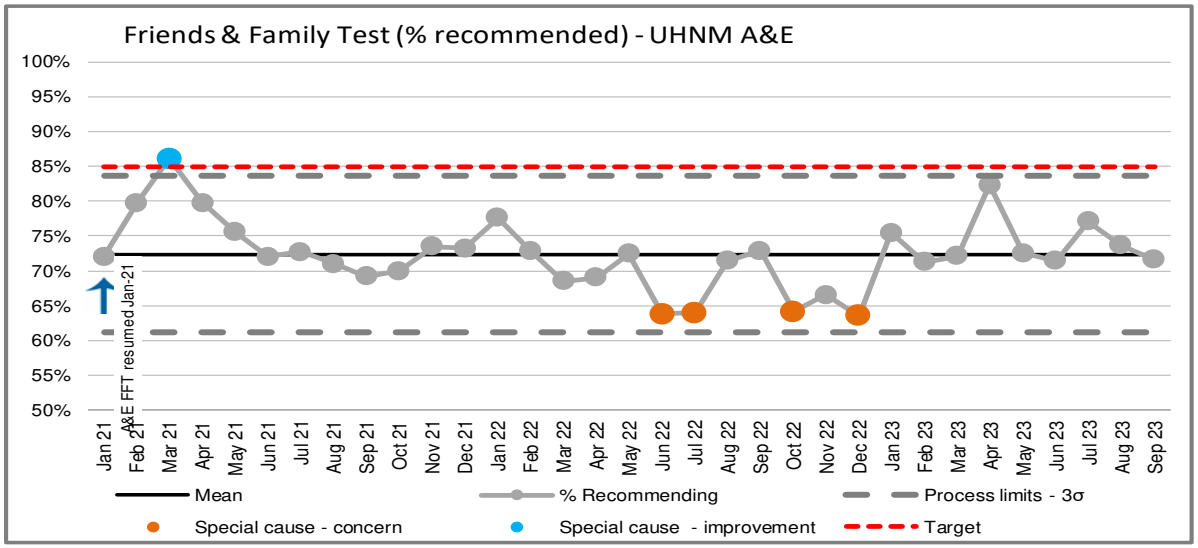
University Hospitals of North Midlands NHS Trust

Metric	Benchmark	Previous	Latest	Variation	Assurance
Friends & Family Test - A&E	85%	73.7%	71.6%		
Friends & Family Test - Inpatient	95%	96.3%	96.2%		
Friends & Family Test - Maternity	95%	90%	94.7%		
Written Complaints per 10,000 spells	35	35.10	27.64		
Complaints received by the CQC (feb 21 - Jan 22)	N/A	49	76		
Rolling 12 Month HSMR (3 month time lag)	100	100.00	100.39		
Rolling 12 Month SHMI (4 month time lag)	100	101.78	101.30		
VTE Risk Assessment Compliance	95%	97.1%	97.4%		
Hospital Associated Thrombosis Rate per 10,000 Admissions	N/A	0.90	1.03		
Timely Observations	90%	71.0%	72.6%		
Reported C Diff Cases per month	8	17	20		
Avoidable MRSA Bacteraemia Cases per month	0	0	0		
HAI E. Coli Bacteraemia Cases per month	16	20	24		

Metric	Benchmark	Previous	Latest	Variation	Assurance
Inpatient Sepsis Screening Compliance (Contracted)	90%	91.7%	92.0%		
Inpatient IVAB within 1hr (Contracted)	90%	100%	100.0%		
Children Sepsis Screening Compliance (All)	90%	86%	57.1%		
Children IVAB within 1hr (All)	90%	N/A	100.0%		
Emergency Portals Sepsis Screening Compliance (Contracted)	90%	83.0%	78.0%		
Emergency Portals IVAB within 1 hr (Contracted)	90%	82.93%	50.0%		
Maternity Sepsis Screening (All)	90%	72%	78.9%		
Maternity IVAB within 1 hr (All)	90%	100%	100.0%		

Delivering Exceptional Care with Exceptional People

Friends & Family Test (FFT) – A&E



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
85%	77.1%	73.7%	71.6%

Background

The % of patients who would recommend the service to friends and family if they needed similar care or treatment

- The overall satisfaction rate for our EDs remains somewhat below our internal target at 71.6% for September 2023.
- The Trust received just 864 responses which is a decrease on the previous month with a 9% response rate for overall. The Trust's overall satisfaction rate is lower than the national average of 81% (NHS England July) at 72%. UHNM is 34th out of 124 Trusts for the number of responses in ED (NHS England July 2023), and 87th out of 124 Trusts for the percentage positive results.
- Feedback from patient experience of using 111First and the kiosks continues to be monitored. 24% of respondents in September 2023 reported to have used 111First prior to attending ED, which is an increase on previous months. Key themes from September 2023 remain the same: poor communication, staff attitude, long waits, pain relief especially related to Royal Stoke, patient's feeling dismissed at County.

Actions :

FFT push – handed out to all patients on arrival to ED.

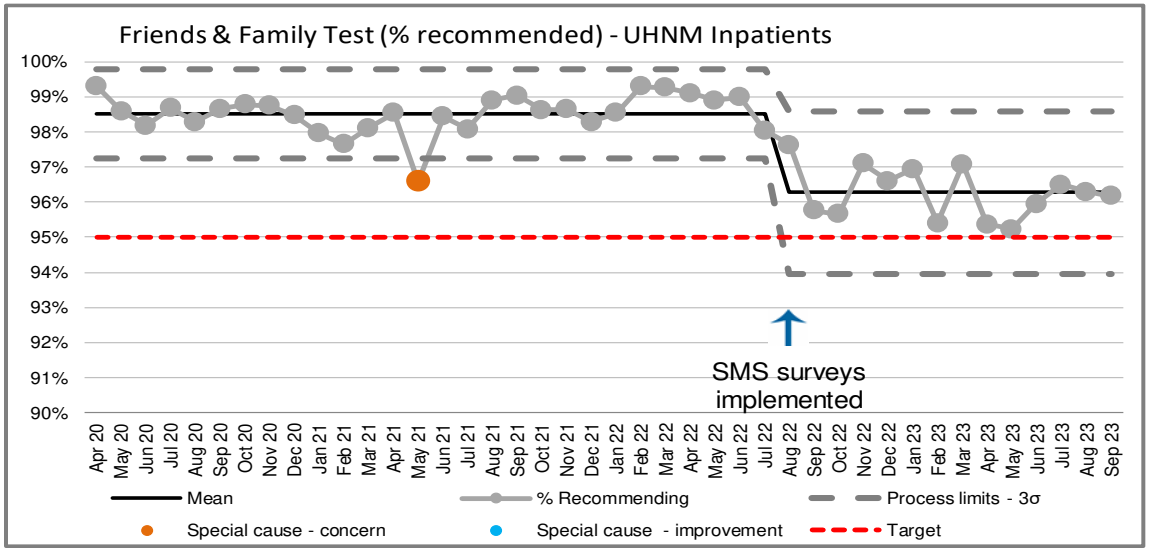
QR code made visible throughout the department.

QR code put onto all future FFTs.

You said we did board in waiting room.

Friends & Family Test (FFT) - Inpatient

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
95%	96.5%	96.3%	96.2%

Background

Percentage of Friend & Family Tests that would recommend UHNM Inpatient Services

What do the results tell us?

- The monthly satisfaction rate for inpatient areas continue to exceed both the internal target rate of 95% and the national average of 95% (July 2023 NHS England) at 96.2% for September 2023.
- In September 2023 a total of 2489 responses were collected from 68 inpatient and day case areas (10893 discharges) equating to a 23% return rate which is the highest in Q2 but remains lower than the internal target of 30%. UHNM have the 23rd highest response rate for all reporting Trusts in the country (154) NHS England July 2023.

Actions:

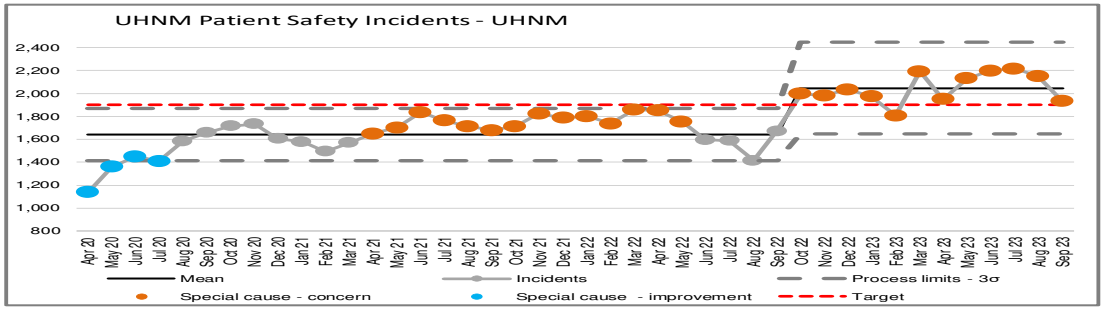
- Continue to ensure that FFT surveys are available in multiple formats to ensure accessibility for all patients.
- Focus on Medicine and Surgery to increase response rate.

Work continues around a suite of patient priorities based on patient feedback:

- Timely medications
- Pain management
- Involvement in care and decision making
- Improving the experience of our oncology patients

Reported Patient Safety Incidents

NHS
University Hospitals of North Midlands
NHS Trust

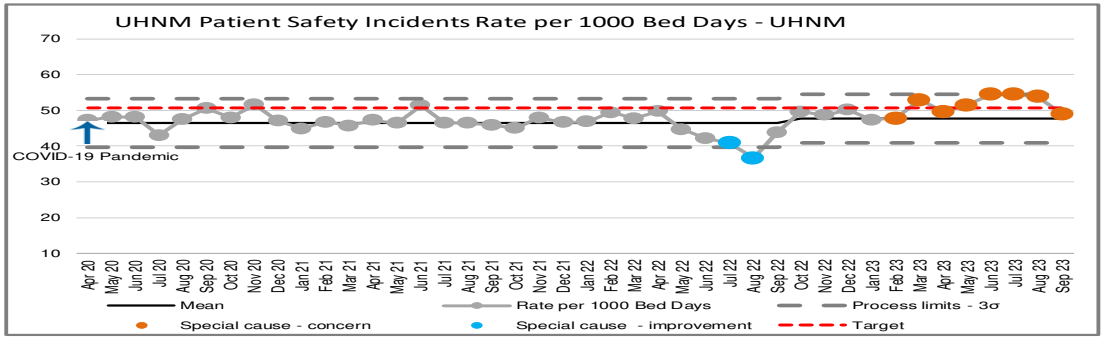


Variation	Assurance
H	?

Target	Jul 23	Aug 23	Sep 23
	1900	2214	2150	1934

Background

Total Reported patient safety incidents



Variation	Assurance
H	?

NRLS Mean	Jul 23	Aug 23	Sep 23
50.70	54.51	53.81	48.97

What is the data telling us:

The above data relates to **all** reported Patient Safety Incidents (PSIs) across the Trust. The July 2023 total is above the mean total since COVID-19 started but this may be due to increased activity throughout the Trust. The rate per 1000 bed days has, despite increase in total numbers remain relatively stable and is slightly above the NRLS rate.

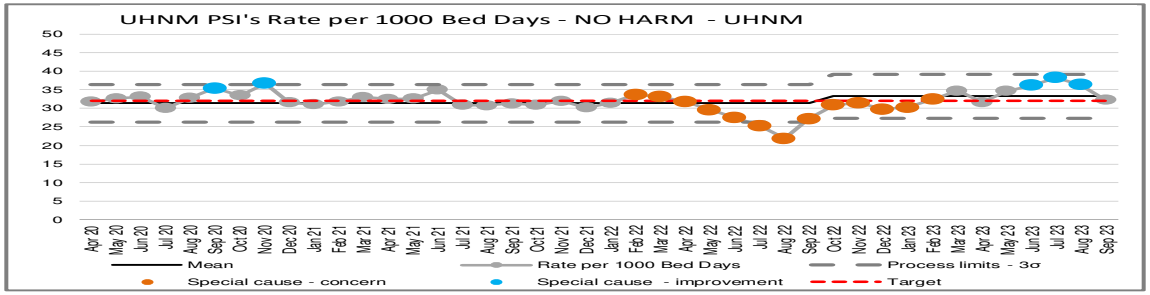
However, the reporting of incidents and near misses should continue to be encouraged and promoted and increasing rates and numbers of total incidents is not necessarily to be viewed as concern. It is important to review the different levels of harm within the overall totals.

The largest categories for reported PSIs excluding Non Hospital Acquired Pressure Ulcers are Medication, Patient Falls, Patient Flow, Clinical Assessment and Treatment related incidents. Medication related incidents continue to be the largest category after Tissue Viability in September 2023 but were slightly lower than numbers reported in July 2023.

There have been reductions in incidents relating to 'Your Next Patient' with 34 during September 2023 (76 in August, 110 in July, 102 in June, 97 in May, 117 in April, 157 in March, 170 in February and 228 in January 2023) which accounts for 1.76% (3.6% in August, 5.1% in July, 4.8% in June and May, 6.21% in April, 7.4% in March, 9.8% in February and 12% in January 2023) of total patient safety incidents. 35.3% (30.4% and 28.2% previous months) were Tissue Viability. However, 83% (10 out of 12) of these were **NOT** hospital acquired but recording pressure damage on admission/attendance at UHNM. Only 1 case identified as hospital acquired. The final TV related incident was Non pressure ulcer but related to Cat 2 pressure damage on upper lip from Anchorfast whilst patient ventilated

Reported Patient Safety Incidents with No / Low Harm or Near Misses per 1000 bed days

NHS
University Hospitals of North Midlands
NHS Trust

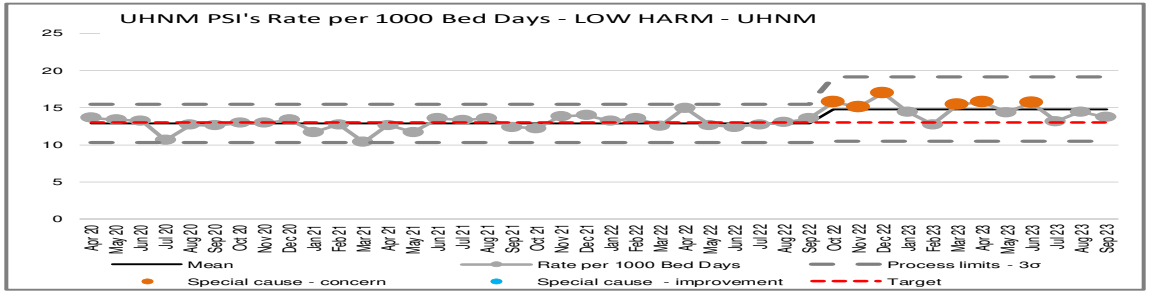


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
32	38.24	36.34	32.26

Background

The rate of Patient safety Incidents per 1000 bed days that are reported as resulting in No Harm to the affected patient.

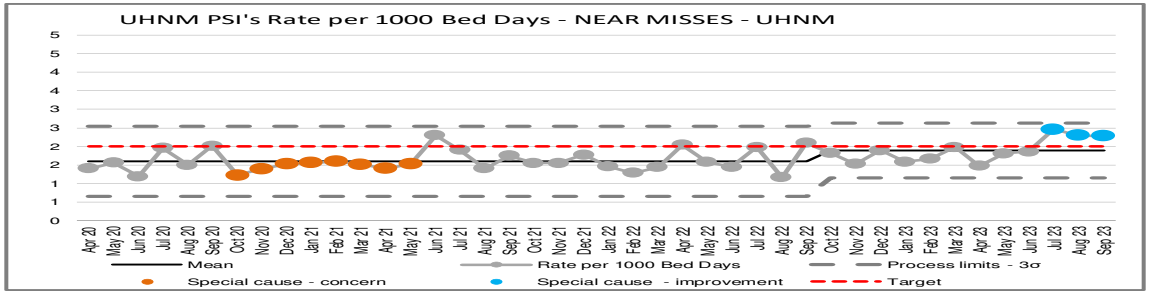


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
13	13.15	14.47	13.72

Background

The rate of Patient safety Incidents per 1000 bed days that are reported as resulting in LOW Harm to the patient.



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
2.0	2.46	2.30	2.28

Background

The rate of Patient safety Incidents per 1000 bed days that are reported as NEAR MISS

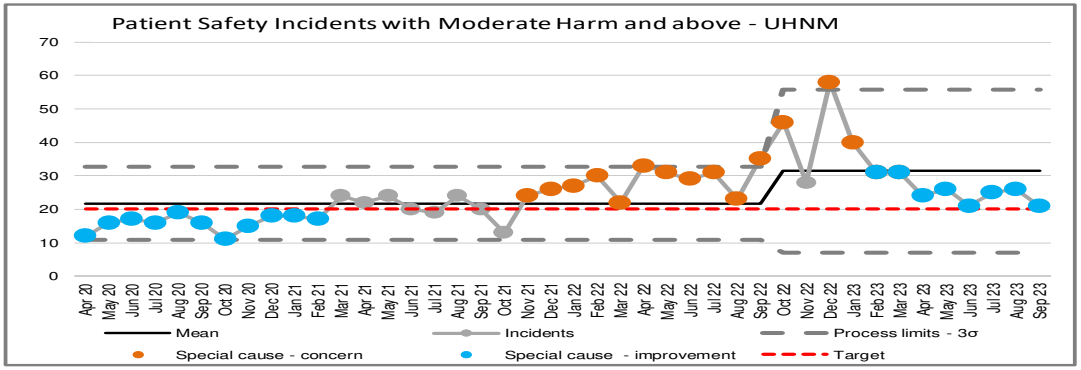
What is the data telling us:

The Rate of Patient Safety Incidents per 1000 bed days with no harm and near misses have seen rates increase in recent months with decrease in recent months in low harm.

The reporting of all incidents and near misses should continue to be encouraged so that mitigating actions and learning can be identified via these incidents to further improve the quality of care and services provided and reduce risk of serious harm.

Reported Patient Safety Incidents with Moderate Harm or above

NHS University Hospitals of North Midlands NHS Trust

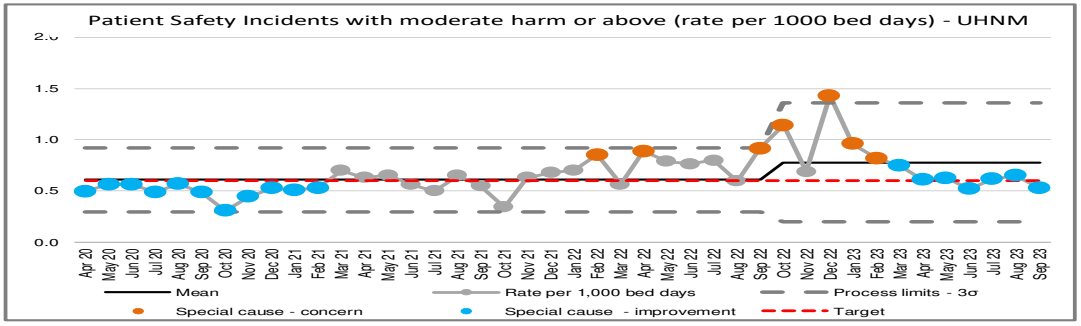


Variation	Assurance
	

Target	Jul 23	Aug 23	Sep 23
20	25	26	21

Background

Patient safety incidents with reported moderate harm and above



Variation	Assurance
	

Target	Jul 23	Aug 23	Sep 23
0.60	0.62	0.65	0.53

What is the data telling us:

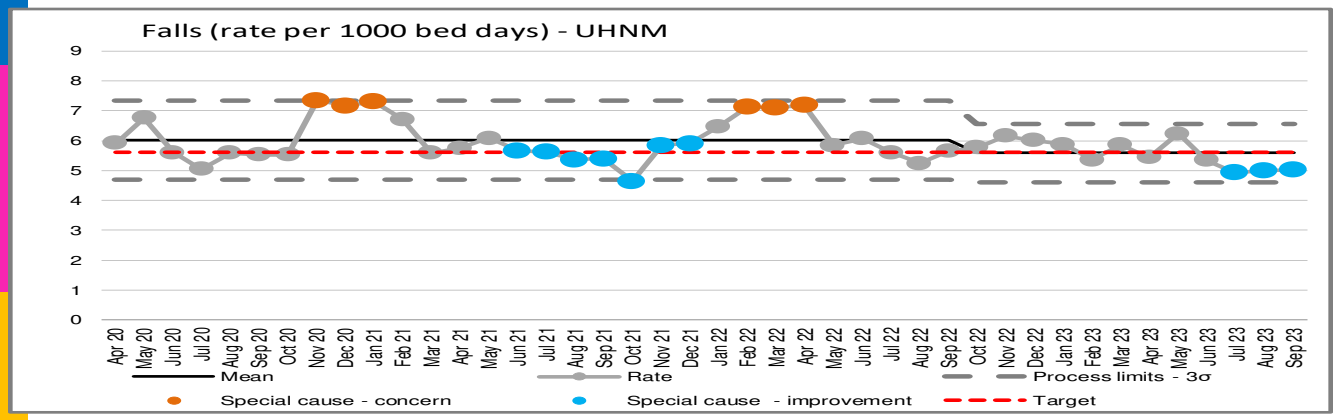
The variation noted in charts above for moderate harm or above total and rate per 1000 bed days is within control limit but has shown decreasing total numbers and rate for the past 9 months.

The top category of incidents resulting in moderate harm reflect the largest reporting categories with 5 Tissue Viability, 4 Medication, 4 Clinical assessment and 2 Falls

One of these moderate harm and above incidents were noted as relating to **'Your Next Patient'** and was Clinical assessment related (delay in diagnosis)

Patient Falls Rate per 1000 bed days

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Jul 23	Aug 23	Sep 23
5.6	4.9	5.0	5.0

Background

The number of falls per 1000 occupied bed days

What is the data telling us:

The Trust's rate of reported patient falls per 1000 bed days between July & September 2023 has been significantly below average.

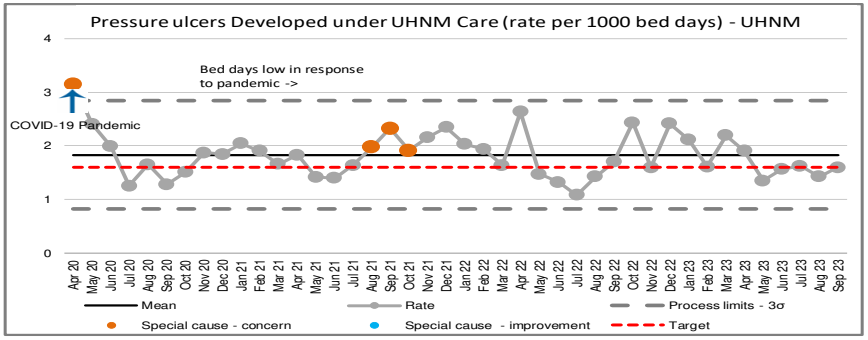
The areas reporting the highest numbers of falls in August 2023 were:

Royal Stoke AMU – 20 falls, Ward 228 – 14 falls, Ward 222 – 10 falls, Ward 230 – 9 falls, Royal Stoke ECC – 9 falls

Recent actions taken to reduce impact and risk of patient related falls include:

- Audits/spot checks have taken place in all of the above areas.
- 1:1 education has been delivered by Q&S to ECC and AMU staff. The staff have been educated about documentation, interventions to prevent falls and discussions around deconditioning. This will continue weekly by Q&S.
- ECC monthly topic for improvement is lying and standing blood pressures.
- AMU have trained a third of the staff on how to complete the new risk assessment booklet correctly (new book holds more risk assessments than previous).
- AMU have improved nurse to patient ratio and the team have been asked if it would be possible to have tables in the bays to allow staff to carry out documentation whilst being visible to patients who have falls risk factors.
- All of the areas above have had new falls champions trained recently in order to cascade training to their teams.
- AMU and ECC have had recent SI's and remain in the Top 5 falling wards therefore focus of improvement is constant.
- Ward 230 are frequently in the Top 5 falling wards and this is possibly due to their group of patients, however last SI was in March 2023.
- Ward 14 are seen in the Top 5 falling wards occasionally and their last SI was in July last year.

Pressure Ulcers developed under care of UHNM per 1000 bed days

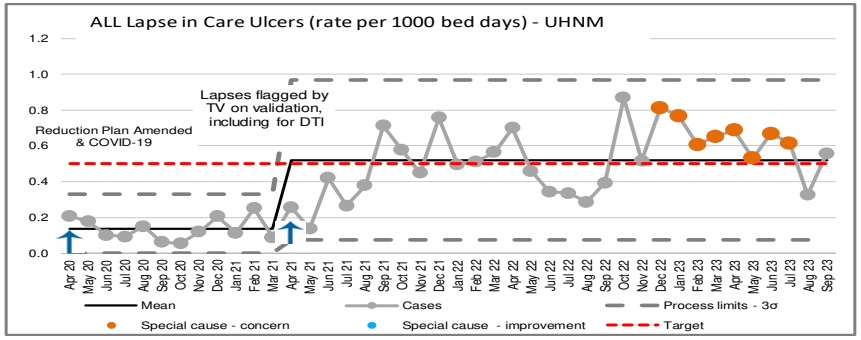


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
1.6	1.63	1.43	1.60

Background

Rate of Deep Tissue injuries and Category 2-4 and Unstageable pressure ulcers which developed under the care of UHNM



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
0.5	0.62	0.33	0.56

Background

Rate of ALL pressure ulcers which developed whilst under the care of UHNM with lapses in care identified

What the data is telling us

The rate of pressures ulcers reported as developed under UHNM care was within expected limits in September. The rate of cases with lapses in care identified was also within expected range in September.

Where a patient can not be repositioned due to acuity, this must be documented, otherwise a potential lapse in care may be identified.

High reporting areas will be presenting all incidents at bespoke RCA panels, to allow identification of trends, and establish their improvement and educational focus. The Tissue Viability team and Corporate Nursing Quality & Safety Teams will support with this.

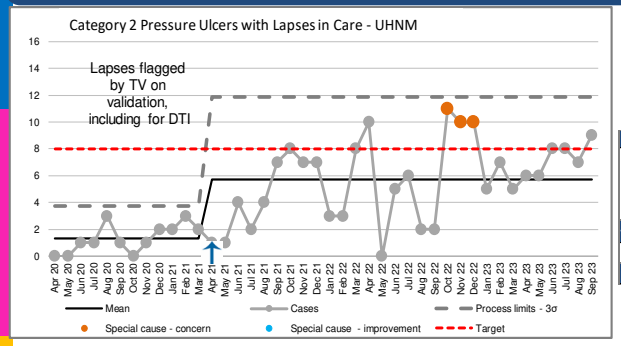
Pressure Ulcer prevention is an annual objective and a key driver metric as part of the Trust's Improving

Actions

- Training continues for NA induction, Preceptorship days, overseas nurses, and ED agency paramedics .
- Education is being delivered in pressure prevention, continence, categorisation, and wound assessments. Ad hoc education requests are mad by clinical areas.
- ESR approved by Stat & Mand Training group has been approved – moving forward with the new categorisation recommendations from NWCSP
- Corporate scorecard being developed in line with Trust strategy
- ED pathway developed and discussed with ED Matron for patients deemed high risk of pressure damage
- Stakeholder group created for patient seating. To update the chair and mattress audit with IP and visits to areas have recommenced. Company reps will be supporting with auditing surfaces
- Trust wise audit on equipment to take place in October, highlighting faulty equipment and deliver education
- Planning for Stop The Pressure in November underway with Senior teams asked to get involved
- A3 on urethral erosions is on-going work, actions identified.

Pressure Ulcers with lapses in care

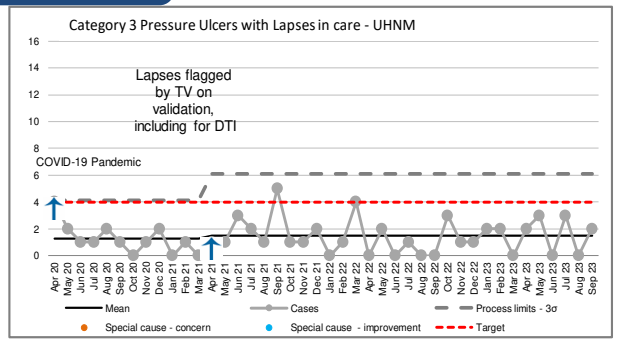
University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
8	8	7	9

Background

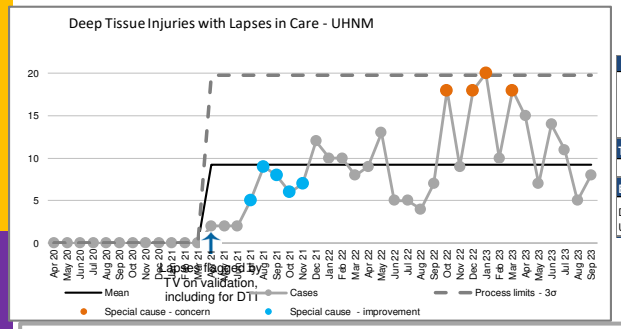


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
4	3	0	2

Background

Category 3 pressure ulcers which developed under the care of UHNM with lapses in care associated

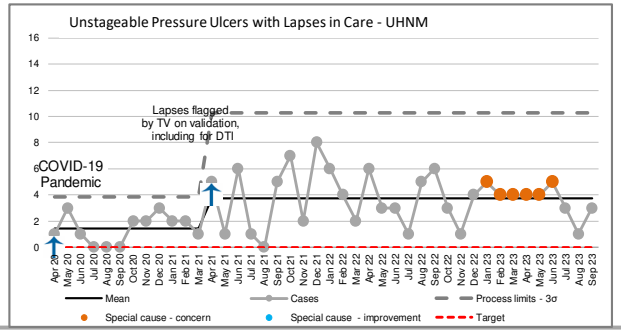


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
0	11	5	8

Background

Deep Tissue Injuries which developed under the care of UHNM with lapses of care associated



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
0	3	1	3

Background

unstageable ulcers which developed under the care of UHNM with Lapses in care associated

What is the data telling us:

The charts above show numbers within expected limits for all individual categories of pressure damage with lapses., although the number of Category 2 ulcers with lapses in care has been above average for 10 of the past 12 months. This correlates with the higher numbers of total lapses seen in recent months, and offers some reassurance that the higher numbers have been associated with Category 2's rather than numbers in the more serious categories.

The table below shows the most common lapses identified last month.

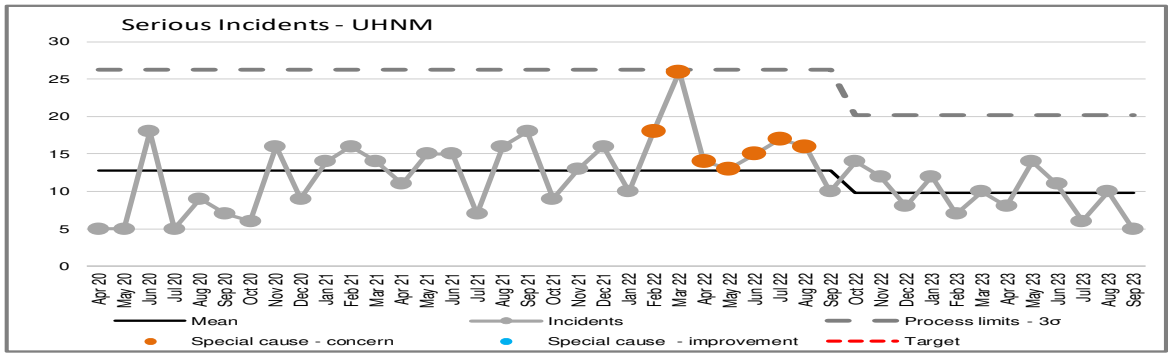
Root Cause(s) of damage - Lapses - Aug 2023	Total
Management of repositioning	14
Management of heel offloading	7
Management of device	3

Locations with more than 1 lapse in September 2023 were: **ED Stoke (3), FEAU (3) , Ward 81 (2)**

Actions:

- PSIRF AAR are being completed where learning identified is being shared at earliest opportunites
- High reporting wards and wards of concern are visited by Quality and Safety and Tissue Viability to complete audits and deliver education
- Assurance visits from Quality and Safety team for action plans completed
- Training video on accountability and documentation will be an action following AAR
- Data collection for the second quarter is underway
- Tendable questions have been updated and support for completion of the audit being given to highlight immediate actions
- Training video has been made for care of catheters after an increase in urethral damage, along with the catheter life chart being updated to evidence care and prevention of damage

Serious Incidents per month

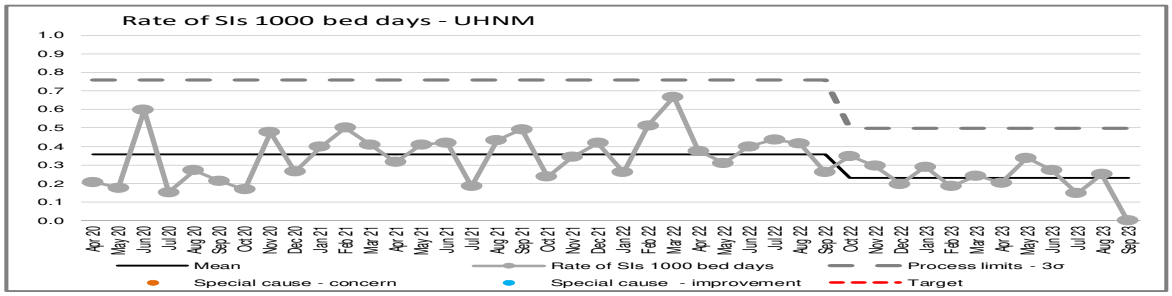


Variation	Assurance

Threshold	Jul 23	Aug 23	Sep 23
0	6	10	5

Background

The number of reported Serious Incidents per month



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
0	0.15	0.25	0.00

Background

The rate of Serious Incidents Reported per 1000 bed days

What is the data telling us:

Monthly variation is within normal limits. Target has been set at 0 for serious incidents but this remains under review to develop trajectory for reducing serious incidents across UHNM. September 2023* saw 5 incidents reported:

- 2 Falls related incidents
- 3 Treatment related incidents

The rate of SIs per 1000 bed days has varied consistently within confidence limits but the past 10 months have shown significant improvement with rate below the previous long term mean of 0.4. The confidence limits have been recalculated from October 2022 to reflect the significant changes. The current rate is 0.13.

**Reported on STEIS as SI in September2023, the date of the incident may not be September 2023.*

Serious Incidents Summary

University Hospitals of North Midlands NHS Trust

Summary of new Maternity Serious Incidents

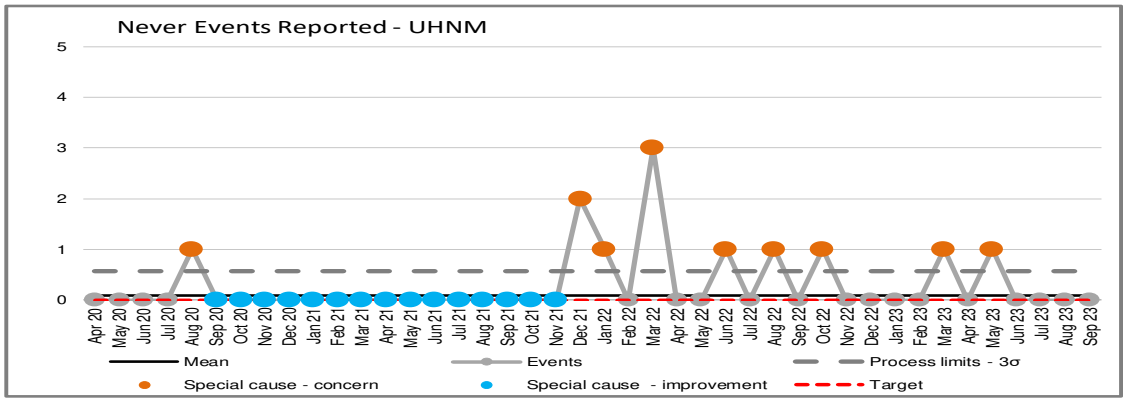
Following the formal recommendations in the Ockenden Report, below is an outline of the Maternity related serious incidents reported during September 2023. The new recommendation requires the Trust Board to receive summary on the new Maternity related Serious Incidents along with previously reported summary of numbers and categories.

All Serious Incidents will continue to be are reported and investigated and the final Root Cause Analysis presented at Divisional meetings and Risk Management Panel for review and agreement prior to sharing with CCGs for closure.

There was 0 Maternity related Serious Incidents reported on STEIS during September 2023

Log No	Patient Ethnic Group:	Type of Incident	Target Completion date	Description of what happened:

Never Events



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
0	0	0	0

Background

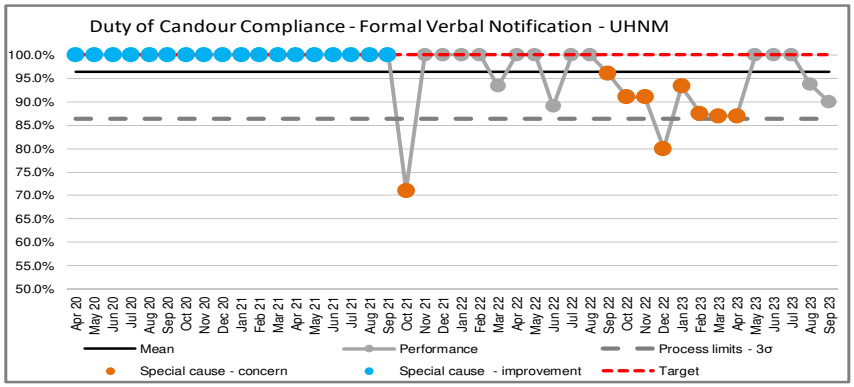
Defined as Serious Incidents that are wholly preventable, as strong systemic protective barriers should be in place

There has been 0 Never Event reported in September 2023. The target is to have 0 Never Events.

Log No.	STEIS Category	Never Event Category	Description	Target Completion date

Duty of Candour Compliance

NHS
University Hospitals of North Midlands
NHS Trust

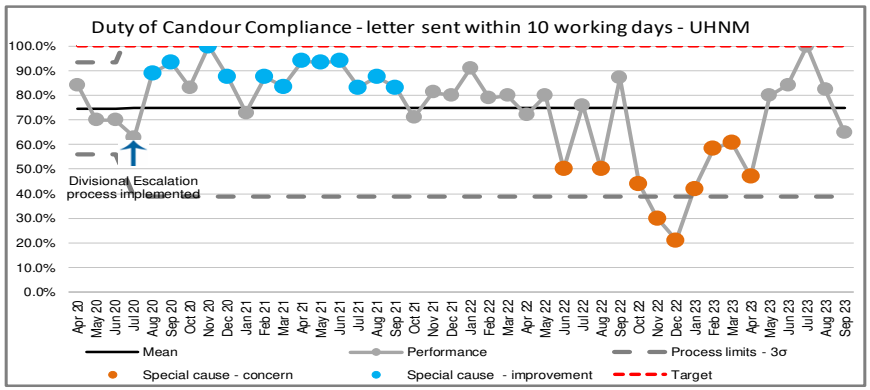


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
100%	100.0%	93.8%	90.0%

Background

The percentage of duty of candour incidents reported per month with verbal notification recorded/undertaken



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
100%	100.0%	82.4%	65.0%

Background

The percentage of notification letters sent out within 10 working day target

What is the data telling us:

During September there were 20 incidents reported and identified that have formally triggered the Duty of Candour. 90% (18 out of 20) have recorded that the patient/relatives been formally notified of the incident in Datix and within normal variation.

Confirmed Follow up Written Duty of Candour compliance* (i.e. receiving the letter within 10 working days of verbal notification **and recorded in Datix**) during September 2023 was 65% as at 5th October 2023 including those letters that are completed within timescale and not yet exceeded the timeframe.

* *The 10 day target is noted as internal target*

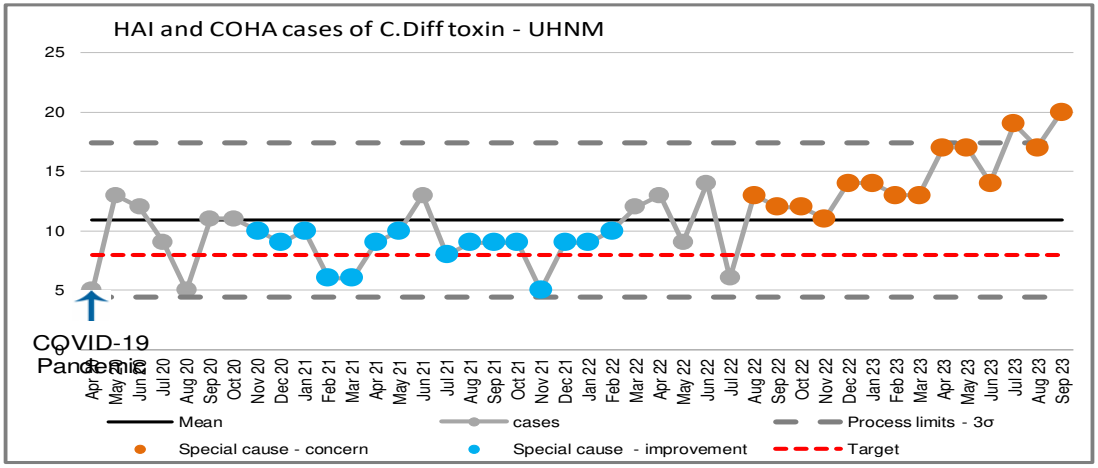
Actions taken:

Divisions are continuing to work with and support clinicians and Q&S teams to raise further awareness and education on how and why Duty of Candour is to be completed.

Monitoring of compliance and update with evidence takes place at day 5 and 7 with a escalation process in place which is in the process of being formalised across the Divisions

Compliance is included in Divisional reports for discussion and action and escalations are made prior to deadline to support completion as much as possible

Reported C Diff Cases per month



Variation	Assurance
H	?

Target	Jul 23	Aug 23	Sep 23
8	19	17	20

Background

Number of HAI + COHA cases reported by month

What do these results tell us?

Number of C Diff cases are outside SPC limits and normal variation

There have been 20 reported C diff cases in September 2023

HAI: cases that are detected in the hospital three or more days after admission (day 1 is the day of admission)

COHA: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks

There has been four clinical areas with more than one Clostridium *difficile* case within in a 28 day period. Where ribotpyes are different person to person transmission is unlikely.

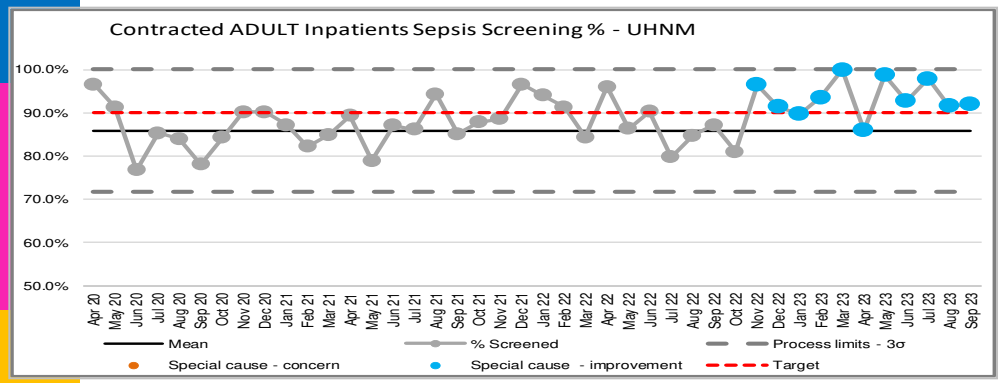
- AMU Royal – awaiting ribotype results
- Ward 110 – different ribotypes
- Ward 201 – 2 samples have different ribotypes, awaiting 3rd sample result
- Ward 14 – different ribotypes

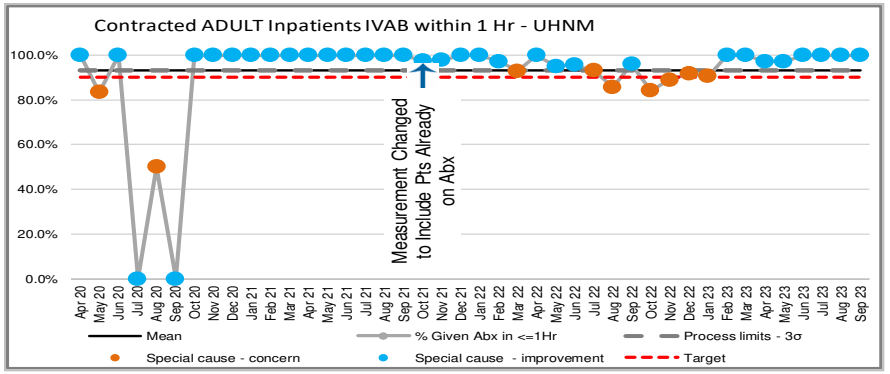
Actions:

- Routine ribotyping of samples continues for samples from areas where we have periods of increased incidence only
- Recruitment to the C Diff Nurse role has been successful and commenced 20th February 2023. This role is 50% patient reviews/50% staff training.
- Ensure appropriate choice of antibiotic for treatment of UTI
- To remind clinical areas to send urine samples when UTI is suspected
- Task and Finish Group for West Building in place and plan in progress to terminal clean West Building Wards before the winter
- RCAs continue to be reviewed by ICB in relation to avoidability

Sepsis Screening Compliance (Inpatients Contract)

University Hospitals of North Midlands NHS Trust





Variation	Assurance
H	?

Target	Jul 23	Aug 23	Sep 23
90%	97.9%	91.7%	92.0%

Background

The percentage of adult Inpatients identified during monthly spot check audits with Sepsis Screening undertaken for Sepsis Contract

Variation	Assurance
H	P

Target	Jul 23	Aug 23	Sep 23
90%	100.0%	100.0%	100.0%

Background

The percentage of adult inpatients identified during monthly spot check audits receiving IV Antibiotics within 1 hour for Sepsis Contract

What is the data telling us:

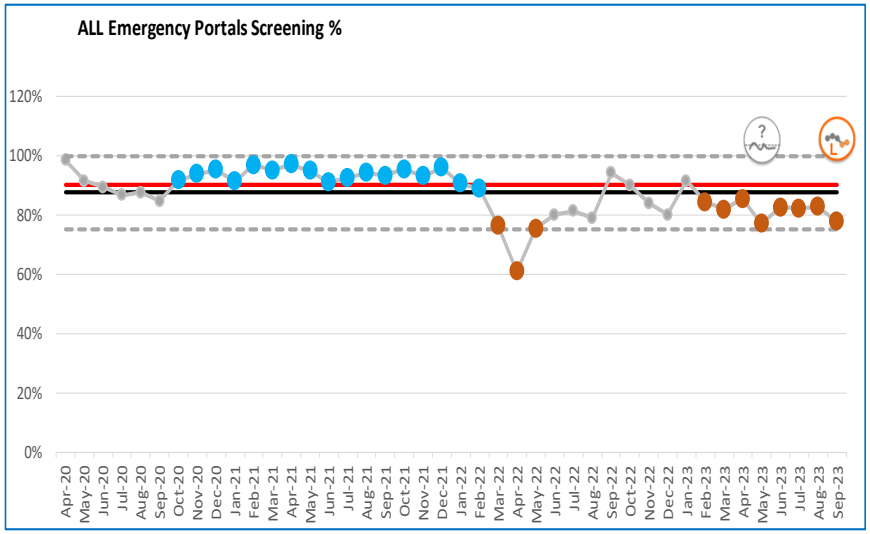
Inpatient areas achieved the screening and the IVAB within 1 hour target for September 2023. There were 112 cases audited with 9 missed screening from different ward areas or divisions. Out of 112 cases audited, 78 cases were identified as red flags sepsis with 37 cases having alternative diagnosis and 39 were already on IVAB treatment.

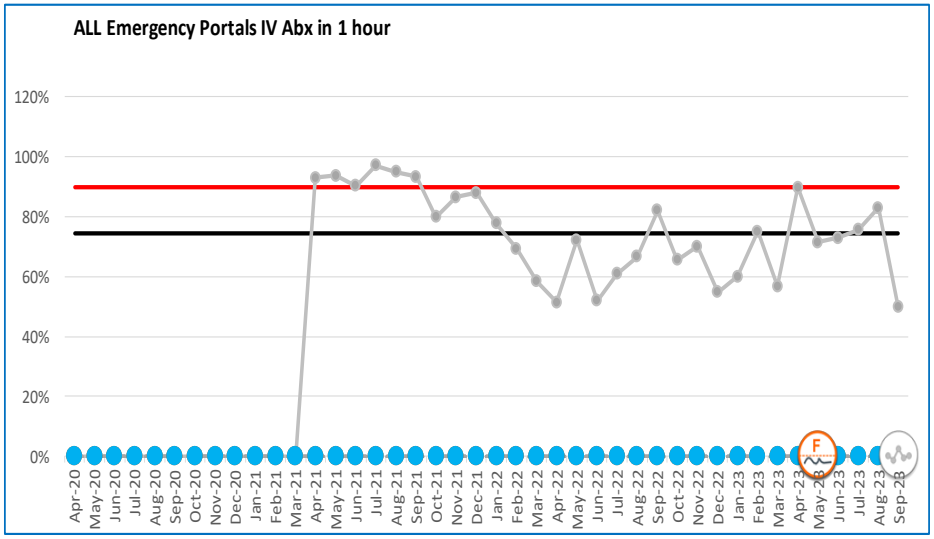
Actions:

- Sepsis sessions/ kiosks continue to all levels of staff in the clinical areas that required immediate support
- The Sepsis Team continue to raise awareness the importance of sepsis screening and IVAB compliance by being involved in HCA, students and new nursing staff induction programmes; on-going
- The Sepsis team will continue to promote sepsis awareness in both sites and will prioritise areas to visit with the sepsis clinical lead consultant; on-going

Sepsis Screening Compliance (Emergency Portals Contract)

NHS
University Hospitals of North Midlands
NHS Trust





What is the data telling us:

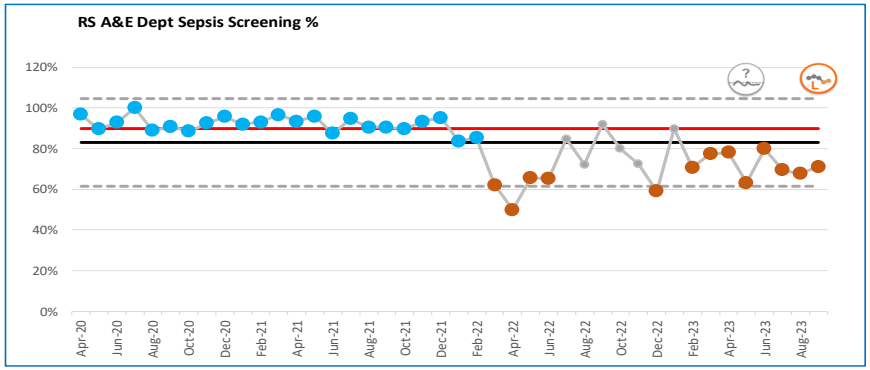
Adult Emergency Portals screening did not meet the target rate for September 2023. There were 67 cases audited with 15 missed screening in total from the emergency portals. The performance for IVAB within 1 hour achieved 50 %. Out of 67 cases, there were 59 red flags sepsis in which the 5 cases already on IVAB, 43 cases were newly identified sepsis and 11 cases have alternative diagnosis. There were 24 delayed IVAB. Missed screening contributed by A&E at both sites.

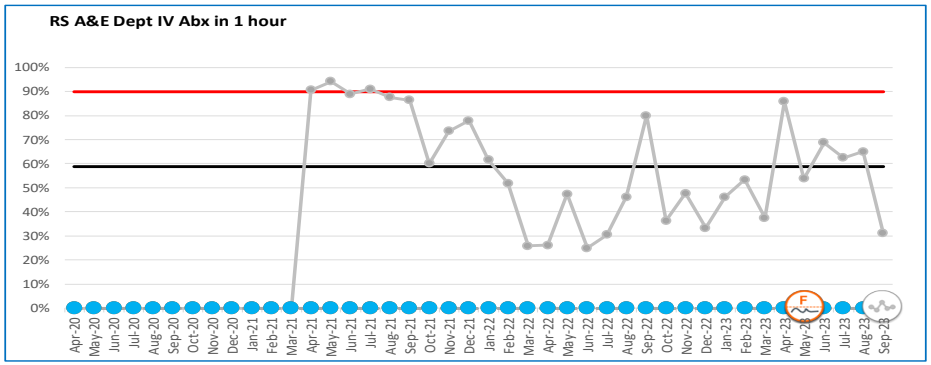
Actions:

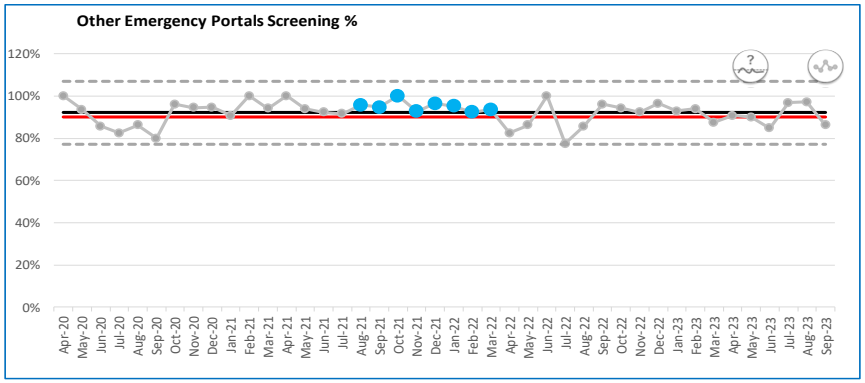
- The Sepsis team continued to closely monitor compliance by visiting and auditing A&E regularly. Provide sepsis session when staffing and acuity allows.
- Face to face A&E sepsis induction/ training for new nursing staff, nursing assistant and medical staff will continue
- Monitoring impact of long ambulance waits on timely assessment and treatment of sepsis; on-going
- Sepsis Champion Day training is organised for both ED sites this November

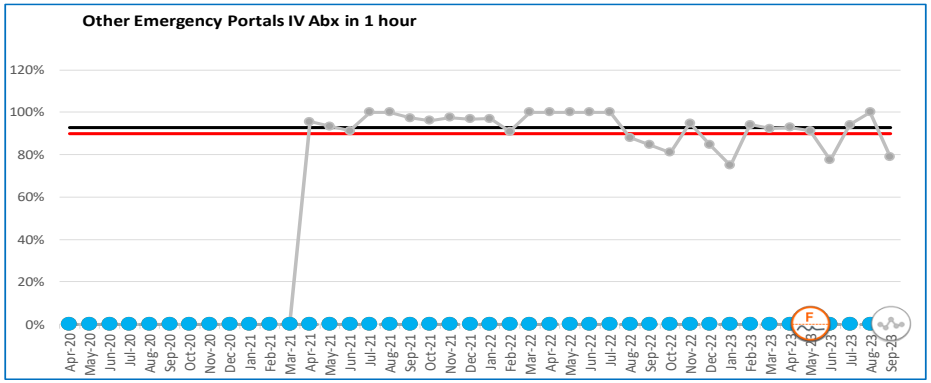
Sepsis Screening Compliance (Emergency Portals RSUH ED & Other Portals)

NHS University Hospitals of North Midlands NHS Trust









What is the data telling us:

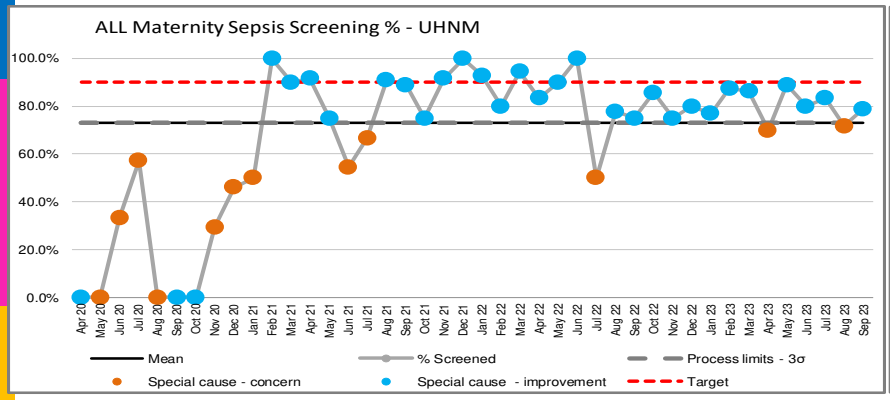
The Emergency Departments at both sites remain below target rate for both screening and IVAB within the 1 hour for September 2023.

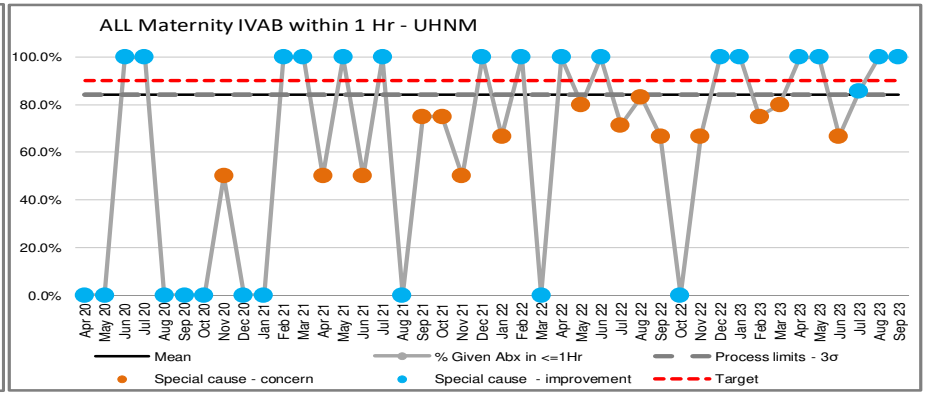
Actions:

- To continue to provide sepsis kiosks in ED focusing the importance of sepsis screening documentation and urgent escalation for true red flag sepsis triggers
- Deteriorating Patient Reviewer (DPR) is currently in placed and managed by Emergency Physician in Charge in ED. There will be a specific clinician assigned and dedicated to log in DPR VOCERA device at the beginning of their shift to review and provide timely assessment, treatment and escalation of patients who triggers for medium to high risk sepsis.

Sepsis Screening Compliance ALL Maternity

NHS
University Hospitals of North Midlands
NHS Trust





Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
90%	83.3%	71.8%	78.9%

Background

The percentage of ALL Maternity patients identified during monthly spot check audits receiving sepsis screening.

Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
90%	86%	100%	100%

Background

The percentage of ALL Maternity patients from sepsis audit sample receiving IVAB within 1 hour

What is the data telling us:

Maternity audits in screening compliance is below target this month achieving 70% for emergency portals. However they achieved 100 % for IVAB within the 1 hour. Inpatient areas is just below target for screening at 89% however they achieved 100% for IVAB within 1 hour. This compliance score is based on a small number, however a regular spot checks audit is being conducted monthly.

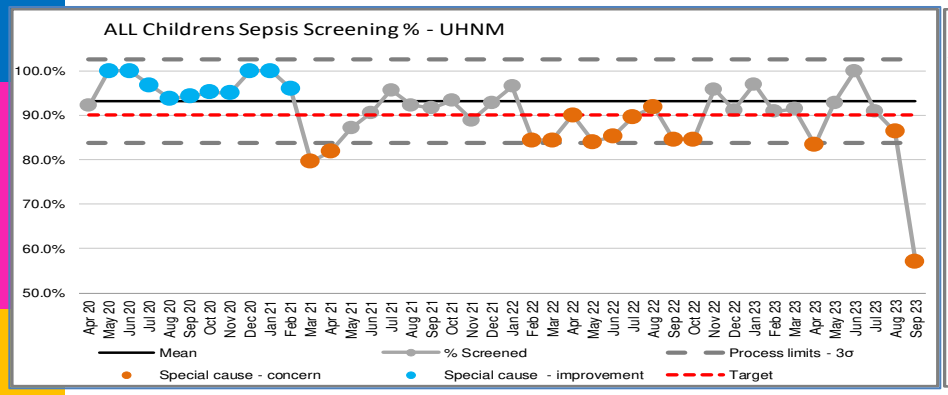
There were 10 cases audited from emergency portal (MAU) and inpatients with 3 missed screening. There were 2 true red flags identified from the randomise audits, and both cases received IVAB within 1 hour.

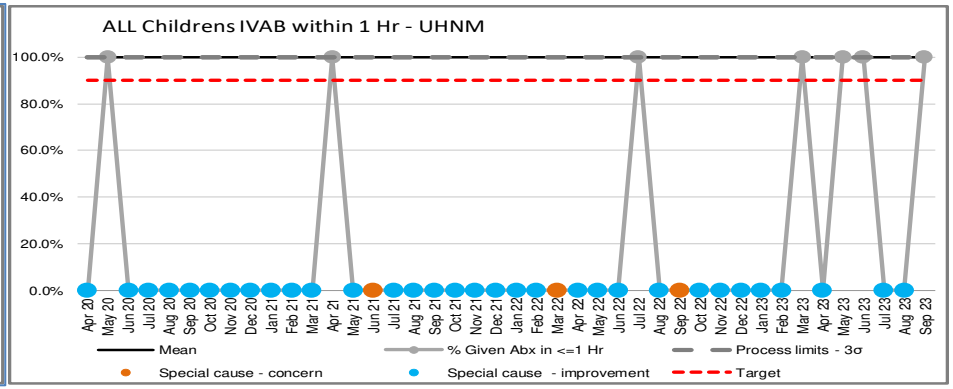
Actions:

- Maternity antibiotic PGD has been drafted and is currently under review by the Pharmacy Team; still awaiting finalisation
- Maternity educator is supporting the sepsis team by conducting independent / in-depth sepsis audits in the whole Maternity department , staff who had missed the screening documentation will be given constructive feedback and offered support/ training; on-going
- Monthly Maternity sepsis skills drill is now replaced with ad hoc sepsis sessions in each clinical areas

Sepsis Screening Compliance ALL Children

NHS University Hospitals of North Midlands NHS Trust





Variation	Assurance
L	?

Target	Jul 23	Aug 23	Sep 23
90%	90.9%	86.4%	57.1%

Background

The percentage of ALL Children identified during monthly spot check audits with Sepsis Screening undertaken

Variation	Assurance
	P

Target	Jul 23	Aug 23	Sep 23
90%	N/A	N/A	100.0%

Background

The percentage of ALL Children identified during monthly spot check audits with IV Antibiotics administered within 1 hour

What is the data telling us:

Children's Services target rate of > 90% was not achieved for September 2023. We are still seeing a small numbers of children trigger with PEWS > 5 & above in Inpatients areas. Most inpatients Paediatrics are already on oral antibiotics or IV antibiotics prior to trigger of PEWS >5 (this is both of moderate and high risks). There were 21 cases audited for emergency portals and inpatients areas with 8 missed screening. No true red flag sepsis was identified from the randomise audits in inpatients and emergency portals.

Actions:

- Children emergency portal is in the process to go paperless for their sepsis screening tool documentation, work is underway via electronic system (iPortal)
- The Sepsis Team has continued to adjust the audit process in emergency portals to take smaller samples over a wider range of dates to give a more comprehensive perspective; on-going
- Plan of collaborative work with Children education lead and aiming to deliver Induction training and ward based sessions in the next few weeks; on-going

NHS
University Hospitals of North Midlands
NHS Trust

Operational Performance

2025 Vision "Achieve NHS Constitutional patient access standards"

Spotlight Report from Chief Operating Officer

NHS
University Hospitals of North Midlands
NHS Trust

Non-Elective Care

- Context
  - ED Conversion decreased slightly from 32.0% in August to 31.4% in September
  - 12 Hour Trolley Waits deteriorated from 456 in August to 811 in September
  - Type 1 A&E Attendances increased slightly from 13634 in August to 14005 in September

- Driver Metrics
  - 12+ Hours In ED deteriorated slightly from 1400 in August to 1689 in September
  - Ambulance Handovers <60 Minutes also deteriorated from 92.1% in August to 86.0% in September
  - Four Hour Performance remained relatively static in September at 69.9% from 68.6% in August

Diagnostics Summary

- DM01 activity in September remained above 19/20 levels.
- DM01 performance was 74.9% overall in September, an improvement of 4.3% from August (70.6%).
- Endoscopy performance is the main contributor to this performance being below the national target of 99%
- The DM01 position for non obs ultrasound has improved further to 85%. The plan aims to achieve DM01 trajectory by November 2023

Endoscopy:

- Insourced weekend service ends 28th October – external funding being considered to support extension until end of March 24; further opportunities being explored for County site and a modular build; long term trajectory and business case under review prior to resubmission
- Service team reviewing demand management and productivity measures to improve utilisation and appropriateness (include clinical audit, and admin and clinical validation)
- Outsourced booking service commenced September – teams working well together but processes are being prolonged due to fluctuating insourced capacity
- Booking team recruitment progressing – 4.0WTE gain remains
- Improvement Plan launched with team and workstream leads identified
- Exploring phasing of CDC posts to understand opportunities to recruit in advance and support service delivery

Spotlight Report from Chief Operating Officer

NHS University Hospitals of North Midlands NHS Trust

Referral to treatment (RTT Planned Care and Elective Recovery

- At the end of September the validated numbers of >104 patients was 1. The current prediction for end of October is 0.
- The validated number of 78 week breaches for end of September was 170, a small improvement on August (177). This is predicted to be 154 for October, this takes into account the impact of industrial action – without IA the prediction was 98.
- The focus has moved to 65 week waiters with an Annual Plan to reduce them to below 200 patients by end of March 2024 but National ask of 0. The National ask is to see all first non-admitted pathways by the end of October. There are a number of specialties which are challenged with this including Spines, Ophthalmology, MaxFac, Plastics, Paeds Orthopaedics, Gastro, Respiratory and Neurology. The un-validated 65 week position for September was 1,230, down from August's 1,340.

- The overall Referral To Treatment (RTT) Waiting has increased again - 78,866 in June ; 80,109 in July; 81,510 in August; 82,469 in September.
- The number of patients > 52 weeks has also shown an increasing trend, currently standing at 4861, up from 4,676 in August and 4,266 in July.

- Day Case activity and Elective Activity have moved from delivering 82% and 81% respectively for August to 83% and 81% for September. The Trust has now launched the national standard 6-4-2 process within theatres with support from the regional theatres team. Day case as a % of all elective work is currently 87.2%.

Cancer

- Trust overall 2WW Performance achieved 95.4% in Aug 23 – un-validated 95.7% for September. This sustained improvement is as a result of schemes such as the Lower GI Community Referral hub and Community Tele-dermatology pathways being successfully implemented.
- Breast symptomatic (where cancer is not suspected) achieved at 95.8% in August and is predicted to achieve the target again in September.
- The 62 Day Standard achieved better than predicted in August at 51.4%. The current provisional position for September is 52.1%. This is an un-validated and incomplete position that is expected to change as pathology confirms or excludes cancer for treated patients. Contributing factors include treatment and diagnostic capacity, with robust plans in place to tackle the most challenged specialties (LGI) over the next quarter.
- The 31 Day Standard achieved 87.5% for August. It is predicted to land at 88.9% in September.
- The 31 day Subsequent Radiotherapy achieved 99.3% in August and is expected to achieve 93.1% in September.
- The 28 Day Faster Diagnosis Standard achieved 62.6% for all referral routes combined in August. The September position is currently incomplete and will be validated once Pathology confirms cancer or non cancer on high volume pathways such as Skin. Areas of best practice consistently achieving the standard are Breast and Upper GI and Skin.
- In August last year the PTL was over 6000 – this has now reduced to around 4200 in total.
- The number of patients waiting over 62 days on an open pathway at the month end was 520.
- UHNM has received record 2WW referral volumes moving into the summer months, more than usual seasonal demand plus the predicted growth, with some weeks exceeding 1000 referrals received.
- From October, Cancer Waiting Times standards will be amalgamated in to three simplified metrics; 28 Day Faster Diagnosis set at 75%, 31 Day Decision to Treat to Treatment set at a 96%, and 62 Day Referral to Treatment set at 85%
- Shadow monitoring performance against the new merged standards using August reported data:
- In August UHNM achieved 62.6% against a combined 28 day FDS standard, 87.9% against a combined 31 Day standard, and 58.3% against a combined 62 Day standard.

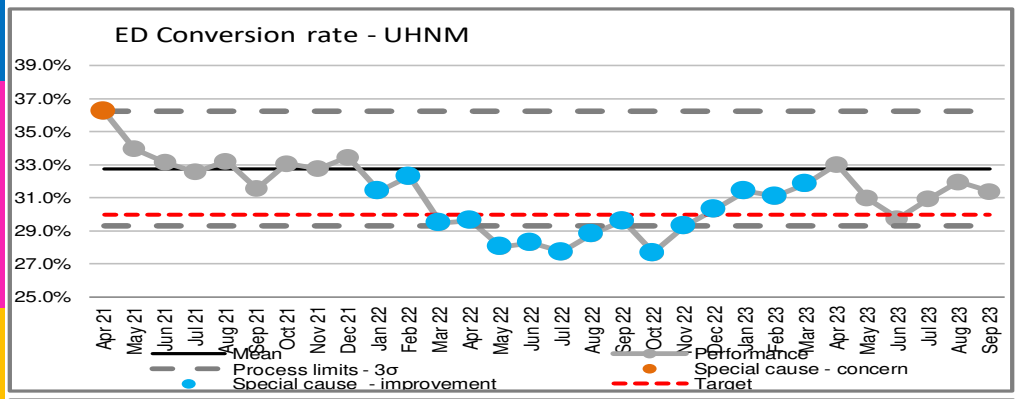
NHS
University Hospitals of North Midlands
NHS Trust

Section 1: Non-Elective Care

Headline Metrics

Non-Elective Care – monthly *(context)*

NHS
University Hospitals of North Midlands
NHS Trust

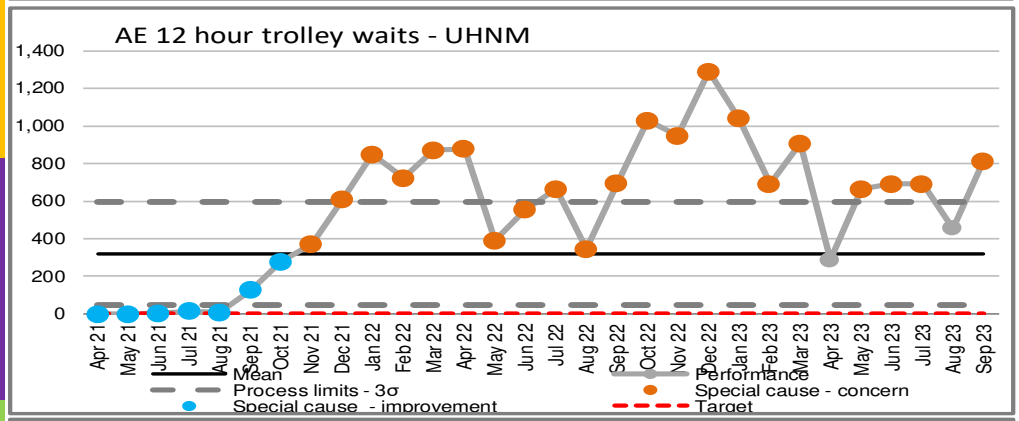


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
30%	30.9%	32.0%	31.4%

Background

The percentage of patients who having attended the ED are admitted.

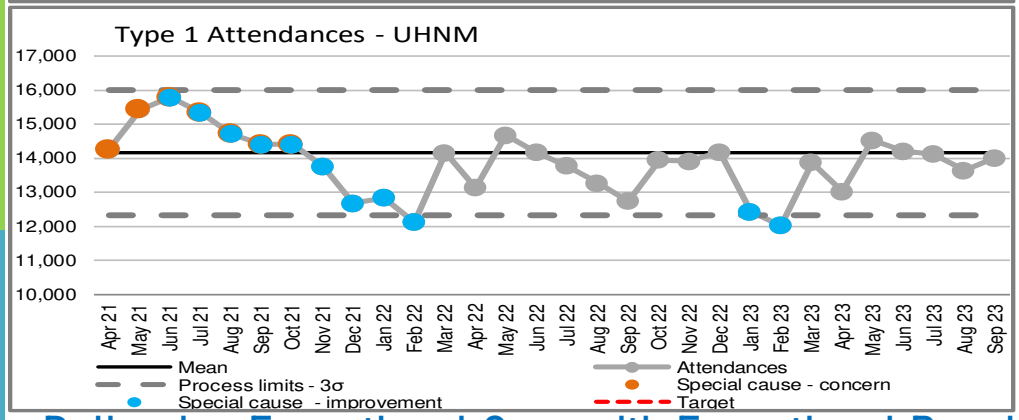


Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
0	692	456	811

Background

Number of patients waiting 12 hours or more in A&E from the decision to admit time to the time of actual admission.



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
N/A	14122	13634	14005

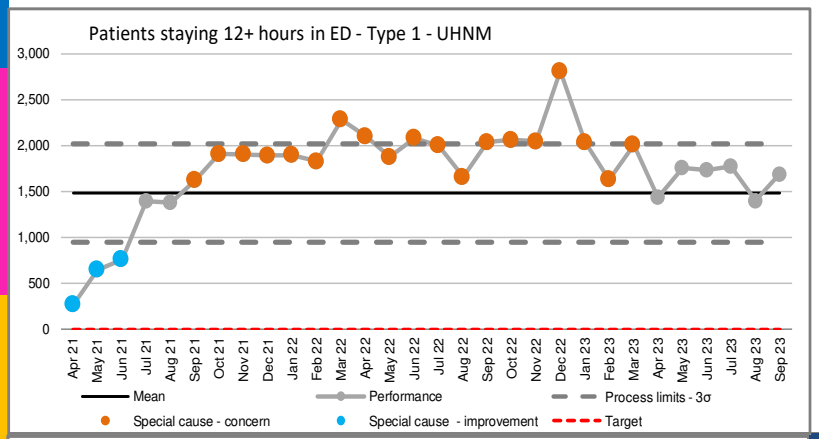
Background

Total ED attendances to Type 1 sites (Royal Stoke & County)

Delivering Exceptional Care with Exceptional People

Non-Elective Care – Headline Metrics

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

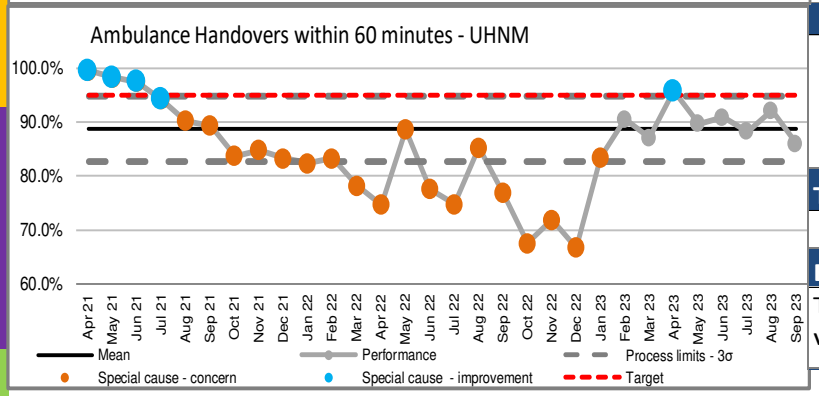
Target	Jul 23	Aug 23	Sep 23
0	1776	1400	1689

Background

The number of patients admitted,transferred or discharged over 12 hours after arrival at A&E

What is the data telling us?

Patients waiting over 12 hours in ED increased by 21% in September compared to August.



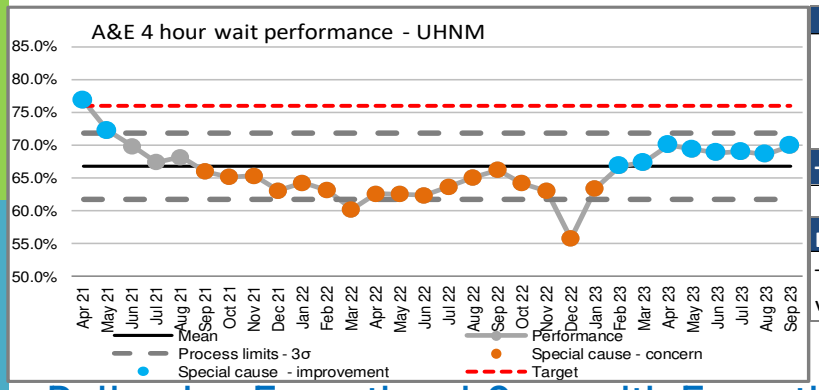
Variation	Assurance
	F

Target	Jul 23	Aug 23	Sep 23
95.0%	88.2%	92.1%	86.0%

Background

The percentage of ambulance handovers completed within 60 minutes.

Ambulance handovers within 60 minutes performance dropped below the two year average to 86% last month.



Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
76%	69.0%	68.6%	69.9%

Background

The percentage of patients admitted, transferred or discharged within 4 hours of arrival at A&E

4 hour performance remains below the 76% target but has been consistently above the two year average during 2023.

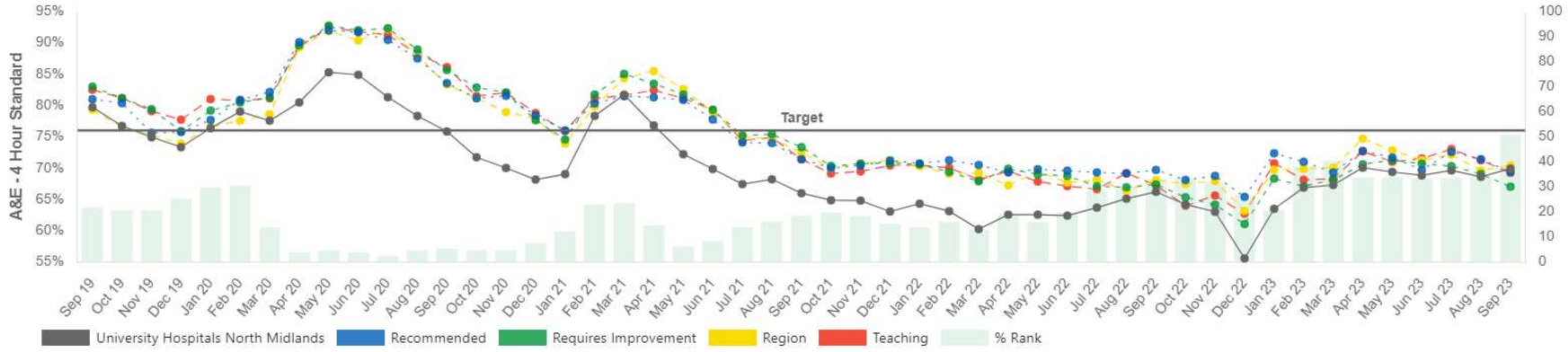
Urgent Care - 4 hour standard

University Hospitals of North Midlands NHS Trust

A&E - 4 Hour Standard

Sep 23 Performance: 69.90% | Rank: 71st of 144

Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail



- Since February 2023 UHNM 4 hour performance has improved significantly and much closer to peer groups.
- Performance across all peer groups including UHNM remains below the 76% target.
- UHNM although remain in the 3rd quartile, they have moved to the top of this group.

Key Performance Indicator	Period	Target		SPC
A&E - 12 Hour Standard	Sep 23	1.0%	**12.2%**	
A&E - 4 Hour Standard	Sep 23	76.00%	**69.9%**	
A&E - 4 Hour Standard (Type 1)	Sep 23	76.0%	**52.8%**	
A&E - 4 Hour Standard (Type 2 or 3)	Sep 23	95.0%	98.3%	
A&E - Conversion Rate	Sep 23	25.0%	**25.6%**	
A&E - DTA to Admission >12 Hours	Sep 23	0.0%	**14.1%**	
A&E - DTA to Admission >12 Hours#	Sep 23	0.0	**812.0**	
A&E - DTA to Admission >4 Hours	Sep 23	10.00%	**29.9%**	
A&E - Left Without Being Seen	Jul 23	5.00%	5.0%	
A&E - Reattendance Rate	Jul 23	5.0%	**9.1%**	
A&E - Time to Initial Assessment	Jul 23	15.0	7.0	
A&E - Time to Treatment	Jul 23	60.0	**73.0**	
A&E - Total Time in A&E	Jul 23	160.0	**164.0**	
A&E - Total Time in A&E (Admitted)	Jul 23	180.0	**366.0**	
A&E - Total Time in A&E (Non-Admitted)	Jul 23	140.0	**142.0**	

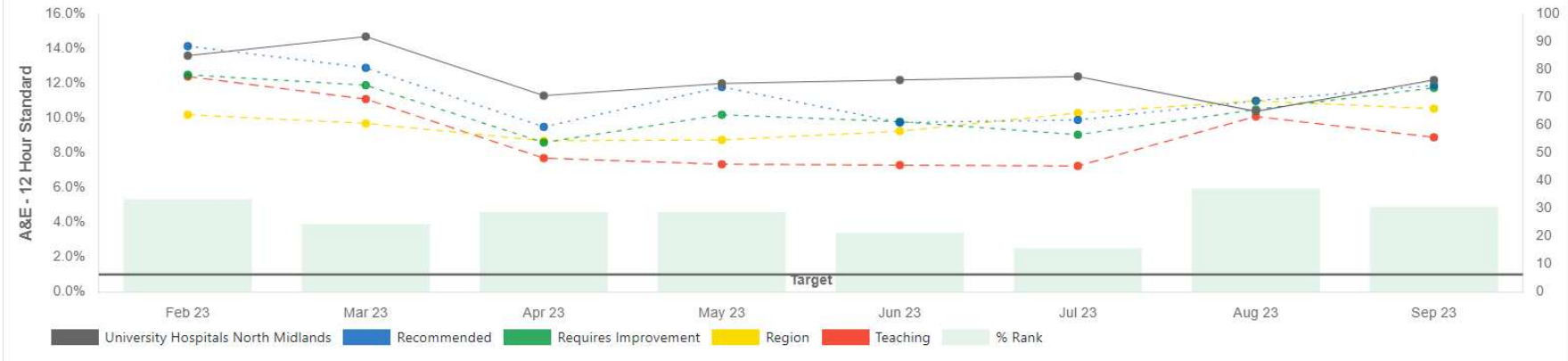
Urgent Care - 12 hour standard

NHS University Hospitals of North Midlands NHS Trust

A&E - 12 Hour Standard

Sep 23 Performance: 12.2% | Rank: 85th of 122

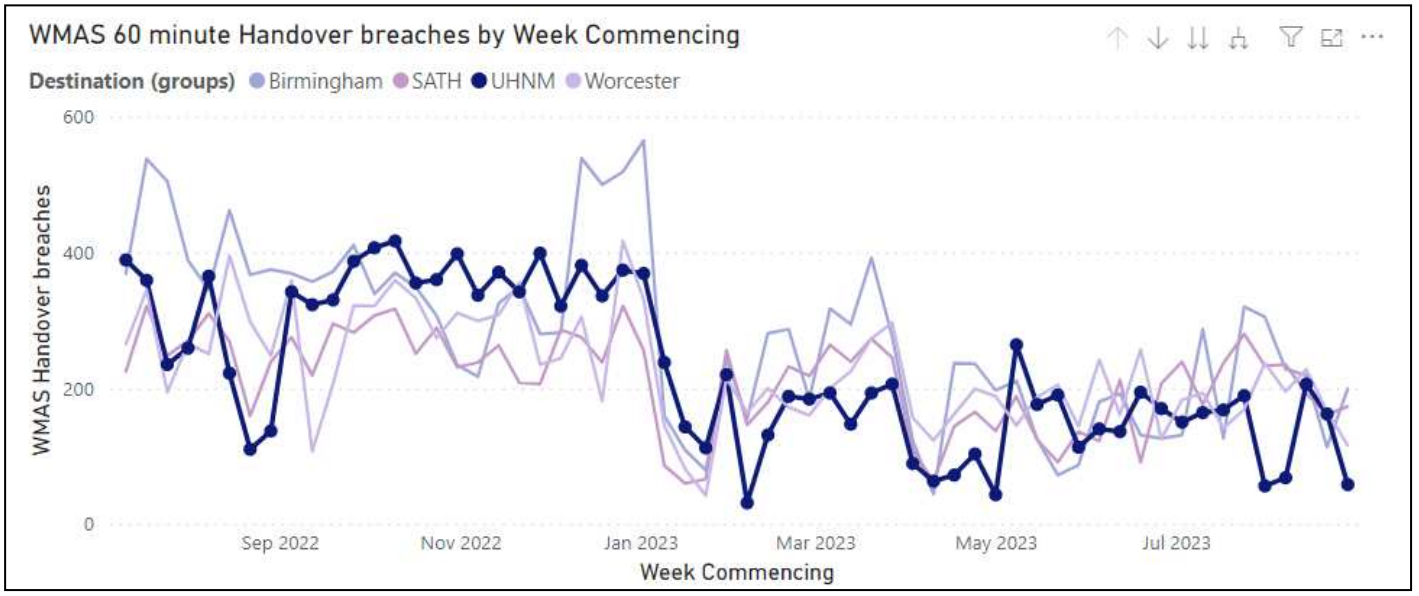
Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail



- All peer groups have followed a similar trend since February.
- Although the 'Recommended' peers saw an increase in May, UHNM remained stable throughout the summer period.
- UHNM are in the 3rd quartile.

Key Performance Indicator	Period	Target		SPC
A&E - 12 Hour Standard	Sep 23	1.0%	12.2%	
A&E - 4 Hour Standard	Sep 23	76.00%	69.9%	
A&E - 4 Hour Standard (Type 1)	Sep 23	76.0%	52.8%	
A&E - 4 Hour Standard (Type 2 or 3)	Sep 23	95.0%	98.3%	
A&E - Conversion Rate	Sep 23	25.0%	25.6%	
A&E - DTA to Admission >12 Hours	Sep 23	0.0%	14.1%	
A&E - DTA to Admission >12 Hours#	Sep 23	0.0	812.0	
A&E - DTA to Admission >4 Hours	Sep 23	10.00%	29.9%	
A&E - Left Without Being Seen	Jul 23	5.00%	5.0%	
A&E - Reattendance Rate	Jul 23	5.0%	9.1%	
A&E - Time to Initial Assessment	Jul 23	15.0	7.0	
A&E - Time to Treatment	Jul 23	60.0	73.0	
A&E - Total Time in A&E	Jul 23	160.0	164.0	
A&E - Total Time in A&E (Admitted)	Jul 23	180.0	366.0	
A&E - Total Time in A&E (Non-Admitted)	Jul 23	140.0	142.0	

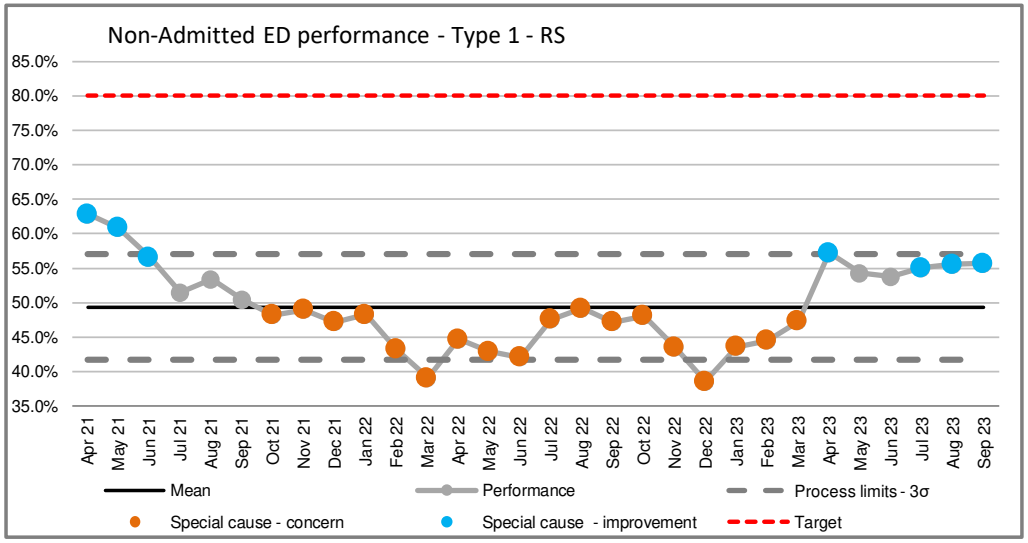
Urgent Care – Ambulance Handover Delays



- WMAS Ambulance handover delays over 60 minutes apportioned to four Trusts.
- All Trusts following a similar trend.
- UHNM is consistently performing better than other Trusts.

Workstream 1; Acute Front Door
RSUH ED Non Admitted 4 Hour Performance

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
80%	55.1%	55.6%	55.7%

Actions

1) The conversion of the Fit2Sit area to an Ambulatory CDU has now been agreed by the consultant body with a target go live date of 27/10/2023.

2) Collaboration between the ED and Performance Teams is ongoing to develop a Capacity & Demand tool which will allow the Directorate to ensure that the Ambulatory and CED areas are appropriately staffed to managed expected demand. This is expected to be delivered in November.

3) Implementation of 24/7 Progress Chaser in Ambulatory has been delayed as a result of recruitment challenges. The current rota provision is therefore undergoing rationalisation to support key periods with full recruitment targeted for December.

4) A trial of an Ambulatory SDM on the late shift is being explored and is aiming to support peak times in attendances in order to reduce WTBS overnight and therefore early morning backlogs.

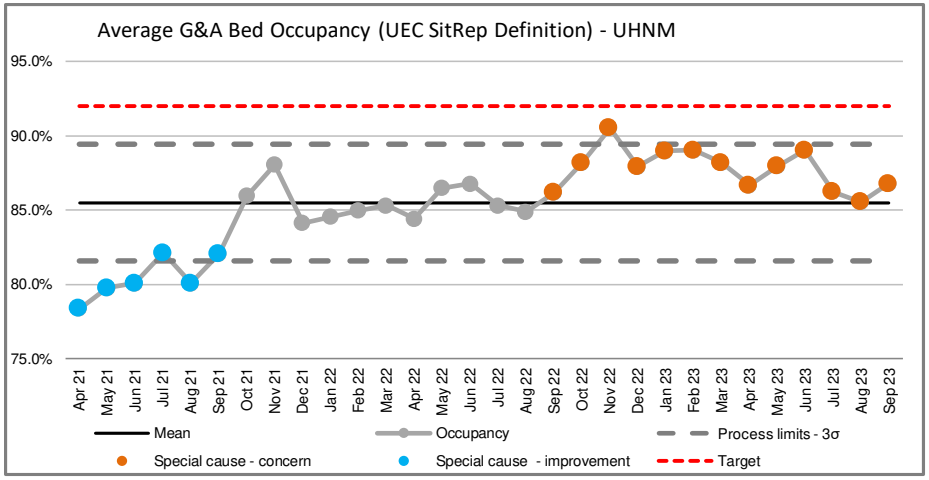
Summary

The Four Hour Standard for non-admitted patients on the RSUH site achieved 55.7% for the month of September. This is significantly at variance to the committed trajectory of 80% and now represents the sixth month of stagnant performance. This stagnation of performance is despite numerous improvement actions been completed including the standardisation of all ambulatory cubicles according to lean methodology, the introduction of standard work for all ambulatory clinical roles, and a significant increase in challenge, oversight, and senior support.

Daily manual productivity audits completed this month have determined that given no backlog, the night shift staffing would be sufficient to manage expected demand within an appropriate timeframe following previous investment and workforce development. This is supported by above nationally benchmarked productivity for clinicians on the night shifts. It is therefore evident that late afternoon and evening backlog requires addressing.

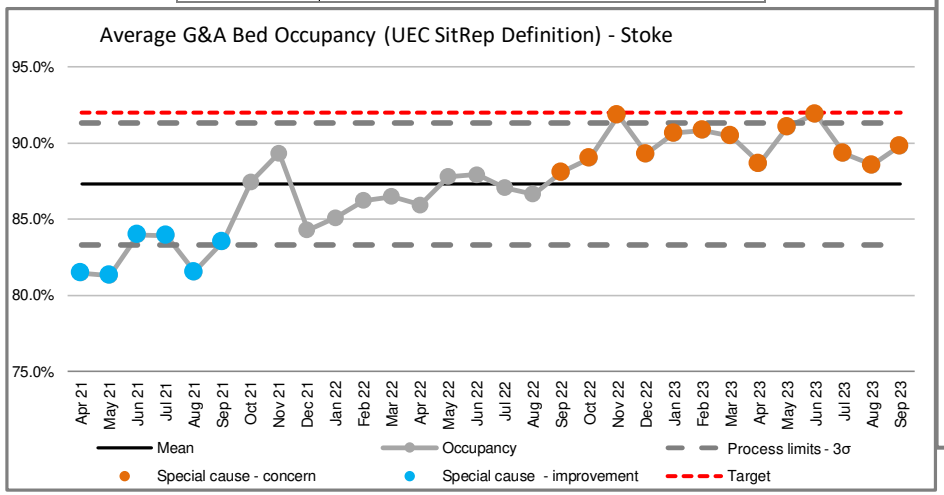
Workstream 2; Acute Patient Flow
UHNM G&A Bed Occupancy

NHS
University Hospitals of North Midlands
NHS Trust



Variation	Assurance
H	P

Target	Jul 23	Aug 23	Sep 23
92%	86.2%	85.5%	86.8%



Summary

UHNM G&A Bed Occupancy achieved 89.8% for September. This is at variance to the trajectory of 87.4% although continues to place UHNM in the upper quartile regionally supported primarily by County Hospital and Paediatric occupancy.

14+ Day LOS, 12 Hour Performance, and Category 2 Response Time (all closely linked to G&A Bed Occupancy) remain in the second quartile regionally demonstrating relative strong performance for patient flow particularly when factoring in Trust size.

EDD compliance data has now been developed to support Ward Standard Work delivery. Initial data suggest a current Trust performance of 72% of patients having an up to date and valid EDD against a target of 90%. This has been sent out to the Divisional teams for validation.

Actions

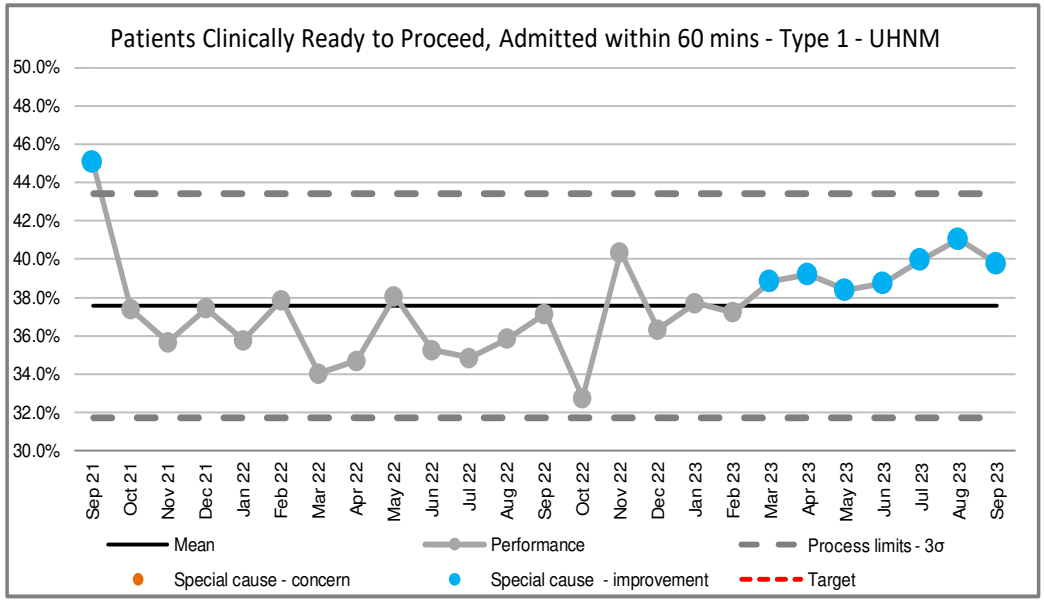
1) Data quality assurance, trajectory setting, and an improvement plan are to be agreed with each Division to support the improvement of EDD compliance in order to support Ward Standard Work and LOS efficiencies.

2) It has been identified that the UHNM OPAT service is under developed compared to peers. While our team has a rolling patient load of 10-12 patients, NUH reportedly has 60-70. This represents an enormous bed day opportunity and so a Task & Finish Group has been established to support rapid expansion.

3) It has been announced that two years of non-recurrent funding is available to support Trust Bed Management. Options are currently under discussion for how to best utilise this sizeable opportunity.

Workstream 3; Acute Portals & Navigation
CRTP+1

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
90%	40.0%	41.0%	39.8%

Actions

1) Deliver the FEAU and West Building Test Of Change with impacts assessed and long term viability and expansion considered.

2) Develop and implement standard work for completion of discharge letters and TTOs on AMU supported by the refreshed AMU Huddles.

3) Develop and implement a trial of a specialty pull model within AMU to support a reduced length of stay on the unit and ensure earlier specialty input.

4) To mirror the work already undertaken by the AMU, all other portals will be asked to develop action plans to support their ability to pull patients from the ED within one hour of their CRTP marker.

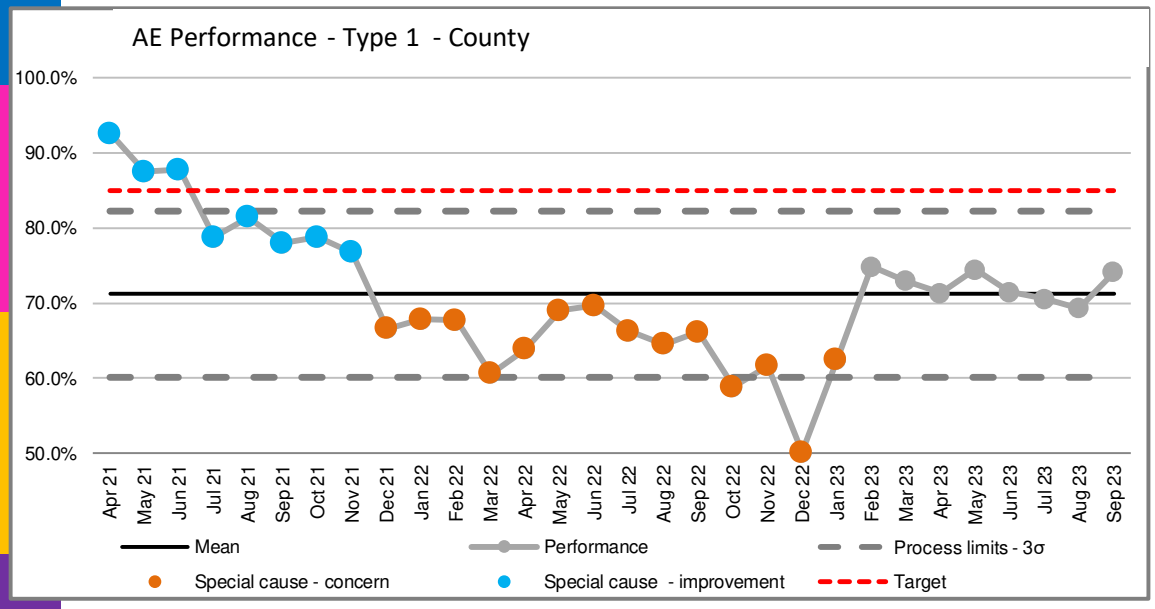
Summary

CRPT+1 performed at 39.8% overall in September representing an overall improvement trend since Spring, but remaining far from target. This lack of performance improvements is predominantly driven by bed availability throughout the Medicine Division. It has been identified and agreed that the greatest opportunity for improvement in both Portals and Navigation in Frailty. Therefore a multi-pronged strategy has been developed with system and regional partners in order to address this.

Initial works are targeting an improvement on reablement, a reduction in delays on complex discharge pathways, and the appropriate provision of long term care to be managed by the newly created Integrated Discharge Hub. This work is been done in tandem with an FEAU Test Of Change focussed on rapid turnaround and SDEC and will soon be supported by a regionally funded KPMG team.

Workstream 4; County Hospital UEC
County Hospital Four Hour Performance

NHS
University Hospitals of North Midlands
NHS Trust



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
85%	70.6%	69.4%	74.2%

Actions

1) Review of AMU specific actions is underway led by a new Clinical Champion and supported by the Workstream SRO.

2) There is a workforce review underway for both nursing and medical teams across the patch as it was identified through the A3 process that this has impacted on performance.

3) The 111 trial is being evaluated to support maximising streaming potential with monitoring and feedback in place via the Workstream SRO.

4) LOS reviews continue for long stay patients as part of wider LOS improvement standard work focussing on EDD, frailty scoring, and criteria to reside.

5) Given the lack of improvement against trajectory all A3 and associated actions are under review to ensure they are appropriately targeted to deliver going forward.

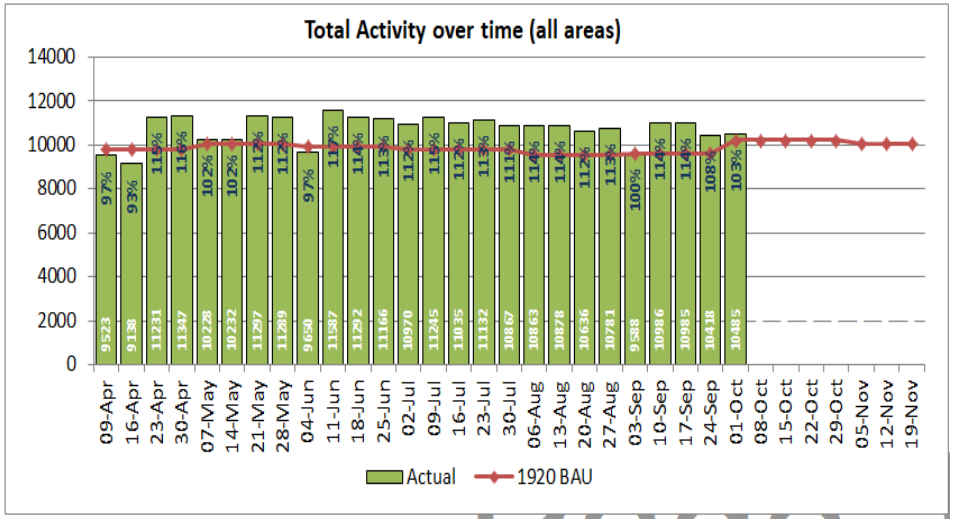
County Hospital Four Hour Performance achieved 74.2% against a trajectory of 90%. In similar fashion to RSUH Non-Admitted Performance there has been a stagnation of improvement since late winter. This is the second largest improvement opportunity for overall Four Hour Performance and will need to be addressed. To note, the ongoing Frailty workstream will be cross site and so will support the Workstream 4 improvement trajectory. This is expected to be particularly significant given the elderly demographic of the County Hospital local population.

Section 2: ELECTIVE CARE

Planned Care - *Diagnostics*

NHS University Hospitals of North Midlands NHS Trust

Area	By Modality	WL	<6	6+	%	13 plus Weeks	%
Imaging	Magnetic Resonance Imaging	3,339	3,254	85	97.45%	1	0.03%
	Computed Tomography	4,024	3,963	61	98.48%	1	0.02%
	Non-obstetric ultrasound	5,467	4,659	808	85.22%	1	0.02%
	Barium Enema	0	0	0		0	
	DEXA Scan					0	
Physiological Measurement	Audiology - Audiology Assessments	336	310	26	92.26%	9	2.68%
	Cardiology - echocardiography	3,075	1,535	1,540	49.92%	163	5.30%
	Cardiology - electrophysiology	1	0	1	0.00%	1	100.00%
	Neurophysiology - peripheral neurophysiology	322	322	0	100.00%	0	0.00%
	Respiratory physiology - sleep studies	495	424	71	85.66%	23	4.65%
	Urodynamics - pressures & flows	0	0	0		0	
Endoscopy	Colonoscopy	1,682	597	1,085	35.49%	817	48.57%
	Flexi sigmoidoscopy	1,130	309	821	27.35%	605	53.54%
	Cystoscopy	130	124	6	95.38%	4	3.08%
	Gastroscopy	1,215	383	832	31.52%	505	41.56%
	Totals	**21,216**	**15,880**	**5,336**	**74.85%**	**2,130**	**10.04%**



Pathology:

The following represents performance as 2nd October 2023;

- **Urgent** (diagnostic cancer and other very urgent biopsy specimens): 95% reported at Day 14 (Previously Day 15), with 80% of cases reported by Day 9 (Previously Day 8)
- **Accelerated** (include all Cancer Resections): 95% reported at Day 26 (Previously Day 35), with 80% of cases reported by Day 17 (Previously Day 21)
- **Routine** (all Specimens not in above categories): 95% Day reported at 31 (Previously Day 33), with 80% of cases reported by Day 17 (Previously Day 21)

Our 7 day reporting turnaround time (TAT) for Urgent cases is at 67% against the Royal College of Pathologists' target of 80% within 7 days (56.8% previously)

Planned care - *Diagnostics*

NHS University Hospitals of North Midlands NHS Trust

Diagnostics Summary

- DM01 activity in September remained above 19/20 levels.
- DM01 performance was 74.9% overall in September, an improvement of 4.3% from August (70.6%). Endoscopy performance is the main contributor to this performance being below the national target of 99%

- Pathology 7 day reporting turnaround time (TAT) for Urgent cases is at 67% against the Royal College of Pathologists' target of 80% within 7 days (56.8% previously)
- Histology Position – as at 2nd October 2023:
    - Urgent (diagnostic cancer and other very urgent biopsy specimens): 95% reported at Day 14 (Previously Day 15), with 80% of cases reported by Day 9 (Previously Day 8)
    - Accelerated (include all Cancer Resections): 95% reported at Day 26 (Previously Day 35) with 80% of cases reported by Day 17 (Previously Day 21)
    - Routine (all Specimens not in above categories): 95% Day reported at 31 (Previously Day 33) 80% of cases reported by Day 17 (Previously Day 21)

- Radiology reporting remains a high risk relating to 'routine /non cancer reporting' due to reporting capacity and delays in diagnosis. Outsourcing of reporting remains and the volume of reports and the longest waits have reduced. Weekly backlog performance meetings with the clinical leads for each radiology specialty are continuing.
- Non-obs ultrasound capacity for routine patients: The DM01 position for non obs ultrasound has improved further to 85%. The plan aims to achieve DM01 trajectory by November 2023

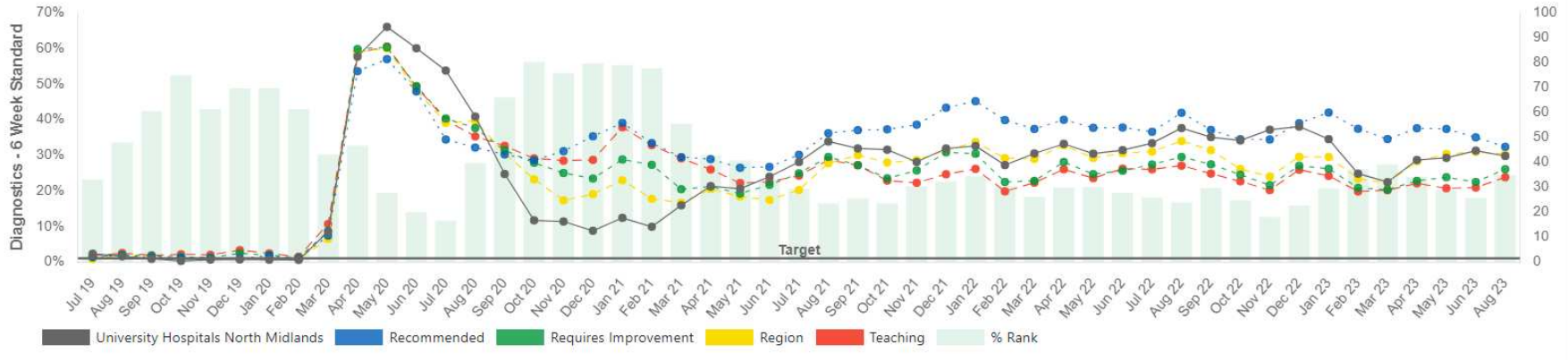
- Endoscopy remains the highest impact on diagnostic pathways. The specialty has now been taken into internal special measures with a turnaround lead being allocated and a number of actions in place:
    - Insourced weekend service ends 28th October – external funding being considered to support extension until end of March 24; further opportunities being explored for County site and a modular build; long term trajectory and business case under review prior to resubmission
    - Service team reviewing demand management and productivity measures to improve utilisation and appropriateness (include clinical audit, and admin and clinical validation)
    - Outsourced booking service commenced September – teams working well together but processes are being prolonged due to fluctuating insourced capacity
    - Booking team recruitment progressing – 4.0WTE gain remains
    - Improvement Plan launched with team and workstream leads identified
    - Exploring phasing of CDC posts to understand opportunities to recruit in advance and support service delivery

Diagnostics

Diagnostics - 6 Week Standard

Aug 23 Performance: 29.76% | Rank: 102nd of 156

Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail

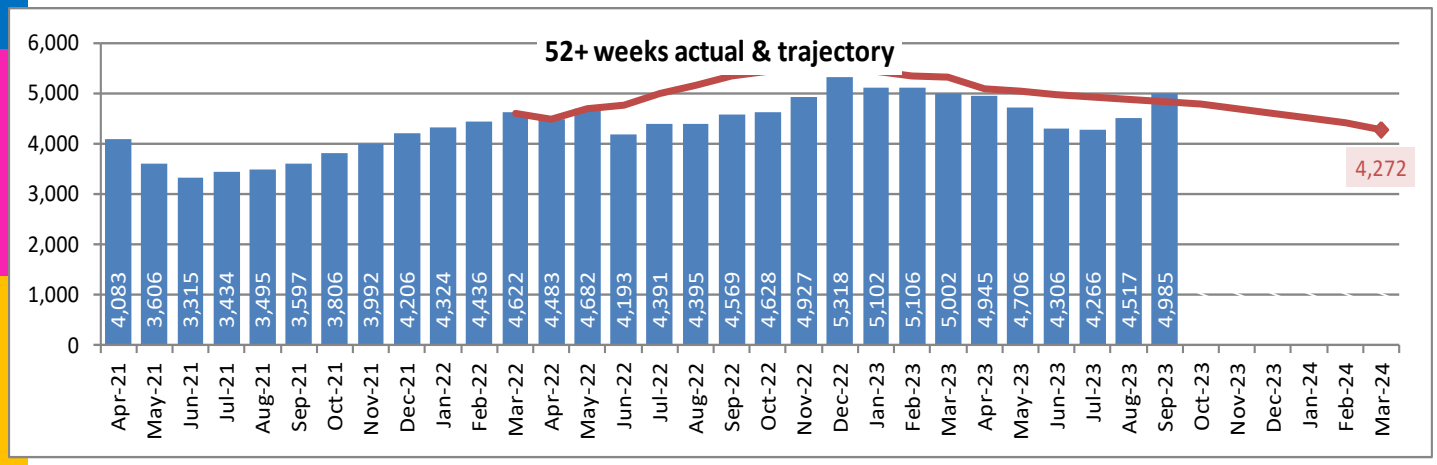


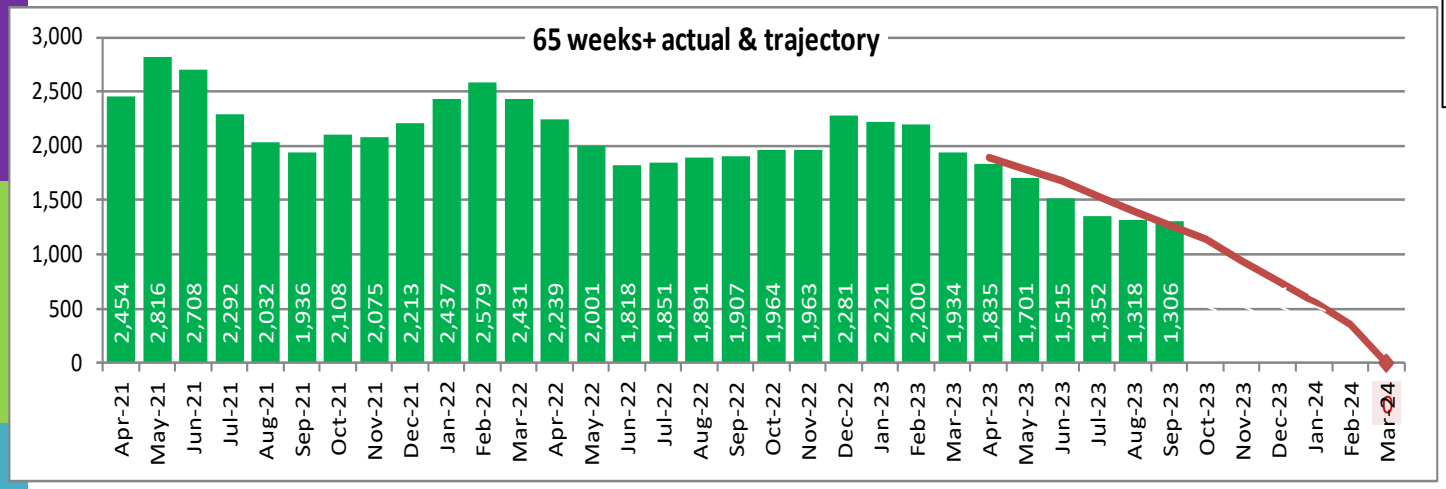
- All peer groups are performing at a similar level, with UHNM in the middle of all groups.
- All groups including UHNM remain significantly above the 1% national target.
- Endoscopy and Echo modalities are seeing the biggest deterioration.
- UHNM remain in the third Quartile.

Key Performance Indicator	Period	Target		SPC
Audiology	Aug 23	1.00%	10.3%	
Colonoscopy	Aug 23	1.00%	65.8%	
Computed Tomography	Aug 23	1.00%	1.0%	
Cystoscopy	Aug 23	1.00%	6.5%	
DM01 Waiting <13 Weeks	Aug 23	100.00%	89.1%	
Diagnostics - 6 Week Standard	Aug 23	1.00%	29.8%	
Diagnostics - 6 Week Standard Reversed	Aug 23	99.00%	70.2%	
Echocardiography	Aug 23	1.00%	60.0%	
Electrophysiology	Aug 23	1.00%	50.0%	
Flexi Sigmoidoscopy	Aug 23	1.00%	71.9%	
Gastroscopy	Aug 23	1.00%	65.3%	
Magnetic Resonance Imaging	Aug 23	1.00%	2.0%	
Neurophysiology	Aug 23	1.00%	0.4%	
Non-obstetric Ultrasound	Aug 23	1.00%	23.1%	
Sleep Studies	Aug 23	1.00%	15.3%	
Urodynamics	Aug 23	1.00%	-	

Planned Care – *RTT*

NHS
University Hospitals of North Midlands
NHS Trust

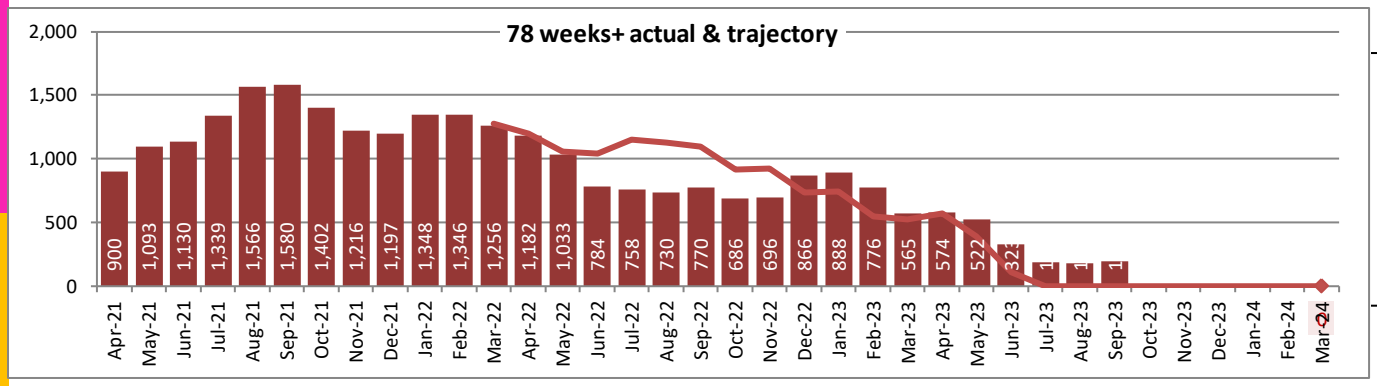




Patients waiting 52+ weeks increased by 10% in September compared to August. This exceeded the trajectory for the first time.

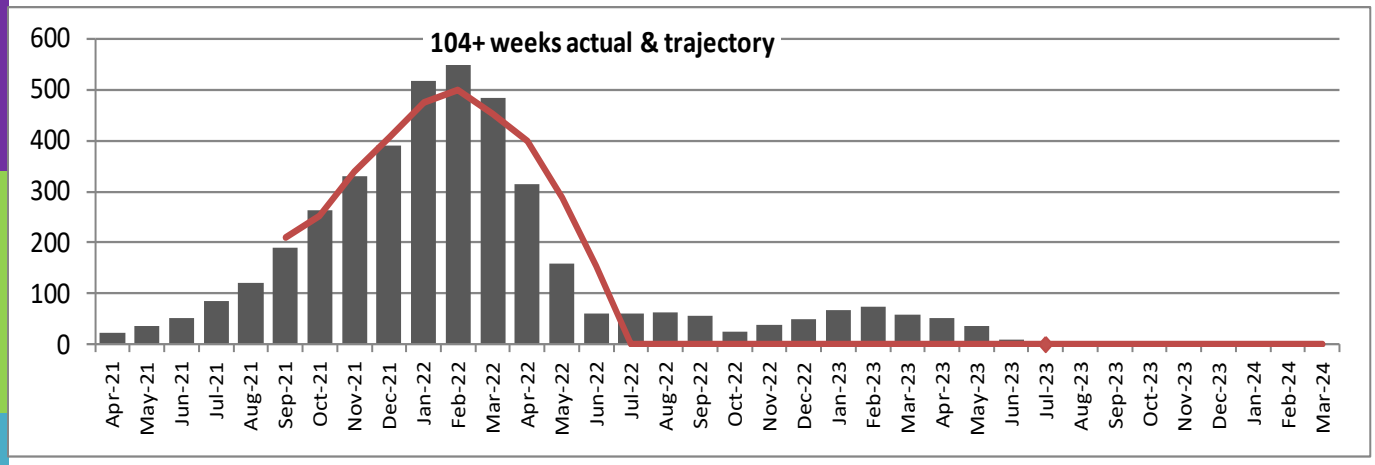
65+ week waiters continues to see a slow reduction and remains within trajectory.

Planned Care – *RTT Long Waiters*



The number of patients waiting over 78 weeks increased by 12 in September, at 189.

September data is unvalidated.



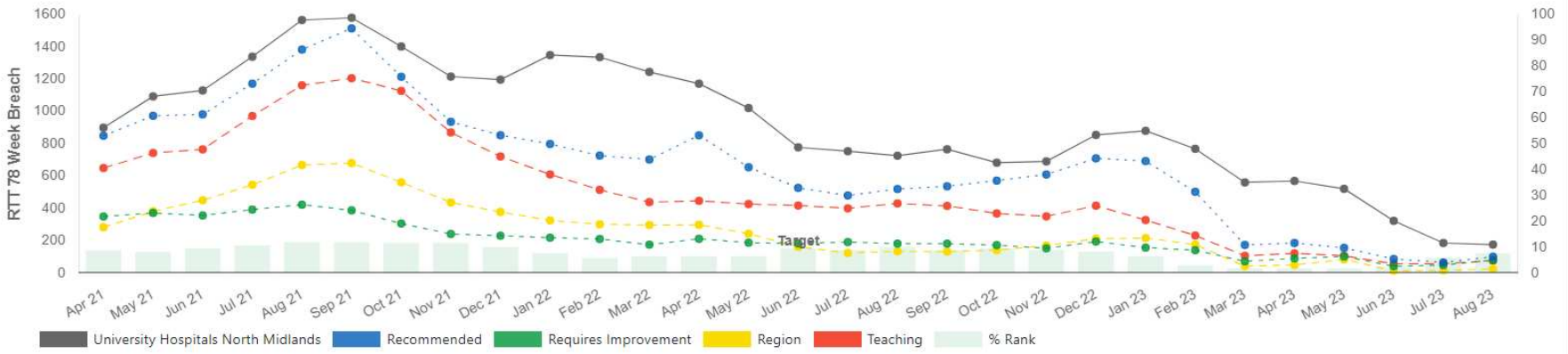
There is one patient who has been waiting 104+ weeks in September.

RTT

RTT 78 Week Breach

Aug 23 Performance: 176 | Rank: 157th of 170

Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail



Key Performance Indicator	Period	Target		SPC
RTT 104 Week Breach	Aug 23	0	**3**	
RTT 52 Week Breach	Aug 23	0	**4,506**	
RTT 65 Week Breach	Aug 23	-	1,314	
RTT 78 Week Breach	Aug 23	0	**176**	
RTT 95th Percentile Admitted Waiting Time	Aug 23	18.0	**74.1**	
RTT 95th Percentile Non-Admitted Waiting Time	Aug 23	18.0	**60.6**	
RTT Admitted Treatment Within 18 Weeks	Aug 23	90.0%	**54.9%**	
RTT Average (Median) Admitted Waiting Time	Aug 23	9.0	**14.4**	
RTT Average (Median) Non-Admitted Waiting Time	Aug 23	5.0	**7.9**	
RTT Average Wait for Incomplete	Aug 23	7.00	**17.1**	
RTT Incomplete 92nd Percentile	Aug 23	-	48.3	
RTT Incomplete Pathways With a DTA	Aug 23	25.0%	14.0%	
RTT Non-Admitted Treatment Within 18 Weeks	Aug 23	95.0%	**69.1%**	
RTT Total Clock Starts	Aug 23	-	15,964	
RTT Total Clock Stops	Aug 23	-	13,704	
RTT Total Incompletes	Aug 23	-	81,363	

- After seeing a considerable drop in the volume of patients waiting 78+ weeks during 2023, volumes in July and August have plateaued and remain above all peers.
- UHNM remain in the bottom quartile.

Planned care - *RTT*

NHS
University Hospitals of North Midlands
NHS Trust

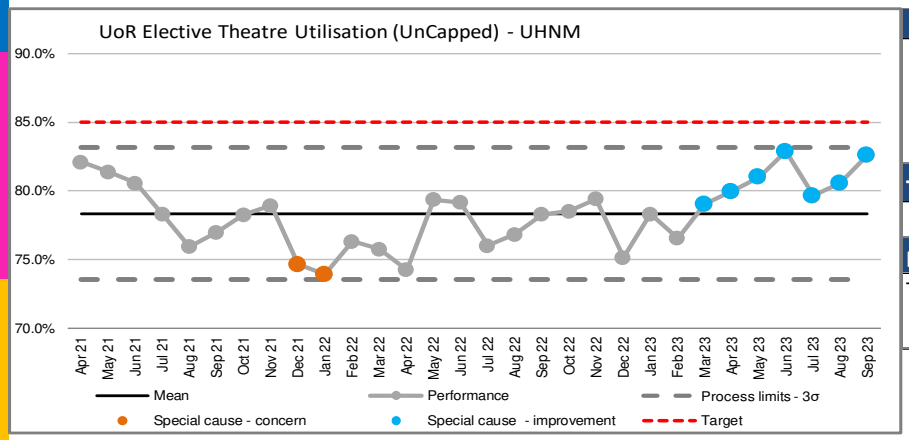
Summary

- 52+ week patients increased during September to 4985
- 78+ patients have been gradually reducing, but had reached a plateau in July at 186, this reduced to 177 for August and the validated number for September was 170.
- The trust did not achieve the national ask of eliminating 78 weeks waits by end of March 2023. Plans are in place to minimise the number of breaches, so that only patients who choose not to be treated before end of March or who have a highly complex case are still waiting at 78+ weeks. Trajectories have been shifting due to industrial action and the Trust was predicting 0 in September, however this was impacted due to the industrial action.
- The overall Referral To Treatment (RTT) Waiting list now sits 82,469 end of September.
- The focus continues on 78w cases, many of whom were complex and required whole/half lists. As this number is being driven down the focus is moving to our 65 week+ patients with the introduction of a weekly elective management oversight group.
- At the end of September the number of > 104 weeks was 1.
- The IS have taken over 500 patients from Orthopaedics & Spinal (out of over 700 considered), with a further 120 patients being worked through to contact & transfer.

RTT

- Validation has increased slightly with some additional resource in the short term. The team are currently looking at validation capacity to provide an accurate picture of the resource required in the medium term to reduce the list, this includes electronic solutions.
- RTT Performance sits at 50.68%, a deterioration on 51.63% in August and 52.82% in July.
- Work plans around long wait patient validation and treatment tracking are in progress to support the Data Quality Strategy & Audit requirements.
- The Trust is currently at 88.5% of all pathways over 52 weeks having been validated within the last 12 weeks. This is an improvement from 77.2% in August. The next national ask was to have all patients waiting longer than 12 weeks validated by 28th April 2023. The number currently not validated in the last 12 weeks is currently 42,824.
- Trust wide revamp of validation & training underway, the IST are supporting the Trust with events in September – December to train all admin staff working with RTT.
- NHSE's RTT training lead to deliver lecture style training and engagement sessions with specialty groups to enhance shared knowledge and address issues where national rules are not always followed. Sessions commenced September 18th.
- RTT Training now available on 'Articulate' eLearning software.
- Active reporting focus on ensuring the right patients (urgent and longest waiters) are the patients booked into all available capacity so that the limited resource available continues to be used for the right patients by clinical need. This is being scrutinised through a divisional weekly meeting with COO/Deputy
- Patient by patient monitoring by each specialty and by the corporate team on the patients at risk of the breaching 104 and 78 weeks by end of month, and month following.
- Key enablers to the continued focus on long waiting patients are ring fencing of beds for Orthopaedics at RSUH, modular theatre at County and improvement in theatre utilisation and booking.
- Increased focus on non-admitted patients and increasing outpatient & diagnostic capacity, improving utilisation and business processes to move patients to a decision to admit.
- Roll-out of Palantir's Foundry platform underway, with working group to be up and running, expected to go-live October 23rd.
- External validation support sought from MBI, commenced 4th October

Planned Care – *Theatres*

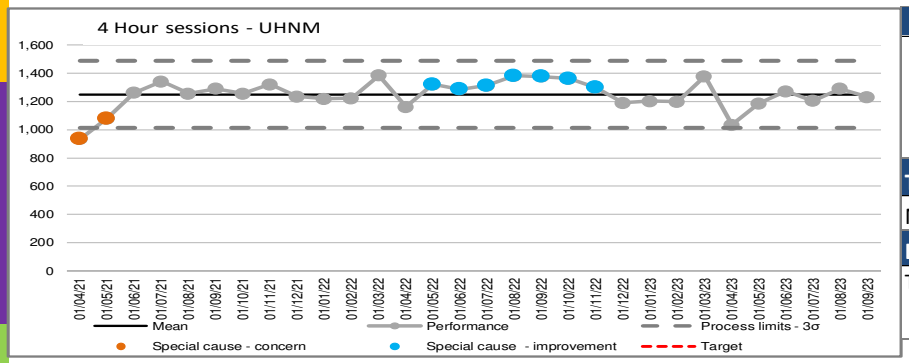


Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
85%	79.6%	80.6%	82.6%

Background

The percentage of theatre time used (capped).

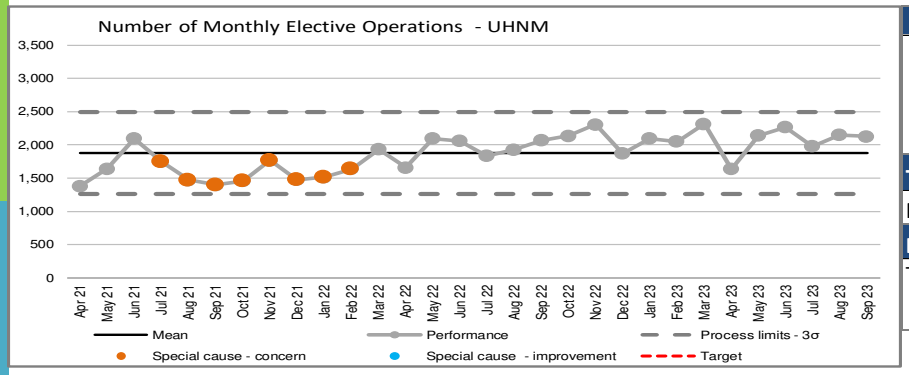


Variation	Assurance

Target	01/07/23	01/08/23	01/09/23
N/A	1206	1292	1233

Background

The number of 4 hour sessions during the month.



Variation	Assurance

Target	01/07/23	01/08/23	01/09/23
N/A	1978	2151	2125

Background

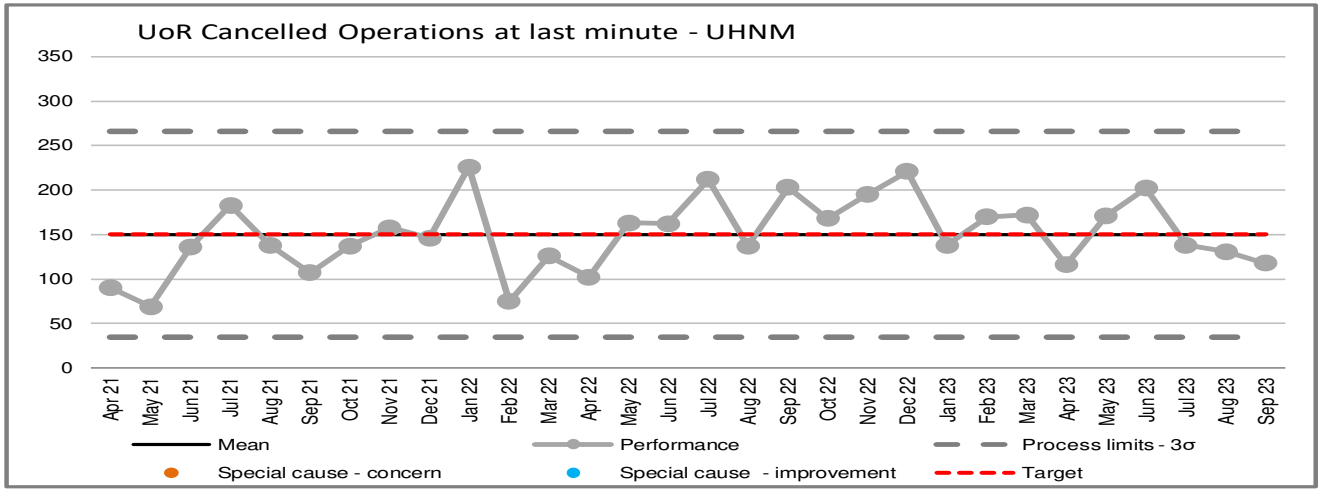
The total number of elective operations during the month.

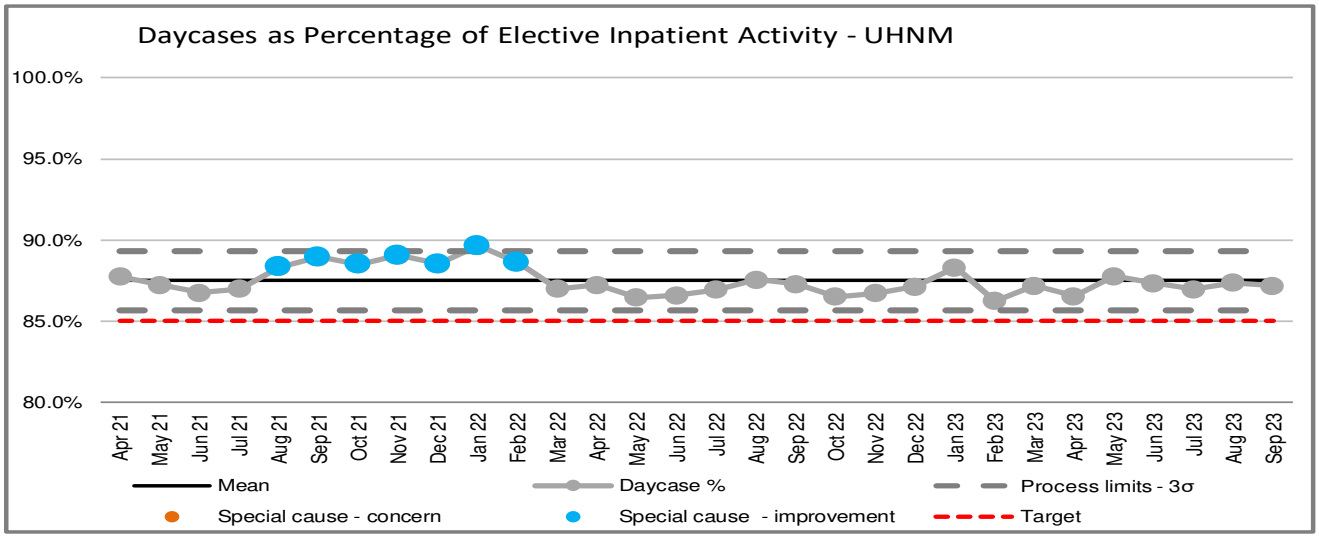
September saw a further improvement to Uncapped Utilisation at 83% against an 85% target.

The number of 4 hour sessions has been relatively stable since May 2023 with levels aligned to the two year average.

Elective Operations have remain relatively flat since May and above the two year average.

Planned Care – *Theatres*





The number of patients cancelled at the last minute has reduced for the third consecutive month.

The proportion of Daycase activity continues to remain above the 85% target, *(total Trust split).*

Theatres - Benchmarked

University Hospitals of North Midlands NHS Trust

University Hospitals of North Midlands NHS Trust

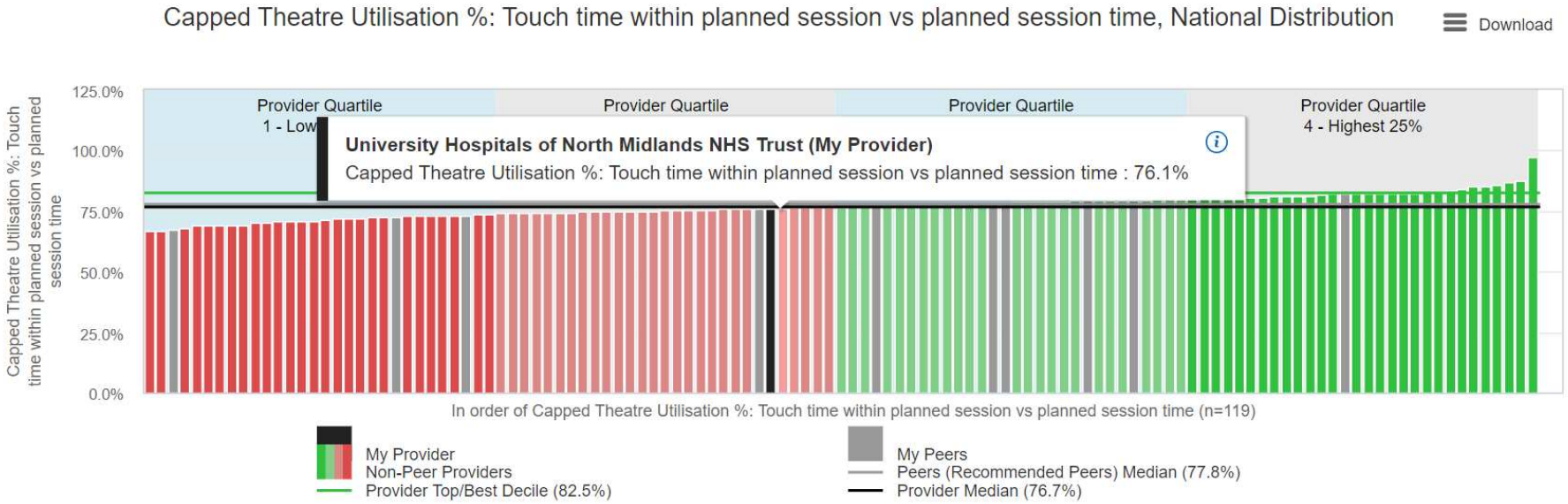
Include independent provider data? Chart View Table View

Select level: Provider

Select scope: National

Highlight system providers

Select chart type: Variation Chart



- UHNM have improved since last month from 70% to 76% and have moved from the bottom quartile to the third quartile.

Source data: Model Hospital 05/10/23

Planned Care - *Theatres*

University Hospitals of North Midlands NHS Trust

Elective inpatients Summary

- Uncapped utilisation & Case numbers have improved further in September despite impact of IA demonstrating that focused actions on scheduling and as part of High performing Theatre work are having positive effect.
- Data submission anomaly to MHS has been investigated and the gap has closed in September showing a much improved position against regional and national performance.
- Request from NHSE to shift focus to reporting Capped Utilisation - September77.1%, Start times 60% (within 15mins), OTD cancellations 9.6%.
- Case numbers through theatres increased to annual high of 575 in w/c 25th September

Actions

- NHSE/UHNM combined Theatre Productivity Action plan agreed and being monitored in fortnightly meetings. Areas of focus include timetabling and scheduling process, Pre-Ams, APOM, Data Quality and Late starts.
- Data Quality meeting held with MHS ad UHNM data leads, root causes of variation identified and agreement reached to share data files and correct situation.
- New 6-4-2 framework and supporting SoP implemented
- Further improved structure to monitoring performance through "Theatre performance Group" proposed
- Live Theatre timetable published in draft on Sharepoint
- APOM Gateway review completed and feedback received
- Perioperative pathway mapping sessions commenced with view to informing creation of A3 to support Perioperative care Cell reporting to Planned Care
- Draft SoP for introducing process of "Standby" patients to mitigate DNA's and OTD cancellations shared and discussions to pilot with Urology and specialised surgery commenced.
- 3rd Supported performance week scheduled for W/C 23rd October focusing on DQ and PACU delayed discharges

Planned Care – *Outpatients*

New Outpatient Performance to Plan

	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10
	97.97%	104.23%	89.37%	104.56%	101.20%	104.74%	87.16%	100.19%	98.31%	96.59%	94.65%	89.76%	0.41%

Follow Up Outpatient Performance to Plan

	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10
	105.65%	113.36%	95.62%	108.56%	102.95%	104.23%	97.74%	111.49%	104.90%	98.86%	101.73%	92.81%	0.08%

New Outpatient activity performance was 90% of plan in September and 95% YTD. Outpatient Follow Up performance was 93% in September with YTD at 100%.

The Follow Up Backlog waiting throughout September has increased by 3%.

Planned care – *Outpatients*

NHS University Hospitals of North Midlands

Actions

- **OP Cell Programme Structure** - revised and reframed to focus on reducing follow ups without a procedure by 25%, reflecting the latest Elective Recovery Guidance ambition. Meetings with NHSE have confirmed main elements covered. OP Cell following A3 format, monitoring identified countermeasures. Key actions from Elective Care Review are incorporated, updates for these are reported to newly formed Elective Steering group.

  Risks: Business plans signed off include increase in follow ups, in part to clear follow up backlog.

  Clinically Led challenge required to facilitate clinical conversations and encourage engagement.

  Lack of pace on schemes linked to System Partners, escalated at Planned Care Improvement Board.

  PKB functionality to support waiting list validation and 2 way SMS: timeline risk

  Impact of Industrial Action (IA); cancelled OP sessions / attendances

- **Referral Management / Variation**

  Advice & Guidance - System Care Optimisation Steering Group re-launched. Referral Optimisation Data Pack from NHSE has been reviewed and validated with specialty data packs drafted for Cardiology, Derm, Gastro and Respiratory. UHNM supporting national discussions on the commissioning of Specialist Advice. System T&F group being set up (to include UHNM representation) relating to System Wide FAQ document for use of A&G, and related behaviours.

- **Activity Management / Variation**

  Patient Initiated Follow up (PIFU) - Benchmarking vs national median August - UHNM: 31st of 143 providers (4.3% vs 2.6%). Dip to 4.4% continues for Sep 2023; this relates to delays in outcoming patients from 2 specialties, internal estimate including post-reporting PIFU % shows maintaining >5%. Clarifying reporting requirements for new CDS during 23/24 (will be OP only). **Increasing PIFU initiative** – with NHSE support; 4 priority specialties identified, targeting clinical workshop in November with Medical Director support, to include facilitating specific clinical pathways discussion.

  Outcomes; DQ are supporting, and have created clear escalation process. Tail broadly cleared, but high volume of respiratory device pts (known temporary issue where cohort not high risk) and cardiology pacing patients. New iportal Outcomes form live 25th July 2023, supporting capturing of Outpatient Procedures. Deputy Medical Director directive to clinicians for completion of all clinic outpatient outcomes via iportal by October unless agreed exception.

  OP Productivity; OP Cell Dashboard, plus booking & DNA Divisional / UHNM target & trajectories. Utilisation Sep 90% vs 90% plan. Focussed utilisation review at session code level with each specialty continues, plus review of clinic flag process. 2 Way Messaging will help DNA reduction (see risks).

- **Key Enablers**

  OP GIRFT: issued Nov/Dec, aimed at clinicians & operational teams. Seen as key enabler for OP Transformation. UHNM baseline assessment vs customised maturity model. Initial review of actions & comments held with clinician & mgt leads for 12/15 specialties. Working vs timeline for further Specialty Meetings & Reviews to challenge ongoing progress. Identifying clinical lead/s for OP GIRFT to support clinical conversations & challenge.

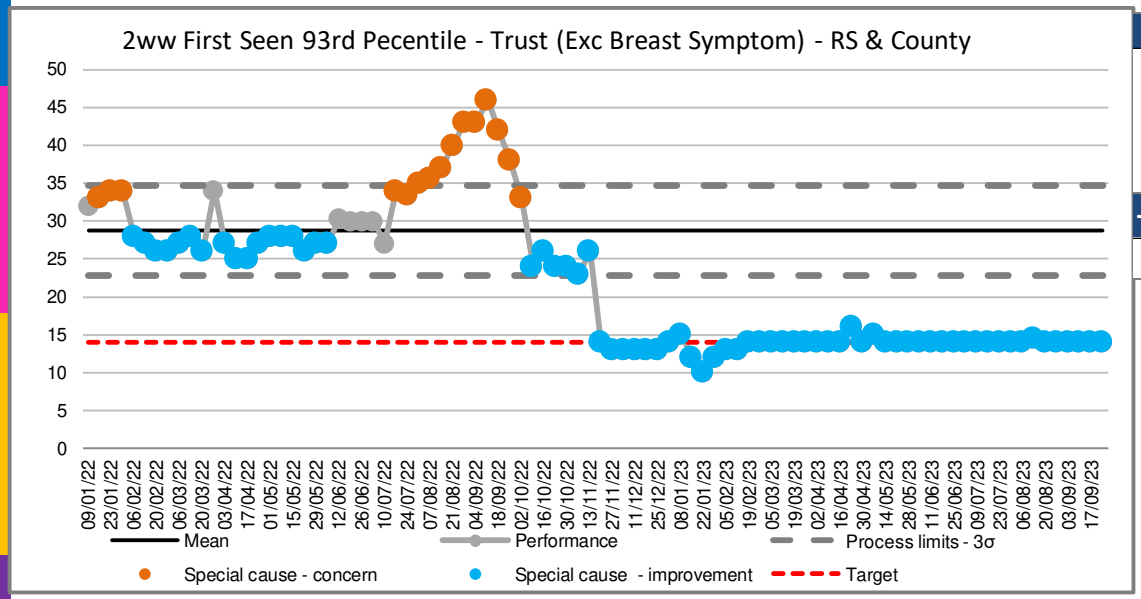
  Digital Enablers

  - **Waiting List Validation (OP/IP) & 2 Way Messaging; DNA reduction / Short Notice Booking**

    Linking with Elective Access team for updates on progress; general principle that PKB will need functionality to support validation. Validation & 2 Way SMS will be included in the funding approved from NHSE/I. Risk around timescales vs waiting list pressures so interim solutions being utilised.
  - **Robotic Process Automation (RPA); OP Outcomes** c.200K attendances annually with 'simple' outcomes eg discharge, could be completed via RPA. Robot-funding discussions with IM&T for RPA. Business Case being drafted, clarifying best way forward. & **RPA; PIFU Discharge Letters (at Review Date) –** Controlled go-live successful in Urology, live from September; specialty-by-specialty rollout plan agreed with Divisions & BI.
  - **Patient Portal (PKB)**; IM&T included at OP Cell for updates. Digital letters live from June 2023 with patient letter to encourage enrolment.

Cancer – Headline metrics

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

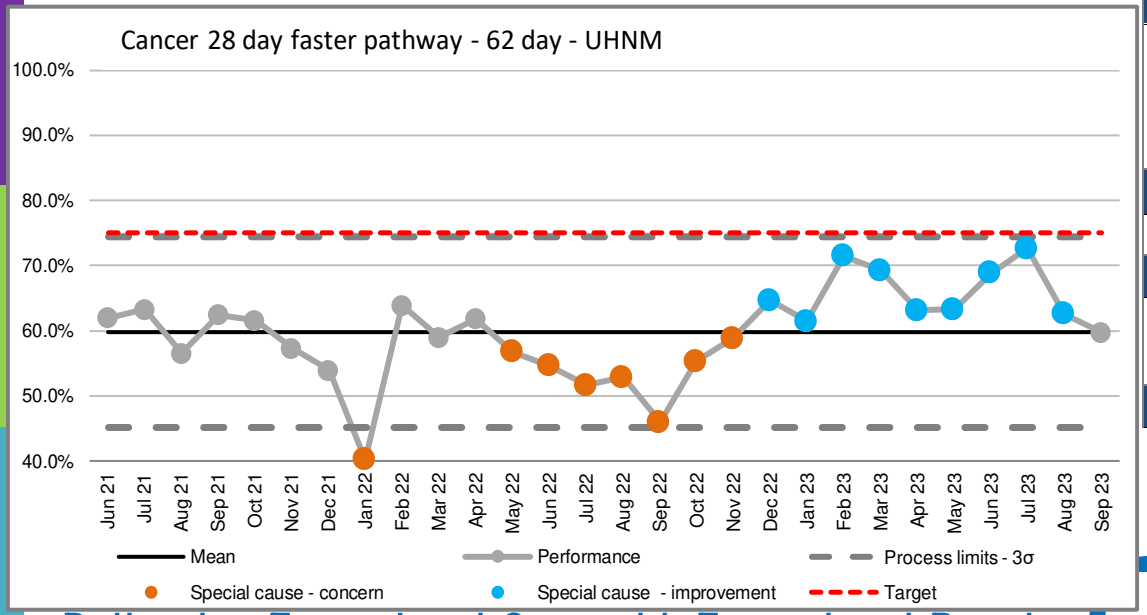
Target	10/09/2023	17/09/2023	24/09/2023
14	14	14	14

Background

The standard is for 93% of patients to be seen within 14 days. This SPC demonstrates within which day 93% of patients were seen on across all tumour sites.

What is the data telling us?

Trust wide – all suspected cancer 2WW referrals. Excluding Breast symptomatic referrals where cancer is not suspected.
93 % of patients first seen for the last week in August had a 14 day clock stop within day 14 of the pathway.



Variation	Assurance
	F

Target	Jul 23	Aug 23	Sep 23
75%	72.6%	62.6%	59.8%

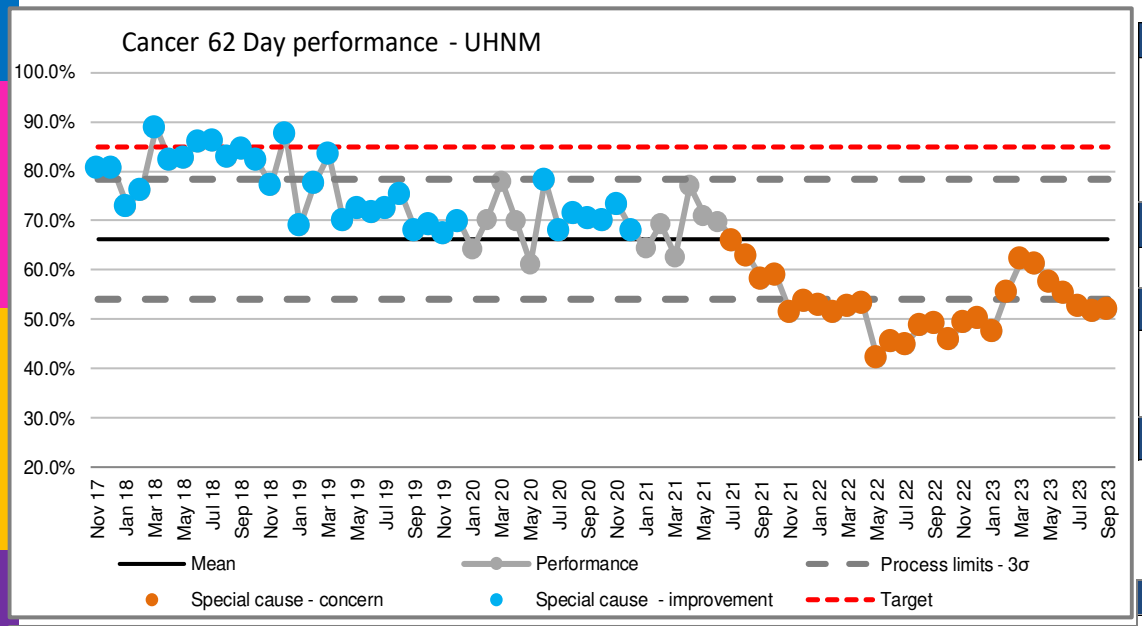
Background

Performance of confirmation or exclusion of cancer communicated with patients within the 28 day timeframe.

What is the data telling us?

The FDS performance remains stable with pockets of good practice. E.g. Breast, Lung and Upper GI all achieve the standard . The August position landed at 62% - September is currently incomplete.

Cancer – Headline metrics



Variation	Assurance
L	F

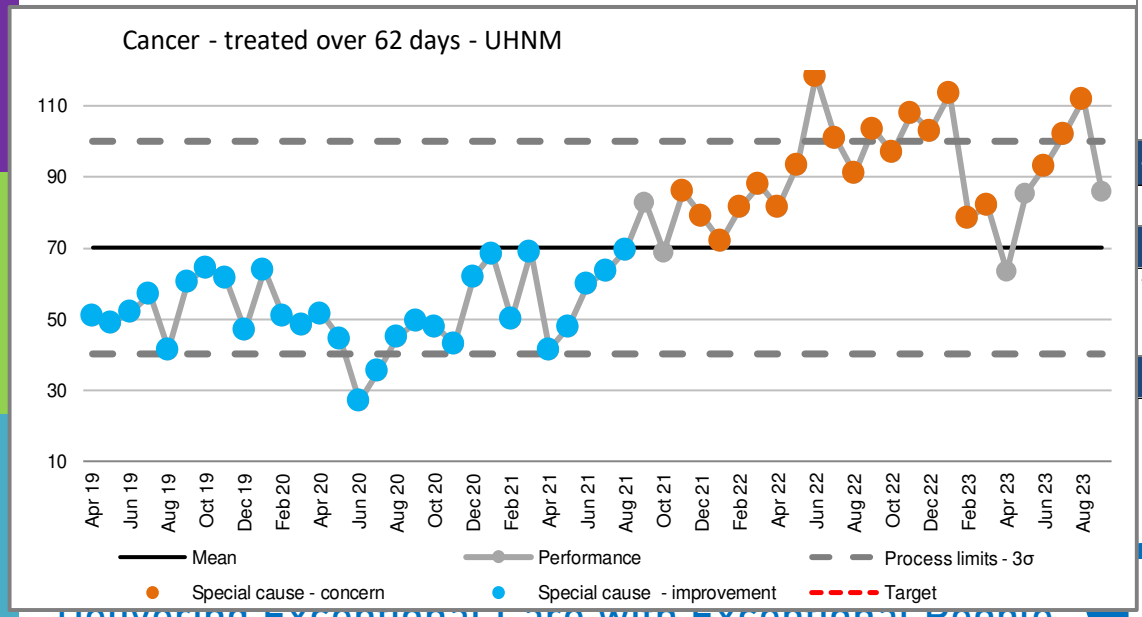
Target	Jul 23	Aug 23	Sep 23
85%	52.7%	51.7%	52.1%

Background

% patients beginning their treatment for cancer within 62 days following an urgent GP referral for suspected cancer

What is the data telling us?

Performance significantly challenged and below standard for the past 12 months with a steep decline in May21 and landed at 52% in July 23, the August 23 position is still being validated.



Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
N/A	102.0	112.0	86.0

Background

The number of patients treated over 62 days

What is the data telling us?

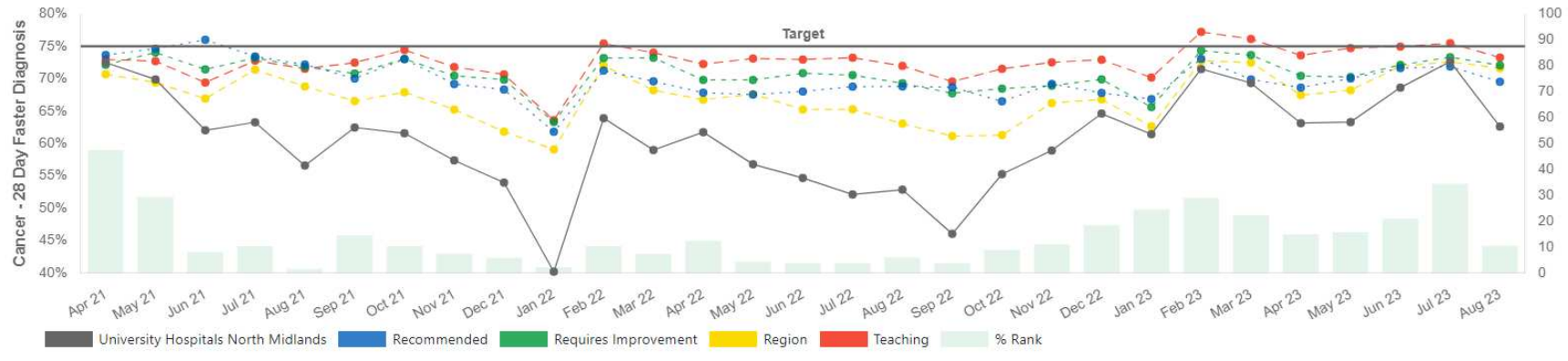
Demonstrates total volume of patients who have been treated beyond day 62 is a cause for concern and has been rising over the past 12 months. As the trust has significantly reduced the backlog of patients waiting, the volume of patients treated over 62 days has reduced.

Cancer

Cancer - 28 Day Faster Diagnosis

Aug 23 Performance: 62.6% | Rank: 120th of 134

Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail



	Key Performance Indicator	Period	Target		SPC
403	Cancer - 28 Day Faster Diagnosis	Aug 23	75.0%	62.6%	
406	FDS Acute Leukaemia	Aug 23	75.0%	-	
407	FDS Brain Tumours	Aug 23	75.0%	-	
408	FDS Breast Cancer	Aug 23	75.0%	88.9%	
404	FDS Breast Symptoms	Aug 23	75.0%	94.3%	
409	FDS Children's Cancer	Aug 23	75.0%	60.0%	
410	FDS Gynaecological Cancer	Aug 23	75.0%	40.2%	
411	FDS Haematological Malignancies	Aug 23	75.0%	37.5%	
412	FDS Head & Neck Cancer	Aug 23	75.0%	73.1%	
413	FDS Lower Gastrointestinal Cancer	Aug 23	75.0%	21.3%	
414	FDS Lung Cancer	Aug 23	75.0%	78.1%	
405	FDS Missing or Invalid	Aug 23	75.0%	-	
415	FDS Other Cancer	Aug 23	75.0%	-	
416	FDS Sarcoma	Aug 23	75.0%	75.0%	
417	FDS Skin Cancer	Aug 23	75.0%	80.3%	
418	FDS Testicular Cancer	Aug 23	75.0%	83.3%	
419	FDS Upper Gastrointestinal Cancer	Aug 23	75.0%	81.4%	
420	FDS Urological Malignancies	Aug 23	75.0%	34.9%	

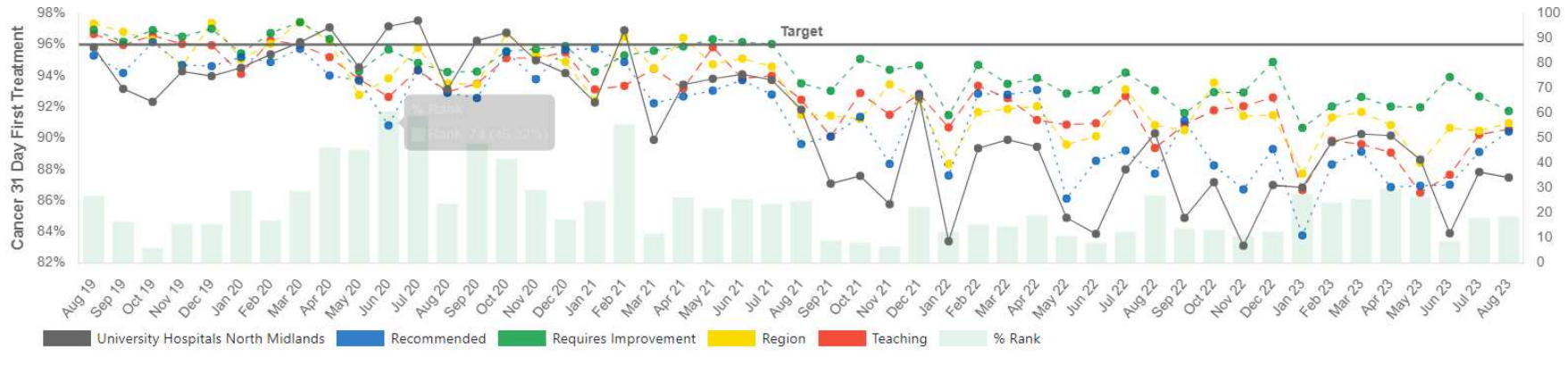
- The 28 Day Faster Diagnosis position for UHNM has remained below all peer groups.
- All peer groups has been relatively consistent during 2023, whilst UHNM has been inconsistent.
- Whilst all peer groups performance dropped slightly in August 23, UHNM dropped more significantly.
- Gynae and Upper GI have deteriorated the most in August 23.
- UHNM remain in the bottom quartile.

Cancer

Cancer 31 Day First Treatment

Aug 23 Performance: 87.47% | Rank: 111th of 136

Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail



- Performance during early 2023 UHNM remained in the middle of all peer groups.
- In June UHNM saw a dip, which has since started to recover, but now remains below all peer groups.
- UHNM are in the bottom quartile.

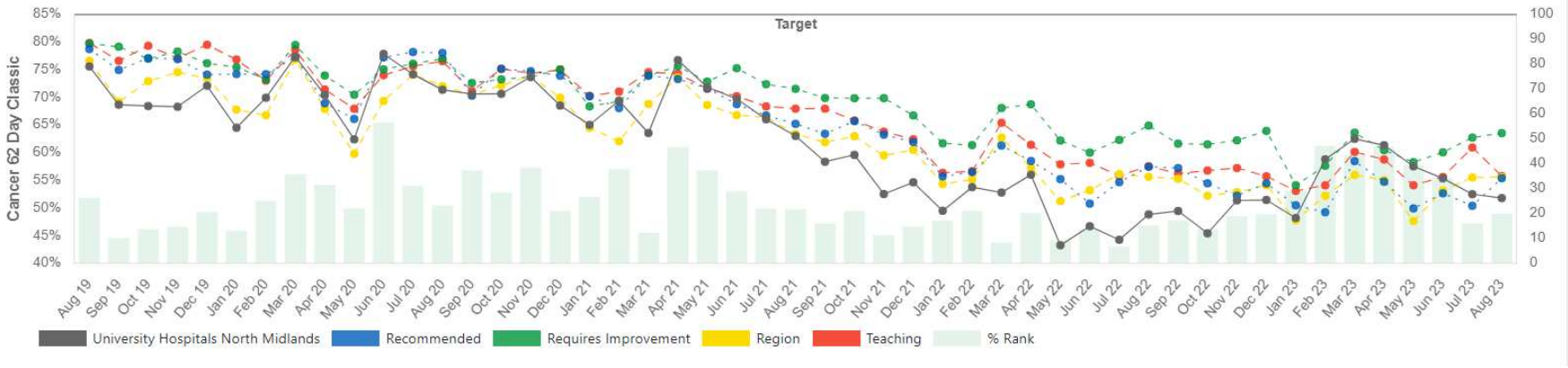
Key Performance Indicator	Period	Target		SPC
Cancer 2 Week Wait	Aug 23	93.00%	95.4%	
Cancer 2 Week Wait Breast Symptomatic	Aug 23	93.0%	95.8%	
Cancer 31 Day First Treatment	Aug 23	96.00%	**87.5%**	
Cancer 31 Day Subsequent Treatment	Aug 23	96.0%	**88.4%**	
Cancer 62 Day All Sources	Aug 23	85.00%	**58.2%**	
Cancer 62 Day Consultant Upgrade	Aug 23	85.0%	**71.2%**	
Cancer 62 Day Screening	Aug 23	90.0%	**60.9%**	
Cancer Sub Treat Drugs	Aug 23	96.0%	**89.0%**	
Cancer Sub Treat Radiotherapy	Aug 23	96.0%	99.3%	

Cancer

Cancer 62 Day Classic

Aug 23 Performance: 51.72% | Rank: 107th of 133

Ranking | Trend | Delta | SPC | ICS | Siblings | Data | Detail



- All peer groups are performing at similar levels and performance has been relatively stable during 2023.
- UHNM have seen a deterioration during 2023 and currently remain below all peer groups.
- UHNM have moved to the bottom quartile since the last report.

Key Performance Indicator	Period	Target		SPC
Breast Cancer	Aug 23	85.00%	**55.9%**	
Cancer 62 Day Classic	Aug 23	85.00%	**51.7%**	
Lower Gastrointestinal Cancer	Aug 23	85.00%	**31.4%**	
Lung Cancer	Aug 23	85.00%	**44.4%**	
Other Cancer	Aug 23	85.00%	**37.8%**	
Skin Cancer	Aug 23	85.00%	**65.7%**	
Urological Cancer	Aug 23	85.00%	**55.3%**	

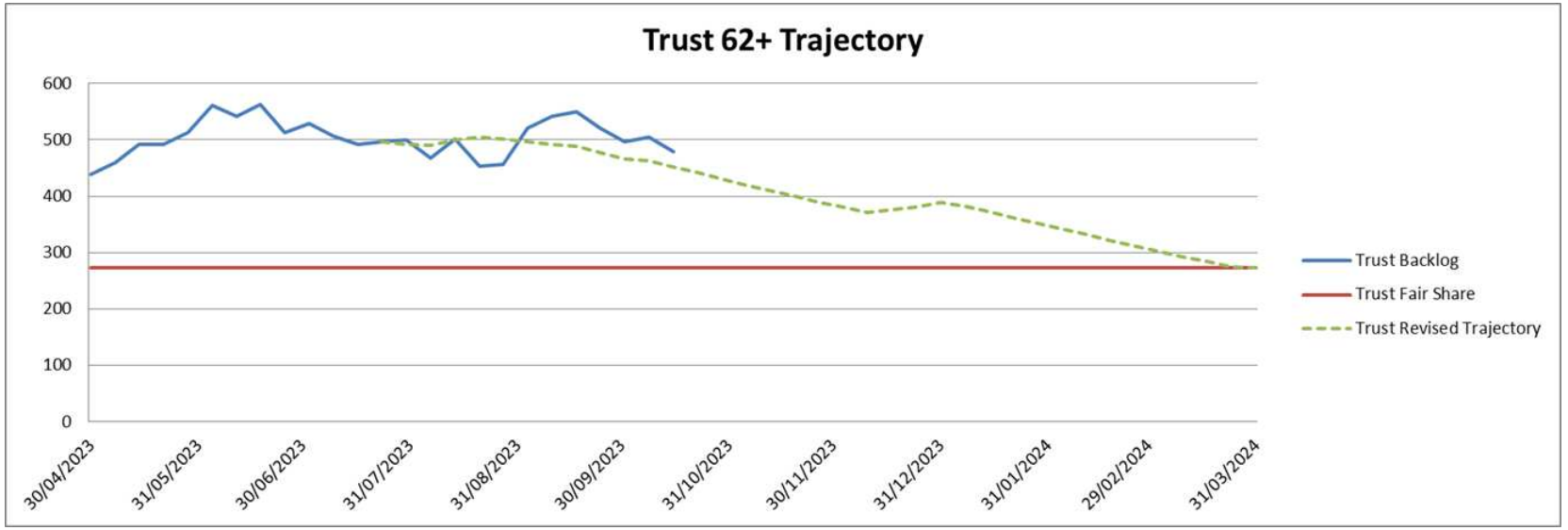
Cancer Actions

NHS
University Hospitals of North Midlands
NHS Trust

- The impact of strike action is demonstrated across all pathways and has lengthened most activity in-between referral to treatment.
    - Radiology reporting capacity - CT / CTC / MRI waits have grown to 4 weeks
    - Pathology reporting capacity – 95% of cancer specimens are reported by day 19
    - Waits for consultants to review results have grown as their capacity is impacted by IA
    - Reduced outpatient capacity due to IA has impacted high volume tumour sites such as Skin
    - MDT discussions have been rearranged or deferred, lengthening pathways
    - Increasing administration burden on Ops and cancer service teams due to above
- Cancer navigators have been implemented across the trust to be the first point of contact for patients on a cancer pathway and streamline the referral to treatment timelines.
- Granular analysis of BPTP milestones achievement has been completed by cancer services to inform targeted pathway improvement efforts. The analysis breaks down turn around times on each element of the pathway i.e. from test request, to test performed, to test reported. This shows 'hot spots' of the pathway will support PRM conversations and additional capacity business cases / bids.
- Support has been enlisted from the National Cancer Team (NHSE) to support a deep dive in to Colorectal and skin specific pathways, due 18/10, with the aim of spotting any further improvement opportunities.
- Across relevant pathways, front end referral triage has been implemented, with 7 day KPIs met for most patients.
- For increased Radiology reporting capacity to support cancer pathways, TIs are being offered, in addition recruitment is underway for an additional fellow, plus a review of outstanding reports and allocation / escalation is continuous.
- Pathologists are also prioritising reporting into Urgent and Accelerated streams, particularly for high volume pathways such as Skin and Colorectal.
- Consultants are ensuring clinical prioritisation of workload and rearranging MDTs where possible due to the industrial action, although this has had an impact on total PTL volumes in addition to the backlog of patients waiting over 62 days.
- Cancer Services and Ops teams are prioritising re-listing of MDTs, tracking and booking functions, as a result of the increasing admin burden due to IA. Overtime is being allocated and funded through divisions.
- There are a growing number of patients waiting for surgical treatment on the Urology pathway. Surgical capacity for RALPs at SaTH is being utilised. Further to this, mutual aid and internal theatres solutions such as reallocation, are being explored.
- The Elective Oversight framework supports theatre allocation with exec scrutiny on pressured pathways.
- There is an expected bottleneck in demand for colorectal surgical procedures, as the endoscopy booking backlog is cleared. To tackle this, additional activity plans have been submitted to meet the increasing pace in Endoscopy. E.g Surgical TIs / weekend lists to run the remainder of the year.
- FDS improvement plan, with support from commissioners, focusing on improved direct access to pre-requisite tests for GPs and referral optimisation is being worked through. There is the opportunity to expend the LGI referral hub to include all cancer referrals, requiring local ICB agreement.
- WMCA funding has been requested to support all of the above recovery initiatives with a focus on most pressured areas; Endoscopy, Radiology, Colorectal, Skin and Urology.
- PTL meetings continue to highlight and escalate pressures and support the prioritisation of patients through pathways across the trust.
- Analysis on patients who are FIT negative but sent for Colonoscopy has been completed. Around 25% of referrals received on the lower GI 2WW pathway are FIT negative however are within the exclusion criteria agreed with commissioners (IDA, Rectal Bleeding), demonstrating appropriate use of the pathway and endoscopy capacity.

Cancer Trajectories

- National planning guidance 23/ 24 set out the ambition to return the number of patients waiting over 62 days on the live PTL to the levels seen pre-pandemic. This was based on a fair share total allocated to Trusts, shown in green on the graph below. An internal PTL Backlog trajectory for UHNM is shown by the green dotted line below, which was revised and modelled to bring us back in line with the fair share target by March 24, taking into account the unpredicted workforce challenges in Endoscopy.
- The actual total of patient waiting over 62 days on a 2WW pathway are shown in blue below, and are a snap shot in time of the PTL position. This is for the week ending last full week of the month per PAF report.
- UHNM provide assurance to the regional NHSEI team, with detailed plans on a weekly basis. Tiered Progress to date:
    - The 62 day backlog has reduced by over 500 patients since August 22.
    - The number of days waited for 1st OPA (93rd Percentile) has reduced by 35 days since August 22.
    - The total PTL has reduced by around 2300 since August. 22
    - The number of patients waiting over 104+ has halved.
    - The Faster Diagnosis Standard has improved from 46% in September22 to a final August 23 position of 62%



Inpatient and Outpatient Decile & Ethnicity

"In line with NHS Planning Guidance the Trust must ensure board papers are published that include an analysis of waiting times disaggregated by ethnicity and deprivation" The Trust has only recently had the capability to analyse this information and will therefore spend the coming months seeking to understand what the data and take action to positively impact upon unwarranted variation

Inpatient IMD Decile	1	2	3	4	5	6	7	8	9	10	Unknown
Weeks Waited- >104	10.72%	9.44%	9.17%	7.48%	7.62%	11.44%	12.68%	10.22%	13.79%	6.70%	0.75%
Weeks Waited- 78-104	13.01%	11.34%	8.36%	10.04%	6.41%	11.15%	10.32%	9.57%	11.80%	7.25%	0.74%
Weeks Waited- 52-77	12.87%	11.64%	10.18%	10.01%	7.56%	11.51%	10.35%	9.16%	10.96%	4.53%	1.23%
Weeks Waited- Under 52	13.66%	11.32%	10.27%	8.88%	7.73%	10.97%	10.14%	8.89%	11.29%	5.53%	1.32%

Outpatient IMD Decile	1	2	3	4	5	6	7	8	9	10	Unknown
Weeks Waited- >104	10.88%	9.83%	9.22%	9.01%	7.82%	10.94%	11.52%	10.21%	13.01%	6.53%	1.03%
Weeks Waited- 78-104	11.72%	10.74%	8.98%	8.97%	7.60%	10.86%	10.87%	9.81%	12.37%	6.78%	1.29%
Weeks Waited- 52-77	12.82%	11.26%	9.97%	8.64%	7.58%	10.74%	10.92%	8.96%	11.67%	6.06%	1.37%
Weeks Waited- Under 52	13.33%	11.34%	10.13%	8.86%	7.51%	10.50%	10.60%	9.11%	11.32%	5.94%	1.36%

Inpatient Ethnicity	African	Any Other Asian Background	Any Other Black Background	Any other ethnic group	Any Other Mixed Background	Any other White background	Bangladeshi	Caribbean	Chinese	Indian	Pakistani	White & Asian	White & Black African	White & Black Caribbean	White British	White Irish	Not Specified	Not Stated	Unknown
Weeks Waited- >104	0.17%	0.39%	0.08%	0.36%	0.30%	0.66%	0.06%	0.11%	0.25%	0.36%	0.42%	0.25%	0.03%	#N/A	93.13%	0.39%	0.89%	1.88%	0.28%
Weeks Waited- 78-104	0.19%	0.74%	0.09%	0.65%	0.46%	0.46%	#N/A	0.19%	0.19%	0.56%	0.93%	0.09%	#N/A	0.09%	91.08%	0.46%	1.67%	1.39%	0.74%
Weeks Waited- 52-77	0.44%	0.34%	0.31%	0.78%	0.54%	1.50%	0.07%	0.14%	0.10%	0.58%	1.46%	0.37%	0.03%	0.31%	87.20%	0.17%	2.08%	1.70%	#N/A
Weeks Waited- Under 52	0.48%	0.69%	0.32%	0.75%	0.59%	1.45%	0.12%	0.20%	0.16%	0.50%	1.64%	0.34%	0.11%	0.22%	84.04%	0.32%	2.69%	2.33%	3.05%

Outpatient Ethnicity	African	Any Other Asian Background	Any Other Black Background	Any other ethnic group	Any Other Mixed Background	Any other White background	Bangladeshi	Caribbean	Chinese	Indian	Pakistani	White & Asian	White & Black African	White & Black Caribbean	White British	White Irish	Not Specified	Not Stated	Unknown
Weeks Waited- >104	0.30%	0.56%	0.23%	0.36%	0.46%	0.83%	0.08%	0.13%	0.12%	0.53%	1.33%	0.30%	0.11%	0.14%	88.02%	0.38%	2.61%	2.15%	1.37%
Weeks Waited- 78-104	0.41%	0.56%	0.27%	0.66%	0.52%	1.20%	0.11%	0.17%	0.21%	0.57%	1.58%	0.33%	0.16%	0.21%	86.20%	0.29%	2.80%	1.86%	1.87%
Weeks Waited- 52-77	0.48%	0.66%	0.17%	0.64%	0.58%	1.15%	0.14%	0.13%	0.13%	0.57%	1.67%	0.33%	0.15%	0.25%	84.38%	0.27%	2.90%	2.49%	2.92%
Weeks Waited- Under 52	0.54%	0.67%	0.22%	0.65%	0.60%	1.32%	0.16%	0.17%	0.15%	0.64%	1.79%	0.34%	0.17%	0.24%	82.57%	0.31%	3.24%	2.66%	#N/A

NHS
University Hospitals of North Midlands
NHS Trust

APPENDIX 1

Operational Performance

Constitutional standards

NHS University Hospitals of North Midlands NHS Trust

	Metric	Target	Latest	Variation	Assurance	DQAI
A&E	Percentage of Ambulance Handovers within 15 minutes	0%	59.23%	H		
	Ambulance handovers greater than 60 minutes	1	1		F	
	Time to Initial Assessment - percentage within 15 minutes	85%	62.11%	H	F	
	Average (mean) time in Department - non-admitted patients	180	255		F	
	Average (mean) time in Department - admitted patients	180	367		F	
	Clinically Ready to Proceed	90	465	H	F	
	12 Hour Trolley Waits	0	811	H	F	
	Patients spending more than 12 hours in A&E	0	1689		F	
	Median Wait to be seen - Type 1	60	96		F	
	Bed Occupancy	92%	86.79%			
Cancer Care	Cancer 28 day faster pathway	75%	59.76%		F	
	Cancer 62 GP ref	85%	52.09%	L	F	
	Cancer 62 day Screening	90%	42.31%		?	
	31 day First Treatment	96%	88.92%	L	?	
	2WW First Seen (exc Breast Symptom)	93%	95.70%	H	?	

	Metric	Target	Latest	Variation	Assurance	DQAI
Use of Resources	DNA rate	7%	7.3%	L	?	
	Cancelled Ops	150	118		?	
	Theatre Utilisation	85%	82.6%			
Inpatient / Discharge	Same Day Emergency Care	30%	36%	H	?	
	Super Stranded	183	170	L	?	
	MFFD	100	96	L	?	
	Discharges before Midday	25%	19.6%		F	
	Emergency Readmission rate	8%	9.7%	L	F	
Elective waits	RTT incomplete performance	92%	49.61%	L	F	
	RTT 52+ week waits	0	4985	H	F	
	Diagnostics	99%	71.82%		F	

Delivering Exceptional Care with Exceptional People

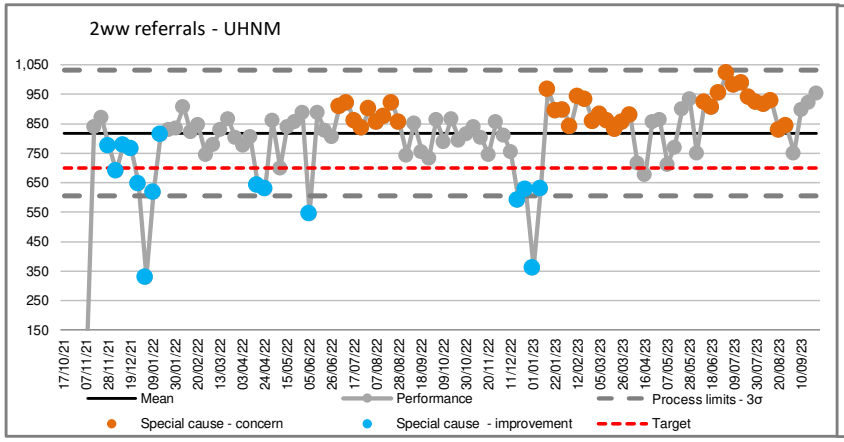
Cancer – 62 Day

NHS University Hospitals of North Midlands NHS Trust

Target	Jul 23	Aug 23	Sep 23
700	900	923	955

Background

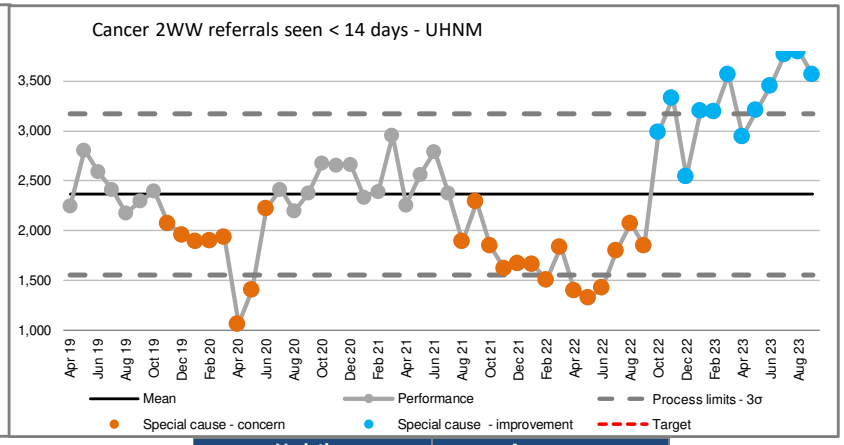
The number of patients referred on a cancer 2ww pathway.



Target	Jul 23	Aug 23	Sep 23
N/A	3766.0	3797.0	3564.0

Background

The percentage of patients waiting over 18 weeks for treatment since their referral.



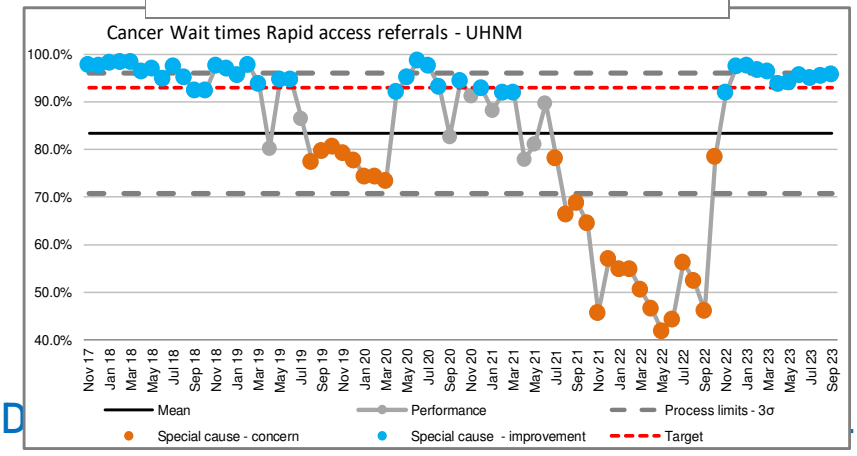
Target	Jul 23	Aug 23	Sep 23
93%	94.9%	95.4%	95.7%

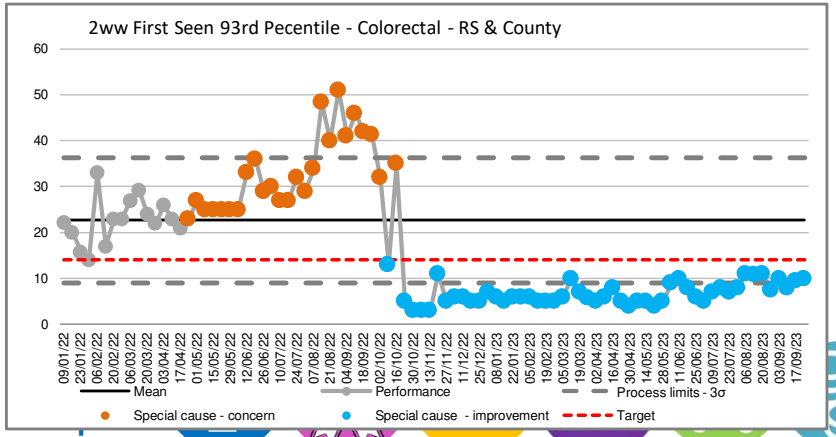
Background

% patients referred on a cancer 2ww seen by a specialist within 2 weeks of referral from GP

Variation	Assurance
	

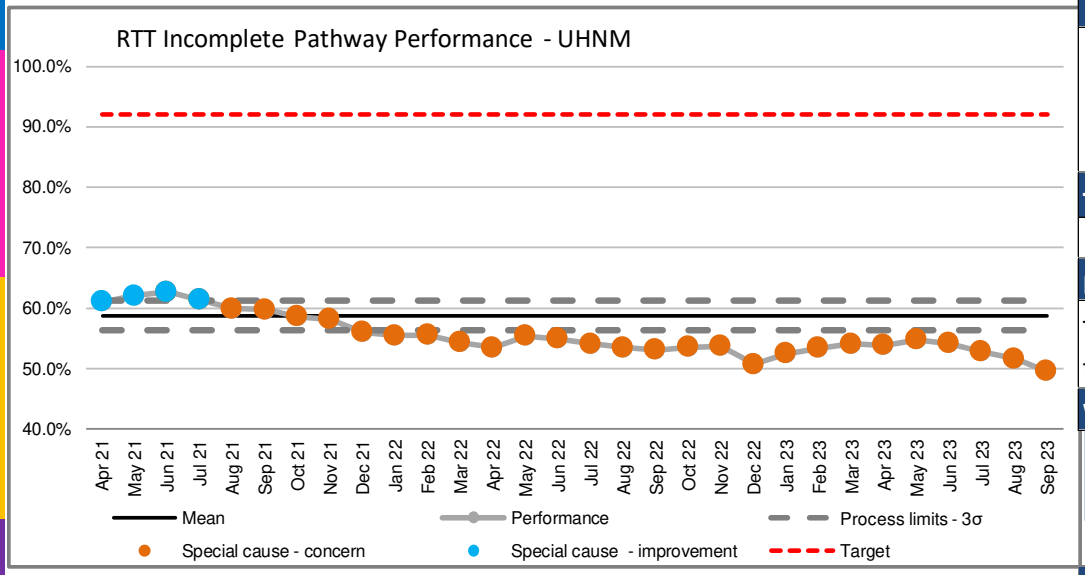
Target	Sep 23	Sep 23	Sep 23
14	8	9	10





Referral To Treatment

NHS
University Hospitals of North Midlands
NHS Trust



Variation	Assurance
L	F

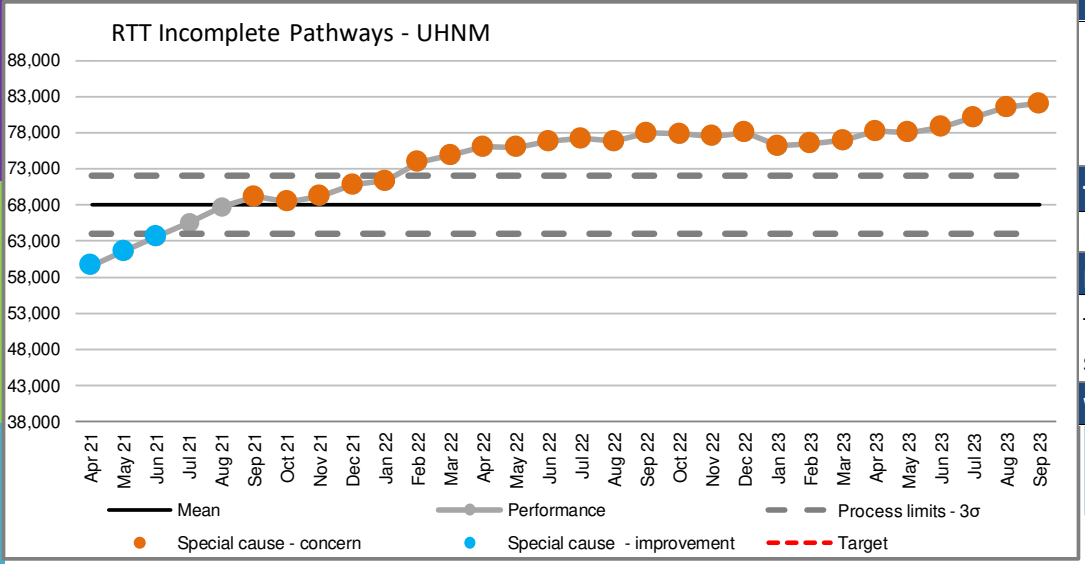
Target	Jul 23	Aug 23	Sep 23
92%	52.8%	51.6%	49.6%

Background

The percentage of patients waiting less than 18 weeks for treatment.

What is the data telling us?

Following performance at c.54% earlier in 2023, this has deteriorated since July, with September at 49.6%.



Variation	Assurance
H	

Target	Jul 23	Aug 23	Sep 23
N/A	80109	81510	82034

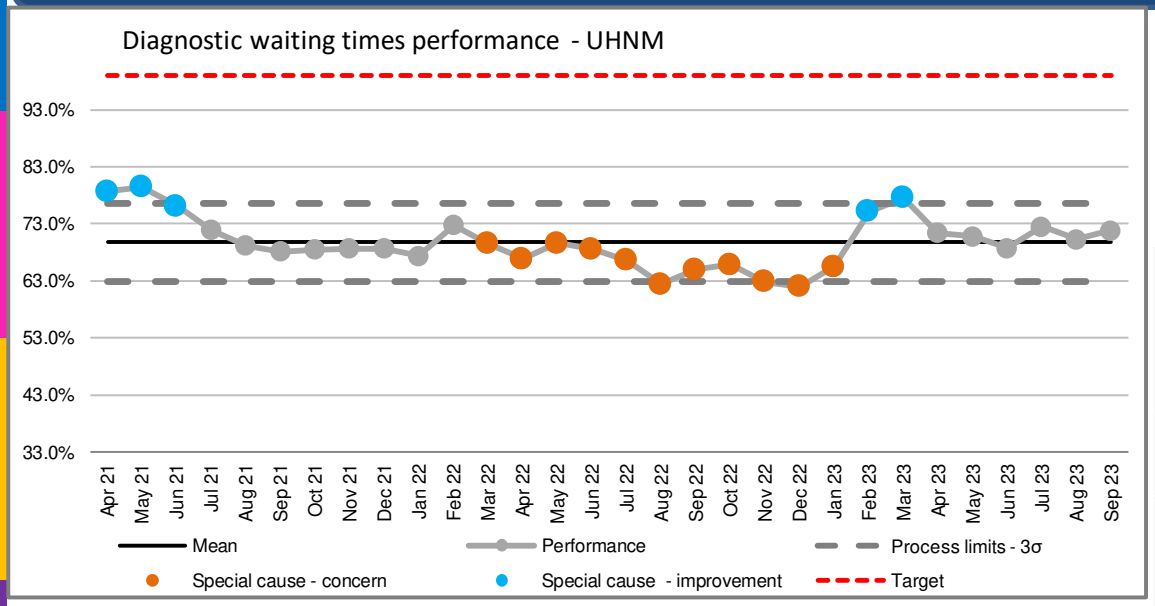
Background

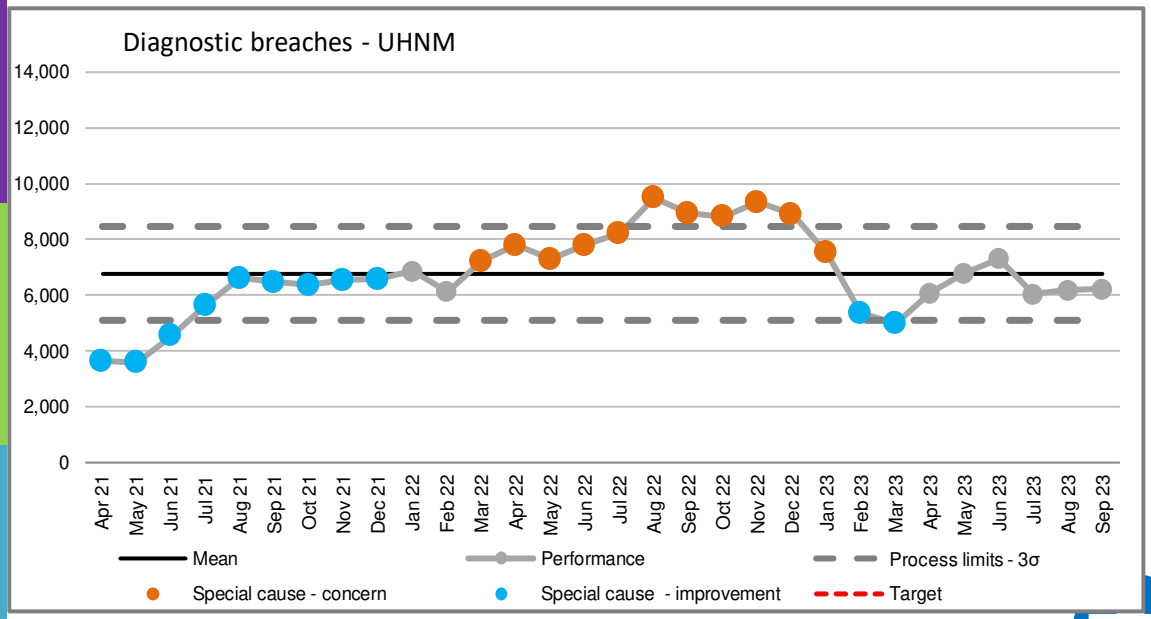
The number of patients waiting over 18 weeks for treatment since their referral.

What is the data telling us?

During 2023 the number of RTT Open pathways has seen an increasing trend.

Diagnostic Standards





Variation	Assurance

Target	Jul 23	Aug 23	Sep 23
99%	72.6%	70.3%	71.8%

Background

The percentage of patients waiting less than 6 weeks for the diagnostic test.

What is the data telling us?

Waiting times performance has remained relatively flat since April 2023 at c.71%, predominantly due to Echo and Endo modalities.

The volume of breaches has remained increased slightly over the last three months, following an improvement seen in July.

Workforce

University Hospitals of North Midlands NHS Trust

2025 Vision	"Achieve excellence in employment, education, development and Research"

Delivering Exceptional Care with Exceptional People

Workforce Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key messages

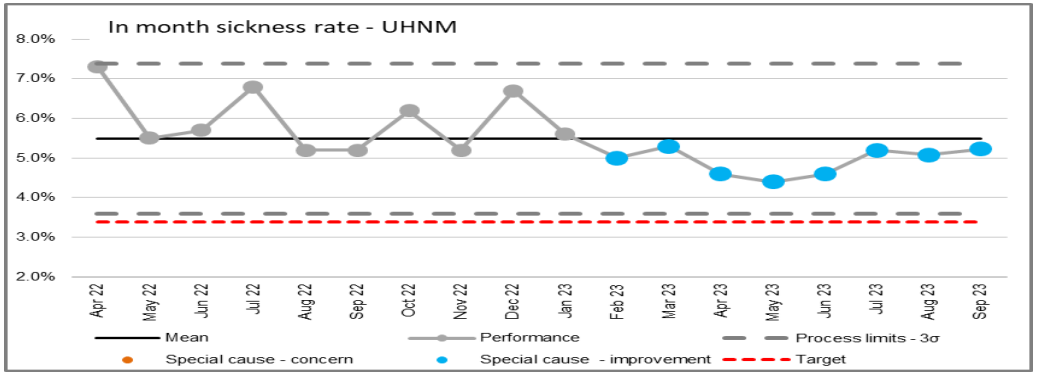
- The 12m turnover rate in September 2023 increased to 9.8% (8.3% in August) which remains below the trust target of 11%.
- M6 vacancies decreased to 8.59% (9.43% in August). Divisions continue to report good progress on their recruitment pipeline to close the gap on vacancies which is supported by the September presentation on progress made against the annual Workforce Plan.
- For M6, the in-month sickness rate increased by 0.15% to 5.23% (5.08% in August 2023). The 12-month cumulative rate fractionally increased to 5.32% (5.31% in August 2023).
- Stress and anxiety continues to be the top reason for sickness in September, which saw a decrease of 0.1% in the last month to 24.8% (24.9% in August). Chest & respiratory problems saw an in-month increase of 4.9% to 13.3% (8.4% in August 2023), and cold & flu to 4.7% (3.6% in August) moving cold & flu from 11th position in August, to 7th position, in September.
- 3 covid-related absences were recorded on ESR for September 2023, down from 5 episodes in August, following the cessation of symptomatic covid testing, since May 2023. Employees may report covid-like symptoms on Empactis, but Managers are then recording this as either chest & respiratory, or cold & flu, on ESR, as detailed above, in the absence of a formal lateral flow test.
- September 2023's PDR Rate increased by 0.6% to 82.6% (82.0% in August 2023). Work continues on refreshing PDR paperwork to support colleagues in achieving their potential.
- Statutory and Mandatory training rate on 30th September was 93.5% (94.2% on 31 August 2023) showing a very slight decrease. This compliance rate is for the 6 'Core for All' subjects only.
- The Staff Voice trust survey, for September 2023, received a total of 935 submissions providing an overall colleague engagement score of 6.57.
- The Being Kind sessions continued in September with 1,805 colleagues in attendance. Overall, 8,091 people have attended the training, either in person, virtually, or online, via the ESR virtual training session.
- Industrial action continued in September which required extensive coordination and cover from across the whole organisation.
- As part of Black History Month we have launched the See Me First initiative to promote equality and inclusivity during week commencing 16th October 2023. The initiative forms part of our commitment to having zero tolerance for any form of discrimination and that anyone who is subjected to racism is supported to speak up and challenge this behaviours in a safe way.
- The Chief Executive has signed the Sexual Safety Charter which is an agreement containing 10 pledges including commitments to provide our people with clear reporting mechanisms, training and support.

Workforce Dashboard

NHS
University Hospitals of North Midlands
NHS Trust

Metric	Target	Latest	Variation	Assurance
Staff Sickness	3.4%	5.23%		
Staff Turnover	11%	8.25%		
Statutory and Mandatory Training rate	95%	93.49%		
Appraisal rate	95%	82.61%		
Agency Cost	N/A	4.66%		

Sickness Absence



University Hospitals of North Midlands NHS Trust

Variation	Assurance
L	F

Target	Jul 23	Aug 23	Sep 23
3.4%	5.2%	5.1%	5.2%

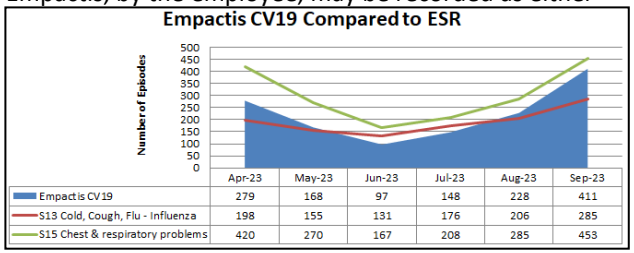
Background

Percentage of days lost to staff sickness

Summary

Org L2	Divisional Trajectory - March 2024	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trajectory
205 Central Functions	3.39%	4.34%	3.58%	4.87%	4.01%	4.03%	3.61%	2.80%	2.37%	2.81%	3.55%	3.54%	3.39%	↓
205 Women's, Children's & Clinical Support Services	5.25%	5.06%	5.07%	6.56%	4.99%	4.51%	4.64%	3.91%	3.74%	3.90%	4.29%	4.80%	4.54%	↓
205 Estates, Facilities and PFI Division	5.25%	7.08%	5.79%	7.38%	6.37%	5.93%	6.48%	5.50%	4.90%	5.24%	6.62%	6.14%	6.12%	↓
205 Medicine and Urgent Care	5.25%	6.23%	6.09%	7.55%	5.98%	5.65%	6.30%	6.00%	5.32%	5.09%	4.69%	5.11%	4.87%	↓
205 Division of Network Services	5.25%	6.83%	5.59%	7.26%	5.67%	5.01%	5.20%	5.04%	4.79%	4.72%	5.64%	5.30%	6.05%	↑
205 Division of Surgery, Theatres and Critical Care	4.50%	7.51%	5.94%	6.35%	5.60%	5.49%	5.61%	4.71%	4.68%	5.30%	4.67%	4.37%	4.85%	↑
205 North Midlands & Cheshire Pathology Service (NMCPS)	5.25%	6.34%	5.41%	6.69%	6.05%	5.05%	5.18%	4.72%	4.73%	5.16%	5.07%	4.98%	4.91%	↓

- For M6, the in-month sickness rate increased by 0.15% to 5.23% (5.08% in August 2023).
- The 12-month cumulative rate fractionally increased to 5.32% (5.31% in August 2023).
- Stress and Anxiety continues to be the top reason for sickness in August, which saw a decrease of 0.4% in the last month to 24.9% (25.3% in June).
- Covid 19 cases reported on Empactis, by the employee, may be recorded as either chest & respiratory, or cold and flu, on ESR, by the manager, in the absence of a formal lateral flow.
- Both ESR reasons have seen a marked increase, consistent with Empactis.



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Empactis CV19	279	168	97	148	228	411
S13 Cold, Cough, Flu - Influenza	198	155	131	176	206	285
S15 Chest & respiratory problems	420	270	167	208	285	453

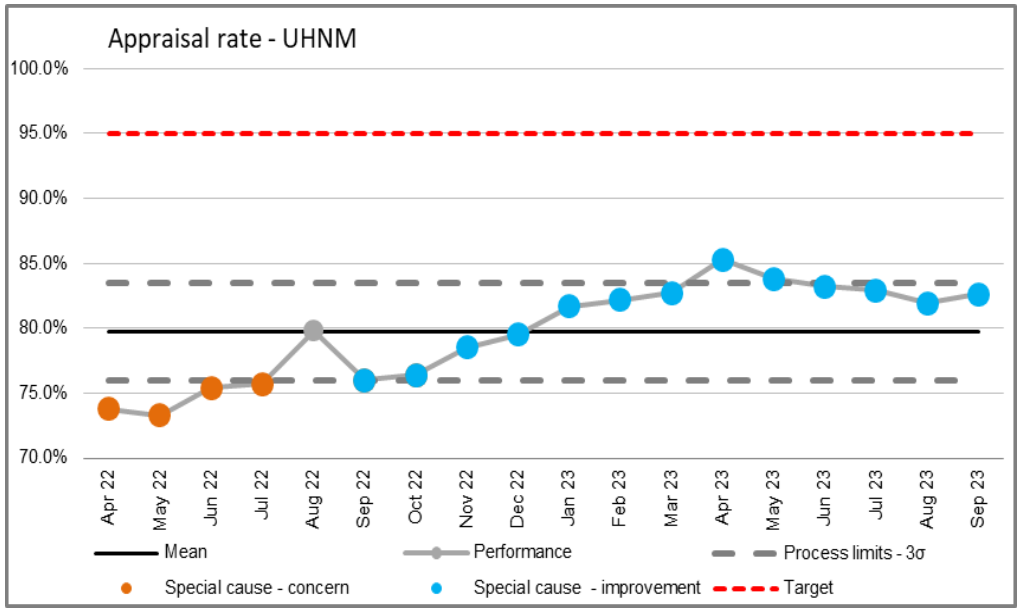
Sickness rate is consistently above the target of 3.4%.

Actions

- For areas of high sickness daily monitoring of absences continues
- **Medicine Division** - sickness absence continues to be monitored at directorate performance reviews. Areas with over 8% or of concern are supported by the People Advisor focusing on long term sickness cases
- **Surgery Division** – assessment of hotspot areas for long and short term absences to provide targeted support including re-training
- **Network Division** - commenced sickness assurance meetings.
- **Women's Children's and Clinical Division** - Deep dives into hot spot/high absence areas to target interventions as well as continuing absence surgeries.

Appraisal/Performance Development Review (PDR)

University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Jul 23	Aug 23	Sep 23
95%	82.9%	82.0%	82.6%

Background

Percentage of people who have had a documented appraisal within the last 12 months.

The appraisal rate is consistently below the target of 95%. More recently the rate shows special cause variation. There has been a drop below the lower control limit since August 2019.

Summary

- On 30th September 2023, the PDR Rate increased by 0.6% to 82.6% (82.0% for August 2023).
- This is the first improvement seen, within the last 5 months, and this figure remains below the overall target and divisions have been asked to review key issues and actions to work towards meeting target.
- The current PDR policy is under review and meetings are taking place with key stakeholders to understand what improvements can be built into the process to drive compliance and making the process enhance employee experience.

Actions

The focus on ensuring completion of PDRs is continuing with:

NMCPS - All out of date PDR's to be scheduled with line managers, and ESR hierarchy changes and training gaps to be identified.

Network Division - Hold a dedicated weekly PDR compliance hotspot and assurance meetings

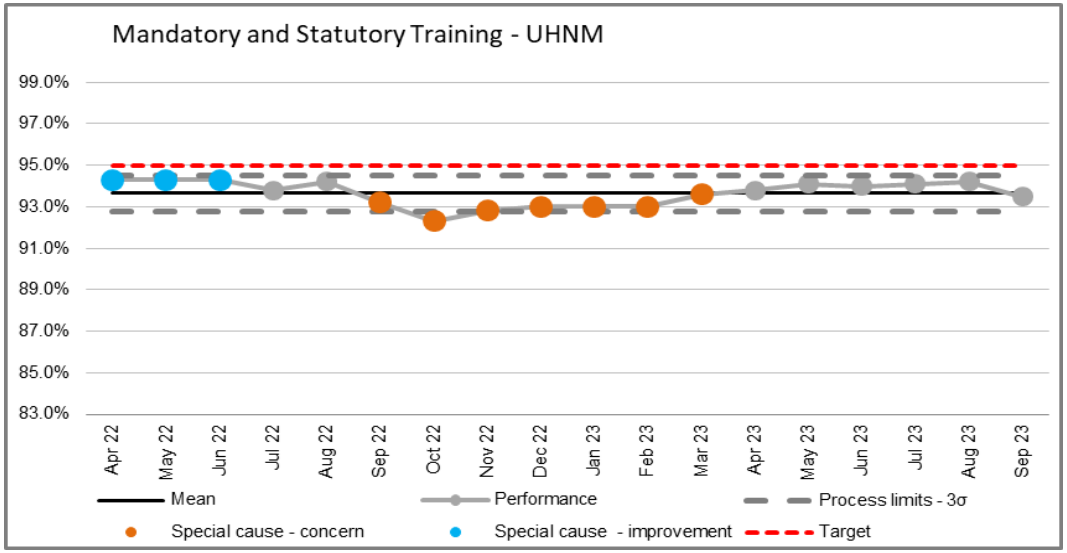
Surgery Division – Monthly compliance report, with a focus on hotspots

Medicine Division – Weekly updates reports on compliance. With focused assistance on those areas with the lowest compliance.

Delivering Exceptional Care with Exceptional People

Statutory and Mandatory Training

NHS
University Hospitals of North Midlands
NHS Trust



Variation	Assurance
	F

Target	Jul 23	Aug 23	Sep 23
95%	94.1%	94.2%	93.5%

Background

Training compliance.

At 93.5%, the Statutory and Mandatory Training rate remains just below the Trust target for the core training modules

Summary

Statutory and Mandatory training rate on 30th September 2023 was 93.5% (94.2% on 31 August 2023) which is a 0.7% decrease. This compliance rate is for the 6 'Core for All' subjects only.

Competence Name	Assignment Count	Required	Achieved	Compliance %
205|LOCAL|Security Awareness - 3 Years|	11249	11249	10486	93.22%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years	11249	11249	10569	93.96%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	11249	11249	10465	93.03%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Y	11249	11249	10541	93.71%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	11249	11249	10639	94.58%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Y	11249	11249	10402	92.47%

Compliance rates for the Annual competence requirements were as follows:

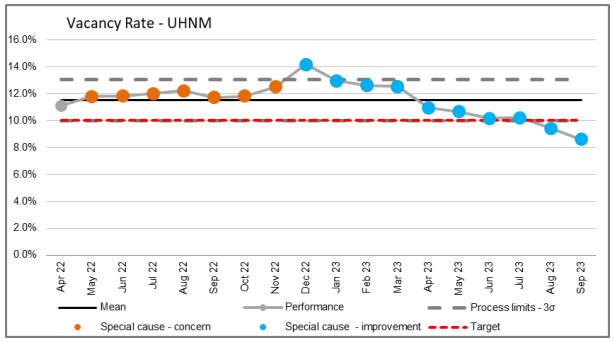
Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Fire Safety - 1 Year|	11249	11249	8784	78.09%
NHS|CSTF|Information Governance and Data Security - 1	11249	11249	10157	90.29%

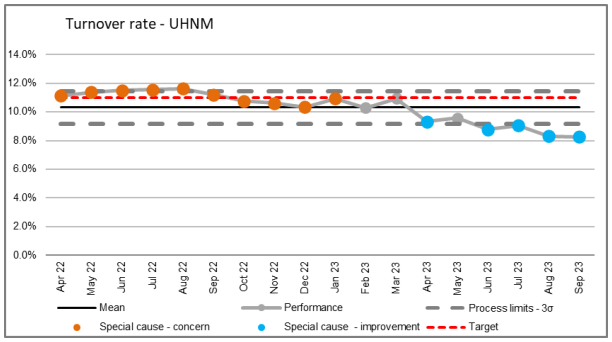
Actions

- We continue to raise the issue of compliance with Divisions and communicate to staff the need to complete statutory and mandatory training.
- Compliance is monitored and raised via the Divisional performance review process.
- The Being Kind sessions continued in September with 1,805 colleagues in attendance. Overall, 8,091 people have attended the training, either in person, virtually, or online, via the ESR virtual training session.

Workforce Vacancies and Turnover

University Hospitals of North Midlands NHS Trust





Variation	Assurance
	

Target	Jul 23	Aug 23	Sep 23
11.0%	9.0%	8.3%	8.3%

Background

Turnover rate

What is the data telling us?

The turnover rate for August 2023 remains below the trust target of 11%.

Vacancy rate has decreased from 9.0% last month to 8.3%

The overall Trust vacancy rate calculated as Budgeted Establishment. The vacancy rate is influenced by changes to budgeted establishment for Winter Workforce Plan and approved business cases, as well as changes to staff in post.

Summary

- The 12m Turnover rate in August 2023 sat at 8.3% which remains below the trust target of 11%.
- The summary of vacancies by staff groupings highlights a 0.77%decrease in the vacancy rate over the previous month.
- M6 vacancies decreased to 8.59% (9.43% in August). Colleagues in post increased in September 2023 by 86.30 FTE, budgeted establishment decreased by 13.75 fte, which decreased the vacancy fte by -100.05 FTE overall [*Note: the Staff in Post fte is a snapshot at a point in time, so may not be the final figure for 30/09/23]

Vacancies at 30-09-23	Budgeted Establishment	Staff In Post fte	Vacancies	Vacancy %	Previous Month
Medical and Dental	1,568.54	1,401.29	167.25	10.66%	11.11%
Registered Nursing	3623.31	3153.73	469.58	12.96%	12.59%
All other Staff Groups	6554.87	6182.62	372.25	5.68%	7.31%
Total	11,746.72	10,737.64	1,009.08	8.59%	9.43%

Actions

- Significant amount of recruitment events targeting specific roles across multiple divisions.
- Continued targeted social media campaign. Recruitment are actively updating LinkedIn pages and have created a new UHNM recruitment Facebook group.
- Targeted spotlight on UHNM colleagues continue and supplement the recruitment campaigns

Finance

2025 Vision "Ensure efficient use of resources"

Finance Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key elements of the financial performance year to date are:

- For Month 6 the Trust has delivered a year to date deficit of £7.2m against a planned surplus of £3.1m; this adverse variance of £10.4m is primarily driven by underperformance against the Trust's in year CIP target, the impact of industrial action and unfunded additional winter escalation capacity that remains open.
- The Trust has incurred £4.4m of costs relating to winter escalation capacity remaining open to Month 6; the Month 6 position includes £1.8m of additional funding from the local ICB.
- The industrial action (IA) by medical staff has cost the Trust £3.9m in backfill arrangements. Whilst this cost is unfunded the ERF target for the year has been reduced by 2% in relation to the April IA with further guidance expected for subsequent IA.
- To date the Trust has validated £23.2m of CIP savings to Month 6 against a plan of £27.5m. The Trust has recognised £2.1m of CIP due to an assumed reduction in the annual leave provision; this delivers 50% of the NR ICB stretch CIP target. Schemes of £48.3m have been identified for delivery in 2023/24. The PMO is currently working with scheme leads to develop robust plan to deliver these savings. The £8.0m divisional schemes remain unidentified.
- There has been £25.8m of Capital expenditure which is £2.9m below plan.
- The cash balance at Month 6 is £76.6m which is £4.2m lower than plan

Finance Dashboard

	Metric	Target	Latest	Variation	Assurance
I&E	TOTAL Income	variable	93.7		
	Expenditure - Pay	variable	54.3	H	F
	Expenditure - Non Pay	variable	32.8	H	F
Activity	Daycase/Elective Activity	variable	8,744		?
	Non Elective Activity	variable	10,535	H	P
	Outpatients 1st	variable	27,164		?
	Outpatients Follow Up	variable	40,149		?

Income & Expenditure

Income & Expenditure Summary Month 06 2023/24	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	998.2	85.3	85.6	0.3	499.2	499.3	0.1
Other Operating Income	86.0	7.8	7.9	0.1	43.9	44.1	0.2
Total Income	1,084.2	93.1	93.5	0.4	543.1	543.4	0.3
Pay Expenditure	(664.6)	(57.4)	(54.3)	3.1	(329.0)	(328.2)	0.8
Non Pay Expenditure	(393.2)	(33.3)	(35.8)	(2.5)	(197.8)	(210.8)	(13.0)
Total Operational Costs	(1,057.8)	(90.7)	(90.1)	0.6	(526.8)	(538.9)	(12.1)
EBITDA	26.4	2.4	3.4	1.0	16.3	4.5	(11.9)
Interest Receivable	2.8	0.2	0.6	0.3	1.4	2.8	1.4
PDC	(10.3)	(0.9)	(0.9)	0.0	(5.1)	(5.1)	0.0
Finance Cost	(19.0)	(1.6)	(1.6)	(0.0)	(9.5)	(9.5)	0.0
Other Gains or Losses	0.0	0.0	0.0	0.0	0.0	0.1	0.1
Total	0.0	0.2	1.5	1.3	3.1	(7.2)	(10.4)

Key issues to note within the Month 6 position include the following

The overspend of £10.4m is mainly driven by

- an under delivery of CIP by £4.3m
- additional capacity costs of £4.4m have been incurred to Month 6; additional funding of £2.0m has been agreed with the Staffordshire and Stoke on Trent ICB and £1.8m of this has been reflected in the Month 6 position.
- costs relating to industrial actions of £3.9m

The two main CIP schemes behind plan at Month 6 are the ICB non-recurrent stretch of £2.6m and the recurrent divisional schemes of £4.0m.

Capital Spend

NHS University Hospitals of North Midlands NHS Trust

UHNM Capital Expenditure Plan	2023/24 Plan/forecast £000	Movement £000	2023/24 Revised Plan/forecast £000	YTD Plan M06 £000	YTD Actual M06 £000	Variance M06 £000
Total PFI & Loan Commitments	(19.6)	-	(19.6)	(9.8)	(9.8)	-
Pre-committed investment items (ICB						
PFI enabling costs	(0.2)	-	(0.2)	-	-	-
Project Star	(20.7)	-	(20.7)	(10.6)	(10.0)	0.6
Emergency Department (restatement costs)	(0.2)	-	(0.2)	(0.1)	(0.1)	(0.0)
Air heat boiler replacement Trust Contribution	(0.7)	-	(0.7)	-	-	-
Wave 4b Funding - Lower Trent Wards	(0.2)	0.2	-	-	-	-
EPMA (Electronic Prescribing) BC	(0.7)	-	(0.7)	(0.3)	(0.2)	0.1
Pathology LIMS BC (Trust funded)	(0.6)	0.6	-	-	-	-
Pathology MSC Siemens refresh	(0.1)	-	(0.1)	-	-	-
Patient Portal roll out costs (BC 462)	(0.4)	-	(0.4)	(0.1)	(0.1)	0.1
Bi plane enabling (BC 425)	(0.2)	-	(0.2)	(0.2)	-	0.2
CT8 enabling works	(0.6)	-	(0.6)	(0.6)	(0.6)	-
Network and Communications (BC 510)	(1.2)	-	(1.2)	-	-	-
Pharmacy Robot BC487 - equipment	(0.5)	0.5	-	-	-	-
Pharmacy Robot BC487 - enabling and other	(0.8)	0.8	(0.0)	(0.0)	(0.0)	-
Electronic Patients records BC/specification	(0.8)	0.1	(0.7)	(0.3)	(0.0)	0.3
ED ambulance drop-off - enabling ward moves	(0.7)	-	(0.7)	(0.4)	(0.2)	0.2
Endoscopy works - 22/23 PDC ICB allocation	(0.4)	-	(0.4)	(0.1)	(0.0)	0.1
Remaining 2022/23 commitments	(0.3)	0.0	(0.3)	(0.2)	(0.2)	0.1
County CTS equipment (TIF) remaining	(0.2)	-	(0.2)	(0.2)	(0.1)	0.0
County Modular remaining equipment	(0.1)	-	(0.1)	(0.1)	(0.1)	(0.0)
Investment funding - minor cases	(0.4)	(0.1)	(0.5)	(0.1)	(0.1)	-
Central Contingency & risk	-	(0.3)	(0.3)	-	-	-
Total Pre committed Investment items	(30.0)	1.9	(28.1)	(13.2)	(11.7)	1.5

UHNM Capital Expenditure Plan	2023/24 Plan/forecast £000	Movement £000	2023/24 Revised Plan/forecast £000	YTD Plan M06 £000	YTD Actual M06 £000	Variance M06 £000
IMT Sub Group Total Funding	(2.3)	-	(2.3)	(1.1)	(0.3)	0.9
Medical Devices Sub Group Total Funding	(2.4)	-	(2.4)	(0.9)	(1.0)	(0.1)
Estates Sub Group Total Funding	(3.6)	-	(3.6)	(0.7)	(0.5)	0.3
Health & Safety compliance	(0.2)	-	(0.2)	(0.0)	(0.0)	0.0
Net zero carbon initiatives	(0.1)	-	(0.1)	(0.0)	-	0.0
Central funding beds, mattresses, hoists	(0.1)	-	(0.1)	(0.1)	(0.0)	0.0
Total Sub Groups	(8.7)	-	(8.7)	(2.9)	(1.7)	1.1
New IFRS16 leases (previously classified as operating leases and charged to revenue)						
Lease liability re-measurement	(0.2)	(0.1)	(0.3)	(0.3)	(0.3)	-
IFRS 16 leases	(0.9)	(0.8)	(1.7)	(0.3)	(0.3)	-
Community Diagnostic Centre lease	-	(5.0)	(5.0)	-	-	-
IFRS16 funding offset	1.1	5.9	7.0	0.6	0.6	-
Total Internal Capital Expenditure programme	(58.2)	1.9	(56.4)	(25.9)	(23.2)	2.6
Additional CRL / Externally Funded PDC						
Wave 4b Funding - Lower Trent Wards	(1.6)	-	(1.6)	(0.0)	(0.0)	-
TIF 2 PDC CTS phase 1 - enabling slippage	(0.4)	-	(0.4)	(0.4)	(0.3)	0.1
TIF 2 PDC (Day Case Unit)	(2.7)	-	(2.7)	(0.1)	(0.1)	(0.0)
TIF 2 PDC (Women's Hospital)	(1.2)	0.6	(0.7)	(0.2)	(0.1)	0.1
PDC - additional General & Acute beds	(13.4)	-	(13.4)	(0.3)	(0.2)	0.0
PDC - Community diagnostic centre phase 1	(0.4)	(1.0)	(1.4)	(0.1)	(0.1)	-
PDC - Pathology LIMS	-	(1.3)	(1.3)	(0.4)	(0.4)	0.0
PDC - CDC phase 2 endoscopy	-	(2.7)	(2.7)	-	-	-
PDC - Frontline digitalisation EPR	-	(3.5)	(3.5)	-	-	-
PDC brokerage into 2024/25	-	6.2	6.2	-	-	
Required NHSE plan re-phasing adjustment	7.2	(7.2)	-	-	-	-
Air heat boiler replacement PSDS Grant BC 510	(2.9)	-	(2.9)	(0.1)	(0.1)	-
Charitable funded expenditure	(2.1)	-	(2.1)	(1.1)	(1.1)	-
Total Additional CRL / PDC Funded expenditure	(17.5)	(9.0)	(26.4)	(2.8)	(2.6)	0.2
Total Capital Expenditure	(75.7)	(7.1)	(82.8)	(28.6)	(25.8)	2.9
Planned (under)/over spend	5.9	0.7	6.6			

The table above sets out the revised capital plan for 2023/24. The revision to the capital plan were reported to PAF in October.

At Month 6 capital expenditure was £25.8m against a revised plan of £28.6m, an underspend of £2.9m. Of the £25.8m expenditure, £9.8m is related to pre-committed items for the repayment of PFI and IFRS16 lease liabilities and PFI lifecycle expenditure. The main reasons for the underspend of £2.9m relate to the following schemes:

- Project Star is £0.6m behind plan based on costs from the latest statement of works, which showed an underspend in Month 6. As a result a review of the forecast for the remainder of the financial year is being undertaken;
- -Bi-plane enabling works are £0.2m behind plan, this is expected to be completed by the end of the calendar year;
- -Electronic Patient Records business case is £0.3m behind plan due to contractual delays with the scheme and 2 months of the expenditure will slip in to 2024/25; and
- -ED ambulance drop-off - enabling ward moves is £0.2m behind plan due to delays in finalising costs and the scope of work within the available funding.

The IM&T sub-group is showing an underspend of £0.9m at Month 6, which is mainly due to delays in the radiation oncology equipment scheme (£0.75m) forecast with expenditure now expected in Month 9, a purchase order for this work was raised in Month 6.

The Estates sub-group is showing an underspend of £0.3m at Month 6 due to the re-phasing of a number of schemes in the first part of the year.

Balance sheet

Balance sheet as at Month 6	31/03/2023	30/09/2023			
	Actual £m	Revised Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment *	627.6	630.1	630.7	0.6	Note 1
Right of Use Assets	18.8	17.0	17.2	0.2	
Intangible Assets	18.4	16.7	16.3	(0.4)	
Trade and other Receivables	1.4	1.4	1.4	0.0	
Total Non Current Assets	666.1	665.2	665.6	0.4	
Inventories	16.8	16.8	17.2	0.3	
Trade and other Receivables **	57.9	41.0	45.9	4.9	Note 2
Cash and Cash Equivalents **	84.0	80.8	76.6	(4.2)	Note 3
Total Current Assets	158.7	138.7	139.7	1.0	
Trade and other payables **	(134.0)	(117.4)	(128.1)	(10.7)	Note 4
Borrowings	(14.0)	(14.0)	(13.9)	0.1	
Provisions	(5.6)	(5.6)	(5.6)	0.0	
Total Current Liabilities	(153.5)	(136.9)	(147.6)	(10.6)	
Borrowings	(256.8)	(250.3)	(250.3)	(0.0)	
Provisions	(2.7)	(2.7)	(2.6)	0.0	
Total Non Current Liabilities	(259.5)	(253.0)	(252.9)	0.0	
Total Assets Employed	411.7	414.0	404.8	(9.2)	
Financed By:				-	
Public Dividend Capital	665.0	665.0	665.0	-	
Retained Earnings *	(427.5)	(425.3)	(434.4)	(9.2)	Note 5
Revaluation Reserve *	174.2	174.2	174.2	-	
Total Taxpayers Equity	411.7	414.0	404.8	(9.2)	

Note 5. Retained earnings are showing a £9.2m variance from plan which reflects the revenue variance from plan of £10.3m at Month 6, which is partly mitigated by higher than planned capital donated income of £1.1m (relating to donated capital expenditure).

Variances to the plan at Month 6 are explained below:

Note 1. Property, plant and equipment is £0.6m higher than plan. This is mainly due to the phasing of capital expenditure in relation to Project Star required in the capital plan submitted to NHSE.

Note 2. Trade and other receivables are £4.9m higher than plan at Month 6. This is mainly due to NHS receivables being higher than plan at Month 6 and is mainly due to:

- accrual of £2.8m with ICBs in relation to inflation and escalation income to Month 6;
- accrual for out of envelope of £1.1m to Month 6; and
- accrual of £2.2m with Health Education England relating to the latest education contract value to Month 6.

Note 3. At Month 6 the cash balance was £76.6m, which is £4.2m lower than the revised plan of £80.8m. The variance is mainly due payments being £4m ahead of plan at Month 6; general payments are £1.9m ahead of plan and partly reflect the current revenue position. The PDC dividend payment in Month 6 is £0.6m higher than plan and capital payments are £0.5m ahead of plan.

Note 4. Payables are £10.7m higher than plan mainly due to increases in deferred income and accruals at Month 6.

In comparison to Month 12, deferred income has increased by £15.6m to £30m. The main increase in deferred income compared to Month 12 relates to Stoke and Staffordshire ICB where the Trust has a deferred income balance at Month 6 of £17.2m. This mainly relates to 23/24 non-recurrent income for Elective Recovery Fund, ERF Marginal Gains Transfer where the income for the entire financial year has been received.

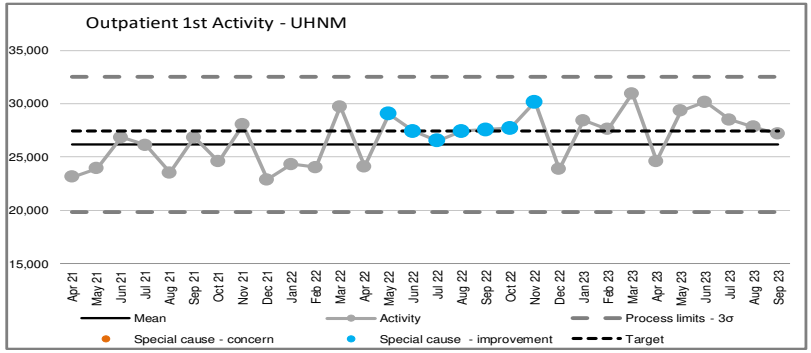
The deferred income balance also includes significant balances relating to cash received from Health Education England for a number of schemes (£1.6m); digital pathology (£1.8m); and high cost devices (£4.9m).

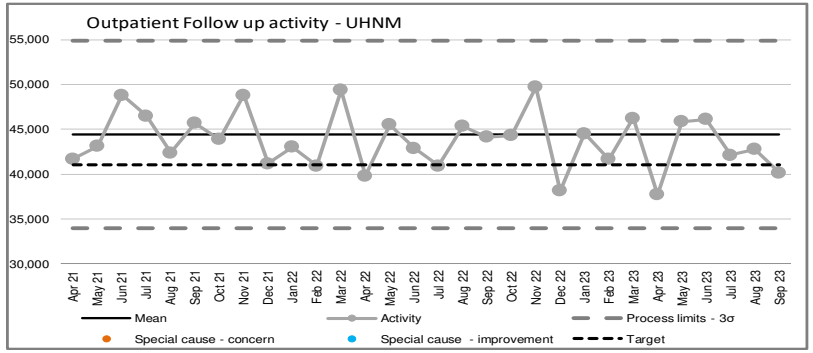
Accruals (including goods received but not invoiced) are above plan and reflect the current revenue position and the reported position against the capital plan.

Activity

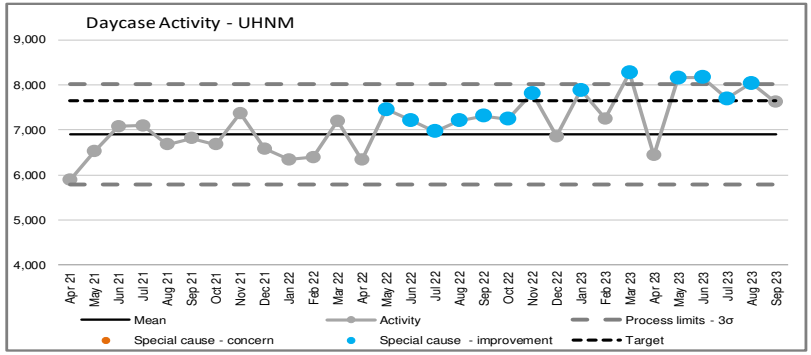
NHS
University Hospitals of North Midlands
NHS Trust

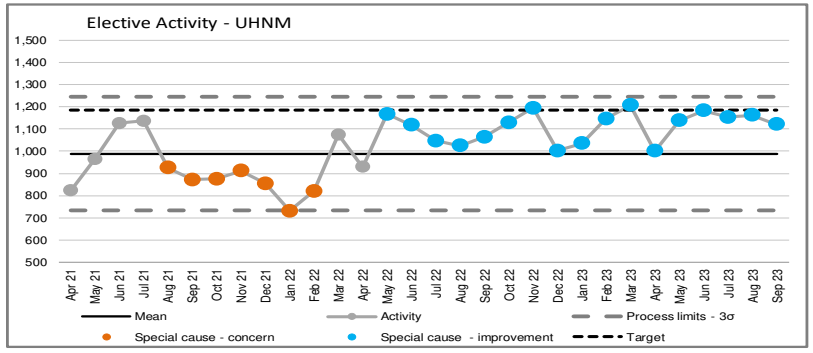
Planned care Outpatient



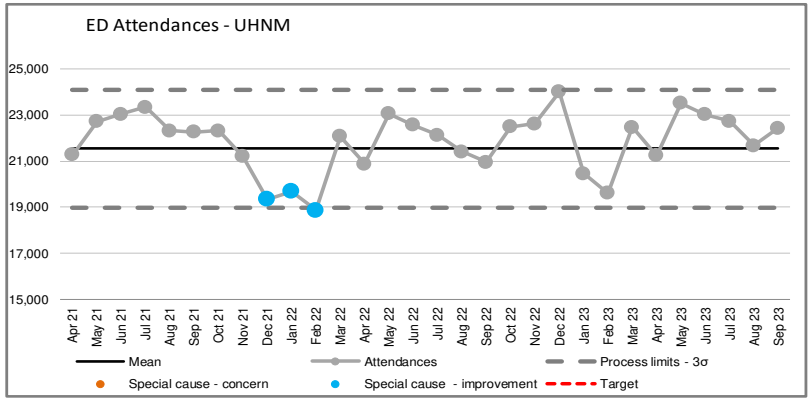


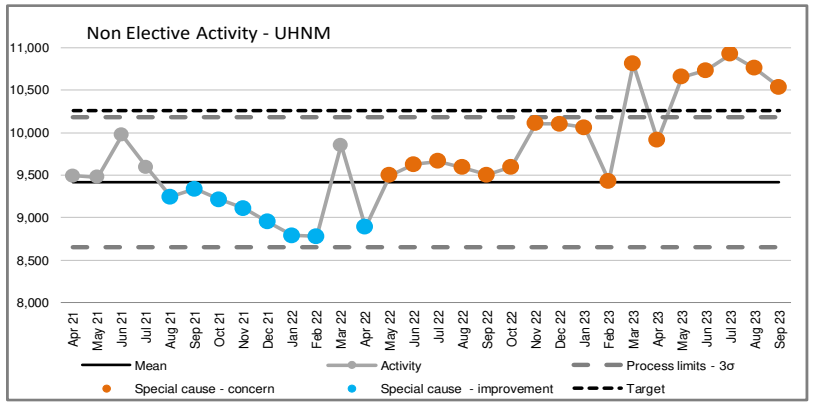
Planned care Inpatient





Urgent Care





Audit Committee Chair's Highlight Report to Trust Board

2nd November 2023

1. Highlight Report

! Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
For information: • The internal audit reviews into planned care waiting list management and clinical risk management – patient safety incident response framework (PSIRF) concluded with partial assurance. The level of progress made in improving waiting list management was challenged and the timeframes for implementation were to be confirmed. • The corporate governance report demonstrated a rise in the number of out of date policies. Whilst some information had been provided as to whether these had the potential to pose a particular risk to the Trust, further improvements were required to obtain updated policies in a timely manner • Total losses and special payments made in Quarter 2 totalled £150,746 with year to date costs of £353,706, although the Committee noted the positive progress made to reduce stock issues within interventional radiology • Standing financial instruction (SFI) breaches totalled 127 due to late purchase orders with the total number of breaches in relation to salary overpayments for 2023/24 equating to £300,000 • RSM local counter fraud benchmarking into single tender waivers identified that the Trust was slightly higher than peers for waivers by budget but slightly lower in terms of headcount. It was noted that the average value of waivers was higher than the sample average although this was impacted by a number of high value items	• Follow-up reviews to be undertaken into waiting list management and PSIRF in February 2024 to assess the improvements made • To provide an update at the next meeting in terms of the actions being taken to triangulate learning from incidents, complaints, freedom to speak up and staff survey etc • To confirm the dataset reviewed as part of the waiting list management internal audit • To obtain an update in terms of the progress being made with the Internal Audit recommendation regarding Quality Impact Assessment, and provide this to members of the Audit Committee separately • To provide a further update to the next meeting on the progress being made to address and reduce the number of out of date policies • To articulate the progress being made in addressing BAF risks 4 and 9 in addition to strengthening the associated assurance provided to Committees • To consider whether benchmarking into losses and special payments could be undertaken • To continue to identify actions to reduce the number of overpayments associated with receipt of late termination forms • Counter Fraud review of overseas visitors to be presented to the next Committee
✓ Positive Assurances to Provide	Decisions Made
• In terms of declaration of interests, 97% of declarations were made for 2022/23 with the remaining 3% being focussed on for the 2023/24 round of requests. • The Committee welcomed the progress made in strengthening the Board Assurance Framework (BAF), whilst recognising the continued work to link risks to the System BAF and improve the narrative as to the plans to achieve target risk scores. The simplification of information presented to the Board was welcomed and the Committee suggested further consideration and discussion as to how the risks impacted on the ability for the Trust to deliver its strategy. • In terms of historic salary overpayments, these had reduced from 599, 441 of which had been repaid and 158 continued to be reviewed with a further update to be provided at a future meeting • The counter fraud benchmarking report into reactive referrals highlighted an increase in referrals although this was comparable with the RSM client base.	• The Committee approved the Quarter 2 Board Assurance Framework, the summary of which would be presented to the Trust Board • The Committee approved the 12 month extension of the Internal Audit and LCFS contract
Comments on the Effectiveness of the Meeting	
• Members were content with the items covered and discussion held.	

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Internal Audit Progress Report: • Planned Care Waiting List Management – Part 1 • Clinical Risk Management – Patient Safety Incident Response Framework (PSIRF)	**BAF 5 BAF 1**	**Ext 20 / Ext 16**	!	Assurance	6.	Losses and Special Payments Q2 2023/24	**BAF 8**	**High 12**	!	Assurance
2.	Internal Audit Action Tracker	-		-	Assurance	7.	SFI Breaches and Single Tender Waivers Q2 2023/24	**BAF 8**	**High 12**	! ✓	Assurance
3.	Corporate Governance Report	-		! ✓	Assurance	8.	External Audit Sector Update	**BAF 8**	**High 12**	-	Assurance
4.	Quarter 2, 2023/24 Board Assurance Framework	**ALL**		! ✓	Approval	9.	Counter Fraud Progress Report			! ✓	Assurance
5.	Issues for Escalation from Committees	-		-	Assurance	10.	Internal Audit and LCFS Service 2023/24			-	Approval

3. 2023 / 24 Attendance Matrix

No.	Name	Job Title	Apr	Jun	Jul	Nov	Feb
1.	Prof G Crowe	Non-Executive Director (Chair)					
2.	Dr L Griffin	Non-Executive Director					
3.	Prof A Hassell	Associate Non-Executive Director					
4.	Mrs A Rodwell	Associate Non-Executive Director					
	Other Attendees:						
5.	Ms N Coombe	External Audit – Grant Thornton		LM			
6.	Mr G Patterson	External Audit – Grant Thornton					
7.	Mr M Gennard	Internal Audit - RSM					
8.	Mr A Hussain	Internal Audit - RSM					
9.	Ms E Sims	LCFS - RSM			EW	EW	
10.	Mrs N Hassall	Deputy Associate Director of Corporate Governance					
11.	Mr M Oldham	Chief Finance Officer					
12.	Mrs S Preston	Strategic Director of Finance					
13.	Mrs C Cotton	Director of Governance					

Attended | **Apologies & Deputy Sent** | **Apologies**

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	Quarter 2, 2023/24 Board Assurance Framework (BAF)	**Agenda Item:**	14.
Author:	Claire Cotton, Director of Governance		
Executive Lead:	All Executive Directors		

Purpose of Report

						Is the assurance positive / negative / both?			
Information		**Approval**	✓	**Assurance**	✓	**Assurance Papers only:**	**Positive**	✓	**Negative**	✓

Alignment with our Strategic Priorities

High Quality	✓	People	✓	Systems & Partners	✓
Responsive	✓	Improving & Innovating	✓	Resources	✓

Risk Register Mapping

BAF 1	Patient Outcomes and Experience	Ext 16
BAF 2	Sustainable Workforce	Ext 16
BAF 3	Leadership, Culture and Values	High 12
BAF 4	Improving Population Health	Ext 20
BAF 5	Responsive Patient Care	Ext 20
BAF 6	Digital Transformation	Ext 16
BAF 7	Fit for Purpose Estate	High 12
BAF 8	Financial Sustainability	High 12
BAF 9	Research and Innovation	High 12

Executive Summary

Situation

The Board Assurance Framework (BAF) has been updated by Executive Leads setting out the position at quarter 2 2023/24. Whilst the full BAF was presented to Committees week commencing 30th October, as agreed at the Board Seminar, a summary BAF has been developed for board consideration and is being presented to the Board for assurance and approval purposes.

Background

The strategic risks contained within the 2022/23 BAF were refreshed by the Executive Team and agreed by the Board in March 2023 in line with our annual review process.

Assessment

The proposed summary BAF has previously been shared with Executives and Non-Executives and with our Internal Audit colleagues in terms of gaining views on this direction of travel, which was supported. The summary will continue to develop and evolve, whereby the overall aim is to provide a high level lens for each Strategic Risk. It is proposed to provide the full BAF to the Board twice a year.

The **highest scoring** risks are:

- **BAF 4:** Improving Population Health (which has been scored at **Extreme 20** in line with the ICB Board Assurance Framework); this has been given a **Partial Assurance** rating and has limited sources of assurance planned for the year
- **BAF 5:** Responsive Patient Care, also scored at **Extreme 20** which remains unchanged when compared to quarter 1; this has been given a **Partial Assurance** rating and more than 50% of the assurances considered during the quarter flagged a matter of concern / item for escalation.

High Quality continues to be our most threatened Strategic Priority, now with all strategic risks identified as posting a threat to it and 5 of those risks are **Extreme**. This is followed by **People** and **Resources,** each with 7/9 risks posing a threat.

	BAF 1: Patient Experience and Outcomes has the highest number of linked risks on the risk register rising from 126 at quarter 1, of which 13 were scored as **Extreme** to 154 risks at quarter 2, of which 9 are **Extreme**.
	The total number of linked risks on the risk register has risen from 441 risks at quarter 1 to 505 at quarter 2.
	BAF 8: Financial sustainability is the only risk which has seen an increase in score this quarter, from **High 9** to **High 12**; this is above the trajectory which was set to remain static at **High 9** for the full year. More than 50% of the assurances for this risk during the quarter flagged a matter of concern / item for escalation.
	BAF 9: Research and Innovation has very few sources of assurance identified for the year and as a result, there have been no assurance outcomes identified during quarter 1 and quarter 2.
	Whilst there are caveats associated with the system risk map at this stage, from the work undertaken to date, 5 'Top System Risks' have emerged in relation to Responsiveness, Workforce, Finances, Quality and the Estate.

Key Recommendations

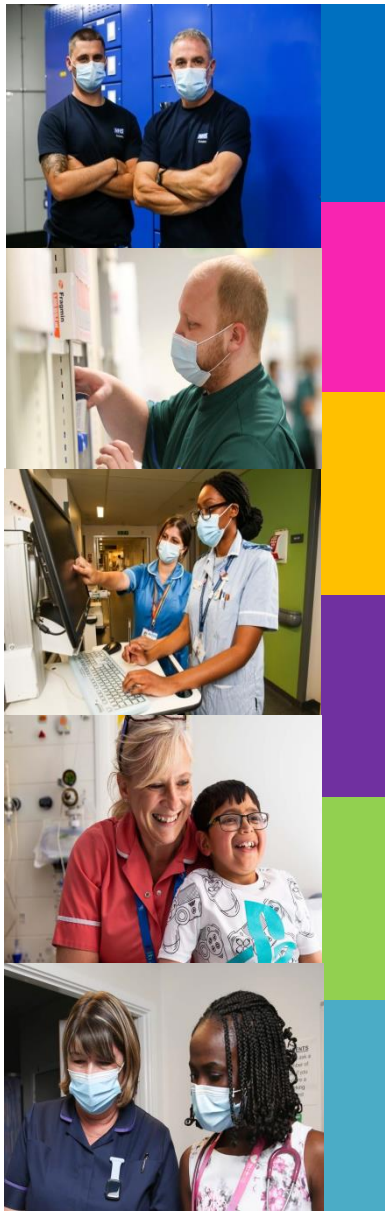
The Board is asked to note the observations identified above and the further work planned to continue to develop the summary BAF.

The Board is asked to scrutinise the information contained within the BAF and seek further assurance as required.

University Hospitals of North Midlands NHS Trust

Summary Board Assurance Framework

Quarter 2 2023/2024



Delivering Exceptional Care with Exceptional People

Committee Scrutiny

University Hospitals of North Midlands NHS Trust

Quality Governance Committee

The Committee raised no particular points, although recognised the further work to be undertaken in respect of BAF 9 (aligned to the comments made at Transformation and People Committee).

Audit Committee

The Committee welcomed the further progress made in strengthening the BAF, whilst recognising the continued work required to link risks to the System BAF and improve the narrative as to the plans to achieve target risk scores.

It was agreed to articulate the progress being made in addressing BAF risks 4 and 9 in addition to strengthening the associated assurance provided to Committees within the Q3 version.

The simplification of information presented to the Board was welcomed and the Committee suggested further consideration and discussion as to how use the information within the BAF to determine the potential impact on the ability for the Trust to deliver its strategy.

Transformation and People Committee

BAF 2 - the target risk score was challenged but agreed as appropriate at the present time due to the progress made with reducing turnover and holding vacancy rates.
BAF 3 - the target risk score was challenged as to whether this could be reduced sooner given the work underway although agreed that this would be considered once the 2023 staff survey results were issued.
BAF 6 - assurance was provided as to the activities being undertaken for the remainder of the year to support the trajectory to reduce the risk score.
BAF 9 - It was recognised that further assurance was required in support of this risk

Performance and Finance Committee

The Committee agreed that the risk scores and assurance assessments for BAF 5, BAF 7 and BAF 8 were an accurate reflection of the position.

Updates / Changes to the BAF following Committee Scrutiny

No changes were required to be made to the BAF following Committee consideration.

High Level Overview

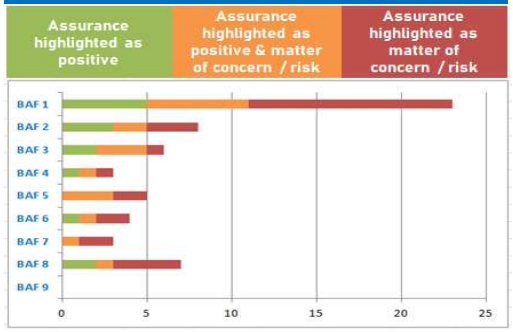
NHS University Hospitals of North Midlands NHS Trust

Strategic Risk Summary

	BAF Risk Title	Risk Score & Assurance Assessment	No. Linked Risks		High Quality	Responsive	People	Improving & Innovating	System & Partners	Resources	Trajectory	Target Risk Score
BAF 1	Patient Outcomes & Experience	Ext 16 / Acceptable Assurance	9 / 105 / 35 / 5	154 ↑ (Q1 126)	✚	✚	✚	✚				Mod 6
BAF 2	Sustainable Workforce	Ext 16 / Acceptable Assurance	8 / 76 / 24 / 3	111 ↑ (Q1 105)	✚		✚			✚		High 9
BAF 3	Leadership, Culture & Values	High 12 / Partial Assurance	0 / 5 / 3 / 2	10 ↑ (Q1 7)	✚	✚	✚					Mod 6
BAF 4	Improving Population Health	Ext 20 / Partial Assurance	0 / 1 / 0 / 1	2 →	✚				✚	✚		High 12
BAF 5	Responsive Patient Care	Ext 20 / Partial Assurance	10 / 39 / 8 / 0	57 ↑ (Q1 50)	✚	✚	✚	✚	✚	✚		High 12
BAF 6	Digital Transformation	Ext 16 / Partial Assurance	8 / 37 / 21 / 8	74 ↑ (Q1 73)	✚	✚		✚		✚		High 8
BAF 7	Fit for Purpose Estate	High 12 / Acceptable Assurance	2 / 40 / 28 / 3	73 ↑ (Q1 56)	✚	✚	✚	✚	✚	✚		High 8
BAF 8	Financial Sustainability	High 12 ↑ / Partial Assurance	3 / 14 / 4 / 0	21 ↑ (Q1 19)	✚	✚	✚	✚	✚	✚		Low 3
BAF 9	Research & Innovation	High 12 / Partial Assurance	0 / 2 / 1 / 0	3 →	✚		✚	✚	✚	✚		Mod 4
				505	9/9	6/9	7/9	6/9	5/9	7/9		

Strategic Risk Heat Map

Assurance Outcomes Overview



Positive Assurances to Note

- System Strategic Risk Map (Q1) completed and demonstrates alignment
- 8/9 risk score have remained in line with their trajectory at Q2
- 79% of assurances were seen as planned and 89% planned were seen during Q2
- 24% assurances highlighted positive assurance with a further 30% highlighting both a matter of concern and a positive assurance
- BAF 3 has highlighted potential for reduction to High 9 for Q4 which is below trajectory
- 80% actions are on track or complete

Matters of Concern

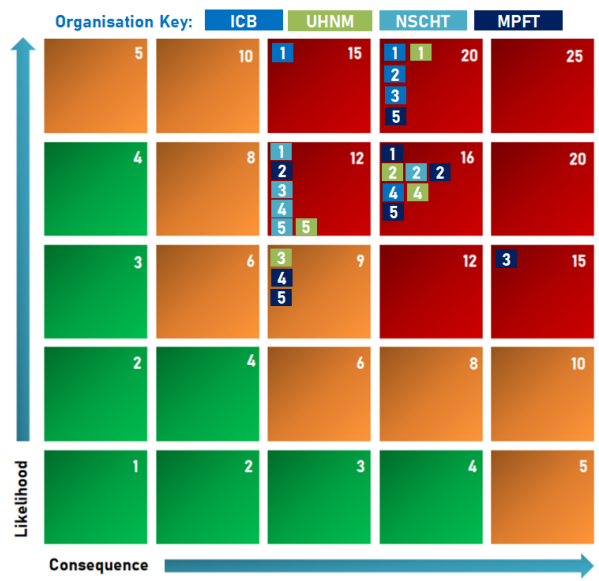
- 11% assurances (9 sources) were not seen during Q2 as planned
- 46% assurances highlighted a matter of concern for escalation with a further 30% highlighting both a matter of concern and a positive assurance
- BAF 8 risk score has exceeded trajectory for Q2 and planned target risk score is not expected to be achieved
- BAF 9 has a weak assurance plan for the year (although there is an action identified to improve reporting) and 83% of its actions are delayed
- 20% total actions are either delayed or problematic

System Strategic Risk Map (Q1)

NHS University Hospitals of North Midlands NHS Trust

System Strategic Risk

Staffordshire and Stoke-on-Trent Integrated Care System



Top 5 System Risks

1	Responsive Patient Care
2	Sustainable Workforce
3	Sustainable Finances
4	High Quality, Safe Care Outcomes
5	Fit for Purpose Estate

Threat to Strategic Ambitions (No. Risks)

10	SA3: Achieve a sustainable and resilient integrated care system
5	SA1: Improve population health and wellbeing
4	SA3: Address inequalities in access, experience and outcomes SA4: Work in partnership to achieve social, economic and community development

System Strategic Risk – Mapping (Quarter 1)

Staffordshire and Stoke-on-Trent Integrated Care System

System Risk – Mapping of SSOT ICS Strategic Risks from Board Assurance Frameworks

Strategic Risk	ICB	UHNM	NSCHT	MPFT	UHDB	SA1	SA2	SA3	SA4
Responsive Patient Care (Urgent & Emergency)	High 15	Ext 20	Sig 12	High 16			•		
Responsive Patient Care (Elective)	High 20					•	•	•	
Proactive & Needs Based Community Services	High 20							•	
Reducing Health Inequalities	High 20	Ext 20				•	•		•
High Quality, Safe Care Outcomes	High 16	Ext 16	Sig 12	Mod 9		•	•		
Sustainable Finances	High 20	High 9	Sig 12	High 15				•	
Improving Productivity	High 16							•	
Sustainable Workforce	High 20	Ext 16	High 16	Mod 12 High 16				•	
Leadership, Culture & Values (including EDI)		High 12		Low 6				•	
Digital Transformation / Infrastructure		Ext 16		High 20				•	
Fit for Purpose Estate / Sustainability		High 12	Sig 12	Mod 9 High 16 High 20				•	
Research & Innovation		High 12				•			
Collaboration with / Feedback from Service Users, Carers & Communities			Sig 12	Mod 9		•			•
Lead / Evolve Relationships with Partners			Sig 12						•
Local Authority Budget Pressures / Commissioning				High 16				•	
Inability to Tender for Services / Collaborative				High 15				•	
Place Based Partnership approach to Commissioning				Mod 12					•

Overview

- System wide strategic risk mapping has been completed although this will continue to evolve
- The risk scores identified above are based on Q1 2023/24 Board Assurance Frameworks
- The map demonstrates clear alignment in terms of risk focus across a number of key areas, through which 5 'Top System Risks' have emerged
- Discussions are underway with a view to move towards a common risk scoring matrix across the system, with UHNM now having completed an impact assessment which has been shared with partners

BAF 1: Delivering Positive Patient Outcomes

Chief Nurse & Medical Director | Quality Governance Committee | Threat to:

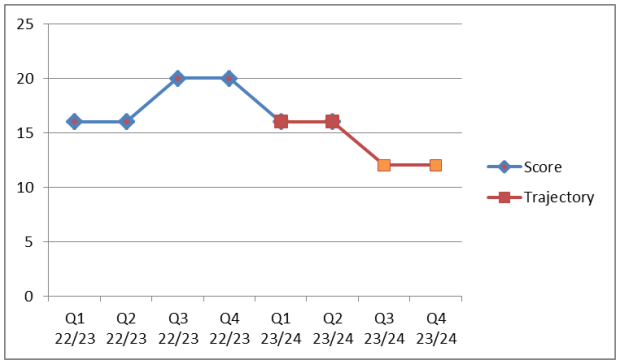
NHS University Hospitals of North Midlands NHS Trust

If we do not create the right organisational environment to review quality outcomes, demonstrate safe and effective care and develop appropriate responses, then we will not be able to demonstrate to employees, patients, population and regulators that we are delivering optimal care resulting in patients receiving adverse outcomes and poor experience.

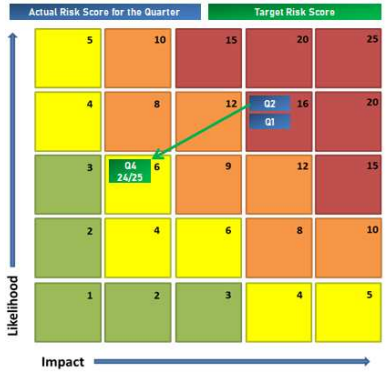
Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 16	Ext 16	Q3	Q4	Mod 6 31/3/25

Risk Movement and Risk Reduction Trajectory



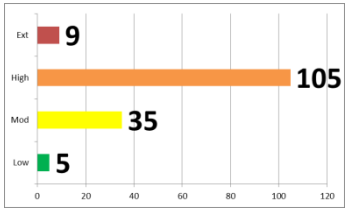
Heat Map Risk Matrix



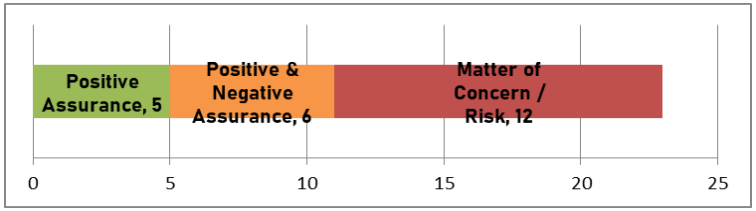
Rationale for Risk Level

- Recruitment continues to progress well although not all in post
- Rise in Covid numbers and associated sickness absence
- Ongoing operational pressures including Industrial Action leading to cancelled activity and utilisation of corridor care and Your Next Patient (YNP)
- Unfunded escalation beds and predicted bed deficit for winter
- CQC Section Notices remain in place for County, Maternity and Brachytherapy
- Clinical Effectiveness not yet embedded into Divisions and QSOG has frequently congested agenda
- Maternity staffing progressing against trajectory but not anticipated to have required Birth Rate + numbers until Q4

Linked Risks on Register



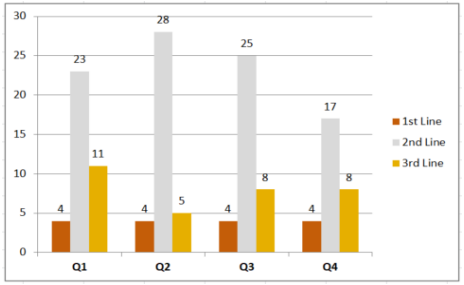
Committee Assurance Outcomes (Escalations) Quarter 2



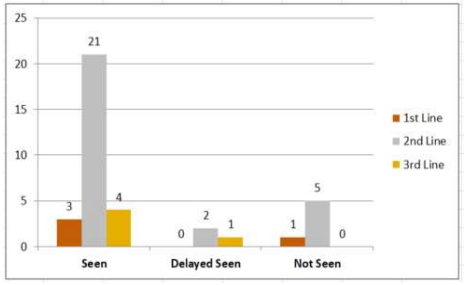
Summary Action Plan

No	Summary Action	Due	BRAG
1	Implement Tendable audit system	31/12/2023	
2	Develop PSIRP framework	30/09/2023	
3	Recruit midwives to Birth Rate Plus	31/12/2023	
4	Recruit to ED Business Case	31/12/2023	
5	Integrated Discharge Function	30/06/2023	
6	Delivery Workstream 2, LOS, occupancy, discharge	30/09/2023	
7	Continue recruitment / retention	31/03/2025	
8	Delivery of CQC actions	31/03/2025	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Revised trajectory for Q4 from Ext 16 to High 12 in line with new starters planned, risk score in line with trajectory for Q1 and Q2
- Highest number of 'linked risks' on the risk register (154 risks Q2 ↑ / 126 at Q1), although Extreme risks reduced from 13 at Q1 to 9 at Q2
- 6 sources of assurance not seen as per plan during Q2; all rescheduled for Q3
- Over 50% assurance received identified a risk / concern for escalation
- Gaps to address include Clinical Effectiveness plans, CQC action plan, internal review of Quality, Safety & Compliance / Quality Governance

Delivering Exceptional Care with Exceptional People

BAF 2: Sustainable Workforce

Chief People Officer | Transformation & People Committee | Threat to:

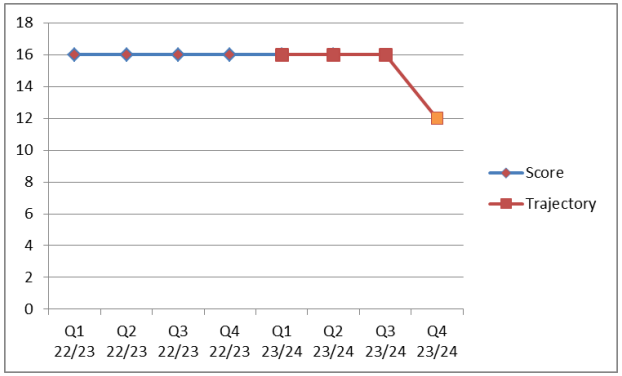
NHS University Hospitals of North Midlands NHS Trust

If we are unable to achieve a sustainable workforce, then we may not have the staff with the right skills in the right place at the right time resulting in an adverse impact on staff wellbeing, recruitment and retention, increasing premium costs and potentially compromising the quality of care for our patients.

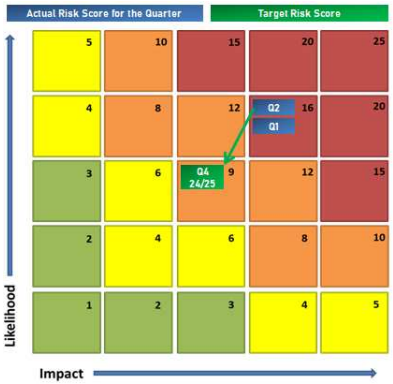
Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 16	Ext 16	Q3	Q4	High 9 31/3/25

Risk Movement and Risk Reduction Trajectory



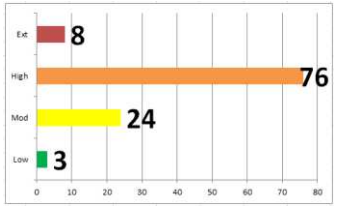
Heat Map Risk Matrix



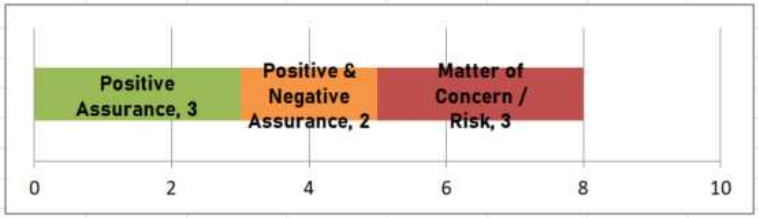
Rationale for Risk Level

- Continued challenges in workforce supply, nationally and locally although vacancy rates showing steady improvement – better than target for August
- Across NHS high turnover being seen alongside ambitious recovery plans, cost of living situation resulting in wage increase in other sectors
- Agency expenditure remains above target and Industrial Action for medical and dental workers
- Improvements to be seen in vacancy % to reduce risk score
- Scrutiny being given to Bank and Agency costs
- People Delivery Plan for 2023/24 to be developed with divisions and system partners, including application of the NHS Long Term Workforce Plan

Linked Risks on Register



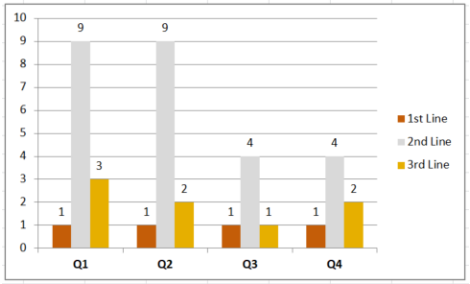
Committee Assurance Outcomes (Escalations) Quarter 2



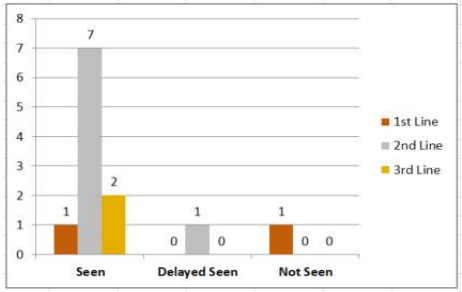
Summary Action Plan

No	Summary Action	Due	BRAG
1	Support / share skills with local organisation events	31/10/2023	
2	Define and protmote the benefits package on offer	30/09/2023	
3	Increase social media presence as Great Place to Work	31/10/2023	
4	Work with TRAC to identify application redesign	31/12/2023	
5	Review all placements and create new career pathway through guaranteed interview, job schemes, mirroring newly qualified nurse pathway	31/10/2023	
6	Develop, promote and deliver retention plan	30/11/2023	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1 and Q2 with potential for reduction to High 12 at the end of Q3 (subject to winter pressures)
- 2nd highest number of 'linked risks' on the risk register (111 risks Q2 ↑ / 105 at Q1), although Extreme risks reduced from 14 at Q1 to 8 at Q2
- 1 source of assurance not seen as per plan during Q2; rescheduled for Q3 (Nursing & Midwifery Staffing & Quality Report)
- Equal balance of positive / negative assurance escalations during Q2
- Gaps to address are predominantly around recruitment / retention
- Workforce sustainability is within the Top 3 System Risks

Delivering Exceptional Care with Exceptional People

BAF 3: Leadership, Culture and Values

Chief People Officer | Transformation & People Committee | Threat to:

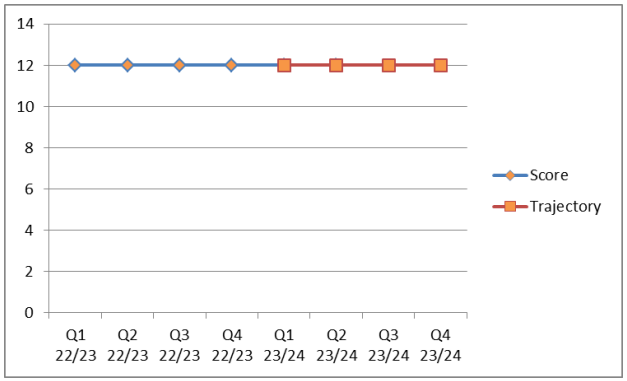
University Hospitals of North Midlands NHS Trust

If we are unable to live our values and improve the culture of the organisation to make UHNM a great place where all staff are treated with respect and have the opportunity to build a fulfilling career, then staff may experience unacceptable behaviours and a climate of bullying, harassment and inequality resulting in an adverse impact on staff wellbeing, retention and performance, ultimately reducing the quality of care experienced by patients.

Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	Q3	Q4	Mod 6 31/3/25

Risk Movement and Risk Reduction Trajectory



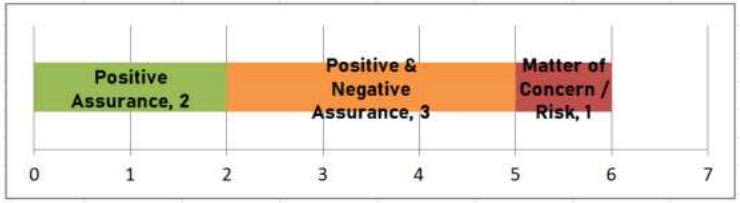
Heat Map Risk Matrix

Rationale for Risk Level

- 3, 362 colleagues completed Staff Voice during Q2, similar number to Q1, engagement score 6.66 (national score 6.6)
- Highest (enjoy working with colleagues / immediate line managers support) / Lowest (recommend as a place to work / look forward to coming to work) categories remain as with Q1
- Staff Voice paused during October / November to focus on National Staff Survey
- Culture indicator in development; August was 52% and improved on 49% July. Target is to achieve 60% by March 2024.
- Vacancy rates and staff turnover form part of the culture indicator.
- Plans in place for Q3/Q4 with potential to revise trajectory for Q4 from High 12 to High 9. Target score remains achievable.

Linked Risks on Register

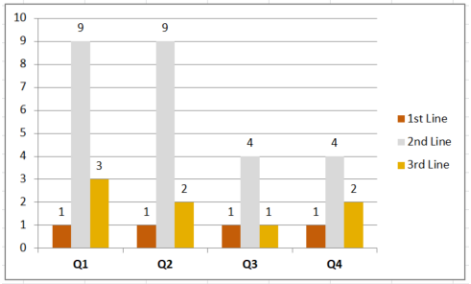
Committee Assurance Outcomes (Escalations) Quarter 2



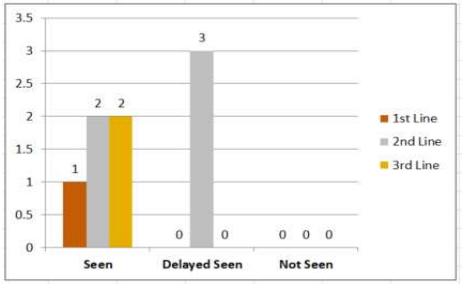
Summary Action Plan

No	Summary Action	Due	BRAG
1	Enhanced Staff Survey campaign	30/11/2023	
2	Employee Engagement Plan & Supporting Activities	31/03/2024	
3	Improve/increase awareness of Being Kind culture and impact	30/09/2023	
4	Improve employee experience specifically via EDI plan	31/03/2024	
5	Improve leadership effectiveness at all levels	31/03/2024	
6	Culture review / team effectiveness framework / tools	31/12/2023	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1 and Q2 with potential for reduction to High 9 for Q4
- 3rd lowest number of linked risks on Risk Register although increased from 7 at Q1 to 10 at Q2
- All planned assurances seen during the quarter but 3 of them were delayed
- Low level of negative assurance escalated to Committees during Q2
- Gaps to address are around delivery of Culture Programme, EDI plan and leadership development

Delivering Exceptional Care with Exceptional People

BAF 4: Improving the Health of our Population

Director of Strategy & Transformation | Transformation & People Committee | Threat to:

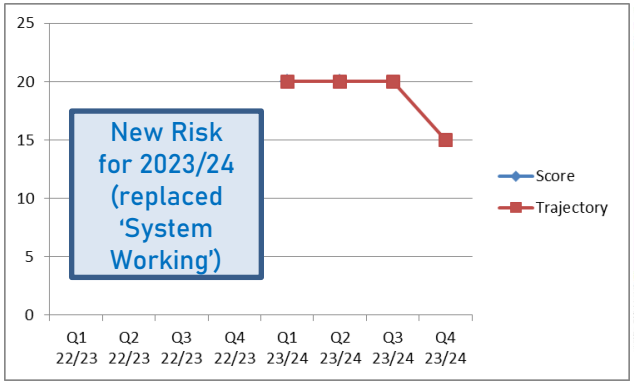
University Hospitals of North Midlands NHS Trust

If we are unable to work together with system partners across organisation and sector boundaries then we will have minimal impact on improving the wider determinants of health and addressing health inequalities for the population we serve resulting in missed opportunities to improve the health of our population and sustained or improved health inequalities, potentially increased pressure on health care services.

Assurance, Risk Ratings & Target

Partial Assurance	Ext 20	Ext 20	Q3	Q4	High 12 31/3/25

Risk Movement and Risk Reduction Trajectory

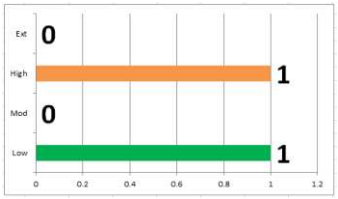


Heat Map Risk Matrix

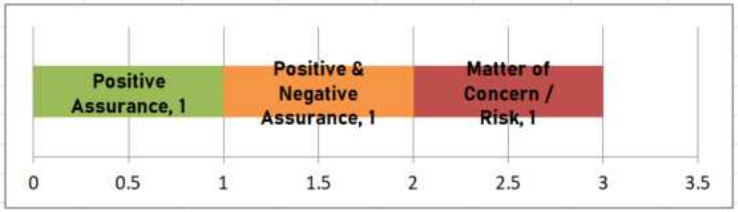
Rationale for Risk Level

- New priority for the Trust and therefore plans are still relatively underdeveloped
- Activities are taking place although they are not co-ordinated / overseen at an organisational level and therefore difficult to measure overall impact
- Draft Health and Wellbeing Strategy continues to be developed along with core metrics to measure against
- Two priority metrics have been defined in our Strategic Framework for 2024/25 which will support the reduction in risk

Linked Risks on Register



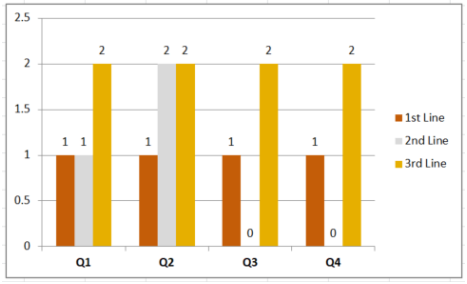
Committee Assurance Outcomes (Escalations) Quarter 2



Summary Action Plan

No	Summary Action	Due	BRAG
1	Approval of Health & Wellbeing Strategy	31/12/2023	
2	Development of programme structure	31/12/2023	
3	Development of metrics to measure progress	31/12/2023	
4	Undertake stocktake of health inequalities activity and opportunities	30/09/2023	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan

Overview

- Trajectory is set to be the second highest scoring risk at the end of 2023/24 at Extreme 15
- Lowest risk profile with number of linked risks on the Risk Register (2 at Q2 and Q1) although 1 high risk has reduced to low
- Very few sources of assurance planned for the year
- Balance between positive and negative assurance escalated through Committees during the quarter (although very low volume)
- Gaps to address are around approval of the strategy and development of programme structure and metrics

Delivering Exceptional Care with Exceptional People

BAF 5: Delivering Responsive Patient Care

Chief Operating Officer | Performance & Finance Committee | Threat to:

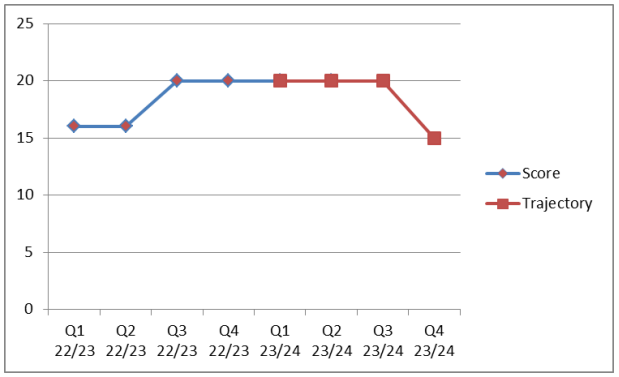
NHS University Hospitals of North Midlands NHS Trust

If we are unable to create sufficient capacity to deal with service demand then we may be unable to treat patients in a timely manner resulting in delays to patient care, poor outcomes and potential patient harm.

Assurance, Risk Ratings & Target

Partial Assurance	Ext 20	Ext 20	Q3	Q4	High 12 31/3/24

Risk Movement and Risk Reduction Trajectory

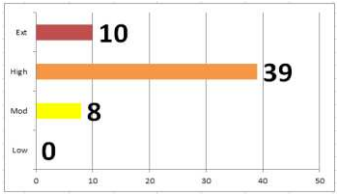


Heat Map Risk Matrix

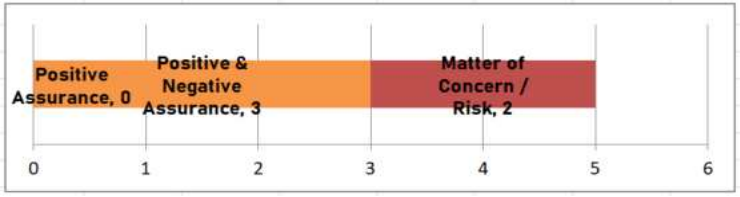
Rationale for Risk Level

- Winter plan agreed at system level although identifies bed deficit, combined with ongoing strike action alongside requirement to increase elective work
- Your Next Patient embedded and provisions in place for safe corridor care to create additional capacity to flow the non-elective pathway and reduce harm
- Front door reconfiguration completed to ensure more effective utilisation of estate
- Frailty decision unit implemented at the front door
- County day case facilities being utilised differently to facilitate increased flow and changes to cancer pathways implemented
- External support instigated for most challenged elective and diagnostic pathway

Linked Risks on Register



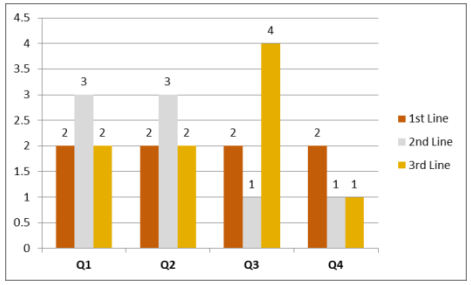
Committee Assurance Outcomes (Escalations) Quarter 2



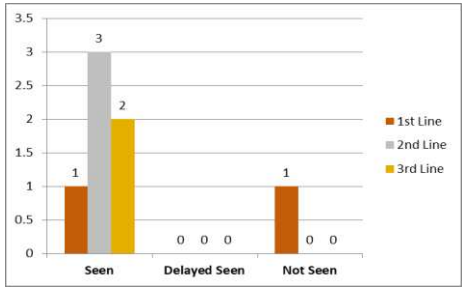
Summary Action Plan

No	Summary Action	Due	BRAG
1	Execute business cases to support NEL/elective work	31/03/2023	
2	Deliver NEL improvement programme objectives	31/03/2024	
3	Increase capacity - County Hospital Elective Care Centre	31/03/2025	
4	Explore/develop data and technology to support services	31/03/2024	
5	Collaborate with ICS on alternative pathways to UHNM	30/09/2023	
6	Independent review of waiting list management	31/05/2023	
7	Deliver objectives aligned to System 7 UEC priorities	31/03/2024	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Threatens all 6 Strategic Priorities and trajectory set to be the highest scoring risk at end of 2023/24 at Extreme 16
- Risk score in line with trajectory for Q1 and Q2 although Q3 planned reduction threatened by winter pressures and predicted bed deficit
- Linked risks on the Risk Register (57 at Q2 and 50 at Q1) with no change in scores
- All sources of assurance considered during the quarter had a negative escalation associated with it
- Gaps to address are around occupancy, discharge, MFFD's, demand for cancer and RTT, alternative pathways, theatre staffing and availability of mutual aid
- Responsive Care is one of the Top 3 System Risks

Delivering Exceptional Care with Exceptional P

BAF 6: Digital Transformation

Chief Digital Information Officer | Transformation & People Committee | Threat to:

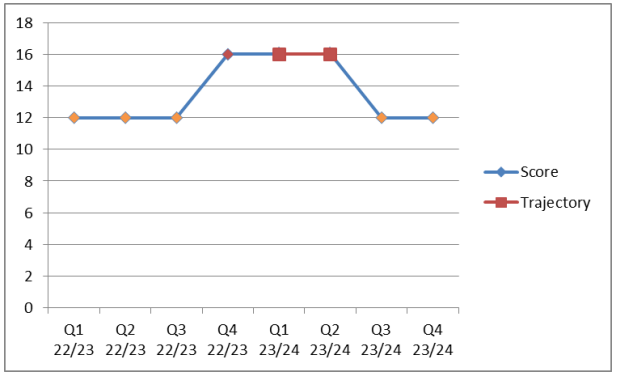
NHS University Hospitals of North Midlands NHS Trust

If our infrastructure and clinical systems are not sufficient or adequately governed or protected then this could compromise connectivity and access to key critical patient information services such as clinical decision support resulting in compromised patient care, staff inefficiencies and breaches of confidentiality, reputational damage and potential fines.

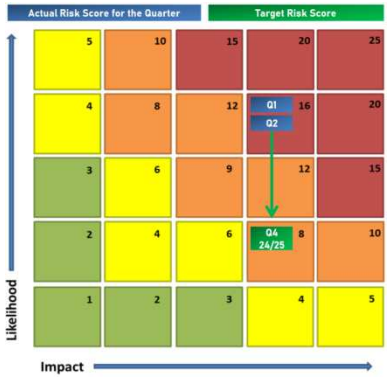
Assurance, Risk Ratings & Target

Partial Assurance	Ext 16	Ext 16	Q3	Q4	High 8 31/3/25

Risk Movement and Risk Reduction Trajectory



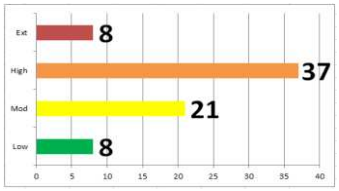
Heat Map Risk Matrix



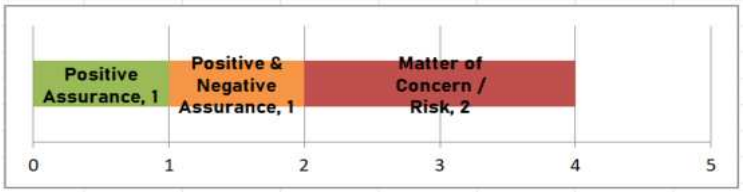
Rationale for Risk Level

- Financial position likely to result in a slow down in progress against the Digital Strategy
- Industrial Action has resulted in reduce capacity to implement change due to change freezes in place during those times
- 5 key programmes are expected to reduce the level of strategic risk including EPMA, EPR, Network and Communications, Office 365 and ICB Security Operations Centre
- Cyber Security Phishing Exercise completed which highlighted additional risk
- FOI performance and Information Security training below national standard

Linked Risks on Register



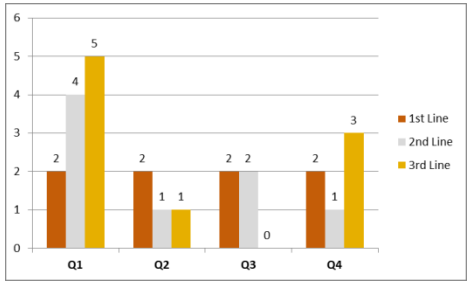
Committee Assurance Outcomes (Escalations) Quarter 2



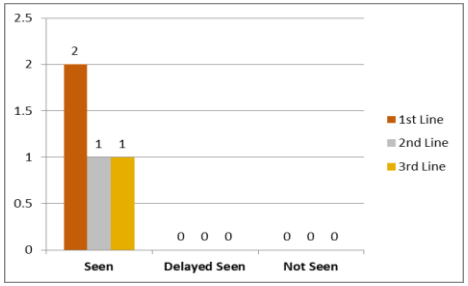
Summary Action Plan

No	Summary Action	Due	BRAG
1	Office 365 implementation	01/11/2023	
2	Network and Communication business case approval	01/08/2023	
3	SOC service Go Live	01/11/2023	
4	LIMS Go Live	31/03/2024	
5	EPR Outline Business Case	31/03/2024	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1 and Q2 although Q3 planned reduction is dependent on delivery of a key number of projects
- Linked risks on the Risk Register (74 at Q2 and 73 at Q1) with reduction seen in Extreme and High Risks with increased Low and Moderate Risks
- Low volume of planned assurances and over 50% of those seen during the quarter had a negative escalation in it
- Gaps to address are around delivery of key projects outlined above plus Cyber Security measures and recruitment to Commercial Manager position

Delivering Exceptional Care with Exceptional P

BAF 7: Fit for Purpose Estate

Director of Estates, Facilities & PFI | Performance & Finance Committee | Threat to:

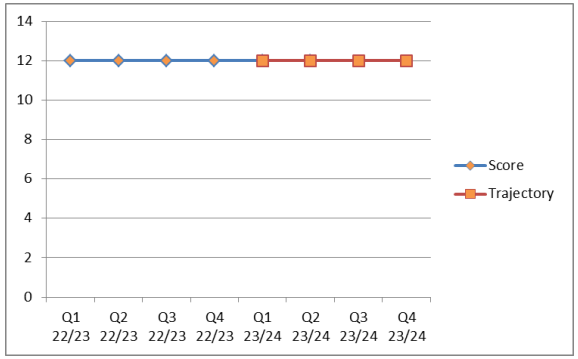
University Hospitals of North Midlands NHS Trust

If we are unable to sufficiently invest and develop our retained clinical and non-clinical estate, then we may be unable to provide services in a fit for purpose healthcare environment resulting in the inability to provide high quality services in a safe, secure and compliant environment.

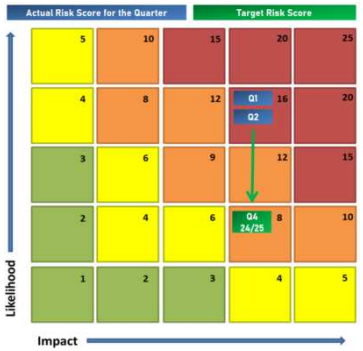
Assurance, Risk Ratings & Target

Acceptable Assurance	High 12	High 12	Q3	Q4	High 8 31/3/25

Risk Movement and Risk Reduction Trajectory



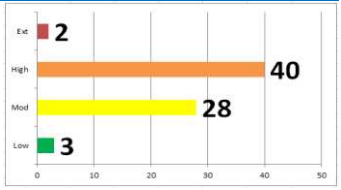
Heat Map Risk Matrix



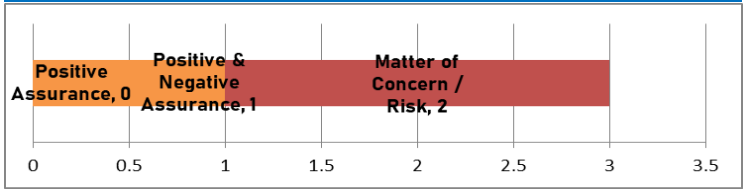
Rationale for Risk Level

- Estate condition and backlog risks remain due to funding
- Challenges with Estate capital programme delivery given size / scope / scale and timeliness required
- Workforce challenges within Estates but improving Need for further investment to support Net Zero Carbon
- Surveys underway relating to PFI building fabric / latent defect
- Estates strategy being refreshed informed by bed review and clinical strategy
- PFI market testing formalising with lenders and transition plan for network and communications business case
- Immunisation gap for Sodexo staff being worked through and business continuity plan enacted for textured foods
- Ward 80/81 risks due to age and condition of the fabric

Linked Risks on Register



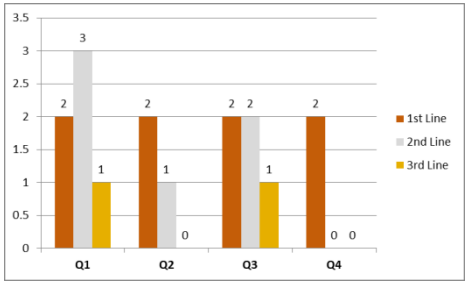
Committee Assurance Outcomes (Escalations) Quarter 2



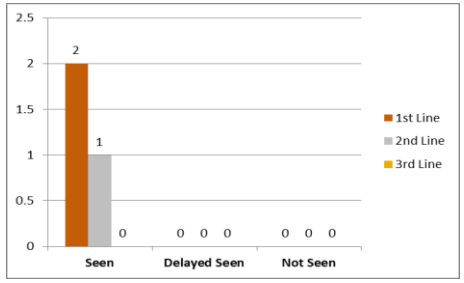
Summary Action Plan

No	Summary Action	Due	BRAG
1	Energy Procurement Paper	31/07/2023	
2	RI Site demolition	31/03/2024	
3	Car parking solution	29/04/2024	
4	RI/COPD release land for sale	2024/2025	
5	Lower Trent Business Case	31/03/2024	
6	PFI market testing opportunities	31/12/2023	
7	Estate condition	31/03/2024	
8	Strategic supplier programme	31/03/2024	
9	Estates workforce reviews	31/12/2023	
10	Cleaning collaborative / cleaning standards	30/06/2023	
11	Capital delivery programme	31/03/2024	
12	Immunisation gap - Sodexo	31/12/2023	
13	Supplier of modified textured food	31/12/2023	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Threatens all 6 Strategic Priorities
- Risk score in line with trajectory for Q1 and Q2 although planned target risk score is looking unlikely due to the increased level of backlog
- Linked risks on the Risk Register (73 at Q2 and 56 at Q1) with increased High and Moderate risks
- Low volume of planned assurances and all those seen during the quarter had a negative escalation
- Gaps to address are around capital programme, PFI latent defect, workforce, Project STAR, Estate Strategy, National Cleaning Standards, market testing case and contract variation for Sodexo staff

Delivering Exceptional Care with Exceptional P

BAF 8: Financial Sustainability

Chief Finance Officer | Performance & Finance Committee | Threat to:

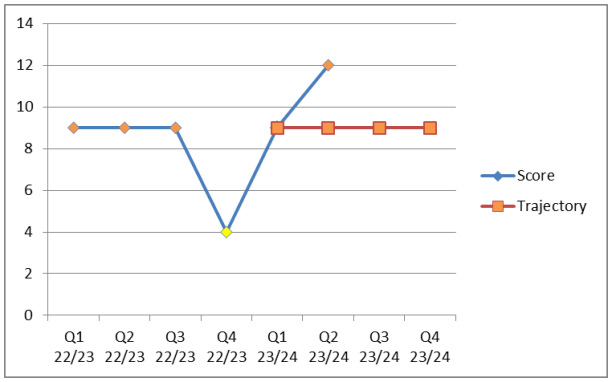
NHS University Hospitals of North Midlands NHS Trust

If we, or system partners, are unable to manage within the assumptions made in the financial plan for 2023/24 then the underlying financial position for the system will deteriorate resulting in an increased level of efficiencies needing to be identified and a reduced ability to invest in the future development of services.

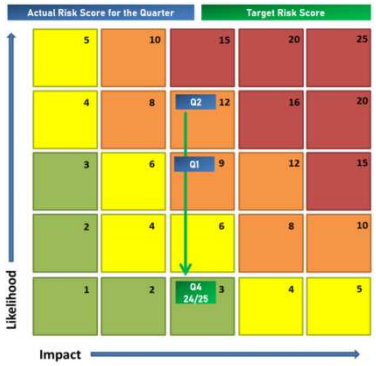
Assurance, Risk Ratings & Target

Partial Assurance	High 9	High 12	Q3	Q4	Low 3 31/3/24

Risk Movement and Risk Reduction Trajectory



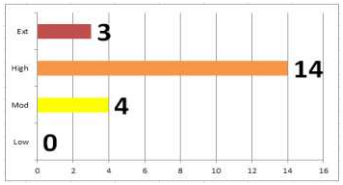
Heat Map Risk Matrix



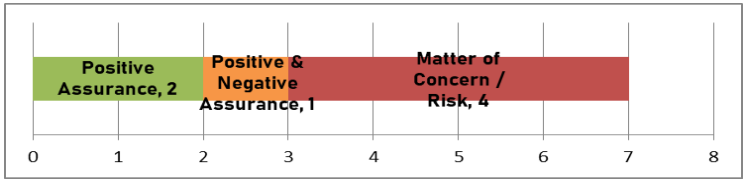
Rationale for Risk Level

- Significant challenges within the system both with in year position and longer term financial sustainability
- Financial plan for 2023/24 contains challenging assumptions particularly around activity levels and recurrent CIP delivery
- Significant work remains if these assumptions are to be met
- Continuation of Industrial Action and its impact are significant and there remains uncertainty as to what extent this is going to be funded

Linked Risks on Register



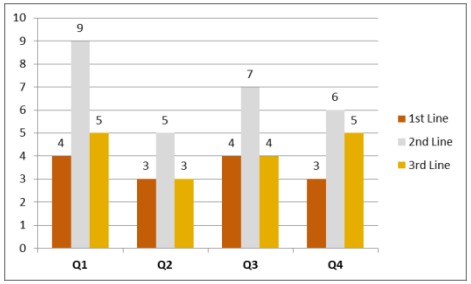
Committee Assurance Outcomes (Escalations) Quarter 2



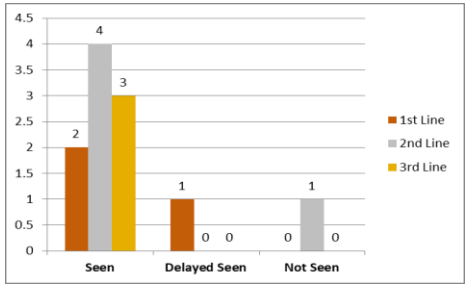
Summary Action Plan

No	Summary Action	Due	BRAG
1	Identification of recurrent CIP	31/03/2024	
2	Reduce level of recurrent investment to mitigate CIP	30/09/2023	
3	Ensure delivery of elective targets	31/03/2024	
4	Reset bed model and final allocation of system capacity funding	31/07/2023	
5	Consider impact of nationalk guidance on Industrial Action funding mechanisms when communicated	31/12/2023	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Threatens all 6 Strategic Priorities
- Risk score in line with trajectory for Q1 but has exceeded it for Q2 and planned target risk score is not expected to be achieved due to challenges with longer term financial sustainability
- Linked risks on the Risk Register (21 at Q2 and 19 at Q1) with increased High risks
- Over 70% assurance seen during Q2 had a negative escalation, 1 planned item not seen although has been rescheduled
- Gaps to address are around CIP programme, bed modelling and system capacity funding and impact of national position on Industrial Action

BAF 9: Research and Innovation

Medical Director | Transformation & People Committee | Threat to:

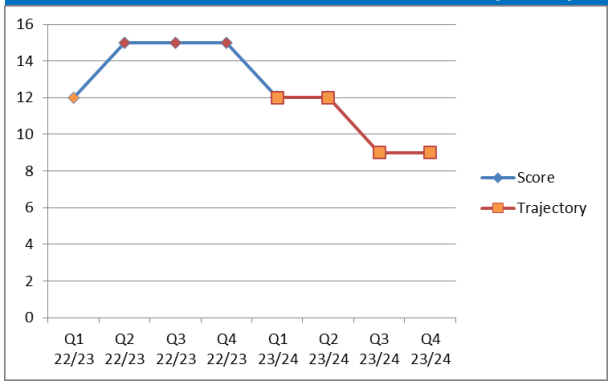
NHS University Hospitals of North Midlands NHS Trust

If we are unable to secure sufficient capacity, resource and skills needed then we may be unable to deliver the Research and Innovation Strategy resulting in a failure to maintain our reputation as a successful researching university hospital, offer patients the opportunity to participate in research and to provide high quality innovative care and our ability to attract and retain highly skilled staff due to our research profile.

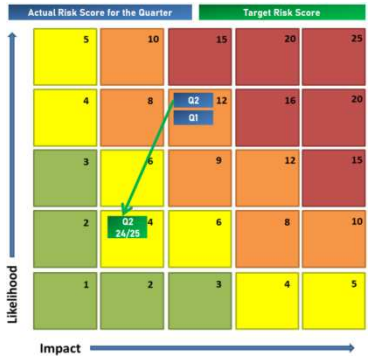
Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	Q3	Q4	Mod 4 30/9/24

Risk Movement and Risk Reduction Trajectory



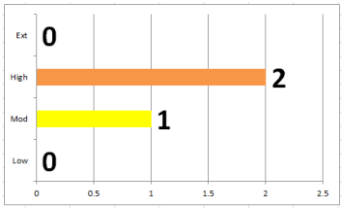
Heat Map Risk Matrix



Rationale for Risk Level

- Research Governance Manager now in post to support governance and quality assurance as well as regulatory preparation
- This will support advancing trials which once implemented is expected to reduce the likelihood of risk
- The Directorate is still working to fill vacancies and shaping the structure to meet the need for future research – new positions are being advertised
- New Academic Development Officer for CeNREE has been recruited and supports staff in research activity

Linked Risks on Register



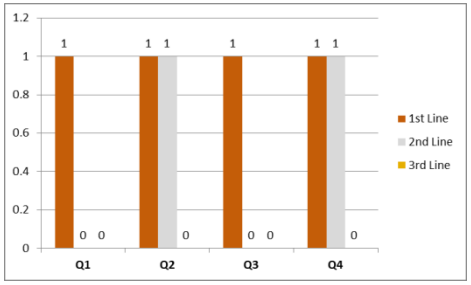
Committee Assurance Outcomes (Escalations) Quarter 2

Only 1 source of assurance relating to Research and Innovation was considered during the quarter and this was a Highlight Report which was not rated in terms of assurance outcome.

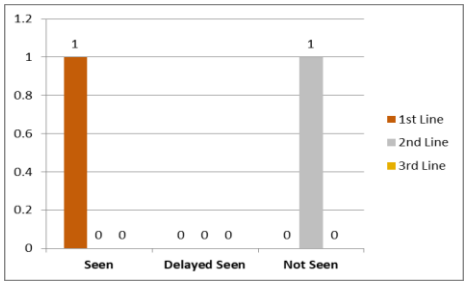
Summary Action Plan

No	Summary Action	Due	BRAG
1	Desktop review of structure being undertaken	25/11/2023	
2	Develop report which provides assurance against strategy	31/12/2023	
3	Develop and deliver plan arising from desktop review	31/12/2023	
4	Review research governance structure including divisions	31/03/2024	
5	Research to form part of divisional performance metrics	31/12/2023	
6	Commission external specialist to review quality systen pre-inspection	31/12/2023	
7	increase investment and develop strategy covering R&I, CeNREE and divisions	31/03/2024	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1 and Q2 with some confidence to reduce score for Q3 in line with trajectory
- Second lowest risk profile on risk register with 3 High / Medium risks which remains unchanged from Q1
- Very weak assurance plan with no outcomes identified through Committees during the quarter – there is an action to address this identified
- Gaps to address are around strategy development, governance and infrastructure to support regulatory preparation

Delivering Exceptional Care with Exceptional People

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	UHNM Undertakings	**Agenda Item:**	15.
Author:	Tracy Bullock, Chief Executive		
Executive Lead:	Tracy Bullock, Chief Executive		

Purpose of Report

Information		Approval		Assurance		Assurance Papers only:	Is the assurance positive / negative / both? Positive		Negative	
	✓									

Alignment with our Strategic Priorities

	High Quality	✓		People	✓		Systems & Partners	
	Responsive	✓		Improving & Innovating			Resources	

Risk Register Mapping

BAF 1	Positive Patient Outcomes	Ext 16
BAF 2	Sustainable Workforce	Ext 16
BAF 3	Culture and Leadership	High 12
BAF 5	Responsive Patient Care	Ext 20

Executive Summary

Situation

Following recent discussions with NHS England, UHNM Enforcement Undertakings have been revised and confirmed.

Background

In August 2018, UHNM were issued with Enforcement Undertakings by NHS Improvement on the grounds of financial and operational performance issues. The Undertakings set out a number of expectations relating to recovery and it should be noted that at that time, the Trust was in Financial Special Measures although exited the regime in May 2021. A compliance certificate to confirm the exit was received in June 2022. At this point it was stated that the operational element of the Undertakings would remain in place although these would be subject to further discussion.

It was recognised that the 2018 Undertakings were out dated, and therefore further discussions have been taken forward over recent months through our NHS Oversight Framework (NOF) segmentation meetings with ICB colleagues and NHSE and through direct liaison with NHSE colleagues. Members of the Trust Board have had opportunity to consult upon the revised proposals which have now been confirmed by NHS England.

Assessment

The revised Undertakings are in relation to Maternity (CQC), Operational Performance (Urgent and Emergency Care, Cancer, Elective Care) and Culture and Leadership and as requested, align with the Exit Criteria previously agreed to exit NOF segmentation 3.

Key Recommendations

The Board is asked to note the revised and approved Undertakings.

ENFORCEMENT UNDERTAKINGS
LICENSEE:

University Hospital of North Midlands ("the Licensee")
Royal Stoke University Hospital
Newcastle Road
Stoke on Trent
ST4 6QG

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act").

These undertakings supersede the previous undertakings agreed with NHS England in April 2018. The majority of the breaches identified are reflected in the 2018 undertakings (and have been translated across in line with the new provider licence condition terms, i.e FT4 is now referred to as NHS2) apart from NHS2 (2) NHS (3) (a,d) NHS2 (6) (a,b,d,e,f,g) and NHS2 (7) which NHS England has identified as new breaches following a recent review of the Trust's current governance and performance.

GROUNDS

1. Licence

The Licensee is the holder of a licence granted under Section 87 of the Act.

2. Breaches

2.1 NHS England has grounds that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence: NHS2 (2), NHS2 (3) (a,d), NHS2 (4) (a,b,c), NHS2 (5) (b,c,e,f,g and h), NHS2 (6) (a,b,c,d,e,f,g), NHS2 (7)

The majority of the above breaches are reflected in the 2018 undertakings (and have been translated across in line with the new provider licence condition terms, i.e FT4 is now referred to as NHS2) apart from NHS2 (2) NHS (3) (a,d) NHS2 (6) (a,b, d,e,f,g)

and NHS2 (7) which NHS England has identified as new breaches following a recent review of the Trust's current governance and performance.

2.2 NHS England is now taking regulatory action in the form of undertakings to reflect the current position.

3. Issues:

Quality Improvement - Maternity

3.1 The Licensee has a CQC rating of 'Requires Improvement' overall. Whilst the Trust is rated Outstanding for 'Care' and Good for 'well-led', it has a' Requires Improvement' rating in 'safe' 'effective' 'responsive' and 'use of resources' areas.

3.2 Under Section 29A of the Health and Social Care Act 2008, the Licensee (Royal Stoke Hospital site) was served a warning notice in relation to 'maternity provision' requiring them to make significant improvements to the safety of the service. CQC found that the service had deteriorated since the last inspection in February 2020 with issues and drivers identified including: access and long waiting times, staff training issues, inconsistent incident reporting processes, lack of embedded processes to triage and prioritise care and treatment for women and birthing people who attended the service.

Staff Survey:

3.3 The 2022 Staff Survey results for the Licensee evidenced a deteriorating position and below the England average for a number of indicators in relation to the 'we are safe and healthy' domain of their staff survey indicating culture challenges to be addressed within the organisation.

3.4 The Licensee is in the lowest quartile of the National Oversight Framework for the staff survey engagement theme score (2022).

Operational performance issues:

3.5 Overall recovery and improvement of the operational performance has been exacerbated by the impact of the covid 19 pandemic, however the licensee's operational performance position is one of the most challenged in the Midlands and is receiving national and regional mandated support.

Urgent and Emergency Care (UEC):

3.6 The Licensee continues to experience significant challenges in relation to sustainable improvements (since December 2018) in delivery of Urgent and Emergency Care (including ambulance handovers and 12 hour breaches), this was particularly impacted by Covid, winter pressures and hospital flow. The Licensee has made efforts to improve performance and both stabilised the position and made improvements in some UEC indicators. However, Accident and Emergency waiting time recovery (the target is 76%) is behind plan (July 2023 -2.7% (69.6%)) and the Licensee continues to have a high number of 12 hour breaches. Although progress has been made with Ambulance Handover performance (average handover time <30minutes YTD). The national standard is currently 95% <15minutes. Whilst NHS England recognises that recent

events, such as the Covid pandemic, have hindered the ability for trusts to achieve these standards, NHS England considers that the Licensee needs to make further progress towards the 4-hour standard, reduce the number of 12 hour breaches and achieve top quartile performance (in the Midlands) for all handovers within 30 minutes or less.

Elective Recovery:

3.8 During Covid, the elective waiting list increased significantly. Elective pressures have been driven by a number of variables including Covid, winter pressures, elective care governance and data quality issues. Despite efforts to improve performance, the Licensee has consistently breached the Elective Recovery standards and continues to report patients waiting in excess of 78, and 104 weeks for treatment.

3.9 The licensee is a regional outlier for elective recovery and remains in Tier 1 National NHSE mandated support. The Licensee has encountered data quality challenges, resulting in significant data accuracy issues, further impacting on the reporting and monitoring of the Licensee's position against its waiting list.

Cancer:

3.10 The Licensee is a regional outlier for its 62-day backlog performance, with the furthest variance from the planned trajectory and limited reduction in the 62 day and 104 day backlog. Lower GI backlog and challenges in diagnostic endoscopy capacity have contributed to this sustained underperformance.

3.11 The Licensee was in the lowest quartile of the National Oversight framework for 62 day waiting times (Month 09) and interquartile range for 'proportion of patients meeting the faster diagnosis standard' at Month 07. Despite significant efforts, further improvements are required to reach a sustainable position against the cancer standards.

Need for action:

Whilst there has been some improvement and development in the above areas (3.1-3.11) by the Licensee, ongoing challenges remain and demonstrate a failure of governance arrangements, in particular:

NHS2(5) the Licensee shall establish and effectively implement systems and/or processes:

(b) for timely and effective scrutiny and oversight by the Board of the Trust operations;
(c) to ensure compliance with healthcare standards binding on the Licensee.
(e)to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

NHS England believes that the action, which the Licensee has undertaken to take pursuant to these undertakings, is action to secure that the breaches in question do not continue or recur.

Appropriateness of Undertakings

In considering the appropriateness of accepting, in this case, the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act:

4.0 Quality Improvement - Maternity

By 31st March 2024 (unless varied by agreement with NHS England), the Licensee will:

4.1 Implement an agreed Quality improvement plan that addresses the issues raised by the CQC in the CQC maternity report and in the S29a.
4.2 address to the satisfaction of the CQC, the S29a requirements within the timescales set by the CQC
4.3 improve its CQC rating for 'safe' in maternity from 'Inadequate' to 'Requires Improvement' by the next CQC inspection
4.4 ensure delivery of the Quality Improvement plan relates to Triage, Induction of Labour and Clinical Governance, which will be supported by the System and Region
4.5 ensure appropriate Clinical leadership, oversight and assurance arrangements, which follow the requirements of national guidance: https://www.england.nhs.uk/wp-content/uploads/2020/12/implementing-a-revised-perinatal-quality-surveillance-model.pdf
4.6 actively engage on quality of care with patients, staff and other relevant stakeholders and take into account as appropriate views and information from these sources.

5.0 Staff survey:

By 31st March 2024 (unless varied by agreement with NHS England) the Licensee:

5.1 Will provide a formal update on progress against the Licensee's staff survey improvement plan to address the 'culture and leadership' issues identified within its most recent staff survey results.

6.0 Operational Performance Issues:

Urgent and Emergency Care

6.1 The Licensee will take all reasonable steps to recover operational performance to meet and sustain urgent and emergency national standards as set out in agreed improvement trajectories with the national expectation to ensure:

6.1.1 Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.

6.1.2 Sustained improvement in Ambulance handovers aiming for top quartile performance (in the Midlands) for all handovers in 30 minutes or less by 31st March 2024.

6.2 By 30th November 2023 (unless varied by agreement with NHS England) the Licensee (UHNM) will produce and submit to NHS England a clinically led program and an ambitious Urgent and Emergency Care (UEC) recovery/improvement plan which forms part of the overarching Staffordshire and Stoke on Trent ICB urgent and emergency recovery plan. NHS England recognises that, in relation to this work, the Licensee has contributed towards the system-wide improvement plan in respect to UEC.

6.3 This plan should clearly detail actions to include:

6.3.1 An evidence-based narrative of the current drivers of performance below the standard for breaching A&E four-hour standard, 1 hour ambulance handover delays and breaches of the 12-hour standard

6.3.2 The Licensee's planned actions, in conjunction with system partners, to improve A&E performance at the Trust, supported by key performance indicators against each action, timescales and the expected impact of each action on overall A&E performance; and

6.3.3 The Licensee's updated trajectory for delivery of the ambulance handover and 12-hour breach standards and how the Licensee will monitor delivery of actions in the UEC Plan.

6.4 The Licensee will, by such date specified within the agreed UEC plan set out clear milestones and a timetable for delivering the UEC Plan with NHS England and will submit to NHS England a monthly Board-approved progress report against delivery until such date as specified by NHS England.

Elective Recovery

6.5 The Licensee will take reasonable steps to achieve compliance against the elective recovery standards in line with agreed trajectories (agreed by NHS England).

6.6 By 30th November 2023 (unless varied by agreement with NHS England) the Licensee will produce an updated single, comprehensive recovery plan which forms part of the overarching Staffordshire and Stoke on Trent Integrated Care Board (ICB) Elective Recovery Improvement plan. This plan should clearly set out how the Licensee will:

6.6.1 Maintain zero 104-week waiters across the Trust's patient tracking list (PTL) in line with trajectories (agreed by NHS England) and this is maintained in line with plan

6.6.2 Achieve zero 78-week waiters and maintain this across the Trust's (PTL) and this is maintained in line with plan

6.6.3 Work towards eliminating waits of over 65-week by end March 2024

6.7 The elective recovery plan will include actions required to meet the requirements of paragraph 6.6 which will:

6.7.1 Include appropriate milestones and a timetable for delivering the Elective recovery plan

6.7.2 ensure the plan describes the key risks and mitigating actions.

6.7.3 be based on realistic assumptions

6.7.4 set out key performance indicators which the licensee will use to measure progress against
6.7.5 ensure systems and processes are in place to improve elective recovery data quality, PTL management and reporting.
6.7.6 submit to NHSE a monthly Board-approved progress report against delivery until such date as specified by NHS England.

Cancer

6.8 By 31st November 2023 (unless varied by agreement with NHS England) the Licensee will develop an updated single, comprehensive Cancer recovery plan which forms part of the overarching Staffordshire and Stoke on Trent ICB Cancer Improvement plan. This plan should clearly set out how the Licensee will work towards delivery of sustained improvement in the reduction of the 62-day backlog, and continue to deliver Faster Diagnosis Standard (28-day FDS), in line with an agreed system trajectory and nationally set milestones.

6.9 The cancer recovery plan will include actions required to meet the requirements of paragraph 6.8 which will:
6.9.1 Include appropriate milestones and a timetable for delivering the Cancer Recovery Plan
6.9.2 ensure the plan describes the key risks and mitigating actions.
6.9.3 be based on realistic assumptions
6.9.4 set out key performance indicators which the licensee will use to measure progress against
6.9.5 submit to NHSE a monthly Board-approved progress report against delivery until such date as specified by NHS England

7.0 Governance, oversight, capacity and reporting

7.1 The Licensee will ensure there is sufficient programme management, governance and internal oversight arrangements to enable delivery of these undertakings.

7.2 The Licensee will attend meetings or, if NHS England stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS England.

7.3 The Licensee will provide such reports in relation to the matters covered by these undertakings as NHS England may require.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under Section 111 of the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to

further formal action by NHS England. This could include the imposition of discretionary requirements under Section 105 of the Act in respect of the breach which the undertakings were given, and/or revocation of the licence pursuant to Section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

LICENSEE

TRACY BULLOCK

Signed Chief Executive of Licensee)

Dated: 05.10.23

NHS ENGLAND

Signed

Rebecca Farmer

Director of Strategic Transformation,

West Midlands

Dated: 9.10.2023

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	Calendar of Business 2024/25	**Agenda Item:**	16.
Author:	Nicola Hassall, Deputy Associate Director of Corporate Governance		
Executive Lead:	All		

Purpose of Report

Information		**Approval**	✓	**Assurance**		**Assurance Papers only:**	**Is the assurance positive / negative / both?**	
							Positive	**Negative**

Alignment with our Strategic Priorities

High Quality	✓	People	✓	Systems & Partners	✓		
Responsive	✓	Improving & Innovating	✓	Resources	✓		

Risk Register Mapping

Executive Summary

Situation and Background

The Trust Calendar of Business includes dates for all Board, Committee and Executive Group meetings. Dates have been set based on the 2023/24 cycle, and considered to ensure reports are able to be considered at respective Executive Groups and Committees prior to submission to the Trust Board.

Assessment

The Calendar of Business for 2024/25 follows the similar sequencing of meetings as per 2023/24, however, a number of changes have been made, as follows:

- Two Board Time Outs have been in included (one in April and one in November) reflecting the approach taken in 2023/24
- Charity Committee will take place on a quarterly basis, with two Corporate Trustee meetings scheduled to consider the forward plan, and to sign off the annual report and accounts
- A Non-Executive Away Day has been included
- Quality and Safety Oversight Group will take place on a Monday, due to the need to schedule Non-Elective Improvement Group and Planned Care Improvement Group at a more convenient time on a Tuesday/Thursday
- Executive Health and Safety Group will take place on a Friday
- Executive Research & Innovation Group has will take place on a Thursday to enable more members of the Research and Development Team to attend
- Both the Executive Research & Innovation Group and Executive Clinical Effectiveness Group will be held a week earlier (enabling the meetings to take place on a Thursday to assist with clinical attendance). As these meetings do not have the same data deadlines as other meetings, this should not pose an issue when preparing papers.
- Executive Team meetings are to be held on a Tuesday afternoon

It should be noted that although the scheduling of Committee meetings follow the same pattern as for 2023/24, in December 2024, due to the Christmas period and the fact that data is usually available from the 15th of the month, the Performance and Finance Committee and Quality Governance Committee will be held on different days to provide more time to prepare papers after the release of the data.

Key Recommendations

The Trust Board is asked to **approve** the Calendar of Business for 2024/25

Calendar of Business 2024 / 2025

NHS University Hospitals of North Midlands NHS Trust

	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun
April			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					
M12 Reporting			BH		PTB CTB								CEG	BTO			QSOG	NEIG	EST	EWAG DSP PCIG	EHSG				PRW PRS		PRM PRN					PAF CC						
May					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
M1 Reporting					TAP	QGC AC				BH	MQSOG*	PTB CTB CT	ERI				QSOG	NEIG EIG	TBS	EWAG DSP PCIG	EBI EHSG				PRW PRS	MQGC NRC	PRM PRN				BH	PAF	TAP	QGC			
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30							
M2 Reporting					PTB CTB							NED	CEG				QSOG	NEIG	EST	EWAG DSP PCIG	AC EHSG			EPTB	PRW PRS		PRM PRN											
July			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
M3 Reporting				PAF	TAP	QGC						PTB CTB	ERI				QSOG	NEIG EIG	TBS	EWAG DSP PCIG	EBI EHSG				PRW PRS	NRC	PRM PRN					PAF CC	TAP					
August						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
M4 Reporting						QGC AC				MQSOG		PTB CTB CT	CEG				QSOG	NEIG	EST	EWAG DSP PCIG	EHSG				PRW PRS	MQGC NRC	PRM PRN				BH	PAF	TAP	QGC			
September				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					
M5 Reporting					CTB AGM							TBS	ERI				QSOG	NEIG EIG		EWAG DSP PCIG	EBI EHSG				PRW PRS	NRC	PRM PRN											
October				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
M6 Reporting				PAF	TAP	QGC						PTB CTB	CEG				QSOG	NEIG	EST	EWAG DSP PCIG	EHSG				PRW PRS		PRM PRN					PAF CC	TAP	QGC AC			
November							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
M7 Reporting										MQSOG		PTB CTB	ERI				QSOG	NEIG EIG		EWAG DSP PCIG	EBI EHSG			BTO	PRW PRS	MQGC NRC	PRM PRN					PAF	TAP	QGC			
December				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
M8 Reporting					PTB CTB	CEG				QSOG	NEIG	EST	EWAG DSP PCIG	EHSG				PRW PRS	PAF TAP	PRM PRN	QGC					BH	BH										
January					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
M9 Reporting					BH							PTB CTB	ERI				QSOG	NEIG EIG	TBS	EWAG DSP PCIG	EBI EHSG				PRW PRS	NRC	PRM PRN					PAF CC	TAP	QGC AC			
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28									
M10 Reporting					PTB CTB					MQSOG			CEG				QSOG	NEIG	EST	EWAG DSP PCIG	EHSG				PRW PRS	MQGC	PRM PRN										
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4		
M11 Reporting				PAF	TAP	QGC						PTB CTB	ERI				QSOG	NEIG EIG	TBS	EWAG DSP PCIG	EBI EHSG				PRW PRS	NRC	PRM PRN					PAF	TAP	QGC			

COLOUR KEY		TIME
Public Trust Board	PTB	9:30 - 12.30 pm
Closed Trust Board	CTB	1.00 - 2.00 pm
Trust Board Seminar	TBS	9.00 - 1.00 pm
Trust Board Time Out	BTO	9.00 - 4.30 pm
Annual General Meeting	AGM	1.00 - 3.00 pm
NED Away Day	NED	9.00 - 4.30 pm
Performance and Finance Committee	PAF	9.00 - 12.00 pm
Executive Infrastructure Group	EIG	11.00 - 12.30 pm
Executive Business Intelligence Group	EBI	9.00 - 10.30 am
Non-Elective Improvement Group	NEIG	9.00 - 10.30 am
Planned Care Improvement Group	PCIG	3.00 - 4.30 pm
Audit Committee	AC	12.30 3.00 pm
Corporate Trustee	CT	2.30 - 3.30 pm
Charity Committee	CC	12.30 - 2.00 pm
Quality Governance Committee	QGC	9.00 - 11.30 am
Maternity Quality Governance Committee	MQGC	9.30 - 11.30 am
Executive Quality and Safety Oversight Group	QSOG	2.00 - 4.00 pm
Executive Maternity Quality and Safety Oversight Group	MQSOG	2.00 - 4.00 pm (*9.00 - 11.00)
Executive Clinical Effectiveness Group	CEG	9.30 - 11.00 am
Nomination & Remuneration Committee	NRC	10.00 - 11.30 am
Transformation and People Committee	TAP	9.00 - 11.30 am
Executive Data Security and Protection Group	DSP	1.00 pm - 2.30 pm
Executive Health and Safety Group	EHSG	11.00 - 12.30 pm
Executive Research & Innovation Group	ERI	9.30 - 11.00 am
Executive Workforce Assurance Group	EWAG	9.00 - 11.00 am
Executive Strategy and Transformation Group	EST	9.00 - 10.30 am
Performance Management Reviews	PR	W 9.00 - 10.30 am S 11.00 - 12.30 pm M 9.00 - 10.30 am N 11.00 - 12.30 pm
Staffordshire School Holidays		

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	8th November 2023
Report Title:	Board Seminar Programme 2023/24	**Agenda Item:**	17.
Author:	Deputy Associate Director of Corporate Governance		
Executive Lead:	Tracy Bullock, Chief Executive		

Purpose of Report

Information		**Approval**	✓	**Assurance**		**Assurance Papers only:**	**Is the assurance positive / negative / both?**	
							Positive ✓	**Negative** ✓

Alignment with our Strategic Priorities

High Quality	✓	People	✓	Systems & Partners	✓		
Responsive	✓	Improving & Innovating	✓	Resources	✓		

Executive Summary

Situation

This paper is to provide the Board with an overview on progress against the topics identified to be delivered within the 2023/24 Board Seminar Programme.

Background

The outputs of the Board Effectiveness Review were presented to the Trust Board at the Seminar on 12th July 2023. This identified a number of areas of development which subsequently informed the topics within the Board Development Programme for 2023/24. This includes a variety of business and developmental topics including 'must dos', emerging developments and operational/strategic challenges, aligned to our Strategic Priorities.

Assessment

A review of the Board Seminar Programme has been undertaken and the attached demonstrates the topics which have been covered as planned or deferred. A summary of changes are provided below:

- Approach to partnership working was originally scheduled for October, but covered during July's Seminar as part of the Strategy discussion and fishbone exercise.
- An additional session has been included for the Board to receive training from Weightmans Solicitors regarding the legal challenges being faced by Trust Boards
- The session on Clinical Research Network and CeNREE will be covered in part via the enabling strategy update to the Trust Board Time Out in November. A further update will be considered for the 2024/25 programme
- Procurement is expected to commence in November, to appoint an external review team to undertake the well-led assessment, therefore the results will be scheduled once the review has commenced and timelines are known.
- Sustainability will be covered within the 2024/25 programme.
- A further session on Improving Together is no longer required for 2023/24 and will be considered for the 2024/25 programme.

As per previous years, there is opportunity to expand the programme by utilising time currently allocated to Closed Trust Board sessions, should the need to be identified by the Board or its Committees during the course of the year.

Key Recommendations

The Trust Board is asked to consider the progress made with the planned activities within the Board Seminar Programme and to note the timing of the remaining sessions, highlighting where any changes are required and whether any additional items should be included.

Board Development Programme 2023 - 2024

NHS University Hospitals of North Midlands NHS Trust

Topic	Session Lead	Development / Business	Purpose / Outcome	21st April Time Out	10th May Seminar	7th June Closed Bd	12th July Seminar	2nd Aug Closed Bd	13th Sept Seminar	4th Oct Closed Bd	13th Nov Time Out	6th Dec Closed Bd	7th Feb Closed Bd	9th Feb Seminar	15th March Seminar	Strategic Priorities
Team Building - External	Associate Director of Corporate Governance	Development	Team Building Activities - Away Day.													
CQC Maternity Report	Chief Nurse	Business	To consider the initial report from the CQC visit to Maternity													
Development of Trust Strategy	Director of Strategy & Transformation / Director of Communications	Business	To engage the Board in the process for development of the new Trust Strategy.			→										
Approach to Partnership Working	Chief Executive / External Facilitator	Development and Business	Originally scheduled for October - covered in July as part of Trust Strategy discussion and fishbone exercise. To challenge our thinking and approach to partnership working													
Board Development	Associate Director of Corporate Governance	Development	To consider the findings of our Board Effectiveness Evaluation and agree further development needs.			→										
Integrated Performance Reporting	Associate Director of Corporate Governance	Business	To agree the metrics and next steps associated with the IPR and future reporting													
Culture Review	Chief People Officer	Business	Update provided on progress made against the culture improvement programme and next steps													
CNST Maternity Scheme	Chief Nurse	Business	To consider the new metrics and standards associated with Maternity CNST													
ICB Joint Forward Plan	Director of Strategy	Business	To consider the joint forward 5 year plan for the ICB													
Freedom to Speak Up	Associate Director Corporate Governance / FTSUG	Development and Business	To complete the self-reflection tool and consider our Speaking Up Strategy.													
Operational Planning 23-24	Director of Strategy	Business	Progress and associated risks following the closedown letters													
Update on Bed Modelling & Mitigation	Chief Operating Officer	Business	To provide an update on the PwC bed model, including the plans and mitigation to address the bed gap in addition to an update on actions to improve decision to admit times						& via PAF							
Digital Maturity, Cyber Security and Digital Clinical Safety	Director of Digital Transformation / External Lead	Business	Annual training and development on Cyber Security / Risk.													
Enabling Strategies (including County Hospital Plan and progress with Trust Strategy)	Director of Strategy plus Executive Leads	Business	A review of progress against delivery of our Enabling Strategies.													
Weightmans NHS Board Training	Associate Director Corporate Governance	Development and Business	Update outlining legal challenges faced by Boards and tips to deal with them													
Board Insights / Personalities	Chief People Officer	Development	Understanding personalities.													
Strategic Risks - Board Assurance Framework	Associate Director Corporate Governance	Business	To agree the Strategic Risks for 2023/24 Board Assurance Framework.													
Annual Plan and Focus Confirmation (local priorities)	Director of Strategy and Associate Director of Quality Improvement	Business	To agree the Annual Plan, Annual Delivery Plans for Enabling Strategies and to confirm priorities agreed through focussed negotiation.													
Clinical Research Network and CENREE	Chief Nurse & Medical Director	Business	Originally scheduled for November - will be covered in part via enabling strategies update in November. Further session to be considered 2024/25. An update on progress with CENREE and the Clinical Research Network.													
Well Led Assessment (External)	Associate Director Corporate Governance	Development	Originally planned for September. The procurement process for an external well-led assessment, is expected to commence in mid November. Therefore, the timing of presentation of results will be advised once the review has commenced. To consider the findings of our External Developmental Review against the Well Led Framework and agree our Development Plan													
Sustainability	Director of Estates, Facilities and PFI	Development and Business	Originally scheduled for November - requested to defer to 2024/25. An update on delivery of the Green Plan and key priorities.													
Improving Together - Learning from Berkshire Health	Chief Nurse	Business	Agreed as no longer required for 2023/24. Further development on Improving Together to be considered for the 2024/25 programme.													

Trust Board

2023/24 BUSINESS CYCLE

KEY TO RAG STATUS	
Paper rescheduled for future meeting	
Paper rescheduled for next meeting	
Paper taken to meeting as scheduled	

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		5	3	7	5	2	6	4	8	6	3	7	6	
HIGH QUALITY														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse		Staff		Staff				Staff			Staff		
Quality Governance Committee Assurance Report	Associate Director of Corporate Governance													
Quality Strategy Update	Chief Nurse													To be considered at the Trust Board Time Out - November 2023
Clinical Strategy	Director of Strategy													To be considered at the Trust Board Time Out - November 2023
Care Quality Commission Action Plan	Chief Nurse													Deferred to December pending further consideration by the Executive & Committees
Bi Annual Nurse Staffing Assurance Report	Chief Nurse													
Quality Account	Chief Nurse													
NHS Resolution Maternity Incentive Scheme	Chief Nurse													
Maternity Serious Incident Report	Chief Nurse													
Winter Plan	Chief Operating Officer													
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI													
Infection Prevention Board Assurance Framework	Chief Nurse	Q3		Q4		Q1				Q2			Q2	
RESPONSIVE														
Integrated Performance Report	Various	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													Deferred to December due to ongoing discussions
PEOPLE														
Transformation and People Committee Assurance Report	Associate Director of Corporate Governance													
Gender Pay Gap Report	Chief People Officer													
People Strategy Update	Chief People Officer													To be considered at the Trust Board Time Out - November 2023
Revalidation	Medical Director													
Workforce Disability Equality Report	Chief People Officer													
Workforce Race Equality Standards Report	Chief People Officer													
Staff Survey Report	Chief People Officer													
Raising Concerns Report	Associate Director of Corporate Governance					Q4 & Q1			Q2			Q3		
IMPROVING AND INNOVATING														
Research Strategy	Medical Director													To be considered at the Trust Board Time Out - November 2023
SYSTEM AND PARTNERS														
System Working Update	Chief Executive / Director of Strategy													
RESOURCES														
Performance and Finance Committee Assurance Report	Associate Director of Corporate Governance													

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		5	3	7	5	2	6	4	8	6	3	7	6	
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,500,001 and above	Director of Strategy	N/A	N/A			N/A			N/A					
Digital Strategy Update	Director of Digital Transformation													
Going Concern	Chief Finance Officer													
Estates Strategy Update	Director of Estates, Facilities & PFI													To be considered at the Trust Board Time Out - November 2023
Annual Plan	Director of Strategy													
Board Approval of Financial Plan	Chief Finance Officer													Approved at PAF April 2023
Final Plan Sign Off - Narrative/Workforce/Activity/Finance														Approved at PAF April 2023
Activity and Narrative Plans	Director of Strategy													Approved at PAF April 2023
Capital Programme 2022/23	Chief Finance Officer													Approved at PAF April 2023
Standing Financial Instructions	Chief Finance Officer													Next due for review February 2026
Scheme of Reservation and Delegation of Powers	Chief Finance Officer													Next due for review February 2026
GOVERNANCE														
Nomination and Remuneration Committee Assurance Report	Associate Director of Corporate Governance													
Audit Committee Assurance Report	Associate Director of Corporate Governance													
Board Assurance Framework	Associate Director of Corporate Governance		Q4			Q1			Q2			Q3		
Accountability Framework	Associate Director of Corporate Governance													
Annual Evaluation of the Board and its Committees	Associate Director of Corporate Governance													Board review considered at Trust Board Seminar in July
Annual Review of the Rules of Procedure	Associate Director of Corporate Governance													
G6 Self-Certification	Chief Executive													
FT4 Self-Certification	Chief Executive													
Board Development Programme	Associate Director of Corporate Governance													
Well-Led Self Assessment	Associate Director of Corporate Governance													
Risk Management Policy	Associate Director of Corporate Governance													
Complaints Policy	Chief Nurse													Next due for review June 2024