University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Monday 5th October 2020 at 9.30 am to 12.05 pm via Microsoft Teams

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
09:30	**PROCEDURAL ITEMS**					
20 mins	1.	Patient Story	Information	Mrs M Rhodes	Verbal	**BAF 1**
5 mins	2.	Chair's Welcome, Apologies and Confirmation of Quoracy • Non-Executive Director Appointments	Information	Mr D Wakefield	Verbal	
	3.	Declarations of Interest	Information	Mr D Wakefield	Verbal	
	4.	Minutes of the Meeting held 5th August 2020	Approval	Mr D Wakefield	Enclosure	
5 mins	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
20 mins	6.	Chief Executive's Report –September 2020 • Covid-19	Information	Mrs T Bullock	Enclosure	**BAF 6**
10:20	**PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES**					
5 mins	7.	Quality Governance Committee Assurance Report (24-09-20)	Assurance	Ms S Belfield	Enclosure	**BAF 1**
10:25	**ENSURE EFFICIENT USE OF RESOURCES**					
5 mins	8.	Performance & Finance Committee Assurance Report (22-09-20)	Assurance	Mr P Akid	Enclosure	**BAF 9**
10 mins	9.	IM&T Strategy Progress Report	Assurance	Mr M Bostock	Enclosure	**BAF 7**
10:40	**ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH**					
5 mins	10.	Transformation and People Committee Assurance Report (24-09-20)	Assurance	Prof G Crowe	Enclosure	**BAF 2 & 3**
15 mins	11.	Workforce Race Equality Standard	Assurance	Mrs R Vaughan	Enclosure	**BAF 2**
11.00 – 11.15 : BREAK						
11:15	**ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS**					
45 mins	12.	Integrated Performance Report – Month 5	Assurance	Mrs M Rhodes Mr P Bytheway Mrs R Vaughan Mr M Oldham	Enclosure	
12:00	**CLOSING MATTERS**					
5 mins	13.	Review of Meeting Effectiveness and Business Cycle Forward Look	Information	Mr D Wakefield	Enclosure	
	14.	Questions from the Public **Please submit questions in relation to the agenda, by 12.00 pm 1st October to nicola.hassall@uhnm.nhs.uk**	Discussion	Mr D Wakefield	Verbal	
12:05	**DATE AND TIME OF NEXT MEETING**					
	15.	**Wednesday 4th November 2020, 9.30 am – 12.00 pm, via Microsoft Teams**				

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 5th August 2020, 9.30 am to 12.25 pm
Via Microsoft 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												
Ms S Belfield	SB	Non-Executive Director												
Mr P Bytheway	PB	Chief Operating Officer												
Mrs T Bullock	TB	Chief Executive												
Prof G Crowe	GC	Non-Executive Director												
Dr L Griffin	LG	Non-Executive Director												
Mr M Oldham	MO	Chief Financial Officer												
Dr J Oxtoby	JO	Medical Director												
Prof P Owen	PO	Non-Executive Director												
Mrs M Rhodes	MR	Chief Nurse												
Mr I Smith	IS	Non-Executive Director												
Mrs R Vaughan	RV	Director of Human Resources												

Non-Voting Members:			A	M	J	J	J	A	O	N	D	J	F	M
Ms H Ashley	HA	Director of Strategy & Transformation												
Mr M Bostock	MB	Director of IM&T			HP									
Prof A Hassell	AH	Associate Non-Executive Director												
Mrs L Thomson	LT	Director of Communications												
Miss C Rylands	CR	Associate Director of Corporate Governance						Item 7 & 8						
Mrs F Taylor	FT	NeXT Non-Executive Director												
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI												

In Attendance:		
Mr G Frary	GF	Patient (item 1)
Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)
Mrs B Pilling	BP	Patient Experience (item 1)

Members of Staff and Public via MS Teams: 7

No.	Agenda Item	Action
1.	**Patient Story**	
109/2020	Mr Frary introduced his story whereby he attended the Emergency Department at County Hospital in January 2020, following a fall down some stairs. He described the following: • After being triaged, he felt staff were clear about his pathway, which included receiving an x-ray • Issues started to arise when numerous staff requested multiple urine samples after which he was told that he was to be discharged, as the x-ray had not found anything and that the 4 hour target had been reached • He continued to be in pain following discharge, whereby he attended the GP and was issued with pain killers. Despite this, he continued to be in pain and	

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saw the GP again following which he was sent to A&E

- He attended the Emergency Department at Royal Stoke and was triaged and saw a Doctor. After arriving at the department in the morning, he was admitted for surgery the same day.
- He praised the staff at Royal Stoke for the way in which they provided his care, although he explained that as a trans man, he was asked if he was pregnant a few times, despite saying no.
- He praised Dr Ben in particular, who assisted him in having the treatment required and putting him at ease.
- He highlighted the issues in respect of privacy and dignity and having conversations in front of others due to being on a corridor.
- He praised the staff on Ward 226, and particularly the way in which they provided information to him in writing due to him being hard of hearing.
- After being discharged from the ward he had received physiotherapy, received a follow up appointment and was waiting for an appointment with Oswestry
- He highlighted that he had been unable to return to work and had been left with poor mobility and issues with incontinence, which impacted on his confidence
- Overall he felt that there was a lack of communication at County Hospital in the way in which staff handed over patients

Mr Wakefield provided his apologies to Mr Frary for his treatment and queried if he had since spoken to anyone at County as to what had happened. Mr Frary stated that he was unable to speak to the Doctor at the time, when he was at County Hospital.

Dr Oxtoby apologised for Mr Frary's poor experience and recognised the seriousness of the issues raised. He stated that if an investigation had not already been undertaken, that one would be initiated in order to establish the sequence of events in order to demonstrate learning for the future. Dr Oxtoby added that in terms of medical staff at County Hospital and Royal Stoke, many of the staff rotated between sites, so there should not be any difference in the care received. It was agreed to provide feedback on the outcome of the investigation to the Board and to Mr Frary. JO/MR

Professor Hassell thanked Mr Frary for sharing his story and questioned his experience in general of healthcare professionals and the way in which they supported him as a trans man. Mr Frary stated that on the whole, staff got it right and if they didn't, apologies were made. He stated that although there were some areas where this could be improved, on the whole he felt that staff were trying to do their best.

Mrs Bullock echoed the apologies made to Mr Frary and she stated that the issues identified in respect of privacy and dignity needed to be addressed and would also be reviewed.

Mr Wakefield summarised that he was disappointed in the care and experience Mr Frary received and the Trust would reflect on the learning. He stated that if Mr Frary was told that he was being moved due to reaching the 4 hour target that this should not be the case and should never happen. He welcomed the positive comments made regarding staff and the way in which they were caring for trans patients whilst recognising there was still more to do, and suggested that it would be helpful for Mr Frary to link in further with the Trust to share his experiences in this regard. Mr Wakefield reiterated the point regarding privacy and dignity, as well as ensuring effective handover between staff and agreed to formally thank Dr Ben and the nurses on Ward 226. DW

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	Mr Wakefield thanked Mr Frary for joining the meeting and his time. Mr Frary and Mrs Pilling left the meeting. **The Trust Board noted the patient story.**	
2.	**Chair's Welcome, Apologies & Confirmation of Quoracy**	
110/2020	Mr Wakefield welcomed members of the Board and observers to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate. Mr Wakefield noted that Professor Hassall had commenced as Associate Non-Executive Director and noted that the new Non-Executive Director representing Keele University was Professor Patricia Owen.	
3.	**Declarations of Interest**	
111/2020	The standing declarations were noted.	
4.	**Minutes of the Previous Meetings held 8th July 2020**	
112/2020	The minutes of the meetings from 8th July 2020 were approved as an accurate record.	
5.	**Matters Arising from the Post Meeting Action Log**	
113/2020	PTB/424 – It was noted that the neonatal business case was due to go to Performance and Finance Committee in September.	
6.	**Chief Executive's Report – July 2020**	
114/2020	Mrs Bullock welcomed Mrs Thomson to her first Board meeting and discussed the items from her report. Mr Wakefield raised his concern in the amount of extra work which was required as part of restoration and recovery, and queried whether there was enough capacity in the team. Mrs Bullock stated that she regularly met with members of the team and was ensuring that they were taking their annual leave. She stated that directors were aware that support could be made available if required but no such requests had been made. Mr Bytheway added that some additional support was being provided by North Staffordshire Combined Healthcare to help with acute recovery and restoration. Mrs Bullock provided a further update in relation to recovery and restoration and in particular, receipt of the phase 3 letter which was being taken forward by the Trust and the system. She stated that she had written to all system partners to request specific leads to conduct an initial assessment against the areas in the letter, where an initial draft would be considered by the STP Partnership Board on 20th August, prior to the first submission on 1st September. She added that following this, planning and delivery would continue, ahead of the Partnership Board meeting on 17th September when the final version would be presented, prior to submission on 21st September. She stated that before this time, there	

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	would be the opportunity for the outputs to be considered by the Trust Board. Mr Wakefield queried why the Trust was not making Black and Minority Ethnic (BAME) risk assessments mandatory and Mrs Bullock stated that this would be difficult to do and she felt it was inappropriate to mandate completion. Mrs Vaughan added that she was aware of 10 BAME staff who had declined a risk assessment and discussions were ongoing with these staff to engage them in the process and understand any risks in relation to them. She stated that in the future she hoped this work could be embedded further by working with occupational health and considering new starters. Mr Wakefield stated that his preference would be that risk assessments were undertaken for all staff as he was nervous of those staff who had not received a risk assessment, although he recognised the size of the task in doing so. Mrs Bullock advised this is also a preference and some non-essential risk assessments had been undertaken whilst noting vulnerable groups would be the initial priority. Mrs Bullock highlighted that the Trust had recently improved its compliance with Data Security and Protection Training and had met the required standard. **The Trust Board received and noted the report and approved REAF 3538.**	
GOVERNANCE		
7.	**Accountability and Performance Framework**	
115/2020	Miss Rylands presented the new framework which had been developed. Mr Wakefield stated that the general consensus from him and the Non-Executive Directors was that it was a good document which highlighted some areas which needed further consideration, namely revising the strategy. Dr Griffin welcomed the document and its practical value in the ability to support induction by providing an overview of how the organisation operates. Ms Belfield referred to Appendix 2 and the oversight and scrutiny of Key Performance Indicators (KPIs), she suggested whether this should identify which Committee the information was to go to. Ms Ashley stated that the noted KPIs linked to the metrics within the performance reports which were already considered by the Committees, therefore this was to be clarified. Mr Wakefield referred to a wider point in terms of working as a system and responsibilities for the wider system and Mrs Bullock agreed that this should be considered in due course. Mr Wakefield thanked Miss Rylands for preparation of the document. **The Trust Board approved the Accountability and Performance Framework whilst recognising that it would continue to evolve and the Trust Board approved the revised Corporate Governance Structure**.	**CR**
8.	**Board Development Programme**	

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116/2020	Miss Rylands referred to the previously agreed Board Development Programme, and discussed the high level overview which had been provided to describe the achievements made to date, in particular to strengthen the Trust's overarching governance arrangements. She stated that the main area of focus related to the development of the strategy and next steps were to refresh the well led self-assessment and once undertaken, any gaps would further inform future Board Development. Professor Crowe welcomed the update and suggested that there was further work to do in terms of the clinical strategy and system working, pathway development and working with other stakeholders. **The Trust Board noted the progress made with Board Development to date and considered the next steps, which required consideration as to the development of the clinical strategy and system working.**	
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES		
9.	**Quality Governance Committee Assurance Report (22-07-20)**	
117/2020	Ms Belfield highlighted the following: • The Committee recognised the increasing agenda for Infection Prevention, and praised the work being undertaken by the team, which included working to improve patient experience for end of life patients, by allowing dogs to be brought in for patients to say goodbye • Issues in relation to duty of candour compliance were being addressed by the team • Areas identified by the Care Quality Commission (CQC) continued to be reviewed and considered Mr Wakefield referred to the plan for flu vaccinations and when the campaign would commence. He queried how this could be managed given that appointments would be required. Mrs Rhodes explained that a flu plan was in the process of being developed and peer vaccinators were being identified for each area, in addition to holding some 'jabathon's' although this would be different to previous years, due to Covid. She stated that the Trust had been encouraged by the national team to start vaccinations as early as possible, ideally in September although the Trust was not expecting to receive the vaccines until the end of September. She stated that pressure was therefore being put onto the national team in order to obtain the vaccinations earlier. Mrs Rhodes stated that increased demand for vaccinations was to be expected and there was an added complication of the Covid vaccine and when this could be administered. It was noted that the flu plan would be considered by the Quality Governance Committee (QGC) in due course. Mr Akid queried if there was a risk that staff would choose not to have the flu vaccine and wait for the Covid vaccine. Mrs Rhodes stated that communications with staff would make it clear that both vaccines were different and would be required separately. Mr Wakefield referred to the issue in relation to sepsis screening in A&E. Mrs Rhodes stated that sepsis performance had been affected by Covid as some electronic collection of data had stopped. She stated that the numbers had reduced, due to utilising paper records and that training had not been provided to all the additional staff who had been helping on the wards, such as students, although training had recommenced. She stated that she was expecting an	

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	increase in performance for July. Mr Wakefield queried if it was known whether those patients who had not been screened had come to harm and Mrs Rhodes stated that other KPIs were reviewed such as the deteriorating patient, peri arrest, number of admissions to ITU and if a patient had been identified as not having been screened, a harm review would be completed. She added that there was no evidence to suggest that any patients had been harmed. **The Trust Board received and noted the assurance report.**	
10.	**Infection Prevention Assurance Framework Covid-19**	
118/2020	Mrs Rhodes presented the framework which had been issued by NHSIE and had been considered by the QGC. She highlighted that: • the self-assessment had been undertaken against the 10 criteria aligned to the Hygiene Code, on a risk based approach. • for areas of high risk an action plan had been identified, in terms of addressing any gaps in control and identifying mitigation. • the framework had been issued to each Division so that it could be considered at Divisional Boards. • it had been submitted to the CQC following which the Trust was interviewed by the CQC in terms of the current position and a summary record had been received which had been noted at the QGC. • the CQC did not identify any areas for improvement. • the framework would continue to be updated and considered at the Infection Prevention Committee and quarterly updates would be provided to the QGC. Professor Hassell welcomed the framework and queried if a paragraph could be included, to outline what the Covid tactical group was. He also referred to the issue of false negative results, and whether the issue was in taking the samples. Mrs Rhodes stated that nationally the issue with false negatives was known and that reviews of patients had been undertaken, with a variety of reasons identified which included the way in which the swab was taken. She stated that action had been taken with the aim of ensuring the same staff take the swabs, as well as reiterating the messages to staff that if patients have symptoms and receive a negative result, to take the symptoms into account as well as the swab result and to re-swab if required. Mrs Rhodes agreed to include the narrative as to the description of the Covid tactical group. Professor Crowe referred to the areas with a high risk score and the desire to reduce this to a low risk in a short period of time, and stated that the actions would be expected to build up in terms of providing assurance that additional mitigation was being put in place to reduce the gap. Mrs Rhodes reiterated that Divisions needed to take responsibility for the framework and added that an antimicrobial plan was also in place. She explained that as well as being discussed at Divisional groups, Divisions were in attendance at the Infection Prevention Committee and metrics would also be considered at Divisional Performance Reviews. Professor Crowe queried whether the accountability and escalation needed to be articulated within the document, in terms of setting out individual responsibilities and Mrs Rhodes agreed to consider this further.	**MR** **MR** **MR**

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	Mrs Rhodes added that the information would also be included within the quality metrics. Mr Wakefield queried some of the timelines within the document, in particular action 2 - 1.4 which had a due date of 31st December and he queried the reason for this being so far away. Mrs Rhodes agreed to review this and agreed to check the dates assigned for completion of the C4C audits as two dates had been noted. **The Trust Board noted the self- assessment and the framework against the Public Health England and other Covid-19 related infection prevention guidance.**	**MR**
ENSURE EFFICIENT USE OF RESOURCES		
11.	**Performance and Finance Committee Assurance Report (21-07-20)**	
119/2020	Mr Akid highlighted the following: • Updated national financial guidelines had not yet been provided • Improved cancer performance was noted by the Committee and a session on the cancer improvement plan was to be provided to Non-Executive Directors separately • The Committee noted the deterioration in 4 hour performance • The Committee noted that further consideration of Brexit was required Mr Bytheway referred to the issues associated with Brexit and highlighted that a review of risk assessments was being undertaken in addition to identifying any new challenges. Dr Oxtoby stated that he had discussed Brexit and the implications on the supply of medications with Mrs Thomson and it had been agreed to provide an update to the QGC in August. **The Trust Board received and noted the assurance report.**	
ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT AND RESEARCH		
12.	**Transformation and People Committee Assurance Report (29-07-20)**	
120/2020	Professor Crowe highlighted the following: • The Committee approved the terms of reference for the new Executive Groups • The Committee received positive assurance in the way in which the Trust continued to receive a large number of values recognition awards, increased completion of BAME risk assessments and the further work being undertaken to assess the quality of risk assessments and identifying mitigation • An update was provided in the development of transformation plans and noted the commencement of the Proud to Care programme, whereby regular updates were agreed to be provided in terms of its alignment with other transformation projects • In terms of matters for escalation, concerns were raised in relation to performance, particularly statutory and mandatory training Mr Wakefield welcomed the efforts made in recruiting patients to Covid related clinical trials. **The Trust Board received and noted the assurance report.**	

13.	**People Strategy Annual Report**	
121/2020	Mrs Vaughan highlighted a number of areas from her report and the progress made in delivery of the people strategy. She highlighted that work was to be undertaken to consider the newly released people plan which would be considered by the Transformation and People Committee (TAP) in due course. Mr Wakefield referred to the issue regarding the aspirational targets for BAME senior leadership and the Trust's roadmap in getting there and the reference to shortages of nurses at 12% - he queried whether this figure was rising or falling. He added that he would welcome further consideration of the reasons for the trust not being able to achieve above average staff survey results. Mrs Vaughan referred to the BAME targets and stated that although a lot of work had been undertaken, more work was required and progress would be reported to the TAP as part of the Workforce Race Equality Standard. She stated that the issue of nurse vacancies was particularly apparent within Medicine although more work was being undertaken to increase recruitment in those areas. She added that the issues associated with the staff survey results related to culture, role modelling behaviours and values, and line manager involvement. Mrs Rhodes stated that targeted recruitment was required to help address the vacancies, although a number of students were due to commence at the Trust in September which would help. Professor Hassell referred to the leadership development programme and queried what proportion of BAME staff were involved with the programme. Mrs Vaughan stated that the system wide leadership development programme 'stepping up' focussed on BAME staff which was well received and the Trust's own 'Connects' programmes received a good representation from staff across all disciplines and staff groups. Mr Wakefield welcomed the progress made, and suggested that the Trust needed an ambition for engagement, to become the highest in the Midlands. **The Trust Board noted the progress made during 2019/20 and the priorities for 2020/21.**	
14.	**Workforce Disability Equality Standard (WDES) Report**	
122/2020	Mrs Vaughan highlighted a number of areas from her report for the second year of reporting on the disability equality standard. She stated that 10 metrics had been assessed with a number of improvements identified, when compared to the previous year. Mr Wakefield queried how the Trust was dealing with the issue of staff not identifying themselves as being disabled. Mrs Vaughan stated that whilst staff should not be forced into disclosing their disability, this had improved. She stated that the Trust needed to reinforce the message that, if disabilities were identified, the Trust could help staff by providing them with the required support and make any tailored adjustments. Dr Griffin reiterated the point in relation to the number of staff not disclosing their disability and queried whether this could be improved by altering the language used in terms of not referring to a 'disability'.	

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	Ms Ashley referred to a number of initiatives which had been introduced by the network groups, resulting in a number of positive improvements being made. Mr Wakefield stated that the action plan seemed ambitious but was focussed on addressing the right things. Mr Wakefield queried if an update on progress would be brought back to the Board through TAP. **The Trust Board received and noted the report and the actions being taken to close the gaps in career and workplace experience between disabled and non-disabled staff at UHNM during 2020-21.**	
ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS TARGETS		
15.	**Integrated Performance Report – Month 3**	
123/2020	Mrs Rhodes highlighted the following: • The number of pressure ulcers with lapses in care had reduced in June but work was ongoing in order to review any lapses in care. The care bundle for pressure ulcers had been improved, which had been rolled out at County Hospital and was in the process of being rolled out at Royal Stoke. It was noted that upon review, lapses related to positioning and use of equipment • A deep dive into caesarean section rates had been undertaken and reported to the QGC. Between January and June the rate was approximately 15% which was the same as the national rate. In addition a review of each category 1 and category 2 caesarean sections had been carried out Mr Bytheway highlighted the following in relation to urgent care performance: • Towards the end of May/beginning of June the Trust saw improvements in urgent care performance which deteriorated at the end of June and which coincided with an increase in attendances and a number of ward moves taking place to assist in zoning of the estate • It was noted that in July zoning of the Emergency Department at Royal Stoke had caused some difficulties in staffing Mr Wakefield referred to the number of beds taken out, and the changes between surgery and medicine, and how this had impacted upon performance. Mr Bytheway stated that two wards had been identified for Covid patients which were within medicine originally, therefore specialized wards had been turned into medicine wards to ensure bed capacity in the right places. He stated that the main challenge was the green zone in surgery which had too many beds and could not be accessed for anything other than patients who had been isolating, therefore this was being reviewed in order to provide more purple beds. He added that winter planning had commenced and the Trust was looking to reduce other green zones and create purple zones, which included reviewing orthopaedic electives. Dr Griffin referred to the Emergency Department conversion rate which was higher than the previous average and queried the reasons for this. Mr Bytheway stated that the data had been triangulated with other Major Trauma Centres which were all approximately 35% and the Trust was in line with those. He stated that currently conversion was over inflated because activity had been removed from Royal Stoke i.e. minors to Haywood, and the number of patients converting to an admission remained the same. Professor Hassell referred to Emergency Care Intensive Support Team (ECIST) support and whether this had proved useful. Mr Bytheway stated that progress	

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was slower than planned, due to the team not being able to come on site as frequently due to Covid-19, although a recent meeting had been held with them and a programme agreed. He stated that the assistance provided to date had been helpful.

Professor Crowe queried how the Trust's challenges compared to that of other trauma centres, in terms of 4 hour performance and Mr Bytheway stated that the Trust had not improved, and other organisations had, which demonstrated that the issues were not always external and there was opportunity to improve internally. Mrs Bullock added reassurance that any patients coming in for major trauma do not wait for treatment.

Mr Bytheway highlighted the following in relation cancer performance:

- Work had been undertaken to change pathways and improve oversight with tumour leads, with an increase in referrals during June/July, although the Trust continued to deliver the 2 week wait (2WW) target which was positive
- Plans were in place to continue delivering the target by managing demand and 4 standards were achieved in June and the Trust was on target to achieve 6 out of the 8 standards in July
- A regional confirm and challenge session was held 31st July, and the Trust was congratulated for the level of articulation of its plan and associated trajectories, in particular the improvement made to patients waiting over 104 days and reducing the number of patients and the overall backlog. It was noted that by the end of August, it was expected that the number of patients waiting over 104 days, would have reduced to 20 and the overall backlog for the end of September was expected to reduce to 60/70 patients

Mr Wakefield welcomed the improvement in reducing the number of patients waiting longer than 104 days.

Mr Bytheway highlighted the following in relation to Referral to Treatment (RTT) performance:

- The number of patients waiting over 52 weeks was approximately 500 in total and 88% of the waiting list had been clinically triaged, based on clinical urgency. It was noted that challenges were being experienced as a region and the Trust was focussing on admitted and non admitted pathways
- A plan was to be considered for routine non urgent procedures

Mr Wakefield queried the response from patients who had been de-prioritised on clinical grounds and how the Trust was interacting with them. Mr Bytheway stated that patients were being written to, to highlight the reasons for any changes.

Mr Bytheway highlighted that performance against the diagnostic target had improved, although there were some significant challenges with CT/MRI and discussions were ongoing to identify how the Trust could share resources/patient tracking lists with partners, and it was anticipated that an improvement would be seen in the next few months.

Mrs Vaughan highlighted the following in relation to workforce performance:

- There had been an in month improvement for sickness absence
- Completion of appraisals had been an area of concern although an improvement was made for all staff groups in June and performance had been discussed at Divisional Performance Reviews with a request for trajectories for improvement from each Division. It was noted that some areas found it difficult to update the appraisal information on the electronic

	system and the Human Resources team were providing support with this • In terms of statutory and mandatory training there had been a slight dip in performance during June and in July performance was approximately 91%. Performance had been impacted by the numbers of students brought in to help during the pandemic, and their training not being captured therefore work was ongoing to address this. Mr Wakefield stated that he was disappointed with the continued system issues with the Electronic Staff Record and Mrs Vaughan stated that the issue related to training of line managers and that some initial technical issues had been resolved. She added that the additional difficulties had been experienced by those staff working from home. Mr Oldham highlighted the following in relation to financial performance: • The Trust had a break even position for the month, and continued to receive top up payments which were due to continue into August and September. • The Trust had received confirmation that costs to the end of June had been accepted therefore there was no risk in terms of the revenue position • The Trust had received £2.2 m of Covid related funding increases due to students coming in early and costs had increased by a further £2 m due to increases in activity most of which was linked to non pay • Tracking of the monthly run rate with Divisions continued to take place, to ensure the underlying position remained stable • There had been some movement on capital, with a net underperformance due to the IT programme which had changed and moving IT equipment replacement to a revenue solution, therefore work on the datacentre had been brought forward • Some capital bids had not been approved and work was underway to offset this with other schemes • £4.3 m funding had been released to the system for backlog maintenance of which the Trust had secured £3.2 m which would go towards reducing the estates critical backlog • The Trust had a £5.5 m application for emergency capital and awaited a decision on additional potential capital allocations relating to additional capacity to support potential Covid surges during winter Mr Wakefield referred to activity rising and the current financial arrangements existing until period 6, and queried if the last 6 months was a risk. Mr Oldham stated that some organisations had received some push back on their Covid costs, and the Trust did not, therefore it was deemed these were reasonable, however further information was required as to what the Trust would receive after month 6. He stated that if it was based on the current calculation it could be a challenge due to this excluding the TSA support, although noting that NHSEI were well versed in this regard. **The Trust Board received and noted the report.**	
GOVERNANCE		
16.	**Audit Committee Assurance Report (31-07-20)**	
124/2020	Professor Crowe highlighted the following: • The Committee noted that remote working had continued by the internal and external audit functions • The Committee noted the clinical audit programme for 2020/21 which	

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	reflected upon the recommendations from the internal audit advisory report. It was noted that ongoing oversight of the clinical audit programme would remain with the QGC • The Committee received an internal audit on data quality which was positive in a number of areas but partial assurance with improvements required were highlighted in respect of Venous Thromboembolism (VTE) and diagnostics, with a number of priority recommendations made which would be monitored by the Committee • There were a number of areas which had been identified in order to continue to hold staff to account • A matter of concern was raised in terms of non-compliance with the procurement process for a sponsored post, and follow up actions were being taken to ensure improvements made in the future Mr Wakefield reflected on the number of actions underway and whether these could be dealt with. Professor Crowe stated that these built upon a number of areas in terms of obtaining additional assurance. **The Trust Board noted the assurance report.**	
17.	**Raising Concerns Report**	
125/2020	Mrs Vaughan highlighted a number of areas from her report which had been considered by the TAP. It was noted that there had been an improvement in the Freedom to Speak Up index but when compared with similar Trusts, the Trust was below others. Mr Wakefield referred to the risk assessment whereby disabled staff felt they were being put in danger and queried how effective the risk assessment processes were. He added that in respect of learning from cases, how this was being disseminated to others. Mrs Vaughan stated that regarding disabled staff any issues/concerns made by staff were raised to their line manager and supported by Human Resources. She added that dissemination took place of lessons learned and this was being considered further in terms of how this could be improved. Professor Crowe stated that the learning from cases was discussed at the TAP and would be followed up. Professor Crowe stated that the Committee had noted the efforts made to date in improving this. **The Trust Board received the report and noted the speaking up data and themes raised during Quarter 1 2020-21, and the actions proposed to further encourage and promote a culture of speaking up at UHNM.**	
CLOSING MATTERS		
18.	**Review of Meeting Effectiveness and Business Cycle Forward Look**	
126/2020	Nothing further was raised.	
19.	**Questions from the Public**	
127/2020	It was noted that no questions had been received.	

DATE AND TIME OF NEXT MEETING		
20.	Monday 5th October 2020, 9.30 am, via MS Teams Annual General Meeting taking place on Wednesday 16th September at 1.00 pm	

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Trust Board (Open)

Post meeting action log as at **28 September 2020**

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed *or* B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
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/425	11/03/2020	Staffing Establishment Reviews	To provide an update on the recruitment campaigns and implementation plan to the Transformation and People Committee.	Michelle Rhodes Ro Vaughan	30/09/2020	28/08/2020	Presented to August's Committee.	B
PTB/436	08/07/2020	Board Assurance Framework (Q1 2020/21)	To provide a briefing in relation to cyber security to Board members.	Mark Bostock	30/09/2020	28/09/2020	Presentation to be provided to the Board in October.	B
PTB/437	08/07/2020	Board Assurance Framework (Q1 2020/21)	To provide assurance to the Quality Governance Committee in relation to medication supply in light of Brexit.	John Oxtoby	31/08/2020	26/08/2020	Included on August's QGC agenda.	B
PTB/438	08/07/2020	Board Assurance Framework (Q1 2020/21)	To consider the impact of Brexit on existing stocks which may have been depleted due to Covid, and whether this posed an additional risk.	Mark Oldham	30/09/2020	25/09/2020	Discussed this supplies, and the original risk assessments have been revisited for procurement and stock levels are in a much better place with no change now from the original Brexit risk analysis. The wider Brexit risks are to be revisited and will be reported accordingly	B
PTB/439	05/08/2020	Patient Story	To establish whether an investigation had been undertaken and if not, to commence an investigation and provide a report on the outcome to the Board, as well as providing feedback to Mr Frary.	Michelle Rhodes John Oxtoby	30/09/2020	25/09/2020	Update provided to September's Quality Governance committee and further update to be provided upon completion of the RCA.	B
PTB/440	05/08/2020	Patient Story	To formally thank Dr Ben and the nurses on Ward 226.	David Wakefield	31/08/2020	04/09/2020	Complete.	B
PTB/441	05/08/2020	Accountability and Performance Framework	To clarify the role of reporting the metrics via the IPR and which committees these were considered by, within the document.	Claire Rylands	31/10/2020		Action not yet due.	GB
PTB/442	05/08/2020	Infection Prevention Assurance Framework Covid-19	To include the narrative as to the description of the Covid tactical group, to set out accountability and escalation within the document and confirm the dates for action 2 - 1.4 and the C4C audits.	Michelle Rhodes	31/08/2020	25/09/2020	Incorporated into Q2 of the IPC BAF.	B
PTB/443	05/08/2020	Infection Prevention Assurance Framework Covid-19	To include information within the quality metrics.	Michelle Rhodes	31/08/2020		Jamie Maxwell linking in with Helen Bucior and taking forward.	GB

University Hospitals of North Midlands NHS Trust

Chief Executive's Report to the Trust Board

FOR INFORMATION

Part 1: Trust Executive Committee

The Trust Executive Committee met on Wednesday 2nd September. The meeting was held virtually using Microsoft Teams; there was no agenda or papers as the purpose of the meeting was to provide an opportunity for:

- The Deputy Chief Executive to thank our Divisional Teams for their work to date and flexibility to do what is required to support our preparations for a potential second Covid-19 surge
- Divisions to be updated on the national position, local position and next steps in relation to Recovery and Restoration
- Divisions to provide updates in terms of their latest position, next steps, staff wellbeing and any concerns/risks

Key points highlighted by the Executive Team were as follows:

- Challenges had been experienced in relation to patient flow during the Bank Holiday, with actions being taken to ensure earlier ward rounds and discharges.
- The need to continue to improve communication with GPs. Approval of GP Connect which will enable communication between GPs and Consultants to make urgent decisions regarding admissions
- Job Planning to be drawn to a close and next year's planning to commence.
- Covid risk assessments to continue to be completed for all staff.
- Requests have been put into the Care Quality Commission to remove the two Section 31 notices and these will be considered by a panel in September.
- The NHS People Plan has been issued which is being reviewed.
- Agile working continues to be under review.
- Listen and learn events taking place in order to gain feedback from staff, particularly in relation to their wellbeing.
- The first draft of the Phase 3 plan has been submitted.
- Winter and Flu plans are in progress.
- The SIREN study is being promoted to staff

Key points highlighted by Divisions were in relation to:

- Risks associated with the replacement of the IR2.
- Concern in relation to the capacity of the surgical robot.
- A position on Never Events was given and the status of their investigation. No clear theme has been identified and a training package is being explored.
- Theatre activity continues to require improvement
- The number of medically fit for discharge patients have started to increase slightly.
- Positive feedback received from staff following the listen and learn events.

Any Board member seeking to obtain further information regarding the items considered by the Trust Executive Committee should contact Claire Rylands, Associate Director of Corporate Governance.

PROUD TO CARE

Part 2: Chief Executive's Highlight Report

1. Contract Awards and Approvals

Department of Health Procurement Transparency Guidance states that contract awards over £25,000 should be published in order that they are accessible to the public. Since 13th July to 11th September, 7 contract awards, which met this criteria were made, as follows:

- **SIM CT Scanner Maintenance (REAF 3517)** supplied by Siemens Healthcare at a total cost of £597,272.40, for the period 28/05/21 – 29/05/30 providing savings of £98,889.30, approved on 06/08/2020
- **Extension of Cardiology Solutions Framework (REAF 3636)** supplied by Various at a total cost of £1,020,189.96, for the period 01/07/20 – 01/07/21, providing savings of £20,403.80, approved on 01/07/2020
- **Operational Excellence (REAF 3794)** supplied by KPMG at a total cost of £1,692,000.00, for the period 04/08/20 - 31/12/21, providing savings of £408,000.00, approved on 26/08/2020
- **N365 - Microsoft Office license (REAF 3792)** supplied by CDW Ltd at a total cost of £2,104,924.00, for the period 01/08/20 – 31/07/23, approved on 26/08/2020
- **Replacement Linear 3 Accelerator (REAF 3717)** supplied by Varian at a total cost of £1,939,201.80, capital purchase, providing savings of £146,869.50 approved on 26/08/2020
- **Salary Sacrifice Home Electronics (REAF 3671)** supplied by Akira Financial Ltd at a total cost of £2,000,000.00, for the period 01/09/20 – 31/08/22, approved on 26/08/2020
- **Home Delivered Dialysis (REAF 3610)** supplied by Fresenius & Baxter Ltd at a total cost of £1,440,000.00, for the period 01/09/20 – 31/08/21, approved on 26/08/2020

The REAFs approved by the Performance and Finance (PAF) Committee in August, did not require Trust Board approval, due to the value being below £3 m. The following REAFs were approved by PAF in September, and require approval by the Trust Board due to their value:

Pharmacy Dispensing Service for Ambulatory Patients (REAF 3878) – Extension

Contract Value £13,500,000.00 incl. VAT
Extension of Contract
Duration 01/10/20 to 31/03/21
Supplier Lloyds Pharmacy

This requirement is for the authorisation of drugs costs within the Pharmacy Dispensing Service for Ambulatory Patients. A full EU tender process was carried out 2016. When the contract was put in place during 2016 the drugs costs were treated as non-purchase order, however, there is now a requirement to pay the drugs costs via a purchase order. NHS standard terms apply.
Savings – No savings

Renal Services provided at Leighton Hospital (REAF 3607) – Extension

Contract Value £4,720,614.00 incl. VAT
Extension of Contract
Duration 11/03/20 to 31/03/23
Supplier Fresenius Medical Care Renal Services Ltd

The requirement is for an extension to Contract for UHNM to provide fully managed commissioned Renal Services from the Leighton Hospital satellite renal unit. UHNM are responsible for organising renal services to patients in this locality and under the current contract with Fresenius. The services are commissioned from UHNM by NHS England and falls within our Specialised Division.

The original contract was put in place by NHS Shared Business Services on behalf of NHS North West Commissioning Group in 2013. Standard NHS terms apply.
Savings – No savings

The Trust Board is asked approve the above two REAFs.

2. Consultant Appointments

The following table provides a summary of medical staff interviews which have taken place during August and September 2020:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Microbiology Senior Medical Practitioner	New	Yes	TBC
Consultant Cardiac Surgeon	Vacancy	Yes	01/09/2020
Locum ENT Surgeon	New	Yes	19/10/2020
Locum Consultant Anaesthetist (TRA)	Vacancy	Yes	19/11/2020
Consultant in Intensive Care Medicine	New	Yes	03/02/2021
Clinical Lead - Nephrology	Vacancy	Yes	07/09/2020
Consultant Clinical Oncologist - Upper GI, CNS & Thyroid	New	TBC	TBC
Consultant Paediatrician - Paediatric Respiratory Medicine	Vacancy	Yes	09/12/2020
Consultant in Acute Medicine	Vacancy	Yes	TBC
Paediatric Anaesthetist	Vacancy	Yes	Feb 2021

The following table provides a summary of medical staff who have joined the Trust during August and September 2020:

Post Title	Reason for advertising	Start Date
Consultant in Diabetes & Endocrinology	Vacancy	01/08/2020
Locum Consultant - General Paediatrician with Interest in Cardiology	Maternity	03/08/2020
Consultant Spinal Surgeon	Vacancy	03/08/2020
Locum Consultant Spinal Surgeon	Extension	03/08/2020
MOD Consultant Cardiothoracic Anaesthetist	Vacancy	03/08/2020
Locum Consultant Foot and Ankle Surgeon	Extension	24/08/2020
Locum Consultant Spinal Surgeon	Extension	24/08/2020
Consultant Paediatrician with an interest in Diabetes and Endocrine	Vacancy	01/09/2020
Consultant Thoracic Surgeon	Vacancy	01/09/2020
Consultant Anaesthetist General	Vacancy	01/09/2020
Consultant Urogynaecologist	New	01/09/2020
Consultant Neurosurgeon	Vacancy	01/09/2020
Consultant Cardiac Surgeon	New	01/09/2020
Consultant Neonatologist	Extension	02/09/2020
Locum Consultant Interventional Radiologist	Extension	02/09/2020
Locum Restorative Consultant	Vacancy	02/09/2020
Director of Research and Innovation	Extension	03/09/2020
Locum Consultant Paediatrician with an interest in Paediatric Respiratory Medicine	Extension	04/09/2020
Locum Consultant Paediatrician with an interest in Paediatric Respiratory Medicine	Vacancy	04/09/2020
Clinical Lead Respiratory and Gastro	Vacancy	08/09/2020
Clinical Lead - Nephrology	New	07/09/2020
Consultant Neonatologist	Extension	14/09/2020
Locum Consultant Ophthalmology	Vacancy	14/09/2020

The following table provides a summary of medical vacancies which closed without applications / candidates during August and September 2020:

Post Title	Closing Date	Note
Respiratory Consultant - Interstitial Lung Disease	05/08/2020	No Applications
Respiratory Consultant - Interstitial Lung Disease	06/09/2020	No Applications

Post Title	Closing Date	Note
Locum Consultant - General Paediatrician with Interest in Cardiology	06/09/2020	No suitable applications
Consultant Haematologist	06/09/2020	Candidate withdrew
Locum Consultant - General Paediatrician with Interest in Cardiology	21/09/2020	No applicants

3. Covid-19

Nationally we are seeing a steady increase in the number of people with Covid-19 within the community, predominantly from the age range of 20 – 40 year olds. Until recently Stoke-on-Trent was on the at risk list due to increasing numbers, however, were removed from this list at the end of September as the numbers began to stabilise. This is credit to our Public Health colleagues within our Local Authority and the tremendous work they have undertaken along with our local people who, by and large, have responded responsibly to the asks made of them. Although numbers remain relatively low, we are starting to see this translate into a steady increase in the number of Covid-19 positive patients who require hospital care.

Planning and preparation is underway for a second surge and is being incorporated into our winter planning. However a significant part of this plan is staff resilience and wellbeing. Throughout the first Covid-19 surge, significant wellbeing activities took place and during the brief lull, we have held a number of listening events with staff to understand their anxieties and to see how we can support them further. In addition, during the week of the 21st September a marquee was erected outside the Academy and during the week a number of events took place, many of which focussed on wellbeing – these are described in more detail in following items in this report.

In addition, following on from the Board discussion in August regarding the Infection Prevention Board Assurance Framework in relation to Covid-19, work has continued and a further update will be provided to the next Board. Michelle Rhodes, Chief Nurse is the Executive Lead responsible for overseeing the local control of infection policies and their implementation, in her role as Director of Infection Prevention and Control (DIPC), and has been working with the team with their response to Covid, which recently has focussed on the management of any outbreaks and root cause analysis of any nosocomial infections.

4. Submission of the Phase 3 Recovery and Restoration Response

Work has continued with reinstating services as part of our recovery and restoration response, and our internal programme has contributed to the Staffordshire and Stoke-on-Trent STP final planning submission in response to the phase 3 letter which was submitted on 21st September 2020. The plan has been developed in conjunction with all partners and represented the cumulative work undertaken across the STP in response to the national phase 3 letter. We now await feedback on this submission.

5. Big Conversation

The Trust has launched the Big Conversation which does not replace the other activities underway, but seeks to bridge a gap and focus on the changes made and inform any activities going forward. Combined with the 'Listen and Learn' programme, which reaches out to staff to find out how they are feeling and support the health and wellbeing of staff, it provides a rounded snapshot and a platform for developing engagement going forward. In the first few days of being launched we received over 50 different pieces of feedback with the main theme of support which is valued and somewhere to have a break. This is something we are already reviewing and looking at how we can support in the near future.

6. Staff Awards

A Week Full of Stars 2020 is a 'virtual' celebration of the outstanding contributions made by UHNM teams and individuals over the past year. The nomination process closed in July and 252 nominations were received across the 14 categories, over a hundred more than the previous year. The judging process is underway and the shortlist (top 3) will be announced in September. Those shortlisted will be invited to a series of events and an intranet page will be created with photographs and profiles of the shortlisted nominees. A celebration event will be held at Keele Hall at a future date when possible.

7. Project Wingman

Staff were given a unique opportunity to relax thanks to a partnership with Project Wingman – an initiative aimed at providing much needed rest and recuperation to NHS staff delivered by airline crew. It is part of a number of exciting Staff Wellbeing and Engagement events planned for September and October including the Wellbeing Festival.

'Project Wingman' was brought to our attention by Debbie Preece, based in Theatres, who prior to her current position, worked for Virgin Atlantic as a flight attendant. Project Wingman is a group of airline crew from across every UK airline, and provides a space to unwind, de-compress and de-stress before, during and after hospital shifts.

Volunteers were on site to serve refreshments in our 'First Class Lounge' (marquee) on 22nd and 24th September and staff were able to book 'their seat' to enjoy the experience, for a 30 minute slot.

8. First Virtual Annual General Meeting (AGM)

On 16th September 2020, we held our first virtual AGM. David Wakefield welcomed everyone virtually and myself and Mark Oldham provided pre-recorded presentations. A live question and answer session was subsequently held and one of the benefits of being virtual, meant that attendance was far greater than if we had met in a physical location. If you were unable to join, the recording can be found on our website.

9. Recruitment to the Independent Care System Chair

On the 24th September 2020, stakeholder panels for the recruitment of a new Independent Chair for the Staffordshire STP took place. The formal interview panel is due to conclude the process on the 1st October 2020.

10. Seasonal Flu Jabs

We have commenced our annual flu vaccination programme, although this year flu jabs will be provided to staff by appointment only, via flu jab clinics. Front line staff are now beginning to receive their flu vaccine from peer vaccinators, following the first delivery of our Trust-wide vaccine allocation. The delivery of the vaccine is being staggered and initially the vaccine will be available to front line staff and then rolled out to all staff.

11. Critical Condition

Further to the success of the first series, the second series of 999: Critical Condition aired on 24th September 2020. The documentary follows the care provided by our Major Trauma Centre and this time also focusses on input by other services provided by the Trust such as cardiology and cardiothoracic. As well as the slight name change, this series also provides follow up on patients progress after their injury or surgery.

12. Falls Awareness Week

Week commencing 21st September was falls awareness week. Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term health condition, therefore staff have focussed on reducing the numbers of un-witnessed falls. This has included the re-launch of our 'baywatch' model, by ensuring a 'baywatch' bay always has a 'bay watcher' who provides observation within the bay to prevent falls both during the day and night. Congratulations also go to Ward 226 for winning the falls awareness week competition.

13. Removal of Section 31 Care Quality Commission (CQC) Notices

Further to the Trust's request to remove the Section 31 notices from the CQC, the Trust has been notified that the notices have been successfully removed in respect of conditions 3 and 4 which were associated with detained patients under the Mental Health Act. In respect of the remaining 2 notices, in relation to 15 minute triage time within the Emergency Department, the Trust is required to provide additional evidence to the CQC in terms of the actions being taken to comply with the target on a consistent and sustainable basis.

Quality Governance Committee Chair's Highlight Report to Board

24th September 2020

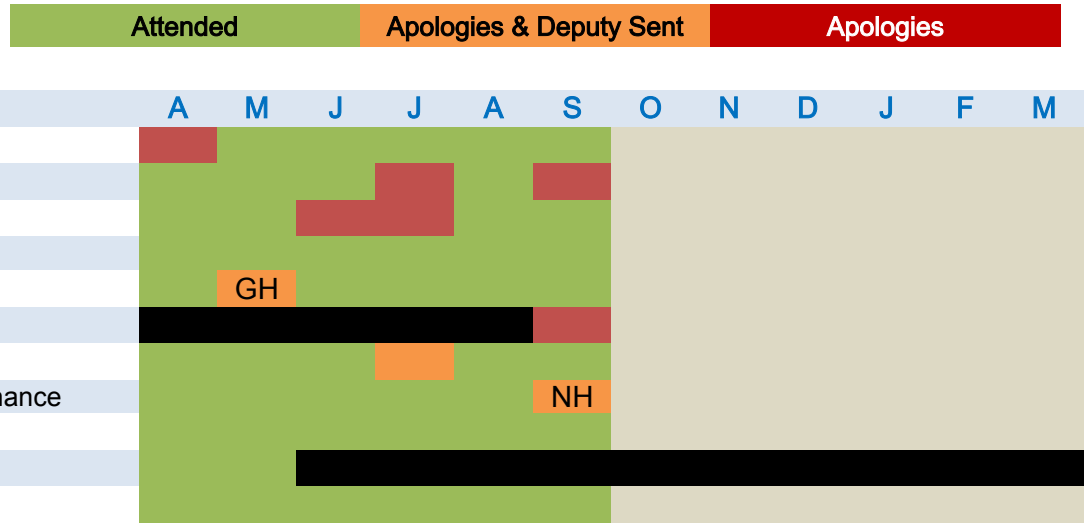
1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• A verbal update was provided in relation to Covid and the increase in patients admitted into the Trust with the virus. • The Committee expressed their frustration with the continued need to improve compliance with providing duty of candour letters within the given timeframe. The Committee noted the actions being undertaken and that the position had improved for August. • The Committee noted the number of complaints being received regarding restrictive visiting, and this was being reviewed in particular for maternity.	• Information to be split between Royal Stoke and County Sites for the Maternity Dashboard • To share outside of the meeting, the findings from deep dives into c difficile and Covid nosocomial infections • To share the outcome of the Root Cause Analysis as a result of the patient story with the Committee, when available
Positive Assurances to Provide	**Decisions Made**
• In relation to quality and safety performance, a number of actions were being taken to reduce the number of falls throughout the organisation, as well as actions in respect of reducing pressure ulcers • The quarter 1 maternity dashboard highlighted static activity, and actions to reduce smoking in pregnant ladies remained a key action. An audit was also being undertaken in respect of the overall caesarean section rate. • An update on the actions taken as a result of the patient story provided to August's meeting were provided to the Committee and it was noted that the process had been improved by the Patient Experience Group, in order to identify and take forward any escalation of required actions • With regards to effective nursing and midwifery utilisation, it was noted that the model hospital data had not been updated since the Covid pandemic and in future, the format of the report was to be revised into a dashboard to provide more meaningful information • In respect of patient experience, the complaints process was to be reviewed in order to make improvements going forwards in providing a response. In addition, actions were being taken in respect of family liaison and providing information to relatives.	• There were no items requiring a decision.
Comments on Effectiveness of the Meeting	
• The Committee welcomed the good level of discussion held throughout the meeting.	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Executive Directors Update including Covid-19	Information	5.	August's Patient Story – Update on investigation and actions	Assurance
2.	Maternity Dashboard Q1 2020/21	Assurance	6.	Q1 Patient Experience Report	Assurance
3.	M4 Quality & Safety Report – July 2020	Assurance	7.	Quality & Safety Oversight Group Highlight Report	Assurance
4.	Effective Nursing and Midwifery Staff Utilisation – July 2020	Assurance			

3. 2020 / 21 Attendance Matrix



Performance and Finance Committee Chair's Highlight Report to Board

22nd September 2020

1. Highlight Report

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• A verbal update was provided in relation to Covid-19, with the number of patients in hospital increasing, and it was expected that the national alert level would increase to major incident level 4. Internal command and control had been stepped up to a phase 1 response and Divisions were establishing which services may need to step down whilst consideration was being given to plans for other services. • An update was provided in terms of urgent care performance and current actions being taken. The Committee were disappointed in not receiving the urgent care improvement, although they noted the reasons for the delay in presenting this to the Committee. • In respect of the number of long wait patients, the process to prioritise patients and identify what additional capacity was available to treat the remaining patients was outlined. • The Committee noted that modelling by NHSI/E to accompany the revised financial guidance for the rest of the year projected a deficit for UHNM of £20m – the Trust's internal projection before the publication of the guidance was for a £30m deficit. The finance team are working through a revised forecast based on the new guidance.	• Weekly meetings were taking place to articulate the associated milestones required for the urgent care plan with the full plan to be provided at the next Committee. It was agreed that by the end of the week, a week by week plan and summary of actions would be provided to Non-Executive Directors, and a subsequent trajectory would be provided. • The Trust continued to use the Independent Sector to support restoration and recovery, with ongoing work taking place to utilise the full 75% capacity • A revised timeline for implementation of the LIMS project to be provided to the Committee, due to delays due to Covid
Positive Assurances to Provide	**Decisions Made**
• An update was provided in respect of the IM&T Strategy and reprioritisation of some projects had been undertaken as a result of Covid. • The Committee challenged whether the revised timescales for some of the IM&T initiatives would be delivered and it was noted that these were on track. • The benefits from inpatient digitalisation were highlighted to the Committee • The Trust had achieved 95% data security training and an update was provided in terms of this. The Committee noted the progress with statutory and mandatory training and monitoring in place. • In relation to the Data Security Toolkit, 2 standards required further assurance prior to submission, one of which was expected not to be achieved and as such an improvement plan would be required in order to implement this by March 2021. • The Trust achieved break-even position for month 5 and noted that non-Covid expenditure was flat. • Progress had continued with the capital programme and prioritisation continued to take place for the remaining allocations. • An update from the infrastructure group identified risks associated with medical device training, Brexit and balancing the risk associated with the need for estates maintenance and continuing with clinical activity.	The Committee approved the following: • Services of Junior Doctors via Health Education England (REAF 3830) • Supply of Ports and Trocars (energy) (REAF 3837) • Pharmacy Dispensing Service for Ambulatory Patients (REAF 3878) • Renal Services provided at Leighton Hospital (REAF 3607)
Comments on Effectiveness of the Meeting	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Executive Directors Update including Covid-19	Assurance	5.	Month 5 Finance Report	Assurance
2.	Performance Report – Month 5	Assurance	6.	Authorisation of New Contract Awards and Contract Extensions	Approval
3.	IM&T Strategy Progress Report	Assurance	7.	Executive Infrastructure Group Highlight Report	Assurance
4.	Data Security and Protection Report	Assurance	8.	Executive Data Security and Protection Group Highlight Report	Assurance

3. 2020 / 21 Attendance Matrix

Attended	Apologies & Deputy Sent	Apologies

Members:			A	M	J	J	A	S	O	N	D	J	F	M
Mr P Akid (Chair)	PA	Non-Executive Director												
Ms H Ashley	HA	Director of Strategy & Performance												
Mrs T Bullock	TB	Chief Executive												
Mr P Bytheway	PB	Chief Operating Officer												
Dr L Griffin	LG	Non-Executive Director												
Mr M Oldham	MO	Chief Finance Officer					JT	JT						
Mrs S Preston	SP	Strategic Director of Finance												
Mrs M Ridout	MR	Director of PMO												
Miss C Rylands	CR	Associate Director of Corporate Governance		NH			NH	NH						
Mr J Tringham	JT	Director of Operational Finance												

In addition, the following were in attendance: Mrs F Taylor, NeXT Director, Mr M Bostock, Director of IM&T, Mrs L Carlisle, Data Protection Officer, Mrs L Thomson, Director of Communications, Dr J Oxtoby, Medical Director.

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	Date:	5th October 2020
Report Title:	IM&T Strategy Progress Report	Agenda Item:	9.
Author:	Mark Bostock, Director of IM&T / IM&T Senior Management Team		
Executive Lead:	Mark Bostock Director of IM&T		

Purpose of Report:

Assurance	✓	Approval		Information	

Impact on Strategic Objectives (positive or negative):			Positive	Negative
SO1		Provide safe, effective, caring and responsive services	✓	
SO2		Achieve NHS constitutional patient access standards	✓	
SO3		Achieve excellence in employment, education, development and research	✓	
SO4		Lead strategic change within Staffordshire and beyond	✓	
SO5		Ensure efficient use of resources	✓	

Executive Summary:

The emergence of COVID-19 has meant a re-focusing of strategic priorities over the past five months. Primary effort has been channelled into supporting the delivery of organisational business and where possible supporting the safety of staff and patients. This has been done whilst introducing facilities for clinical and non-clinical staff to maintain levels of safe working, productivity, communication and where appropriate automated processes.

There has been an impact to some of the in-flight projects and work packages, but this has been typically where environmental or logistical circumstances arising from the changed environment have become the determining parameter.

However, none of the on-going projects have breached their financial envelope as a consequence, and the larger projects (e.g. Pathology System replacement, Electronic prescribing & Medicines Administration, Windows 10), that are a dependencies for a larger programme, or for security/safety have remained on plan.

During this period good strategic progress has been made in relation to the first significant steps towards utility based ICT services. Device As A Service (DAAS), Software As A Service (SAS),and Cloud computing are being introduced or have had plans approved.

It is not currently known how the COVID-19 pandemic will have an effect on the availability of previously discussed central NHS development funds. However, plans are well underway to progress UHNMs bid for the Digital Aspirant funding, supported by the Trusts Electronic Patient Record supplier, and in line with the NHSX Digital Aspirant blueprint.

Key Recommendations:

The Board are asked to note progress made in the last period

IM&T Strategy Update August 2020

1. Introduction

This paper reports progress against the Trusts digital transformation strategy. Progress is demonstrated across three key technology layers;

- **Foundation services** for technology infrastructure
- **Enabling** excellent care through a robust and capable platform for electronic records and working
- **Exploiting** technology to support the achievement of our 2025 Vision and in support of the central NHS Long Term Plan

2. Foundation Technology

The IM&T infrastructure refresh has previously been funded by the Trust's Capital Programme with the level of refresh and replacement depending upon the level of funding available annually. As described below a number of programmes of work have now been initiated based on revenue based cost models.

2.1. Infrastructure Services

2.1.1 Data Centre Refresh

The current Datacentre (DC) infrastructure which runs many of the core clinical applications and stores all departmental and user data (Z: drives) is now running in its second year of extended warranty.

Due to the age of the DC infrastructure there is an increased risks of component failure. The current storage capacity is limited and becoming an issue thus there is already a limited ability to service future requirements.

Without investment the DC infrastructure would have moved into its 3rd year of extended warranty where support may only be available under limited terms.

Capital funding has now been secured to replace the existing solution with a modern, scalable and resilient platform to deliver critical clinical applications.

Project Update

The programme of work has commenced in August 2020 based on a timeline to deliver a replacement platform capable of hosting key applications by the end of this financial year. The vendors under consideration are Hewlett Packard (HP), Dell and Nutanix.

2.1.2 Microsoft Office 365

The Microsoft Office product suite (MS Office) and Microsoft SharePoint both go EOL on 13th October 2020. If UHNM stay on the current versions of MS Office and SharePoint we will not receive security updates after the 13th October 2020 and this will therefore become an unacceptable cyber-risk.

On the 2nd May 2020 NHS Digital announced an NHS specific Microsoft Office 365 programme was under negotiation which was aimed at providing significant savings (50%) for NHS organisation requiring an upgrade to Microsoft Office products.

The new service named "N365" is supported (and costs subsidised up to 50% initially fore 3 years), by NHSX and the Department of Health and Social Care (DHSC), delivered by NHS Digital and aligned to the UK Government Cloud First strategy.

N365 is essentially "Office 365 for the NHS" and will provide the **Microsoft** Office product set including Word, Excel, PowerPoint, and Teams.

The solution also provides a replacement for Microsoft SharePoint and Microsoft Exchange (email), on a central cloud based platform managed by NHS Digital.

Benefits

- Replace Office 2010 with Office 365
- Replace SharePoint 2010 with a cloud based SharePoint solution
- Provides continued use of Microsoft Teams platform to maintain "distributed working" requirements
- N365 includes all licensing required to implement a Bring your Own Device (BYOD) solution
- Migrate to a cloud based email platform (managed by NHSD)

Project Update

UHNM have signed up for the N365 Programme and will be signing a 3 year contract with Microsoft in August 2020. It is envisaged this will be a 12 month programme to deliver the many benefits listed above.

2.2. IT Device Estate (PC's and Laptops)

2.2.1 Device Refresh (Device as a Service)

The Trust is has seen operational challenges with the performance of PC and Laptop devices. The continued progression through digitalisation and the move away from paper adds more of a requirement for higher specification of devices.

The current UHNM device estate comprises of 8,000 devices, but challenges linked to the availability of Capital funding over a number of years means that the average age of the Trusts PC and Laptop estate was well over three years. The replacement of ageing devices is a key enablers in the migration to Microsoft Windows 10 and the performance of the device estate.

However, IM&T have worked with the finance and procurement teams to progress lease options to fund the replacement of these devices via a lease option, referred to as Device as a Service (DAAS).

Benefits

- All Windows devices will be updated to Windows 10 (a central NHS security mandate)
- Supports 100% compliance with mandated cyber security standards set within the NHS Long Term Plan
- Reduces security vulnerabilities related to patching requirements of Windows devices and ensure Data Security Protection Toolkit compliance
- Reduced support calls logged related to the performance of the devices
- Consistent Windows 10 image across the whole Trust estate
- Improves clinical productivity at the point of care
- Improved quality experienced by service users as a result of staff having improved performance

- Volume ordering providing better value for money per device

Project Update

A business case was successfully completed and DAAS devices will become available in August 2020 to enable the timely progression and completion of the Windows 10 project and a rolling PC and laptop replacement programme.

2.2.2 Microsoft Windows Operating System upgrade to Windows 10

The Microsoft Windows 7 Operating System went end of life (EOL) in January 2020 and is replaced by Microsoft Windows 10. NHSI have provided extended support for Trusts to migrate to windows 10.

The UHNM Windows 10 solution has been developed in line with security guidelines published by NHS Digital. As a part of the Windows 10 rollout and on-going cyber initiatives IM&T have also deployed Microsoft Advanced Threat Protection (ATP) across the UHNM estate.

ATP is a cloud managed technology which provides preventative cyber protection, post-breach detection and automated investigation and response to cyber threats. ATP is planned to be rolled out across the whole NHS, but UHNM asked to take part with the first wave of implementations (avoiding cost and benefitting from ATP protection earlier). This toolset also provides central NHS with a complete view of the overall NHS device estate.

Benefits

- Devices are designed and deployed based on security guidelines published by NHS Digital which are themselves based on National Cyber Security Centre (NCSC) best practices
- The infrastructure leverages the scalability of the Microsoft Azure Cloud for future projects
- The build process has been “industrialised and streamlined ” whereby all devices are pre-built to agreed build templates offsite in a 3rd party configuration centre

Project Update

There are now over 5,000 Windows 10 devices which have been replaced in UHNM. The remaining 3,500 are targeted for completion by December 2020.

2.3. Networks and Telecommunications

2.3.1 County Telephone System Replacement

The telephony solution at County is a combination of a traditional analogue phone system and a modern “Voice over IP” phone system (managed by KCOM).

The analogue system is running on hardware which is now end of life and although the trust has a hardware contract, this presents a substantial risk.

Following the major network incident in 2019 Capital funding was made available to deliver a project to replace both legacy systems with a single Telephony solution.

Benefits

- The new solution will be a single joint Trust modern “voice over IP” technology system
- The system will be designed and built by recognised industry experts
- A new “red phone” system will be implemented

Project Update

The project commenced in January 2020 to replace both existing systems with a single Cisco solution designed to industry best practices to deliver a secure and resilient platform. The new Cisco infrastructure is in place with pilot users on the system. The target date to migrate all users is the end of August 2020.

3. Enabling Technology

3.1 Digitalisation programme

Implementation and roll out

The digitalisation programme was commenced in July 2017. It began in outpatients where a number of digital solutions were implemented.

The digitalisation programme has since commenced in inpatients', with the first stage being completed in April 2019. This programme stopped the routine requesting of case notes by wards and introduced the requesting of notes as and when clinically required.

The second stage of this programme is in development and is aimed at reducing the amount of paper being generated during an inpatient stay. This will be through the development of structured notes in iportal (the Trusts integrated clinical portal). Clinical engagement groups are in progress with various operational groups who are defining the new process and ways of working and identifying what hardware, integration and developments are required to enable this. This will also be combined with the implementation of speech recognition in inpatient areas. The number of notes completed in iportal in January 2020 was 98,610. The number of free text notes being created in iportal per month has increased from 18,444 notes created in June 2017 to 77,871 in January 2020. The number of structured notes/patient profiles completed in January 2020 was 20,739 which is a huge increase from 5,388 completed in June 2019.

The digital programme now also encompasses the implementation of the Health Service Led Investment (HSLI) bids as detailed in Section 3.2 which includes the implementation of speech recognition to reduce the amount of remaining paper being generated and support the replacement of the current digital dictation solution...

3.2 Sustainability & Transformation Programme (STP), Digital Work Stream

In September 2018 NHS England announced a Health Service Led Investment (HSLI),Programme to support STP wide Provider Digitalisation.

The Staffordshire STP was allocated £8m capital over three financial years.

Six HSLI bids were approved locally to progress to NHS England for central support. Four bids were submitted by UHNM.

The UHNM Bids include:-

3.2.1 Robotic Process Automation (RPA)

To implement an STP-wide intelligent automation platform releasing short-term benefit across a range of pilot automations. This scalable and high-secure platform will provide a foundation upon which to build additional processes through shared-learning and collaborative working across the local health economy.

Project update

The first process using this technology has now been developed and went live in Nov 2019. The process now automates the creation of network accounts for new starters once a call is logged with the service desk.

This process now completes approximately 195 automatic account creations every 3 months for new starters and has saved 2 days' work of a service desk agent. As the process is automated and instantaneous it improves the experience for new starters to the Trust in relation to the access of UHNM systems. It will also give the UHNM SW Development Team development experience in an initial non clinical process design.

In the response to the COVID pandemic a process has been developed and implemented for Midlands Partnership FT to upload the referrals in the ERs system into iportal, so clinicians would have the referral detail available where ever they did the clinic from and not have to rely on the paper forms.

Further processes have been mapped ready for development and include the automation of the NHS Data Base Tracing Service (DBS), trace and a process for extracting working lists from the ERS system into a report for monitoring and tracking the referrals.

Discussions have also commenced with the imaging department to develop a process in response to the COVID pandemic, for patients who are on a waiting list for a plain film image, to receive a SMS and instructions to book an appointment as this can no longer be run as a walk in clinic.

3.2.2 Electronic Patient Letter Access

This solution will facilitate patients accessing their own appointment letters via a patient portal (PHR).

This would initially be for UHNM, Midlands Partnership FT and North Staffordshire Combined Healthcare. However, this can be scaled for other organisations.

The solution design will notify the patient upon an appointment booked to then view the appointment letter details via the PHR and avoid the requirement/cost to print and post letters. The system solution will be extended to include the capability to view consultation letters and other correspondence following initial appointment letter deployment. The solution would be available to patients who have on-boarded to the patients portal who can then select a preference to receive letters electronically.

Project update

The business change teams are working with the Divisions and patient experience team to standardise the attachments and leaflets that are sent to patients with appointment letters which will then be available electronically through the PHR.

A Business case has been approved for a 'fulfilment house service' which provides outsourcing of the printing and electronic letter management and also uploads the letters to the patient portal electronically. Technical workflows are in progress and testing of the printing solution is planned in July 2020, with a full go live in August 2020. Printing of the letters will then be switched off once the letters are available in the PHR and the patients' preference has been set to receive electronically.

3.2.3 Speech Recognition

Currently, patient care and correspondence is carried out through a variety of methods; the most common being where the clinical staff members will either handwrite notes on paper, type the notes into the digital record themselves, or dictate the patient progress into a dictation device

Project update

The speech recognition software has also been integrated with iportal (the UHNM clinical access portal), so it can be used in the iportal clinical noting solution and to navigate around the system. It will also be available to click and dictate in other clinical systems such as e-discharge.

The new integrated digital dictation and speech recognition software has been successfully piloted in 4 specialties and is now being rolled out to other specialties across the Trust in a structured roll out programme and has already meant that typing no longer needs to be outsourced in areas such as Dermatology.

Additional developments are now being scoped to further enhance the workflows for the clinicians to be able to use speech recognition to generate a letter and sign this off for the GP in on workflow and to also be able to use a structured note in iportal which will then auto generate a letter to the GP.

In addition the option of using mobile speech recognition if being investigated.

3.2.4 Integrated Care Record

The project is to deliver an integrated and shared health and care record across Staffordshire and Stoke-on-Trent. The aim is to support the transformation of service delivery across the STP through innovative use of digital technology, providing health professionals with access to the information they need to deliver safe and efficient 'seamless' care, whilst empowering patients to control elements of their care.

An Integrated Care Record (ICR) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.

There are three main forms of health information exchange:

- **Directed Exchange**:ability to send and receive secure information electronically between care providers to support coordinated care
- **Query-based Exchange**:ability for providers to find and/or request information on a patient from other providers, often used for unplanned care
- **Patient Mediated Exchange**:ability for patients to aggregate and control the use of their health information among providers

These are accessed through a range of portal applications

- **Clinical Portal:** Secure clinical view of an aggregated care record
- **Patient Portal:** Patients view into and control of their medical records
- **Reporting Portal:** Enterprise wide anonymised reporting

Progress Update

The Staffordshire STP ran procurement for an Integrated Care Record earlier this calendar year where the SystemC Graphnet solution was successful in securing the contract.

The project is now in progress and workshops have been held to define the scope of the patient datasets which will be available from each organisation in the ICR. Several organisations including UHNM are in the process of testing their patient dataset feeds into the ICR.

A fair processing campaign has been run which is now complete and the data sharing agreements have been agreed.

Roll out plans and timescales are being finalised by the ICR project group based on the testing and timescales of availability of data from the organisations. It is currently anticipated that phase one go-live will be September 2020.

Benefits

- Put the patient at the heart of care, empowering them to manage their own care and be part of decision-making.
- Provide clinicians with real-time, accurate information in order to improve patient outcomes.
- Make the shared patient data available to authorised clinicians and carers where and when it is needed.
- Support assessment and other data collection forms so that users from different care settings can add data.
- Support workflow so that clinicians and carers can perform tasks and then inform, refer or handover to others.
- There will be financial benefits, from areas such as reduction in Diagnostic tests, reduced Outpatient appointments, both first appointments and follow ups, reduced Admissions from A&E, and Admin savings by having more timely access to information.

Costs

First year costs for the solution across the STP have been secured from central funds, and additional sources of central funding will be underwritten by the Staffordshire and Stoke on Trent Clinical Commissioning Groups.

The ongoing costs for running the solution have been calculated at c£1.2m per annum. However, there will be no revenue cost to UHNM.

4. Exploiting Technology

4.1 Electronic Observations (eOBS) – Vitals

Vitals is a mobile clinical system that monitors and analyses patients' vital signs giving clinicians accurate, real-time information for the safest possible patient care.

The National Early Warning Scores (NEWS2) functionality also supports the delivery of the Sepsis CQUIN. The system was implemented across the Trust in 2019, with further modular functionality being developed and introduced.

Project update

Additional modules continue to progress well and utilisation of these is increasing across the organisation enabling the dual manual process to cease, this will continue to be monitored by the Steering Group for adoption of the system via the metrics performance reports available.

The project team have completed the first round of user acceptance testing of an increased functional version of the software. The second round of testing is scheduled for August. The testing covers the general functionality of the system currently in use with additional Vitals+ functionality. This will allow the clinicians to capture and record the insertion of indwelling devices, and also the ED module. Currently the project remains on track for a go-live for Vitals+ in September 2020, and Vitalpac ED scheduled for implementation in November 2020.

4.2 Medway Electronic Prescribing Medicines Administration System (ePMA)

The introduction of ePMA will enable the digitalisation of current paper based prescription charts across inpatients, ED and outpatients settings. This project supports the Trust's strategic objectives, IM&T Digital Transformation Strategy and UHNM Hospital Pharmacy Transformation Plan, as well as for the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) for digital medicines optimisation. SystemC will be the supplier of the solution that will integrate to the current Medway patient administration system, discharge solution and iPortal.

The Medway ePMA solution is cloud based and System C have agreed to work collaboratively with UHNM as an agreed EPMA development partner. It is recognised that UHNM have the skills and experience to assess the requirements for a large acute Trust with complexities such as multiple specialties, sites and cross-boundaries. Contacts have already been made with Whittington and Bristol and invitations have been shared to user forum meetings. SystemC will be documenting the process between the Trust and other organisations for influence and inclusion in the design, development and testing on the product. In January 2020 a review of the ePMA roadmap was undertaken by Pharmacy, IM&T and clinical representation; the group agreed the minimum functionality required for a pilot go-live as well as a wider roll-out.

Benefit

- Reduced expenditure on Drug Charts
- Clear start/stop dates times required by EPMA reduce unnecessary drug use saving costs
- EPMA saves repeat prescriptions and prevents delays in treatments because it will only allow prescribing of drugs that are available
- Reduction in clinical incidents due to Adverse Drug Events leads to reduced litigation & penalty costs
- Provision PBR drugs data to mitigate future risk of income
- Staff productivity and efficiency gains by not collecting or processing paper drug chart equivalent of 4.0 full time equivalents. None cash-releasing benefit time that could be spent with patients and a consequent reduction in the need for agency staff.
- Patient experience and efficiency saving on patient flow and reduction on length of stay from time saved for Dr writing TTO but it is noted this is none cash releasing benefit

Project update

A Project Initiation Document (PID), which specifies the scope of the project, and Terms of Reference have been completed for the Steering group and the project is now in its implementation phase. The project plan is being defined by both SystemC and the Trust to ensure all localised tasks are reflected. The main focus primarily is on the additional hardware for inpatient areas being made available. This work is in progress facilitated by the Estates and PFI department across both County and Stoke site; this will include additional computers on wheels and all-in-one devices within clinical rooms where prescriptions are collated by ward staff.

The EPMA environment is now available to the project team as a view-only system. This is allowing the core group to review the agile releases from SystemC that are received approximately every 6 weeks.
The Project team are continuing to monitoring the functionality developments in line with the roadmap, and although there are differences the roadmap remains within the date parameters set with user acceptance testing to commence in March 2021 and a go-live in January 2022. Project completion following full deployment across all settings is March 2024.

4.3 Laboratory Information Management System

Project scope

- Replace the obsolescent Laboratory Information Management Systems at UHNM and Mid-Cheshire/ East Cheshire hospitals with Clinisys WinPath Enterprise, a new state of the art, single database LIMS network solution, in support of the nascent North Midlands and Cheshire Pathology Service across UHNM, Mid-Cheshire and East Cheshire Trusts
- Integrate the new LIMS, which is remotely hosted off premises in a fully managed service, with all third party clinical and corporate IT systems across the three Trusts
- Through a significant business change programme deliver improved laboratory flow and processes resulting in efficiencies supported by the delivery and operational use of:-
  - Real time sample tracking and sample location
  - Improve business reporting
  - Optimise workflows configured to maximise discipline efficiencies
  - Deliver dashboards to monitor sample status and turnaround times

Project \Background and Progress

- A joint procurement against a national framework contract was undertaken between April and November 2019. This resulted in a Best and Final Offer which was within the estimated price included in the Outline Business Case
- The Full Business Case was approved by the Board of each of the three Trusts during November 2019
- The LIMS contract with Clinisys (the supplier of the new LIMS) was signed in December 2019, alongside a Memorandum of Agreement between UHNM and MCHFT covering the Finances
- Formal Project Initiation commenced in early January 2020 with a target go-live date of late June 2021 agreed
- Project Governance arrangements were put in place during January, which mirror those of the established Pathology Network. The LIMS Steering Group is chaired by Helen Ashworth (LIMS Senior Responsible Officer and joint Chair of the Pathology Network Steering Group, the LIMS Programme Manager reports into both these Steering Groups
- Due to the impact of the Covid-19 pandemic and the need to prioritise the use of resources on Covid-19 related issues, the LIMS Project was placed on a best endeavours approach from late March to late May
- Despite this, progress continued throughout the period. No key LIMS project milestones were missed and the planned go-live date of late June 2021 was maintained
- In July 2020, it was reported that essential building works required to support the modernisation of the Micro-biology service had been delayed by the furloughing of construction workers because of the Covis-19 pandemic. In turn, this has delayed the implementation of COPAN/WASPLab equipment
- This delay led to a reassessment of the LIMS go-live date and methodology
- At present, the Trusts are assessing the options and the financial impact of this delay
- It was originally planned that all services would go live with LIMS at the same time in late June 2021 but the CPAN/WASPLab delay will prevent Micro-biology from going live on the new LIMS until September 2021 at the earliest
- The LIMS Project Team is working with the supplier to develop costed alternative plans for a Phased LIMS Go-live between late June and late September 2021, in parallel to this the three Trusts are estimating the financial impact of this change of approach.
- An assessment and recommendation is due to be presented to the Steering Groups during
- At an operational level, the High Level Design Phase is due to be completed during August 2020. Confirm and Challenge sessions are underway before these High Level Designs are formally approved and the relevant workstream is able to move into the Low Level (highly detailed) Design phase.

Benefits

- Deliver a single database network solution.
- Foundation for expanding WinPath Enterprise (WPE)
- Enhanced patient experience – due to quicker turnaround times for results
- Improved business reporting.
- Improved and expanded integration into partners' third party solutions.
- Ability to incorporate additional partners to expand the network to include additional Trusts (e.g. Shrewsbury and Telford Hospitals Trust)

Enablers

The new LIMS will enable:-

- The establishment of the North Midlands and Cheshire Pathology service (an NHS Improvement Pathology network initiative)
- The delivery of a more cost-effective, efficient, up to date and fit for purpose Laboratory Information Management Service to all partner organisations and stakeholders
- A more resilient and more cyber-secure LIMS

- Improvements in the quality, efficacy and efficiency of the diagnostic services provided on behalf of our patients
- The replacement of the decades old current LIMS platforms which are obsolescent and will not be supported by the supplier beyond 2021

Dependencies

- Partnership working between the Trusts involved in this joint endeavour
- Successful integration with third party solutions and ICE order comms
- Integration with third party solutions due to be delivered via other initiatives e.g. WASPLab, Digital Pathology, Cerner (the MCHFT and ECT EPR which will replace obsolescent Patient Administration Systems)
- Implementation of modern and efficient Equipment/Analysers- The WPE system is being designed on future state equipment and workflows within microbiology and cellular pathology departments
- The establishment of the NMCRS (N8 Pathology Network) with common, agreed and harmonised workflows and standards
- The establishment of the NMCRS (N8 Pathology Network) with appropriate data networks and IT support.
- All NHS partner trusts making available to the NMCPS end user devices, networks and peripherals which meet the meet the minimum requirements identified within the contracted Technical Design Document. within the contract schedules
- A lawful data sharing agreement to allow data migration and a shared pathology database

4.4 AI Driven Remote Monitoring (MySense)

This project is in the planning stage for a fast track roll out. It is a proposed collaboration between University Hospitals North Midlands NHS Trust and Stoke-on-Trent City Council.

To pilot new AI driven home monitoring and proactive clinical notifications of 50 - 100 patients with Long Term Conditions (LTC), in their own home, or primary, community care environments. The pilot will use the MySense AI platform.

MySense is based on powerful algorithms that builds a personalised model for each patient and service user's wellbeing, using new and old data. It constantly evaluates patterns and anomalies around the five aspects of mental and physical wellbeing E.G. – independence, alignment, nutrition, mobility and hydration. If MySense finds a pattern of decline it will automatically update the monitoring dashboard and send a notification to an assigned responder. The insights can be shared with family, friends, caregivers and professionals.

The MySense system also has integrated COVID monitoring technology that include patient temperature monitoring and pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community or home care settings.

The pilot will run for 7 months. The patients will be LTC patients that frequently rely on the services of secondary healthcare.

It is envisaged that the pilot will start in September 20, with technology implemented in October 20, with the duration of the pilot continuing to end of March 21.

Expected outcomes and objectives of the pilot:-

- Reduction in the total number of alarm pushes
- Reduction in false alarm pushes
- Reduction in the total number of visits following alarm pushes
- Improvement in users' peace of mind
- Reduction in alarm pushes seeking action (anxiety/reassurance)
- Increase in residents in their own home longer

- Reduced emergency / secondary care intervention (ambulances)
- Positive feedback from family members
- Improvement in practitioners' insight
- New activity on cases prompted by insights
- Secondary Care admission avoidance
- Early hospital discharge to safer environment
- Secondary Care Re-admission avoidance
- Remote monitoring of COVID patients
- People are supported to improve their quality of life and personal safety, including sight lines of simple tasks (eating, drinking, personal hygiene)
- It will promote co-ordination and communication between partner agencies

These benefits may be used to identify improvements in:-
- Quality of care
- Patient safety
- Patient well being
- Financial return on investment
- Reduction in secondary care bed days

Financial return on investment may be measured objectively by
- Reduction in bed days (admission avoidance, early discharge, Re-admission avoidance)
- Reduction emergency interventions (ambulance calls)
- Reduction in care visits due to alarm calls
- Avoidance of COVID bed days

4.5 IM&T Programme Plan

A number of the IM&T work streams were affected and delayed due to the response and actions needed to support the Trust's Restoration and Recovery programme as part of the response to COVID-19. This affected the internal availability of resources, procurement and supplies delivery, as well as on-site presence from IM&T and suppliers. The majority of projects have now had their project plans reviewed to reflect available resources that can deliver their objectives safely, to time and within budget. The following key deliverables were noted to be completed in the first quarter of 2020-21:

- Medway EPR was upgraded; this has resolved the outstanding issues for Review date and Partial Booking Waiting List functionality
- Infrastructure SQL upgrades were progressed and completed with a small number now remaining to bring this project to closure in August. This is a key action noted on the Cyber Action plan and removes areas of vulnerability for out of support operating systems.
- The Windows 10 replacement programme continues to progress with approximately 5,000 devices installed across the site. There has been particular focus on upgrades for staff working from home with laptops and in support of social distancing for operational teams. The project is still expected to complete in October 2020.

The following developments were also agreed for planning:
- New CareCube (Cardiology) system with integration to the core patient administration system (Medway PAS) that is to be implemented, for a more efficient and effective booking system (currently use Medway Bluespier whiteboards).
- Infoflex (Endoscopy) integration with Medway PAS

4.6 COVID Developments

A significant amount of work has been undertaken by the IM&T teams to support the COVID response, with a positive outcome both supporting clinical and non-clinical services, and accessibility for staff to

systems. This schedule of work and additional requirements is monitored by the IM&T Transformation Hub as part of the Trust's Recovery and Restoration programme.

The following actions have been completed by the IM&T department since the end of March:

- Lab IT system configured to process and report on COVID testing
- Pathology COVID national reports in place
- 7 day Public Health England COVID reporting set-up
- COVID dashboard and real-time reporting made available
- Imaging Remote Diagnostics web access from home for reporting
- Free premium wifi for staff patients and visitors enabled across County and Royal Stoke
- An upgrade to the bandwidth of the staff, patient and visitor wifi external connectivity negotiated from 100mb to 400mb
- Secure home working connectivity enabled
- Over 430 staff given access to VPN remote working from own home device
- Over 250 staff issued with laptop devices to work from home
- 250 ipads received for patient comms and handed to wards (patients able to video conference with loved ones at a time when visiting is not permitted)
- Over 2000 staff set-up with access to MS teams
- Nuffield, Rowley Hall and Beacon Park set-up with secure VPN connectivity and access to Trust systems
- Ward 201 transitioned and set-up with IT equipment at the Nuffield, and subsequent return to site
- Trust Patient Administration system configured for extra locations and reconfiguration of wards
- New COVID Infection Control alert facility integrated into Trust Clinical Portal (iPortal)
- Circa 20 meeting rooms have had new audio/video-conferencing equipment installed and are virtually extended
- Virtual fracture clinic configured with the use of a service order, patient lists and structured notes within iPortal
- The Trust Intranet made available to access from home and on personal devices
- Ad hoc letters enabled to be sent electronically to Primary Care
- Cystic fibrosis piloted use of Attend Anywhere for video-conferencing – now over 44 specialties with over 2,000 virtual consultations having taken place by mid August.
- Attend Anywhere video-conferencing software configured and made available for roll-out to other clinical specialties
- Increased staff on the IT servicedesk to reduce wait times
- Staff deployed to support medical secretarial functions in clinical areas and switchboard
- Access security safely reconfigured within NHS guidelines to support working from home
- Negotiated Virgin internet links increased from 10MB to 1GB providing increasing speed and performance
- Telecoms Dept re-configured the Trusts phone systems to allow external access to all Trust phones
- Anti-virus software made available to download on personal devices at home to facilitate safe remote access
- First NHS Trust to install fever detector technology for patients and staff - installed across 8 locations at Royal Stoke, County and Nuffield sites.
- NPEX requesting between UHNM and Birmingham for Pathology service
- Reconfiguration of some email services to support departmental COVID teams.
- Diverting of calls for emergency areas configured on Trust Phone systems
- New theatres whiteboard reporting an monitoring facilities for COVID created within the Theatres system
- Staff COVID testing application built, trained and live with Team Prevent, including Phase 1 and Phase 2 developments for triage
- 7 day support for Radiology IT and buddy on-call system
- Introduction of GP hot clinic electronic referral and assessment form to CRIS
- Introduction of Pre-AMS Order Comms & results referral (OCRR) from clinic

- Antibody screening test and electronic OCRR with results to staff
- Pre-AMS COVID text results being sent to patients
- Complex Discharge System transitioned to Midlands Partnership FT complete
- Approval of funding for e-observations devices for ED and antimicrobial cases for iPads deployed to wards for patient communications
- Creation and implementation of Phlebotomy patient self-book app with over 15 uses within the first week of go-live

5. Data, Security & Protection (DSP)

The DSP Strategy outlines three obligations required to embed a culture of DSP; thereby providing confidence to our key stakeholders that personal and sensitive data is safe. Embedding these requirements ensures DSP is integral to the care of our patients and staffs have the tools and techniques to apply data, security & protection principles into their daily activities. The DSP strategy supports the implementation of the IM&T strategy via these three obligations.

5.1 People: We will ensure our staff maintain confidentiality of personal information

Staff must complete DSP training on a yearly basis. Due to the current COVID19 pandemic NHS Digital have extended the time frame for the completion of training (1st April 2019 to 30th September 2020). As at 1st August 2020 the Trust has achieved the 95% National DSP training target for the first time since its introduction. Whilst the preferred method of training is on-line the use of DSP training workbooks are permitted during these extenuating circumstances. Reports are provided to the Divisional Management Teams to assess the current situation and address with their teams. Monitoring of performance is undertaken via the Divisional Performance Reviews, Executive DSP Group and IM&T Programme Board.

A DSP Training Needs Analysis is developed and reviewed on a yearly basis. In recognition of the growing awareness and importance of DSP the training needs analysis has been reviewed to include training for staff in specialist roles. These include SIRO, Caldicott Guardian, DSP Team, Information Asset Owner and staff involved with subject access requests. The DSP Team are currently developing these training modules ready to be accessed on line. The current training report will reflect the training position for all staff roles identified in the training needs analysis, providing assurance all staff receive the appropriate level of training aligned to their job role. To ensure full role out by September 2020, a task and finish group has been developed and is chaired by the Head of DSP.

The need for staff to keep abreast of latest developments is imperative and one of the main approaches is access to policies and procedures. A review of all DSP policies is underway with a particular emphasis on cyber security.

5.2 Technology: We will ensure the security and integrity of information held by the Trust

In line with the DSP Toolkit, cyber security testing must be undertaken on a yearly basis. This was undertaken in July 2020. Following receipt of findings an action plan has been developed with timescales for implementation. The Executive DSP Group will seek assurance the plan is on track.

The Asset Register records all assets utilised across the Trust, where personal information is processed. Asset Owners are required to undertake a yearly review of key DSP documentation, including a review of the security measures, potential risks and audit of security controls. Following review of the documentation for 19/20 the Asset Management Working Group had not identified any systems or data flows considered high risk to the Trust. The asset review for 20/21 will commence September 2020 following approval of DSP policies and procedures.

The Freedom of Information (FOI) Act provides anyone with the right to ask the Trust for a copy of any information that the Trust holds. It promotes openness, transparency, and accountability. The Trust has a legal responsibility to respond to all FOI requests within 20 working days. The following information

provides an overview with a report provided at the Executive DSP Group. The Trust exceeded the national target (90% of requests will be completed within 20 days) for 2019/20; however the impact of COVID has seen a fall in the percentage which currently stands at 86% for April 2020. Requesters are informed of potential delays via the acknowledgement letter. The Information Commissioner Office has acknowledged the impact of COVID19 and will not take action against an organisation where they are unable to meet the national target. However, the DSP team continues to chase requests in line with procedure.

5.3 Process: We will continue to monitor our processes and embed a process of continual improvement

DSP incidents are reviewed by the Team on a regular basis. There have been no reportable breaches to the ICO from 1st April 2019 to date. The two most commonly reported breaches are loss/ damage of ID badge and smart card (damaged or password lock).

Monthly bulletins form part of the DSP Communications Plan, in keeping staff abreast of latest developments. A review of incidents and feedback from staff identified the need for further guidance and support on secure transfer of data. Secure data transfer and the use of technology, to communicate remotely with colleagues and patients (via the use of Apps) was the key focus for the last bulletin.

Audit and observation is recognised as a key approach in seeking assurance that staff have understood their DSP responsibilities. In light of the current pandemic the DSP Team are reviewing their approach in conducting audits and spot checks.

5.4 DSP Toolkit

Internal Audit conducts a yearly review of the DSP toolkit, prior to submission. The review for 19/20 toolkit identified a number of recommendations with a rating of 'partial assurance with improvements required.' An improvement plan has been developed with all recommendations to be implemented by September 2020. A position report is presented at the Audit Committee with monitoring via the Executive DSP Group.

6. Summary

Despite the rapid appearance of COVID-19 most projects remain on time line and all remain on budget.

The progression of N365, NHSMail and Device As A Service (DAAS), are the first but significant steps towards utility based and cloud ICT service provision for foundation ICT services. This will aid the Trusts position in terms of technical system support and cyber defence.

The planned August go-live of the Integrated Care Record system will be the first significant step in the true aggregation of information from across Health and Social Care, and form a central platform for patient access providing a facility for personal and population health management.

All departments across IM&T have come together in support of the Trusts COVID response. Significant work has been progressed to enable clinical departments to work efficiently and remotely, and patients and staff safety and communication optimised where technically possible.

Work will continue to help support social distancing on-site and externally, along with further required reporting and patient access developments.

Discussions with central NHS suggest that if there are to be further availabilities of digital aspirant funding, that these will be scheduled to be available to be bid for in January. Work to prepare the Trust to be in a lead position for this has been restarted with options for the best way to engage across the wider Trust being considered.

Transformation and People Committee Chair's Highlight Report to Board

24th September 2020

1. Highlight Report

Matters of Concern / Key Risks / Escalations	Major Actions Commissioned / Work Underway
• A verbal update was provided in relation to Covid and the Committee noted the increase in the number of patients being admitted into the Trust with the virus, and the increase in workforce absence, which had coincided with the return of children to school and the need for self isolation. • The Committee noted the way in which staff were being prepared for the potential second wave, in particular supporting already fatigued staff, although the difficulties associated with continuing with restoration and recovery as well as dealing with a second wave, were highlighted. • A 6 month review of nurse staffing had been undertaken, with a robust process in place to discuss this with ward teams. It was recognised that the main risk was within Medicine, with specific actions required to address the number of vacancies, including a specific recruitment campaign. The Committee felt that there was limited assurance in respect of this item, although further detail was emerging and further assurance would be provided in due course in relation to the establishment across the wards and whether it was achieving the necessary standards.	• Actions continued to be taken in order to increase awareness and take forward communications associated with the Delivering Exceptional Care Programme. • Triangulation of data was being undertaken, to identify any 'hot spots' in relation to appraisal and statutory and mandatory training compliance. It was noted that a deep dive into areas and reasons for poor performance would be considered and the Committee indicated that representatives may be asked to attend future Committees. • Additional information to be included in the next workforce performance report in terms of outstanding risk assessments, and whether these were in similar areas or spread throughout the organisation. • An update in relation to skill mix and recruitment via overseas nurses, would be provided to a future meeting. • To include the establishment review on the cycle of business, ensuring the timing linked with the appropriate executive group and report to the Trust Board. It was agreed to provide a further update in November • To reflect on the timings of bringing an update in respect of the Research and Innovation Strategy and whether a pathway update could be provided rather than the actual strategy.
Positive Assurances to Provide	**Decisions Made**
• An update was provided in terms of the Delivering Exceptional Care programme, and the progress made to date against each of the workstreams. It was noted that the main activity outstanding related to setting the objectives and deliverables associated with 'True North'. • There had been an improvement in statutory and mandatory training and appraisal compliance during month 5, and staff wellbeing continued to be high on the agenda, with Project Wingman taking place and celebrating those staff shortlisted for a staff award. • It was noted that 87% of staff had received a Covid risk assessment, and actions were being taken to improve compliance for new starters, working with Occupational Health to undertake assessments prior to commencement at the Trust.	• There were no items requiring a decision.
Comments on Effectiveness of the Meeting	
• To reflect on the cycle of business and whether items could be brought forward to spread the items throughout the meetings • In respect of succession planning and talent management – an update would be brought to future meetings and the Director of Human Resources agreed to include on the cycle of business, to provide assurance of the current arrangements across the organisation and provide appropriate detail in terms of the activities being undertaken to ensure the Trust was supporting and developing staff.	

2. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Executive Directors Update including COVID-19	Information	4.	Nurse Staffing Establishment Review Update	Assurance
2.	Delivering Exceptional Care Highlight Report	Assurance	5.	Executive Research and Innovation Group Highlight Report	Assurance
3.	Workforce Report – Month 5	Assurance	6.		

3. 2020 / 21 Attendance Matrix

Attended	Apologies & Deputy Sent	Apologies

Members:			A	M	J	J	A	S	O	N	D	J	F	M
Prof G Crowe	GC	Non-Executive Director (Chair)												
Ms H Ashley	HA	Director of Strategy and Transformation												
Ms S Belfield	SB	Non-Executive Director												
Mr P Bytheway	PB	Chief Operating Officer												
Dr L Griffin	LG	Non-Executive Director												
Dr J Oxtoby	JO	Medical Director		GH										
Mr M Oldham	MO	Chief Finance Office												
Prof P Owen	PO	Non-Executive Director												
Mrs M Rhodes	MR	Chief Nurse			HI									
Miss C Rylands	CR	Associate Director of Corporate Governance	NH					NH						
Mrs R Vaughan	RV	Director of Human Resources												

In addition, a number of observers joined the meeting as well as Mrs L Thompson, Director of Communications.

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	5th October 2020
Report Title:	Workforce Race Equality Standard (WRES) Report - 2020	**Agenda Item:**	11.
Author:	Raising Concerns & Workforce Equality Manager		
Executive Lead:	Director of HR		

Purpose of Report:

Assurance	✓	Approval		Information	

Impact on Strategic Objectives (positive or negative):			Positive	Negative
SO1		Provide safe, effective, caring and responsive services	✓	
SO2		Achieve NHS constitutional patient access standards	✓	
SO3		Achieve excellence in employment, education, development and research	✓	
SO4		Lead strategic change within Staffordshire and beyond	✓	
SO5		Ensure efficient use of resources	✓	

Executive Summary:

As set out in the NHS Long Term Plan and The People Plan 2020-21; respect, equality and diversity are central to changing culture and are at the heart of the NHS People Promise.

The Covid-19 pandemic and Black Lives Matters movement has exposed and exacerbated longstanding inequalities affecting Black, Asian and Minority Ethnic (BAME) groups in the UK. These inequalities can often extend into the experiences of BAME staff working within the NHS.

National evidence shows that people from Black, Asian and Minority Ethnic (BAME) backgrounds are less likely to be appointed from shortlisting compared to white applicants, more likely to be under represented in senior and leadership positions, more likely to be bullied at work and more likely to go through formal disciplinary action. The Workforce Race Equality Standard (WRES) mandated since 2015 through the NHS Contract aims to enable NHS Trusts to understand what they need to do to improve workforce race equality and to embed the WRES within their organisations.

The WRES requires healthcare providers to self-assess against nine indicators. Four of the indicators relate specifically to workforce data; four are based upon data from the national NHS Staff Survey and one considers BAME representation on boards. The WRES seeks to highlight differences between the experience and treatment of BAME staff in the NHS, with a view to closing the gap in those metrics.

This report demonstrates progress we have made during 2019/20 and the actions we intend to take to further close the gaps in career and workplace experience of our BAME staff at UHNM during 2020 and 2021.

On 25th September 2020 the Trust Board held a Board Development Seminar on Race Equality, with presentations from Habib Naqvi from the national WRES Team and Navina Evans, CEO of East London Foundation Trust. The session helped shape our priorities going forward, and the key areas of focus for 2020/21 will be:

PROUD TO CARE

- A strategic focus on respect and dignity
- Review our recruitment and promotion practices to make sure that our staffing reflects the diversity of the community
- Progression of our Model Employer goals to ensure that our workforce leadership is representative of the overall BAME workforce
- Launch the UHNM Reverse Mentorship Programme
- Introduce Cultural Intelligence Training

The Trust is required to publish our WRES Metrics and Action Plan on our Trust Website by 31st October 2020.

Key Recommendations:

The Trust Board is requested to consider this WRES Report and the actions we intend to take to close the gaps in career and workplace experience between our BAME staff and the overall workforce at UHNM during 2020-21.

Workforce Race Equality Standard (WRES)

2020 Report

1. Introduction

The NHS was established on the principles of social justice and equity, but evidence tells us that the treatment of our colleagues from minority groups can fall short. Covid 19 has intensified social and health inequalities, with the pandemic having had a disproportionate impact on our BAME colleagues. The NHS is the largest employer of BAME people in the country and our BAME colleague have lost their lives in greater number than any other group.

The NHS Long Term Plan outlines how respect, equality and diversity will be central to changing the NHS culture. We Are The NHS: People Plan 2020/21 – action for us all, was published in July 2020 and sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging. 'Our NHS People Promise' is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.

The People Plan calls for a time of national awakening, that each of us must listen and learn from our colleagues and from society and take considered, personal and sustained action to improve the working lives of our NHS people and the diverse communities we serve.

The Workforce Race Equality Standard (WRES) was introduced in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our Black, Asian and Minority Ethnic (BAME) and white staff. National evidence continues to show that people from BAME backgrounds are less likely to be appointed from shortlisting compared to white applicants, more likely to be under represented in senior and leadership positions, more likely to be bullied at work and more likely to go through formal disciplinary action.

NHS providers are expected to show progress against a number of indicators of workforce equality. The WRES is intended to provide a platform and direction to encourage and help NHS organisations to:

- Reduce the differences in the treatment and experience between BAME and white staff in the NHS
- Compare not only their progress in reducing the gaps in treatment and experience but to make comparisons with similar organisations about the overall level of such progress over time
- Identify and take necessary remedial action on the causes of ethnic disparities in the metric outcomes

Organisations are required to publish their data annually. This report and actions within it will be published on the UHNM Website.

The key national findings from the 2019 WRES analysis found:

In 2019, 19.7% of staff working for NHS trusts and clinical commissioning groups (CCGs) in England were from a black and minority ethnic (BAME) background; this has been increasing over time	WRES indicators relating to staff perceptions of discrimination, bullying, harassment and abuse, and on beliefs regarding equal opportunities in the workplace, have not changed for both BAME and white staff	The relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BAME staff was 1.15. This remained the same as last year
Across all NHS trusts and CCGs, there were 16,112 more BAME staff in 2019 compared to 2018	The total number of BAME staff at very senior manager (VSM) pay band has increased by 21, from 122 in 2018 to 143 in 2019, and is up by 30% since 2016	8.4% of board members in NHS trusts were from a BAME background; an improvement from 7.4% in 2018 and 7.0% In 2017
White applicants were 1.46 times more likely to be appointed from shortlisting compared to BAME applicants; a similar figure to that reported in 2018, and an improvement on the 1.60 times gap in 2017 and 2016	The number of BAME board members in trusts increased by 35 in 2019 compared to 2018 – an additional 18 executive and 17 non-executive board members	The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff has reduced year-on-year, from 1.56 in 2016 to 1.22 in 2019

2. WRES Metrics and UHNM Performance

A detailed analysis of the UHNM WRES Metrics is attached as Appendix 1 and includes comparison of our performance against benchmarking data where this is available from either the 2019 NHS Staff Survey, or the 2019 National WRES data analysis report. A summary of our 2020 WRES Metrics is outlined below.

Note: data for Metrics 2, 3 and 4 is auto calculated using the WRES pre populated excel spread sheet to produce a relative likelihood score. A relative likelihood of 1.00 indicates that there is no difference between BAME and white staff. For example, for Metric 2, a result above 1.00 indicates that white staff have an increased likelihood of being appointed from shortlisting compared to BAME staff and for Metric 3 a result above 1.00 would indicate that BAME staff are more likely to enter the formal disciplinary process than white staff.

WRES Metric		2016	2017	2018	2019	2020	Improved/ Deteriorated
1	Percentage of BAME staff in each of the AfC Bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	13.7%	14.6%	15.9%	16.9%	17.6%	Improved
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants	1.08	0.95	1.0	1.20	1.41	Deteriorated
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	0.69	0.17	0.70	0.80	0.64	Improved
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to	-	1.05	1.02	1.0	0.99	Improved

WRES Metric		2016	2017	2018	2019	2020	Improved/ Deteriorated
	BAME staff						
5	Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	35.5%	26.5%	26.7%	26.9%	29.2%	Deteriorated
6	Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months	30%	30.6%	30.2%	30.5%	30.0%	Improved
7	Percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion	80%	78%	77.5%	72.2%	76.0%	Improved
8	Percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues in the last 12 months	6.5%	15.1%	13.6%	15.8%	14.0%	Improved
9	Percentage difference between the organisations' board voting membership and its overall workforce	0%	0%	0%	0%	0%	0% Representation = No change

3. Race Equality Actions Undertaken in 2019/20

During 2019/20, we have undertaken the following actions:

Engaging with our BAME staff to facilitate their voices to be heard

- Worked with our BAME Staff Network chaired by our WRES Expert in developing our 2019/20 WRES Action Plan
- Raised the profile of race equality and workplace inclusivity through the role of the WRES Expert and engagement activities such as Black History Month, the highlight in October 2019 being an inspiring BAME Staff Story to Trust Board, celebratory cultural menus at our County and Royal Stoke Restaurants and "wear red' events to support the annual Show Racism the Red Card initiative to combat racism and discrimination
- The production of newsletters, personal stories and our Inclusivity at UHNM video filmed with members of our BAME Staff Network. Initially developed for July 2019's Values Week, the video is now shown at every Trust Induction
- In collaboration with the LGBTQ+ and Disability Staff Networks we held a Staff Networks Event where the three networks showcased the work they have been doing to further develop diversity and inclusion. Trust Chief Executive Tracy Bullock, and senior leaders including the Executive Sponsors of the Networks were all in attendance to celebrate the achievements of the groups and raise awareness of key issues
- Launched the UHNM Leaders Network, to include graduates from the Staffordshire Stepping Up Programme
- Members of the BAME Staff Network are participating in the first cohort of our UHNM Reverse Mentorship Programme, and have received their mentor training in readiness for the launch of the programme in the Summer of 2020

Improving workplace experiences of our BAME staff

- Increased our number of Freedom to Speak Up Guardians, with our WRES Expert being appointed as Associate Freedom to Speak Up Guardian

- Continued to promote a culture where staff are empowered to speak out about staff experience, and risk to patient and staff safety and the routes to raise concerns, which includes the BAME Staff Network as a safe and confidential space to discuss issues
- Updated the Speaking Up Policy with an emphasis on our commitment to a Just and Learning Culture
- Developed and launched the "Cut it Out" anti-bullying and harassment campaign during the November 2019 UHNM Anti Bullying Week, using impactful slogan messaging about the effect of inappropriate banter, exclusion and harassment
- Set up comprehensive Staff Wellbeing and Diversity & Inclusion pages on the intranet for our employees and managers to access supportive and informative resources
- Our BAME Staff Network Vice Chair was been involved in developing our 2020 guidance about Ramadan and wrote a personal profile of their experience of observing Ramadan during the Covid-19 pandemic for our June Equality, Diversity & Inclusion Newsletter

Supporting our BAME staff during Covid-19 and Black Lives Matters

- Our Staff Network has been actively involved in shaping the support for our BAME workforce during the Covid-19 pandemic, and have worked collaboratively with them as the emerging evidence indicated increased risk for BAME groups from Covid-19
- A letter from our Chief Executive, Medical Director and Director of HR on how BAME colleagues will be supported through an updated Covid-19 Risk Assessment tool, wellbeing support and assurances that their career will be unaffected by any covid-related illness was sent on 4th May 2020. We emailed all BAME staff (where ethnicity is declared on ESR) directly with this letter and the updated risk assessment documentation. This email also indicated that support could be sought from Freedom to Speak Up Guardians and WRES Expert
- In May 2020 the HR Department held a session for line managers about the changes to the Covid-19 Staff Risk Assessment to include risks relating to ethnicity, and the expectation that line managers should have meaningful and supportive wellbeing conversations with all BAME workers and complete the Risk Assessment
- A Facebook Live session was held with our Medical Director, Director of HR and BAME Staff Network Chair/WRES Expert, which was open to all UHNM staff to discuss the risk assessments and answer any questions (this was also recorded and placed on our Trust Intranet)
- A full audit was undertaken to provide assurance that all of our BAME workforce have had a Covid-19 risk assessment undertaken, with over 95% having been done so and that appropriate mitigating action has been taken where this is indicated
- Established an Advisory Group for our Risk Assessment process to ensure it is in accordance with best practice and the latest clinical evidence. The group includes our BAME Network Chair/WRES Expert and our Workforce Equality Manager.
- A range of wellbeing support sessions have been sent directly to our BAME Network members to access (and to the wider workforce) and we continue to work with our BAME Staff Network throughout the pandemic to ensure that we are providing the support needed
- On Wednesday 17th June we held a Black Lives Matters 'Let's Talk' session about how we can support our BAME staff and further race equality in our organisation. The session began with words from our Chief Executive, who stated her own and the Trust Boards commitment to workplace equality, this was followed by our BAME Executive Sponsor explaining how important it is to engage with our BAME staff and involve them in our equality actions. Our Network Chair then gave their personal perspective of what the Black Lives Matter movement has meant to her. We then opened up the session for comments, including what our WRES data tells us and questions and this was an opportunity to hear directly about how our BAME colleagues are feeling.

During the session we also shared the Trusts 5 Ambitions and commitments for our BAME Staff Network, which are:

- To have a thriving and effective BAME staff network
- BAME networks are not a single BAME conscience for our organisation but will work to increase understanding and make things fairer for all

- Our BAME network will support our organisation at Board level to help make recruitment fairer, support talent management and career progression for all our BAME staff
- Our BAME staff network will always have a Board level champion, ideally a non-BAME ally to provide sponsorship
- Being a BAME network lead is a badge of honour – and there will be no fear of reprisal

Ensuring we are a fair and compassionate employer

- Launched the Just and Learning Culture across the organisation and our commitment to learning rather than blaming. This has been embedded into the revised Disciplinary Policy and supporting toolkit, including the Just and Learning Culture decision tree checklist within the process
- Included within the Disciplinary Policy is a process of review led by a Just and Learning Panel that includes representation from the Trust workforce equality leads in reviewing individual cases that go to formal stage
- The HR Department continues to work closely with the Trade Unions to monitor consistency of approach to formal employee relations cases through a monthly joint meeting
- A comprehensive disciplinary toolkit is available on My Employee Relations including templates and investigation pack to ensure consistency of application
- A module on the practical implementation of the disciplinary policy and investigations process is included in the Gateway to Management programme
- Introduced a Panel Chair training package, which must be completed prior to chairing a panel

Attracting, retaining and promoting staff from BAME communities

- Continued our work with local schools and colleges, and through a range of events, promotional material, social media and engagement with our local communities to promote the various roles and routes into employment as part of our Widening Participation Strategy. Encouragingly we have seen increased BAME representation in Under Band 1 apprenticeship roles
- Reviewed ethnicity representation in our work experience offerings, which showed that these are accessed by a good proportion of BAME people
- A comprehensive equality & inclusion in recruitment e-learning package is a pre requisite for all staff who are undertaking the Trust's Gateway to Management leadership development programme. This includes the practical application of the Trust Recruitment Policy, including awareness of fair recruitment practice and an understanding of unconscious bias
- Run an 'Insights' personal development session with the BAME staff network
- Our UHNM graduates of the Staffordshire Stepping Up Programme have been engaged with the STP to review the programme and to guide the STP in determining the next steps in relation to BAME representation in leadership roles in Staffordshire
- We have taken initial steps to understand how our TRAC recruitment system can support the implementation of diverse shortlisting and interview panels
- We monitor BAME and other minority group representation on internal leadership development programmes ensuring that this is representative of the workforce and to ultimately support action to address the disparity of BAME staff in senior roles
- Promoted applications from our BAME workforce to the Staffordshire High Potential Scheme
- Launched the UHNM Leaders Network, to include graduates from the Staffordshire Stepping Up Programme as a personal development opportunity and place to network and build workplace relationships

4. Conclusions

The Covid-19 pandemic has further exposed and exacerbated the longstanding inequalities affecting Black, Asian and Minority Ethnic (BAME) groups in the UK. It has never been so urgent for the NHS to realise positive change with a call to action on race equality.

We are committed to ensuring that our BAME staff are involved in shaping our equality, diversity and inclusion work and have opportunities to influence our activities to improve race equality at UHNM. We do this by working collaboratively with our Staff Network and through a range of workforce engagement

activities, for example survey's and awareness events in addition to the National Staff Survey. We know that by working in partnership with our staff that we can develop workplace cultures where everyone feels they belong, and that enables all of our employees to thrive.

We have listened to our BAME colleagues in the development of our WRES Action plan, and included the equality and diversity recommendations made in the NHS People Plan for 2020/21. Our key areas of focus for 2020/21 will be:

- A strategic focus on respect and dignity
- Review our recruitment and promotion practices to make sure that our staffing reflects the diversity of the community
- Progression of our Model Employer goals to ensure that our workforce leadership is representative of the overall BAME workforce
- Launch the UHNM Reverse Mentorship Programme
- Introduce Cultural Intelligence Training

Progress will be measured by improved scores in the 2021 WRES submission, 2020 Staff Survey results and the monitoring of other relevant metrics including regular engagement with our BAME workforce. Progress against our Action Plan will be monitored at the Trust Transformation and People Committee.

UHNM WRES Action Plan 2020/21

WRES Metric	Action / Recommendation	Timescale
Percentage of BAME staff in each of the AfC Bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	• Continue our Widening Participation strategy of targeting local ethnic minority communities and schools to promote NHS Careers. Explore the potential for recruitment workshops focusing on application skills and using NHS Jobs • Showcase the diversity of our workforce and celebrate BAME role models in our promotional and recruitment material, to demonstrate our commitment to being an inclusive employer • Introduce a race equality section on the 'Working Here' page of the Trust Website to promote inclusivity and the support and resources available to potential candidates from a BAME background • Review our Equality, Diversity and Inclusion training • Review our governance arrangements to ensure that our staff networks are able to and inform decision making processes	Ongoing Ongoing Q2/3 20/21 Q2 21/22 Q3 21/22
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	• Monitor our progress against our Model Employer Aspirational Targets • Institutionalise diverse interview panels for Band 7 and above posts • Enhance recruitment outcome processes to include accountability for outcomes • Implement a recruitment audit process	Ongoing Q4 onwards Q1 21/22 Q1 21/22
Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff	• Ongoing promotion of Just and Learning Culture • Undertake post disciplinary action reviews by the Just and Learning panel • Collaborative working with Staff Side to ensure consistency in application of the Trust Disciplinary Procedure and Maintaining High Professional Standards Policies	Ongoing In place In place
Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BAME staff	• Update the talent management process to ensure there is greater prioritisation and consistency of diversity in talent, by proposing self-nomination assessment centres as pre cursor for our Gold and Platinum Connects programmes • Review our equality, diversity and inclusion training • Introduce Cultural Intelligence training • Further Staffordshire Stepping Up cohorts • Work with the BAME Staff Network to signpost to existing leadership development that is available • Undertake a development session on mentoring for BAME staff to become mentors to other junior BAME staff across the organisation	Q2 21/22 Q2 21/22 Q4 20/21 TBC Q3 20/21 Q4 20/21

WRES Metric	Action / Recommendation	Timescale
Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	• Respond, in December 2020 to the NHS violence reduction standard launched to establish a systematic approach to protecting staff • Health and wellbeing conversations – in accordance with the People Plan line managers should discuss equality, diversity and inclusion as part of health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues and determine what they and their teams can do to make further progress • Invite the Trust Security lead to attend a BAME Staff Network meeting for a focus session	Q4 20/21 Q4 20/21 Q2 20/21
Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months	• Continue with our 'Cut it Out' anti bullying and harassment campaign. Set the clear expectations of the Trust around zero tolerance (Show racism the red card) and empowering staff to know how to challenge inappropriate behaviours. • Launch of the Speaking Up Charter to promote the Trusts commitment to a healthy speaking up culture and how staff will be supported to raise issues • WRES Expert and FTSU Guardian to continue to work closely in enabling safe speaking up channels for our BAME workforce and build confidence of our staff to speak up. They will attend the proposed NHS England and NHS Improvement joint training programme for Freedom to Speak Up Guardians and WRES Experts • Promotion of safe routes to raise issues and concerns, including the BAME Staff Network • Review our equality, diversity and inclusion training in line with the planned refresh to the NHS training package to make it more impactful and focused on action, allies and speaking up • Health and wellbeing conversations (as outlined above) • Adopt the toolkit on civility and respect to enable organisations to crate positive workplace cultures-expected March 2021 from NHS England and NHS Improvement • Cultural Intelligence training to be held across the organisation, and weave into the Connects leadership development programmes	Ongoing Q2 20/21 In place TBC Ongoing Q2 21/22 Q4 Q4 20/21 Q4 20/21
Percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion	• Launch of the Reverse Mentorship Programme and legacy of senior management sponsorship • Develop our own BAME staff to be mentors for other junior BAME staff in the organisation • Undertake a full analysis of internal leadership development programmes to understand ethnicity representation • Launch and promote the UHNM BAME Facebook Group as a place for networking and sharing learning and opportunities	Q2 20/21 Q4 20/21 Q4 20/21 Q2 20/21

WRES Metric	Action / Recommendation	Timescale
Percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues in the last 12 months	• Promote the importance of Allies, self-learning and personal development by reviewing equality, diversity and inclusion training • Introduce Cultural intelligence training across the organisation, and weave into internal leadership development programmes • Show Racism the Red Card Events and ongoing communications enabling staff to have courage to speak up • Hold Focus Groups with our BAME staff from varying professional groups to understand the issues that matter to them and identify actions to increase their wellbeing and feeling of value	Q2 21/22 Q4 20/21 Q3 20/21 Q3&4 20/21
Percentage difference between the organisations' board voting membership and its overall workforce	• Launch Cohort 1 of the Reverse Mentorship Programme with members of our BAME Staff Network and our Trust Board • Introduce Cultural intelligence training across the organisation • Race Equality UHNM Board Development Session involving the national WRES team • Board to access the NHS England and NHS Improvement expert led seminars on health inequalities and racial injustice and action learning sets for senior leaders across health and social care as outlined in the People Plan	Q2 20-21 Q4 20/21 Q3/4 20/21 TBC

Appendix 1 – UHNM WRES 2020 Metric Analysis

Further detail is provided below on each of the WRES metrics, including comparisons of our performance against benchmarking data where this is available from either the 2019 NHS Staff Survey, or the 2019 National WRES data analysis report, which was published in February 2020.

Four of the WRES indicators are drawn from the national NHS Staff Survey. The response rate for the 2019 staff survey was 45%. 14.6% of these were from BAME respondents.

Metric 1: Representation of BAME staff in each of the Agenda for Change (AfC) Bands 1 – 9, or Medical and Dental subgroups and Very Senior Manager (including executive Board members) compared with the percentage of staff in the overall workforce

96% of the workforce has disclosed their ethnicity, and the percentage of BAME staff in our total workforce has increased from 16.9% in 2019 to 17.4% as at 31st March 2020:

Ethnic Group	% of Total Workforce
White	78.6%
BAME	17.4%
Not Stated/Null	4%
Total	**100%**

These latest figures compare favourably with BAME representation within our local communities, as recorded in the 2011 Census, which indicated that across Staffordshire 6.4% of the population is from a Black and Minority Ethnic background. The BAME population of Stoke on Trent is 13.4%, and Staffordshire & Stoke on Trent together being 8.1%.

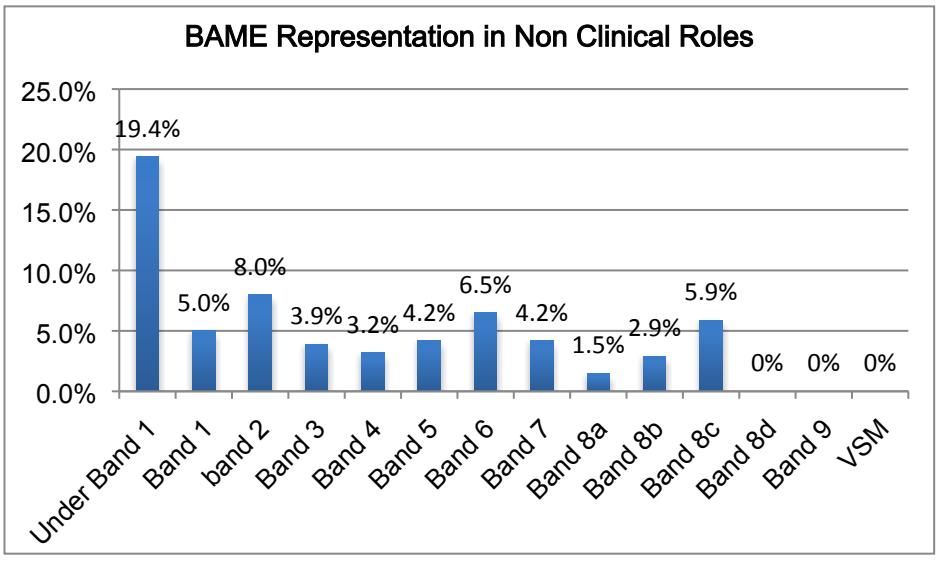
The following table shows NHS trust staff representation by ethnicity in the Midlands in 2019:

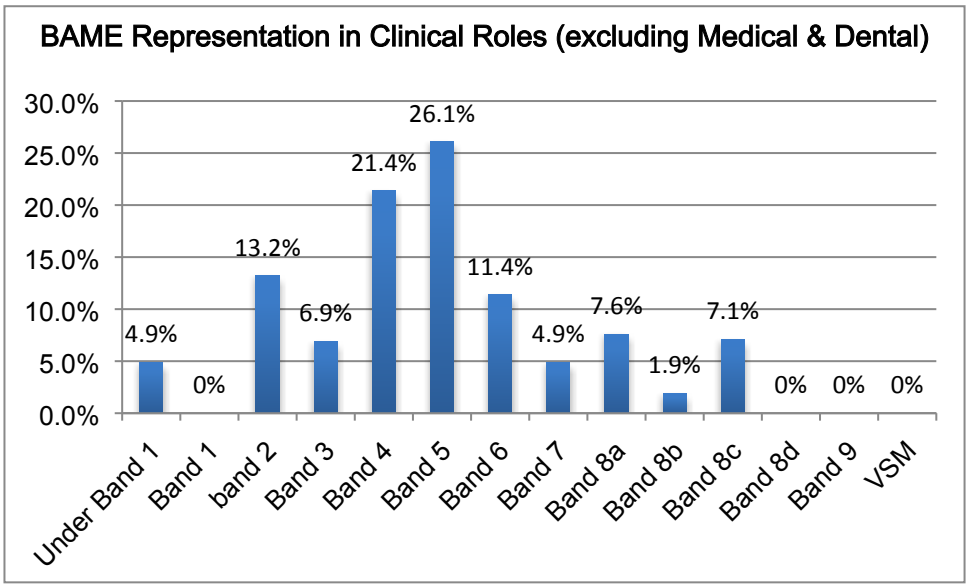
Region	White	BAME	Unknown
Midlands	75.8%	19.5%	4.7%

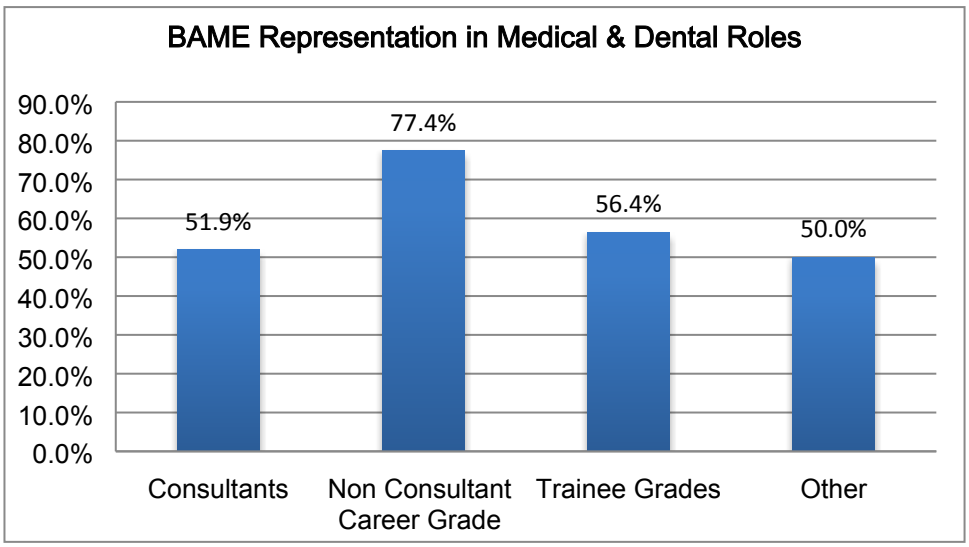
The following table shows NHS trust staff representation by ethnicity by trust type in 2019:

Trust Type	White	BAME	Unknown
Acute	73.5%	21.5%	5.0%

The following graphs demonstrate BAME representation across Agenda for Change (AfC) pay bands in clinical and non-clinical job roles:







Nationally, 19.7% of staff working for NHS trusts and CCGs in England are from a BAME background and this number continues to increase year on year across the NHS and is also reflected at UHNM. Across the country Acute Trusts have the highest proportion of BAME staff at 21.5% and ambulance trusts the lowest at 5.1%. The ever increasing proportion of BAME staff makes the WRES agenda more important than ever before, as organisations work with increasingly diverse workforce and populations.

At UHNM, BAME staff are significantly better represented within clinical roles compared to non-clinical roles. BAME staff are over represented in some bands, for example clinical bands 4 and 5 but under-represented in senior pay bands.

	Non-Clinical Roles	Clinical Roles	Medical & Dental
BAME Representation in UHNM Workforce:	5.4%	15.2%	58.4%

'A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS', forms part of a strategy within the overarching WRES programme of work to support organisations to meet the workforce equality commitments set out in the NHS Long Term Plan. Assurance is needed that the composition of leadership not only includes the best range of talent, skill sets and experience available to us, but that it also broadly reflects those who work in our organisation. Our staff should look at their leaders and see themselves represented. As such the WRES has identified a need for further accelerated improvement in the representation of BAME staff at leadership levels.

The table below shows the 10-year trajectory to reach equality by 2028 for AfC Bands 8a to VSM. The numbers show the required staff in post for each year:

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	17	21	24	28	31	35	38	42	45	49	52
Band 8b	3	4	5	6	7	9	10	11	12	13	14
Band 8c	2	2	3	3	3	4	4	4	5	5	5
Band 8d	0	0	1	1	1	2	2	2	3	3	3
Band 9	0	0	0	1	1	1	1	1	1	2	2
VSM	0	0	0	1	1	1	1	1	1	2	2

The table below demonstrates the UHNM BAME staff in post as at 31st March 2020 and is compared to the 2020 trajectory for the Trust:

	2018 actual	2019 actual	2020 actual	2020 ambition	Gap
Band 8a	17	20	22	24	-2
Band 8b	3	2	2	5	-3
Band 8c	2	2	2	3	-1
Band 8d	0	0	0	1	-1
Band 9	0	0	0	0	0
VSM	0	0	0	0	0

Metric 2: The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants

This indicator, which is extracted from our TRAC recruitment system, indicates that across all recruitment, BAME applicants are less likely to be appointed from shortlisting than white staff with a metric of 1.41. A metric of 1.0 would indicate no difference between BAME and white applicants.

A review of the TRAC System indicates that for the 12 month period April 2019 – March 2020 demonstrated:

Ethnic Group	Applicants Shortlisted	Applicants appointed	% of applicants appointed from shortlisting
White	6093	1281	21.0%
BAME	1921	286	14.9%
Not Stated	487	307	63.0%

(As per WRES guidance, this data excludes Deanery and bank appointments)

This metric has deteriorated compared to the previous year, which was 1.20. Data indicates that our performance is similar to the comparable benchmarking.

2020 UHNM Result	2019 National Result	2019 Result by Midlands Region	2019 Result for Acute Sector
1.41	1.46	1.41	1.44

Metric 3: The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

To be a model employer, the NHS needs to be an inclusive employer with a diverse workforce at all levels. However, staff also need to feel fully engaged and supported within the workplace. The NHS report 'A Fair Experience for All' tackles the issue of BAME staff being more likely to enter disciplinary processes than White colleagues. A Fair Experience for All has aspirational targets to reach equality in terms of the likelihood of staff entering the disciplinary process for both white and BAME staff across at least 90% of all NHS organisations by 2022. At an organisational level, there are two related goals:

1. to ensure that the relative likelihood for BAME staff entering the formal disciplinary process compared to white staff is within the non-adverse range of 0.8 – 1.25 (as measured by the WRES)

2. to reduce the overall likelihood and number of staff entering the formal disciplinary process for both white and BAME staff.

This indicator is based on data from a two year rolling average of the current year and the previous year of entry into our formal disciplinary process as recorded on the HR Case Tracker. The data indicates that our BAME staff are not disproportionally represented in entry to the formal disciplinary process and compares favourably to available comparators. It is encouraging to note that entries into the formal disciplinary procedure fell from 75 in 2018/19 to 41 in 2019/20, with only 3 of these 41 being from a BAME background (and 4 where ethnicity is unknown). It is hoped that this is the direct impact of introducing the Just and Learning Culture and decision tree checklist in to our disciplinary procedure.

2020 UHNM Result	2019 National Result	2019 Result by Midlands Region	2019 Result for Acute sector
0.64	1.22	1.15	1.17

Metric 4: Relative likelihood of white staff accessing non-mandatory training and career progression and development (CPD) compared to BAME staff

This indicator measures the relative likelihood of white staff accessing non-mandatory training (recorded on ESR) compared to BAME staff. Positively, our data has shown year on year improvement in this indicator, and also tells us that UHNM performs well when comparing with other NHS comparable benchmarks:

2020 UHNM Result	2019 National Result	2019 Result by Midlands Region	2019 Result for Acute sector
0.99	1.15	1.00	1.20

Metric 5: Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

This indicator is taken from the 2019 NHS Staff Survey, which had a response rate of 45% and shows that 29.2% of BAME staff who responded to the survey reported experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months, compared with 27.3% of white staff who responded.

Our data is slightly better than the acute sector average on this indicator:

Staff Group	2019 UHNM Staff Survey Result	2019 Result for Acute sector
BAME	29.2%	29.9%
White	27.3%	28.2%

The Trust monitors incidents of physical or verbal abuse with racial content, with data for the year 2018/19 showing 12 reported incidents on the Datix incident reporting system.

Metric 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

This indicator measures the percentage of BAME staff reporting experience of bullying or abuse from other staff in the 2019 NHS Staff Survey in comparison with the organisation as a whole.

The data tells us that there is a very slight improvement in the percentage of BAME staff reporting experience of harassment, bullying or abuse from other staff in the 2019 Staff Survey, with 30% compared to 30.5% in the 2018 survey.

Staff Group	2019 UHNM Staff Survey Result	2019 Result for Acute sector
BAME	30.0%	28.8%
White	28.3%	25.8%

Metric 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

This indicator is taken from the 2019 NHS Staff Survey. The percentage of our BAME staff that believe that the Trust provides equal opportunities for career progression or promotion improved to 76.0%, compared to 72.2% the previous year, and is better than the acute trust average.

Staff Group	2019 UHNM Staff Survey Result	2019 Result for Acute sector
BAME	76.0%	74.4%
White	86.0%	86.7%

Metric 8: Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues

This indicator is taken from the 2019 NHS Staff Survey, and demonstrates staff experience of discrimination in the workplace from a manager, team leader or other colleagues. Our data shows that 14% of BAME staff reported experience of discrimination, which is a reduction from 15.8% the previous year.

Staff Group	2019 UHNM Staff Survey Result	2019 Result for Acute sector
BAME	14.0%	13.8%
White	6.1%	6.0%

Metric 9: The percentage difference between the organisations board voting membership and its overall workforce

Boards are expected to broadly representative of their workforce. There has been no change in BAME representation within the voting or non-voting Board membership. This indicator has therefore deteriorated from last year due to the percentage of BAME membership of the total workforce increasing. The percentage difference between board membership and its BAME workforce is now -17.6%.

Applications are always actively sought and encouraged from a diverse pool of candidates when board vacancies arise.

Priorities included in 'A Model Employer' include a drive to appoint BAME non-executive directors, with existing non-executive directors encouraged to play an active role in mentoring and sponsoring BAME staff that have the potential to be in an executive role within three years.

By March 2021 NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion and of all senior leaders to hold each other to account for the progress they are making.

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	5th October 2020
Report Title:	Integrated Performance Report, month 5 2020/21	**Agenda Item:**	12.
Author:	Performance Team		
Executive Lead:	Helen Ashley: Director of Strategy and Transformation /Deputy Chief Executive		

Purpose of Report:

Assurance	✓	**Approval**		**Information**	

Impact on Strategic Objectives (positive or negative):			Positive	Negative
SO1		Provide safe, effective, caring and responsive services	✓	
SO2		Achieve NHS constitutional patient access standards		✓
SO3		Achieve excellence in employment, education, development and research	✓	
SO4		Lead strategic change within Staffordshire and beyond	✓	
SO5		Ensure efficient use of resources	✓	

Executive Summary:

Background

The NHS Improvement (NHSI) single oversight framework was implemented from October 2016 and revised August 2019. The framework is comprised of 35 metrics across the following domains:
1. Quality of Care - safety, caring and Effectiveness
2. Operational Performance
3. Organisational Health
4. Finance and use of resources

Following the Covid-19 outbreak, Restoration and Recovery is well underway. While some of our performance against key safety indicators is variable, the Divisions are working flat out to care for our patients as we bring services back and reduce waiting lists. Winter might bring its own challenges so this is being built into the planning which is well underway.

The operational section of the Integrated Performance Report includes monitoring against the R&R plans.

Operational performance has started to show the effects of the systematic changes the Trust is making to provide improved care for the patients. The waiting lists for outpatient appointments (first new) that had reduced following the national mandate to cease routine referrals have begun to increase with the opening of E-Referrals. Activity increases using all available technologies to assess and treat patients.

Also, the number of Referral to Treatment pathways, which decreased as routine referrals were held, are now continuing to increase and in August there was a further 5% rise in the number of RTT pathways with performance showing signs of recovery at 52.38% as more patients are seen and treated. The number of patients over 18 weeks has reduced by 12% to 20,647 with 911 patients over 52 weeks. Patients who are on the inpatient waiting list have been stratified into clinical urgency classifications so that patients can be treated in clinical priority. Diagnostics is also showing signs of recovery with a significantly improved performance in August of 59.2% with more patients being offered appointments.

For patients waiting to be seen, diagnosed and treated for Cancer the good news is that the picture is continuing to improve. For August, the Trust is currently performing against five of the Cancer Standards: 2WW (93.2%), Breast symptomatic (95.5%), 31 Day subsequent chemotherapy (100%), 31 Day subsequent radiotherapy (98.3%), The 28 day FDS standard is currently at 78.5%. The remaining four standards are currently below: 31 Day first treatment (93.3%), 31 day (subsequent surgery (89.13%), 62 Day standard (71.7%), 62 Day screening (0.0%).

For urgent care, the performance seen in July (81.3%) has fallen with UHNM performance for August being 78.3%. Attendances across the system continue to rise. Attendances increased at Royal Stoke by an average of 21 per day, weekly averages rose from 1814 to 1990. Ambulance attendances rose at RS by an average of 56/ week. There were zero 12 hour Trolley waits in August and 42 patients that had a reported ambulance handover delay > 60 minutes.

The two week intensive focus on urgent care will start on 5 October and be led by clinicians, with the support of the Emergency Care Improvement and Support Team (ECIST) from NHS England and will look how we change the way we do things across all divisions to support how our patients to flow through the hospital to their appropriate destination in a more timely manner and to avoid unnecessary waits. This is key to ensuring we are providing safer care and a better experience for our patients.

Financially, The Trust has delivered a breakeven for the month; this is after the receipt of £1.6m of funding for additional expenditure relating to COVID-19 and a £4.7m "top-up" from NHSI in line with the temporary financial framework established by NHSI. Activity delivered in Month 5 is significantly lower than plan although income levels from patient activities have been maintained due to the temporary funding arrangements. The Month 5 position includes a one off adjustment to income relating to NCAs totalling £1.3m where a change in guidance had led to activity being incorrectly invoiced to CCGs. This has a net zero impact as it is now included in the central top up in Month 5.

The Trust incurred £1.6m of additional costs relating to COVID-19 which was £0.8m lower than in Month 4 mainly due to a reduction in the Expansion of the NHS Workforce category. The Non COVID-19 Pay run rate is consistent with previous months with the exception of July where National guidance required the Trust to remove its accrual for the Consultants Pay award. Non pay expenditure is £0.3m overspent with tariff excluded drugs overspending by £1.1m offsetting continued (although reducing as activity increases) underspends against Clinical Supplies of £0.9m.

Capital expenditure for the year to date stands at £16.3m which is £0.6m behind plan with small variances across a number of schemes. The forecast CRL expenditure remains on track.

The month end cash balance is £80.5m which is £9.8m higher than plan.

Quality & Safety: During August 2020, the following quality highlights are to be noted:

- Complaints rate has reduced during August 2020 to 22 and below 35 per 10,000 spells benchmark.
- Total number of Patient Safety Incidents increased in August as well as the rate per 1000 bed days
- Patient Safety Incidents with moderate harm or above and rate of incidents with moderate harm or above per 1000 bed days has remained low and below the long term average.
- Falls rate with harm remains consistent with 1.6 falls per 1000 bed days in August 2020. Target rate for second month running.
- The numbers of pressure ulcers that have developed under our care show a decreasing trend and in August have reduced to reach the lower control limit. It is possible that this additional reduction may reflects improvements in practice as the new aSSKINg bundle is rolled out. However, more month's data would be required to confirm a sustained level of improvement.
- There have been continued reductions in the number of Pressure Ulcers (category 2 – 3) with lapses in care as UHNM moves into Restoration & Recovery Plans and UHNM is on target to achieve a further 10% year on year reduction target for 2020/2021. However, there has been one category 2 sacral pressure ulcer in August that developed due to lapses in care on Ward 225. This ulcer was already in the process of healing when identified by the Tissue Viability Team and therefore was confirmed to have caused low harm to the patient.
- There has also been one category 4 Sacral pressure ulcer that developed due to lapses in care on SSCU which occurred in July 2020 but confirmed following review panel in August 2020. This occurred

as a patient remained sitting out for periods far longer than recommended for their level of risk and post-operative clinical condition.

For **Workforce,** The Staffordshire & Stoke-On-Trent Local People Plan has been finalised and describes the People Promises for the current and future workforce. It supports delivery of the National People Plan and has been developed in partnership with System Partners. Assurance against the System delivery plan will be provided to the People, Culture and Inclusion Board with input from NHSi and Health Education England (HEE). This Trust's People Plan and HR Delivery Plan support and inform delivery of the System Plan.

The strategic focus of our People Plan remains on supporting recruitment, workforce deployment, staff wellbeing, absence management and staff testing. Recruitment campaigns are in place to recruit to the Winter Plan and we are working jointly towards system-wide campaigns.

Covid-related absences reduced in August, but started to increase again from 8th September. This has resulted in an increase in the demand for staff testing. At the beginning of the crisis 40-50 staff tests were undertaken per day, 7 days a week. Based on the last 7 days, the demand for tests is again averaging 50 per day. As such, the Workforce Bureau has been re-established and resources have been applied to ensure staff testing is carried out in line with demand.

The key performance issues remain compliance with statutory and mandatory training and PDR requirements, and the sickness rate being above target.

Key Recommendations:

To note performance

NHS
University Hospitals of North Midlands
NHS Trust

Integrated Performance Report

Month 5 2020/21

Together Compassion Safe Improving

Quality | Operational | Workforce | Finance

Contents

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A note on **SPC**

University Hospitals of North Midlands NHS Trust

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

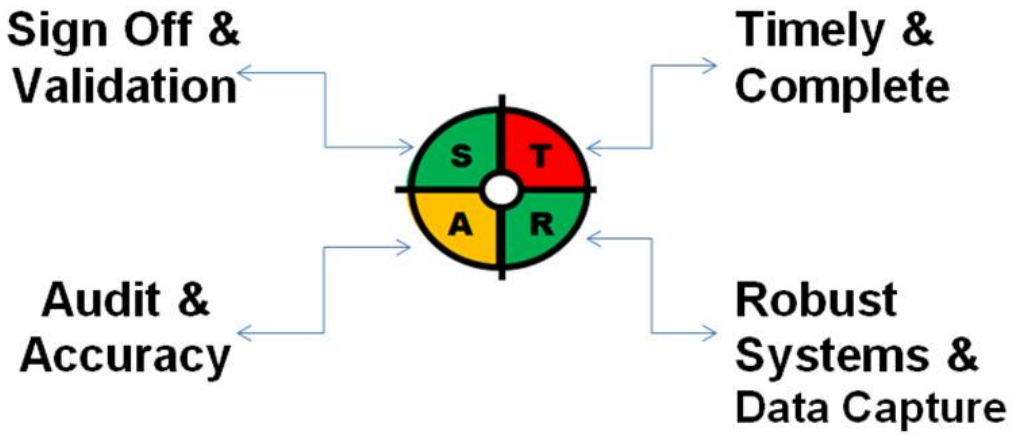
Together Compassion Safe Improving

Quality | Operational | Workforce | Finance

A note on **Data Quality**

University Hospitals of North Midlands NHS Trust

- 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**

Quality

Caring and Safety

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

Quality Spotlight Report

University Hospitals of North Midlands NHS Trust

Key messages

The Trust achieved following standards in August 2020:

- Harm Free Care increased to 97.1 and continues to be above the national 95% target
- Trust rolling 12 month HSMR and SHMI continue to be below expected
- Patient Falls rate per 1000 bed days continues to be better than target in August 2020 at 5.5 falls per 1000 bed days which is similar to pre COVID rates and long term mean
- 100% of patients/family informed verbally of incidents that are reported as meeting duty of candour threshold
- VTE Risk Assessment 98.6% (via Safety Express audit)
- C Diff target achieved with 5 against a trajectory target of 8 during August 2020.

The Trust did not achieve the set standards for:

- There was 1 Never Event reported relating to incorrect lens implant within Ophthalmology
- Written Duty of Candour has improved during August but was below the 100% target at 89% (8 out of 9 cases). The 1 case that was outside the 10 working days has had letter sent to the patient but this was 15 days post initial notification date.
- The Trust was above the national average rate of 15% for Emergency C Sections, with a rate of 15.8%, however the rate has been reducing following the peak in June 2020.
- Sepsis Screening compliance (adult Inpatients), 84% against a target of 90% and IV antibiotics within an hour (from sepsis audit sample) was 50% against target of 100%

During August 2020, the following quality highlights are to be noted:

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Quality Dashboard

Metric	Target	Latest	Variation	Assurance
Patient Safety Incidents	N/A	1563		
Patient Safety Incidents per 1000 bed days	N/A	46.47		
Patient Safety Incidents per 1000 bed days with no harm	N/A	31.54		
Patient Safety Incidents per 1000 bed days with low harm	N/A	12.28		
Patient Safety Incidents per 1000 bed days reported as Near Miss	N/A	1.96		
Patient Safety Incidents with moderate harm +	N/A	15		
Patient Safety Incidents with moderate harm + per 1000 bed days	N/A	0.45		
Harm Free Care (New Harms)	95%	97%		
Patient Falls per 1000 bed days	5.6	5.5		
Patient Falls with harm per 1000 bed days	1.5	1.6		
Total Pressure Ulcers developed under UHNM Care	TBC	31		
Category 2 Pressure Ulcers with lapses in Care	8	1		
Category 3 Pressure Ulcers with lapse in care	4	0		
Category 4 Pressure Ulcers with lapses in care	0	0		
Unstageable Pressure Ulcers with lapses in care	0	0		

Quality Dashboard

NHS University Hospitals of North Midlands NHS Trust

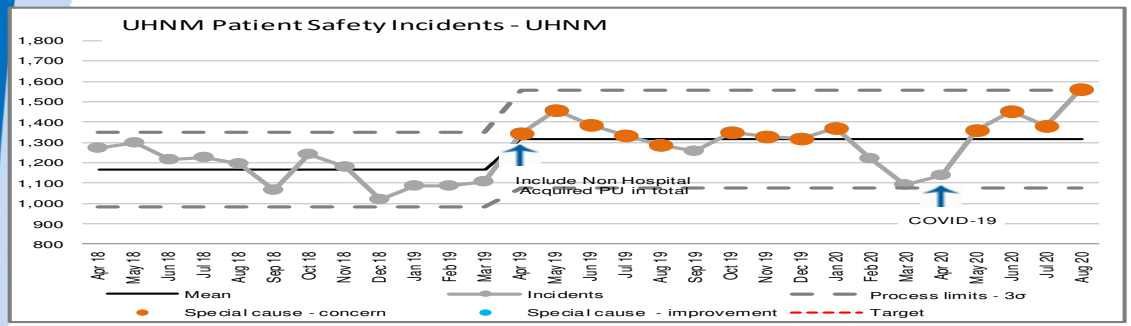
Metric	Target	Latest	Variation	Assurance
Medication Incidents per 1000 bed days	N/A	4		
Medication Incidents % with moderate harm or above	TBC	1%		
Serious Incidents reported per month	N/A	9		
Never Events reported per month	0	1		
Duty of Candour - Verbal	100%	100%		
Duty of Candour - Written	100%	89%		
Sepsis Screening Compliance (Adult Inpatients)	90%	84.0%		
IVAB within 1hr (Adult Inpatients)	90%	50.0%		
Adult A&E Sepsis Screening Compliance	90%	90.5%		
IVAB within 1hr (Adult A&E)	90%	85.7%		
Sepsis Screening Compliance (Paediatric Inpatients)	90%	100.0%		
IVAB within 1 hr (Paediatric Inpatients)	90%	N/A		
Paediatric A&E Sepsis Screening Compliance	90%	93.9%		
IVAB within 1 hr (Paediatric A&E)	90%	N/A		

Metric	Target	Latest	Variation	Assurance
Friends & Family Test - A&E	N/A	N/A		
Friends & Family Test - Inpatient	N/A	98.3%		
Friends & Family Test - Maternity	N/A	N/A		
Written Complaints per 10,000 spells	35	21.95		
Rolling 12 Month HSMR (3 month time lag)	100	94.63		
Rolling 12 Month SHMI (6 month time lag)	100	101.52		
VTE Risk Assessment Compliance	95%	98.6%		
Emergency C Section rate % of total births	15%	15.8%		
Reported C Diff Cases	8	5		
Avoidable MRSA Bacteraemia Cases	0	0		

Together Compassion Safe Improving

Quality | Operational | Workforce | Finance

Reported Patient Safety Incidents

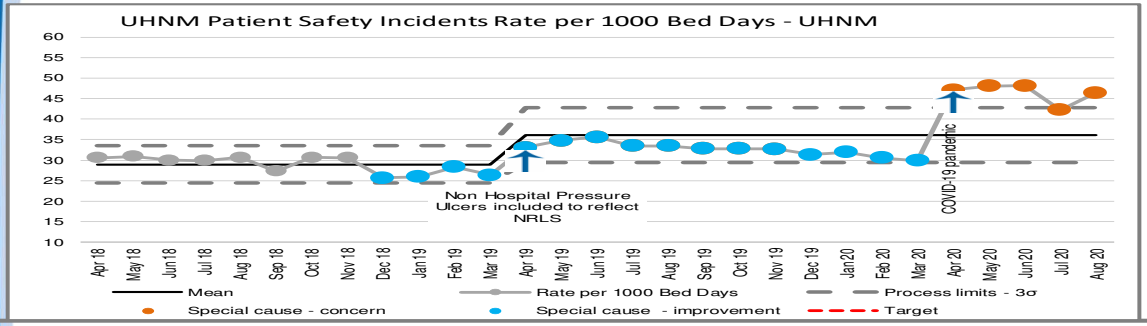


Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
N/A	1452	1380	1563

Background

Total Reported patient safety incidents



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
N/A	48.16	42.25	46.47

What is the data telling us:

The above data relates to **all** reported Patient Safety Incidents (PSIs) across the Trust. August 2020 has seen an increase in total number of reported PSIs but is still within normal variation limits. The increase in incidents is reflected by the increasing level of activity as Recovery & restoration plans continue to increase activity. The reporting of incidents and near misses should continue to be encouraged and promoted.

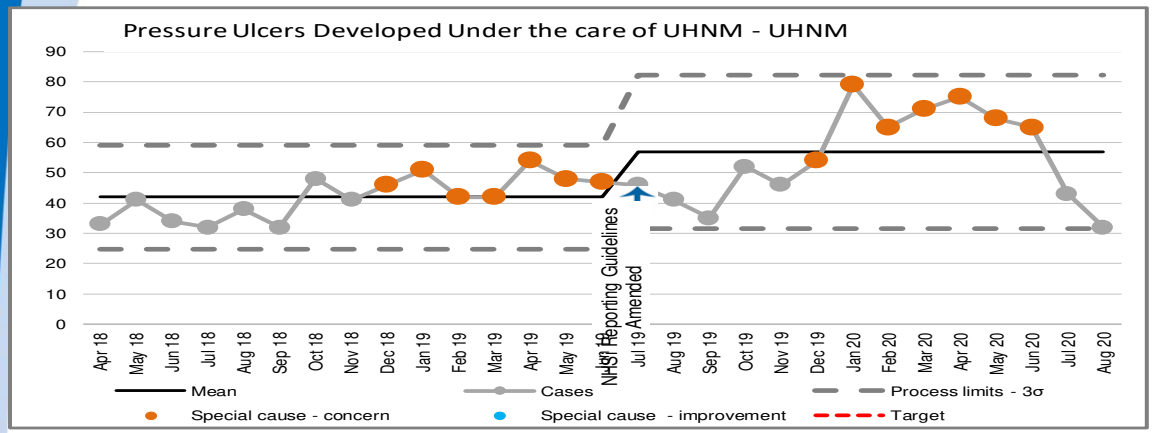
The largest categories for reported patient safety incidents excluding Non Hospital acquired Pressure Ulcers (285) are:

- Patient related Slip/Trip/Fall (186),
- Clinical assessment (Including diagnosis, images and lab tests) (84)
- Patient flow incl. access, discharge & transfer (104)
- Treatment/Procedure (83)
- Medication incidents (118)

Patient Safety Incidents are reviewed and analysis undertaken on locations and themes.
The Directorates reporting most PSIs are Emergency Medicine, General Medicine, Obstetrics & Gynaecology, Specialised Medicine and Trauma. Specific incidents are reviewed at specialist forums for themes / trends as well at Divisional level.

The rate of reported patient safety incidents per 1000 bed days has increased compared to July 2020 but remains at similar rate noted from the start of COVID pandemic. Compared to August 2019, activity is 12.5% lower in August 2020 but there have been 20% more incidents reported. The increase in total incidents is due to more incidents with no harm or low harm being reported compared to incidents with harm. The Patient Safety Group are reviewing the themes and trends of the no and low harm incidents to ensure that learning is identified and required actions taken. Report will be provided to Patient Safety Group in October 2020.

Pressure Ulcers developed under UHNM care



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
N/A	65	43	32

Background

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

What is the data telling us?

the data is showing that there has been a rise of pressure ulcers that are of special cause and not just normal variation.

What is the data telling us:

The above chart shows that the year on year increase in the number of pressure ulcers that have developed under the care of UHNM reflects a national picture as a result of changes to reporting guidance, which in addition to Category 2,3 and 4 extended to reporting Deep Tissue Injuries and Unstageable pressure ulcers. UHNM also ran a successful educational focus on the importance of reporting pressure ulcers at the earliest stage and size. As a result there has been an increase in the reporting Category 1 and small pressure ulcers, under 0.5 x 0.5 cm, which has further contributed to the increase in numbers since July 2019.

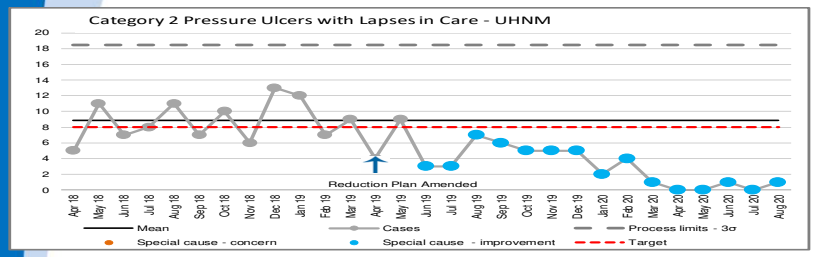
Peaks in reporting pressure ulcers, in January, March and April 2020 , reflect a national picture due to increased admissions of frail, older patients during the winter months, followed by the COVID-19 pandemic where Critical Care Units across the country saw a rise in patients sustaining multiple areas of pressure ulceration, as a result of the clinical need for repeated proning. Reassuringly, although there has been an increase in the numbers of reported pressure ulcers, Root Cause Analysis confirms that the number of identified lapses in care is reducing.

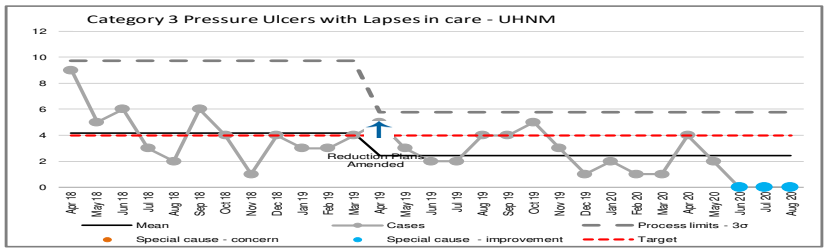
In order to seek assurance that current Quality Improvement Projects are achieving a sustained level of improvement, the Chief Nurse has commissioned a deep dive into pressure ulcer reporting over the last three years.

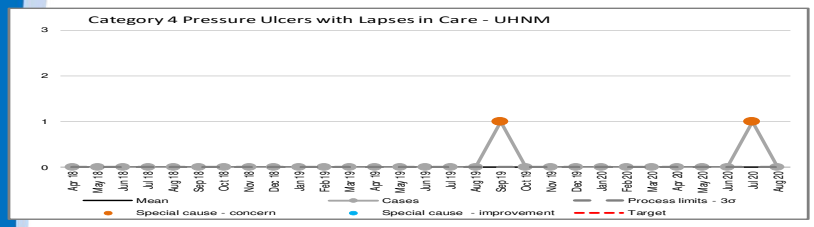
Current Actions/Improvements:

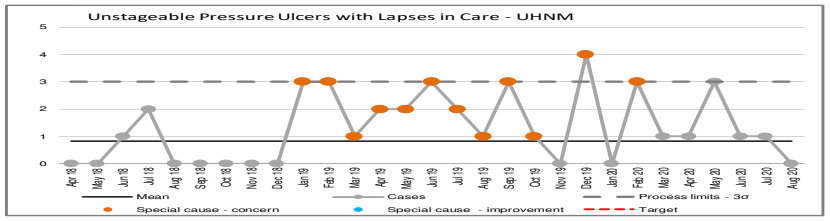
- Support, including full ward supply of Alternating Air mattresses, continues on Wards 201, 124 and 225 who experienced a large number of incidents over the last year due to the extreme frailty of their patients.
- As a result of learning from RCA, ARTU have launched a focus on foot/heel pressure ulcer prevention with a ward display of how ulcers can occur and a trolley with a range of protective devices including the Parafricta boots which can be used with their more agitated patients who will not tolerate heel pads.
- aSSKINg bundle rollout continues across the Trust. Initial audits suggest improvements in communication of risk and the giving of information to patients.
- Category 1 reporting awards to commence from September, to celebrate and sustain vigilance in pressure ulcer reporting.
- Pressure Ulcer Prevention Champion training will commence from September. There has already been an excellent multi-disciplinary response and requests for places following the advertisement of Autumn Study day dates. As a result an extra date has been scheduled in October for non-ward clinical areas such as theatres and fracture clinic.

Pressure Ulcers with lapses in care









What is the data telling us:

The data above shows that there have been continued reductions in the number of Pressure Ulcers (category 2 – 3) with lapses in care and UHNM is on target to achieve a further 10% year on year reduction target for 2020/2021. However, there has been one category 2 sacral pressure ulcer in August that developed due to lapses in care on Ward 225 (# NOF) This ulcer was already in the process of healing when identified by the Tissue Viability Team and therefore was confirmed to have caused low harm to the patient.

There has also been one category 4 Sacral pressure ulcer, confirmed in August but occurred in July 2020, that developed due to lapses in care on SSCU. This occurred as a patient remained sitting out for periods far longer than recommended for their level of risk and post operative clinical condition. This has been externally reported as a serious incident.

Actions:

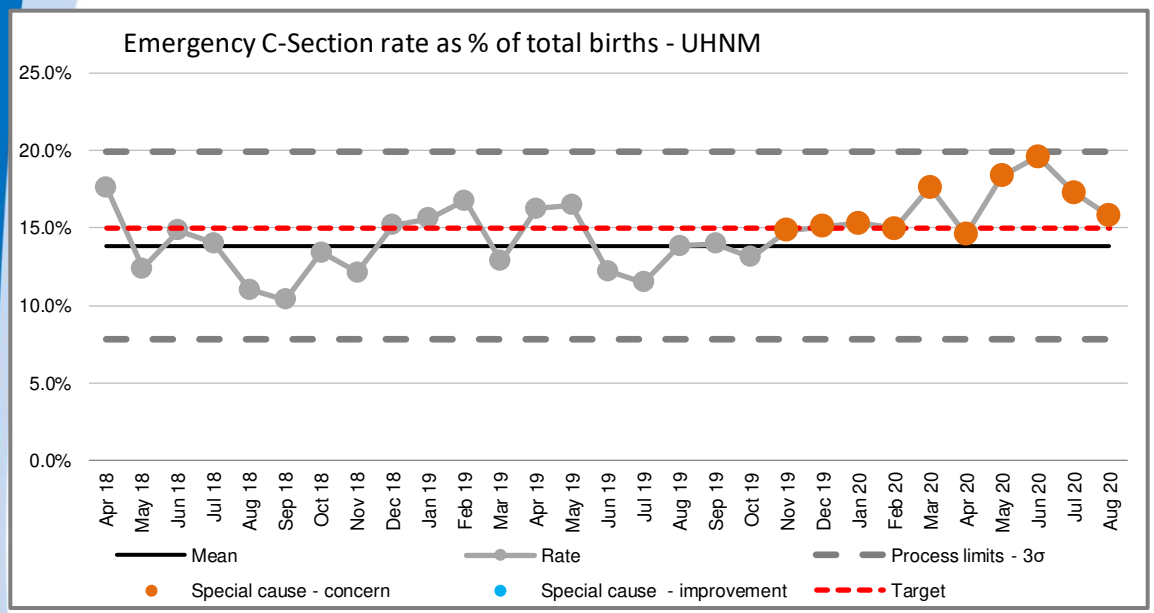
Ward 225

- Ward 225 have had previous incidents, where patients have sat out for extended periods and sustained pressure damage. Therefore, it would appear that learning following these incidents has not been sustained. Consequently, although the ward have already completed an action plan that states that staff have been updated on the incident and the consequences of not-adhering to recommended repositioning frequencies, the Quality & Safety team have requested further evidence i.e. a staff signature list to ensure all staff have received and understood the learning from this incident. The team will also complete weekly spot audits for assurance.
- Ward 225 have booked 2 members of staff onto the Pressure Ulcer Prevention Champions Study day and they will be asked to commence weekly seated patient audits to provide assurance that the lessons from this incident have been adopted and improvements in practice are being sustained.

SSCU

- Responded promptly to this incident and have developed a comprehensive action plan.
- Immediately feedback to all staff on the incident and lapses identified. This has been documented via a staff signature list .
- Moved to the use of the aSSKINg bundle, as this provides clearer identification of periods sitting and allows recording of changes of position whilst sitting out, which will help the preventative management of post-op oesophagectomy patients who are required to sit out for up to 8 hours to facilitate their recover.
- Until their action plan is signed off as fully completed the unit are performing daily and weekly assurance checks.
- Daily visits from the Quality & Safety team and weekly assurance completed on the unit confirm immediate and sustained management of seated patient on the unit.
- SSCU Senior Team will return to panel to present their completed action plans in September with staff back on the unit observing via teams as an educational opportunity.

Emergency C Section rate as % of total Births



Variation	Assurance
H	?

Target	Jun 20	Jul 20	Aug 20
15%	19.6%	17.3%	15.8%

Background

Emergency C-Section rate as % of total births

What is the data telling us:

Emergency C Section Rate as percentage of total births at UHNM is over the target rate of 15%. The latest available figures reports 15.8% Emergency C Section rate. During COVID-19 Pandemic there has been a lower threshold for Emergency C Sections which may have contributed to the higher rates during recent months. The rolling 12 month Emergency C Section rate is 14.48%

Emergency C sections are divided in to 2 categories;

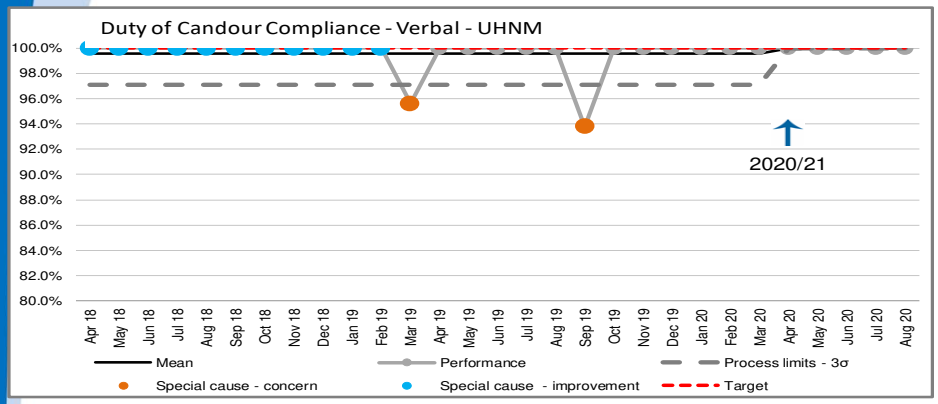
Category 1 - immediate threat to life of woman or fetus (delivery within 30 minutes of decision)

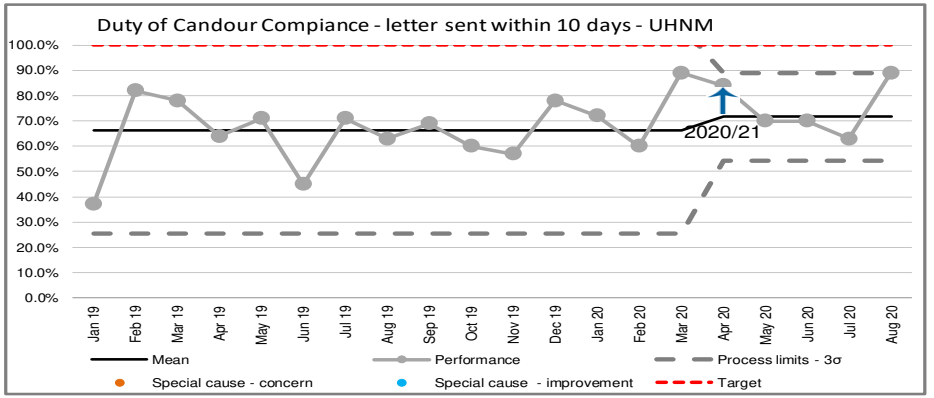
Category 2 – threat of maternal or fetal compromise (delivery within 90 minutes of decision)

Consultant is currently undertaking an audit of emergency C Sections which will be reported at Directorate and Divisional Governance Forums once completed.

The Emergency C Section rate fluctuates on a month by month basis; this demonstrates the fluctuation and variation which occurs in both C section rates and number of births. The department will undertake a 3 month audit of cases to better understand what is happening against our demographics and the local population in comparison to our peers.

Duty of Candour Compliance





Variation	Assurance
	P

Target	Jun 20	Jul 20	Aug 20
100%	100.0%	100.0%	100.0%

Background

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

Variation	Assurance
	F

Target	Jun 20	Jul 20	Aug 20
100%	70.0%	63.0%	89.0%

Background

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

What is the data telling us:

Verbal Duty of Candour has been recorded in 100% of all incidents (9 cases) that have formally triggered meeting the threshold during August 2020.

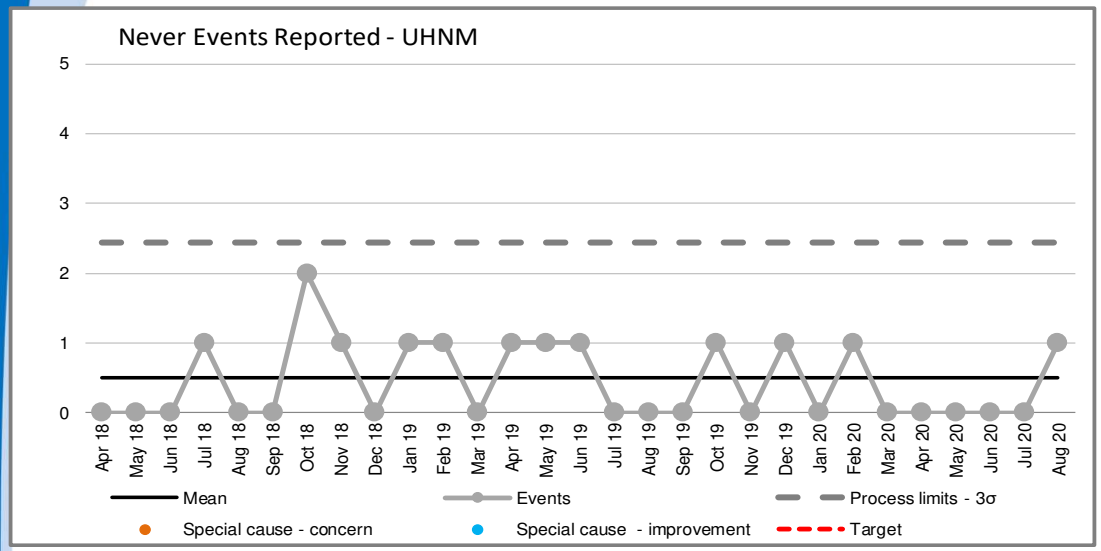
Written Duty of Candour Compliance for receiving the letter within 10 working days of verbal notification has improved in August 2020. During August 2020 the performance was 89% (8 cases) within 10 working days . The 1 case that was outside the 10 working days has had letter sent to the patient but this was 15 days post initial notification date..

Actions taken:

The letter from the Medical Director has been written to all Divisions outlining clinicians responsibilities in relation to completing duty of candour with written notification as well as verbal discussions. The escalation and follow up on incidents which formally trigger duty of candour is being escalated within the Divisions to support the improvement in meeting the 10 working day target. Escalations on outstanding letters are provided to relevant directorates and divisions via the Divisional Governance & Quality Managers.

Support with the drafting of the 10 day notification letters for clinicians continues to be provided by the Divisional Governance & Quality team with compliance being included in Divisional reports for discussion and action.

Never Events



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
0	0	0	1

Background

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

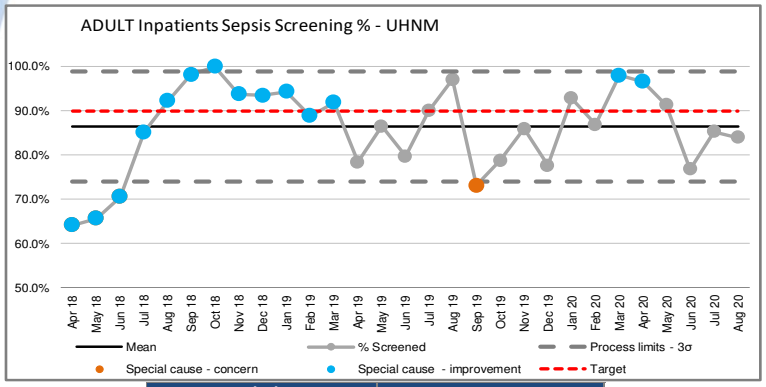
The target is to have 0 Never Events. UHNM reported and there have been 1 reported in August 2020 and 1 for 2020/21 Year to Date (YTD)

The new Never Event relates to incorrect intraocular lens being implanted to patient. Following this incident a multi disciplinary review within Ophthalmology has been undertaken to review the processes in place and identify weaknesses and where changes / actions are required.

Formal RCA is underway to review this incident and actions undertaken following previously reported incident in 2019.

It is imperative that these events are fully reviewed and leaning identified and shared across the local area / Division / Trust to reduce the likelihood of future recurrence.

Sepsis Screening Compliance (Adult Inpatient)

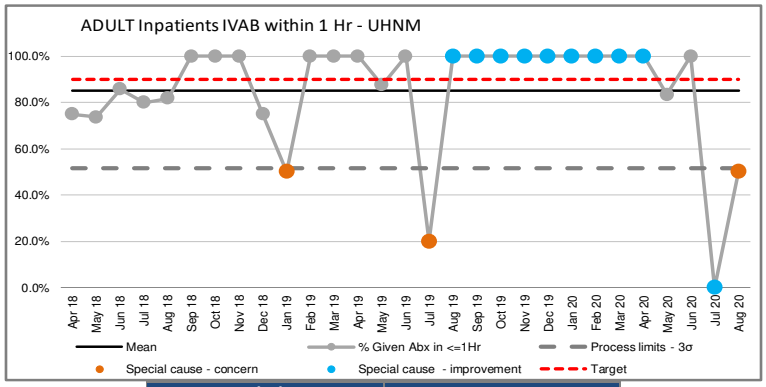


Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
90%	76.7%	85.3%	84.0%

Background

The percentage of adult Inpatients with Sepsis Screening undertaken



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
90%	100.0%	N/A	50.0%

Background

The percentage of adult inpatients receiving IV Antibiotics within 1 hour

What is the data telling us:

August results show Adult inpatient areas achieved 84% for sepsis screening for the 50 patients audited and 50% for IVAB within 1 hour for the 2 red flag patients identified during the audit. The sample size was reduced during August 2020. However, Quarterly we are required to report 150 samples for inpatient areas.

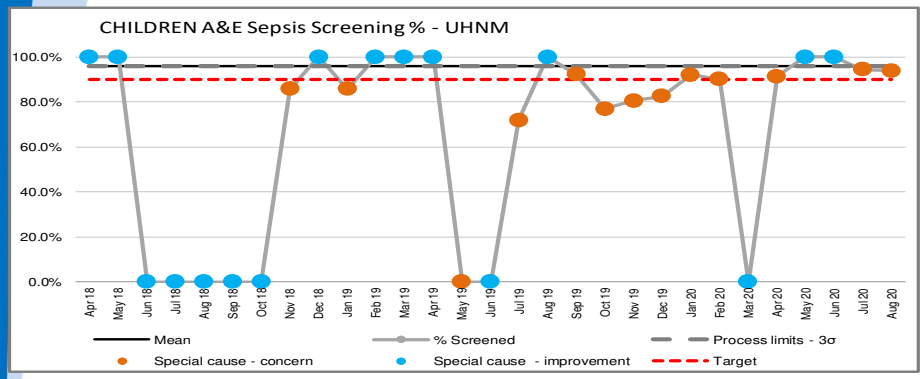
Actions:

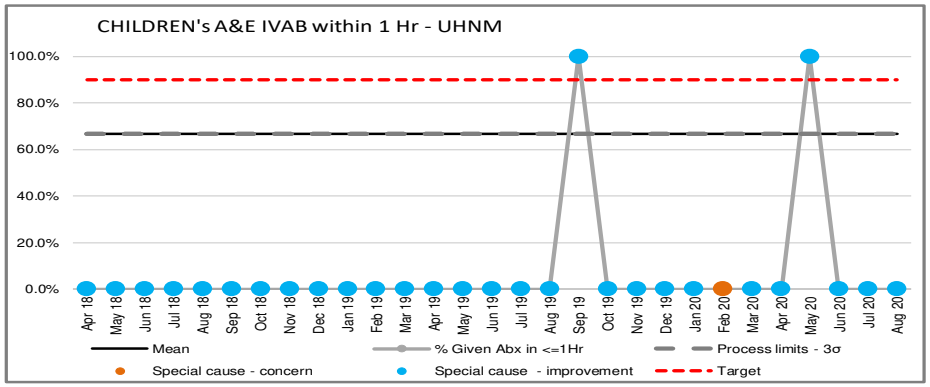
The Sepsis Team continue to deliver training across all areas of the Trust to support the continued improvement in performance against this target. The Sepsis team are focussing on specific work and learning in the COVID wards around sepsis education for COVID related sepsis, where the drop has occurred.

Sepsis Team have produced educational tools in conjunction with the new Vitalpac system and these will be the focus of the August Sepsis Strategic committee to deliver the changes in processes and education. The sepsis team continue to monitor Inpatient wards with issue around sepsis vitals assessment as some staff are still completing paper screening instead of electronic. Sepsis & Vitals action plan has been created for all of the divisions to ensure improvement in compliance. A deep dive of June's compliance data is currently underway and the provision of ward based refresher training as required.

A Sepsis Specialist Nurse has been appointed, which will greatly strengthen the team.

Sepsis Screening Compliance (Paediatric A&E)





Variation	Assurance
L	P

Target	Jun 20	Jul 20	Aug 20
90%	100.0%	94.4%	93.9%

Background

The percentage of Paediatric patients at A&E receiving sepsis screening.

Variation	Assurance
H	F

Target	Jun 20	Jul 20	Aug 20
90%	N/A	N/A	N/A

Background

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

What is the data telling us:

A&E Paediatrics has maintained and sustained >90% screening compliance

Paediatric screening in A&E achieved 93.9% for the 33 patients audited in August whilst there were no red flag sepsis patients were identified during the audit process.

There has been 1 month (February 2020) where the audit has recorded failure to provide IV Antibiotics with 1 hour. Other months have either been N/A as there were no red flag patients identified within the audit sample or 100% (as per May 2020).

Actions:

- A programme of Sepsis champion day training is under development by the Sepsis Team.

Operational Performance

2025 Vision "Achieve NHS Constitutional patient access standards"

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	➢ *Diagnostics*	

A note on **SPC**

NHS University Hospitals of North Midlands NHS Trust

In some areas of the following report, statistical process control (SPC) methods are used 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;

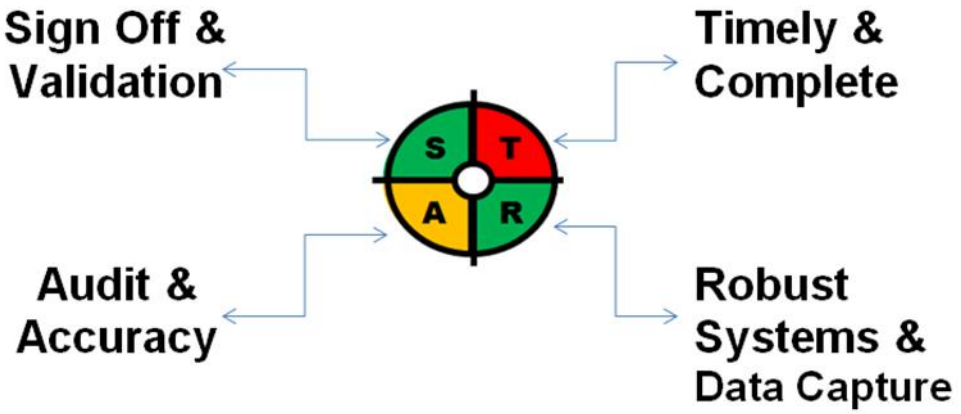
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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

ORANGE indicates **special cause variation** of particular concern and needing action
BLUE is where improvements are seen
GREY indicates no significant change (common cause variation)

A note on **Data Quality**

University Hospitals of North Midlands NHS Trust

- 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**

Restoration and Recovery

Spotlight Report from Chief Operating Officer

University Hospitals of North Midlands NHS Trust

Emergency Care

Trajectories for attendances to A&E, non elective admissions and bed occupancy have been developed to give a view of what the rest of 20/21 is expected to look like. Type 1 A&E attendances are up to 84% of last years demand (up from 74% last month). The daily average attendances system wide saw another rise by an average of 36 per day with Royal Stoke seeing an average of 21 more a day. In addition, the daily average rise in ambulance attendances rose again by a further 8 per day reaching on average 157 ambulances per day (in Feb 20 this was 170). Paediatric attendances for the first two weeks August started to show a rise from an average 83 per week to 215 per week.

The performance for UHNM (system wide) in August is 78.3% (July 81.3%). The key area is the Type 1 at Royal Stoke where performance fell from 65% in July to 60% in August. There were zero 12 hour Trolley waits in August and 42 patients that had a reported ambulance handover delay > 60 minutes.

Cancer

Trajectories for 2WW activity, cancer treatments and 62 day pathway backlogs have been developed and monitor through the Cancer Cell.

The 62 day backlog continues to reduce with a further reduction in August to 157. The aim is to bring this down to a sustainable level of 58 pathways by the Autumn 20.

There were 86 patients 104+ days reported at the end of August. This has reduced by 43 from the previous month

Planned Care

For August, outpatient activity was **80%** of last year's business as usual while Elective inpatient activity was **71%** of last year's business as usual

Trajectories have been developed taking plans to the end of the year.

- Restore all cancer services
- Recover 100% of outpatient (first and follow-up) activity from September
- Recover 100% of MRI/CT and endoscopy procedures by October
- Recover the maximum elective and day case activity possible between now and winter aiming for:
  - 80% last year's activity in September
  - 90% last year's activity in October

RTT

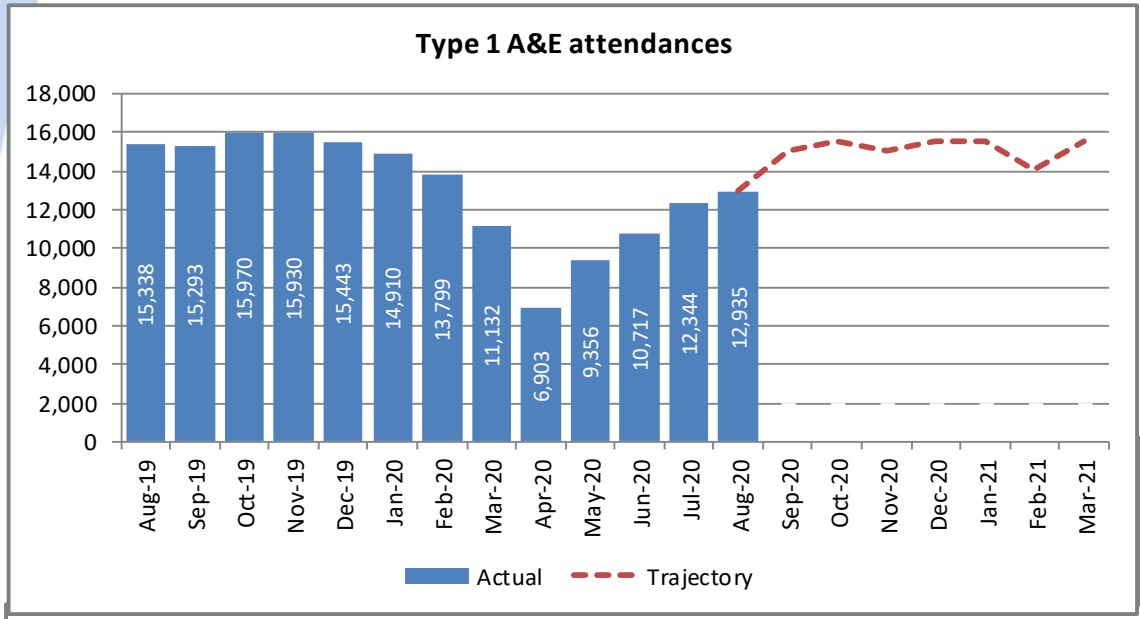
Waiting list rose to 43157 in August. Activity constraints mean demand will outweigh the capacity of the Trust causing the waiting list to increase. A Trust trajectory for this has been developed and monitored through the planned care cell. The Trust has 931 over 52 week breaches as a consequence of standing down elective work. Recovery plans include prioritised actions for recovery of long waiters.RTT performance in August is 50.12%. The 12 week prioritised acute theatre plan and the revised IS theatre plan will aim to focus on cancer/essential service restoration at the acute with IS used for shielding cancers and long wait patients that will continue into winter with in sourcing companies used to offset the IS sessional fall out and increase in high volume, high throughput day cases with incentivised lists, bearing in mind the revised contract has reduced UHNM NHS capacity to 75% .

Diagnostics

August saw a further increase in diagnostic activity rising to 21,860. Both MRI and CT saw more patients in August 2020 than in August 2019. The trust trajectory for activity to the end of the year consistently meets the national ask and will see numbers return to similar levels as previous year.

The diagnostic performance for August is currently 57.69%, a further rise on the previous month by 11.42%. The waiting list size is also showing a reduction: down to 17,614. Recovery plans are now being transacted and monitored via the Diagnostic Cell to end of March 2021, with investment requests approved for DMO1 modalities to support this recovery timescale.

Urgent Care *(attendances)*



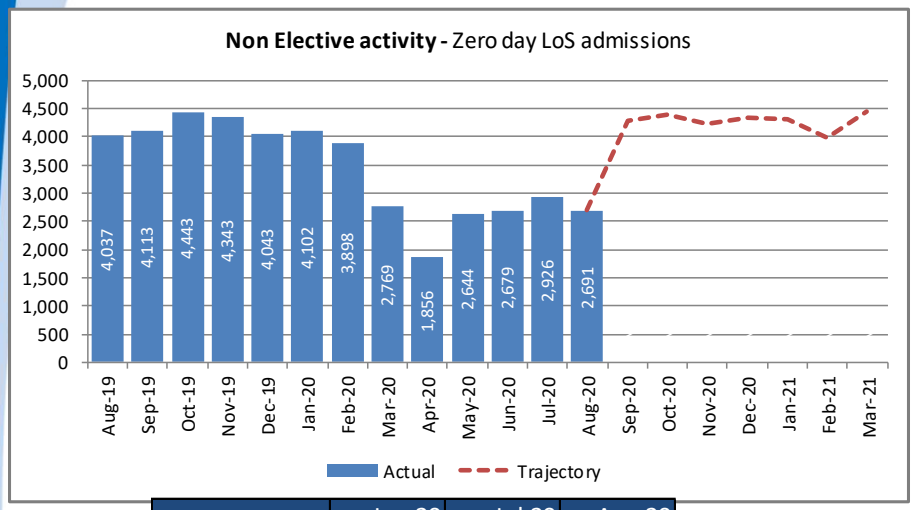
After a significant drop in attendances seen in late March and April, The number of Type 1 attendances has increased month on month and is expected to continue to climb.

Summary

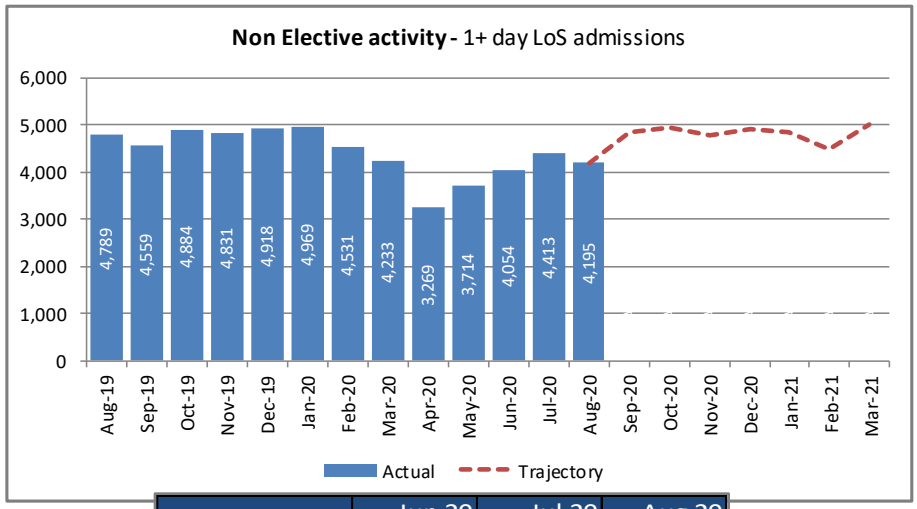
- August saw a further rise of 591 attendances (19 per day) totalling 12,935 for the month. This is 84% of the demand seen last August and a continuation of the return to business as usual.
- Ambulance attendances also rose again by an average of 55 per week at Royal Stoke.
- Children's attendances saw a significant rise in August. On average the daily attendances were up to 41 per day compared to 17 per day in July. This is still significantly below that of pre-covid (an average of 100 per day).
- Blue ED pathway remains in place to support any covid resurgence, consistent with other Acute Trusts but is impacting on flow given size of the RSUH overall footprint.
- Plans in progress to reflect the reduced covid impact and convert the ED footprint to 'purple' pathways.

- At Royal Stoke the 4 hour performance fell from 65.5% in July to 58.7% in August and at County a rise from 90.2% to 93.7%.

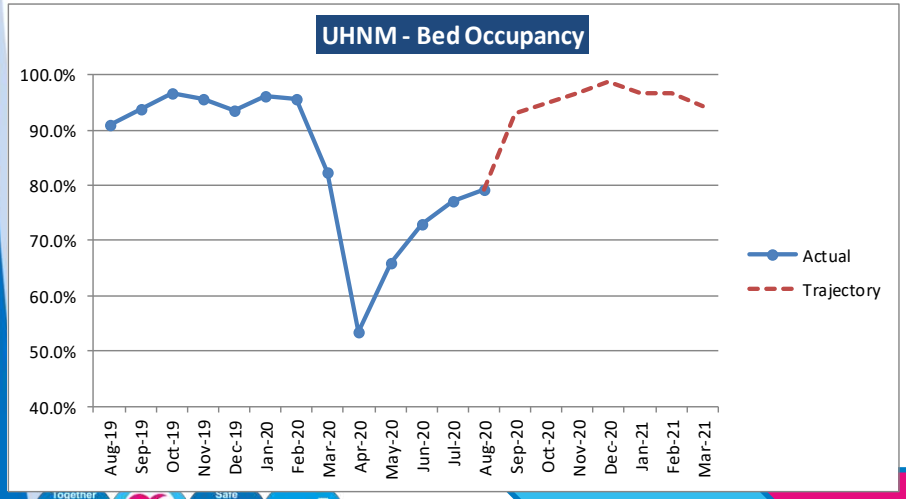
Urgent Care - *(admissions)*



	Jun 20	Jul 20	Aug 20
Previous year	4,114	4,094	4,037
2020 Actual	2,679	2,926	2,691
% of BAU	65%	71%	67%



	Jun 20	Jul 20	Aug 20
Previous year	4,677	4,851	4,789
2020 Actual	4,054	4,413	4,195
% of BAU	87%	91%	88%



Summary

- As the number of attendances to A&E continues to increase, the conversion rate has continued to decrease and is now at it's lowest level since June last year.
- 0 day NEL admissions have seen an increase since April however still only 67% of previous year levels.
- Overnight NEL admissions have seen a greater increase and are now up to 88% of last year levels. Further increase back to 100% is expected for winter.
- The average LoS for patients staying 1+ days has been in line with previous July albeit with a lower number of MFFD patients.
- Bed occupancy is increasing month on month and expected to continue to increase into Winter.

Urgent Care - *Summary*

Summary

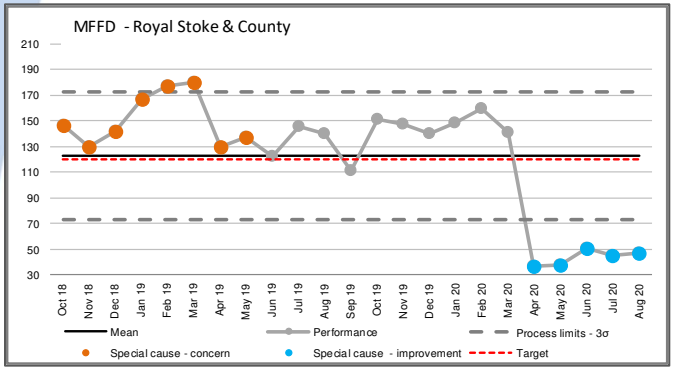
- The performance seen in August (78.3%) has fallen from July (81.3%).
- At Royal Stoke the performance fell from 65.5% to 58.7% whereas County saw a rise from 90.2% to 93.7% .
- ED medical staffing challenges: sickness/vacancies have impacted on performance at a time when we are now increasing the number of NEL attendances / day (83% of per covid)
- Blue ED pathway remains in place to support any Covid resurgence, consistent with other Acute Trusts but is impacting on flow given size of the RSUH overall footprint. ED space is being used flexibly to support surges.
- Ambulance attendances rose again by an average of 50/ week at RS but validated over 60 minute handover delays reduced from 66 to 42, given that now space is now being used flexibly
- Patients admitted from the RS ED fell slightly by an average of 14/ week, with performance for admitted patients at 46.6% - this is consistent with bed availability across the Trust
- However, performance for the non-admitted at RS also fell from an average of 75% to 66.3% (more non-admitted pts than admitted – 63% of attendances at RS are non-admitted.) This is due to a increased demand within the ambulatory area of ED and require further work as more people are attending due to reduced access to primary care, a audit of this is being undertaken

During August the Urgent Care Board was formed and has 6 work streams that support the standardising the way of working, transformation of services and improving the battle rhythm, this is now being formatted into the urgent care plan that supports our improvement

Six Work Streams

- **Urgent & Emergency Care**- this work stream is looking at how we can seek to embed some of the learning from Covid within the emergency department that will support triage; WTBS; wait for decision and a review of site management processes to support flow through the hospital. This work is supported by ECIST.
- **Urgent Care Centre** – strengthening the relationships with Vocare and continuing to seek to improve on the KPIs that support urgent care
- **Standardising Ward Based Processes**- Standardising the ways of working across across all wards to support flow from ED / theatres and improving some of the quality matrix that support flow
- **Divisional Specific Work Streams**- This work is based on 5 pillars of change. We have asked all the divisions to base their urgent care improvement plans on specific changes that reduce the time needed within ED i.e. reduction of diagnostic tests which will improve long waits.
- **Think 111**- System wide piece of work that is part of the national initiative to se more patients directed directly from 111 to emergency portals reducing foot fall in ED
- **NHSI Improvement Collaborative** - working with WMAS and CRIS / Community teams to reduce the conveyance to UHNM through better access to community teams

URGENT CARE – *(Discharges)*

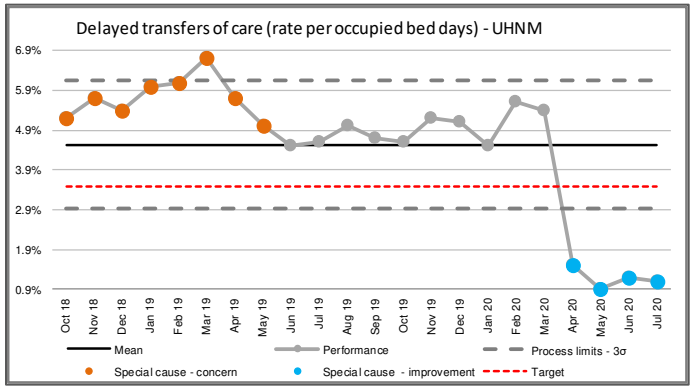


Variation	Assurance
L	?

Target	Jun 20	Jul 20	Aug 20
120	51	45	47

Background

The average daily number of patients Medically fit for discharge from an acute bed yet to be discharged.

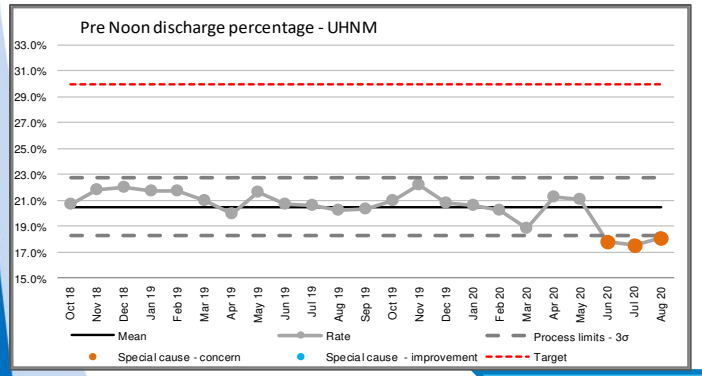


Variation	Assurance
L	?

Target	May 20	Jun 20	Jul 20
3.5%	0.9%	1.2%	1.1%

Background

The Percentage of bed days occupied by delayed transfers of care. (1 month in arreas)



Variation	Assurance
L	F

Target	Jun 20	Jul 20	Aug 20
30%	17.8%	17.5%	18.1%

Background

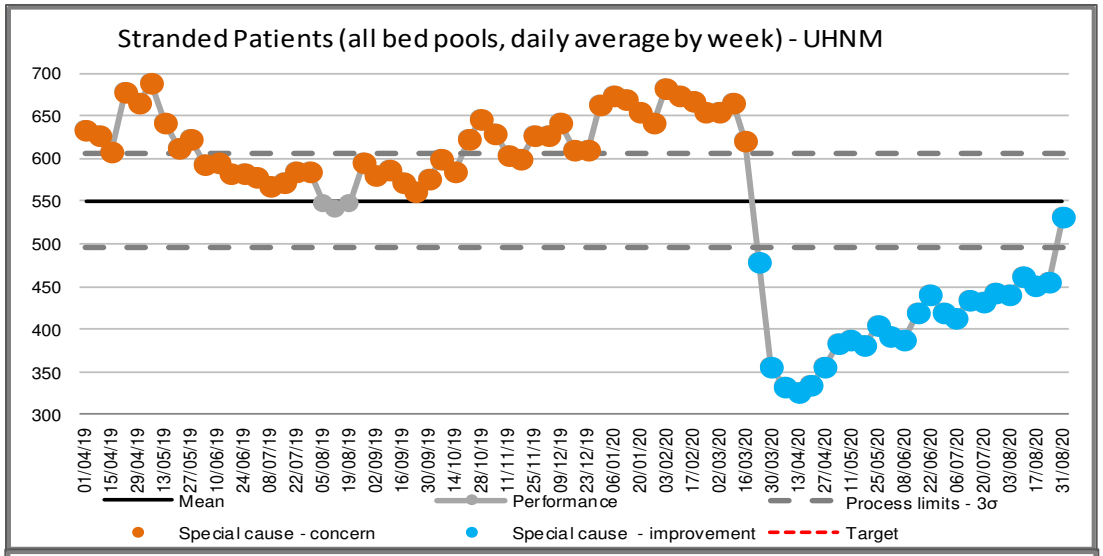
The percentage of discharges complete before 12 noon.

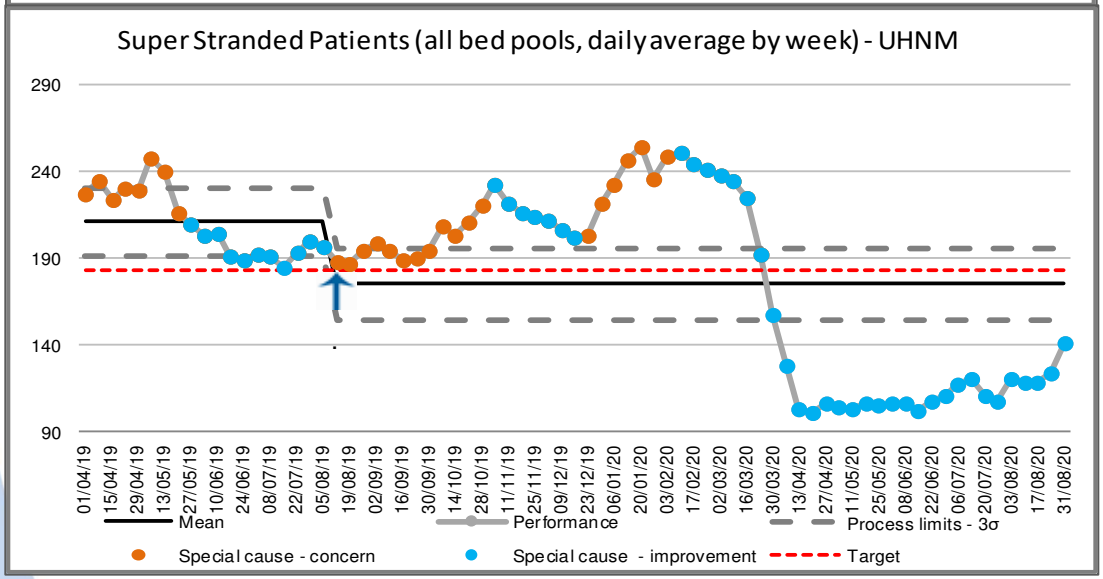
Medically fit for discharge (MFFD):
August has seen no significant difference in the weekly average number of MFFD patients. Since the beginning of Coronavirus there has been a pull system in place to ensure timey discharge of patients to ensure that flow is supported.
It is believed that with the current processes an MFFD of circa 45 can be maintained which is where it currently is. Crucially patients are waiting for a shorter time to be placed which is seen by the sustained reduction in the DTOC numbers

Delayed Transfers of Care (DToC) – I month in arrears
The rate has seen a significant improvement. August remains below the 3.5% national ambition. Although the Covid-19 pandemic has resulted in less beds occupied at the Trust in August this measure shows that proportionately fewer occupied beds are patients waiting for transfer of care.

Discharges before midday
Discharges before midday has shown little variation from June/July but remains below the lower control limit. Improvement forms part of the urgent care improvement actions.

URGENT CARE – *(Discharges)*





Summary

- There is evidence that the rolling weekly average for the complex caseload is increasing
- Stranded patients across all bed pools continues to rise although levels still significantly below that seen pre-Covid-19
- Super Stranded patient numbers saw a slight rise mid-month.

Actions

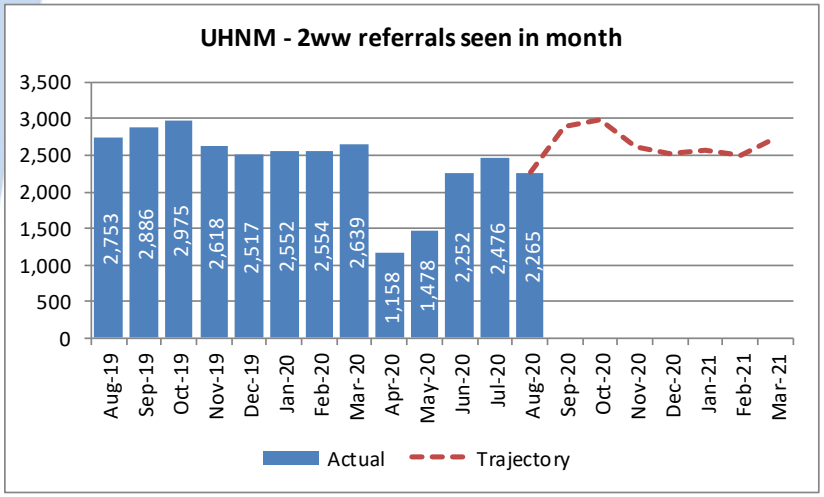
The Average LoS for all non elective medical discharges is higher this year than last. This is slightly misleading however due to a drop in same day discharges.

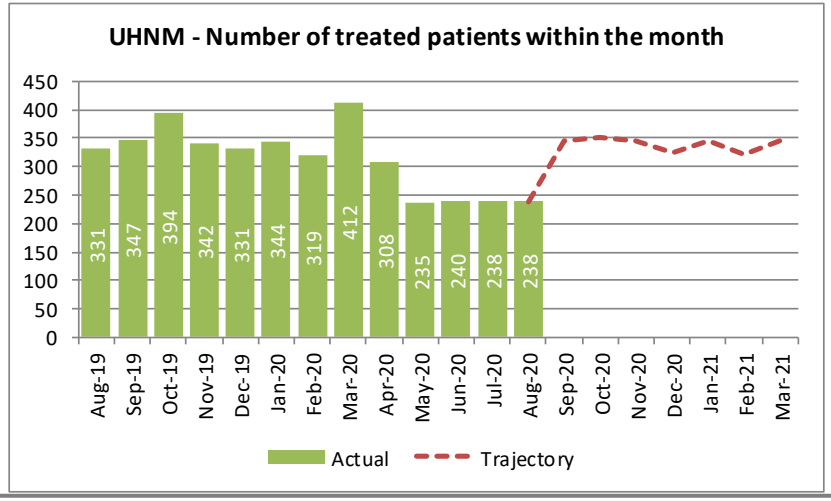
The average LoS for patients staying at least one night (excluding zero day)is in line with previous years.

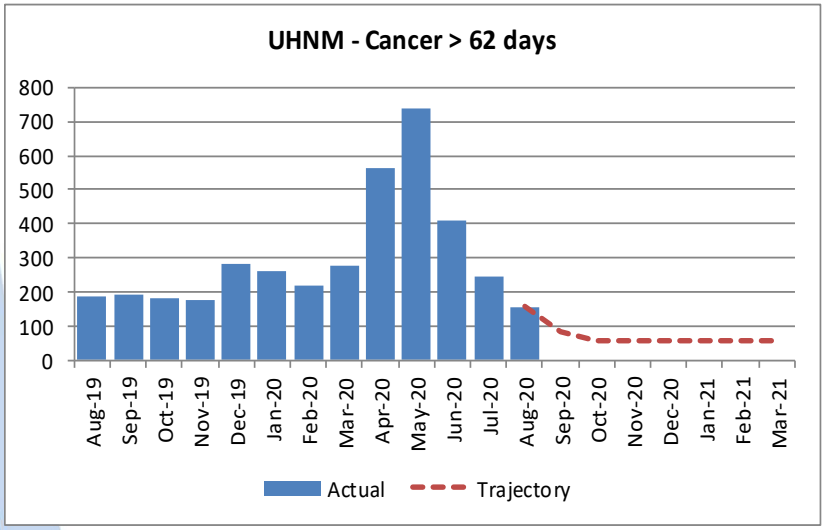
With a lower number of MFFD patients but a similar LoS, this implies a higher acuity or longer period of acute care needed on average per patient this year.

LOS reviews commissioned for deep dives across all wards to check acuity and progress around discharge actions as part of enabler work for bank holiday.

Cancer



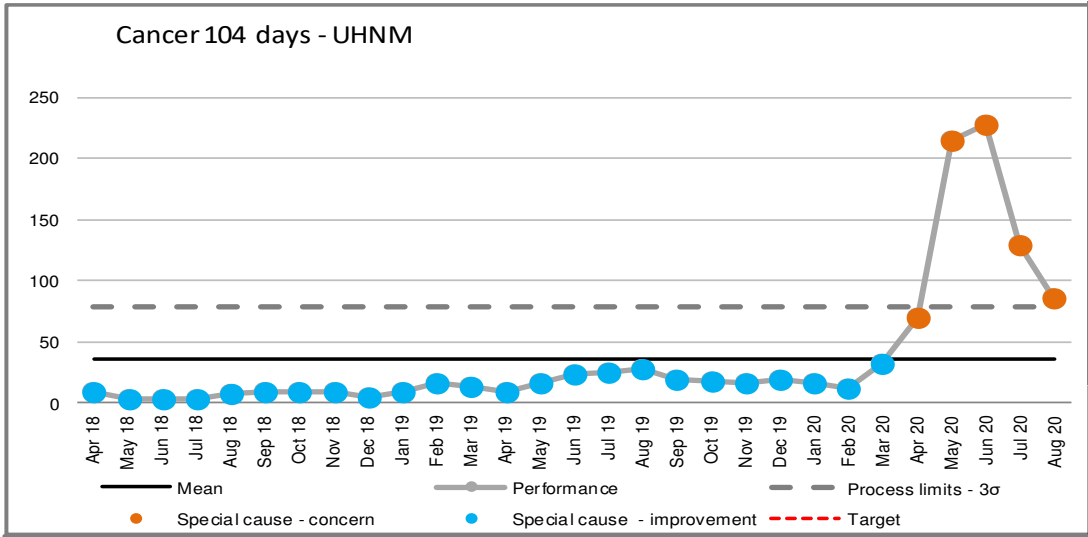




Summary

- 2WW activity has increased after the initial drop in April and is expected to be in line with previous years activity going forward.
- Corporate cancer team to train the Cancer Bureau on identification of sub optimal referrals which will be referred to the Choice and Referral Centre for review.
- The number of cancers treated is still low in comparison to previous year treats however September is expected to see an increase.
- Communication training has been delivered by the Macmillan Cancer Support & Information Service Manager. This will enable all the teams to be proactive in contacting patients and ensuring optimised capacity.
- The backlog continues to reduce with a further reduction in August to 157. The decrease is steadily continuing during the period of the backlog coordinator trial. The aim is to bring this down to a sustainable level of 58 pathways by the Autumn 20.
- There are currently a total of 25 cancer pathways over 104 days which continues in the on-going reduction plan

Cancer



Variation	Assurance
H	?

Target	Jun 20	Jul 20	Aug 20
0	228	129	86

Background

The number of patients over 104 days waiting on a cancer pathway

What is the data telling us?

The data shows improvements coming out of Winter 2019, following which the number of patients 104+ days has significantly risen, due to Covid-19. The number is now declining dramatically.

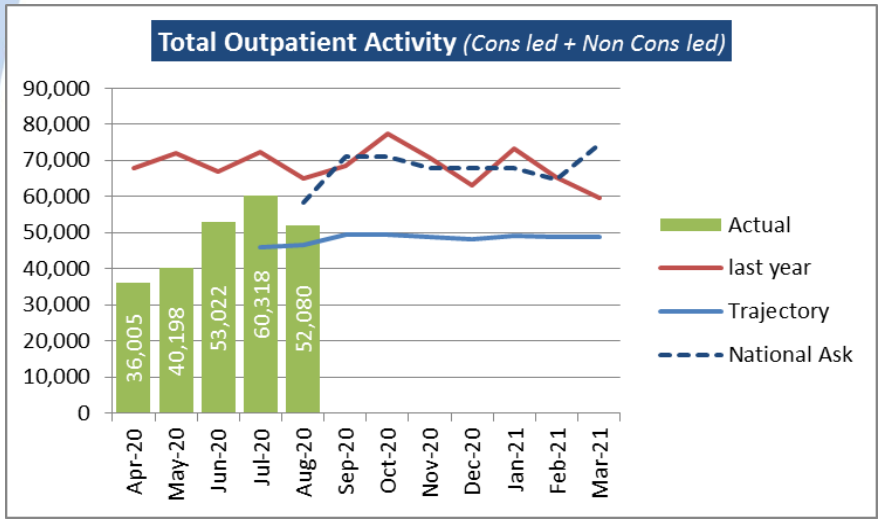
Summary:

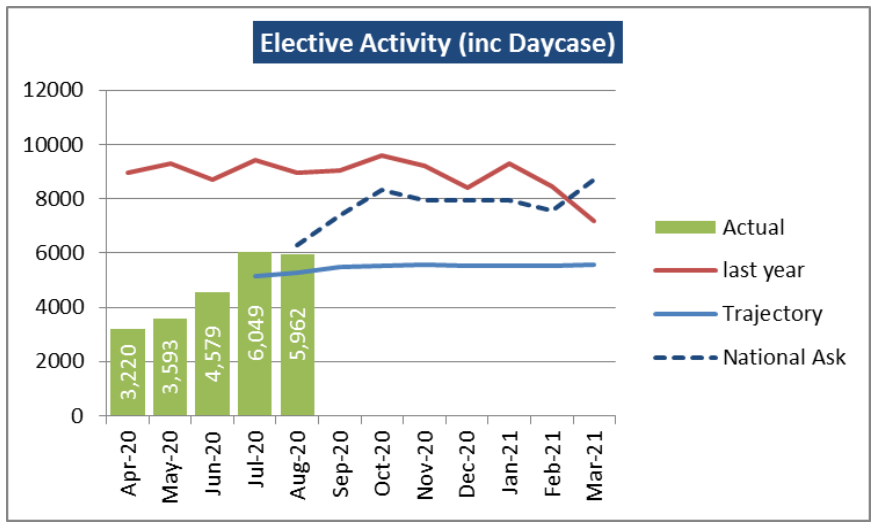
- At the end of August there were a total of 86 cancer pathways that had exceeded 104+ days which is a further reduction of 43 since the last report
- We remain on track to delver the trajectory that supports the total backlog reduction (see slide 12)

Actions

- Enhanced scrutiny of long waiters by backlog co-ordinator .
- Creation of individualised action plans for all patients who have exceeded 104+ days.
- Use of frailty PTL for patients who are to unwell to remain on a target pathway.
- Patients who are non-compliant with the pathway are referred to the clinical team for a safety review.
- Training planned for all MDTC's on validation of long waiting pathways.
- Newly refreshed escalation processes is in place and will be trained out to all staff in September 20

Planned care - Activity





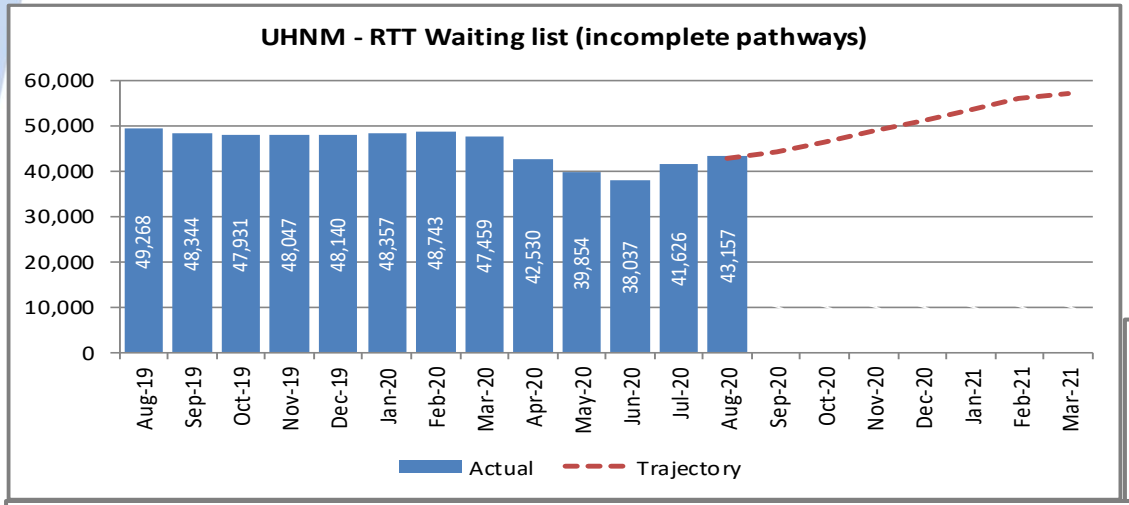
Outpatients Summary

- Outpatients have seen activity levels rise since April in line with Restoration plans.
- For August, outpatient activity was **80%** of last year's business as usual (the Phase 3 ask is to be at 90% by September).
- Divisional confirm & challenge meetings taking place through September to ensure plans are robust and ambitious.
- Work is required on template reconfiguration based on Divisional assumptions - this needs to be aligned to the in patient and diagnostics plans for the purpose of substantive job planning.
- Challenges around increasing FTF linked to Covid compliance, including 2m rule.
- Variable theatre capacity impacting on Outpatient sessions, can lead to short notice requests.

Elective inpatients Summary

- Elective/Daycase activity has seen a steady rise since April 20 in line with restoration plans.
- For August, Elective inpatient activity was **71%** of last year's business as usual (the National ask is to be at 80% by September).
- Divisional confirm & challenge meetings taking place through September to ensure plans are robust and ambitious.
- Mandate to achieve 90% is the focus of all teams and Surgery are running a perfect week 07/9 to improve productivity and throughput of the surgical pathways with the outputs aligned to the R&R plans. Similar actions in train at the IS.

RTT waiting list size



	Jun 20	Jul 20	Aug 20
Trajectory	#N/A	#N/A	42,890
Actual	38,037	41,626	43,157
Varience	#N/A	#N/A	267

Background

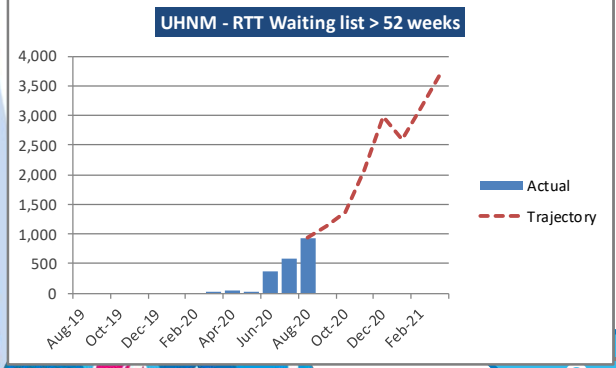
The total number of patients on an 18 week RTT pathway, waiting for their first definitive treatment at the end of the given month

What is the data telling us?

The overall Waiting list at UHNM saw a decline due to Covid-19 but is now rising. An increase has been seen in the last two months running. Trust trajectory has been developed based on the assumption that referrals will return to 100% of last year demand (Phase 3 ask)

Summary

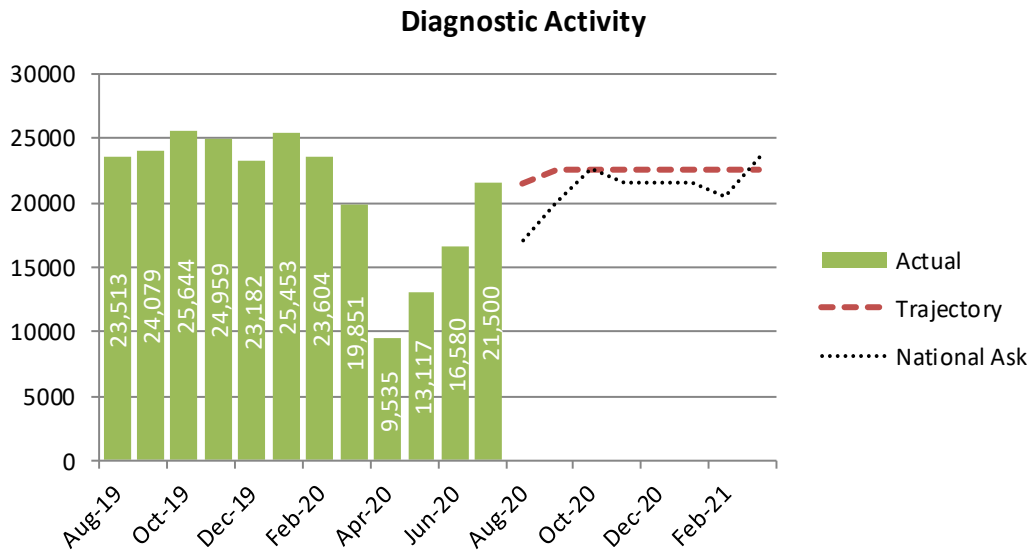
- Activity constraints mean the demand will outweigh the capacity causing the WL to increase. The increase is expected to continue through to the end of the year with the Trust trajectory in March 2021 at **57,093** patients.
- An Interim Head of Elective Access has been appointed to co-ordinate the RTT recovery strategy and align our UHNM Access Policy to ensure consistency of application of PTL processes and management of pathways across all modalities. An allocation of validators (20) from the national team has been requested to support delivery of the plan aligned with the introduction of Clear PTL software. External audit of RTT PTL completed and report returned.



52 Week waits

- Although the overall waiting list reduced over the peak of Covid-19, the waits for patients on the list continued to grow, culminating in patients now breaching the 52 weeks waited mark.
- The numbers of 52 week waits in August were 931. These are expected to grow further through the year with the Trust trajectory reaching **3,701** in March 2021.
- In Patient PTL now coded and R&R clinical group have drafted a set of clinical principles that will enable the alignment of theatres and beds to urgent categorised patients in order to optimise treatment/clearance.
- Revised 52 ww trajectory drafted with Head if Elective working delivery of the plan.

Diagnostic Activity



	Jun 20	Jul 20	Aug 20
Trajectory	#N/A	#N/A	21,500
Actual	16,580	21,500	0
Varience	#N/A	#N/A	-21,500

Background

Number of diagnostic tests completed in month for 6 key testing modalities; MRI, CT, ultrasound, colonoscopy, flexi sigmoidoscopy and gastroscopy.

What is the data telling us?

After a dramatic drop in activity in April 20, month on month increases have been seen. End of year trajectory often exceeding the national ask of 90% of previous years' business as usual.

Modality Breakdown

	Actual			Trajectory
	Jun-20	Jul-20	Aug-20	Sep-20
MRI	3,756	5,114	0	5,514
CT	9,264	10,635	0	11,035
Non-obstetric ultrasound	2,899	4,658	0	4,883
Colonoscopy	312	459	0	616
Flexi sigmoidoscopy	45	66	0	84
Gastroscopy	304	568	0	476

Summary

- August saw a further increase in diagnostic activity rising to 21,860.
- The trust trajectory for activity to the end of the year consistently meets the national ask and will see numbers return to similar levels as previous year.
- Both MRI and CT saw more patients in August 2020 than in August 2019.
- Imaging – sourcing capacity from IS and mobile units to supplement.
- New ways of working are being reviewed with the transformation team
- The diagnostic waiting list had significantly grown as patients were added and reached 20,287. With the increased activity being seen, the waiting list is now reducing and is currently at 17,191 (a reduction of 423 from July).
- The total number of patients > 6 weeks also reduced again to 7029; the fourth month this has reduced.

Operational Performance

2025 Vision "Achieve NHS Constitutional patient access standards"

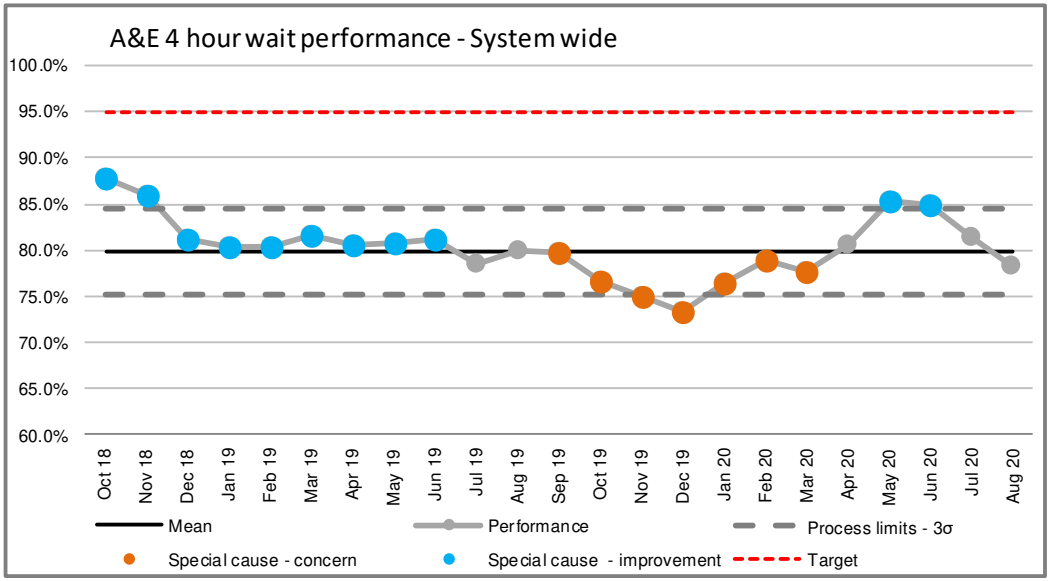
Operational Performance Dashboard

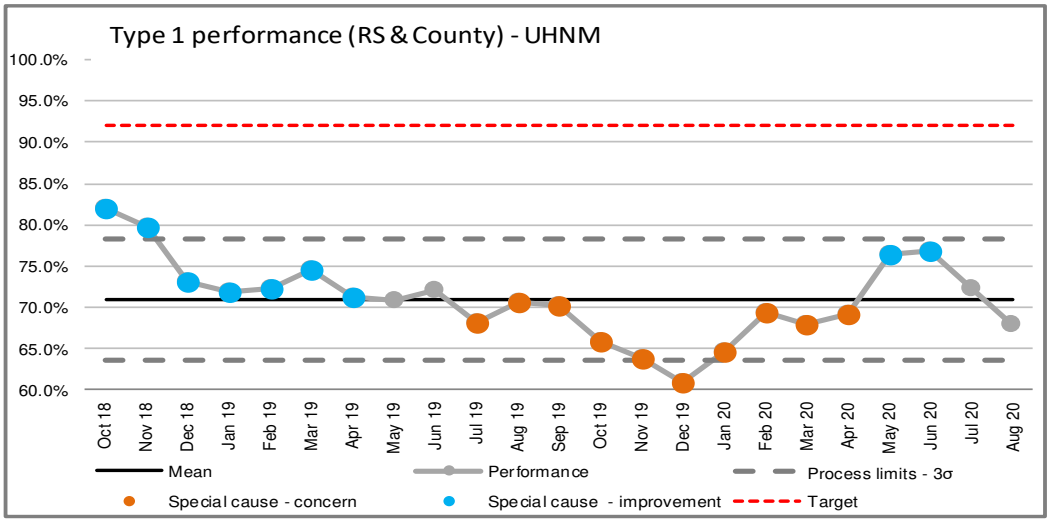
	Metric	Target	Latest	Variation	Assurance	DQAI
A&E	A&E 4 hour wait Performance	95%	78.30%		F	
	12 Hour Trolley waits	0	0	L	?	
Cancer Care	Cancer Rapid Access (2 week wait)	93%	93.20%		?	
	Cancer 62 GP ref	85%	71.70%		?	
	Cancer 62 day Screening	90%	0.00%	L	?	
	31 day First Treatment	96%	93.30%		?	
Elective waits	RTT incomplete performance	92%	52.38%	L	F	
	RTT 52+ week waits	0	911	H	?	
	Diagnostics	99%	59.20%	L	F	

	Metric	Target	Latest	Variation	Assurance	DQAI
Use of Resources	DNA rate	7%	7.2%		?	
	Cancelled Ops	150	57	L	?	
	Theatre Utilisation	85%	80.9%		F	
Inpatient / Discharge	Same Day Emergency Care	30%	30.5%	H	?	
	Super Stranded	183	142	L	?	
	DToC	3.5%	1.10%	L	?	
	Discharges before Midday	30%	18.1%	L	F	
	Emergency Readmission rate	8%	12.7%		F	
	Ambulance Handover delays in excess of 60 minutes	10	42		?	

URGENT CARE – 4 hour access performance

University Hospitals of North Midlands NHS Trust





Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
95%	84.9%	81.3%	78.3%

Background

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

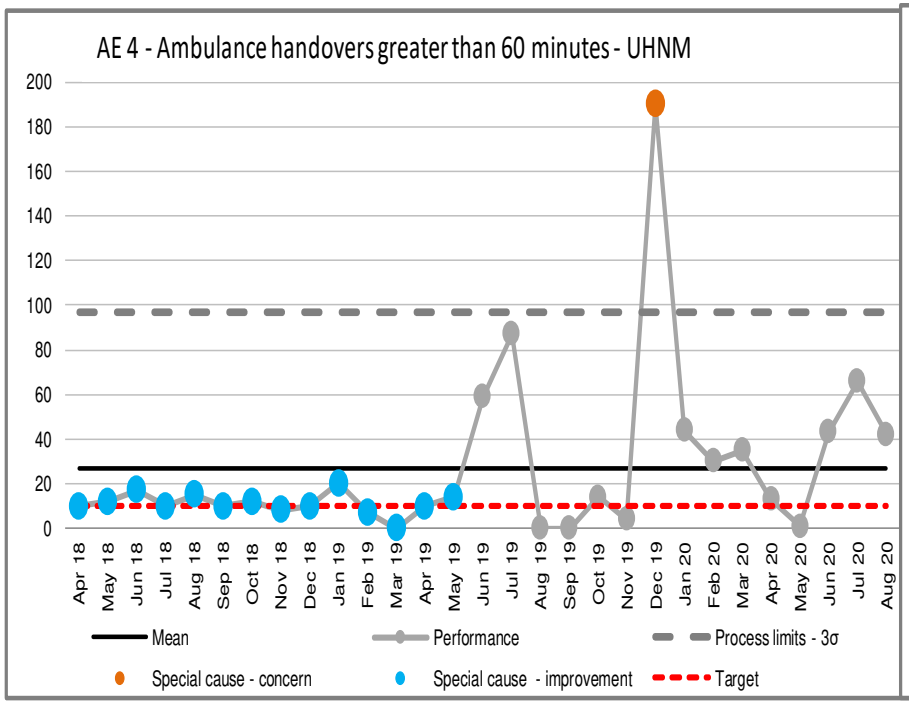
What is the data telling us?

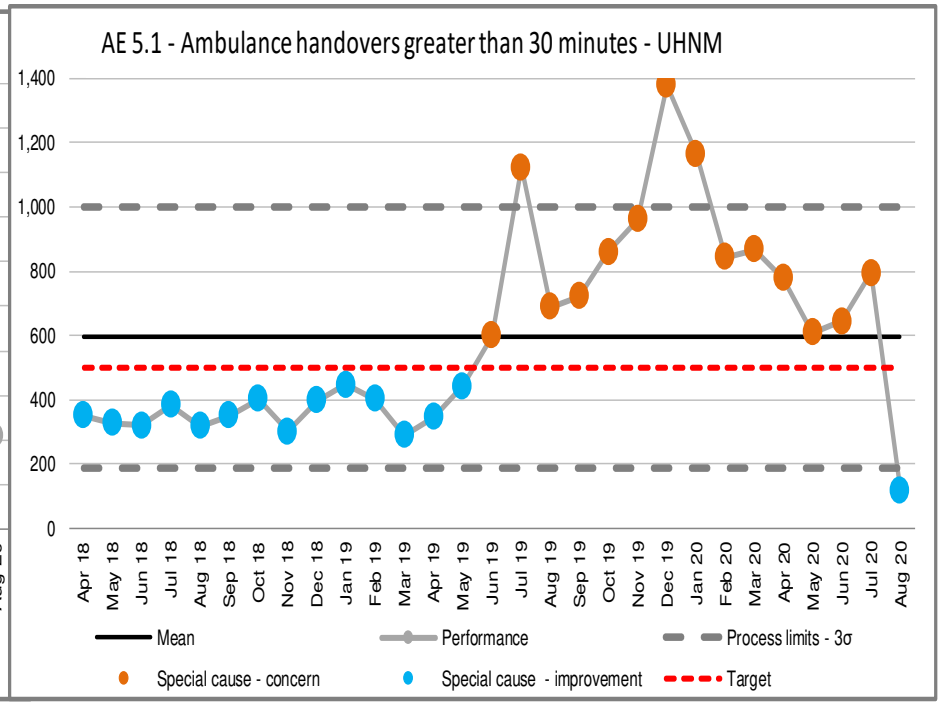
The improvemnets seen in May and June have not been sustained. However performance is still within the control limits and remains around the mean.

Together Compassion Safe Improving

Quality | Operational | Workforce | Finance

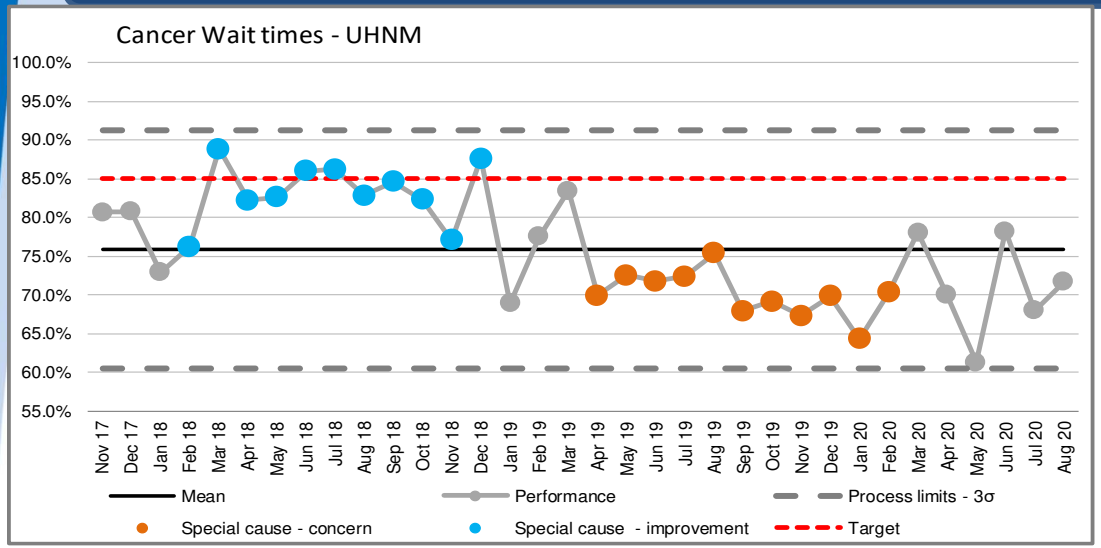
URGENT CARE – 4 hour access – ambulance handovers





Both confirmed following validation

Cancer – 62 Day



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
85%	78.2%	68.0%	71.7%

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 shows special cause concern from April 2019. The variation indicates consistently falling short of the standard.

Summary

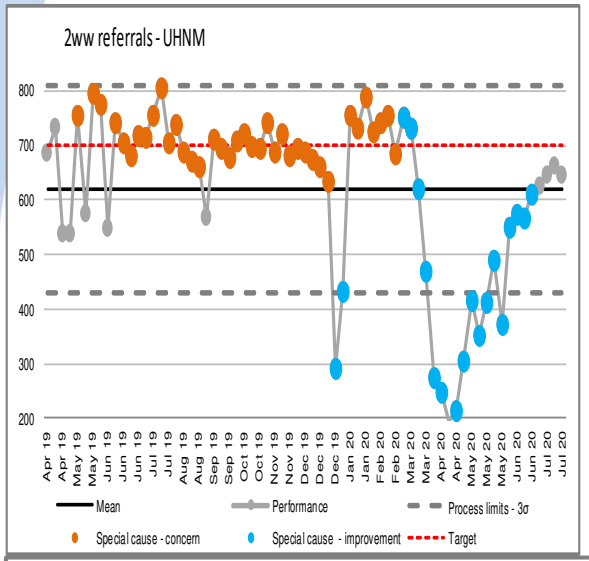
Performance for August

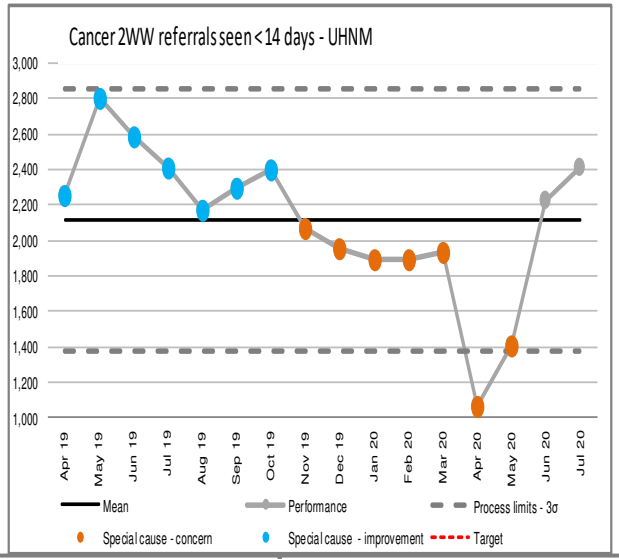
- August 62 day first treatments achieved 68.1%. The number of treatments is still low compared to pre covid levels, however the denominator is expected to increase to secure > 70% position.
- In August the Trust achieved 4 Cancer standards – 28 Day FDS (shadow monitored), Breast symptom, subsequent treatments for anti cancer and radiotherapy.
- The 62 day referral to treatment PTL is currently 2576. This is increasing steadily as referral rates return to pre covid levels. The total backlog continues to reduce with this cohort showing a further reduction to 221.
- The decrease is steadily continuing during the period of the backlog coordinator trial. The aim is to bring this down to a sustainable level of 58 pathways by the Autumn 20.
- 104 pathways have reduced significantly over the past three months. There are currently a total of 25 cancer pathways which have exceeded 104+ days. This is a further reduction of 61 since the last report. This will increase as tip ins from screening and upgrades from diagnostics start to influence.

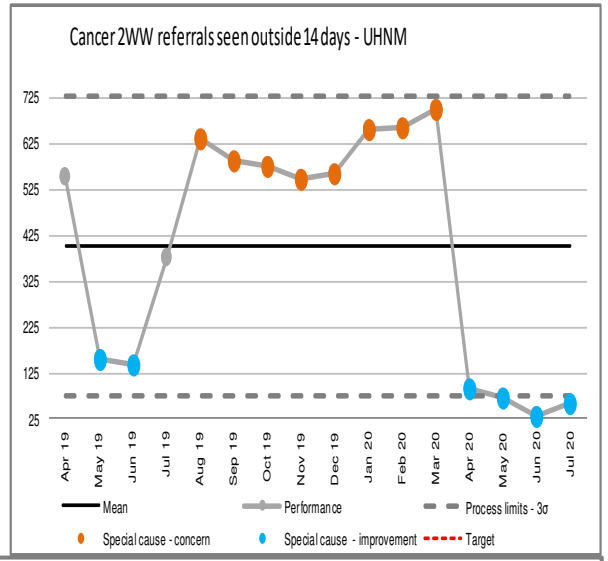
Actions

- Deep dive conducted for Urology and capacity and resources aligned to support recovery with additional theatre slots with additional diagnostics capacity commissioned from Rowley Hall.
- Deep dive completed for Colorectal to support recovery plans and how the colorectal hub will support proactive pathway management to support recovery. FIT pathway drafted with investment in pathology kit approved at R&R to support management and reporting of tests via ICE. Full investment paper in draft for Exec review early October.
- Breast service continues to operate from IS and the team wish to continue to operate from the Nuffield. Actions in train to try and improve throughput with the support of the IS staff and anaesthetics team. Hub model commenced. Breast now have 3 x 10 hour sessions at IS to increase treatments.
- Specialty hub models for UGI and Lung are working well. The ACPPC post that supports Lung is being included in the hub model to delivery further efficiencies. Extended funding confirmed for Lung Screening project.

Cancer – 2 Week Wait







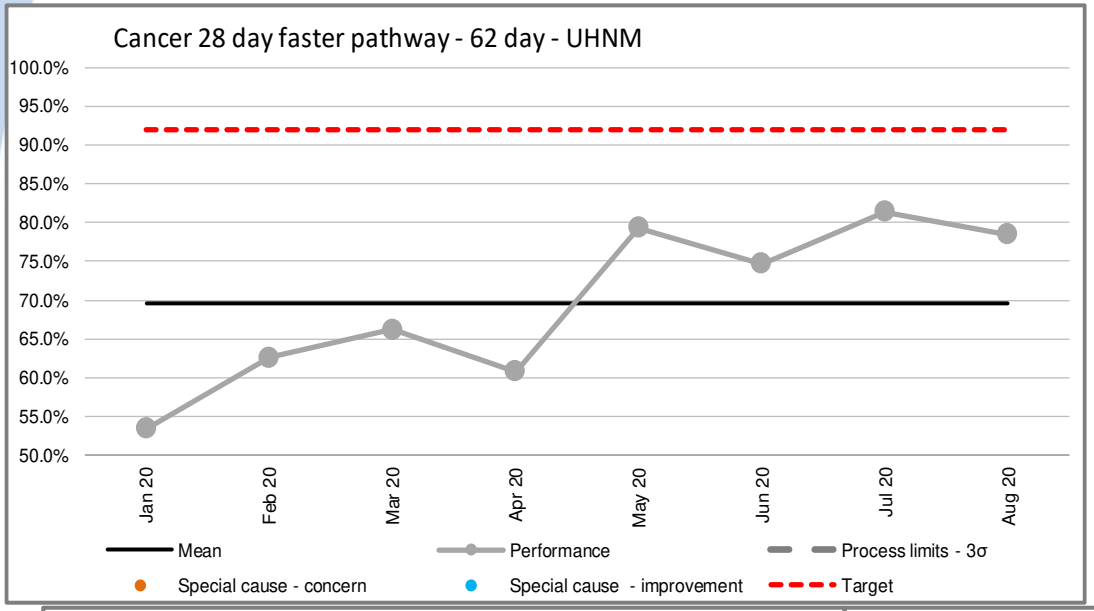
Summary

- 2ww compliance against the 93% standard continues to improve during August and is currently 93.2%. We have 2ww appointments/TTT at 2183 (including breast symptom) in Aug (part month figures) compared to the month end final position of 2528 July (including breast symptom)
- Overall demand in 2019 showed little variation (as seen in the SPC above) up until Covid-19 when referrals fell significantly (average wkly demand pre-Covid was 730/week whereas after Covid this reduced to 240/week.
- We have seen a steady increase in 2ww ref demand over the last 6 weeks. Of note- Skin are receiving an average of 153 per week and Colorectal average of 131 per week.

Action

- The recent audit of 2ww demonstrated 20% of referrals were found to be suboptimal.
- Corporate cancer team to train the Cancer Bureau on identification of sub optimal referrals which will be referred to the Choice and Referral Centre for review. CCG colleagues reviewing how they can support with clinical review and discussion of sub optimal referrals with primary care referring clinicians to close the loop.
- Corporate cancer team reviewing daily referrals through ERS and checking booking turnaround times against KPI and escalating when over tolerance.
- 2ww demand modelling for 8 week forward look and sent to Divisions for assurance of additional OPD capacity to cover off demand. To be monitored through PTL, PCC and Div performance review sessions.

Cancer – 28 day faster pathway



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
92%	74.7%	81.4%	78.5%

Background

The precentage of patients who have reached a diagnosis by day 28.

What is the data telling us?

The Trust has been shadow monitoring the performance and an increase has been seen since March 18.

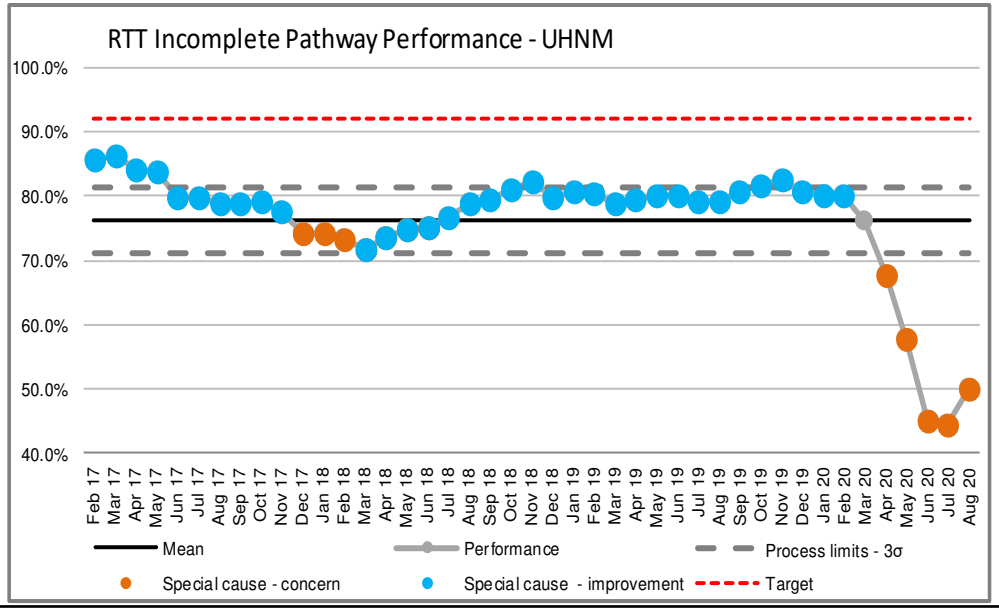
Summary

- The August performance for 28 day FDS is 78.5% this is sustaining an improved position.
- The FDT standard is still on hold from 01 April 2020, due to Covid 19 However the Trust still monitors performance with the view to keep improving against the 75% standard

Actions

Optimal pathway projects continue for the four targeted tumour sites: Colorectal, Lung, Prostate and Upper GI.
This is being led by a dedicated cancer transformational workforce, who continue to drive improvements through local steering groups.
The Hub model continues to be developed and improved in collaboration with divisional colleagues.

Referral To Treatment



Variation	Assurance
L	F

Target	Jun 20	Jul 20	Aug 20
92%	45.0%	44.4%	50.1%

Background

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

What is the data telling us?

The RTT performance deteriorated from March 2020 with the onset of Covid-19. There is some early indication that performance is beginning to increase.

Summary

- August has seen a rise in performance as restrictions are eased and the Trust works towards restoring pre-covid services.
- The RTT waiting list size has increased to 43,517 as new referrals are logged and pathways commenced, (an increase of 1891 since July).
- The number of patients over 18 weeks who were unable to be treated reduced (for the first time since lockdown) from 23,139 to 20,662.
- The Trust has 931 > 52 week breaches and the number of patients over 40 weeks has risen to 4650. Urology, ENT & Spinal are the top 3 and have been validated by the corporate validation team.
- Independent activity, with c65 cases for July, is the highest seen to date.
- The picture in August is reflecting the changes brought about with the easing of restrictions and returning services. The number of incomplete pathways are increasing as new clock starts are added, the backlog has decreased in total however the number of patients over 40 weeks is rising. The latest number is 4392, a rise of 658 from July.
- In essence performance is improving but the number of long waiters is increasing.

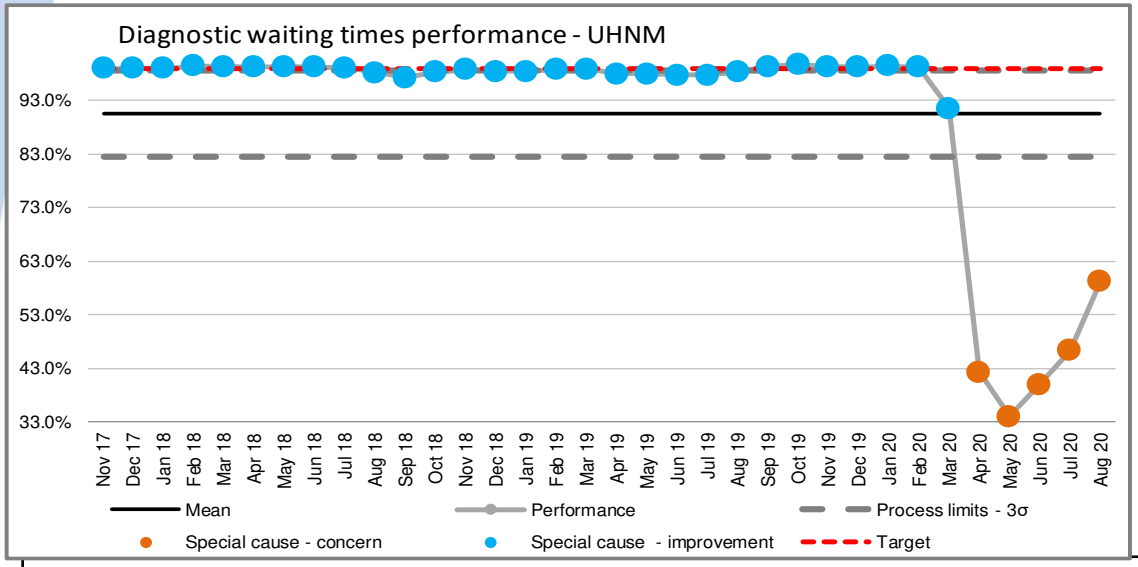
Actions:

- External audit of RTT PTL completed and report returned.
- Interim Head of Elective Access recruited to support proactive management of the RTT recovery strategy including PTL validation, Access Policy compliance, In sourcing planning, and 52 ww improvement plans.
- Theatre Planning Group refresh and alignment to the clinical prioritisation model to commence from 01/10.
- The Independent Sector contract is being renewed but with a 75% split for NHS (acute and CAB) that will enable 52 ww patients to be profiled.

Risks:

- Reduced IS capacity under new contract.
- Patient choice (Covid and patients unwilling to attend/DNA)

Diagnostic Standards



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
99%	40.0%	46.3%	59.2%

Background

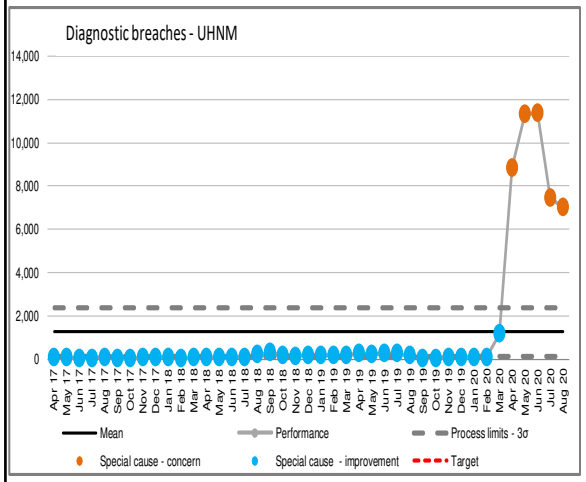
The percentage of patients waiting less than 6 weeks for the diagnostic test.

What is the data telling us?

The diagnostic performance has shown normal variation up until March 2020. Special cause variation occurred from March (COVID-19).

Summary

- The Diagnostic indicative performance is 59,2% . This is the third month running that has seen a significant improvement after the major deterioration in performance as a result of the national mandate to cease routine elective activity.
- The Trust is continuing to work through all the patients on the patient lists to offer appointments in further increase activity levels.
- The diagnostic waiting list had significantly grown as patients were added and reached 20,287. This is now reducing and is currently at 17,191 (a reduction of 423 from July).
- The total number of patients > 6 weeks reduced to 7013, again the third month this has reduced.
- **Actions:**
- Recovery capacity is now understood and being planned to end of March 2021, with investment requests approved for DMO1 modalities.
- The Diagnostic tests which are more challenged are working through options: Endoscopy looking at insourcing options with 2 companies, Ultrasound, offer of support from Tier 2 service being explored, echo has had investment to clear demand and so too respiratory sleep studies and Nuffield offer of 2ww urgent bloods.
- Imaging – sourcing capacity from IS and mobile units to supplement.
- New ways of working are being reviewed with the transformation team (Apps for Phlebotomy bookings).



Workforce

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

Workforce Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key messages

The Staffordshire & Stoke-On-Trent Local People Plan has been finalised and describes the People Promises for the current and future workforce. It supports delivery of the National People Plan and has been developed in partnership with System Partners. Assurance against the System delivery plan will be provided to the People, Culture and Inclusion Board with input from NHSi and Health Education England (HEE). This Trust's People Plan and HR Delivery Plan support and inform delivery of the System Plan. Link linked to the NHS People Plan Briefing for Board members:

https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/

The strategic focus of our People Plan remains on supporting recruitment, workforce deployment, staff wellbeing, absence management and staff testing. Recruitment campaigns are in place to recruit to the Winter Plan and we are working jointly towards system-wide campaigns.

Covid-related absences reduced in August, but started to increase again from 8th September. This has resulted in an increase in the demand for staff testing. At the beginning of the crisis 40-50 staff tests were undertaken per day, 7 days a week. Based on the last 7 days, the demand for tests is again averaging 50 per day. As such, the Workforce Bureau has been re-established and resources have been applied to ensure staff testing is carried out in line with demand.

The key performance issues remain compliance with statutory and mandatory training and PDR requirements, and the sickness rate being above target.

Sickness

The sickness rate remains above target but has reduced since the height of the pandemic. The in-month sickness rate was 4.41% (4.51% at 31/07/20). During August, 7.7% of sickness absence was due to Chest and Respiratory problems. The 12 month cumulative rate reduced slightly 5.15% to 5.12%. For the 12months ending 31st August 2020, 13.7% of sickness absence was due to Chest and Respiratory problems.

Note: A proportion of sickness is transferred to ESR as 'Unknown causes / Not specified' which may include covid-related absence which was not validated by the line manager at the time of transfer.

As at 15th September 87.01% of all permanent and fixed term staff have completed a covid-related risk assessment with their manager and 90.83% of BAME staff have a completed covid risk assessment. 115 staff are shielding or self isolating.

Appraisals

The Non-Medical PDR compliance rate was 76.35% at 31st August 2020 (73.80% at 31st July 2020) with improvement across 5 of the 6 Divisions

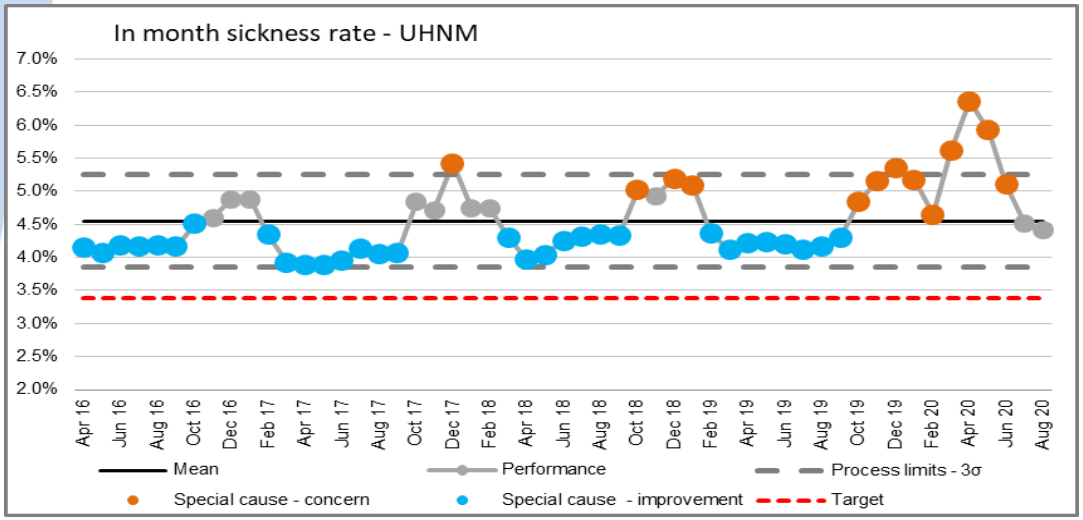
Statutory and Mandatory Training

The Statutory and Mandatory training rate at 31st August 2020 was 92.22% (90.93% at 31st July 2020). At 31 August 2020, 86.32% of staff had completed all 6 Core for All modules (85.38% at 31/07/20).

Workforce Dashboard

Metric	Target	Latest	Variation	Assurance
Staff Sickness	3.4%	4.41%		F
Staff Turnover	11%	9.65%		P
Statutory and Mandatory Training rate	95%	92.22%		F
Appraisal rate	95%	76.35%	L	F
Agency Cost	N/A	2.95%		P

Sickness Absence



Variation	Assurance

Target	Jun 20	Jul 20	Aug 20
3.4%	5.1%	4.5%	4.4%

Background

Percentage of days lost to staff sickness

Sickness rate is consistently above the target of 3.4%. The special cause variation seen from March through to July was a result of covid-19. Although Covid-related absences reduced in August, these have started to increase again from 8th September

Summary

The sickness rate remains above target but has reduced since the height of the pandemic. The in-month sickness rate was 4.41% (4.51% at 31/07/20). The 12 month cumulative rate reduced slightly 5.15% to 5.12%. The sickness rate is calculated as FTE days lost to sickness / FTE days available in the period

During August, 7.7% of sickness absence was due to Chest and Respiratory problems. For the 12months ending 31st August 2020, 13.7% of sickness absence was due to Chest and Respiratory problems.

Note: A proportion of sickness is transferred to ESR as 'Unknown causes / Not specified' which may include covid-related absence which was not validated by the line manager at the time of transfer.

As at 15th September 87.01% of all permanent and fixed term staff had completed a covid-related risk assessment with their manager and 90.83% of BAME staff had a completed covid risk assessment. 115 staff are shielding or self isolating.

The demand for staff testing has increased in the main due to children returning to school. At the beginning of the crisis 40-50 staff tests were undertaken per day, 7 days a week. Based on the last 7 days, the demand for tests is again averaging 50 per day.

Actions

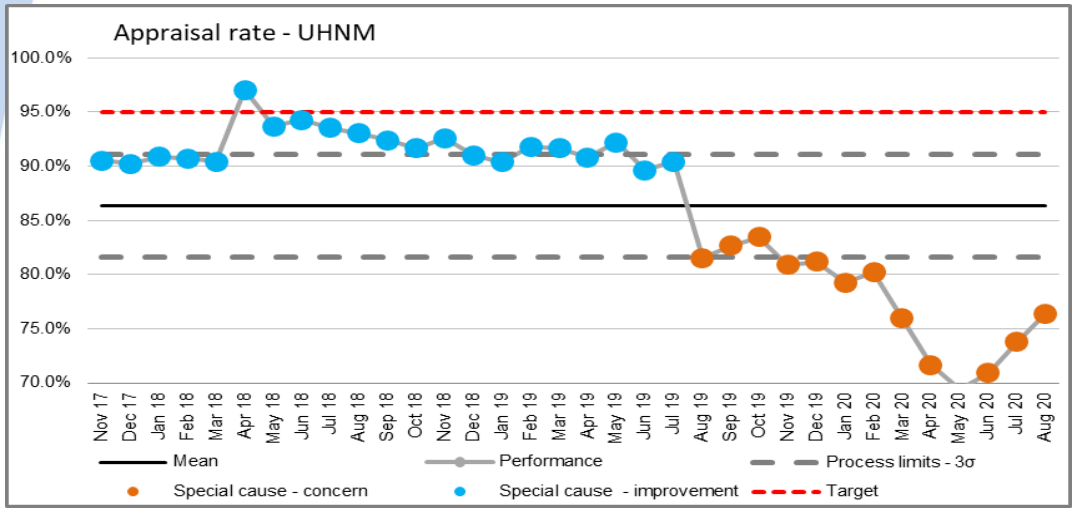
The Managers & Team Toolkit has been issued which provides tools for managers to review how their team is feeling and steps for improving the workplace.

As part of the Staff Wellbeing and Engagement events planned for September and October, staff have been invited to join Project Wingman – an initiative aimed at providing much needed rest and recuperation to NHS staff

To support staff financial wellbeing, a new ESR guide has been created to support staff to view and manage their online Payslips and P60's

Outstanding covid risks assessments are being followed up with line managers and support to input completed risk assessments to the Empactis System is available

Appraisal (PDR)



Variation	Assurance
L	F

Target	Jun 20	Jul 20	Aug 20
95.0%	70.9%	73.8%	76.4%

Background

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

What is the data telling us?

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

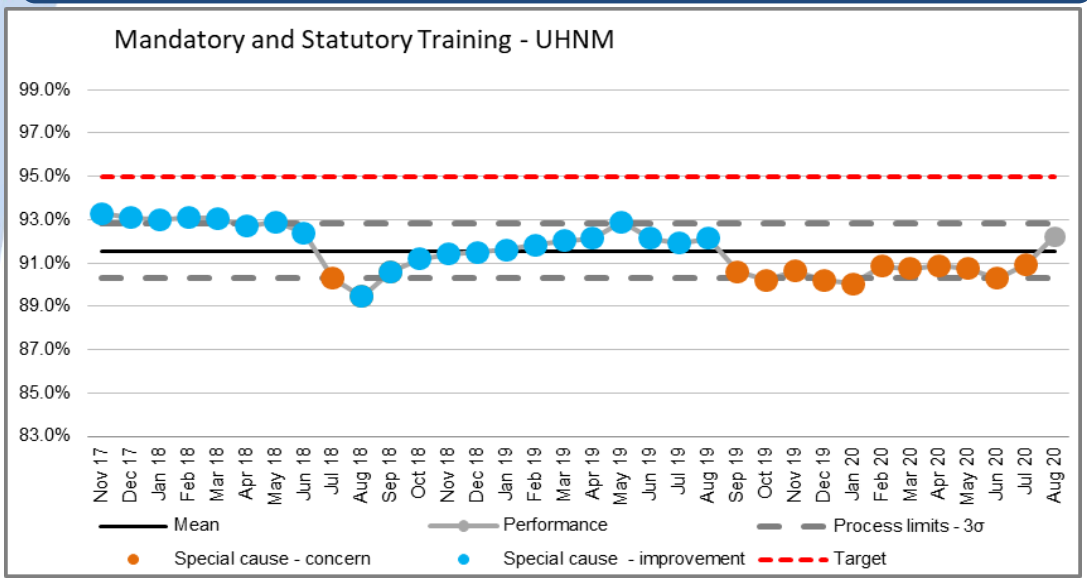
The Non-Medical PDR compliance rate was 76.35% at 31st August 2020 (73.80% at 31st July 2020).

There was an improvement in performance across 5 of the 6 Divisions

Actions

- Divisions have produced improvement trajectories which are managed via the performance review meetings.
- The Appraisal toolkit for managers and e-learning has been updated and communicated
- All areas with performance below 75% are contacted to ascertain what support they require and we have reissued the offer of support to input PDR data to ESR on a manager's behalf

Statutory and Mandatory Training



Variation	Assurance
	F

Target	Jun 20	Jul 20	Aug 20
95.0%	90.3%	90.9%	92.2%

Background

Training compliance

What is the data telling us?

The Training rate is consistently below the 95% target. There is special cause variation since September 2019, which was the point at which local recording systems were no longer used.

Summary

The Statutory and Mandatory training rate at 31st August 2020 was 92.22% (90.93% at 31st July 2020). At 31 August 2020, 86.32% of staff had completed all 6 Core for All modules (85.38% at 31/07/20)

Competence Name	Assignment Count	Required	Achieved	Compliance %
205|MAND|Security Awareness - 3 Years|	10386	10386	9653	92.94%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	10386	10386	9645	92.87%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	10386	10386	9313	89.67%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	10386	10386	9567	92.11%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	10386	10386	9635	92.77%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years|	10386	10386	9655	92.96%

Compliance rates for the Annual competence requirements were as follows:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Fire Safety - 1 Year|	10386	10386	8338	80.28%
NHS|CSTF|Information Governance and Data Security - 1 Year|	10386	10386	9139	87.99%

Note: The figures reported elsewhere to Board in respect of Information Governance and Data Security Training, have been adjusted for a 6 month extension due to COVID19. The figures reported in this report are unadjusted.

Actions

Emails have been sent to all non-compliant staff requiring an improvement in compliance over the course of the next 2 months, and setting out individual's responsibilities to comply. Generally, there has been a positive response to the this, resulting in a slight improvement in compliance to date.

Areas with low compliance rates will be written to setting out manager responsibilities for ensuring staff complete statutory and mandatory training and requiring improvement.

Finance

2025 Vision "Ensure efficient use of resources"

Finance Spotlight Report

University Hospitals of North Midlands NHS Trust

Key messages

- The Trust has delivered a breakeven for the month; this is after the receipt of £1.6m of funding for additional expenditure relating to COVID-19 and a £4.7m "top-up" from NHSI in line with the temporary financial framework established by NHSI.
- Activity delivered in Month 5 is significantly lower than plan although income levels from patient activities have been maintained due to the temporary funding arrangements.
- The Month 5 position includes a one off adjustment to income relating to NCAs totalling £1.3m where a change in guidance had led to activity being incorrectly invoiced to CCGs. This has a net zero impact as it is now included in the central top up in Month 5.
- The Trust incurred £1.6m of additional costs relating to COVID-19 which was £0.8m lower than in Month 4 mainly due to a reduction in the Expansion of the NHS Workforce category.
- The Non COVID-19 Pay run rate is consistent with previous months with the exception of July where National guidance required the Trust to remove its accrual for the Consultants Pay award.
- Non pay expenditure is £0.3m overspent with tariff excluded drugs overspending by £1.1m offsetting continued (although reducing as activity increases) underspends against Clinical Supplies of £0.9m.
- Capital expenditure for the year to date stands at £16.3m which is £0.6m behind plan with small variances across a number of schemes. The forecast CRL expenditure remains on track.
- The month end cash balance is £80.5m which is £9.8m higher than plan.

Finance Dashboard

	Metric	Target	Latest	Variation	Assurance
I&E	Trust Income	variable	69.4		
	Expenditure - Pay	variable	41.7	H	?
	Expenditure - Non Pay	variable	23.2		P
Activity	Daycase/Elective Activity	variable	4,513	L	?
	Non Elective Activity	variable	8,980	L	?
	Outpatients 1st	variable	19,330	L	?
	Outpatients Follow Up	variable	39,453		?

Income & Expenditure

Income & Expenditure Summary Month 5 2020/21	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	729.4	61.5	65.2	3.8	309.2	318.9	9.6
Other Operating Income	85.5	7.0	4.0	(3.0)	36.1	20.6	(15.5)
Total Income	814.8	68.5	69.2	0.7	345.3	339.5	(5.8)
Pay Expenditure	(511.5)	(43.0)	(42.3)	0.6	(214.8)	(210.4)	4.5
Non Pay Expenditure	(267.7)	(22.2)	(22.5)	(0.3)	(114.9)	(106.8)	8.2
Total Operational Costs	(779.2)	(65.2)	(64.8)	0.3	(329.7)	(317.1)	12.6
EBITDA	35.6	3.3	4.4	1.1	15.6	22.4	6.8
Depreciation & Amortisation	(29.2)	(2.4)	(2.4)	(0.0)	(12.2)	(12.2)	(0.0)
Interest Receivable	0.3	0.0	0.1	0.1	0.1	0.1	(0.0)
PDC	(7.6)	(0.6)	(0.6)	0.0	(3.2)	(3.2)	(0.1)
Finance Cost	(17.2)	(1.4)	(1.4)	0.0	(7.2)	(7.1)	0.0
Other Gains or Losses	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit)	(18.0)	(1.1)	(0.0)	1.1	(6.8)	(0.0)	6.7
MRET central funding	4.2	0.4	0.0	(0.4)	1.8	0.0	(1.8)
Financial Recovery Fund	13.8	0.0	0.0	0.0	3.4	0.0	(3.4)
Total	0.0	(0.8)	(0.0)	0.8	(1.5)	(0.0)	1.5

- The Trust delivered a breakeven position for the month against a planned deficit of £0.8m. This position was after accounting for a "true up" payment from NHSI/E of £6.3m relating to additional COVID-19 costs of £1.6m and a payment of £4.7m to bring the Trust to a breakeven position for the month; these transactions are in line with NHSI/E temporary funding arrangements for NHS Trusts.

Capital Spend

Capital Expenditure as at Month 5 2020/21 £m	Revised Annual	In Month			Year to Date		
	Plan	Revised Budget	Actual	Variance	Revised Budget	Actual	Variance
ICT Infrastructure	(2.8)	(0.0)	(0.0)	(0.0)	(0.3)	(0.2)	0.0
Estates Infrastructure	(2.3)	(0.2)	(0.4)	(0.2)	(0.6)	(1.0)	(0.4)
Medical Equipment	(2.2)	-	(0.3)	(0.3)	(0.6)	(0.4)	0.1
PFI lifecycle and equipment	(1.9)	(0.2)	(0.2)	-	(0.8)	(0.8)	-
PFI enabling	(0.1)	-	-	-	-	-	-
Health & Safety Compliance	(0.2)	-	-	-	-	-	-
Other Central schemes	(1.5)	(0.1)	(0.1)	0.0	(0.4)	(0.2)	0.1
Project Star	(0.9)	-	(0.0)	(0.0)	(0.9)	(0.9)	-
Investment schemes	(0.5)	-	-	-	-	-	-
COVID-19 Trust funded (awaiting PDC funding)	(0.7)	-	(0.1)	(0.1)	(0.7)	(0.5)	0.2
Linac	(2.2)	-	-	-	-	-	-
IR2 Bi Plane	(1.3)	-	-	-	-	-	-
LIMS	(0.9)	(0.0)	(0.0)	0.0	(0.2)	(0.1)	0.1
EPMA	(0.8)	(0.1)	(0.0)	0.0	(0.2)	(0.1)	0.1
Trust funded capital programme	(18.3)	(0.6)	(1.2)	(0.6)	(4.6)	(4.3)	0.3
Royal Infirmary Site demolition	(5.5)	(0.6)	(0.6)	(0.0)	(0.7)	(0.6)	0.1
COVID-19 PDC (approved)	(1.7)	-	(0.1)	(0.1)	(1.4)	(1.2)	0.2
PDC award for HSLI	(1.2)	-	-	-	(1.1)	(1.1)	0.0
Wave 4b funding - modular wards	(9.1)	-	-	-	(9.1)	(9.1)	-
Critical Risk Infrastructure	(3.2)	-	-	-	-	-	-
Emergency Department funding	(4.3)	-	-	-	-	-	-
Other PDC funding	(0.5)	-	-	-	-	-	-
PDC funded capital schemes	(25.4)	(0.6)	(0.7)	(0.1)	(12.3)	(12.0)	0.3
Overall capital expenditure	(43.8)	(1.1)	(1.9)	(0.7)	(16.9)	(16.3)	0.6

Funding of £5.5m for the demolition of the RI was approved as part of the Trust & STP capital submission and an application for the emergency capital funding has been submitted to NHSI. The Trust has also been allocated £3.214m of Critical Risk Infrastructure funding to address significant risk back log maintenance. The Trust has been awarded £4.3m for works on the ED Priority Assessment Unit and Paediatric ED Modular Assessment, the Trust has submitted a short business case as requested and this is currently awaiting DoH approval.

At Month 5 the capital programme is £0.3m behind the revised plan on Trust funded schemes and £0.3m behind plan on PDC funded capital.

The Trust has requested funding for £2.4m for COVID-19 related capital schemes in line with the national guidelines. Funding of £1.4m has currently been confirmed by NHSI Regional Finance (although this does still require official validation by the National Team) however not all items that had already been ordered by the Trust had funding approved. As a result the Trust re-assessed the requirements on the bids where funding was not approved and reduced the value of orders to minimise the funding risk to Trust capital in 2020/21. A risk remains over the funding of £0.7m of COVID-19 capital expenditure and therefore this has now been included within the Trust funded capital programme until PDC funding is confirmed.

Cash flow

Cash Summary at Month 5 2020/21		In Month			Year to date		
	Budget £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Opening balance	26.7	73.2	82.3	9.1	26.7	26.7	-
Block mandate payments (to 31st October 2020)	473.2	59.2	63.5	4.3	354.9	361.6	6.7
Contract income 2019/20	(9.2)	-	-	-	(9.2)	(7.4)	1.8
Other Income (including other NHS)	35.1	6.5	5.6	(0.9)	32.6	32.2	(0.4)
Health Education England Training Income	20.4	2.5	-	(2.5)	12.9	8.8	(4.1)
PSF/FRF - 2019/20 Q4	9.7	-	-	-	9.7	9.7	-
Department of Health and NHS England Deficit supp	-	-	-	-	-	-	-
Capital funding (PDC capital)	11.8	-	-	-	9.1	9.1	-
Total Receipts	541.0	68.2	69.1	0.9	410.0	414.0	4.0
Payroll (excluding agency)	(272.8)	(40.7)	(40.3)	0.3	(201.1)	(200.8)	0.4
Accounts payable	(219.0)	(29.0)	(29.6)	(0.6)	(148.9)	(145.4)	3.4
PDC Dividend	(3.6)	-	-	-	-	-	-
Capital payments	(19.8)	(1.0)	(1.0)	-	(16.1)	(14.1)	2.0
Total Payments	(515.1)	(70.7)	(70.9)	(0.2)	(366.1)	(360.3)	5.8
Closing Balance	52.6	70.7	80.5	9.8	70.7	80.5	9.8

At the end of August the expected cash balance of £70.7m reflects the receipt in advance of 1 month block payment £59m, credit notes relating to 2019/20 contract income and the impact on accounts payable of the prompt payments to suppliers.

- The £6.7m variance against the block mandate payments relates to the top-up received by the Trust to date to reflect the break even position.
- Prior year contract income is lower than plan as NHS England took credit notes in April and July relating to the 2019/20 Specialised Commissioners year end agreement, however a number of older credit notes still remain outstanding.
- Health Education England training income received is lower than plan and reflects a change in payment profile from HEE from quarterly in advance. Discussions are on-going over the timing of the receipt of HEE training income for the remainder of the financial year.
- Accounts payable year to date is lower than plan and reflects a reduction in general payments due to the impact of COVID-19, however the current month payments are in line with plan. Payments were higher in April 2020 which reflected the one-off impact of the Trusts compliance with Treasury guidance for the prompt payment of suppliers. The Trust is continuing to pay invoices as they are approved.
- Capital payments are lower than plan and reflect the current capital position where there are underspends due to the re-prioritisation of the IM&T sub-group due to the Office 365 business case and COVID-19 capital being lower than plan to Month 5.

Balance sheet

Balance sheet as at Month 5	31/03/2020	31/08/2020			
	Actual £m	Revised Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	483.0	488.0	486.1	(2.0)	Note 1
Intangible Assets	24.5	22.8	22.4	(0.5)	Note 1
Other Non Current Assets	-	-	-	-	
Trade and other Receivables	0.4	0.4	0.4	(0.0)	
Total Non Current Assets	507.9	511.3	508.8	(2.5)	
Inventories	13.3	13.3	12.8	(0.5)	
Trade and other Receivables	49.6	47.6	46.4	(1.2)	Note 2
Cash and Cash Equivalents	26.7	70.7	80.5	9.8	Note 3
Total Current Assets	89.6	131.6	139.7	8.1	
Trade and other payables	(74.8)	(120.8)	(126.0)	(5.2)	Note 4
Borrowings	(208.0)	(10.6)	(10.7)	(0.0)	
Provisions	(6.7)	(6.7)	(6.7)	0.0	
Total Current Liabilities	(289.5)	(138.1)	(143.4)	(5.3)	
Borrowings	(276.6)	(271.6)	(271.6)	0.0	
Provisions	(1.2)	(1.2)	(1.2)	-	
Total Non Current Liabilities	(277.7)	(272.8)	(272.8)	0.0	
Total Assets Employed	30.3	231.9	232.4	0.5	
Financed By:				-	
Public Dividend Capital	409.7	614.9	614.9	0.0	
Retained Earnings	(476.2)	(479.8)	(479.4)	0.4	
Revaluation Reserve	96.9	96.9	96.9	(0.0)	
Total Taxpayers Equity	30.3	231.9	232.3	0.5	

Note 1: Property, plant and equipment and intangibles are £2.5m lower than plan. This reflects the lower than planned spend on replacement MS office licences (£2m) and is due to the approval of the business case for Office 365 and the re-prioritisation of spend to the data centre. Expenditure on COVID-19 related capital items is also behind plan.

Note 2: Trade and other receivables is £1.2m lower than plan. This is mainly due to prior year credit notes of £1.7m remaining outstanding mainly with Specialised Commissioners and CCGs.

Note 3: Cash is £9.8m higher than plan and reflects lower than planned levels of general and capital payments. The cash received from block payments is £6.7m higher than plan due to top up cash received; this is partly offset by the timing of training income received from Health Education England.

Note 4: Payables are £5.2m higher than plan and reflect the receipt in advance for the August block income and the levels of goods received not invoiced and NHS and Non NHS accruals being higher than plan.

Expenditure - Pay and Non Pay

NHS University Hospitals of North Midlands NHS Trust

WTE In month			Pay Summary (£m)	Annual	In month			YTD		
Plan	Actual	Variance		Plan	Plan	Actual	Variance	Plan	Actual	Variance
1,384	1,418	34	Medical	(147.6)	(12.2)	(12.8)	(0.6)	(61.7)	(63.1)	(1.3)
3,263	3,029	(233)	Registered Nursing	(157.3)	(13.0)	(12.3)	0.7	(65.5)	(62.4)	3.0
1,243	1,163	(80)	Scientific Therapeutic & Technical	(57.5)	(4.8)	(4.7)	0.1	(24.0)	(23.7)	0.3
2,341	2,577	235	Support to Clinical	(68.7)	(6.1)	(6.1)	0.0	(29.9)	(29.5)	0.4
2,419	2,287	(132)	Nhs Infrastructure Support	(80.3)	(6.8)	(6.4)	0.4	(33.7)	(31.7)	2.1
10,649	10,474	(175)	Total Pay	(511.5)	(43.0)	(42.3)	0.6	(214.8)	(210.4)	4.5

Pay - The pay run rate in Month 5 is £0.6m higher than the level seen in Month 4; this is mainly as a result of a national instruction not to accrue the Medical Consultants' pay inflation in July which reduced the run rate in July by £0.9m

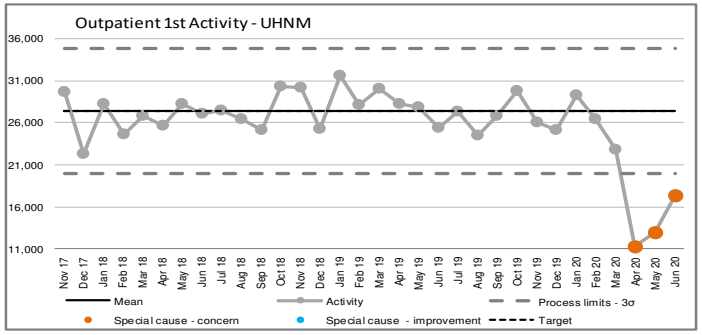
Non PaySummary (£m)	Annual	In Month			YTD		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
Tariff Excluded Drugs Expenditure	(59.2)	(4.7)	(5.8)	(1.1)	(24.3)	(27.4)	(3.0)
Other Drugs	(21.5)	(1.8)	(1.6)	0.2	(9.0)	(8.1)	0.9
Supplies & Services - Clinical	(70.0)	(5.8)	(4.9)	0.9	(29.8)	(21.8)	7.9
Supplies & Services - General	(8.1)	(0.7)	(0.5)	0.2	(3.7)	(3.2)	0.5
Purchase of Healthcare from other Bodie	(12.1)	(1.0)	(1.5)	(0.5)	(5.3)	(5.0)	0.3
Consultancy Costs	(2.4)	(0.2)	(0.0)	0.2	(1.0)	(0.1)	0.9
Clinical Negligence	(22.3)	(1.9)	(1.9)	0.0	(9.6)	(9.6)	0.0
Premises	(31.0)	(2.7)	(2.4)	0.3	(14.4)	(12.6)	1.8
PFI Operating Costs	(33.4)	(2.8)	(2.9)	(0.1)	(13.9)	(14.5)	(0.5)
Other	(7.7)	(0.6)	(0.8)	(0.3)	(4.0)	(4.6)	(0.6)
Total Non Pay	(267.7)	(22.2)	(22.5)	(0.3)	(114.9)	(106.8)	8.2

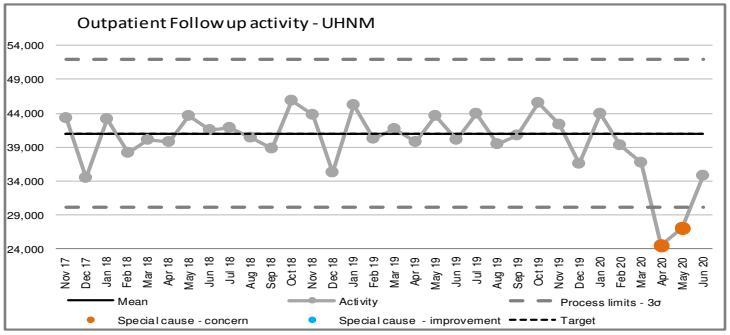
Non-pay - Non-pay expenditure is overspent by £0.3m in Month 5 with the most significant variance relating to Clinical Supplies which is £0.9m underspent for the month and £7.9m underspent for the year to date; this is offset by an overspend of £1.1m against Tariff excluded drugs expenditure.

Activity

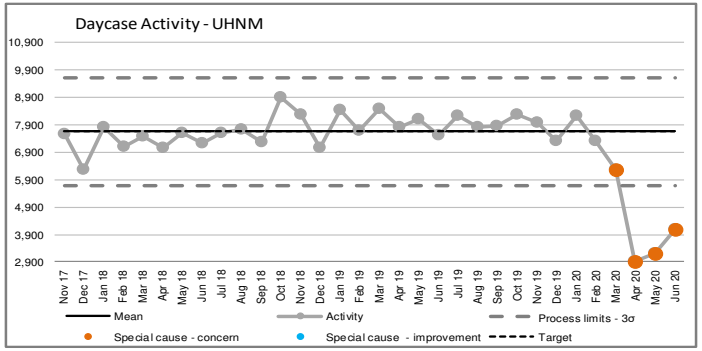
NHS University Hospitals of North Midlands NHS Trust

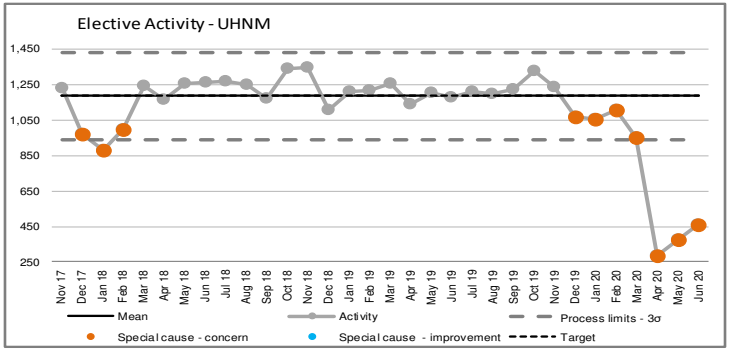
Planned care Outpatient



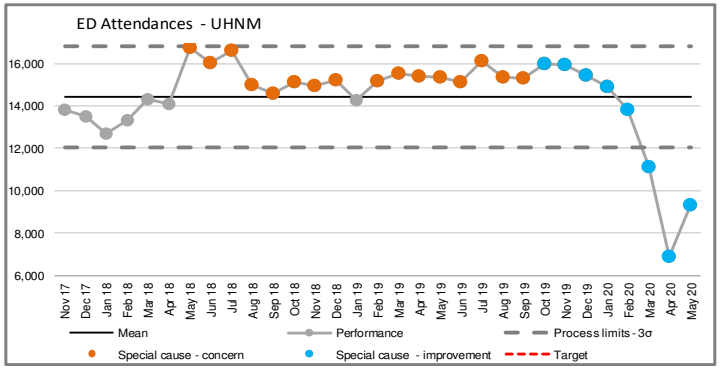


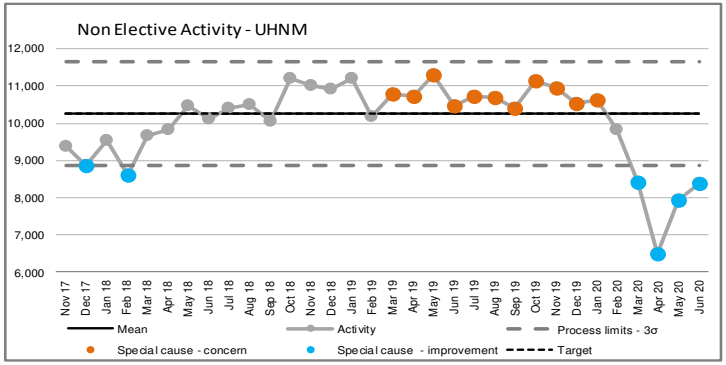
Planned care Inpatient





Urgent Care





Together Compassion Safe Improving

Quality | Operational | Workforce | Finance

Trust Board

2020/21 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 8	May 6	Jun 10	Jul 8	Aug 5	Sep 16	Oct 7	Nov 4	Dec 9	Jan 6	Feb 3	Mar 10	Notes
PROVIDE SAFE, EFFECTIVE, CARING AND RESPONSIVE SERVICES														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse													Public Trust Board meetings did not take place in April - June due to social distancing
Quality Governance Committee Assurance Report	Associate Director of Corporate Governance													
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													Delayed due to Covid.
Care Quality Commission Action Plan	Chief Nurse													
Bi Annual Nurse Staffing Assurance Report	Chief Nurse							→						Deferred - taken to TAP and agreed changes required prior to presentation to the Board.
Quality Account	Chief Nurse													Timing moved due to changes in national requirements regarding submission
7 Day Services Board Assurance Report	Medical Director													Timing TBC
NHS Resolution Maternity Incentive Scheme	Chief Nurse													Timing TBC
Winter Plan	Chief Operating Officer													
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI													
Infection Prevention Board Assurance Framework	Chief Nurse					→								
ACHIEVE NHS CONSTITUTIONAL PATIENT ACCESS STANDARDS														
Integrated Performance Report	Various													
ACHIEVE EXCELLENCE IN EMPLOYMENT, EDUCATION, DEVELOPMENT & RESEARCH														
Transformation and People Committee Assurance Report	Associate Director of Corporate Governance													
Gender Pay Gap Report	Director of Human Resources													
People Strategy Progress Report	Director of Human Resources				→	→								Deferred to August's meeting due to Covid
Revalidation	Medical Director													Delayed due to Covid and change in national reporting timescales.
Workforce Disability Equality Report	Director of Human Resources													
Workforce Race Equality Standards Report	Director of Human Resources													
Staff Survey Report	Director of Human Resources													
LEAD STRATEGIC CHANGE WITHIN STAFFORDSHIRE AND BEYOND														
System Working Update	Chief Executive / Director of Strategy													
ENSURE EFFICIENT USE OF RESOURCES														
Performance and Finance Committee Assurance Report	Associate Director of Corporate Governance													
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,000,001 and above	Director of Strategy													
IM&T Strategy Progress Report	Director of IM&T													
Going Concern	Chief Finance Officer													

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		8	6	10	8	5	16	7	4	9	6	3	10	
Estates Strategy Progress Report	Director of Estates, Facilities & PFI			→	→									Deferred due to Covid-19
Annual Plan 2020/21	Director of Strategy													Deferred due to Covid-19
Financial Plan 2021/22	Chief Finance Officer													
Capital Programme 2021/22	Chief Finance Officer													
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		Covid Assurance Framework included in CEO Report May 20
Raising Concerns Report	Director of Human Resources		Q4			Q1			Q2			Q3		
Annual Evaluation of the Board and its Committees	Associate Director of Corporate Governance													Deferred due to Covid-19
Annual Review of the Rules of Procedure	Associate Director of Corporate Governance													
G6 Self-Certification	Chief Executive			→										Deferred to June's meeting
FT4 Self-Certification	Chief Executive													
Board Development Programme	Associate Director of Corporate Governance			→	→	→								Deferred due to Covid-19