University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 7th February 2024 at 9.30 am to 12.00 pm
Trust Boardroom, Third Floor, Springfield, Royal Stoke

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
9:30	**PROCEDURAL ITEMS**					
20 mins	**1.**	Staff Story	Information	Mrs J Haire	Verbal	
5 mins	**2.**	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal	
	3.	Declarations of Interest	Information	Mr D Wakefield	Verbal	
	4.	Minutes of the Meeting held 3rd January 2024	Approval	Mr D Wakefield	Enclosure	
	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
20 mins	**6.**	Chief Executive's Report – January 2024	Information	Mrs T Bullock	Enclosure	
10:15		**HIGH QUALITY**				
10 mins	**7.**	Maternity Dashboard – December 2023	Assurance	Mrs AM Riley	Enclosure	1
10:25		**RESOURCES**				
5 mins	**8.**	Extraordinary Performance & Finance Committee Assurance Report (29-01-24)	Assurance	Ms T Bowen	Enclosure	5, 7, 8
10 mins	**9.**	Digital Strategy Update	Assurance	Mrs A Freeman	Enclosure	6
10:40: – 10:55 COMFORT BREAK						
10:55		**RESPONSIVE**				
40 mins	**10.**	Integrated Performance Report – Month 9	Assurance	Mrs AM Riley Mr S Evans Mrs J Haire Mr M Oldham	Enclosure	1, 2, 3, 5, 8
11:35	**GOVERNANCE**					
5 mins	**11.**	Audit Committee Assurance Report (01-02-24)	Assurance	Prof G Crowe	Enclosure	
10 mins	**12.**	Board Assurance Framework – Quarter 3	Assurance	Mrs C Cotton	Enclosure	
5 mins	**13.**	Board Development Programme Update	Assurance	Mrs C Cotton	Enclosure	
5 mins	**14.**	Risk Management Policy	Approval	Mrs C Cotton	Enclosure	
12:00	**CLOSING MATTERS**					
5 mins	**15.**	Review of Meeting Effectiveness and Review of Business Cycle	Information	Mr D Wakefield	Enclosure	
	16.	Questions from the Public **Please submit questions in relation to the agenda, by 9.00 am 5th February to** Nicola.hassall@uhnm.nhs.uk	Discussion	Mr D Wakefield	Verbal	
12:05	**DATE AND TIME OF NEXT MEETING**					
	17.	**Wednesday 6th March 2024, 9.30 am, via MS Teams**				

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 3rd January 2024 at 9.30 am to 11.35 am
Via MS Teams

MINUTES OF MEETING

			Attended	Apologies / Deputy Sent	Apologies

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

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

In Attendance:

Mrs S Fletcher	Patient Representative (item 1)
Mrs N Hassall	Deputy Associate Director of Corporate Governance (minutes)
Mrs R Pilling	Head of Patient Experience (item 1)
Mrs S Jamieson	Director of Midwifery (item 9)
Mr S Cunningham	Clinical Director – Obstetrics & Gynaecology (item 9)

Members of Staff and Public: 3

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Patient Story**	
001/2024	Mrs Fletcher shared her father, Elwyn's story describing the last 18 days of his life. She explained that he attended County Hospital in September 2022 following a GP referral and stated that the family had to leave him at County Hospital due to Covid-19 and the Department closing at 10.00 pm. However, after a scan early in the morning, he was woken by staff to be told that he had cancer in his lung, liver and bowel. Mrs Fletcher stated that news could have been shared with him more	

compassionately especially as he was on his own. She explained that she and 2 other members of the family joined him at 8 am and she welcomed the compassion of the Staff Nurse at County Hospital who allowed all 3 of them to sit with him in the cubicle. Her father was subsequently transferred to Royal Stoke and after further tests, he was informed that the primary cancer was within the pancreas and had spread to other organs. He was told that this was untreatable, and again this news was shared with him when he was on his own.

Mrs Fletcher explained that after the diagnosis, he asked to be discharged home rather than staying in hospital and although the discharge was agreed, there was a delay which resulted in the family taking him home and picking up his medications from hospital the next day. Unfortunately, Elwyn rapidly deteriorated and he was admitted to County Hospital, but due to covid restrictions he was unable to be visited by family. Mrs Fletcher received a phone call from her father the day after admission where he stated he had been told there were no treatment options and he was asked to complete a RESPECT form. The family were disappointed again that such discussions were being had when he was alone.

Elwyn was subsequently moved to a six bedded bay where he could be visited and the family asked for him to be discharged home, as per his wishes, and was told that by doing so this would be non-concordant and therefore medication and support would not be made available. Mrs Fletcher explained that she was able to stay with her dad during the night and due to being on an urgent palliative care pathway he was discharged home, although without review by the palliative care nurses, and Elwyn passed away peacefully on 18th October, at home with his family.

Mrs Fletcher explained that she had since met with the Patient Experience and Palliative Care teams to share her experience and concerns, and was pleased with how the trust was responding to the issues she raised and recognised that initial conversations with families were taking place as a result of sharing her story, as well as this being incorporated into training.

Mr Wakefield apologised for the experience and distress caused and referred to the importance of learning from the story.

Dr Lewis referred to the need to ensure families were included in discussions where possible, in addition to facilitating discharge based on the wishes of the patient and relatives. He agreed to link in with Mrs Pilling to establish how improvements to this could be made.

Mrs Haire referred to the Trust's core value of compassion and the need to bring Elwyn's story to life, when communicating the values with staff.

Dr Griffin welcomed the learning which had been captured and actions taken, and thanked Mrs Fletcher for sharing the story.

Ms Gohil referred to the way in which the family had to push to get the outcome they wanted in terms of discharge and suggested that actions needed to be taken to ensure all families felt empowered to do so.

Mrs Pilling referred to the positive actions taken in terms of including the story within palliative care training, the need for a holistic approach in completing the RESPECT document and the need to avoid dealing with similar issues via a transactional complaint.

	Professor Hassell added the need for staff to feel empowered to act if they felt that something was happening which was not in the best interest of the patient or their family. Mr Wakefield reiterated his apologies for the experience and summarised the points made by Mrs Fletcher. **The Trust Board noted the Patient Story.** Mrs Fletcher and Mrs Pilling left the meeting.	
2.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
002/2024	Mr Wakefield welcomed members to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate. Mr Wakefield highlighted that due to operational pressures Mr Evans may need to leave the meeting and he stated that he aimed to conclude the meeting earlier than planned to release Executives to address the current significant operational pressures.	
3.	**Declarations of Interest**	
003/2024	There were no declarations of interest raised.	
4.	**Minutes of the Previous Meeting held 6th December 2023**	
004/2024	The minutes of the meeting held 6th December 2023 were approved as a true and accurate record.	
5.	**Matters Arising from the Post Meeting Action Log**	
005/2024	No further updates were provided to the action log.	
6.	**Chief Executive's Report – December 2023**	
006/2024	Mrs Bullock highlighted a number of areas from her report and provided updated figures in terms of the number of cancellations made as a result of Industrial Action, although none of these were cancer or long wait patients. Ms Bowen referred to the letter received in relation to professionals being referred to their regulatory body, due to departing from established procedures when under pressure and queried how this was being managed. Mrs Bullock highlighted that documentation would support decision making as well as escalation through the Executive. Mrs Bullock particularly highlighted section 2.2 Ambulance Handover Delays. Mrs Bullock noted the letter received by the ICBs asking for assurance and a commitment to reduce the number of patients experiencing long waits in ambulances and stressing that a whole system approach to risk across the urgent and emergency care pathway was necessary to ensure the best possible outcomes for patients.	

	Mrs Bullock advised of the Executive discussions and the commitment and support to a zero tolerance approach to very long waiters and noted the escalation processes agreed to ensure every effort was being made to resolve such delays. Mrs Bullock asked the Board to support and recognise that the Executive were prioritising long ambulance waits through the escalation procedures developed. Following detailed and supportive discussion, the endorsed the Executive decision in respect of prioritising long ambulance delays. **The Trust Board received and noted the report and approved e-REAF 12877.**	
HIGH QUALITY		
7.	**Quality Governance Committee Assurance Report (21-12-23) & Maternity Dashboard**	
007/2024	Professor Hassell highlighted the following from the assurance report: • The patient experience report had highlighted three questions where performance had deteriorated, focussing on patient communication and further updates on the actions being taken as a result were to be provided. • There were two areas where the Committee were not fully assured; review of harm of long wait elective patients, in addition to the gap in clinical effectiveness provision and a further update on progress to address this was to be provided in 4 months. • The Committee welcomed the work undertaken on organ and tissue donation and the medical examiners service and Professor Hassell positively noted compliance with the 10 maternity CNST safety actions. • The neonatal unit assurance report was welcomed by Committee members, in particular the clarity and transparency of the report which highlighted the progress made in addressing the challenges. Mr Wakefield referred to the maternity dashboard and queried the reason for the drop in performance for induction of labours in October and November. Mrs Jamieson stated that the reduction related to an increase in number of inductions, as a result of a change in guidance, and added that newly qualified midwives were only in place for the last 3 days of November, therefore an increase in compliance towards the trajectory was expected and the Trust was on target for December. Mr Wakefield referred to triage within 15 minutes performance and queried whether this was due to the same reason. Mrs Jamieson confirmed this and stated that whilst the Trust had not yet achieved the trajectory, small incremental improvements had been made month on month and an improved position for December was expected. Professor Hassell congratulated the team on improvements made in training and staff recruitment and retention. **The Trust Board received and noted the assurance report and the maternity dashboard.**	
8.	**Bi-Annual Nurse Staffing Assurance Report**	
008/2024	Mrs Riley highlighted a number of areas of the report and added that the Board was not being asked for to approve any funding, as any recommendations for additional staffing would be taken through the usual business case process.	

	Ms Bowen referred to the uplift and challenges of sickness absence whereby the Trust consistently tracked at 30%. Mrs Riley stated that whilst the Trust's uplift was 21.5% the Royal College of Nursing recommended 25% but this varied between organisations. She stated that as the Trust's staffing position had improved from previous years this will have a positive impact on absence. She added that the Trust would continue to monitor the requirement for any further uplift, but this was not required at present. Professor Maddock referred to the lack of uplift for other professions which should be noted. Professor Crowe highlighted that this area had been included on the internal audit programme to provide additional assurance of the process undertaken and he referred to the need to consciously agree the uplift. Mrs Riley stated that monitoring the impact of recruitment and retention would contribute to that decision. Mr Oldham stated that the budget was based on establishment and activity previously delivered so it was not the case that other professions did not have an uplift. Mr Wakefield welcomed the successful improvements made in terms of recruitment. **The Trust Board noted the progress made to ensure compliance with national guidance in in relation to determining safe nursing and midwifery staffing levels. The Trust Board noted that Divisional leadership teams would be responsible for prioritising requests and developing business cases in line with the recommendations from the establishment review, and that no changes to establishments would be made before a business case is approved.**	
9.	**NHS Resolution Maternity Incentive Scheme**	
009/2024	Mrs Riley explained that the Trust had reached year 5 of the maternity incentive scheme and was required to achieve the 10 safety actions. She stated that data had been scrutinised by the Local Midwifery and Neonatal System (LMNS) and added that NHS Resolution had scrutinised various aspects following the maternity CQC inspection, which resulted in confirmation that the Trust had met the actions at year 4. She highlighted that the response was to be submitted by 1st February. Mr Wakefield referred to the chart in relation to total term admissions into the neonatal unit and it was confirmed that the lower the number the better. Mr Cunningham highlighted that this was linked to the Avoiding Term Admissions into Neonatal Units (ATAIN) CQUIN. Professor Hassell referred to the compensatory rest audit and associated action plan and queried whether this needed to be included within the submission given the Trust was non-compliant. Mrs Jamieson stated that the guidance was not specific in terms of where the action plan needed to be provided, although this had been presented to the Quality Governance Committee **The Trust Board agreed that they were satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions and that these met the required safety actions' sub-requirements. The Trust Board gave permission to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution.**	

	Mrs Jamieson and Mr Cunningham left the meeting.	
RESOURCES		
10.	**Performance & Finance Committee Assurance Report (19-12-23)**	
010/2024	Dr Griffin highlighted the following: • The Trust continued to be challenged in reducing its dependency on agency spend, and despite performing relatively well, the size of the challenge continued to increase. • The £83 m capital programme continued to progress. • The Trust had continued to reduce the number of long wait patients but recognised the impact that Industrial Action would have on the ability to reduce over 65 week waits • Good progress had been made on cancer performance although there continued to be challenges within endoscopy • The Committee recognised the positive use of the virtual wards model • Business cases continued to be considered via the double lock process and difficult decisions were required across the system in respect to progressing these **The Trust Board received and noted the assurance report.**	
PEOPLE		
11.	**Transformation and People Committee Assurance Report (20-12-23)**	
011/2024	Professor Crowe highlighted the following: • The six monthly update on violence prevention and reduction demonstrated a general increase in violence from patients within the organisation and further work was required to ensure colleagues reported such incidents • Reports continued to be provided to the Committee on agency controls and the actions being taken to drive down agency usage Mr Wakefield requested additional information in relation to the concern raised of security patching not meeting targets. Mrs Freman stated that the concerns related to the systems which were not managed by the IM&T Team. She stated that an internal audit was taking place to review the systems not managed by the team so that an assessment could be made as to whether these were appropriately patched. In addition, she added that when the Trust took over the network in June systems which were not patched would be separated so that if they were compromised it would minimise the impact to that system. **The Trust Board received and noted the assurance report.**	
RESPONSIVE		
12.	**Integrated Performance Report – Month 8**	
012/2024	Mrs Riley highlighted the following in relation to quality and safety performance: • Serious incidents had increased but this was due to a delay in these being reported rather than all incidents occurring in the same month. • A serious incident had occurred within Maternity and the detail of this would be shared with the Maternity and Neonatal Quality Governance Committee once fully investigated. • There continued to be a reduction in c-difficile and e-coli cases following the focussed work which was taking place.	

- Actions had continued to be taken to reduce pressure damage and lapses in care with a focus on the urgent and emergency care pathway.

Mr Wakefield referred to the increase in medication incidents and queried when this was expected to plateau. Mrs Riley stated that the increase was welcomed due to the transparency this provided, whilst the focus remained on monitoring any harm and identifying learning.

Mr Evans highlighted the following in terms of operational performance:

- Cancer performance continued to perform well despite the pressures although the surge/winter plan aimed to protect cancer pathways. The overall backlog continued to reduce although the percentage of 62 day cancer performance was expected to decrease as the backlog reduced.
- The lower GI pathway had continued to reduce as a result of interventions and additional capacity being put in place.
- The Trust continued to protect very long wait patients i.e. those over 65 weeks, however it was expected that patients waiting less than 65 weeks would be impacted during the Industrial Action, which was consistent with many other organisations.
- In terms of urgent care performance, elements of the winter plan had been achieved due to the actions taken although performance had deteriorated overall and bed occupancy rose, as expected, and in some cases above the threshold which resulted in an increase in the number of patients waiting more than 12 hours in the Emergency Department as well as an increase in the number of ambulance handover delays.
- The Trust continued to work with system partners and the West Midlands Ambulance Service to build in additional escalation measures, some of which had gone over and above normal protocols and those stated within winter/surge plan. It was highlighted that every ambulance waiting over 60 minutes was escalated to an Executive Director, 24 hours a day. A further series of escalations were in place after that point with final escalation to Chief Executives across the system to determine the actions required.
- The Trust had maintained the position of minimising the number of extremely long waits, although there continued to be handover delays and due to the zero-tolerance approach, the Trust had increased the level of risk across the organisation which had impacted on elective cases, as this mitigated the risk to the community. He explained that these measures included opening additional capacity and increasing the use of Your Next Patient which had been agreed and supported by Executive colleagues.

Mr Wakefield queried if patients continued to be safe when taking the additional actions to mitigate the ambulance handover risk and Mr Evans stated that the increased risk related to diagnostics and assessment ward-based areas which had more patients than normal, in order to balance the risk within the Emergency Department and within the community. It was confirmed that the Trust had used some surgical beds for medical patients waiting to be discharged, or patients who were being treated by the medical team.

Professor Maddock referred to the shared appetite for risk across the system and queried if others were taking similar risks to the Trust. Mr Evans confirmed that this was taking place at times but there remained further work to do to rebase the risk appetite.

Ms Bowen gave thanks to partners within the system for the collaboration which had taken place to help address the issues. She referred to corridor care and queried how much this was being used. Mr Evans stated that this was being utilised at the maximum pre-authorised level which had not been deviated from,

given that it was the riskiest area for delivering care. He added that Your Next Patient was being used more than planned as that was the most acceptable next step. Mr Evans explained that the protocols for Your Next Patient and rapid handover measures were being reviewed and Mrs Riley added that the corridor was only used when staffing was in place.

Professor Crowe referenced the need to ensure the Trust created an environment which enabled staff to speak up if they had any concerns, particularly during times of pressure. He stated that there remained too many people coming into hospital and referred to the admission avoidance schemes within the winter plan which anticipated the freeing up of 45 beds, and queried whether these were delivering. Mr Evans stated that staff were continuing to be encouraged to speak up in terms of level of risk, and he stated that the additional internal measures being taken were being undertaken in a controlled way. He added that the level of anticipated impact from admission avoidance schemes had not been realised, and this was an area of concern, particularly during holiday peaks and this was discussed on a daily basis with system partners. It was agreed to provide an update on admission avoidance schemes at a future Performance and Finance Committee. **SE**

Ms Gohil referred to the ethnicity data within the report and queried the progress being made in reviewing this in more detail so as to compare not just waiting times but differences in equality of care. Ms Ashley stated that NHS guidance for 2024/25 had become more prescriptive in terms of the indicators Trusts were required to publish under health inequalities and this was being worked through. She stated that further indicators would be reported either at a Committee, or the Board, and she agreed to discuss this further with Ms Gohil as well as confirming where the updated indicators would be reported and the frequency of reporting. **HA**

Professor Hassell referred to the level of risk being taken and surmised that whilst this may be less safe than the Trust would like, when taken as a whole it created less risk across the system. Mr Evans stated that risk was increased at certain times but when considering the whole pathway the overall risk reduced i.e. moving a patient to a non-optimal setting reduced the delays for ambulances enabling them to respond faster and initiate treatment sooner which enabled an overall improved outcome.

Dr Lewis added whilst managing inpatients, sometimes an over cautious approach was taken and as such the Trust was reminding clinicians, patients and relatives of the risks to patients of staying in hospital unnecessarily.

Mrs Riley added that any harm arising from corridor care or Your Next Patient was monitored and reported to the Quality Governance Committee. She added that the main negative impact from this was on patient experience rather than physical harm.

Mrs Haire highlighted the following in terms of workforce performance:

- There had been good levels of stability demonstrated by the vacancy position and retention
- The Trust had been accepted onto a national programme for flexible working which was expected to further improve the stability of the workforce
- Sickness absence had remained static but an increase in December and January was expected
- Revised performance development review paperwork was to be launched by the end of January
- The Trust's staff voice survey had re-opened for January

Mr Wakefield welcomed the positive position in terms of turnover and vacancies.

	Mr Oldham highlighted the following in terms of financial performance: • The Trust had received £9 m as a result of the costs incurred from Industrial Action which had improved the year to date position to £0.8 m deficit against an expected surplus, although the Trust remained £3.2 m behind plan • The forecast expected the Trust to achieve the break-even position • The system forecast of £91.4 m deficit had been agreed which was subject to recognising that additional costs would be incurred for the most recent Industrial Action, although it had been assumed this would be funded • Cost improvements remained challenged for divisional schemes although it was recognised that teams were being consumed by planning for Industrial Action and winter • £36.2 m of the capital programme had been spent which was £6.6 m below plan, although slippage was expected to catch up and a number of schemes were to be brought forward • The cash position stood at £69.2 m which was slightly lower than plan Mr Wakefield queried if Mr Oldham was confident that the Trust would break-even. Mr Oldham confirmed this, although the main risk related to the cost of Industrial Action and the challenges between the Band 2 to Band 3 re-banding. In addition, it was highlighted that the ability for staff to take their full entitlement of annual leave may be impacted by Industrial Action and result in carry forward. Mr Oldham highlighted that planning guidance had not yet been released for 2024/25 although some assumptions had been made as a system and this would be considered further at a future Performance and Finance Committee. **The Trust Board received and noted the report.**	
CLOSING MATTERS		
13.	**Review of Meeting Effectiveness and Review of Business Cycle**	
013/2024	No further comments were made.	
14.	**Questions from the Public**	
014/2024	There were no questions raised by members of the public.	
DATE AND TIME OF NEXT MEETING		
15.	**Wednesday 7th February 2024, 9.30 am, Trust Boardroom, Third Floor, Springfield, Royal Stoke**	

Trust Board (Open)

Post meeting action log as at 31 January 2024

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Action completed
GA / GB	On Track	A. Action on track – not yet completed *or* B. Action on track – not yet started
A	Problematic	Due date has been moved once. Revised due date provided.
R	Delayed	Due date has been moved twice or more. Revised due date provided.

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/585	06/12/2023	Infection Prevention Board Assurance Framework	To update future reports to include an assessment as to whether the Trust is on track with the trajectory of improvement	Ann-Marie Riley	06/03/2024		Action not yet due	GB
PTB/586	03/01/2024	Integrated Performance Report – Month 8	To provide an update on admission avoidance schemes at a future Performance and Finance Committee.	Simon Evans	27/02/2024		Action not yet due	GB
PTB/587	03/01/2024	Integrated Performance Report – Month 8	To discuss the revised health inequalities indicators with Ms Gohil as well as confirming where the updated indicators would be reported and the frequency of reporting.	Helen Ashley	06/03/2024	22/01/2024	Meeting took place 22nd January.	B

University Hospitals of North Midlands NHS Trust

Chief Executive's Report to the Trust Board

January 2024

Part 1: Contract Awards and Approvals

2.1 Contract Awards and Approvals

Since 14th December to 14th January 2024, 1 contract award over £1.5 m was made, as follows:

- **Energy, Stapling and Trocars (eREAF 12877)** supplied by Medtronic Limited Johnson & Johnson (Ethicon), for the period 08.01.2024 – 07.01.2027 at a total cost of £9,435,094, providing Negated Inflation of £20,335 and Cost Reduction of £34,915, approved on 03/0124

In addition, the following eREAFs were approved at the Performance and Finance Committee on 29th January. These require Trust Board approval due to the value:

National Blood Services Contract (e-REAF 13216)

Contract Value £4,100,000.00 incl. VAT
Duration 01.04.24 to 31.03.25
Supplier NHS Blood and Transplant Service

SCCL Trust-wide Annual Expenditure including High-Cost Tariff-Excluded Devices 23/24 - Increase to value of previous e-REAF 10296 (e-REAF 13122)

Contract Value £14,806,059.00 incl. VAT
Duration 01.04.23 – 31.03.24
Supplier Supply Chain Coordination Limited (SCCL)

SCCL Trust wide Annual Expenditure including High Cost Tariff-Excluded Devices 24/25 (e-REAF 13003)

Contract Value £59,419,241.52 incl. VAT
Duration 01.04.24 – 31.03.25
Supplier Supply Chain Coordination Limited (SCCL)

The Trust Board is asked to approve the above eREAFs.

2.2 Consultant Appointments – January 2024

The following provides a summary of medical staff interviews which have taken place during January 2024:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant Clinical Oncologist - Lung and CNS	New	Yes	TBC
Locum Consultant Gastrointestinal Radiologist	Vacancy	Yes	01/02/2024
Consultant Anaesthetist with special interest in Pain	New	Yes	TBC
Consultant Anaesthetist (Specialist interest in Vascular & Max Fax)	New	TBC	TBC

The following provides a summary of medical staff who have taken up positions in the Trust during January 2024:

Post Title	Reason for advertising	Start Date
Consultant Orthopaedic Surgeon specialising in Fragility Fractures	New	10/01/2024
Locum Consultant Paediatric Orthopaedic Surgeon	Extension	17/01/2024

2.3 Internal Medical Management Appointments – January 2024

No Medical Management interviews have taken place during January 2024

The following provides a summary of Medical Management who have taken up positions in the Trust during January 2024:

Post Title	Reason for advertising	Start Date
Clinical Lead for Acute Oncology	Vacancy	01/01/2024

Part 2: Highlight Report

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

National / Regional

2.1 Operational Pressures

At the beginning of the month, we saw the safe conclusion of the longest ever junior doctor industrial action in history. This period of strikes was ever more challenging because of the time of the year as many of our staff were on planned leave. This unfortunately meant that we had to postpone a number of elective procedures and outpatient appointments. However, I am pleased that we were able to maintain cancer treatments and see our longest waiting patients. The impact is not just felt on our patients, many of our staff have worked additional hours and in different roles and this has started to take its toll. We also have the financial implications to consider and as it yet is unknown whether they will be absorbed nationally or whether we will be expected to cover the cost.

December was a challenging month operationally and we saw additional demands during January and particularly the latter two weeks. Challenges have been created because of infection issues (Covid19, RSV, Measles and Flu) and not having side room capacity available when needed. We have also not had the right number of discharges to accommodate the number of admissions. Whilst the number of patients attending our ED has remained relatively flat (aside from the last week in January where we had a 8% increase), the number of admissions into our beds has increased.

These operational pressures mean we have unfortunately continued to hold more ambulances and for longer, than we would like. We are grateful to our neighbouring hospitals (Mid Cheshire, RWT, Burton Hospital), who have, when able, supported us by accepting ambulance diverts.

As a result of the pressures experienced, we declared a critical incident on the 29th of January which had the desired effect, and we were able to stand this down the following day at midday.

As ever, my thanks go to all our staff who have done everything possible to keep our patients safe during these challenging times.

2.2 People Promise Exemplar Programme

The People Promise Exemplar Programme launched in 2022 with 23 organisations across the country, 4 of which were in the Midlands. The programme provides a framework to embed interventions across each of the 7 People Promise themes in a bundle approach, which is known to be more effective than implementing single interventions. Evidence from cohort 1 demonstrates that leave rates from exemplar organisations have been improving faster than non-exemplar organisations.

Following the success of the People Promise Exemplar Programme – Cohort 1, expressions of interest were sought for Cohort 2. The interest in the region was very high with 26 applications in total and we were pleased to receive news that we had been selected to as an exemplar site with funding for an 8a programme manager to support this work.

System Focus

2.3 Defence Medical Welfare Service (DMWS) Officer

It was great to receive news that following a successful application for ICB funding, UHMM will soon be having a dedicated Defence Medical Welfare Service (DMWS) Officer who will work across both County and Royal Stoke to support our armed forces community patients.

The dedicated officer will visit identified armed forces community patients on request and an order comms process is being considered enabling staff to refer patients to the service. The officer will also work closely with our discharge teams to help with specific veteran services and support that can be utilised to support / aid patients' wellbeing and to overcome any barriers associated with their discharge.

Organisational Focus

2.4 999 Critical Condition

I was delighted to receive an article from the New York Times which gives very high praise to our very own television series '999 Critical Condition'. In this, television critic Margaret Lyons wrote 'so far only one four-episode season of the show is streaming here and its *fantastic*.'

This is excellent publicity for UHNM and its great to see the quality of care we provide to our patients is being recognised in this way.

2.5 Recruitment Campaign Recognition

UHNM have been published nationally via NHS Employers showcasing two recruitment events to successfully fill domestic vacancies. The case study aims to promote good practice with other organisations and demonstrates how we streamlined our process by ensuring that multiple stages were completed on the same day, saving money and being able to provide immediate feedback to applicants. The campaign also generated positive staff morale.

This is a huge credit to our recruitment team who have worked tirelessly to improve our recruitment processes. The showcase can be viewed here:

Friends and family events fill domestic vacancies | NHS Employers

2.6 National Apprenticeship Week 2024 – 5th to 11th February

National Apprenticeship Week 2024 marks the 17th year of celebrating the value, benefits, and opportunities that apprenticeships bring. Since 2017, UHNM has proudly supported 465 apprenticeships through the national levy, with an additional 422 colleagues currently engaged in this learning. This celebration week provides a great opportunity to create conversations, share knowledge, and showcase how apprenticeships make a difference in people's lives. They play a vital role in communities, the economy, and workforce education, and National Apprenticeship Week 2024 emphasises their importance. Apprenticeships offer an alternative to traditional routes, allowing individuals to be paid while learning, with opportunities for progression. Skills Minister Robert Halfon praises degree apprenticeships, stating they combine the best of vocational and academic education, enabling people to earn while learning and remain free of student debt.

2.7 New Staff Car Park

As we look ahead this year at new developments and exciting opportunities, I was delighted to hear about the progress with our new staff car park at the former Grindley Hill Court site, which is on target to be completed and open in the spring. This means that all staff working at the Royal Stoke site will be able to park on site in a safe, secure, and well-lit car park, much closer to their work base.

2.8 Net Zero Carbon Emissions Project

Work is now underway to achieve our commitment to net zero emissions by 2040. Our Estates, Capital Development and Transformation and Sustainability teams begin a two-year project to reduce carbon emissions at our Royal Stoke site by replacing four large industrial boilers used to heat our hospital with local Air Source Heat Pups and replace gas-fuelled steam production with local electrical generated steam.

Work to install the heat pumps as well as almost 100 solar panels on the roof of two buildings has commenced, increasing the efficiency of our estate, and heling us to meet the national targets of reducing carbon emissions by 80% by 2028. Two heat pumps will be installed this year with a further two during 2025 and work is also underway to install energy saving LED lights in three buildings of the site.

The project has been made possible thanks to a £5.4m Decarbonisation Scheme grant from the Department for Business, Energy and Transport.

2.9 My Role as Chief Executive

Board is aware that after considerable thought I have decided to take ill health retirement. This is something that I had not planned to do at this time and whilst disappointed I cannot continue in this role as it is important that UHNM has a Chief Executive who can function on all cylinders. Though my path has taken an unexpected turn, I take comfort in the knowledge that the Board and the Executive team are some of the very best people I have worked with, so I know UHNM is in safe hands until my successor is appointed.

The recruitment process is very much under way and the Chair will keep Board appraised as this progresses.

I would also like to assure Board of my commitment to UHNM until I leave at the end of June and in ensuring a seamless transition to the very lucky incoming Chief Executive.

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	7th February 2024
Report Title:	Maternity Dashboard: December 2023	**Agenda Item:**	7.
Author:	Sarah Jamieson - Director of Midwifery & Jill Whitaker – Deputy Director of Midwifery – Workforce & Gynaecology		
Executive Lead:	Ann-Marie Riley, Chief Nurse		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

ID	Title	Risk level
13419	Midwifery safe staffing (entered following Birth Rate Plus establishment review 2019)	12
13420	Lack of activity at Freestanding Midwifery Birth Unit (FMBU), County leading to suspension of intrapartum care	15
11518	No current operational Midwifery Continuity of Care team	15
15993	Maternity Assessment Unit Triage	12

Executive Summary

Situation

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

Background

The Maternity incentive scheme - year 5 requires evidence that a monthly review of maternity and neonatal quality is undertaken by the Trust Board using a minimum data set. The measures within the dataset are included and additional information provided.
Based on the CQC report released 23.6.23, UHNM Maternity is rated “requires improvement”.

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

Assessment

- Midwifery staffing continues to be a challenge but is improving gradually.
- CNST targets have now been achieved.
- Work continues to improve maternity triage times.
- Work continues to reduce the induction of labour breaches.

Key Recommendations

The Trust Board is asked to receive this report.

University Hospitals of North Midlands NHS Trust

Maternity Monthly Dashboard

3rd January 2024 (December report)

1. Introduction

The Maternity incentivisation scheme - year 5 requires the Trust to:

- Demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues (safety action 9)
- Evidence that a monthly review of maternity and neonatal quality is undertaken by the Trust Board, using a minimum data set (figure 1)
- Demonstrate an effective system of midwifery planning to the required standard (safety action 5)

Figure 1: Minimum Data Set

- **Findings of review of all perinatal deaths using real time data monitoring tool**

Report on:

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

2. Assessment

1. **Incidents logged and graded as moderate or above and the actions taken.**
   - Two serious incidents were reported in December.
   - One will have a falls RCA is completed, and an after-action review and one will receive a PMRT and after-action review.

2. **Training compliance for all maternity staff groups**
   - The target for 90% compliance for PROMPT emergency training has been achieved and this data has been submitted as evidence of achieving this element on CNST safety action 8.
   - December figures indicate a slight fluctuation in the percentage, this is as people become out of date within the rolling year.
   - All training is now prebooked by the ward managers.

Figure 2 - Staff Training Figures Virtual PROMPT Training. (DECEMBER 2022 – December 2023)

	Doctors	Obs consultants	Obs trainees	Anaesthetist	Anaes consultants	Anaes trainees	Midwives/Bank	CSW	TOTAL THEATRE NOT INC	Theatre
*Total number staff	64	17	47	55	27	28	321	108	548	7
Staff trained (inc PROMPT Trainers)	59	16	43	52	27	25	287	99	497	7
*Current compliance	92%	94%	91%	94%	100%	89%	89%	91%	90%	100%

- The 90% training target for skills day 3 including Fetal monitoring and saving babies lives has been met as required at the end of November, there was no fetal monitoring training in December.

Figure 3 - Staff Training Figures Virtual SKILLS DAY 3
(DECEMBER 2022 – NOVEMBER 2023 inclusive

	Doctors	Obs consultants	Obs trainees	Midwives/Bank	TOTAL
*Total number staff	54	16	38	306	360
Staff trained (inc PROMPT Trainers)	52	15	37	276	328
*Current compliance	96%	93%	97%	90%	91%

3. Findings of review of all cases eligible for referral to HSIB

- There were no HSIB referrals in December.

4. Service User Voice feedback

- Feedback received from patients in ward 206 (post-natal)

We, Mom, Dad and our cute little boy, immensely grateful for the exceptional care and support you provided during the delivery of our baby. Your compassion dedication made significant impact during this special and hard time.
Thank you for your extended kindness as well.

To all the amazing staff who have taken care of us as a family on ward 206.
Words cannot begin to express how thankful we are for all your kindness and support. It has been an extremely difficult week for us but you have helped us through it.
Sending lots of love.

5. Staff feedback from frontline champions and walkabouts

Chief Nurse Anne-Marie Riley conducted a safety champion walkabout on 15th December.

I visited NNU, MAU and delivery suite today.

- Visited all rooms in NNU – all calm, staffing had started with a deficit but had been sorted, staff noted it was a lovely shift, no concerns.
- MAU -informed them of a lady who had approached me re a concern re her daughter's management (I had worked with the mum in another trust which is why she approached me) – the issue had not been in MAU but when she was seen downstairs -didn't feel listened to
- Delivery suite - staff happy, Dr was finishing writing up notes then going to MAU which was busy and the team had already sent staff to support, no concerns except there were 3 IOL to get in before midnight which the staff were committed to getting in

The issue described with the lady who approached Anne-Marie is being investigated.

6. HSIB/NHSR/CQC or other organisation with a concern or request for action, made directly with the Trust

- Following a CQC regulatory visit in March 2023, a section 29a safety warning was issued. This was in relation to MAU safety and the Induction of Labour process.

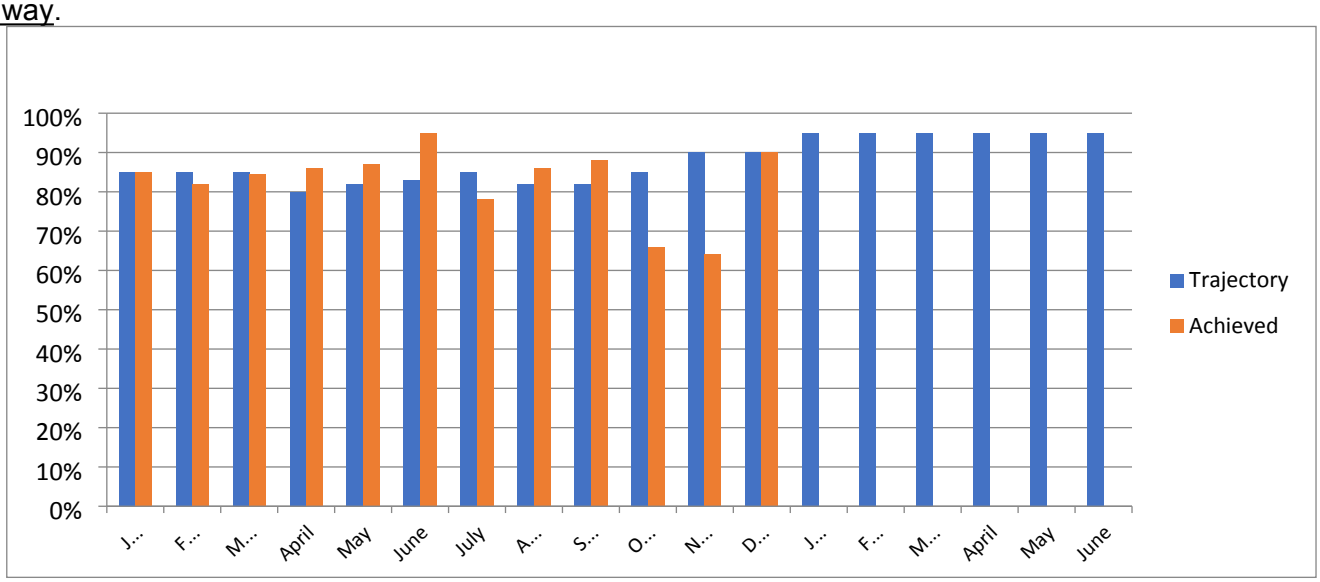
6.1 As part of the actions for this Maternity Assessment Unit Midwifery triage times are audited and monitored daily.

6.2 To provide assurance in regard to the induction of labour process, breaches against maternity guidance are monitored each month.

6.3 Induction of labour

- We continue to monitor the birthing people booked for induction of labour and the percentage that breach current guidance.

Figure 4 - The percentage of people who commence their IOL within the specific guideline for their pregnancy pathway.



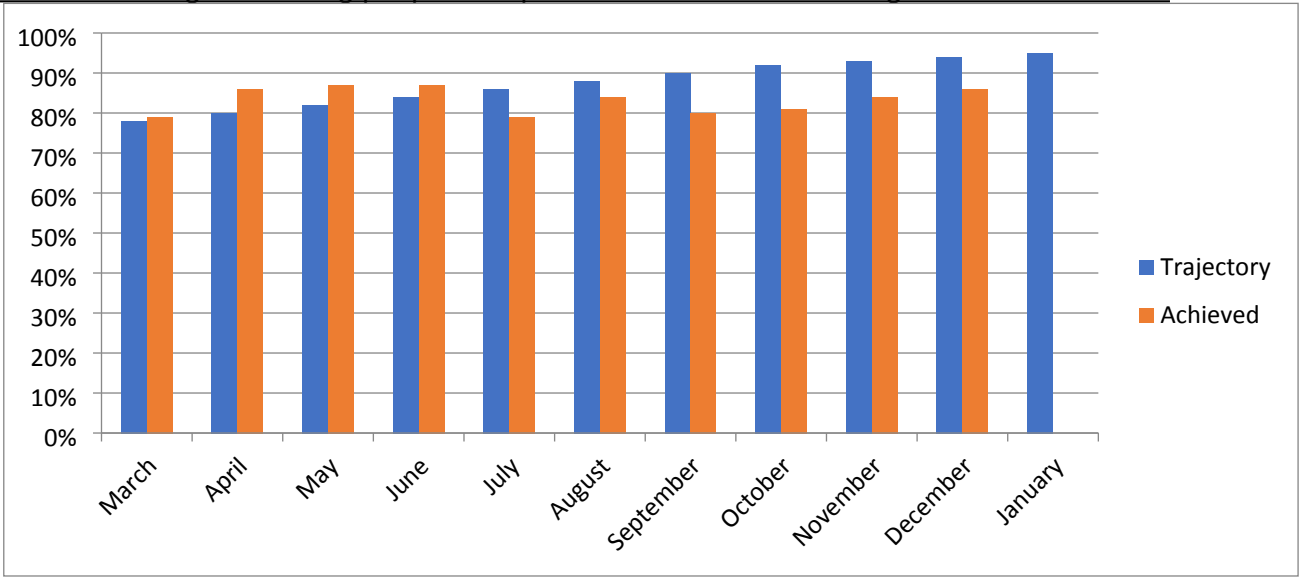
- There has been an improvement in the number of service users who have been induced in line with national guidelines. This can be attributed to the increase in registered midwife and an increase in the number of beds provided for induction of labour.

- The blossom suite has been increased from four to eight beds; this has had a positive impact on the flow of inductions throughout the unit.

6.4 Midwifery triage within 15 minutes

The monitoring of midwifery triage times continues.

Figure 5 - Percentage of birthing people who present at MAU who are triaged within 15 minutes



- The process of midwifery triage has been reviewed and the times when the target of 15 minutes was not met has been investigated. We were able to establish that a contributing factor for the breaches were multiple attendees at one time.
- An escalation trigger was introduced for when more than 2 people are waiting to be triaged, this will inform the flow coordinator and a second triage room will be opened. The December data would indicate that this measure has had a positive impact on triage times.

7. Coroner Reg 28 made directly to the Trust

- No Coroner regulation 28 were made to the trust in November.

8. Progress in achievement of CNST 10

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

All elements of CNST10 have been achieved and agreed by the ICB and Trust Board.

9. Demonstrate a systematic, evidence-based process to calculate midwifery staffing establishment is completed

- Birthrate Plus (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.
- It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.
- A full birthrate plus review was undertaken at UHMN in 2022, the recommendations were approved and implemented following that report.

10. Minimum staffing in maternity services

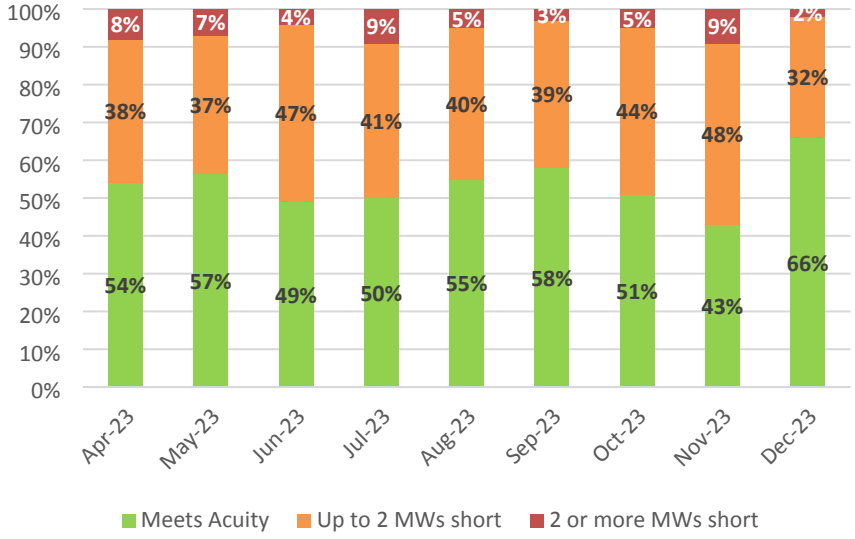
- Based on 25.99% uplift the minimum staffing in maternity services for UHNM is 271.88 whole time equivalent midwives and 29.91 non-clinical/specialist midwife roles.

11. Details of planned versus actual midwifery staffing levels to include evidence of mitigation/ escalation for managing a shortfall in staffing

Budgeted Establishment (clinical) (WTE)	Actual in post (WTE)	Vacancy (WTE & %)
271.88	250.35	21.53 (7.9%)

Midwifery staffing acuity

The chart below shows acuity on the delivery suite.



- The escalation policy was used in times of negative acuity. This involves moving midwives from other areas and escalating to community teams where necessary.

12. The midwife to birth ratio

- The recommended overall ratio for University Hospitals of North Midlands NHS Trust of 24.8 births to 1wte (Birthrate Plus 2022). December's average birth to midwife ratio was 25.1 births to 1wte. This is expected to fall as recruitment continues with the aim that ratios will be in line with Birthrate Plus recommendations when we are fully established.

13. The percentage of specialist midwives employed

- The 2022 Birthrate plus report recommended the appropriate levels of specialist midwives based on the activity within the unit:

Total Clinical WTE	271.88
Non-Clinical	29.91
Clinical, Specialist	301.79

Currently there are 28.43 WTE specialist/ Management positions in Maternity.

14. The Trust can report compliance with this standard if this is a one-off event and the coordinator is not required to provide 1:1 care or care for a woman in established labour during this time

- The Birthrate Plus data for December confirms that all women received one to one care in labour work was rescheduled, and the staff deployed to the delivery suite, members of the management team were pulled to work. The delivery suite coordinator remained supernumerary throughout.

15. Medical staffing

- Medical staffing cover on the delivery suite has been maintained, 7 days a week with a Senior Registrar, Junior Registrar and SHO/F2. Consultant presence is in place Monday to Friday between 8.30 am and 10.00 pm with consultant presence on Saturdays and Sunday between 8.30 am and 5.00 pm. In addition, a consultant non-resident is on-call who takes over from the end of the shifts.

16. PMRT, Stillbirths and Neonatal Deaths.

- In December we had 2 meetings and completed 3 PMRTs.
- For December we had 3 stillbirths (all under 37/40) and 3 neonatal deaths (all Twin pregnancies and pre-term 24 to 26 weeks gestation)
- Of the three neonatal deaths, 2 were MCDA Twins and the 1 that was DCDA twin lost Twin one at 16+3 and then Twin two at 24/40 as neonatal death.
- All cases will be reviewed using the PMRT tool.

17. Complaints

- There was 1 maternity complaint in December.
- This was in relation to communication and consent for cervical sweep during induction of labour. It will be investigated and any actions taken.

Summary and discussion

There is a direct link between adequate staffing levels, outcomes, and performance. Following the Birthrate Plus report and recommendations in 2022 the service has increased its midwifery budgeted establishment following a successful business case. Vacancies against Birthrate Plus recommendations in early 2022 were 74.67 WTE. With a consistent and targeted approach to recruitment and retention this vacancy has now decreased to 21.53 WTE. There is a continuing plan to reduce the vacancy rate to around 10 – 12 WTE by late 2023/early 2024. This will of course depend upon successful recruitment.

Minimum safe staffing levels in line with Birthrate Plus will enable adequate midwifery and maternity support worker resources which in turn will enable better flow throughout the unit, facilitating improvements in maternity triage times and induction of labour delays.

Extraordinary Performance and Finance Committee Chair's Highlight Report to Board

29th January 2024

Decisions Made	Major Actions Commissioned / Work Underway
• The following e-REAFs were approved: National Blood Services Contract (13216), 365 Licence Allocation (13128), SCCL Trust-wide Annual Expenditure including High-Cost Tariff-Excluded Devices 23/24 - Increase to value of previous e-REAF 10296 (13122), Transfer of endoscopy equipment to County - CDC Programme Capital Bid 6965 (13096) and SCCL Trust wide Annual Expenditure including High-Cost Tariff-Excluded Devices 24/25 (13003)	• To hold an additional session with Non-Executive Directors and members of the Committee to further consider the EPR Outline Business Case, considering the economic and commercial case in addition to the associated governance

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance	
1.	Staffordshire & Stoke-on-Trent Integrated EPR Programme	BAF 6	Ext 16		Approval
2.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) expenditure	BAF 8	High 12		Approval

2023 / 24 Attendance Matrix

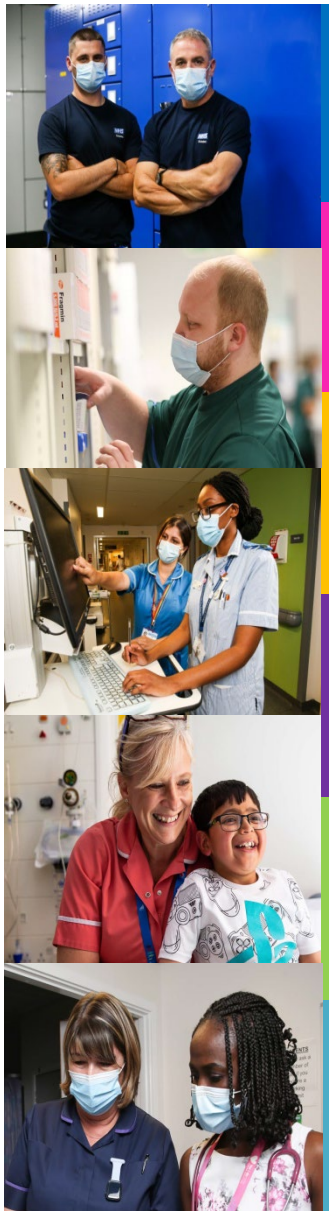
No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Dr L Griffin (Chair)	Non-Executive Director												
2.	Mr P Akid	Non-Executive Director												
3.	Ms H Ashley	Director of Strategy												
4.	Ms T Bowen	Non-Executive Director			Chair							Chair		
5.	Mrs T Bullock	Chief Executive											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

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

University Hospitals of North Midlands NHS Trust

Digital Strategy Progress Report

2022/2023



Delivering Exceptional Care with Exceptional People

Executive Summary

University Hospitals of North Midlands NHS Trust

Situation

This report details the actions undertaken in 2023/24 to support delivery of the Trust's Digital Strategy and Strategic Priorities.

Background

Our vision is to deliver exceptional care with exceptional people and it has never been more important to enable this vision with supportive digital and data insight services. The delivery of digital technology and data driven insights can make a significant impact on patient outcomes through supporting service and pathway redesign, clinical decision support, enabling patient self-management and self-service, and increased productivity.

The Digital Strategy – 2022 - 2025 sets out how UHNM will use digital and data insights to enable the delivery of exceptional care including how we develop our exceptional people to be digitally confident.

Assessment

In the past twelve months, significant work has been put into delivering and maintaining technology to improve our digital position and support elective recovery. IM&T have been significantly impacted by essential change freezes due to the Trust EMS levels and industrial action.

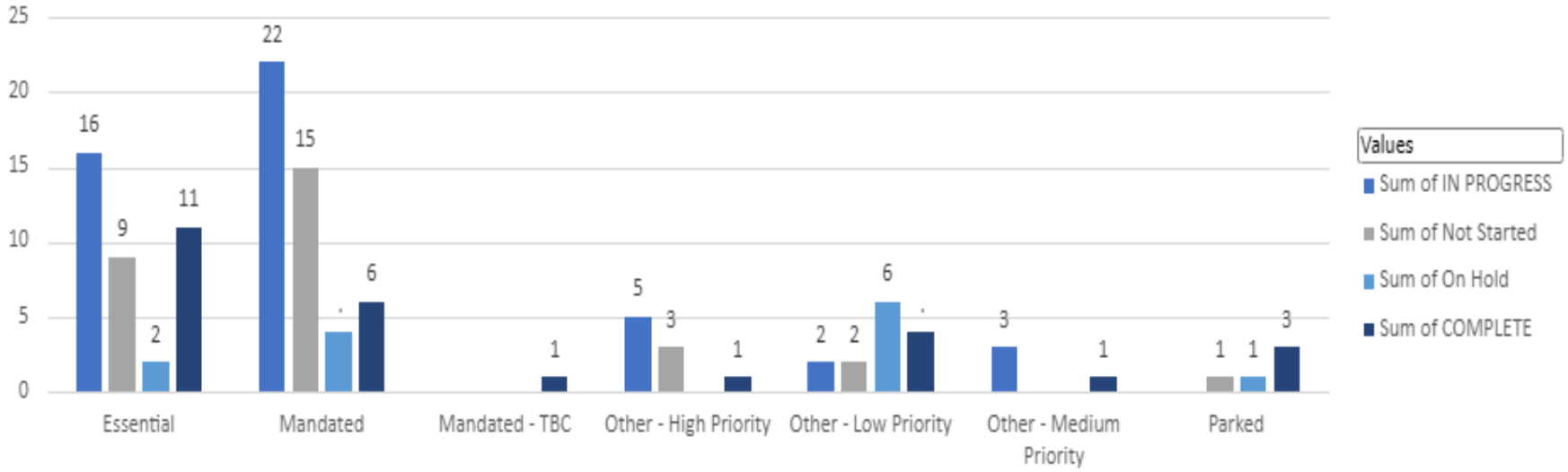
36 projects have been delivered so far in 2023/24 with a further 39 planned for the remainder of the financial year. This is subject to national funding remaining secure.

The current ICS financial position and additional financial and workforce controls risk the delivery of the digital strategy due to potential financial and delivery resource constraints.

A summary of the project pipeline is available on page 2.

Executive Summary

University Hospitals of North Midlands NHS Trust



Recommendations

To note the progress made against the Digital Strategy during 2022/23 and to support the actions planned for 2023/24.

High Quality

Enabling high quality care through the delivery of a mature digital system

NHS
University Hospitals of North Midlands
NHS Trust

Project Delivery

Critical Care GE Systems Integration Development	Integration between Careflow, iPortal and Critical Care to enable data flow between systems.
One Consultation	Replacement of legacy video consultation solution for a more cost effective solution which leverages the Microsoft Office 365 licences.
Anaesthetics Medical Records	The implementation of the anaesthetics medical record solution.
RPA – BluePrism Upgrade to 7.1.2	Upgrade of our robotic process automation solution to the current supported version.
RPA – PIFU	Development of an automated robotic process to support patient initiated follow up.
CareFlow PAS and BI Upgrade	Upgrade to CareFlow patient administration system and business intelligence solution to current supported version.
LIMS BT Go Live	The laboratory information management system has been deployed across BT.
ED County Digital Clinical / Nursing Noting	Digital noting for nursing has gone live at County Hospital ED.
Business Case for CRIS/PACS Refresh	Support has been provided from a technical perspective for the refresh of the CRIS/PACS solution for radiology.

Responsive

Be responsive through ensuring our staff can access our digital systems with modern devices which are underpinned by excellent services

University Hospitals of North Midlands NHS Trust

Project Delivery

Business Case – ICS SOC	Obtained approval for the system wide cyber security operations centre.
Imaging Workstations for Home Reporters	Home reporting devices have been deployed to imaging staff to enable home reporting of images.
Rubrik	The new back up solution for Office 365 has been deployed.
Imprivata Kiosk	Imprivata single sign on solution has been deployed in ED using Kiosk mode which reduces the log in time from 2 mins to 10 seconds.
Network Services Business Case	Obtained approval to exit the network services arrangement with the PFI and to move network services into IM&T.
Remove BitLocker Boot Screen	For new devices the BitLocker boot screen has been removed to reduce the number of clicks to log into Trust laptops. Encryption is still enabled but uses Active Directory for authentication.
Penetration Tests	Penetration tests have been conducted on Windows Speculative Execution, Broadcast Protocols, Service Account Management, Java Browser Plugins, Kerberos Delegation. The outcome of these tests have been added to the cyber security action plan.

People

Empower people, both patients and staff to make the most of the technology available and to confidently get involved in the future of digital healthcare

NHS
University Hospitals of North Midlands
NHS Trust

Project Delivery

PKB – Cystic Fibrosis	Patients Know Best deployment in to cystic fibrosis to support the clinical pathway and enable improved communication with patients.
PKB – HAE Care Plans	Patients Know Best deployment in to Hereditary angioedema (HAE) to support the clinical pathway and enable improved communication with patients.
PKB – Alcohol Services	Patients Know Best deployment in to Alcohol Support Services to support the clinical pathway and enable improved communication with patients.
PKB – Weight Management	Full automation of the process to ask patients who are on a waiting list if they have a BMI of over 30 and if they have if they want referring to the national weight management service.
PKB – PALS	Patients Know Best deployment in to PALs to enable improved communication with patients.
PKB – Appointment Letters	CareFlow appointment letters available in PKB and if the letter is read in PKB the physical letter is not posted.
PKB – Appointment Cancelation	The ability for patients to flag that they want to cancel their appointment to reduce DNAs.

Improving & Innovating

Through delivering data insights to clinical and operational staff, using data to support the prioritisation and monitoring of improvement initiatives

NHS
University Hospitals of North Midlands
NHS Trust

Project Delivery	
Datix Data into the Data Warehouse	The extraction of data from the Trust Incident and risk management solution into the Data Warehouse to enable reporting and dashboards.
23/24 Commissioning Process and Grouper	Data warehouse modifications to support the 23/24 commissioning changes and new grouper.
SUS Discharge Ready Date Submissions for MPFT	Report to support new SUS discharge reporting for MPFT.
Vitals Abbey Pain Report	New dashboard which shows data regarding Abbey Pain scores recorded in our electronic observations system.

System & Partners

Work with system and partners to do the initiatives that make sense to do together. Enable integrated pathways with integrated technology and data.

University Hospitals of North Midlands NHS Trust

Project Delivery

	Shared Care Record – eDischarge Letters	The provision of discharge letters to the Staffordshire One Health and Care Shared Care Record.

Resources

Make the most of our resources through optimising business and communication systems to improve efficiency

NHS
University Hospitals of North Midlands
NHS Trust

Project Delivery

Office 365 Pilot & Phases 1 - 3	Office 365 is a subscription based productivity suite by Microsoft that provides a collection of popular applications such as Word, Excel, PowerPoint and Outlook along with cloud based storage and collaboration tools, accessible across multiple devices and platforms. The Office 365 pilot and phases 1 to 3 are now complete.
Microsoft Team and Cisco Telephone Integration	Microsoft Teams and Cisco Telephone integration allows seamless communication and collaboration by connecting Microsoft Teams, with Cisco Telephone systems. This integration enables users to make and receive phone calls directly within the Teams interface, enhancing productivity and streamlining communication workflows.
Fortinet Internet Monitoring and VPN Pilot	Fortinet is a comprehensive internet monitoring and VPN solution. With advanced technology and robust features, it will enable UHNM to monitor online activities, detect threats, and maintain network security. The VPN ensures secure remote access, protecting sensitive data and maintaining privacy for users connecting to the network from outside locations with the benefit of being able to connect to public WIFI services. The Fortinet Internet Monitoring and VPN Pilot is complete.
Secure File Transfer	A solution to allow the secure transfer of large files that are unsuitable to be transferred by email.

Planned 2023/24 Actions

NHS
University Hospitals of North Midlands
NHS Trust

In line with our Digital Strategy, the projects planned for 2023/24 are detailed here:

Medisec Trust Upgrade to V1.6	RESPECT Forms	Digital Patient Waiting List Validation	Security Operations Centre Go Live
Additional Fibre in between M&O and Lyme DCs	Rubrik Phase 2	Varian Med/Rad Onc Hardware Refresh	John Hopkins App
Dictate IT Go Live	Elective Care Pathway Review	Ascribe Upgrade V10.22	Windows Server 2012 Upgrades
Firewall Phase 2	ErRS	NHS Cervical Screening Management System	LIMS BHI Go Live
Consultant Connect Business Case	Data Warehouse Power BI Deployment	Digital Pathology	Office 365 Deployment
OPWL Re-Work	PKB – Radiology Appointments	IECCPP Inpatients	ED RSUH Digital Clinical Noting
iRefer	PKB – Remcare Integration	CISCO ISE	PKB – Medisec IP Discharge Letters
Decision to Admit	DocEditor Go Live	Trust Wide Programme Management Tool	LIMS Cell Path Go Live
OPWL Re-Work	WIS Re-write	Medisec Trust Upgrade to V1.6	IECCP Outpatients
	Room Booking App	Additional Fibre in between M&O and Lyme DCs	EPR Replacement Business Case

Technology Advancement

University Hospitals of North Midlands NHS Trust

In the healthcare sector technology is advancing at speed. The list below details the current trends

Telehealth and Telemedicine	Virtual consultations, remote monitoring, virtual wards, and telemedicine platforms are becoming more widely adopted. Remote monitoring devices help manage chronic conditions and provide timely interventions, reducing the need for hospital admissions.
Artificial Intelligence (AI)	AI is increasingly being utilized for diagnostics, predictive analytics, and personalised medicine. Machine learning algorithms are available to analyse large datasets, improving the accuracy and efficiency of medical diagnoses and treatment plans.
Wearable Technology	Wearables, such as fitness trackers and smartwatches, are being integrated into healthcare. They can monitor various health parameters, providing individuals and healthcare professionals with real-time data for better management of health and wellness.
Virtual Reality (VR) and Augmented Reality (AR)	VR and AR technologies are being used for medical training, surgical planning, and patient education. They offer immersive experiences that can enhance medical education and improve patient outcomes.
Digital Health Apps	Mobile applications focused on health and wellness, medication management, and chronic disease management continue to gain popularity. These apps empower individuals to take control of their health and facilitate communication with healthcare providers.
Robotics in Healthcare	Robotics is being employed for tasks such as surgery, rehabilitation, and patient assistance. Surgical robots, in particular, are becoming more sophisticated, allowing for minimally invasive procedures. Robotic automation is being employed to undertake high volume repeatable computer and administration tasks.
Genomic Medicine	Advances in genomics are influencing personalized medicine. Understanding an individual's genetic makeup can help tailor treatments to specific genetic characteristics, improving the effectiveness of medical interventions.

BAF 6: Digital Transformation

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

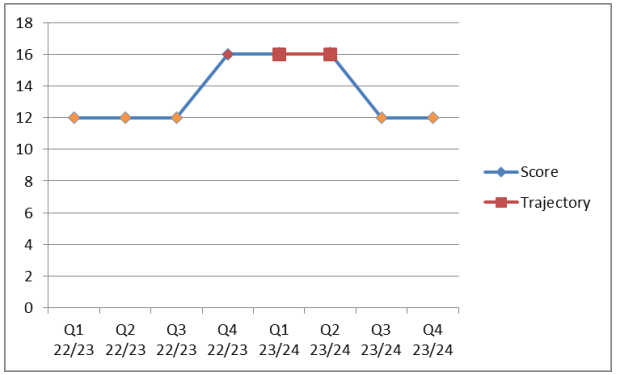
University Hospitals of North Midlands NHS Trust

If our infrastructure and clinical systems are not sufficient or adequately governed or protected then this could compromise connectivity and access to key critical patient information services such as clinical decision support resulting in compromised patient care, staff inefficiencies and breaches of confidentiality, reputational damage and potential fines.

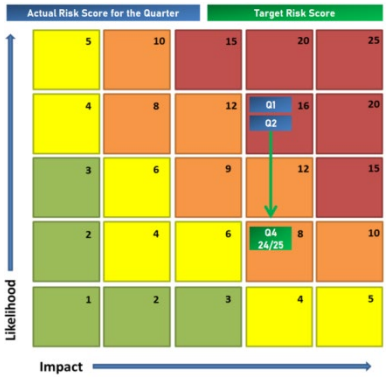
Assurance, Risk Ratings & Target

Partial Assurance	Ext 16	Ext 16	Q3	Q4	High 8 31/3/25

Risk Movement and Risk Reduction Trajectory



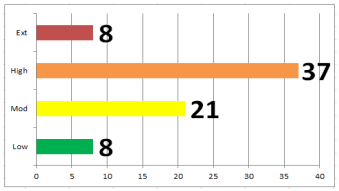
Heat Map Risk Matrix



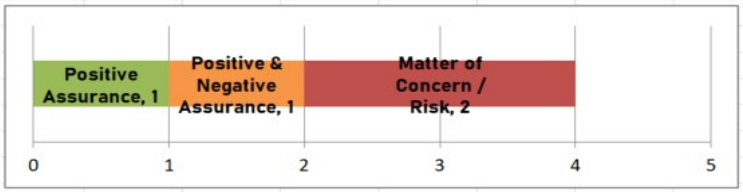
Rationale for Risk Level

- Financial position likely to result in a slow down in progress against the Digital Strategy
- Industrial Action has resulted in reduce capacity to implement change due to change freezes in place during those times
- 5 key programmes are expected to reduce the level of strategic risk including EPMA, EPR, Network and Communications, Office 365 and ICB Security Operations Centre
- Cyber Security Phishing Exercise completed which highlighted additional risk
- FOI performance and Information Security training below national standard

Linked Risks on Register



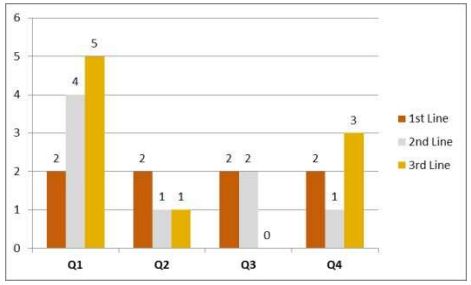
Committee Assurance Outcomes (Escalations) Quarter 2



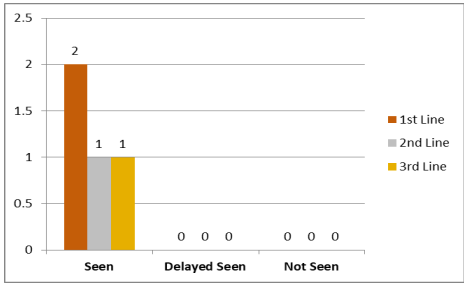
Summary Action Plan

No	Summary Action	Due	BRAG
1	Office 365 implementation	01/11/2023	
2	Network and Communication business case approval	01/08/2023	
3	SOC service Go Live	01/11/2023	
4	LIMS Go Live	31/03/2024	
5	EPR Outline Business Case	31/03/2024	

2023 / 2024 Assurance Plan



Quarter 2 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1 and Q2 although Q3 planned reduction is dependent on delivery of a key number of projects
- Linked risks on the Risk Register (74 at Q2 and 73 at Q1) with reduction seen in Extreme and High Risks with increased Low and Moderate Risks
- Low volume of planned assurances and over 50% of those seen during the quarter had a negative escalation in it
- Gaps to address are around delivery of key projects outlined above plus Cyber Security measures and recruitment to Commercial Manager position

Executive Summary

Meeting:	Trust Board	**Date:**	7th February 2024
Report Title:	Integrated Performance Report, Month 09 2023/24	**Agenda Item:**	
Author:	Quality & Safety: Jamie Maxwell, Head of Quality & Safety; Operational Performance: Warren Shaw, Strategic Director of Performance & Information; Matt Hadfield, Associate Director of Performance & Information. Workforce: Jason Ahern, Assistant Director of Workforce Information; Finance: Jonathan Tringham, Director of Operational Finance		
Executive Lead:	Anne-Marie Riley: Chief Nurse Simon Evans: Chief Operating Officer Jane Haire: Chief People Officer Mark Oldham: Chief Finance Officer		

Purpose of Report

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

Alignment with our Strategic Priorities

High Quality		People		Systems & Partners	
Responsive		Improving & Innovating		Resources	

Risk Register Mapping

Executive Summary

Situation

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

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

Quality & Safety

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

Some of the indicators used in the report have different activity based rates which are those used nationally for

benchmarking i.e. Hospital Associated Thrombosis rate per 10000 admissions or Complaints per 10,000 spells.

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

This latest report includes the Assurance Matrix and reordered indicators and dashboard so that indicators are grouped together appropriately.

Assessment

The number of reported patient safety incidents remains above the long term mean but has decreased this month although the rate per 1000 bed days has continued to remain relatively stable and is within normal variation limits and above the mean rate. The rate is also above the NRLS mean rate during December. It should be noted that an increase in reported incidents and near misses should not be seen as negative hence positive rating for variation indicator) but can reflect a positive reporting culture. The breakdown of incidents by harm reflects this and that the increase in reported incidents relate to increases in no harm and near misses.

Moderate harm or above incidents, both raw numbers and rate per 1000 bed days continue downward trend although these are under review and the final figure may change.

It is key to note that during December 2023 there has been no 'Your Next Patient' related incidents reported with moderate harm.

The largest categories for reported PSIs excluding Non-Hospital Acquired Pressure Ulcers continue to be Patient Falls, Medication, Patient Flow, Clinical Assessment and Treatment related incidents. Patient Falls incidents are the the largest category after Tissue Viability in December 2023 compared to Medication related in November 2023 but otherwise no significant changes in these categories compared to previous months.

There have been reductions in incidents relating to 'Your Next Patient' with 14 during December (14 in November and October, 34 during September 2023, 76 in August, 110 in July, 102 in June, 97 in May, 117 in April, 157 in March, 170 in February and 228 in January 2023) for 0.68% in December (0.61% in November, 0.57% in October, 1.76% in September, 3.6% in August, 5.1% in July, 4.8% in June and May, 6.21% in April, 7.4% in March, 9.8% in February and 12% in January 2023) of total patient safety incidents. This continues to be significant reduction in the number of reported incidents relating to the YNP processes. During December 2023, only 2 (24%) of these incidents related to Tissue Viability. Previous months were 28.6% in October, 35.3% September, 30.4% August and 28.2% July 2023. The 1 Tissue viability incident was Not Hospital acquired and the second incident was cat 2 skin damage reported on ward 128.

Patient falls rate has continued to show positive trend, and is statistically significant with 7 consecutive months below the target rate. During December the overall falls rate was 5.0 and there was also a decrease in falls with harm rate of 1.6 during December compared to 1.9 in November and 1.7 in October 2023.

Medication related incidents have decreased again this month but continue to be higher than same period last year as part of the ongoing drive to improve reporting of medication errors/incidents. There has been a slight increase in December (at time of the report) in the percentage of these incidents that have been reported as resulted in moderate harm or above. This profile trend remains reflective of the improving and positive reporting culture with improved reporting but level of harm reducing and mirrors the profile for all patient related safety incidents. These incidents will be reviewed at Medicines Optimisation & safety Group to assess the impact on patients and also identify and share learning.

From December 2023 the Trust no longer reported incidents via the Serious Incident Framework following the introduction of the new national Patient safety Incident Review Framework (PSIRF). However, the Trust has logged and notified the ICB of 3 incidents during December 2023 on STEIS but under the PSIRF response.

There has been 1 new Never Event reported during December 2023. This incident related to a retained swab (in throat) and is subject to new Patient Safety Incident Investigation (PSII) under new PSIRF proportionate response to incidents. The final report will be presented at Divisional Forums, Risk Management Panel, QSOG and QGC for sign off.

Duty of Candour compliance during December has dipped slightly for verbal notification at 92.3% and increase in compliance with the internally set 10-day target with 84.6%. There were 13 cases recorded as formally triggering duty of candour and 12 of these cases recorded verbal notification being completed with the patients and/or relatives. 11 of the 13 cases have recorded written follow up being provided within the 10-day target but 2 other not complying with the timeframe. It is noted however that all of the cases have subsequently completed the written follow up and the Trust is compliant with the statutory duty of candour regulations.

The current position for received patient Safety Alerts shows that there is 1 overdue Patient Safety Alert (at time of report). There were 3 new alert received during December 2023 and the 1 overdue alert has been actioned and awaiting final approval and sign during December 2023.

Pressure Ulcer developed under UHNM care have decreased along with, pressure ulcers with lapses in care during December 2023 which is below the long-term mean. Category 2 pressure ulcer with lapses in care continue to be the largest category with Category 3, DTI and Unstageable all showing reductions during December 2023. The new PSIRF Tissue Viability toolkit is in use and allows more involvement in clinical areas for developing responses and embedding of learning and sustained improvement.

Friends & Family Test for A&E remains below the 85% target of patients recommending the service. The December figure has improved but remains below the mean rate but there has been an improvement in the raw number of responses received but with increased activity the rate has remained at 8%. UHNM is 33rd out of 124 Trusts nationally for response rate, which is improvement from previous4ly reported 37th. However, UHNM is 87th for the percentage pf positive results. To promote and increase the response rate the FFT questionnaires are continuing to be handed out to all patients on arrival to ED and the QR codes have been made more visible throughout the department. In addition, a 'You said, we did' board has been put up in the Waiting Area to demonstrate changes to patient/relatives' comments in a bid to further promote and increase the responses received.

Inpatient FFT results have dipped marginally below the 95% target with 94.7%. The response rate has also dipped in December with19% return rate compared to 21% in November 2023. There were 2142 (2341 in November and 2512 in October) responses returned in December 2023 from 68 different inpatient and day case areas across UHNM. UHNM have the 17th highest response rate out of the 154 acute trusts reporting FFT for inpatient areas which is an improvement from previously reported 23rd. There are key improvement initiatives identified previously are continuing and focus on key priorities identified within the FFT returns.

Maternity FFT but remains just below the 95% target at 92.3%. December 2023 saw 104 (85 in November and 97 in October) completed surveys returned and 37 (25 in November and 21 in October) completed from the Birth touchpoint. Compared to the latest national data available (August 2023) out of 113 Trusts, UHNM were 54th for number of responses for antenatal, 39th for number of responses for birth, 63rd for post-natal ward and 38th for post-natal community which shows improvement in all areas. FFT Task & Finish Group for post-natal care established, Maternity services have introduced QR codes in some areas to increase response rates. My Pregnancy Notes, launched in July, provides a direct link to Friends and Family for women to complete and now using the data from the QR codes.

Complaints rate remains below the target/benchmark rate of 35 and within normal variation. Complaints Team are continuing to review the complaints triage process to ensure that it is effective and that the number of PALS escalated to formal complaints does not rise. This is included in the quarterly Patient Experience Reports along with detailed reviews of trends and themes from received complaints. Included for the first time in the report are the average monthly response times with December 2023 recording median response time of 63 working days (against target of 40 working days)

Mortality indices remain within expected ranges and compare well with our peers and other acute trusts. SHMI is showing significant improvement with 9 consecutive months of reductions. HSMR has also reduced for third month in succession.

VTE Risk assessment compliance has improved during December and is back above the 95% target. The new VTE Risk assessment has been introduced across surgical wards.

Hospital Associated Thrombosis rate is noted as above the long term mean in December 2023 with 27 cases and a rate of 1.39 per 10,000 admissions which is a reduction from November but is normal variation. HAT rate remains relatively stable with the anticipated rise in incidents during the first part of the winter associated with COVID and other respiratory illnesses.

Timely Observations are continuing to improve across the Trust with current performance at 72.9%. There remains 1 ward with less than 50% of patients having timely observations recorded on VitalPack. As previously noted, Medicine, Surgery and Network Services have all now included Timely Observations as Driver Metrics and focussing as priority to improve compliance.

C Diff numbers have increased during December but remains lower than December 2022 with 14 cases confirmed. There have been number of key actions taken during the past month including the addition of the CUR-95 score has now been added to the CAP antimicrobial Microguide to support clinicians in treatment decisions.

Sepsis screening and IV Antibiotics continue to be below targets within Royal Stoke Emergency Department. Other emergency portals are achieving these targets. Sepsis Team continue to work with RSUH ED Teams to try and improve compliance and staff are following correct sepsis guidance. Specific targeted actions in ED include having a Deteriorating Patient Reviewer (DPR) in place and managed by Emergency Physician in Charge in ED. There will be a specific clinician assigned and dedicated to log in DPR VOCERA device at the beginning of their shift to review and provide timely assessment, treatment and escalation of patients who triggers for medium to high-risk sepsis.

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

All data used in this report is as recorded on 10th January 2024 and figures may change following further review/investigation/update

Operational Performance

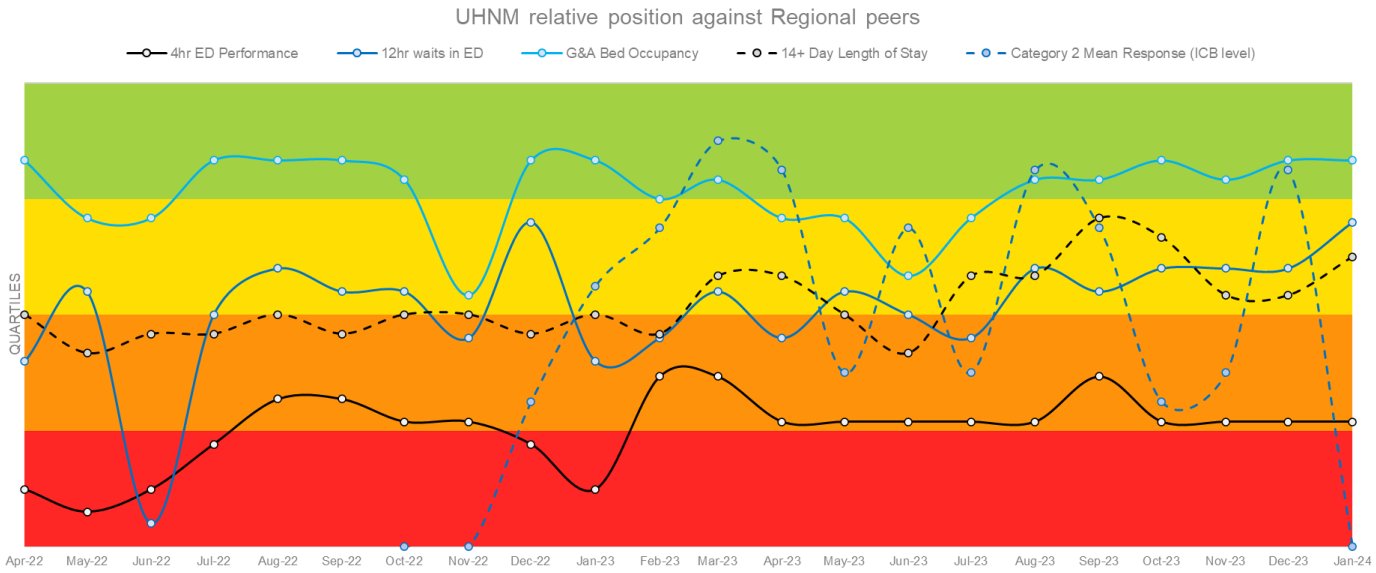
This executive summary highlights key operational challenges in two groups. Urgent and Emergency Care performance (non-elective care) will be described initially and then Planned care, Cancer and Diagnostics services (elective care) will be grouped into a second summary. UHNM has been assessed as NHS Oversight Framework (NOF) Segmentation 3 and as such, a series of 'Exit Criteria' have been agreed which are aimed at making and sustaining the improvements needed across a range of themes / metrics. Two separate improvement plans have been developed to respond to these using this same split between Emergency Care and Planned Care, Cancer and Diagnostics.

Section 1: Urgent and Emergency Care Performance (Non-Elective Care)

How are we doing against our trajectories and expected standards?

Urgent and Emergency Care Indicators across the board have not moved significantly between November and December 2023.
Those indicators that are monitored as part of the Tier 2 process marginally improved although not across all as ambulance handover saw a substantial deterioration. (A&E 4 Hour Standard, 12 Hours in Department Standard, and Ambulance Handover).

Despite this the Trusts relative performance in region has remained the same or improved, with the exception of the Category 2 Ambulance mean response time at ICB level. All indicators remain in 1-3 quartiles indicating that overall performance across the whole region has similarly deteriorated as the impact of winter pressures are felt in acute provider organisations.



What is driving this?

Staffordshire and Stoke-on-Trent Winter planning (Surge Plan) described an approach to winter that increased bed capacity throughout the December-March period. Within this plan there was an identified bed deficit in both October

and November that could not be mitigated through opening additional capacity. Although mitigation strategies were developed that identified admission avoidance approaches this has not had the necessary impact to reduce the demand on acute inpatient beds.

Overall bed occupancy at Trust level shows a significant decrease in December; however the impact of seasonal infections has meant this has not supported a significant improvement in performance and on occasion this has been due to beds not being available for use. In December specifically bed occupancy reduces greatly around 25th December as admissions reduce and discharges reduce. This benefit however is short as bed occupancy then increases sharply after the bank holidays.

Schemes to reduce length of stay within the hospital have not offset the natural increase in length of stay effect seen in winter. As increased in infection diseases (Flu, Norovirus, Coronavirus etc.) impact the length of stay they also increase the number of beds that are unavailable in order to protect from nosocomial (patient to patient or staff to patient) transmission. This in turn makes it hard to flow patients through the emergency pathway as periodically beds are closed or restricted.

Ambulance Category 2 response rates are multifactorial and although impacted by handover delays within the Trust are also a reflection of demand on ambulance services versus the capacity to respond. The Trust is able to influence the delays in handing over patients and the mitigations described within this report address that directly. It does not attempt to address the issue of demand versus in capacity for WMAS and therefore may not be possible to fully address this performance metric.

What are we doing to correct this and mitigate against any deterioration?

The Trust has now submitted the Non-Elective Improvement plan as part of its response to NOF3 and Undertakings. This plan articulates 4 workstreams described in more detail in the performance report. These workstreams articulate focus of improvement efforts now reduced from the 5 previous workstreams.

Specific areas of feedback:

Acute Care at Home

- Priority and focus across the portfolio remains to be admission avoidance where possible utilising Acute Care at Home offer. There is system recognition that the existing service is fragile in terms of workforce, and this is documented on the risk register. Immediate actions taken to ensure service stability in the short term and support a response with the Call Before Convey approach.
- An urgent review is underway to agree medium- and long-term stability including leadership and governance for the service (which has increased in size and complexity substantially since its inception). ACAH is recognised as a key priority to the UEC System Strategy and operational plan for delivery.
- Call Before Convey has seen the average calls to ACAH go from an average of 140 per week to highs of 275 per week.
- Lessons Learned from >6 hour ambulance offload delays- using the PSIRF thematic review, shows Impact of Covid, Flu, Gastroenteritis, RSV with increased side room demand across ED and wards causing significant delays. Clinical priority has impacted the ability to offload in time order and the de-prioritisation of patients who have been deemed as not requiring Emergency Department Care. Learning is being further developed with RCAs and will be shared with UEC system partners.

Non-Admitted Performance (RSUH)

- Conscious decisions to use Non-admitted capacity to support ambulance handover have taken place, consequently impacting non-admitted performance in order to mitigate clinical risk.
- County Hospital increased demand with diverts and increased intelligent conveyance in order to support RSUH site – resulting in a drop performance – this was identified in the recent external review from ECIST/GiRFT team and was anticipated.

Winter Preparation

- Outliers- Structured process started to ensure safe and appropriate outliers to agreed number of beds across Surgical & network bed base.
- Outlying patients co-located across 2 surgical wards- selected & monitored by IDH, Significantly fewer patients outlying compared to 2023 and post plan review indicated increased numbers of patients through the allocated beds- maintaining 30+ Complex discharges daily. (This practice will have supported both increased emergency capacity but also controlled the impact on elective and cancer care.)
- Able to maintain a MFFD cohort of patients with no medical interventions required thus reducing the need for additional agency medical teams to support.
- Ward Support/Go Look Learn- Information gathered across the period was analysed and preliminary findings are guiding workstream 2 “Standardised working” workstream for the Non Elective Improvement Programme. Pre-noon discharge, SAFER, Tomorrows TTOs Today, improved discharge planning from arrival.

- Simple & Timely discharges- S&T and Complex daily targets visible, monitored and challenged with Divisions.
- We achieved 85.3% bed occupancy for w/c 25th December which supported our overall position post-Christmas compared to the same period last year.
- Over December 23, admissions via ED and discharges per sitrep increased by 11.1% and 21.2% respectively compared to December 22. W/c 25th December compared to same period December 22 showed an increase in 9.6% and 22.3% for admissions and discharges.

What can we expect in future reports?

The continuation of the implementation of the surge plan to its next stage in January will see a small increase in bed capacity across SSOT. In addition to this workstreams 1-4 will incorporate recommendations from GiRFT/ECIST teams immediately and will seek to deliver benefits that will further improve emergency pathway metrics in line with trajectories.

December 2024 saw 1011 more ambulance conveyances than in December 2023 and although attendances overall have not increased at Emergency Departments it is likely this increased demand for some of the most acute areas of the emergency pathway will continue to pose a challenge in January 2024. January will therefore likely see deterioration in real term impact as the post holiday period and infection rates increase. It is likely that with the introduction of additional Industrial Action from the BMA and with the associated additional measures taken there may be some benefits with periods of improvement however it is unlikely that overall this will see January in line with improvement trajectories. Relative performance across the region is likely to be more favourable and it is unlikely that UHNM will fair worse than other Trusts at this most challenging point of the year.

Section 2: Planned Care, Cancer and Diagnostics (Elective Care)

How are we doing against our trajectories and expected standards?

Diagnostic performance continues to improve both in actual and relative terms compared to other acute hospitals. UHNM remain upper decile for greatest improvement in this standard.

Patients waiting 78 weeks or more continued to reduce in December following a reducing trajectory that improves relative performance each month, unfortunately this has been impacted upon by industrial action. As a Tier 1 trust NHSE region and national and regional teams have weekly oversight of improvement trajectories. Despite these improvements UHNM remain in the worst quartile for performance. There remains 1 patient waiting over 104 weeks for treatment, the patient has chosen to wait until 6th Feb, but due to the timeliness of dates offered could not be considered under the choice policy.

Cancer treatment backlog numbers have continued to reduce in line with trajectory and latest performance at the close of December have numbers better than trajectory, this is with the impact of the Christmas period. This performance reflects an improvement in several tumour sites however the most notable and with greatest impact is lower GI (Colorectal) which has seen an improvement to better than trajectory performance. Until backlog reduces to the level set in trajectory overall cancer performance % against the standard will not be the focus of performance reporting.

Cancer diagnostic performance remains a challenge and December performance has not seen the required improvement. Although SPC charts show a sustained improvement, they was not in line with trajectory and further improvement is required to meet national milestones. Endoscopy is the largest single factor contributing to this shortfall.

What is driving this?

Both Diagnostic (6 week standard) and FDS (Cancer Standard) have a heavy reliance on Endoscopy performance. Endoscopy considering current productivity has been shown to be circa £2.5M smaller than it needs to be to meet demand and reduce waiting times. This is through a combination of not having enough staff to complete the required tests but also a lower than required productivity. Productivity levels although not nationally benchmarked are likely to be much lower than in other Trusts as a result of a mixture of lack of digital infrastructure, booking efficiency and therefore higher than expected levels of cancellations.

Patients waiting for 78 weeks or greater have continued to reduce although not the level desired. The largest single component to this waiting list is in Orthopaedics and Spinal services, where the initial waiting list was largest. Much progress has been made in this service with input from the national GiRFT teams

Cancer treatment backlog reduction (62 day) continue at high levels. Increases in capacity supported by West

Midlands Cancer Alliance (Lower GI Surgery in particular) have seen a significantly positive impact.

What are we doing to correct this and mitigate against any deterioration?

Endoscopy services have a three part plan for the resolution of demand versus capacity. In November the Trust received confirmation of £1m of additional funding to support additional capacity using support from independent sector insourcing. This is being used to expand capacity and is the final funding position available to us this financial year. There has been external support brought into endoscopy to ensure utilisation and the improvement plan match the needs of our patient population. This work with the leadership teams to fully mobilise the digital system now implemented and to improve processes and booking practice. This final element will ensure that the service is sustainable into 2024/25.

Productivity in elective services, and especially outpatient services are part of the wider planned care improvement plan. Utilising the GiRFT methodologies the Trust will focus on specialties that have particularly long waiting lists and work with the national GiRFT *Further Faster* programme. This clinically developed set of improvement tools has been used in a number of areas nationally and will support the focussed recovery of those specialties with gaps in demand and capacity and that have long waiting lists.

Cancer performance and the protection of capacity for cancer recover will remain a focus during the winter (Surge Plan). It is expected that despite the increased winter pressure and impact from emergency overflow, cancer services will remain protected. This will include the ring fencing of funding for cancer improvement which if mobilised should deliver performance in line with our trajectories.

What can we expect in future reports?

With the recent Industrial Action by the BMA in December and January the report partially shows the impact of this action, but January took a significant impact due to the length of action and its timing. It is highly likely that plans and trajectories in both diagnostics and planned care will not be met by March 2024. The full impact of this is still being analysed however the timing of the action is such that it is unlikely any suitable alternatives for the lost capacity will be available when required.

Cancer services have the greatest protection of services (including cancer diagnostic services) and recovery trajectories are still expected to be delivered, and remain on trajectory in early January. Ongoing discussions are taking place with regulators on both undertakings and NOF3 exit criteria which now must be considered in relation to the Industrial Action.

Workforce

How are we doing against our trajectories and expected standards?

- **Turnover** and **vacancy** metrics continue to perform well against our expected standards. The turnover rate in December 2023 has increased slightly to 8.3% but this remains well below the Trust's 11% target. Whilst the vacancy metric has increased to 8.94% this also remains within our expected standard of 10%.
- The main driver of the increased vacancy % is due to an increase in the budgeted establishment of 84.97 FTE from a combination of opening the County Hospital winter pressures ward and the movement of monies from Income & Expenditure Reserves, into the relevant budget lines.
- **Sickness absence** continues to be above the Trust expected standard of 3.39%. In month we have seen an increase of 0.57% to 5.93%. The 12-month cumulative rate has decreased fractionally to 5.20% from 5.26% because the December 2022 sickness high absence rate of 6.79% is no longer impacting on the 12-month position. The main driver of this continues to be stress and anxiety, although this has improved slightly in month. Chest and respiratory conditions remain the second reason for absence, which correlate with the increase in covid cases.
- **Performance Development Reviews (PDR's)** continue to be below the Trust target of 95%. In month we have seen a slight improvement from 82.0% to 82.8%. The refreshed PDR paperwork to support colleagues in achieving their potential, is expected to be released in January 2024.
- **Statutory and Mandatory Training** (core for all subjects) remains just below the Trust target of 95% and has remained static with only a slight improvement from 94.2% to 94.4%.

What are we doing to correct and mitigate against any deterioration?

- In January we have launched our "5 Reasons to Join UHNM" social media campaign to continue to attract

applicants and promote our organisation as a great place to work.
- Divisional and Directorate Management Teams continue to manage sickness absence in line with the Trust Policy.
- The refreshed PDR paperwork to support colleagues in achieving their potential, is expected to be released in January 2024.
- We are continuing to watch the statutory and mandatory training performance to ensure that we maintain the strong position on this metric.

What can we expect in future reports?

- The local Staff Voice Survey has been paused until January 2024, to prevent survey fatigue, following the NHS National Staff Survey. This was re-opened from 1-10th January 2024, and we will report the staff engagement metric in the February Trust Board report.
- Key themes from the NHS National Staff Survey raw data are being analysed in readiness for the formal launch of the national reports at the end of Quarter 4. We will report on the findings at the April Trust Board meeting.
- We should anticipate that sickness absence in month will continue to increase given the seasonal ailments.

Finance

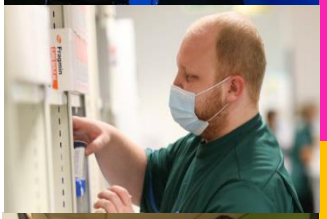
Key elements of the financial performance year to date are:

- For Month 9 the Trust has delivered a year-to-date deficit of £1.7m against a planned surplus of £1.8m; this adverse variance of £3.5m is primarily driven by underperformance against the Trust's in year CIP target and unfunded additional winter escalation capacity that remained open through the year.
- The Trust has received £9.0m additional funding towards the cost of industrial action and other cost pressures for Month 1 to 7; this additional income was recognised in the Month 8 position. No additional funding has been received to cover industrial action costs incurred in December although for Performance Management purposes the Trust's yearend target has been adjusted to breakeven plus the impact of Industrial Action in December and January.
- The Trust has incurred £5.0m of costs relating to winter escalation capacity remaining open to Month 7 partially funded by £2.1m of additional funding from the local ICB. Winter and escalation costs from Month 8 are funded as part of the Trust's winter plan.
- To date the Trust has validated £33.6m of CIP savings to Month 9 against a plan of £41.3m. The Trust has recognised £3.8m of CIP due to an assumed reduction in the annual leave provision delivering 50% of the NR ICB stretch CIP target; the balance is expected to be delivered from a further reduction in the provision. Schemes of £48.3m have been identified for delivery in 2023/24. The PMO is currently working with scheme leads to develop robust plan to deliver these savings. The £8.0m divisional schemes remain unidentified.
- The Month 9 actual performance of a £0.9m surplus is in line with the Trust's Month 8 breakeven forecast for the year presented to the Committee in November.
- There has been £43.3m of Capital expenditure which is £6.6m below plan.
- The cash balance at Month 9 is £59.5m which is £14.5m lower than plan.

Key Recommendations

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

NHS
University Hospitals of North Midlands
NHS Trust



Integrated Performance Report

Month 09 2023/24

Delivering Exceptional Care with Exceptional People

Contents

A note on SPC

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

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

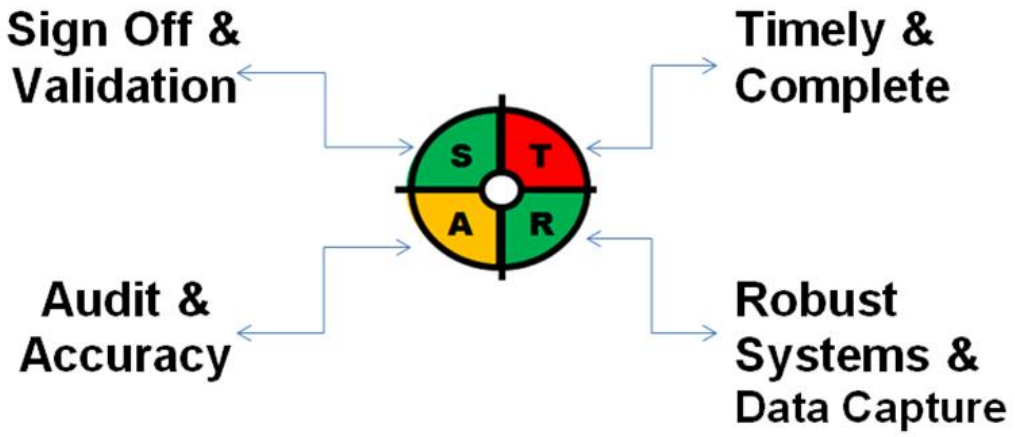
Assurance - how assured of consistently meeting the target can we be?

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

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

A note on Data Quality

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



Explaining each domain

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

RAG rating key

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

Quality

Caring and Safety

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

Quality Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

The Trust achieved the following standards in December 2023:

- Falls rate was 5.0 per 1000 bed days for December 2023, 6th consecutive month below benchmark rate.
- Hospital Associated Thrombosis has continued to remain below the mean rate and is within normal variation and cases are under review.
- Trust rolling 12-month HSMR continues to be within expected range at 97.91
- Trust rolling 12-month SHMI 98.44 and is Band 2 – as expected. There has been continued improvement in SHMI
- Zero avoidable MRSA Bacteraemia cases reported.
- Pressure Ulcers per 1000 bed days with lapses in care developed under UHNM care is now 0.39 and below the target rate 0.5
- There have been no Category 4 Pressure Ulcers attributable to lapses in care.
- E. Coli Bacteraemia cases on trajectory with 16 in December compared to target of 16.
- VTE Risk Assessment completed during admission has improved and above 95% target with 96.2% recorded in December (via Tendable)
- Inpatient sepsis Screening and Sepsis IVAB within 1 hour achieved 98% and 100% respectively and meeting the 90% target rate
- Children's Sepsis Screening compliance achieved the 90% target with 100% during December.
- Friend & Family (Inpatients) 95.5% and exceeds 95% target.
- The rate of complaints per 10,000 spells is 19.09 and remains below the target of 35 and long term mean rate but within normal variation.

The Trust did not achieve the set standards for:

- Rate of falls reported that have resulted in harm to patients currently at 1.6 per 1000 bed days and continues to be within the control limits and normal variation.
- 92.34% verbal Duty of Candour compliance recorded in Datix.
- 84.6% compliance with Duty of Candour 10 working day letter performance following formal verbal notification and under review for completion and upload of letter on Datix
- There were 16 Pressure ulcers including Deep Tissue Injury identified with lapses in care.
- 1 Never Event
- 1 overdue Patient Safety Alerts which is awaiting final approval and sign off (as at end of December 2023)
- Timely Observations remain below the 90% target but has seen further improvement during December.
- C Diff YTD figures above trajectory with 14 against a target of 8.
- Friend & Family (A&E) has improved but remains below 85% target at 68.6%
- Friend & Family (Maternity) 92.0% and below 95% target.
- Sepsis Screening compliance in Emergency Portals decreased to 78% but remains below the target 90%.
- Emergency Portals Sepsis IVAB declined to 61.5% and remains below the 90% target for audited patients.
- Maternity Sepsis Screening compliance remain below 90% target but improved to 84.2%
- Maternity IVAB compliance 33% and below the 90% target for audited patients

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

- Total number and rate of Patient Safety Incidents decreased in month but still showing increased reporting
- Total incidents with moderate harm or above and the rate of these incidents within normal variation levels during December and noted decrease in month (incidents are currently under review)
- Medication related incidents rate per 1000 bed days is 5.8 which below the target but above long term mean rate as is patient related at 5.7. The monthly variation is within the normal expected variation and above the NRLS national rates. The % of medication incidents reported with moderate harm or above has increased for November 2023 but remains under review.
- PSIRF adopted and therefore no Serious Incidents reported. 3 incidents previously under SI framework reported in December and under review using PSIRF approaches.
- Majority of complaints in December 2023 continue to relate to clinical treatment.

University Hospitals of North Midlands NHS Trust

Quality Performance Report (QPR) | Assurance Grid

Failing NHS

Aiming Here

Strategic Priority Domain Metrics Key

Quality metrics shown in blue text
Responsive metrics shown in pink text
People metrics shown in orange text
Improving & Innovating metrics shown in purple text
System & Partners metrics shown in green text
Resources metrics shown in teal text

Assurance / Variation Key

Assurance

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

Variation

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

Worsening

Variance

August 2023	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail
Special Cause - Improvement	Inpatient IVAB within 1 hour All Children's IVAB in 1 hour VTE Risk Assessment	Patient Safety Incidents PSI rate per 1000 bed days PSI rate Moderate Harm and above Falls rate per 1000 bed days days Contracted Adult Inpatient Sepsis Screening All children sepsis screening Hospital acquired Thrombosis Rate Inpatient Sepsis Screening Approval Lead Time Sickness	Rolling 12 month SHMI All Maternity sepsis screening Timely Observations Avoidable MRSA
Common Cause	Rolling 12 month HSMR	PSI's per 1000 bed days low harm PSI's per 1000 bed days no harm PSI's per 1000 bed days near miss Medication incident % moderate harm + Pat Medication incident % moderate harm Medication Incidents per 1000 bed days Patient Medication Incidents per 1000 bed PU's rate per 1000 bed days Lapses in care PU per 1000 bed days Cat 2 PU with Lapses in care Cat 3 PU with lapses in care Deep Tissue injuries lapses in care Unstageable PU lapses in care Serious Incidents & Rate of SIs DoC compliance formal verbal & written Friends and Family Inpatient & Maternity Complaints Rate Other Emergency Portal Screening Average Usability	RS ED IV Abx in 1 hour Other Emergency Portals IV Abx in 1 hour
Special Cause - Concern		Never Events reported HAI and COHA cases of C Diff toxin HAI E Coli Bacteraemias All ED portals Screening All Emergency Portals IV Abx in 1 hour RS ED Dept Sepsis Screening Childrens Sepsis Screening Net Hours Agency Usage Bank Usage Temporary Staffing	Family and Friends ED All Maternity IVAB in 1 hour

Patients will receive a variable experience

cepti a t e

Quality Dashboard

NHS
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Metric	Benchmark	Previous	Latest	Variation	Assurance
Patient Safety Incidents	2000	2381	2057		
Patient Safety Incidents per 1000 bed days	50.70	58.83	50.78		
Patient Safety Incidents per 1000 bed days with no harm	34	38.50	33.92		
Patient Safety Incidents per 1000 bed days with low harm	13	17.10	14.39		
Patient Safety Incidents per 1000 bed days reported as Near Miss	2	2.55	2.05		
Patient Safety Incidents with moderate harm +	20	28	16		
Patient Safety Incidents with moderate harm + per 1000 bed days	0.60	0.69	0.39		
NRLS risk of potential under reporting (CQC Insights)	1.0	0.79	0.89		
Patient Falls per 1000 bed days	5.6	5.5	5.0		
Patient Falls with harm per 1000 bed days	1.5	1.9	1.6		
Medication Incidents per 1000 bed days	6	6.7	5.8		
Medication Incidents % with moderate harm or above	0.50%	0.73%	1.28%		
Patient Medication Incidents per 1000 bed days	6	6.0	4.9		
Patient Medication Incidents % with moderate harm or above	0.50%	0.83%	1.52%		

Metric	Benchmark	Previous	Latest	Variation	Assurance
Serious Incidents reported per month	0	11	3		
Serious Incidents Rate per 1000 bed days	0	0.27	0.07		
Never Events reported per month	0	0	1		
Duty of Candour - Verbal/Formal Notification	100%	94.4%	92.3%		
Duty of Candour - Written	100%	83%	84.6%		
All Pressure ulcers developed under UHNM Care	60	86	76		
All Pressure ulcers developed under UHNM Care per 1000 bed days	1.6	2.13	1.88		
All Pressure ulcers developed under UHNM Care lapses in care	12	20	16		
All Pressure ulcers developed under UHNM Care lapses in care per 1000 bed days	0.5	0.49	0.39		
Category 2 Pressure Ulcers with lapses in Care	8	6	7		
Category 3 Pressure Ulcers with lapse in care	4	0	2		
Deep Tissue Injury with lapses in care	0	11	7		
Unstageable Pressure Ulcers with lapses in care	0	3	2		

Quality Dashboard

NHS
University Hospitals of North Midlands
NHS Trust

Metric	Benchmark	Previous	Latest	Variation	Assurance
Friends & Family Test - A&E	85%	60.9%	68.6%		
Friends & Family Test - Inpatient	95%	96.2%	94.7%		
Friends & Family Test - Maternity	95%	92%	92.3%		
Written Complaints per 10,000 spells	35	28.45	19.09		
Complaints received by the CQC (feb 21 - Jan 22)	N/A	49	76		
Rolling 12 Month HSMR (3 month time lag)	100	96.52	95.45		
Rolling 12 Month SHMI (4 month time lag)	100	99.33	99.27		
VTE Risk Assessment Compliance	95%	93.8%	96.2%		
Hospital Associated Thrombosis Rate per 10,000 Admissions	N/A	1.50	1.39		
Timely Observations	90%	71.0%	72.9%		
Reported C Diff Cases per month	8	12	14		
Avoidable MRSA Bacteraemia Cases per month	0	0	0		
HAI E. Coli Bacteraemia Cases per month	16	17	16		

Metric	Benchmark	Previous	Latest	Variation	Assurance
Inpatient Sepsis Screening Compliance (Contracted)	90%	95.1%	98.0%		
Inpatient IVAB within 1hr (Contracted)	90%	100%	100.0%		
Children Sepsis Screening Compliance (All)	90%	100%	100.0%		
Children IVAB within 1hr (All)	90%	N/A	N/A		
Emergency Portals Sepsis Screening Compliance (Contracted)	90%	83.0%	78.0%		
Emergency Portals IVAB within 1 hr (Contracted)	90%	70.27%	61.5%		
Maternity Sepsis Screening (All)	90%	44%	84.2%		
Maternity IVAB within 1 hr (All)	90%	100%	33.3%		

Delivering Exceptional Care with Exceptional People

Reported Patient Safety Incidents

NHS
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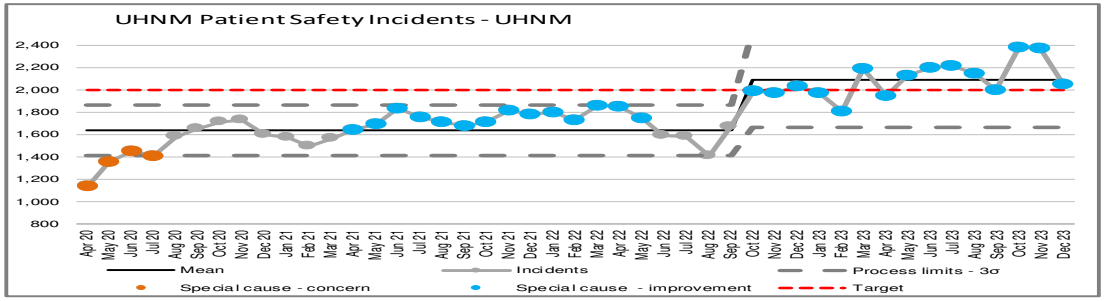
NHS Trust

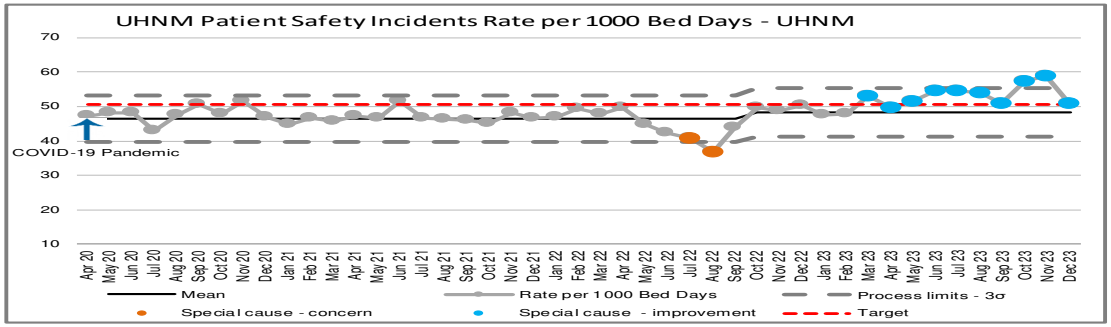


Variation	Assurance
H	?

Target	Oct 23	Nov 23	Dec 23
2000	2387	2381	2057

Background

Total Reported patient safety incidents



Variation	Assurance
H	?

NRLS Mean	Oct 23	Nov 23	Dec 23
50.70	57.27	58.83	50.78

What is the data telling us:

The above data relates to **all** reported Patient Safety Incidents (PSIs) across the Trust. The December 2023 total remains above the mean total. The rate per 1000 bed days has also decreased but remains above the NRLS mean rate.

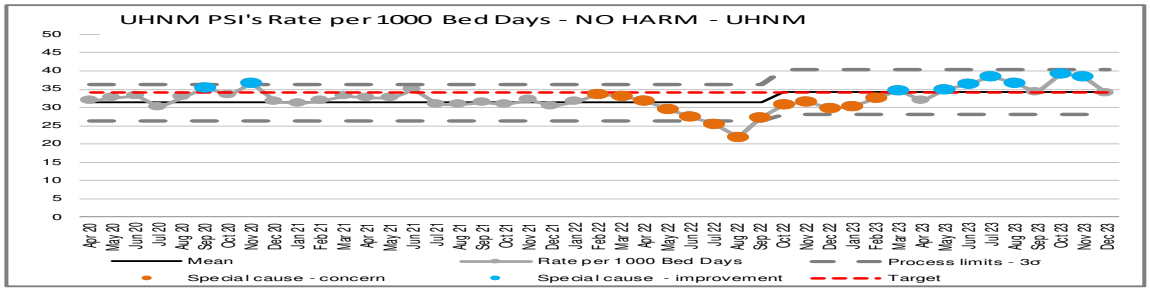
However, the reporting of incidents and near misses should continue to be encouraged and promoted and increasing rates and numbers of total incidents is not necessarily to be viewed as concern. It is important to review the different levels of harm within the overall totals.

The largest categories for reported PSIs excluding Non Hospital Acquired Pressure Ulcers are Patient Falls, Medication, Patient Flow, Treatment related and Clinical assessment incidents. Falls related incidents are the largest category after Tissue Viability in December 2023.

There have been same number of incidents relating to 'Your Next Patient' with 14 during December (14 during November and October, 34 during September 2023, 76 in August, 110 in July, 102 in June, 97 in May, 117 in April, 157 in March, 170 in February and 228 in January 2023) which accounts for 0.68% (0.61% in November, 0.57% in October, 1.76% in September, 3.6% in August, 5.1% in July, 4.8% in June and May, 6.21% in April, 7.4% in March, 9.8% in February and 12% in January 2023) of total patient safety incidents. This is continues to be significant reduction in the number of reported incident relating to the YNP processes. During December 2023, 2 (24%) of these incident related to Tissue Viability. Previous months were 7% in November, 28.6% in October, 35.3% September, 30.4% August and 28.2% July 2023. The 1 Tissue viability incident was Not Hospital acquired and the second incident was cat 2 skin damage reported on ward 128.

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

NHS University Hospitals of North Midlands NHS Trust

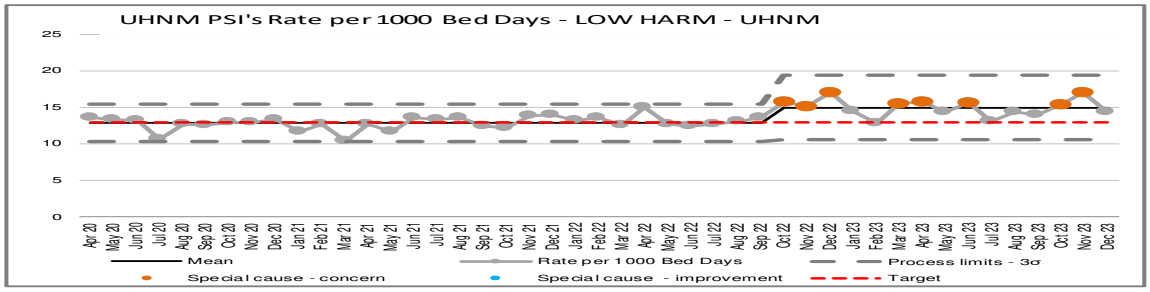


Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
34	39.11	38.50	33.92

Background

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

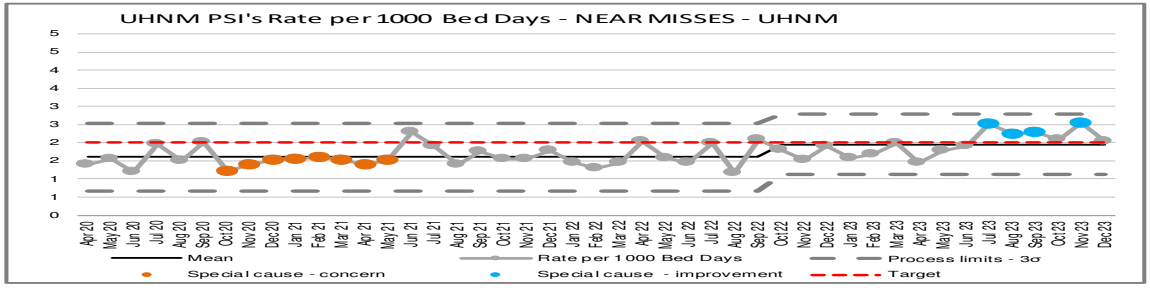


Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
13	15.40	17.10	14.39

Background

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



Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
2.0	2.09	2.55	2.05

Background

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

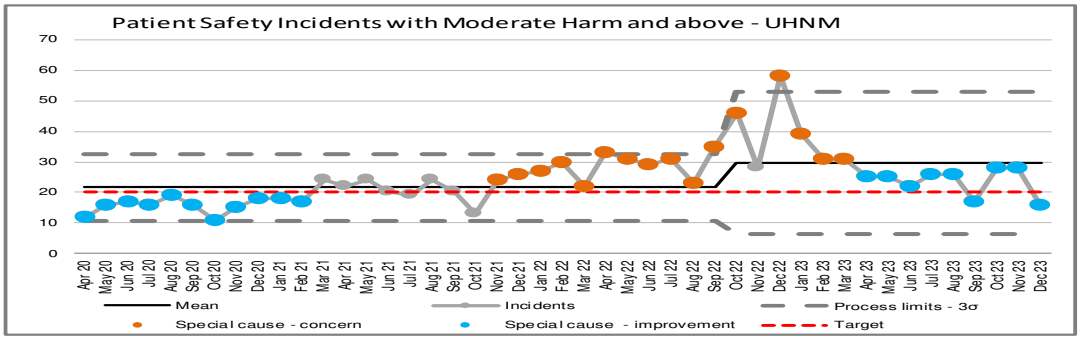
What is the data telling us:

The Rate of Patient Safety Incidents per 1000 bed days with no harm, near misses and low harm have seen rates remain around the long term mean rate but with reductions during December 2023.

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

Reported Patient Safety Incidents with Moderate Harm or above

NHS University Hospitals of North Midlands NHS Trust

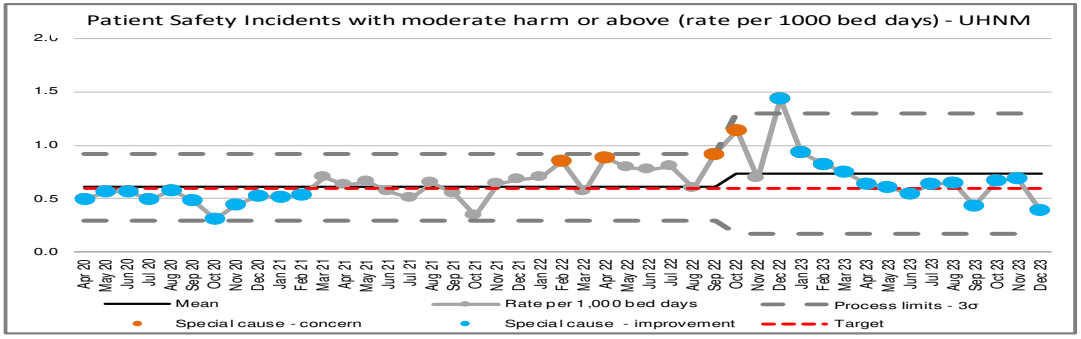


Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
20	28	28	16

Background

Patient safety incidents with reported moderate harm and above



Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
0.60	0.67	0.69	0.39

What is the data telling us:

The variation noted in charts above for moderate harm or above total and rate per 1000 bed days is within normal control limits but has shown decrease total numbers and rate for December 2023 but these remain under review and may alter following completion of the reviews. Prior to November, the last 10 months had seen reducing trend since December 2022 the past 9 months. The December 2023 results are significantly lower than December 2022.

The top category of incidents resulting in moderate harm reflect the largest reporting categories with Medication (3), Tissue Viability (3) and Treatment/Procedure (2) related incidents.

None of these moderate harm and above incidents were noted as relating to **'Your Next Patient'.**

Patient Falls Rate per 1000 bed days

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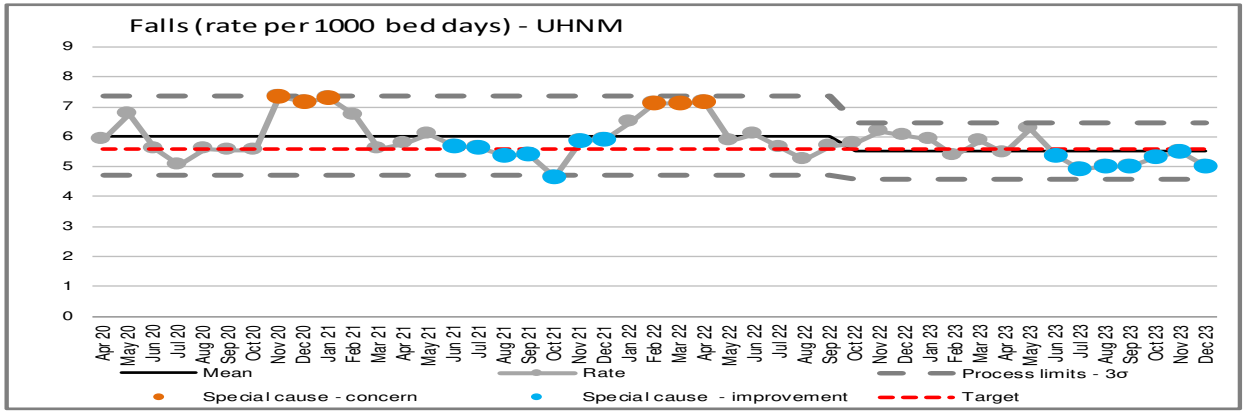


Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
5.6	5.3	5.5	5.0

Background

The number of falls per 1000 occupied bed days

What is the data telling us:

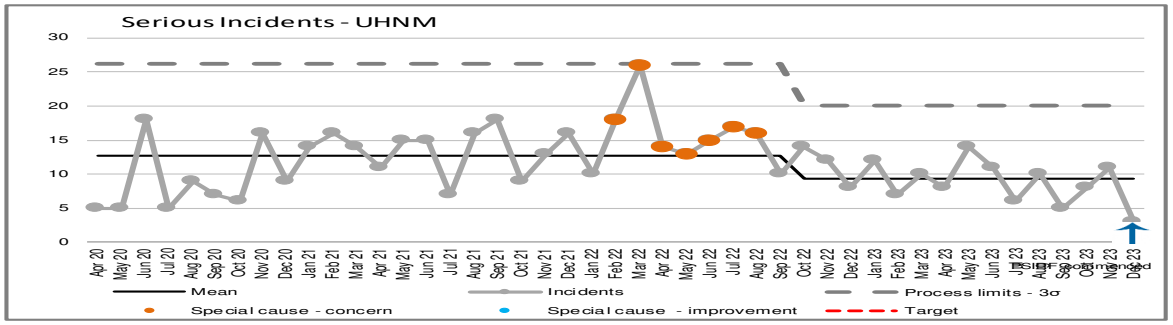
The Trust's rate of reported patient falls per 1000 bed days between July & December 2023 has remained below average but within normal variation

The areas reporting the highest numbers of falls in December 2023 were:-
Ward 228 – 14 falls, Royal Stoke ECC – 11 falls, Ward 113 – 10 falls, County AMU – 10 falls, Royal Stoke AMU – 9 falls

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

- Audits/spot checks continue to take place in the Top 5 falling areas.
- New N/A induction training has taken place.
- Ward 228 and Ward 113 have had patients that are multiple fallers. The wards have been contacted and visited, risk assessments and documentation were discussed.
- Although falls were higher in these areas fortunately none of the patients suffered an injury except for a patient on ward 113.
- Ward 113 unfortunately have received patients that were not their speciality due to the requirement for side rooms. Ward 113 stated these patients have been elderly, confused and have been nursed in the side rooms which may have contributed to the rise in falls.
- Wards have reported recently that although their vacancies have improved, the staff are brand new and are still becoming familiar with documentation and processes of the individual ward.
- The Quality & Safety team continue to work closely with both ECC and AMU due to the constant high number of falls.

Serious Incidents per month

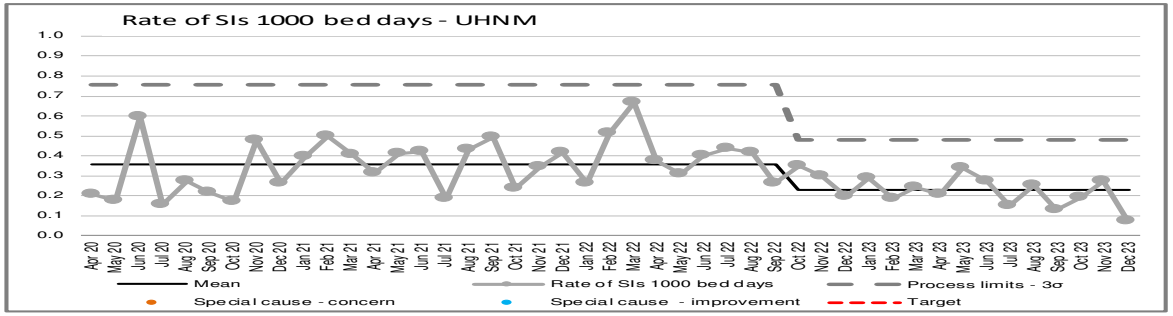


Variation	Assurance

Threshold	Oct 23	Nov 23	Dec 23
0	8	11	3

Background

The number of reported Serious Incidents per month



Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
0	0.19	0.27	0.07

Background

The rate of Serious Incidents Reported per 1000 bed days

What is the data telling us:

During December 2023, UHNM stopped reporting incidents under the Serious Incidents Framework and adopted the new Patient Safety Incident response Framework (PSIRF). Whilst UHNM moves towards LFPSE implementation, the interim arrangement is to report on STEIS incidents that previously noted as SIs. During December 2023, UHNM reported 3 incidents that previously would have been logged as SIs

Monthly variation is within normal limits. Target has been set at 0 for serious incidents but this remains under review to develop trajectory for reducing serious incidents across UHNM. December 2023* saw 3 incidents reported:

- 2 Falls related incidents
- 1 retained throat pack / swab

The rate of SIs per 1000 bed days has varied consistently within confidence limits but the past 11 months have shown significant improvement with rate below the previous long term mean of 0.4. The confidence limits have been recalculated from October 2022 to reflect the significant changes. The current rate is 0.07.

Serious Incidents Summary

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Summary of new Maternity Serious Incidents

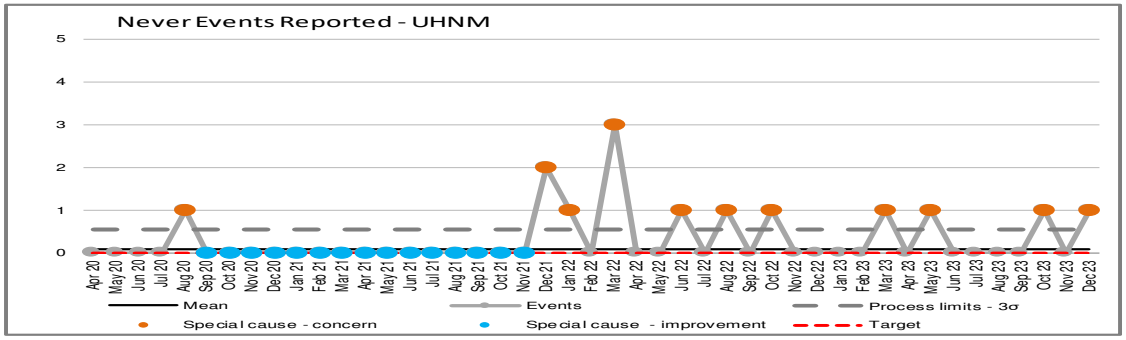
Following the formal recommendations in the Ockenden Report, below is an outline of the Maternity related serious incidents reported during December 2023. The new recommendation requires the Trust Board to receive summary on the new Maternity related Serious Incidents along with previously reported summary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

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

There were 0 Maternity related Serious Incidents reported on STEIS during December 2023

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

Never Events



Variation	Assurance
H	?

Target	Oct 23	Nov 23	Dec 23
0	1	0	1

Background

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

There has been 1 Never Event reported in December 2023. The target is to have 0 Never Events.

Whilst this is a Never Event Category it is now reported via the PSIRF approach and will have a PSII undertaken.

Log No.	Never Event Category	Description	Target Completion date
2023/22173	Retained foreign object / swab	***This incident is being reported under PSIRF, not the Serious Incident Framework*** ***Logging on STEIS as agreed with ICB during interim arrangements whilst LFPSE implemented*** The patient attended Theatre for the extraction of UR8, LR8 and LL8 under General Anaesthetic. Following the procedure, the patient was in recovery and was there for almost an hour. There were no airway difficulties, the patient was able to tolerate sips of water but raised that he felt he has mucous in his throat. Afterwards, the patient coughed and coughed up what was initially thought to be a blood clot and reported he felt better. On examination, the suspected clot was found to be an x-ray detectable swab. These swabs are placed in the in airway in theatre to prevent blood from going down the throat.	N/A under PSIRF

Duty of Candour Compliance

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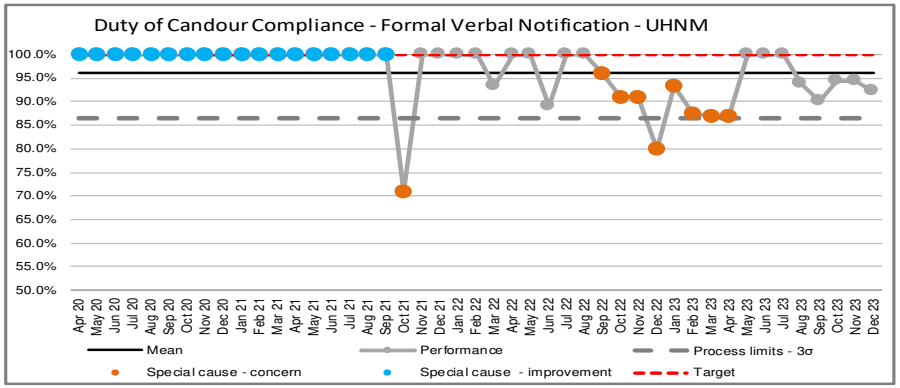
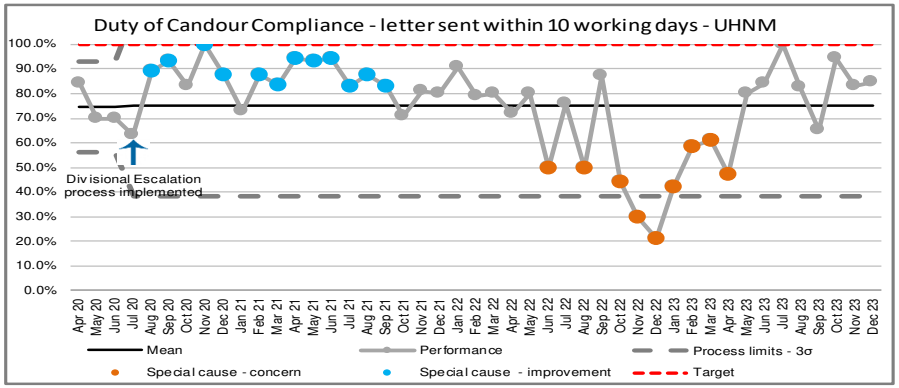




Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
100%	94.4%	94.4%	92.3%

Background

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

Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
100%	94.4%	83.3%	84.6%

Background

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

What is the data telling us:

During December there were 13 incidents reported and identified that have formally triggered the Duty of Candour92.3% (12 out of 13) have recorded that the patient/relatives been formally notified of the incident in Datix and within normal variation.

Confirmed Follow up Written Duty of Candour compliance* (i.e. receiving the letter within 10 working days of verbal notification **and recorded in Datix**) during December 2023 is 84.6% as of 8th January 2024including those letters that are completed within timescale and not yet exceeded the timeframe. 2 cases were outside the 10-day timeframe but have still been completed.

100% of the identified cases have had Duty of Candour completed.

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

Actions taken:

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

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

Head of QSC has been undertaking additional sessions at Directorate & Specialty Meetings to discuss Duty of Candour and staff responsibilities.

Patient Safety Alerts

University Hospitals of North Midlands NHS Trust

New Patient Safety Alerts received:

During December 2023 there have been 3 new alerts received through the Central Alert System (CAS) – national web based cascading system for issuing patient safety alerts and other safety critical information and guidance to the NHS. Alerts available on the CAS website include NHS England and NHS Improvement Patient Safety Alerts (PSA) and Estates Alerts, MHRA Dear Doctor letters, Medical Device Alerts (MDA) and Drug Alerts, Chief Medical Officer (CMO) Alerts, and Department of Health & Social Care Supply Disruption alerts.

Alert Type	CAS Status	Alert Reference Number	Alert Title	Date Issued	Date Completed	Deadline Date
NHS PSA	**Open**	Nat/PSA 2023 014 NHSPS	Identified safety risks with the Euroking maternity information system.	07/12/2023		07/06/2024
	Closed	Nat/PSA 2023 015 UKHSA	Potential contamination of some carbomer-containing lubricating eye products with Burkholderia cenocepacia - measures to reduce patient risk. Action Plan relating to Nat/PSA completed/compliant and approved by Medical Director as exec lead.	07/12/2023	07/12/2023	17/12/2023
	Closed	Nat/PSA 2023 016 DHSC	Potential for inappropriate dosing of insulin when switching insulin degludec (Tresiba) products. Action plan completed/compliant and approved by Medical Director as exec lead.	08/12/2023	19/12/2023	22/12/2023

Currently there are 3 open alerts on the CAS system for UHNM

Alert Type	CAS Status	Alert Reference Number	Executive Lead	Alert Title	Date Issued	Deadline Date
NHS PSA	**Open**	Nat/PSA/2023/007/MHRA	Medical Director	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	27/06/2023	01/12/2023
NHS PSA	**Open**	Nat/PSA/2023/010/MHRA	Chief Nurse	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	31/08/2023	01/03/2024
NHS PSA	**Open**	Nat/PSA/2023/013/MHRA	ICB Lead	Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients.	28/11/2023	31/01/2024
NHS PSA	**Open**	Nat/PSA/2023/014/MHRA	Chief Nurse	Identified safety risks with the Euroking maternity information system.	07/12/2023	07/06/2024

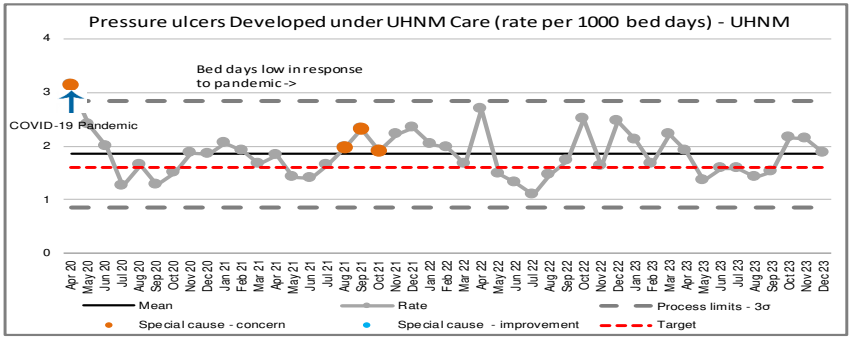
Overdue Patient Safety Alerts:

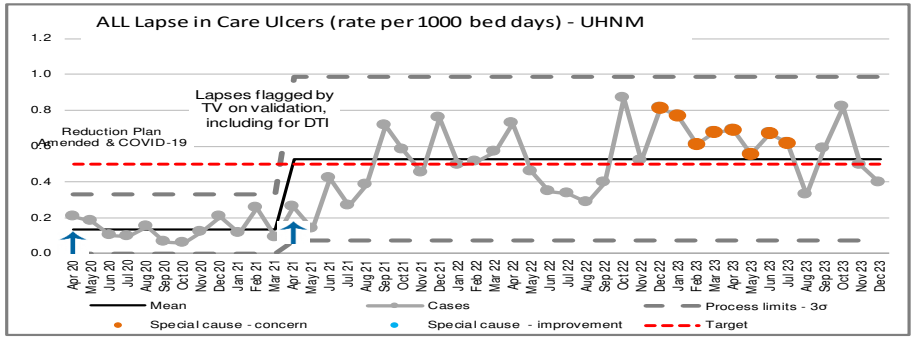
There is currently 1 overdue alert.

Alert Type	CAS Status	Alert Reference Number	Alert Title/Device	Deadline Date	Comments
NHS PSA	**Open**	Nat/PSA/2023/007/MHRA	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	01/12/2023	Alert has been actioned and awaiting final approval and sign off.

Pressure Ulcers developed under care of UHNM per 1000 bed days

University Hospitals of North Midlands NHS Trust





Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
1.6	2.16	2.13	1.88

Background

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

Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
0.5	0.82	0.49	0.39

Background

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

What the data is telling us

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

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

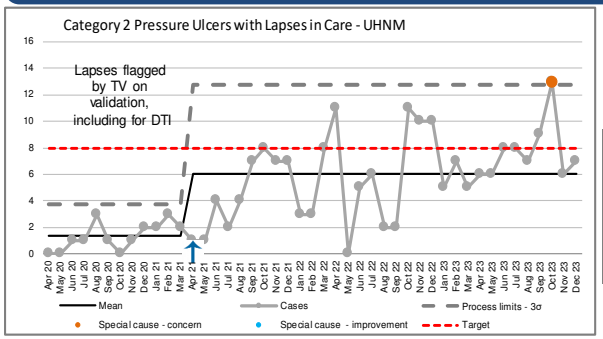
High reporting areas will be presenting all incidents at bespoke RCA panels, to allow identification of trends, and establish their improvement and educational focus. The Tissue Viability team and Corporate Nursing Quality & Safety Teams will support with this.

Actions

- Training continues for NA induction, Preceptorship days, overseas nurses, and ED new starters and agency paramedics.
- Education plan for 2024 to be planned which will include pressure prevention, categorization, continence, lower limb, woundcare, and negative pressure.
- ESR approved by Stat & Mand Training group has been approved and underway. The guidelines for categorisation have been released from the NWCS, just awaiting the resources
- A3 for reduction of pressure ulcers for driver lane and scorecard being developed in line with Trust strategy
- Stakeholder group for patient seating have approved patient chair and will now look at recliner chairs and bariatric options
- Mattress audit completed at Royal Stoke, County audit to be completed in the following weeks along with chair audits at both sites.
- Cascade education to be delivered for the implementation of Purpose T in the risk assessment booklet
- Amendments made to the risk assessment booklet to capture patient preference and support improvements in CQIUN audit
- Conference planned for 2024

Pressure Ulcers with lapses in care

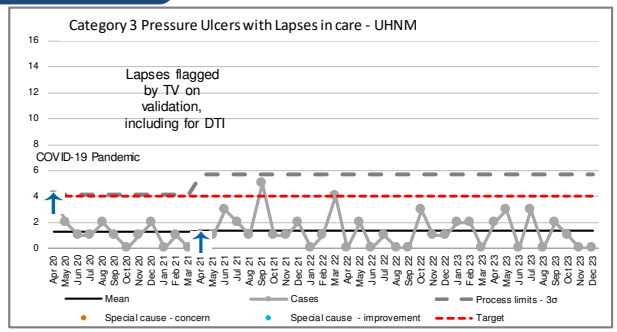
NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
8	13	6	7

Background

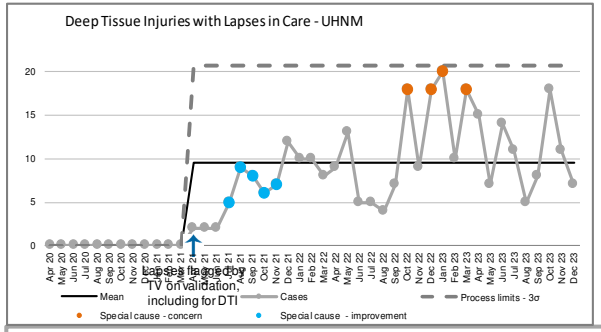


Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
4	1	0	0

Background

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

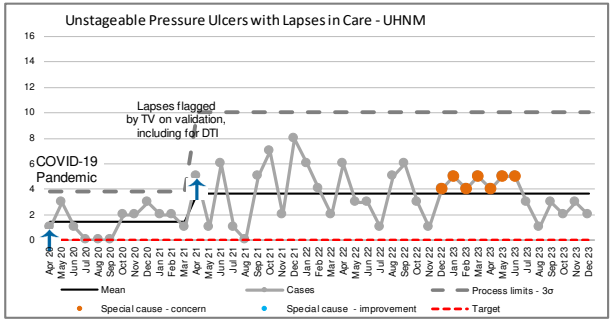


Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
0	18	11	7

Background

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



Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
0	2	3	2

Background

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

What is the data telling us:

The charts above show numbers within expected limits for all individual categories of pressure damage with lapses. The table below shows the most common lapses identified last month.

Locations with more than 1 lapse in December 2023 were: **ED Stoke (6), Ward 14 (2)**

Root Cause(s) of damage - Lapses - Dec 2023	Total
Management of heel offloading	7
Management of repositioning	6
Management of device	3
Management of continence	-

Actions:

- PSIRF toolkit will be sent to wards following reporting HAPU to share learning timely
- Staff attendance for education will be an action when an incident is reported.
- High reporting wards and wards of concern are visited by Quality and Safety using improving together strategies and delivering education. Areas will also be asked to attend an assurance panel so any further support can be offered.
- Visits from Quality and Safety following completion of PSIRF toolkit to gain assurances of learning
- Tendable questions have been updated and support for completion of the audit being given to highlight immediate actions. Audits have been completed by Quality and Safety team at County, next will be the wards in the West building.

Friends & Family Test (FFT) – A&E

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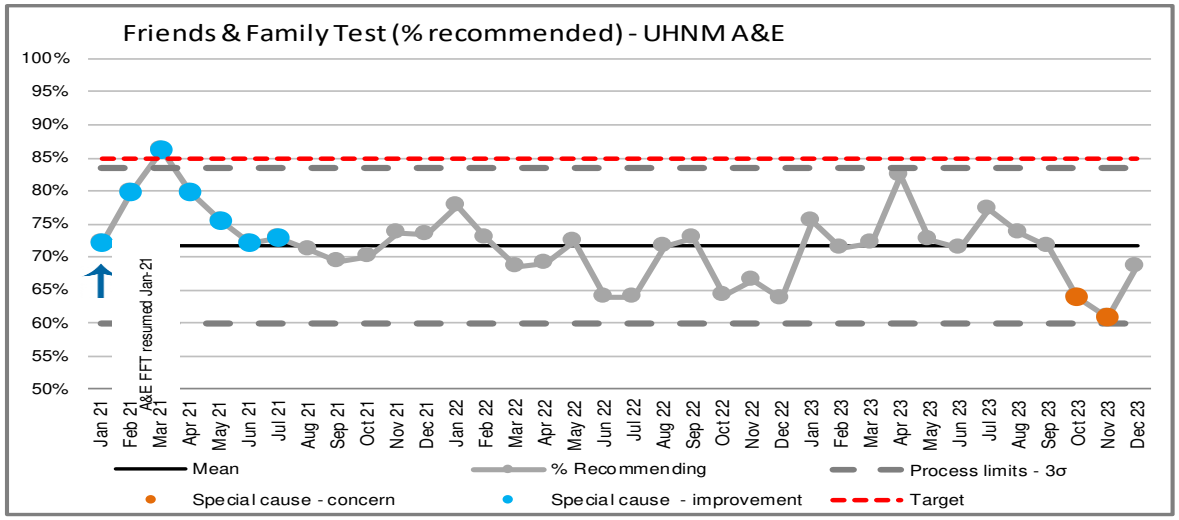
NHS Trust



Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
85%	63.8%	60.9%	68.6%

Background

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

- The overall satisfaction rate for our EDs was within expected limits in December 2023.
- The Trust received 1213 responses which is slight increase on the previous month, however the response rate percentage remained at 8% overall. The Trust's overall satisfaction rate is lower than the national average of 79% (NHS England November 23) at 69% which is an increase. UHNM is 41st out of 122 Trusts for the number of responses in ED (NHS England November 2023), and 105th out of 122 Trusts for the percentage positive results.
- Feedback from patient experience of using 111First and the kiosks continues to be monitored. 23% of respondents in December 2023 reported to have used 111First prior to attending ED, which is equal to the previous month. Key themes from December 2023 continue in the same themes around poor communication, patients feeling abandoned, staff attitude, long waits, pain relief especially related to Royal Stoke.

Actions :

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

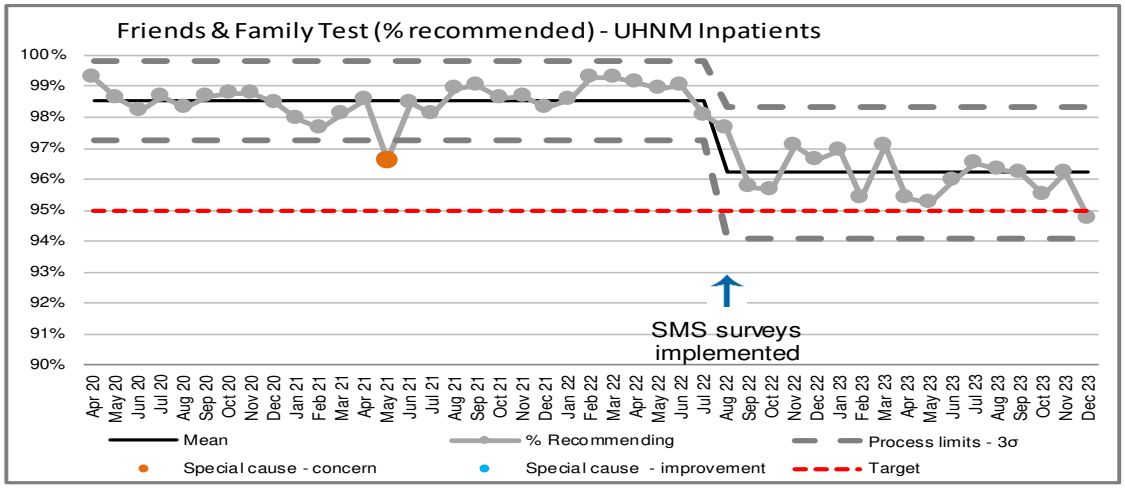
QR code made visible throughout the department.

QR code put onto all future FFTs.

You said we did board in waiting room.

Friends & Family Test (FFT) - Inpatient

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
95%	95.5%	96.2%	94.7%

Background

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

What do the results tell us?

- The monthly satisfaction rate for inpatient areas was within expected limits in December and remains above the national average of 94% (August 2023 NHS England).
- In December 2023 a total of 2142 responses were collected from 68 inpatient and day case areas (10990 discharges) equating to a 19% return rate which is lower than last month and lower than the internal target of 30%. UHNM have the 24th highest response rate for all reporting Trusts in the country (151) NHS England November 2023.

Actions:

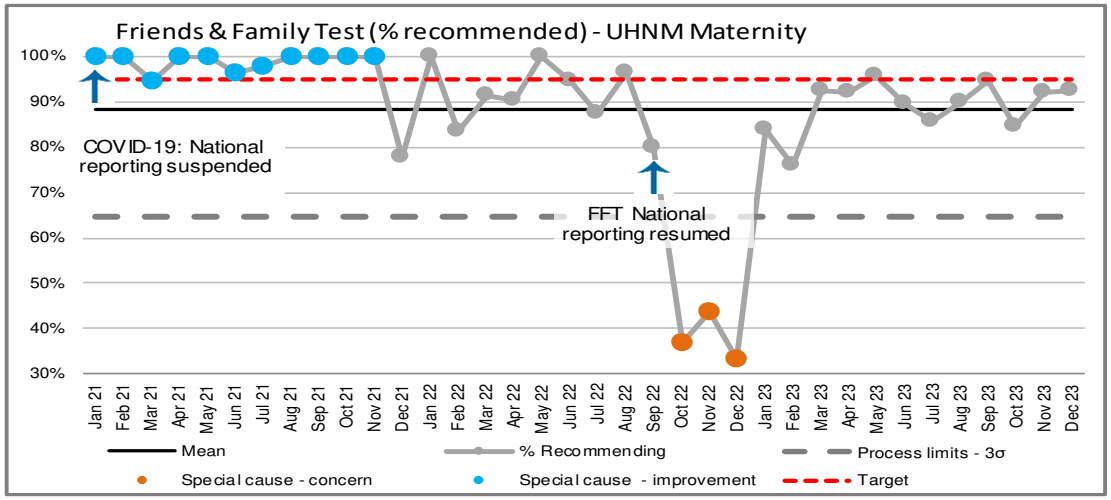
- Support individual areas to ensure they're using the most up to date version of the surveys.
- Continue to focus on Medicine and Surgery to increase response rate.

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

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

Friends & Family Test (FFT) - Maternity

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
95%	84.5%	92.0%	92.3%

Background

FFT Maternity % patients Recommending Service

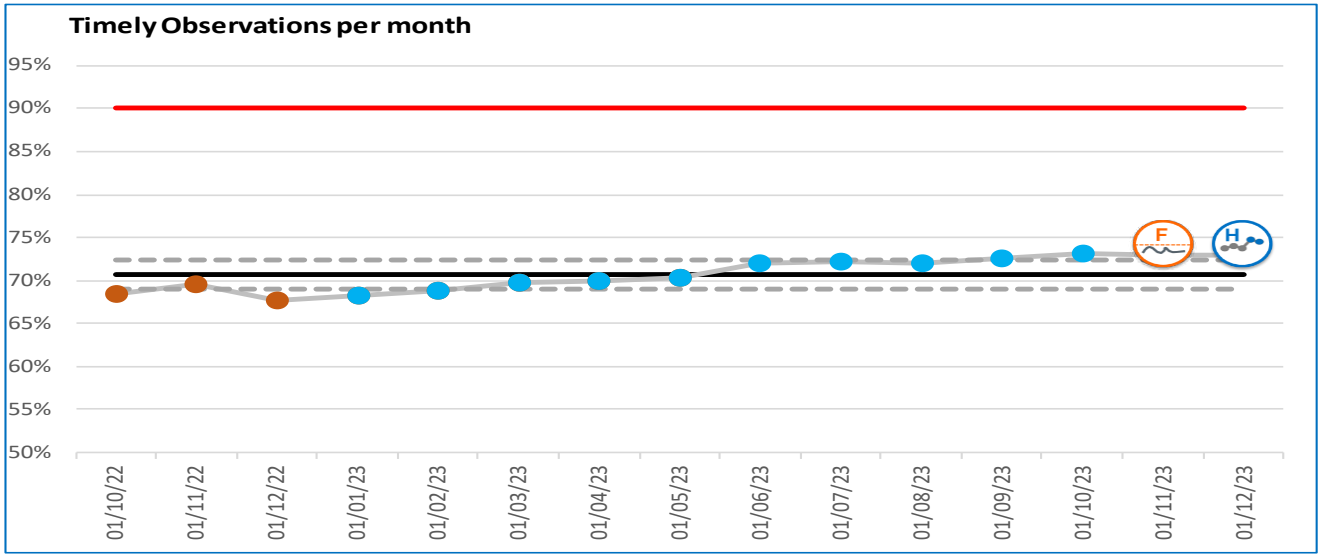
What do these results tell us?

- There were a total of 104 surveys were received in December across all 4 touch-points (ante-natal, birth, post natal ward; post natal community) with 37 of these being collected for the "Birth" touch-point, providing a 9% response rate, equal to last month (based on number of live births) and 92% satisfaction score which is a decrease on the previous month's figures.
- The Antenatal touch point scored 40% recommendation (5 surveys) which is a decrease on November; and the post-natal ward touch point scored 96% satisfaction rate (57 surveys) which is an increase on the previous month.
- Compared to the latest national data available (August 2023) out of 111 Trusts, UHNM were 52nd for number of responses for antenatal, 69th for number of responses for birth, 54th for post-natal ward and 43rd for post-natal community which shows decreases in all areas.

Actions:

- Continue to monitor the efficacy of collecting feedback via text message
- Work is on-going with Maternity Voices regarding additional feedback for induction of labour
- Look at incorporating the questions from the National Maternity Survey which requires the most improvement in to the FFT survey.
- Discuss with management team with regards to increasing survey completion for post-natal community.

Timely Observations



What do these results tell us?

Compliance remains well below the 90% target in December 2023 but has improved a small but significant amount compared to 2022. Compliance for December 2023 was 72.9% (upper control limit is 72.4%)

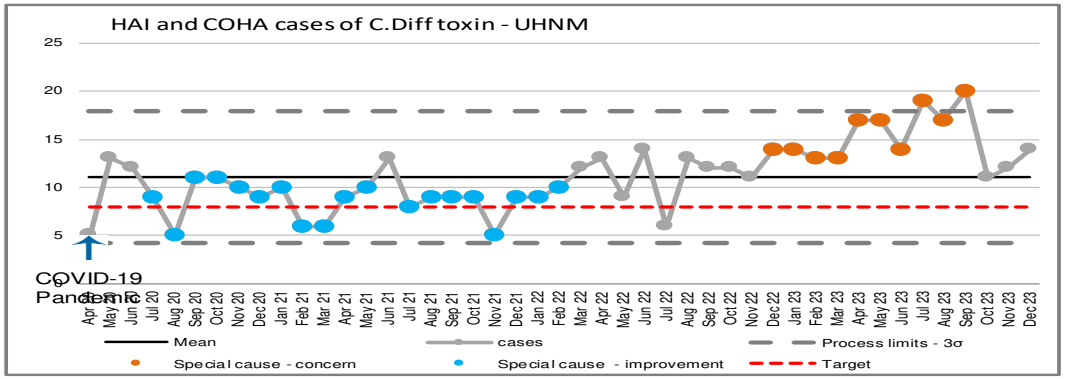
Individual Wards and Departments continue to be reviewed and monitored as part of the monthly Performance Review process and actions are identified to improve compliance.

Medicine, Surgery and Network Divisions have timely observations as a Driver metric and there is a corporate A3 Improvement Project underway considering additional actions required to improve overall compliance/performance. This is being led by the Deputy Chief Nurse and CNIO.

There was 1 ward / department with Timely Observations recorded at 50% or less during December: Ward 230 (49%) – compliance was averaging 37% until September, so has improved but still a long way below the 90% target.

A further 6 wards had compliance between 50 – 60%: Ward 123, Ward 113, Ward 128, Ward 124, Ward 122, Ward 78.

Reported C Diff Cases per month



Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
8	11	12	14

Background

Number of HAI + COHA cases reported by month

What do these results tell us?

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

There have been 14 reported C diff cases in December 2023.

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

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

As of September 2023, UHNM were ranked 85th out of 135 Trust I terms of our C Diff rates and this was a declining position.

Actions:

- Routine ribotyping of samples continues for samples from areas where we have periods of increased incidence only
- Task and Finish Group for West Building in place
- CURB -95 score added to CAP antimicrobial Microguide
- Campaign commenced in West Buildings to remind clinical areas to send urine samples when UTI is suspected and ensure appropriate choice of antibiotic for treatment of UTI
- AMU and FEAU also targeted as antibiotics are generally started in the admission portals
- Terminal deep clean of all wards in West Building completed in response to an increase in cases
- Additional oversight of C-Diff cases is being implemented where there is potential learning in terms of antibiotic use
- Consultant Microbiologist presented to ED and Elderly Care Doctors on Cdiff and antibiotic guidelines
- Consultant Microbiologist continues rounds on the Elderly care wards in West Building
- Review of COHA cases to identify any themes

Sepsis Screening Compliance (Inpatients)

NHS
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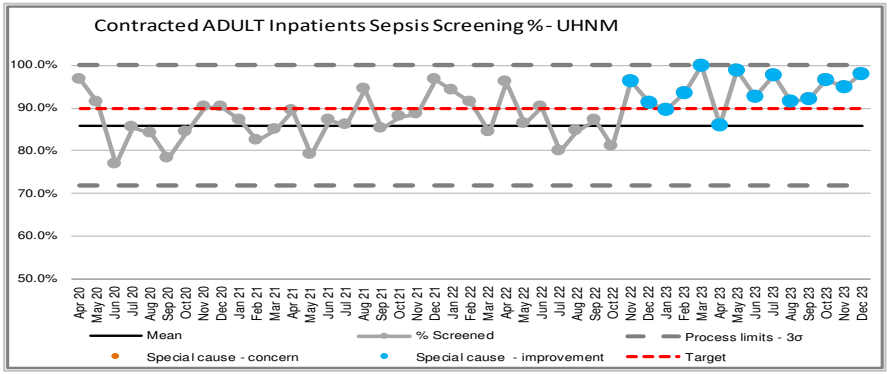
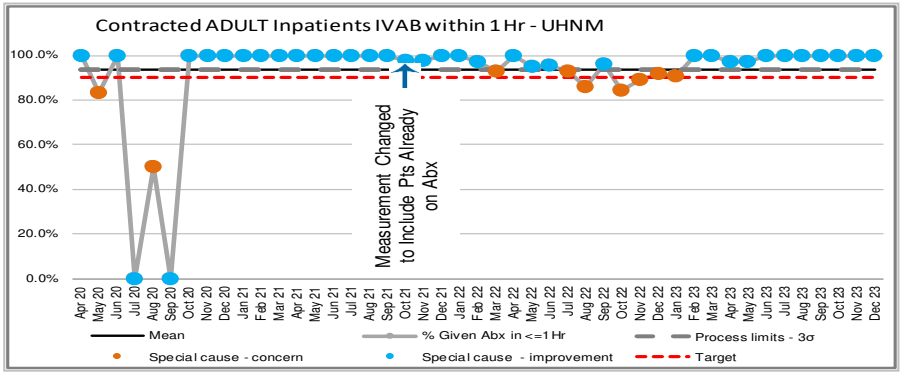
NHS Trust





Variation	Assurance
H	?

Target	Oct 23	Nov 23	Dec 23
90%	96.6%	95.1%	98.0%

Background

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

Variation	Assurance
H	P

Target	Oct 23	Nov 23	Dec 23
90%	100.0%	100.0%	100.0%

Background

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

What is the data telling us:

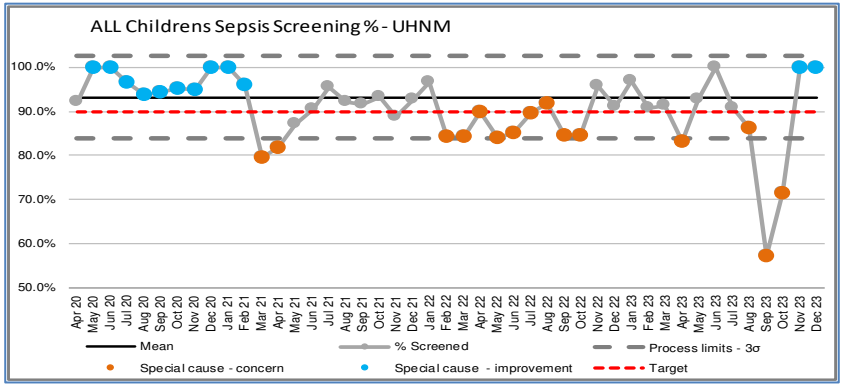
Inpatient areas achieved the screening and the IVAB within 1 hour target for November 2023. There were 102 cases audited with 5 missed screening from different ward areas or divisions. Out of 102 cases audited, 74 cases were identified as red flags sepsis with 45 cases having alternative diagnosis and 29 were already on IVAB treatment.

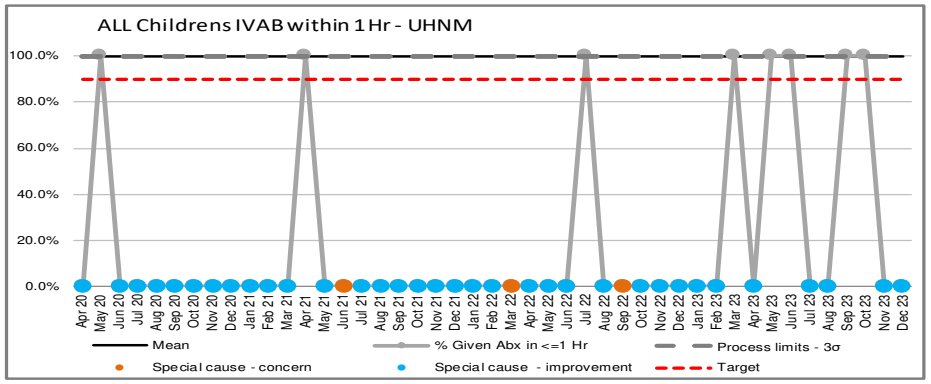
Actions:

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

Sepsis Screening Compliance ALL Children

NHS University Hospitals of North Midlands NHS Trust





Variation	Assurance
H	?

Target	Oct 23	Nov 23	Dec 23
90%	71.4%	100.0%	100.0%

Background

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

Variation	Assurance
H	P

Target	Oct 23	Nov 23	Dec 23
90%	100.0%	N/A	N/A

Background

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

What is the data telling us:

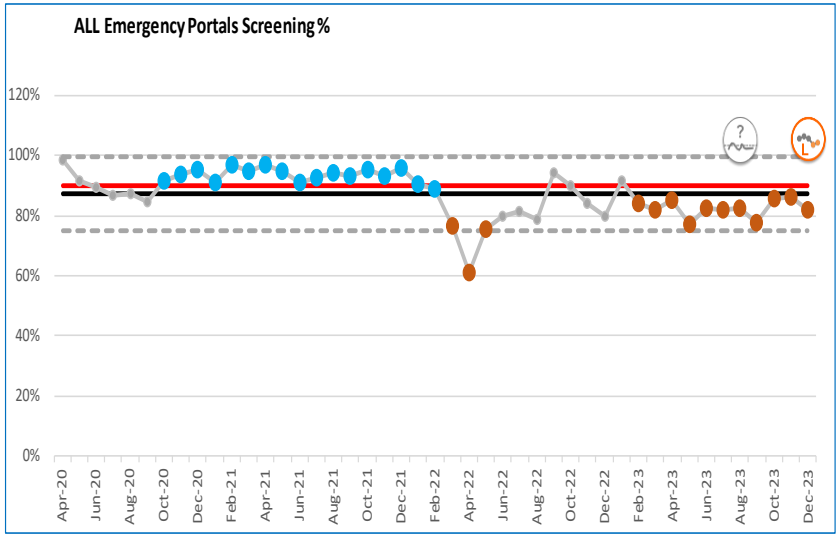
Children's Services target rate of > 90% was achieved for December 2023. We are still seeing a small numbers of children trigger with PEWS > 5 & above in Inpatients areas. Most inpatients Paediatrics are already on oral antibiotics or IV antibiotics prior to trigger of PEWS >5 (this is both of moderate and high risks). There were 9 cases audited for emergency portals and inpatients areas with 0 missed screening. No true red flag sepsis was identified from the randomise audits in inpatients and emergency portals. An excellent improvement.

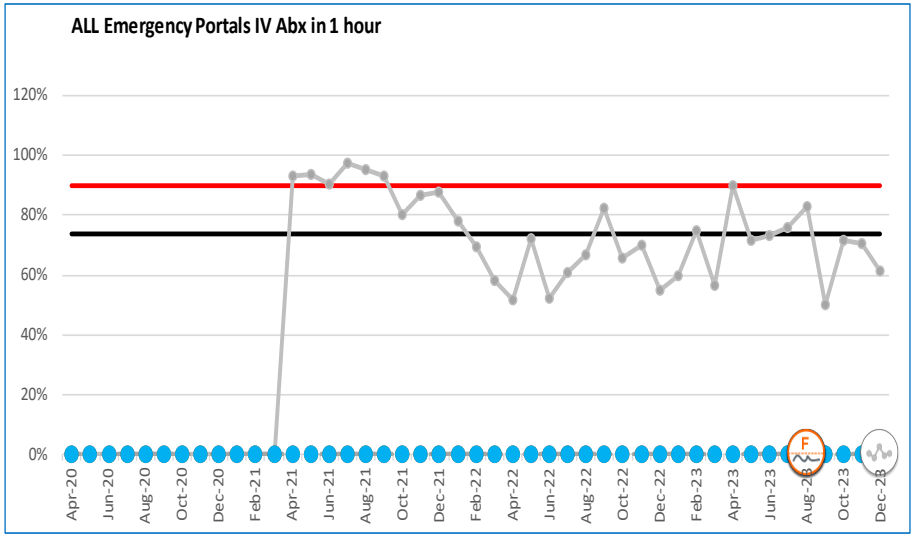
Actions:

- Children emergency portal sepsis screening and documentation is now available electronically
- The Sepsis Team has continued to adjust the audit process in emergency portals to take smaller samples over a wider range of dates to give a more comprehensive perspective; on-going
- Plan of collaborative work with Children education lead and aiming to deliver Induction training when required: on-going

Sepsis Screening Compliance (Emergency Portals Contract)

NHS
University Hospitals of North Midlands
NHS Trust





What is the data telling us:

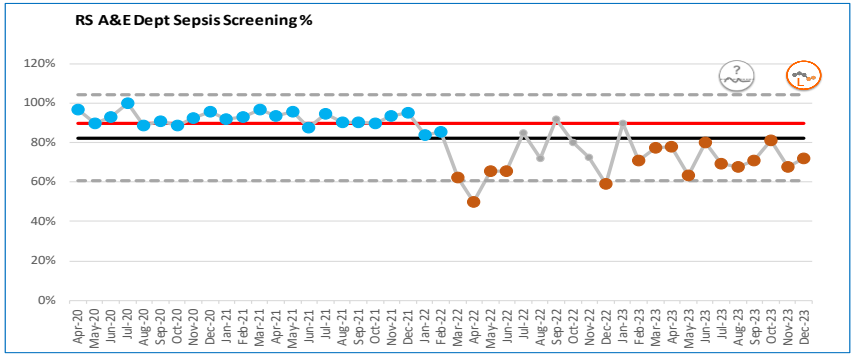
Adult Emergency Portals screening did not meet the target rate for December 2023. There were 66 cases audited with 12 missed screening (patients are escalated but no documentation available in the screening tool) in total from the emergency portals. The performance for IVAB within 1 hour achieved 61.5 %. Out of 66 cases, there were 56 red flags sepsis in which the 14 cases already on IVAB, 25 cases were newly identified sepsis and 17 cases have alternative diagnosis. There were 11 delayed IVAB. Missed screening contributed by A&E Royal Stoke , SAU and AMU at County.

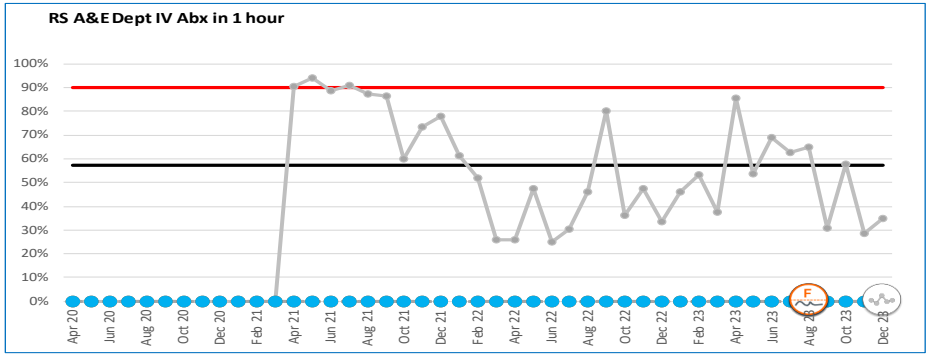
Actions:

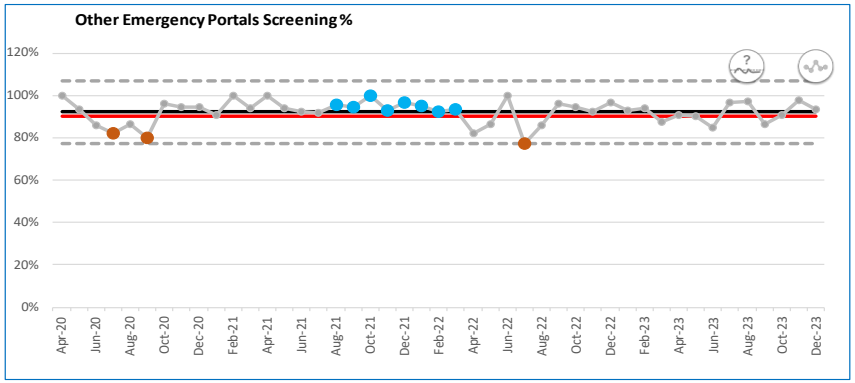
- The Sepsis team continued to closely monitor compliance by visiting and auditing A&E regularly. Provide sepsis session when staffing and acuity allows.
- Face to face A&E sepsis induction/ training for new nursing staff, nursing assistant and medical staff will continue
- Monitoring impact of long ambulance waits on timely assessment and treatment of sepsis; on-going
- Sepsis Champion Day training is organised for both ED sites: currently re-arranged to early next year due to winter/ capacity pressure
- Deteriorating Patient Reviewer (DPR) Vocera in ED, enable the assigned clinician to review and provide timely assessment, treatment and escalation of patients whose condition meeting the NEWS2 medium to high risk sepsis triggers.
- Working towards implementation of electronic screening

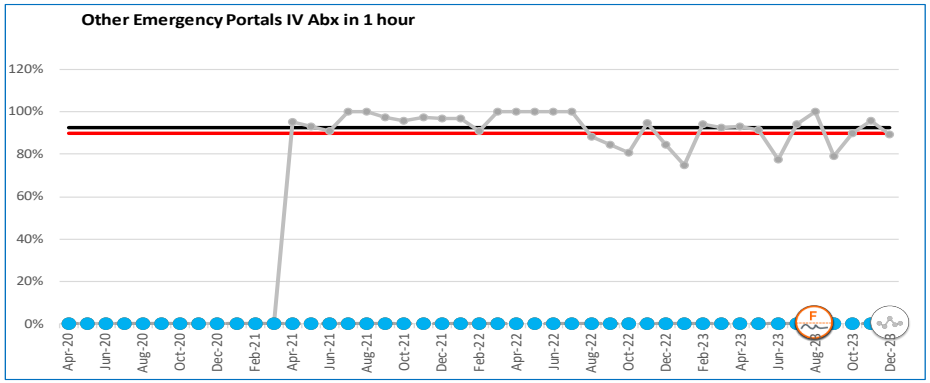
Sepsis Screening Compliance (Emergency Portals RSUH ED & Other Portals)

NHS
University Hospitals of North Midlands
NHS Trust









What is the data telling us:

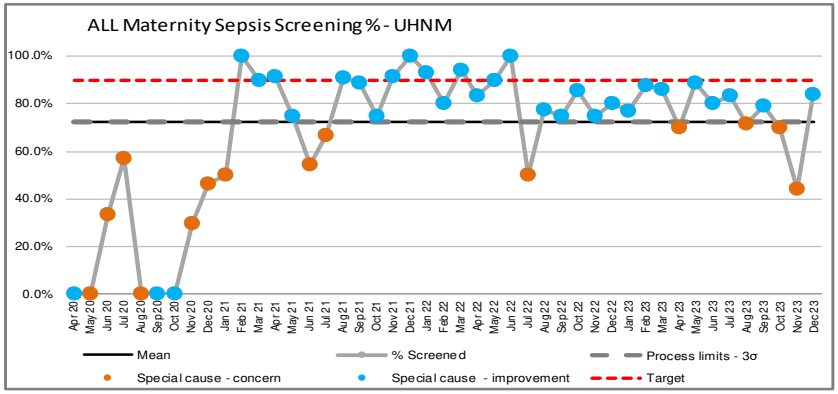
The Emergency Department at RSUH remain below target rate for both screening and IVAB within the 1 hour for December 2023.AMU at County and SAU have seen a reduction in screening however this is based on small numbers.

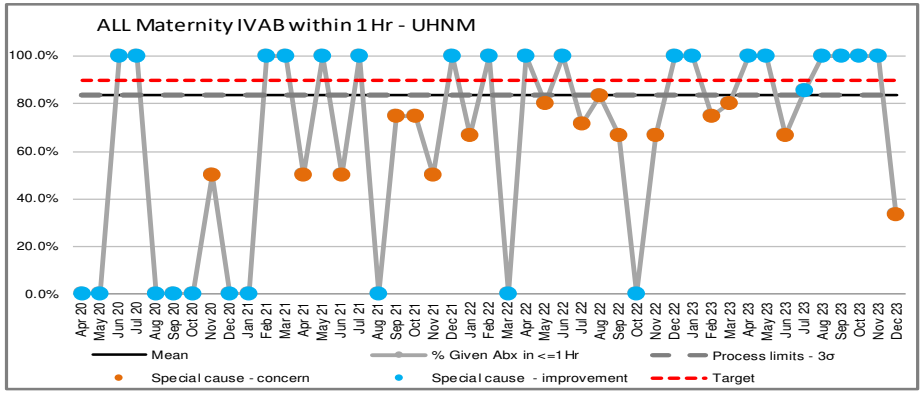
Actions:

- To provide short sessions in ED staff during the winter months focusing the importance of sepsis screening documentation and urgent escalation for true red flag sepsis triggers
- Deteriorating Patient Reviewer (DPR) is currently in place and managed by Emergency Physician in Charge in ED. There will be a specific clinician assigned and dedicated to log in DPR VOCERA device at the beginning of their shift to review and provide timely assessment, treatment and escalation of patients who triggers for medium to high-risk sepsis.
- Colleagues from the ICS visited ED on 30th November 2023 to review practice in terms of sepsis screening and verbal feedback has been positive and the written report is awaited.

Sepsis Screening Compliance ALL Maternity

NHS University Hospitals of North Midlands NHS Trust





Variation	Assurance
H	F

Target	Oct 23	Nov 23	Dec 23
90%	70.0%	44.4%	84.2%

Background

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

Variation	Assurance
L	F

Target	Oct 23	Nov 23	Dec 23
90%	100%	100%	33%

Background

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

What is the data telling us:

Maternity audits in screening compliance is below target this month for emergency portals. Inpatient areas are also well below target for screening. The compliance was also below target for IVAB within 1 hour. This compliance score is based on a very small number (19 cases).

There were 11 cases audited from emergency portal (MAU) and 8 cases from inpatients with total of 3 missed screening (has been escalated but no documentation in the screening tool).

Actions:

- Maternity antibiotic PGD has been drafted and is currently under review by the Pharmacy Team; still awaiting finalisation
- Monthly Maternity sepsis skills drill is now replaced with ad hoc sepsis sessions in each clinical areas; on-going
- Sepsis sessions will focus and highlight the importance of screening documentation
- The sepsis team will create further awareness and plan collaborative work with maternity educators and senior team

Operational Performance

2025 Vision "Achieve NHS Constitutional patient access standards"

Spotlight Report from Chief Operating Officer

NHS
University Hospitals of North Midlands
NHS Trust

Urgent and Emergency Care Performance (Non-Elective Care)

- Context
  - ED Conversion increased from 31.7% in November to 33% in December
  - 12 Hour Trolley Waits improved from 1175 in November to 1053 in December
  - Type 1 A&E Attendances increased slightly from 13400 in November to 13491 in December

- Driver Metrics
  - Four Hour Performance broadly maintained from 64.7% in November to 64.2% in December
  - 12+ Hours In ED improved to 1968 in December from 2019 in November
  - Ambulance Handovers <60 Minutes improved marginally to 68.7% in December from 67.0% in November

Planned Care, Cancer and Diagnostic Performance (Elective Care)

Diagnostics Summary

- DM01 activity in December was below 19/20 levels, however data is unvalidated.
- DM01 performance was 80.5% overall in December, an improvement of 2.5% from November (78%).
- Endoscopy performance is the main contributor to this performance being below the national target of 99%

Endoscopy:

- Insourced weekend service continues alongside an additional locum in the service, following external funding from WMCA.
- Routine, urgent, surveillance and planned patients continue to have wait more than their target date. Maximising in week sessions and use of CNS TIs to support these cohorts
- Long term trajectory and resource requirement submitted but funding not currently available to further drive non-cancer cohorts
- December saw an increase in the total number of patients waiting above their target date
- Service team continuing to work on demand management strategies and productivity measures to improve utilisation and appropriateness (including admin and clinical validation)
- Sustained improved booking performance for lower cancer PTL patients – now 3-4wks notice (was 3 days)
- Improvement plan ongoing and workstream leads progressing actions

Spotlight Report from Chief Operating Officer

NHS
University Hospitals of North Midlands
NHS Trust

Referral to treatment (RTT Planned Care and Elective Recovery

- 104ww three patients for December
- 104 Jan sits at 1, and earlier date was offered to the patient in Jan, but she has chosen to wait until TCI 6th Feb. this did not meet the criteria of the choice policy.
- 78ww December has reduced to 118 as the final validated position
- 78ww January with IA prediction is 129 for UHNM. There has been an impact of reduced capacity for neurology at the start of the contract and the impact of UEC pressure.
- The overall Referral To Treatment (RTT) Waiting has decreased this month to 80,366 (unvalidated), down from 80,484 in November.
- Day case as a % of all elective work is currently 87.5%.

Cancer

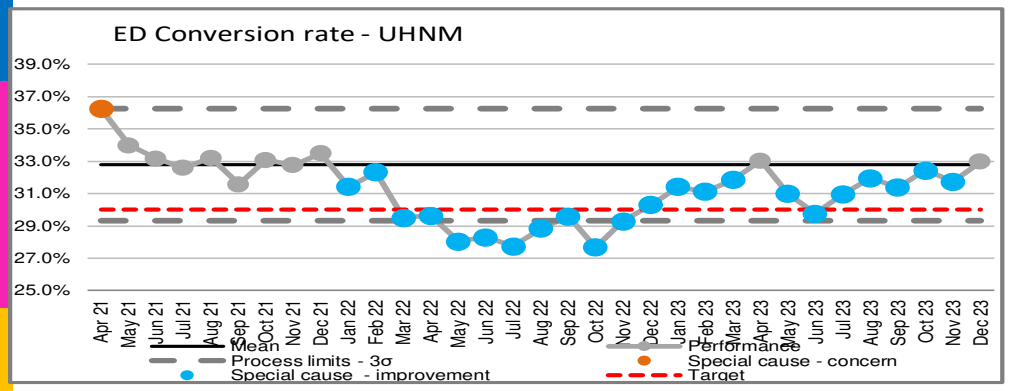
- From October, Cancer Waiting Times standards have been amalgamated in to three simplified metrics; 28 Day Faster Diagnosis set at 75%, 31 Day Decision to Treat to Treatment set at a 96%, and 62 Day Referral to Treatment set at 85%
- Combined 62 Day Standard achieved 64.3% in November. The current provisional position for December is 58.5%.
- The combined 31 Day Standard achieved 87.3% in November. It is predicted to land at 87.2% in December.
- The combined Faster Diagnosis Standard achieved 64.9% in November. It is predicted to land at around 72% in December.
- The 31 day Subsequent Radiotherapy achieved 97.7% in November and is expected to achieve 94.3% in December.
- The 31 day Subsequent Surgery achieved 56% in November and is expected to achieve 61.5% in December.
- The 31 day Subsequent Anti Cancer Drugs achieved 97.8% in November and is expected to achieve 100% in December.
- The total GP referred suspected cancer PTL sits around 3200 in total currently; the same as last month.
- UHNM is within the 62 day backlog recovery trajectory to return the number of patients waiting over 62 days to pre-pandemic levels by March 24.
- UHNM continues to receive and see a high volume of GP suspected cancer referrals, more than usual seasonal demand plus the predicted growth, with some weeks exceeding 1000 referrals received.

Section 1: Non-Elective Care

Headline Metrics

Non-Elective Care – monthly *(context)*

NHS University Hospitals of North Midlands NHS Trust

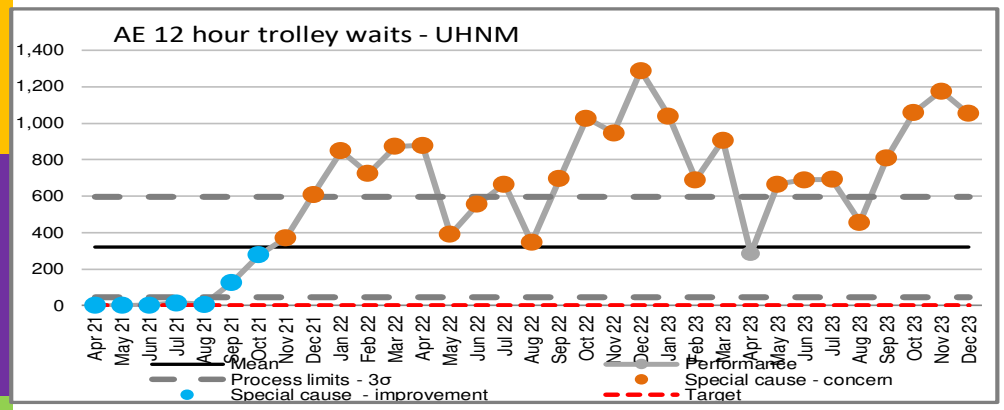


Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
30%	32.4%	31.7%	33.0%

Background

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

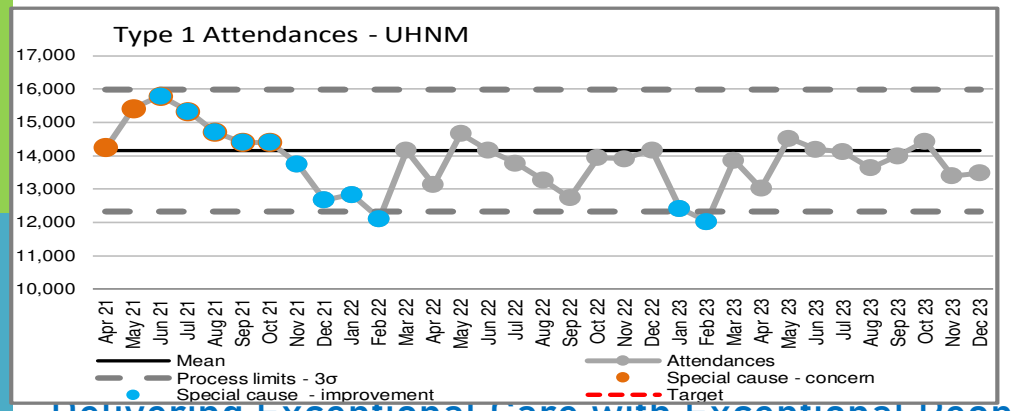


Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
0	1059	1175	1053

Background

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



Variation	Assurance

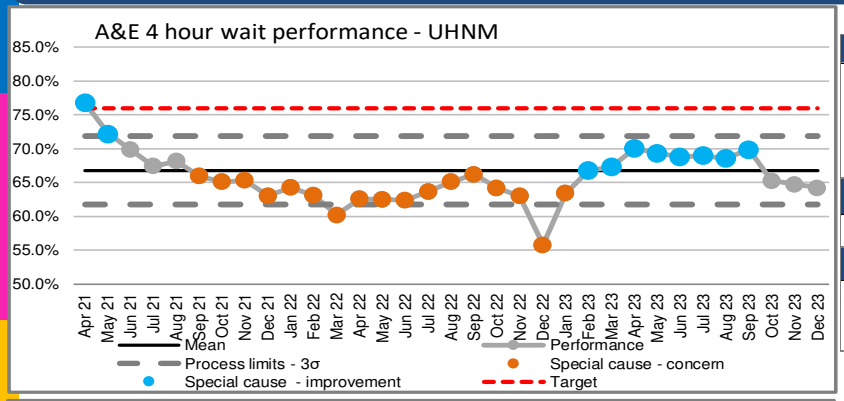
Target	Oct 23	Nov 23	Dec 23
N/A	14435	13400	13491

Background

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

Non-Elective Care – Headline Metrics

NHS University Hospitals of North Midlands NHS Trust



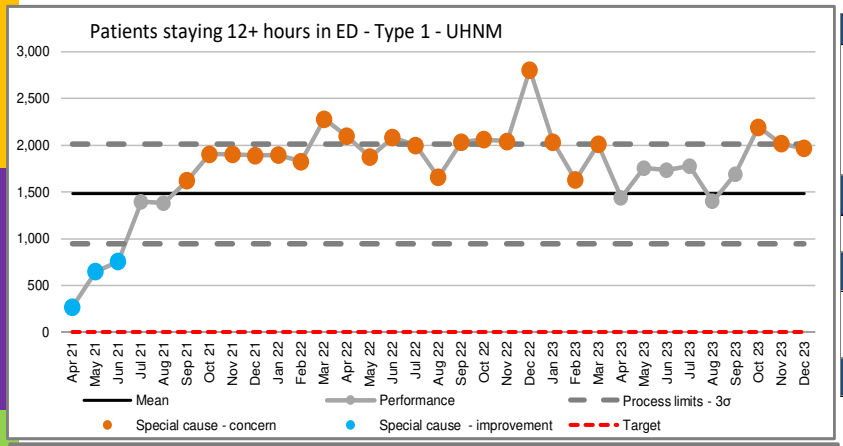
Variation	Assurance
	F

Target	Oct 23	Nov 23	Dec 23
76%	65.3%	64.7%	64.2%

Background

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

4 hour performance remains below the 76% target. Despite performance being below target, it is significantly higher than the same period last year.



Variation	Assurance
H	F

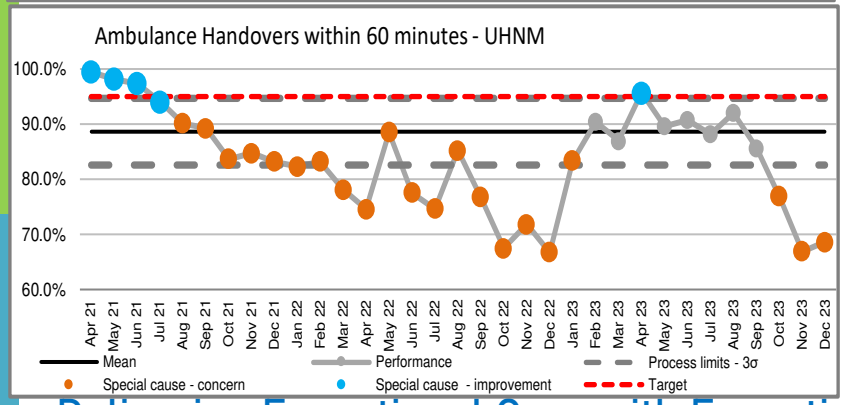
Target	Oct 23	Nov 23	Dec 23
0	2194	2019	1968

Background

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

What is the data telling us?

Patients waiting over 12 hours in ED reduced in December and is within normal variation limits. Volumes in December were c.24% below December 2022 volumes.



Variation	Assurance
L	F

Target	Oct 23	Nov 23	Dec 23
95.0%	77.0%	67.0%	68.7%

Background

The percentage of ambulance handovers completed within 60 minutes.

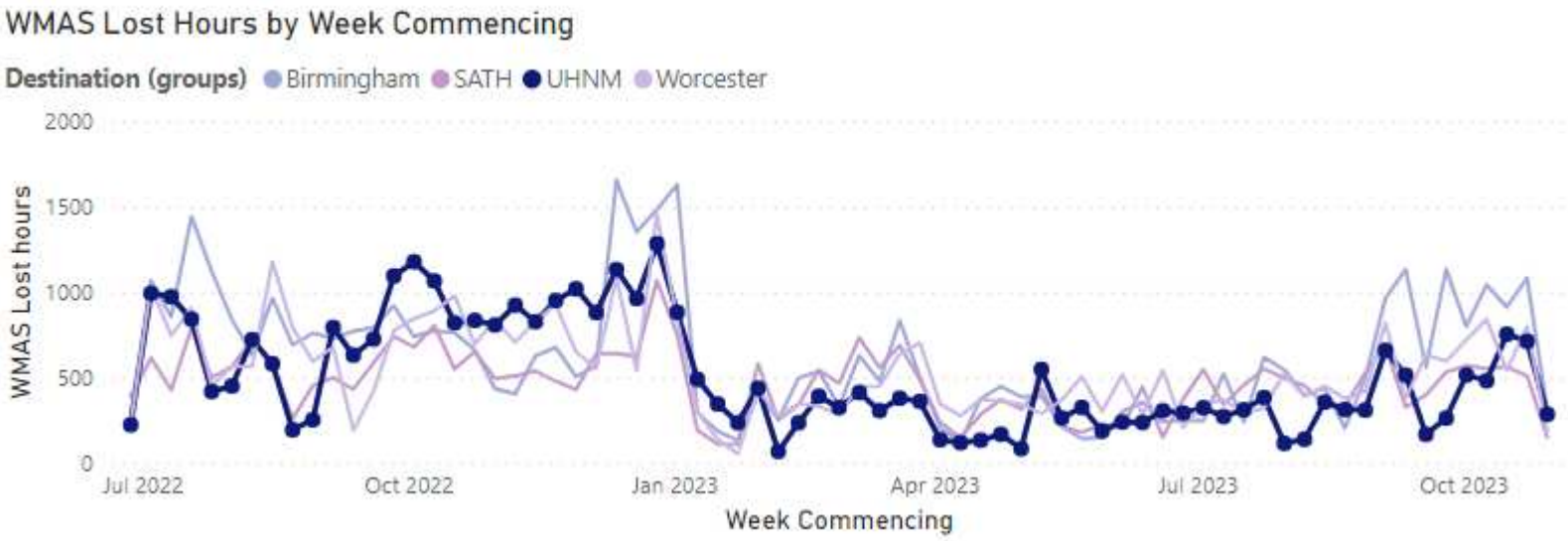
Ambulance handovers within 60 minutes performance improved marginally in December. These levels are aligned to levels seen during December 2022.

Urgent Care - 4 hour standard

- 4 hour performance across all peer groups has been on a declining trend since July 2023.
- UHNM have seen a greater decline than peer groups.
- UHNM remain in Quartile 3.

Key Performance Indicator	Period	Target		SPC
A&E - 12 Hour Standard	Dec 23	1.0%	**14.8%**	
A&E - 4 Hour Standard	Dec 23	76.00%	**64.2%**	
A&E - 4 Hour Standard (Type 1)	Dec 23	76.0%	**44.9%**	
A&E - 4 Hour Standard (Type 2 or 3)	Dec 23	95.0%	96.3%	
A&E - Conversion Rate	Dec 23	25.0%	**27.0%**	
A&E - DTA to Admission >12 Hours	Dec 23	0.0%	**18.1%**	
A&E - DTA to Admission >12 Hours#	Dec 23	0.0	**1,059.0**	
A&E - DTA to Admission >4 Hours	Dec 23	10.00%	**31.1%**	
A&E - Left Without Being Seen	Nov 23	5.00%	**6.7%**	
A&E - Reattendance Rate	Nov 23	5.0%	**9.0%**	
A&E - Time to Initial Assessment	Nov 23	15.0	7.0	
A&E - Time to Treatment	Nov 23	60.0	**86.0**	
A&E - Total Time in A&E	Nov 23	160.0	**188.0**	
A&E - Total Time in A&E (Admitted)	Nov 23	180.0	**388.0**	
A&E - Total Time in A&E (Non-Admitted)	Nov 23	140.0	**166.0**	

Urgent Care – Ambulance Handover Delays



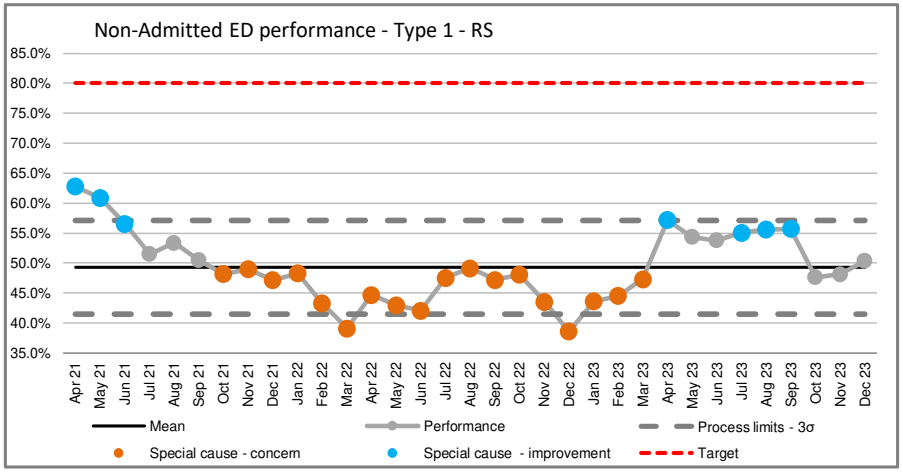
- WMAS Ambulance handover delays over 60 minutes apportioned to four Trusts.
- During October UHNM have seen a worsening trend, but remains below/within peer trusts.

NB. Data not updated due to a data feed issue from WMAS which is being investigated.

Data source: WMAS 09/11/23

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

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

Target	Oct 23	Nov 23	Dec 23
80%	47.6%	48.1%	50.4%

Summary

Four Hour Non-Admitted (NAD) performance was 50..4% against a trajectory of 75%, operational pressures have continued to affect performance against this measure.

A refresh of the non-elective programme is near completion and the countermeasures are currently being reviewed against the data to ensure the focus is aligned to the top contributors and actions will be updated accordingly.

Actions

1) Following a below expected impact of the Ambulatory CDU opening on 14-Nov a review of practice and inclusion criteria is continues to be undertaken to identify how to increase referrals into this area to ensure optimised utilisation.

2) Implementation of a 24/7 Progress Chaser in Ambulatory has again faced delays as a result of long-term sickness and recruitment challenges. Posts have been recruited, and training is currently in progress.

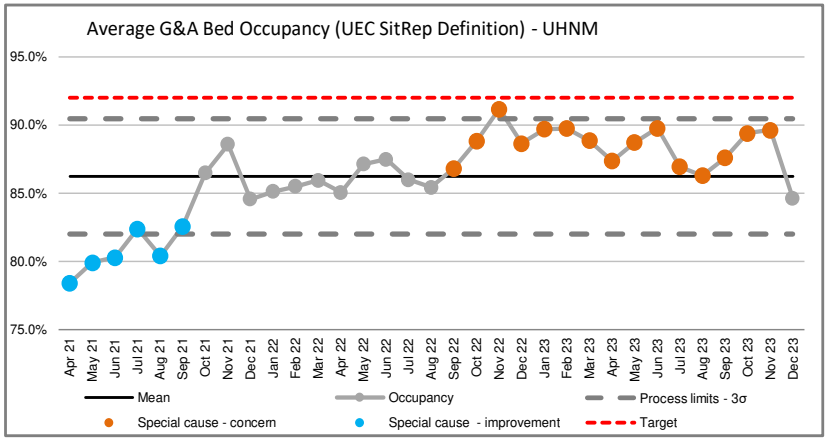
3) Productivity actions have been implemented by the CD which includes a two-hour hour see, treat, and discharge window for ambulatory patients. This is to be supported by the upcoming Capacity, Demand, & Productivity Dashboard currently in its final phases of testing; this is being validated before go live.

4) SiFT and EhPC virtual training for the middle grade medical tier has been developed during December which aims to increase the EhPC referrals and diversion to other portals early in the patient journey .

5) Expansion of the EhPC operating model is awaiting a go live date. This will lead to greater utilisation as a result of a single streaming model across the entire service.

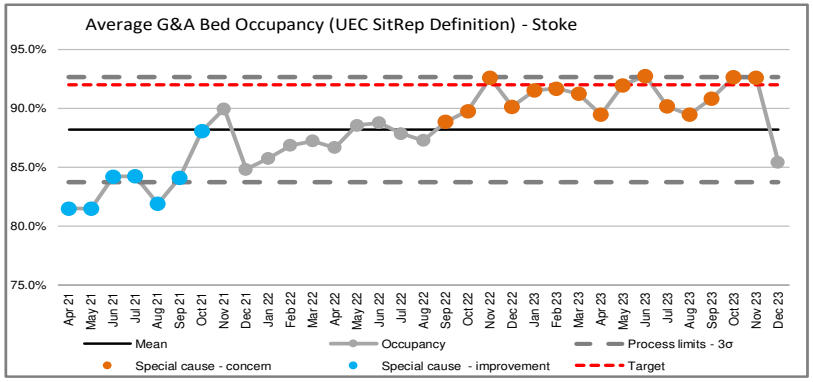
Workstream 2; Acute Patient Flow
UHNM G&A Bed Occupancy

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Oct 23	Nov 23	Dec 23
92%	89.4%	89.7%	84.6%



Summary

UHNM G&A Bed Occupancy achieved 84.6% against the monthly trajectory of 92.1%.

A refresh of the non-elective programme is near completion and the countermeasures are currently being reviewed against the data to ensure the focus is aligned to the top contributors and actions will be updated accordingly.

Actions

1) This workstream in January is being amended to address standard ways of working and professional standards.

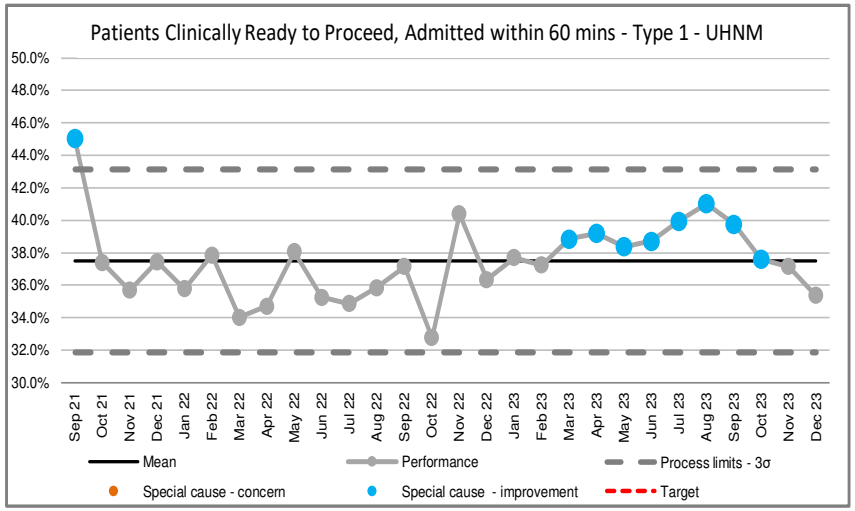
2) Continue OPAT development as per the agreed project plan targeting an acute bed equivalent increase of five per month until March. Estates provision has been provisionally agreed in October with Space Utilisation Group ratification expected 14-Dec in order to ensure appropriate clinical space for the service to operate under current circumstances and room for future growth

3) Complete the NELIP Refresh which has been delayed as a result of Trust wide pressures and Critical Incident declarations.

4) It has been announced that two years of non-recurrent funding is available to support Trust Bed Management. Options are currently under discussion in light of recent digital investment scrutiny.

Workstream 3; Acute Portals & Navigation
CRTP+1

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Oct 23	Nov 23	Dec 23
90%	37.6%	37.2%	35.4%

Summary

CRTP+1 performance was 35.4% in and remains one of the areas requiring the most significant improvement across the NEL Improvement Plan. This performance improvement remains challenging with high occupancy in the deep bed base, driven in part by a high frailty conversion rate of 57.8% well above GIRFT benchmarking target of 39%.

A refresh of the non-elective programme is near completion and the countermeasures are currently being reviewed against the data to ensure the focus is aligned to the top contributors and actions will be updated accordingly.

Actions

1) The Frailty TOC remains ongoing following the positive initial outcomes previously shared including a 133% increase in TOC referrals (which were previously delayed), a 157% increase in discharges, and a fivefold increase in reinstatements. Given these results plans are now been scoped to extend and further develop this TOC the maximise opportunities including the potential recruitment of an AHP Frailty Consultant to lead further work.

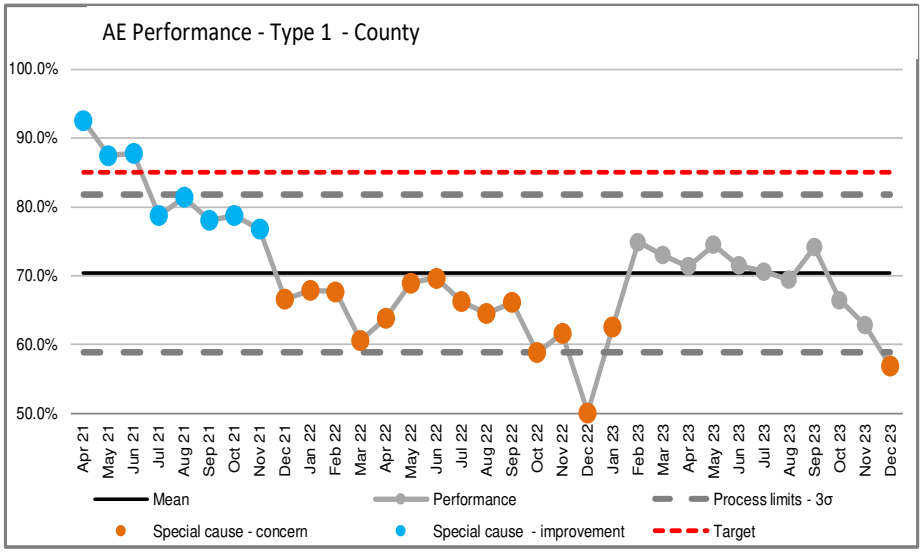
2) The recent GIRFT and ECIST visit highlighted a significant deficit in required acute medical capacity, specifically AMU beds, nursing ratios, and medical workforce to process expected demand. Options are now being considered for how this might be addressed, although it is expected that this will not be a short-term solution.

3) The development of standard process for management and completion of discharge summaries and TTO on AMU is underway which will support a consistent approach to the movement of patients off AMU.

4) Implementation of standard work with robust monitoring within ED to ensure all appropriate COVID19 patients are identified and swabbed prior to moving to AMU, which is aimed to minimise highlighted preventable delays in patients moving after an already extended amount of time to the acute portal.

Workstream 4; County Hospital UEC
County Hospital Four Hour Performance

NHS
University Hospitals of North Midlands
NHS Trust



Variation	Assurance
L	F

Target	Oct 23	Nov 23	Dec 23
85%	66.5%	62.8%	57.0%

Summary

The Four-Hour Standard for County Hospital in December performed at 57% against a trajectory of 75%. This has been impacted by operational pressures and has impacted both non-admitted and admitted performance; of note, the data shows that admitted average time in department has increased through December.

A refresh of the non-elective programme is near completion and the countermeasures are currently being reviewed against the data to ensure the focus is aligned to the top contributors and actions will be updated accordingly.

Actions

1) Review of AMU specific actions continues and is led by new the Clinical Champion in response to a lack of sustained improvements.

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

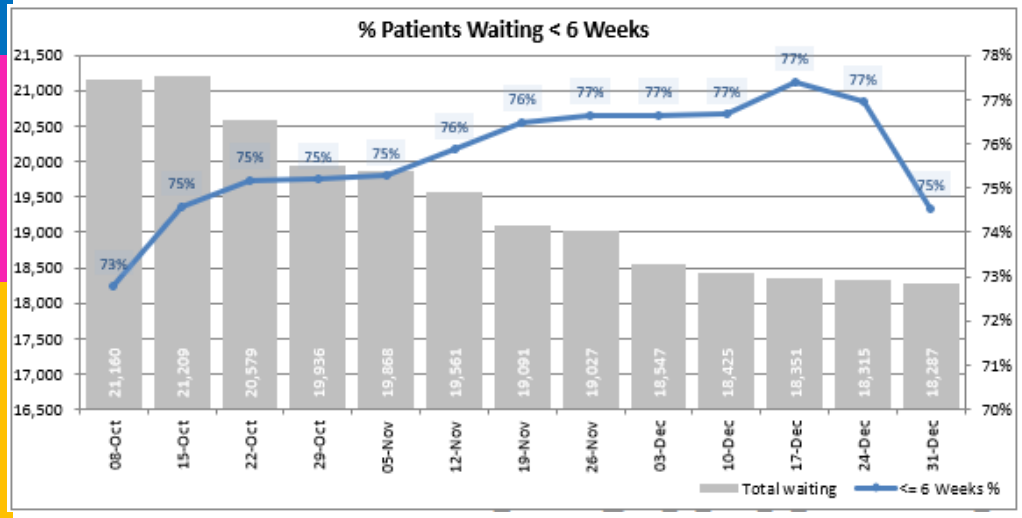
3) Exploration on the surge in attendances that affect triage is being undertaken with the aim to run a Test of Change of a more responsive workforce model with a view to build in further resilience.

4) Process confirmation underway to determine further efficiencies that can be gained through Standard Work in the Ambulatory Areas in order to decongest the department in times of high activity and improve Four Hour Performance.

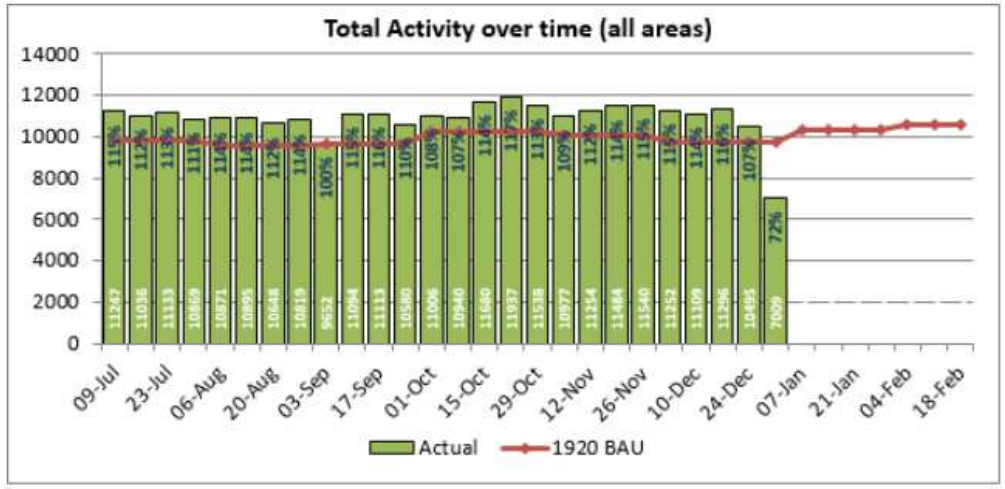
Section 2: ELECTIVE CARE

Planned Care - *Diagnostics*

NHS
University Hospitals of North Midlands
NHS Trust



Test	<=6	6-9	10-12	13+ Wks	Total	% <6Wks
Magnetic Resonance Imaging	2,473	100	1	0	2,574	96.1%
Computed Tomography	3,322	63	5	4	3,394	97.9%
Non-obstetric Ultrasound	4,234	136	4	4	4,378	96.7%
DEXA Scan	0	0	0	0	0	
Cardiology - Echocardiography	1,386	624	62	52	2,124	65.3%
Cardiology - Electrophysiology	0	0	0	0	0	
Colonoscopy	583	244	146	1,191	2,164	26.9%
Flexible sigmoidoscopy	281	155	91	849	1,376	20.4%
Cystoscopy	166	28	8	46	248	66.9%
Gastroscopy	447	240	106	288	1,081	41.4%
Neurophysiology	368	70	0	1	439	83.8%
Respiratory physiology	372	42	15	79	508	73.2%
Urodynamics	1	0	0	0	1	100.0%
Total	**13,633**	**1,702**	**438**	**2,514**	**18,287**	**75%**



Pathology*:*

The following represents performance as at 25th December 2023;

- Urgent (diagnostic cancer and other very urgent biopsy specimens): 95% reported at Day 18 (Previously Day 16), with 80% of cases reported by Day 12 (Previously Day 11)
- Accelerated (include all Cancer Resections): 95% reported at Day 28 (Previously Day 24) with 80% of cases reported by Day 18 (Previously Day 16)
- Routine (all Specimens not in above categories): 95% Day reported at 27 (Previously Day 26) 80% of cases reported by Day 19 (Previously Day 17)

Our 7 day reporting turnaround time (TAT) for Urgent cases is at 53% against the Royal College of Pathologists' target of 80% within 7 days (56% previously)

Planned care - *Diagnostics*

University Hospitals of North Midlands NHS Trust

Diagnostics Summary

- DM01 activity in December was below 19/20 levels, however data is unvalidated.
- DM01 performance was 80.5% overall in December, an improvement of 2.5% from November (78%). Endoscopy performance is the main contributor to this performance being below the national target of 99%

- In pathology 7 day reporting turnaround time (TAT) for Urgent cases is at 53% against the Royal College of Pathologists' target of 80% within 7 days (56% previously)

Endoscopy remains the highest impact on diagnostic pathways. The specialty has now been taken into internal special measures with a turnaround lead being allocated and a number of actions in place:

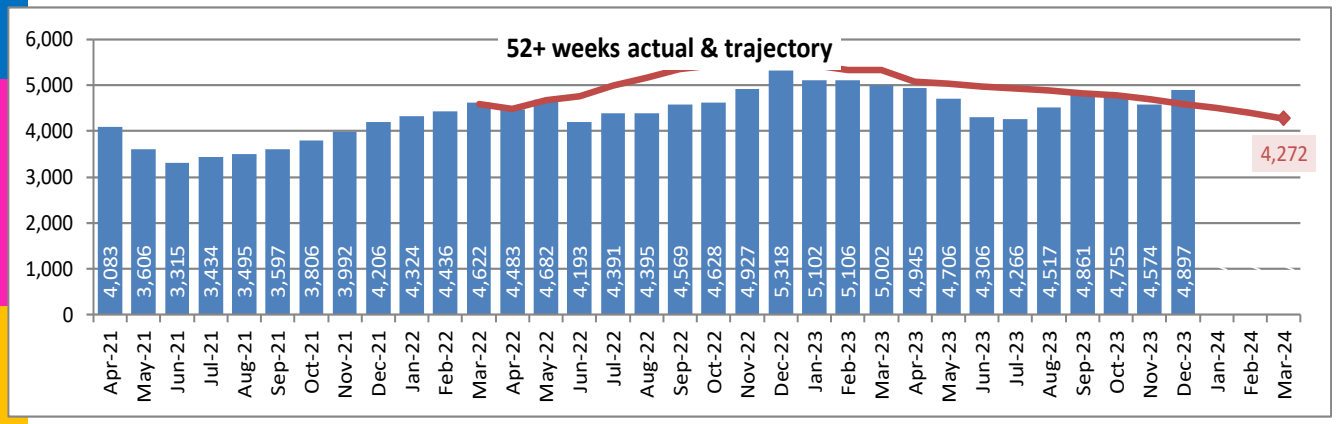
- Insourced weekend service continues until end Feb 2024 and extending into County site, following external funding from WMCA. This resource is specifically to support reducing cancer wait time but some capacity will support 78ww
- Concerns raised by surgical/gastro pathways that delays are hindering their ability to deliver 65wks by end of March
- Routine, urgent, surveillance and planned patients continue to have wait more than their target date. Maximising in week sessions and use of CNS TIs to support these cohorts
- Long term trajectory and resource requirement submitted but funding not currently available to further drive non-cancer cohorts
- December saw an increase in the total number of patients waiting above their target date
- Service team continuing to work on demand management strategies and productivity measures to improve utilisation and appropriateness (including admin and clinical validation)
- Sustained improved booking performance for lower cancer PTL patients – now 3-4wks notice (was 3 days)
- Improvement plan ongoing and workstream leads progressing actions

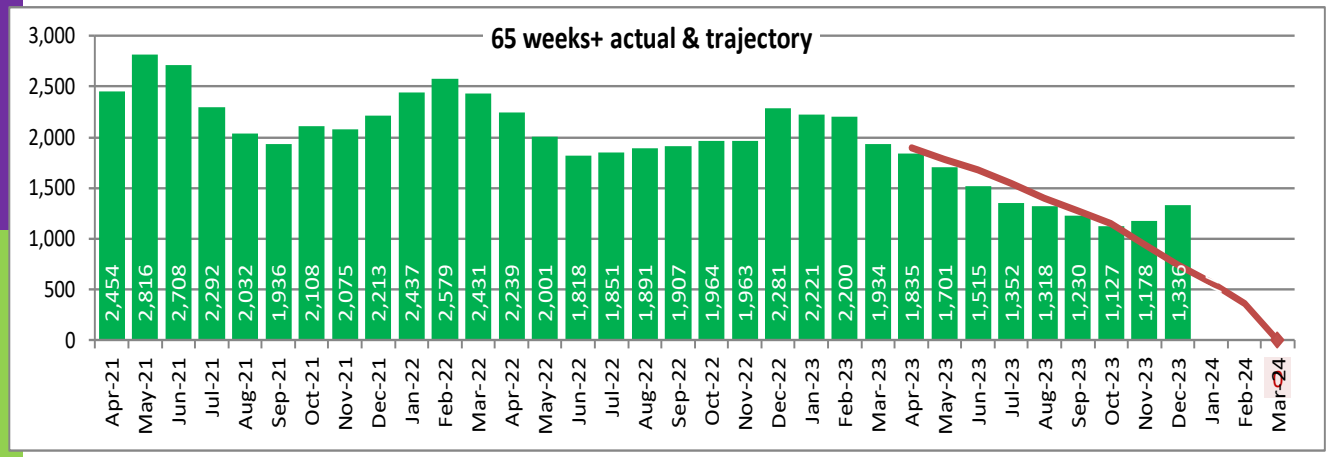
Diagnostics

	Key Performance Indicator	Period	Target		SPC
89	Audiology	Nov 23	1.00%	3.7%	
95	Colonoscopy	Nov 23	1.00%	65.9%	
85	Computed Tomography	Nov 23	1.00%	0.9%	
97	Cystoscopy	Nov 23	1.00%	7.8%	
83	DM01 Waiting <13 Weeks	Nov 23	100.00%	90.2%	
16	Diagnostics - 6 Week Standard	Nov 23	1.00%	19.5%	
189	Diagnostics - 6 Week Standard Reversed	Nov 23	99.00%	80.5%	
90	Echocardiography	Nov 23	1.00%	36.7%	
91	Electrophysiology	Nov 23	1.00%	-	
96	Flexi Sigmoidoscopy	Nov 23	1.00%	71.8%	
98	Gastroscopy	Nov 23	1.00%	47.7%	
84	Magnetic Resonance Imaging	Nov 23	1.00%	1.9%	
92	Neurophysiology	Nov 23	1.00%	12.5%	
86	Non-obstetric Ultrasound	Nov 23	1.00%	1.5%	
93	Sleep Studies	Nov 23	1.00%	22.9%	
94	Urodynamics	Nov 23	1.00%	-	

- All peer groups are performing at a similar level, with UHNM slightly better than all groups.
- All groups including UHNM remain significantly above the 1% national target.
- Endoscopy and Echo modalities are seeing the biggest deterioration.
- UHNM remain in the 3rd Quartile.

Planned Care – *RTT*

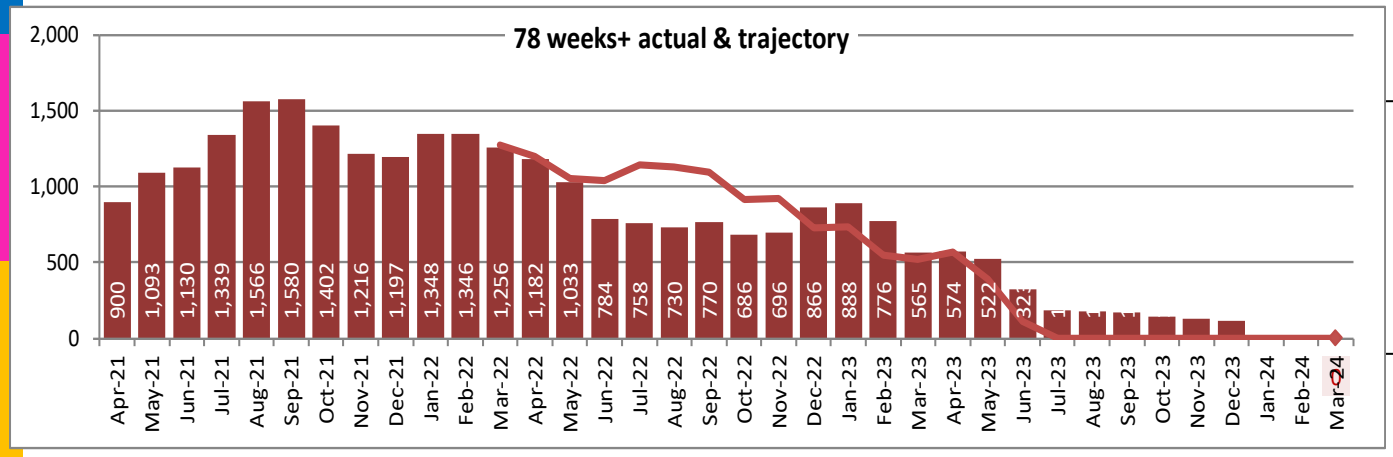




Patients waiting 52+ weeks increased in December and exceeded the trajectory.

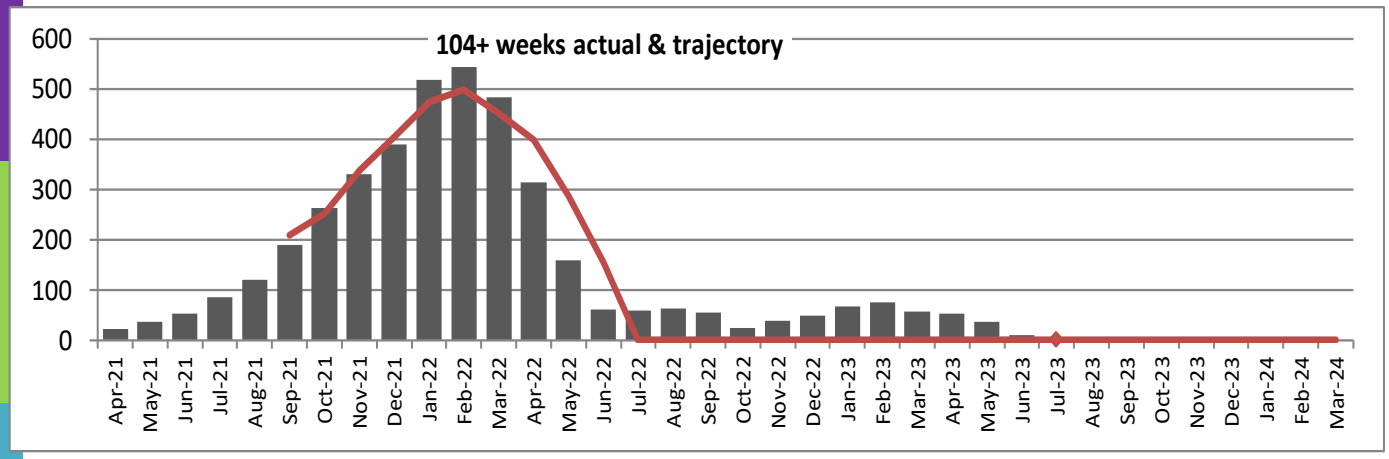
65+ week waiters increased further in December and for the second month exceeded the trajectory.

Planned Care – *RTT Long Waiters*



The number of patients waiting over 78 weeks reduced by 1 in December, at 117.

December data is unvalidated.



There are three patients who have been waiting 104+ weeks in December.

Planned care - *RTT*

NHS University Hospitals of North Midlands NHS Trust

Summary

- 52+ week patients increased during December to 4, 574 (unvalidated).
- 78+ patients have been gradually reducing, Dec was 117.
- The overall Referral To Treatment (RTT) Waiting list now sits 80,366 end of December (unvalidated).
- The focus continues on 78w cases, many of whom were complex and required whole/half lists. As this number is being driven down the focus is moving to our 65 week+ patients with the introduction of a weekly elective management oversight group.
- At the end of December the number of > 104 weeks was 3.
- The IS have taken over 1000 patients from Orthopaedics & Spinal (out of over 1000 considered), with a further 60 patients being worked through to contact & transfer.

RTT

- Validation has increased with some additional resource in the short term. The team are currently looking at validation capacity to provide an accurate picture of the resource required in the medium term to reduce the list, this includes electronic solutions.
- RTT Performance sits at 51.7% , an improvement on 51.4% in November.
- Work plans around long wait patient validation and treatment tracking are in progress to support the Data Quality Strategy & Audit requirements.
- The Trust is currently at 83% of all pathways over 52 weeks having been validated within the last 12 weeks. This is a deterioration on last month's 94%
- 31,068 eligible patients waiting 12+ weeks were sent a validation form in October 2023, with 1,532 patients confirming they no longer wish to continue their pathway. 2,990 patients said their condition had changed since their referral. These are being worked through by the clinical divisions.
- Trust wide revamp of validation & training underway, the IST are supporting the Trust with events in September – December to train all admin staff working with RTT. Training programme complete – 525 people attended training.
- NHSE's RTT training lead to deliver lecture style training and engagement sessions with specialty groups to enhance shared knowledge and address issues where national rules are not always followed. Sessions commenced September 18th.
- RTT Training now available on 'Articulate' eLearning software.
- Work underway to develop new training courses and add on to Intranet, with courses bookable on ESR.
- Active reporting focus on ensuring the right patients (urgent and longest waiters) are the patients booked into all available capacity so that the limited resource available continues to be used for the right patients by clinical need. This is being scrutinised through a divisional weekly meeting with COO/Deputy
- Patient by patient monitoring by each specialty and by the corporate team on the patients at risk of the breaching 104 and 78 weeks by end of month, and month following.
- Key enablers to the continued focus on long waiting patients are ring fencing of beds for Orthopaedics at RSUH, modular theatre at County and improvement in theatre utilisation and booking.
- Increased focus on non-admitted patients and increasing outpatient & diagnostic capacity, improving utilisation and business processes to move patients to a decision to admit.
- Roll-out of Palantir's Foundry platform underway, validation of NON-RTT outpatient referrals commenced 21st November.
- External validation support sought from MBI, commenced 4th October. Work completes 12th January, with final report and data expected by 19th January.

RTT

RTT Total Incompletes

Sep 23 Performance: 82,329 | Rank: 147th of 171

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

- All peer groups have seen an upward trend since COVID.
- Although UHNM have seen an increase in the number of RTT Incomplete Pathways, this hasn't been a steep an increase as Recommended Teaching peer groups
- UHNM remain in the bottom quartile.

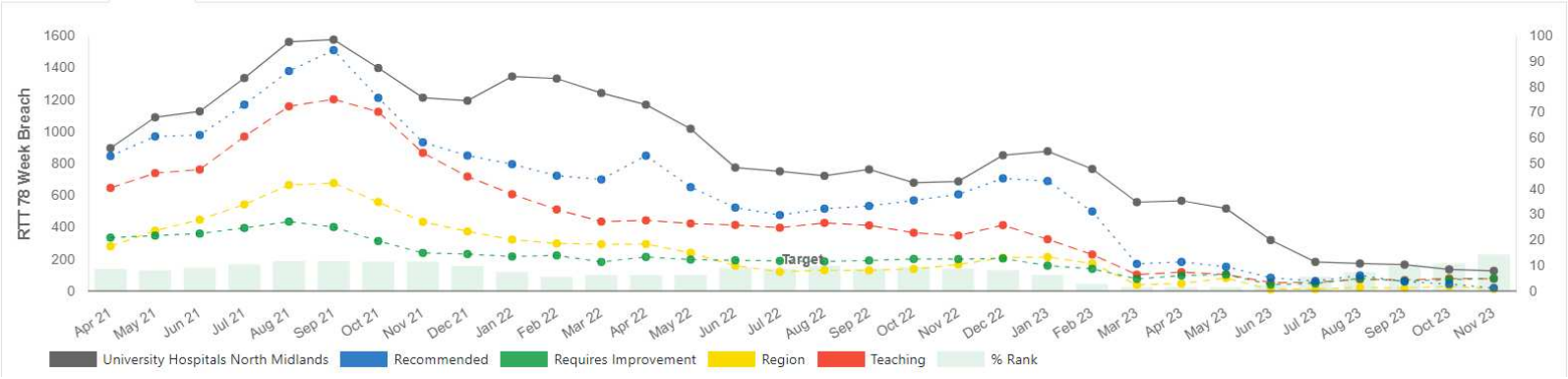
Key Performance Indicator	Period	Target		SPC
RTT 104 Week Breach	Nov 23	0	1	
RTT 52 Week Breach	Nov 23	0	4,566	
RTT 65 Week Breach	Nov 23	-	1,177	
RTT 78 Week Breach	Nov 23	0	130	
RTT 95th Percentile Admitted Waiting Time	Nov 23	18.0	71.4	
RTT 95th Percentile Non-Admitted Waiting Time	Nov 23	18.0	59.8	
RTT Admitted Treatment Within 18 Weeks	Nov 23	90.0%	53.1%	
RTT Average (Median) Admitted Waiting Time	Nov 23	9.0	15.5	
RTT Average (Median) Non-Admitted Waiting Time	Nov 23	5.0	9.4	
RTT Average Wait for Incomplete	Nov 23	7.00	17.2	
RTT Incomplete 92nd Percentile	Nov 23	-	47.0	
RTT Incomplete Pathways With a DTA	Nov 23	25.0%	15.5%	
RTT Non-Admitted Treatment Within 18 Weeks	Nov 23	95.0%	66.1%	
RTT Total Clock Starts	Nov 23	-	16,354	
RTT Total Clock Stops	Nov 23	-	15,504	
RTT Total Incompletes	Nov 23	-	80,249	

RTT

RTT 78 Week Breach

Nov 23 Performance: 130 | Rank: 147th of 172

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



	Key Performance Indicator	Period	Target		SPC
950	RTT 104 Week Breach	Nov 23	0	**1**	
55	RTT 52 Week Breach	Nov 23	0	**4,566**	
1202	RTT 65 Week Breach	Nov 23	-	1,177	
949	RTT 78 Week Breach	Nov 23	0	**130**	
142	RTT 95th Percentile Admitted Waiting Time	Nov 23	18.0	**71.4**	
144	RTT 95th Percentile Non-Admitted Waiting Time	Nov 23	18.0	**59.8**	
135	RTT Admitted Treatment Within 18 Weeks	Nov 23	90.0%	**53.1%**	
141	RTT Average (Median) Admitted Waiting Time	Nov 23	9.0	**15.5**	
143	RTT Average (Median) Non-Admitted Waiting Time	Nov 23	5.0	**9.4**	
55	RTT Average Wait for Incomplete	Nov 23	7.00	**17.2**	
133	RTT Incomplete 92nd Percentile	Nov 23	-	47.0	
134	RTT Incomplete Pathways With a DTA	Nov 23	25.0%	15.5%	
136	RTT Non-Admitted Treatment Within 18 Weeks	Nov 23	95.0%	**66.1%**	
138	RTT Total Clock Starts	Nov 23	-	16,354	
137	RTT Total Clock Stops	Nov 23	-	15,504	
132	RTT Total Incompletes	Nov 23	-	80,249	

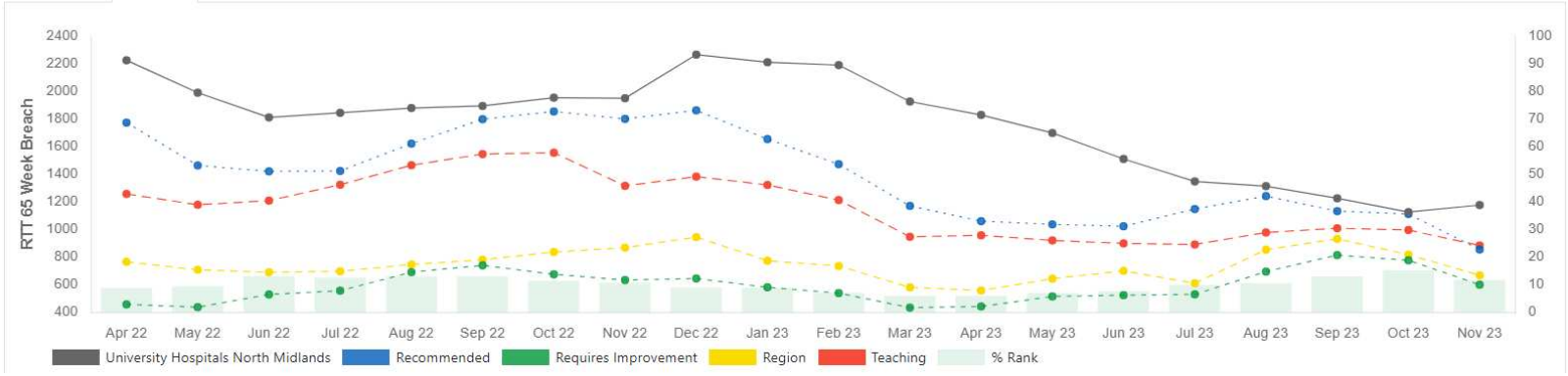
- UHNM continue to remain above all peer groups and remain within the bottom Quartile.

RTT

RTT 65 Week Breach

Nov 23 Performance: 1,177 | Rank: 152nd of 172

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



Key Performance Indicator	Period	Target		SPC
RTT 104 Week Breach	Nov 23	0	**1**	
RTT 52 Week Breach	Nov 23	0	**4,566**	
RTT 65 Week Breach	Nov 23	-	1,177	
RTT 78 Week Breach	Nov 23	0	**130**	
RTT 95th Percentile Admitted Waiting Time	Nov 23	18.0	**71.4**	
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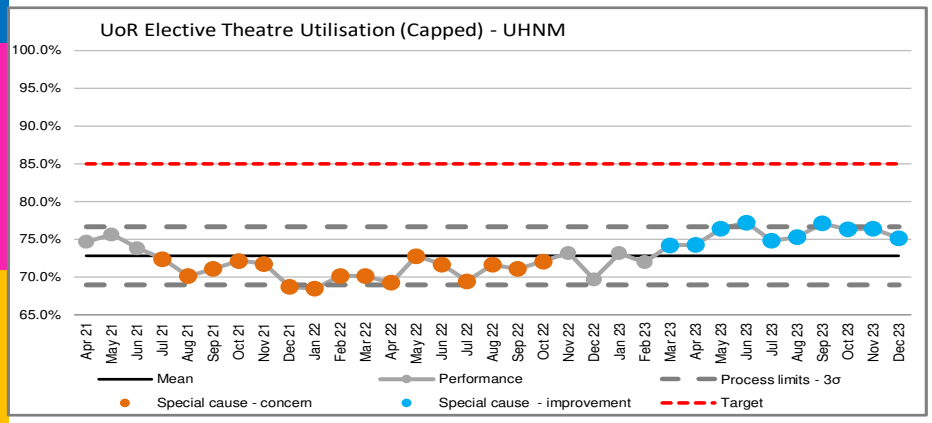
RTT Incomplete 92nd Percentile	Nov 23	-	47.0	
RTT Incomplete Pathways With a DTA	Nov 23	25.0%	15.5%	
RTT Non-Admitted Treatment Within 18 Weeks	Nov 23	95.0%	**66.1%**	
RTT Total Clock Starts	Nov 23	-	16,354	
RTT Total Clock Stops	Nov 23	-	15,504	
RTT Total Incompletes	Nov 23	-	80,249	

- Most peer groups have remained relatively flat since April 2023.
- Although UHNM have more RTT patients waiting over 65 weeks, they have continued to see a greater reduction than peer groups.
- UHNM volumes still remain above all peer groups, but are now much closer to peers.
- UHNM remain in the bottom quartile.

Planned Care – *Theatres*

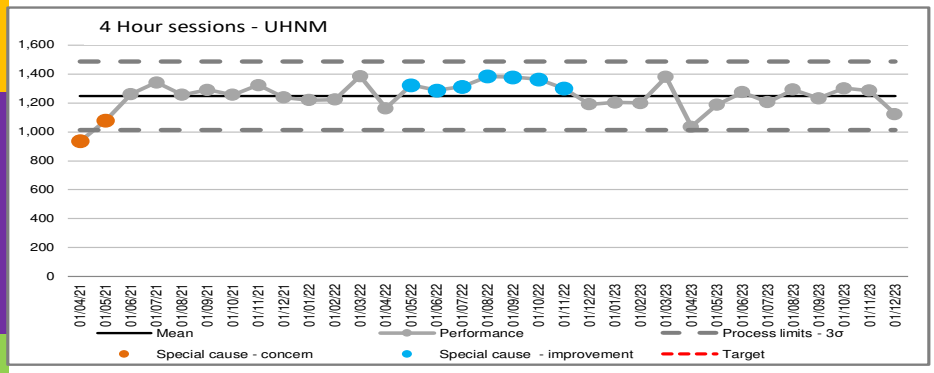


Variation	Assurance
H	F

Target	Oct 23	Nov 23	Dec 23
85%	76.3%	76.4%	75.2%

Background

The percentage of theatre time used (capped).

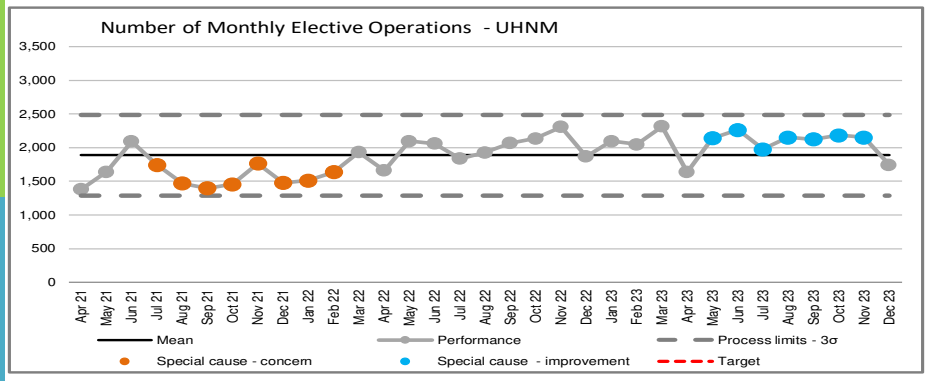


Variation	Assurance

Target	01/10/23	01/11/23	01/12/23
N/A	1302	1285	1124

Background

The number of 4 hour sessions during the month.



Variation	Assurance

Target	01/10/23	01/11/23	01/12/23
N/A	2184	2152	1747

Background

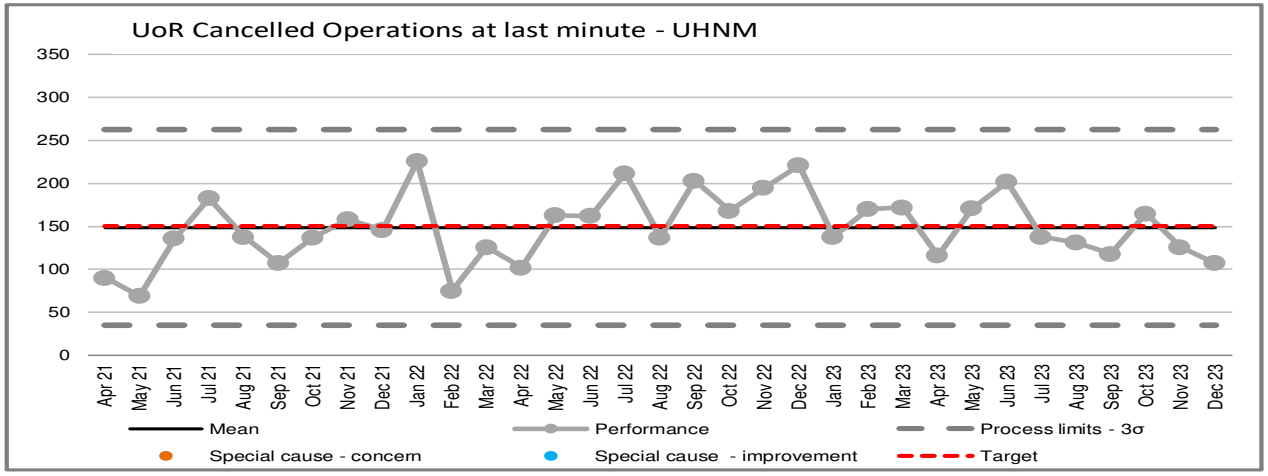
The total number of elective operations during the month.

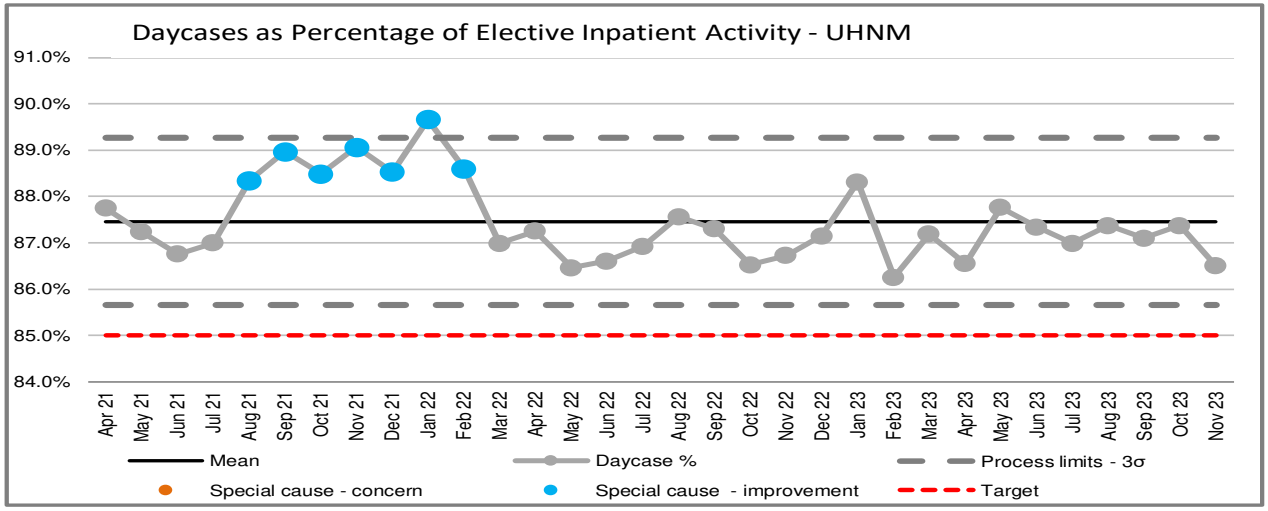
Capped Utilisation performance dipped slightly in December and remains within normal variation.

The number of 4 hour sessions dropped by 13% in December but remains within normal variation.

Elective Operations dropped by 19% in December but remain aligned to the same period last year.

Planned Care – *Theatres*





December saw a further reduction in the number of cancelled operations and is significantly lower than December 2022.

The proportion of Daycase activity reduced in December to 86.5% and remains above the target of 85%.

Planned Care - *Theatres*

University Hospitals of North Midlands NHS Trust

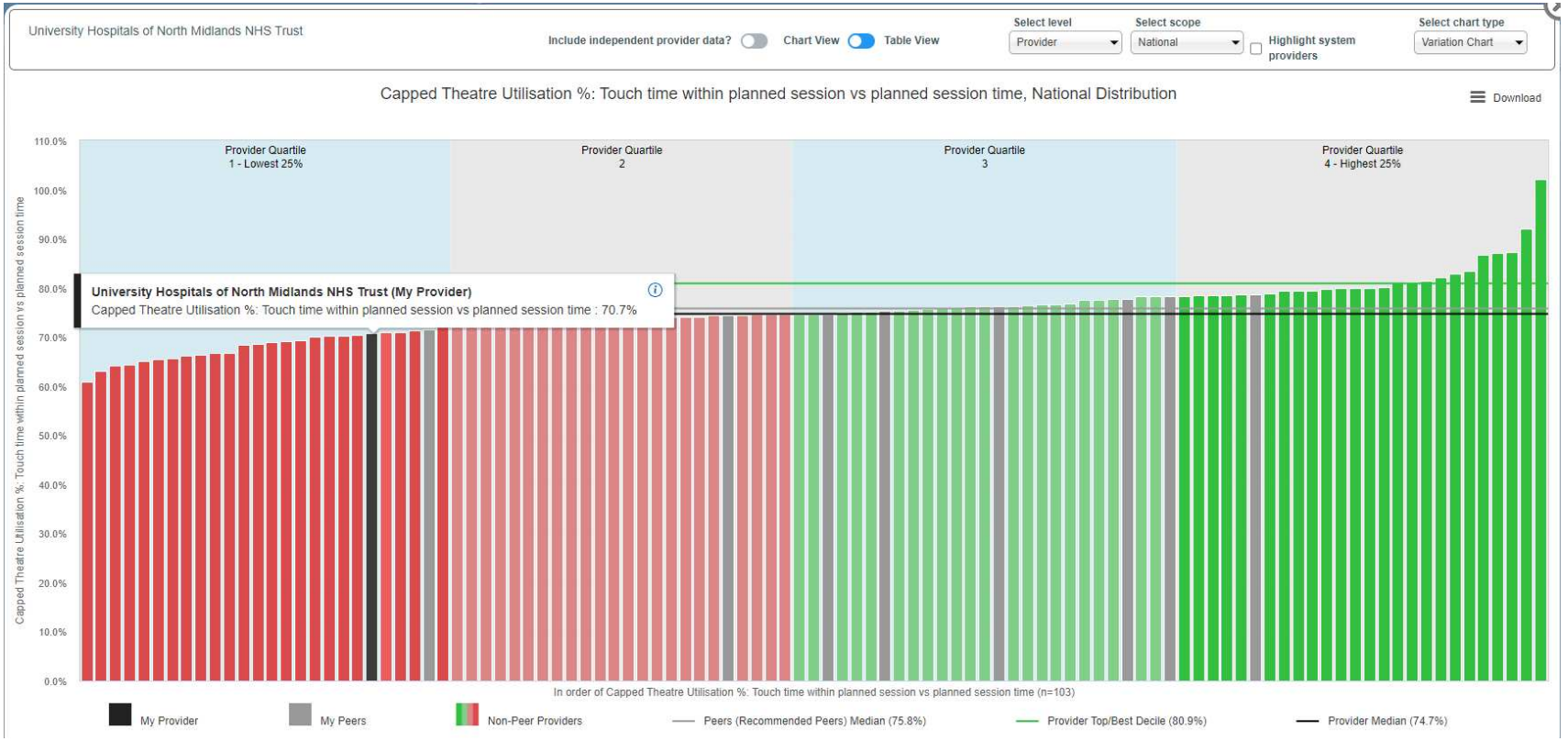
Elective inpatients Summary

- Capped utilisation remains reduced in month but above mean at 75.2%. Seasonal adverse Impact of Christmas holiday period on bookings.
- Cancelled operations further improved -9% - remains as concern as higher than target, commencing mitigation by use of Standby Pts in specialties
- Review of Booking & Scheduling standard work commenced in line with NHSE Theatre Booking Guide. Objective to optimise list make up and reduce variation.
- Jr Dr IA further impacted on productivity with reduced utilisation due to intentional under-booking of lists
- APOM Working Group to commence Jan 2024

Actions

- Updated focus on new A3's – targeting surgical elective inpatient pathway flow for countermeasures as opposed to isolation on start times
- Finalised and uploaded 6-4-2 Scheduling SoP
- Progressed discussion regards adoption and integration of Remcare
- Portering service contract review has identified extent of current shortfall and impact of productivity
- Recruited a number of new Anaesthetic colleagues including 5 x speciality Grade & 2 x Cardiac Locum Consultants
- Robotic Assisted Surgery strategy under development with good engagement from clinicians and representation at regional workshops
- Robotic assisted Gynae Surgery – 6 cases undertaken in 1 all day session demonstrating national record – reported in Sunday times
- Successfully moved from use of off-framework agency support to framework - further work underway to assess move to within cap.

Theatres - Benchmarked



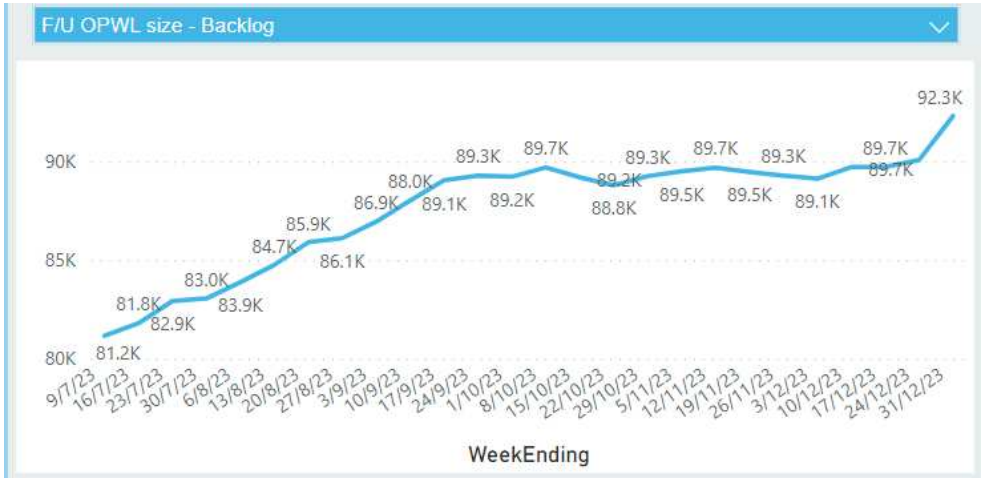
- UHNM have seen a deterioration since the last report from 76% to 71% and have remained in the bottom quartile.

Source data: Model Hospital 16/01/2024

Planned Care – *Outpatients*

New Outpatient Performance to Plan

Follow Up Outpatient Performance to Plan



New Outpatient activity performance was 85% of plan in December and 95% YTD.
Outpatient Follow Up performance was 93% in December with YTD at 104%.

The Follow Up Backlog waiting list was relatively flat during December until the last week where it increased 2% within a week.

Planned care – *Outpatients*

NHS
University Hospitals of North Midlands
NHS Trust

Actions

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

  Risks: - Business plans signed off include increase in follow ups, in part to clear follow up backlog
  - Clinically Led challenge required to facilitate clinical conversations and encourage engagement
  - Lack of pace on schemes linked to System Partners, previously escalated at Planned Care Improvement Board
  - PKB functionality to support waiting list validation & 2way SMS: timeline risk, (revisiting 2 way SMS targeting DNAs)
  - Impact of further Industrial Action (IA) on cancelled OP sessions / attendances, impact on improvement work
  - CIP impact on admin vacancies process – admin resource remains critical for transformation & sustained performance

- **Referral Management / Variation**

  Advice & Guidance - Advice & refer 'triage by default': plan to present data on how to progress back to System Group, linking in with Birmingham around their approach. Also reviewing usage variation Trust-wide / by GPs.

  E-referral worklist reports - Reports revised to reflect workflow, with filters to support oversight of urgent & 2ww triage position.

- **Activity Management / Variation**

  PIFU – Position Dec 2023: 5.1% Benchmarking vs national median November – UHNM: 24th of 142 providers (4.9% vs 3.1%).

  'PIFU by Default' initiative – with NHSE support; clinical workshop held November 7th with Medical Director & Clinical Leads, incl reducing F Ups context. Well attended, with positive discussions – comms updated & shared. Next step: specific clinical discussion with 4 initial priority specialties (linking with NHSE clinical support & GIRFT Further Faster), proving difficult to schedule regular contact with clinical teams due to competing priorities. Detailed template to feed back on progress submitted to NHSE.

  Outcomes – Tail broadly cleared, continuing progress on backlog (cohorts not high risk). Following iportal directive, new report views to target improvement actions effectively (eg unoutcomed where iportal outcome captured and/or letter completed). >45% of outcomes initially recorded on Careflow.

  RPA OP Outcomes - Scoping specialty pilot with UHNM BI, agreement in principle for pilot in a specialty using available robot capacity.

  OP Productivity; Utilisation – Position Dec 2023: Clinic Utilisation: 88.9% vs 90.0% (plan); Booking rate: 96.0% (vs 96.3%) DNA rate: 7.5% (vs 6.5%), detailed review of bookings by TFC to understand under-utilised slots; DNAs, overbooking to compensate, revisiting 2 way messaging to target missed appointments. HED DNA rate comparison to benchmark specialties vs national position and identify outliers. Linking with NHSE representative around DNA approaches, and also Public Health consultant to advise on preventing health inequalities and deep dive audits.

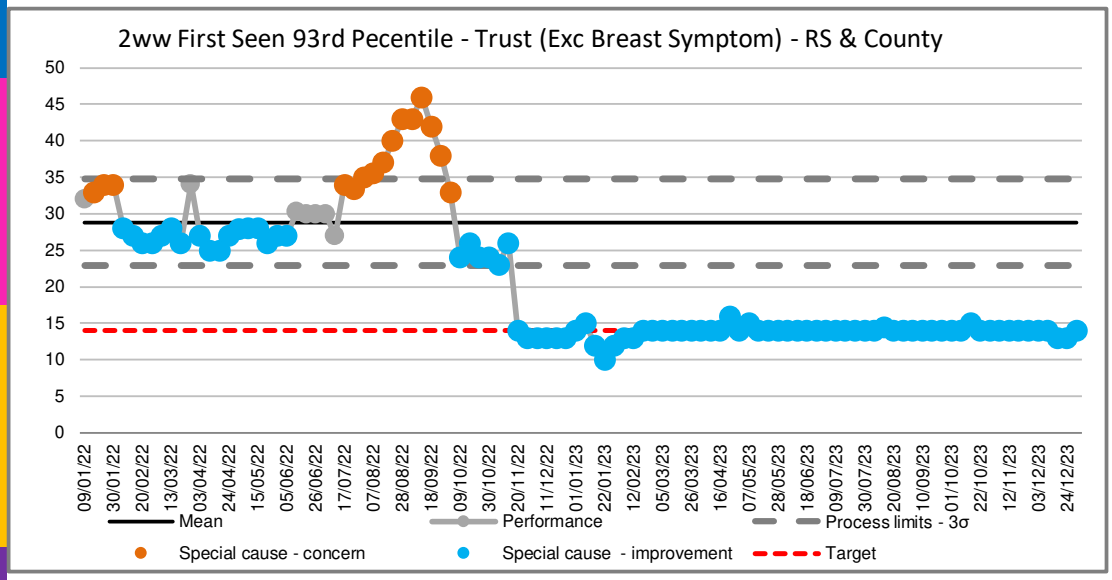
- **Key Enablers**

  GIRFT Further, Faster – key programme, UHNM a cohort 2 Trust. Handbooks shared; monitoring onboarding (13/17) & follow on meetings with clinical & mgt specialty teams. Many outpatient actions similar to OP GIRFT Guidance. Specialty Checklists being reviewed with clinicians (33.6% updated).

  PIFU RPA – Discharge Letters (at Review Date),with UHNM BI, controlled go-live pilot in Urology, rolling out vs plan for other specialties by Feb/March 2024. Paediatric specialties are set to go live during January 2024.

Cancer – Headline metrics

University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

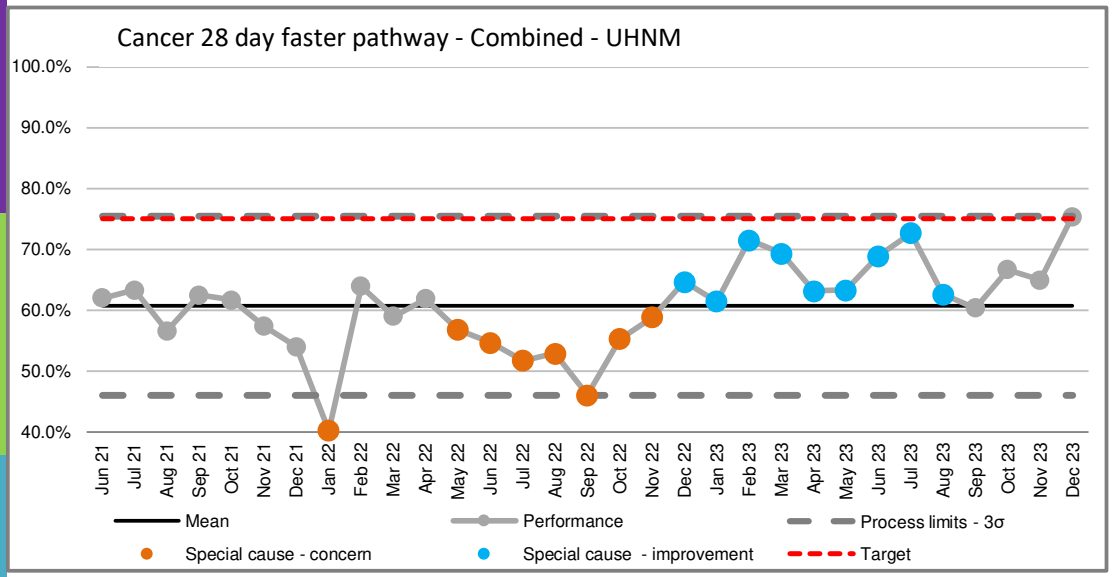
Target	17/12/2023	24/12/2023	31/12/2023
14	13	13	14

Background

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

What is the data telling us?

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



Variation	Assurance
	?

Target	Oct 23	Nov 23	Dec 23
75%	66.6%	64.9%	75.3%

Background

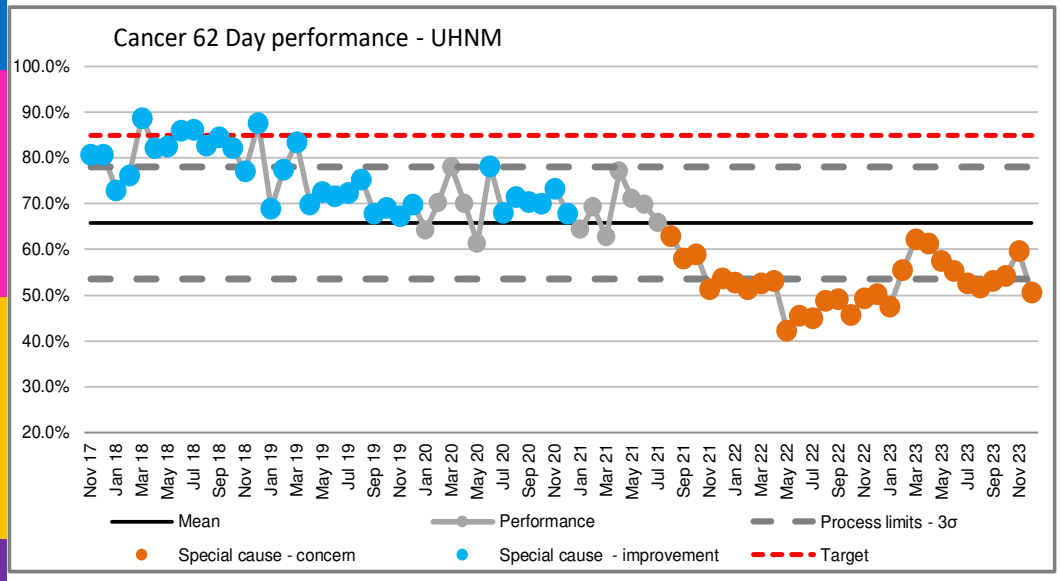
Performance of confirmation or exclusion of cancer communicated with patients within the 28 day timeframe.

What is the data telling us?

The FDS performance remains stable with pockets of good practice. E.g. Breast, Lung and Upper GI all achieve the standard . The combined Faster Diagnosis Standard achieved 64.9% in November. It is predicted to land at around 69% in December however validation is ongoing.

Cancer – Headline metrics

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

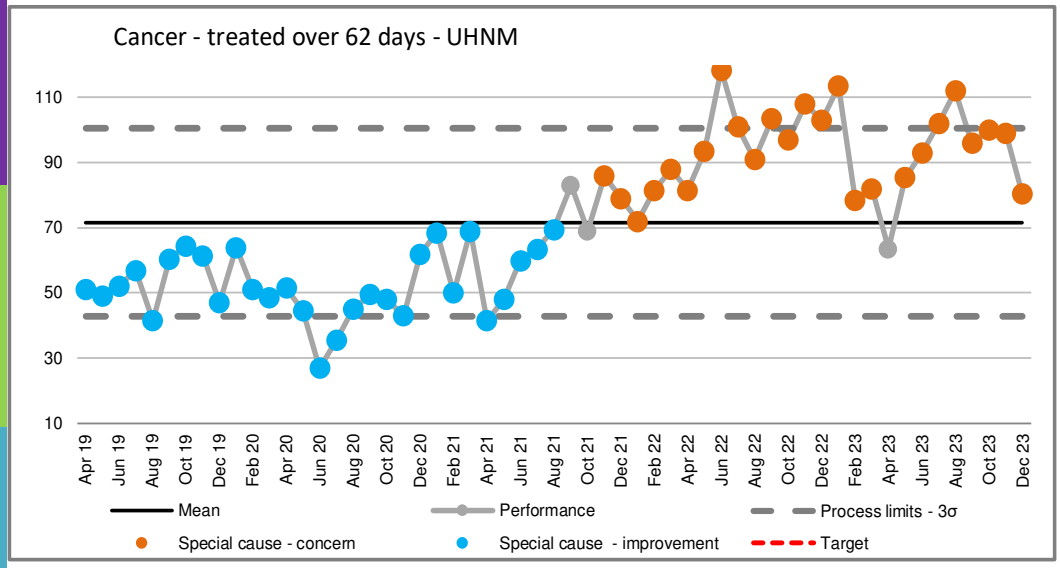
Target	Oct 23	Nov 23	Dec 23
85%	54.3%	59.7%	50.6%

Background

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

What is the data telling us?

Performance significantly challenged and below standard for the past 2 years. Performance remains between 50 – 60% for Oct, Nov & Dec. The December 23 position is still being validated.



Variation	Assurance
H	

Target	Oct 23	Nov 23	Dec 23
N/A	100.0	99.0	80.5

Background

The number of patients treated over 62 days

What is the data telling us?

Demonstrates total volume of GP referred patients who have been treated beyond day 62 is a cause for concern and has been rising over the past 2 years. However, a reduction demonstrated in December 23.

Delivering Exceptional Care with Exceptional People

Cancer Actions

NHS University Hospitals of North Midlands NHS Trust

- The Faster Diagnosis Standard has improved over the past few months for most challenged tumour sites Gynae, Urol, LGI and Skin.
- The 62 day and 104 day backlogs have reduced in line with trajectory for the past 4 months, with Colorectal and Skin ahead of trajectory.
- 25% of referrals received on the lower GI suspected cancer pathway are FIT negative however are within the exclusion criteria agreed with commissioners (IDA, Rectal Bleeding), demonstrating appropriate use of the pathway and endoscopy capacity.
- During a regional audit of 3 months worth of data, UHNM completed colonoscopies for just 0.3% of FIT negative patients who were on a suspected cancer LGI pathway – this is the lowest in the region when benchmarked against providers within the West Midlands.

Most Challenged Areas

LGI:

- Surgical capacity has been released through additional activity delivered by SHS supporting recovery of the LGI cancer pathway backlog of patients waiting for diagnosis and treatment. This is enabled by using a mixture of OPAs and, Day Case capacity and has resulted in an improvement of the 62+ backlog position in LGI. In addition, the LGI FDS performance has improved over the past 3 months and is expected to continue to recover.

Skin:

- Extra minor ops and OPA capacity is being provided through weekend activity. TIs are also supporting the position including insourcing.
  An increase in activity in January 24 is built into the trajectory, reported each week through the cancer governance structure.
  The 62+ day backlog position was expected to plateau over the Christmas period but is within trajectory and continues to recover.

UROL:

- The ICB is supporting with increased UROL referrals by reviewing the work of Choice & Referral Centre to explore expansion of referral optimisation hub to include all suspected cancer referrals. This is expected to improve FDS performance due to improved quality of referrals. Timescales for the completed review TBC. The UROL Expert Advisory Group of the west midlands is focusing on targeted case finding in primary care and the ICB have agreed to support with managing improved quality of referrals.

Pathology:

- Pathologists are prioritising reporting into Urgent and Accelerated streams, particularly for high volume pathways such as Skin and Colorectal. One locum consultant, 2 fixed term Band 4's and one locum BMS were recruited using recovery funds in November 23. TATs for Cancer specimens: 95% are reported at Day 16

Endoscopy:

- Recovery plans are being enacted to increase internal capacity using a combination of clinical Endoscopists, consultants/middle grades to improve utilisation. Locums are supporting diagnostic and surveillance waits. Insourced management support has been commissioned.

Radiology:

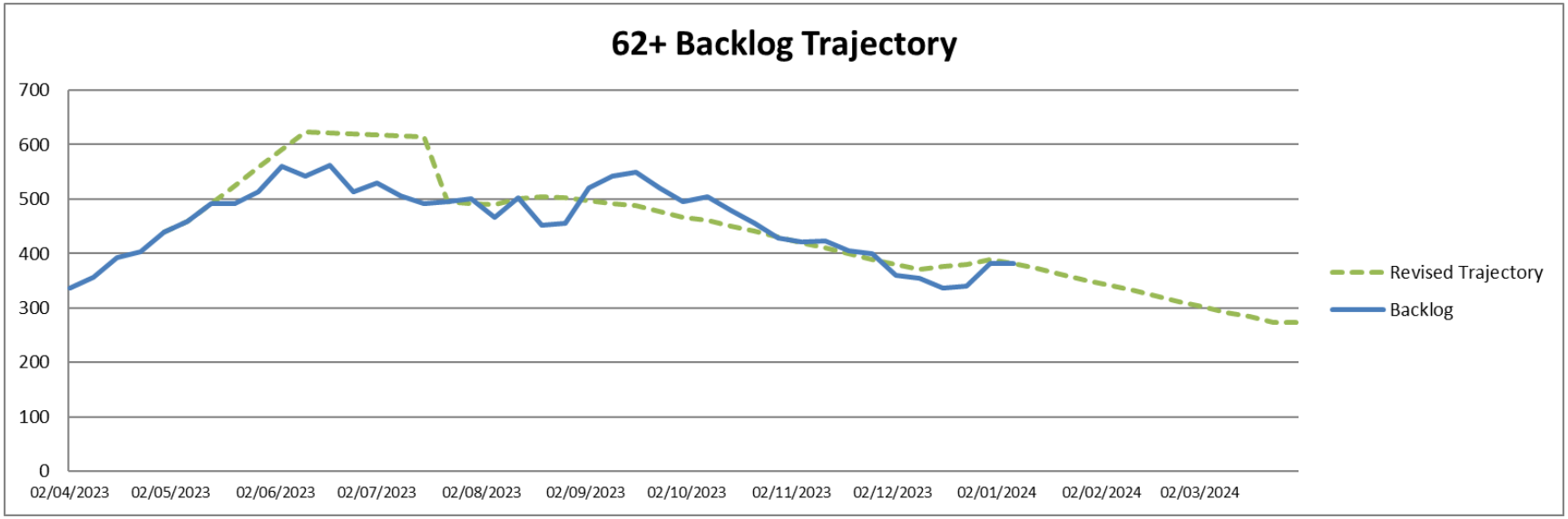
- For increased Radiology reporting capacity to support cancer pathways, TIs are being offered, in addition recruitment is underway for an additional fellow, plus a review of outstanding reports and allocation / escalation is continuous.

Escalations:

- There are a growing number of patients waiting for surgical treatment on the Urology pathway. Surgical capacity for RALPs at SaTH is being utilised. Further to this mutual aid and internal theatres solutions such as reallocation are being explored.

Cancer Trajectories

- National planning guidance 23/ 24 set out the ambition to return the number of patients waiting over 62 days on the live PTL to the levels seen pre-pandemic. This was based on a fair share total allocated to Trusts, with UHNM target being 273. An internal PTL Backlog trajectory for UHNM is shown by the green dotted line below, which was revised and modelled to bring us back in line with the fair share target by March 24, taking into account the unpredicted workforce challenges in Endoscopy.
- The actual total of patients waiting over 62 days on a 2WW pathway are shown in blue below, and are a snap shot in time of the PTL position. This is for the week ending 08.01.24.
- UHNM provide assurance to the regional NHSEI team, with detailed plans on a weekly basis. Tiered Progress to date:
    - The 62 day backlog has reduced to a current position of 382.
    - The number of days waited for 1st OPA (93rd Percentile) has reduced to within target of 14 days.
    - The total PTL has reduced to a current position of around 3200.
    - The number of patients waiting over 104+ has halved to a current position of 112.
    - The Faster Diagnosis Standard was submitted at a final November 23 position of 64.9%.



Cancer

Cancer - 28 Day Faster Diagnosis

Sep 23 Performance: 60.3% | Rank: 118th of 134

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

	Key Performance Indicator	Period	Target		SPC
403	Cancer - 28 Day Faster Diagnosis	Sep 23	75.0%	60.3%	
406	FDS Acute Leukaemia	Sep 23	75.0%	-	
407	FDS Brain Tumours	Sep 23	75.0%	50.0%	
408	FDS Breast Cancer	Sep 23	75.0%	88.7%	
404	FDS Breast Symptoms	Sep 23	75.0%	91.8%	
409	FDS Children's Cancer	Sep 23	75.0%	84.6%	
410	FDS Gynaecological Cancer	Sep 23	75.0%	48.6%	
411	FDS Haematological Malignancies	Sep 23	75.0%	33.3%	
412	FDS Head & Neck Cancer	Sep 23	75.0%	66.0%	
413	FDS Lower Gastrointestinal Cancer	Sep 23	75.0%	18.8%	
414	FDS Lung Cancer	Sep 23	75.0%	77.3%	
405	FDS Missing or Invalid	Sep 23	75.0%	-	
415	FDS Other Cancer	Sep 23	75.0%	-	
416	FDS Sarcoma	Sep 23	75.0%	28.6%	
417	FDS Skin Cancer	Sep 23	75.0%	72.7%	
418	FDS Testicular Cancer	Sep 23	75.0%	80.0%	
419	FDS Upper Gastrointestinal Cancer	Sep 23	75.0%	84.2%	
420	FDS Urological Malignancies	Sep 23	75.0%	44.1%	

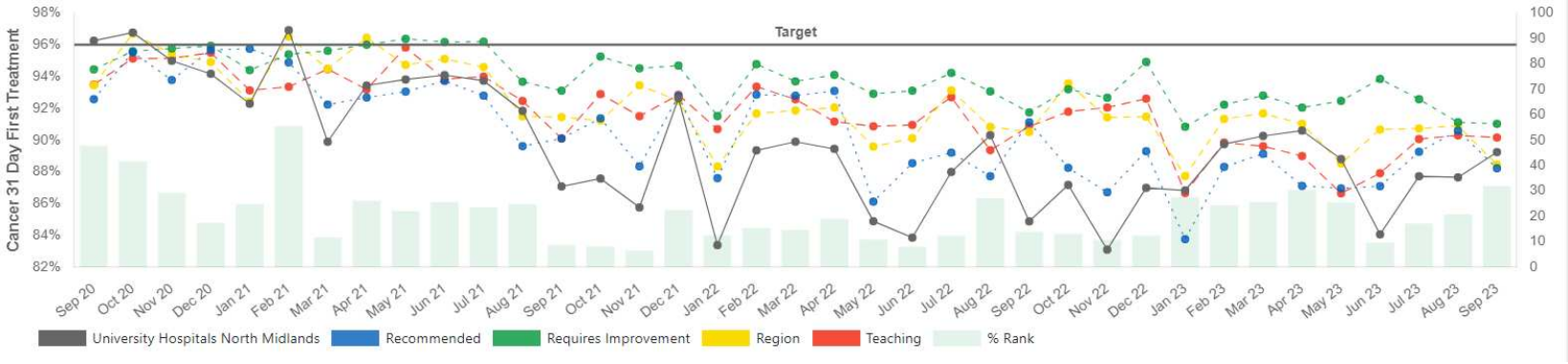
- The 28 Day Faster Diagnosis position for UHNM continues to be below all peer groups.
- All peer groups have seen a deterioration over the last three months. For UHNM this deterioration is more significant.
- Lower GI and Sarcoma have deteriorated the most since July.
- Some areas consistently achieve the standard, such as Breast and Upper GI.
- UHNM remain in the bottom quartile.

Cancer

Cancer 31 Day First Treatment

Sep 23 Performance: 89.24% | Rank: 93rd of 136

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



- Since June 2023, UHNM performance has seen an improving trend, whilst not all peer groups are seeing this same improvement.
- In September, UHNM are now mid point between peers.
- UHNM have moved from the bottom quartile to the 3rd quartile.

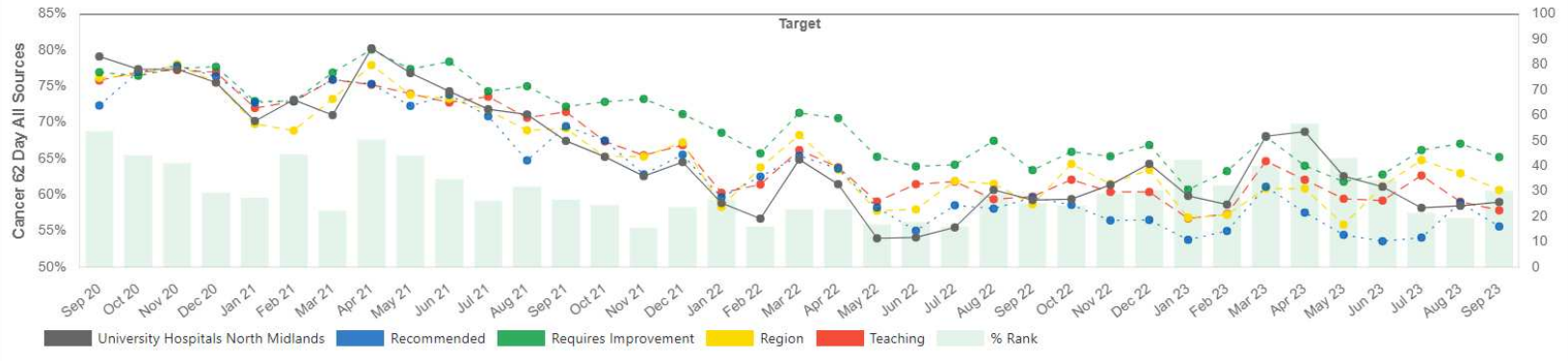
	Key Performance Indicator	Period	Target		SPC
45	Cancer 2 Week Wait	Sep 23	93.00%	95.7%	
99	Cancer 2 Week Wait Breast Symptomatic	Sep 23	93.0%	93.8%	
46	Cancer 31 Day First Treatment	Sep 23	96.00%	**89.2%**	
120	Cancer 31 Day Subsequent Treatment	Sep 23	96.0%	**83.9%**	
51	Cancer 62 Day All Sources	Sep 23	85.00%	**59.0%**	
100	Cancer 62 Day Consultant Upgrade	Sep 23	85.0%	**73.9%**	
35	Cancer 62 Day Screening	Sep 23	90.0%	**44.4%**	
118	Cancer Sub Treat Drugs	Sep 23	96.0%	**94.0%**	
119	Cancer Sub Treat Radiotherapy	Sep 23	96.0%	97.1%	

Cancer

Cancer 62 Day All Sources

Sep 23 Performance: 59.00% | Rank: 94th of 134

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



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118	Cancer Sub Treat Drugs	Sep 23	96.0%	**94.0%**	
119	Cancer Sub Treat Radiotherapy	Sep 23	96.0%	97.1%	

- All peer groups are currently performing at similar levels.
- Whilst peer groups have seen a downward trend since July, UHNM have seen an improving trend.
- UHNM are in the 3rd quartile.

Inpatient and Outpatient Decile & Ethnicity

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

Inpatient IMD Decile	1	2	3	4	5	6	7	8	9	10	Unknown
Weeks Waited- >104	11.10%	9.97%	9.04%	7.62%	7.70%	11.26%	12.11%	10.52%	13.29%	6.82%	0.58%
Weeks Waited- 78-104	12.77%	11.18%	9.83%	10.34%	7.48%	11.09%	9.16%	10.17%	10.84%	5.97%	1.18%
Weeks Waited- 52-77	14.16%	11.51%	10.51%	9.96%	8.17%	10.51%	9.17%	9.06%	10.44%	5.31%	1.21%
Weeks Waited- Under 52	13.66%	11.09%	10.39%	9.12%	7.46%	10.97%	10.67%	8.64%	11.10%	5.45%	1.44%

Outpatient IMD Decile	1	2	3	4	5	6	7	8	9	10	Unknown
Weeks Waited- >104	10.60%	9.67%	8.91%	9.06%	7.88%	11.39%	11.39%	10.17%	13.33%	6.32%	1.26%
Weeks Waited- 78-104	11.42%	10.34%	10.13%	8.75%	7.27%	10.29%	11.39%	9.97%	12.49%	6.54%	1.39%
Weeks Waited- 52-77	12.83%	11.10%	9.91%	8.98%	7.98%	10.83%	10.19%	9.34%	11.48%	6.08%	1.29%
Weeks Waited- Under 52	13.32%	11.39%	10.13%	8.87%	7.47%	10.51%	10.54%	9.08%	11.24%	5.96%	1.48%

Inpatient Ethnicity	African	Any Other Asian Background	Any Other Black Background	Any other ethnic group	Any Other Mixed Background	Any other White background	Bangladeshi	Caribbean	Chinese	Indian	Pakistani	White & Asian	White & Black African	White British	White Irish	Not Specified	Not Stated	Unknown	
Weeks Waited- >104	0.14%	0.47%	0.08%	0.41%	0.36%	0.63%	0.03%	0.11%	0.25%	0.38%	0.49%	0.16%	0.03%	92.99%	0.36%	1.04%	1.78%	0.30%	
Weeks Waited- 78-104	0.17%	0.50%	0.25%	0.84%	0.42%	1.09%	0.08%	0.08%	0.17%	0.59%	0.76%	0.17%		90.00%	0.34%	1.85%	1.18%	1.09%	
Weeks Waited- 52-77	0.48%	0.83%	0.34%	0.90%	0.65%	1.48%	0.10%	0.17%	0.07%	0.52%	1.69%	0.34%	0.07%	85.53%	0.55%	2.27%	1.65%		
Weeks Waited- Under 52	0.47%	0.69%	0.27%	0.72%	0.56%	1.56%	0.15%	0.18%	0.13%	0.56%	1.53%	0.32%	0.19%	83.95%	0.32%	2.60%	2.31%	3.23%	

Outpatient Ethnicity	African	Any Other Asian Background	Any Other Black Background	Any other ethnic group	Any Other Mixed Background	Any other White background	Bangladeshi	Caribbean	Chinese	Indian	Pakistani	White & Asian	White & Black African	White & Black Caribbean	White British	White Irish	Not Specified	Not Stated	Unknown
Weeks Waited- >104	0.26%	0.39%	0.24%	0.45%	0.55%	0.84%	0.11%	0.11%	0.10%	0.55%	1.50%	0.26%	0.12%	0.21%	88.48%	0.36%	2.32%	1.91%	1.24%
Weeks Waited- 78-104	0.51%	0.55%	0.20%	0.67%	0.68%	1.27%	0.11%	0.13%	0.16%	0.62%	1.39%	0.27%	0.16%	0.17%	85.87%	0.36%	2.72%	2.05%	2.09%
Weeks Waited- 52-77	0.38%	0.72%	0.19%	0.61%	0.60%	0.99%	0.21%	0.16%	0.17%	0.62%	1.57%	0.37%	0.13%	0.21%	83.36%	0.26%	3.04%	2.66%	3.74%
Weeks Waited- Under 52	0.59%	0.72%	0.23%	0.66%	0.59%	1.33%	0.16%	0.17%	0.15%	0.66%	1.84%	0.33%	0.18%	0.24%	82.52%	0.30%	3.19%	2.54%	

APPENDIX 1

Operational Performance

Constitutional standards

NHS University Hospitals of North Midlands NHS Trust

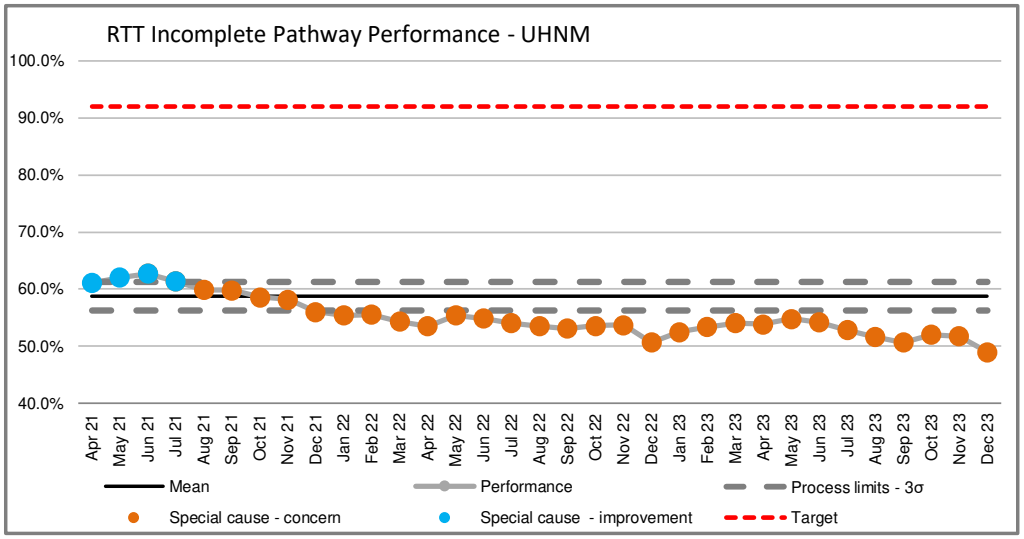
	Metric	Target	Latest	Variation	Assurance	DQAI
A&E	Percentage of Ambulance Handovers within 15 minutes	0%	22.65%	L		
	Ambulance handovers greater than 60 minutes	1	1	L	F	
	Time to Initial Assessment - percentage within 15 minutes	85%	53.99%		F	
	Average (mean) time in Department - non-admitted patients	180	287		F	
	Average (mean) time in Department - admitted patients	180	425	H	F	
	Clinically Ready to Proceed	90	543	H	F	
	12 Hour Trolley Waits	0	1053	H	F	
	Patients spending more than 12 hours in A&E	0	1968	H	F	
	Median Wait to be seen - Type 1	60	106		F	
	Bed Occupancy	92%	84.63%			
Cancer Care	Cancer 28 day faster pathway	75%	67.92%	H	F	
	Cancer 31 Day Combined	96%	88.96%	L	F	
	Cancer 62 Day Combined	85%	57.17%		F	
	2WW First Seen (exc Breast Symptom)	93%	96.32%	H	?	

	Metric	Target	Latest	Variation	Assurance	DQAI
Use of Resources	DNA rate	7%	7.2%	L	?	
	Cancelled Ops	150	107		?	
	Theatre Utilisation	85%	79.2%			
Inpatient / Discharge	Same Day Emergency Care	30%	37%	H	?	
	Super Stranded	183	168	L	?	
	MFFD	100	95	L	?	
	Discharges before Midday	25%	19.3%		F	
	Emergency Readmission rate	8%	14.0%		F	
Elective waits	RTT incomplete performance	92%	48.96%	L	F	
	RTT 52+ week waits	0	4897	H	F	
	Diagnostics	99%	80.53%	H	F	

Delivering Exceptional Care with Exceptional People

Referral To Treatment

NHS
University Hospitals of North Midlands
NHS Trust



Variation	Assurance
L	F

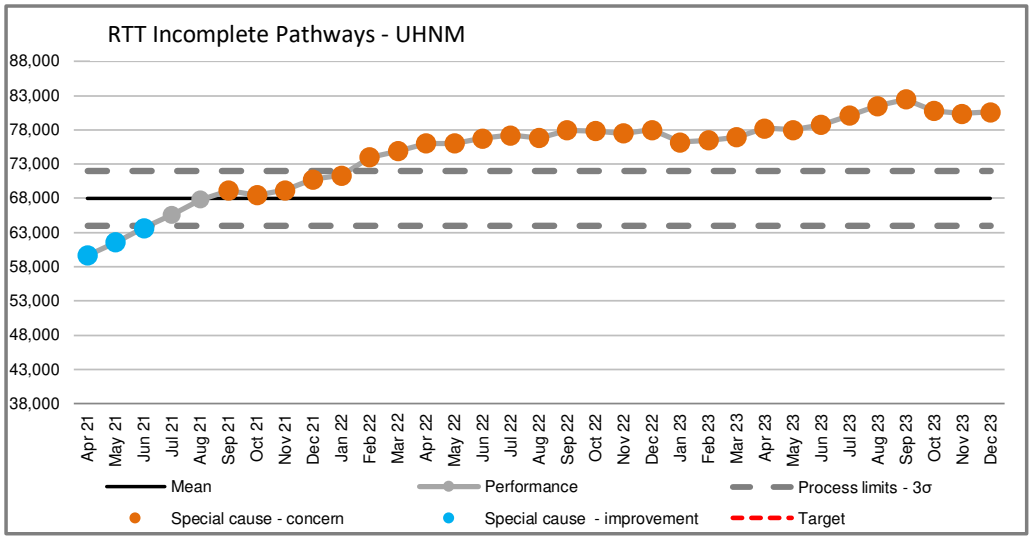
Target	Oct 23	Nov 23	Dec 23
92%	52.0%	51.8%	49.0%

Background

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

What is the data telling us?

RTT performance reduced further in December and continues to see a declining trend.



Variation	Assurance
H	

Target	Oct 23	Nov 23	Dec 23
N/A	80768	80366	80607

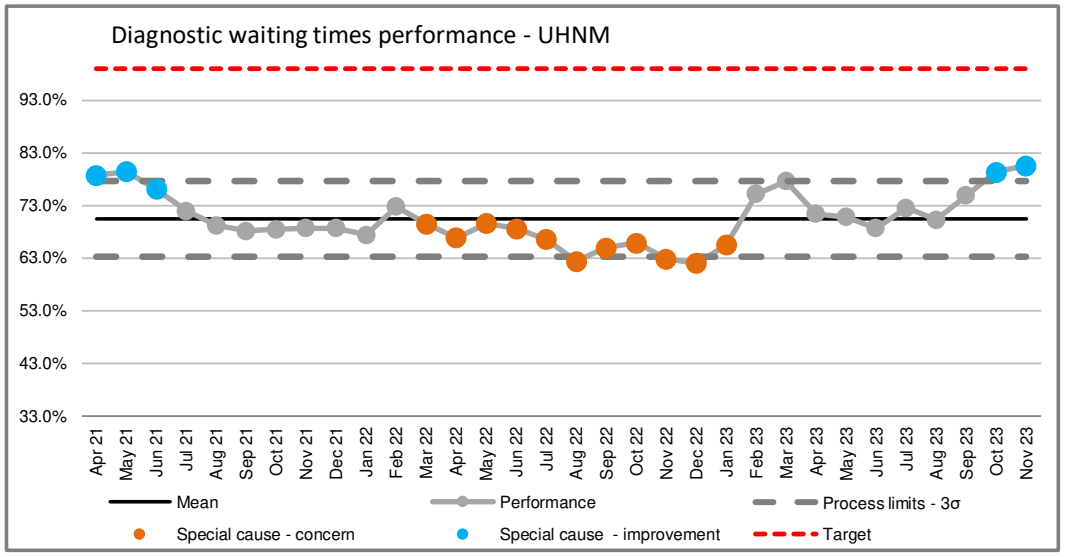
Background

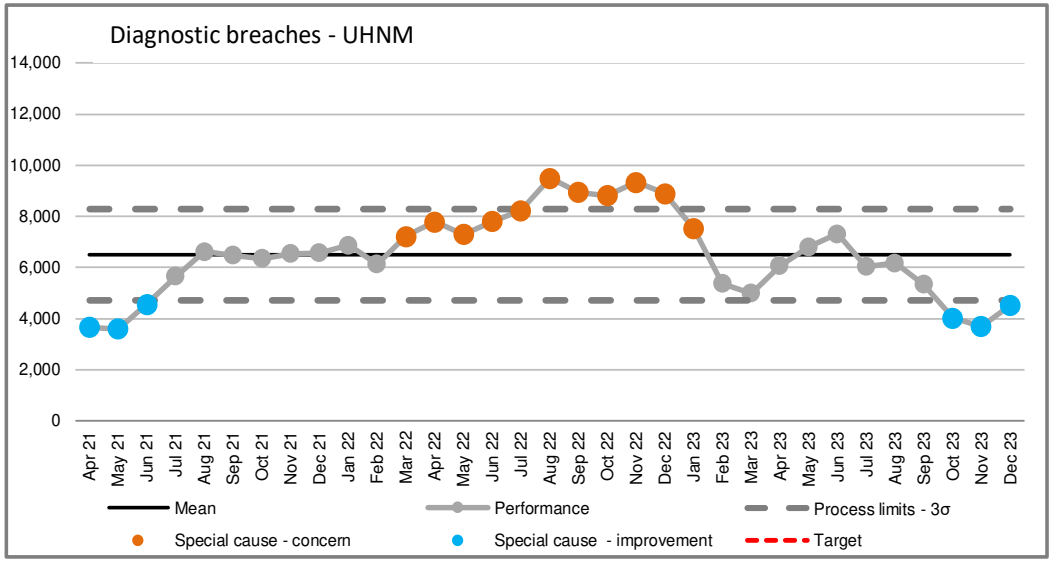
The number of patients waiting over 18 weeks for treatment since their referral.

What is the data telling us?

Total number of RTT pathways has remained stable since October 2023, despite performance against the 18 week target deteriorating.

Diagnostic Standards





Variation	Assurance
H	F

Target	Sep 23	Oct 23	Nov 23
99%	74.9%	79.4%	80.5%

Background

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

What is the data telling us?

Waiting time performance saw a further improvement in December and the second month to exceed normal variation limits.

Despite an improvement in performance against 99% target, the number of breaches increased in December following a sustained period of reduction.

Workforce

University Hospitals of North Midlands NHS Trust

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

Delivering Exceptional Care with Exceptional People

Workforce Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key messages

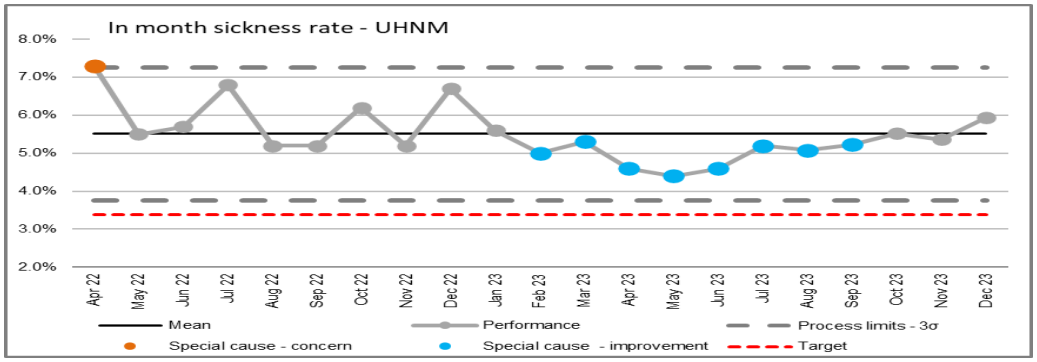
- The 12m Turnover rate in December 2023 increased slightly to 8.3% (8.1% in November 2023) which remains below the trust target of 11%.
- M9 vacancies increased to 8.94% (8.66% in November), influenced by an increase in the budgeted establishment of 84.97 FTE, from a combination of opening the County Hospital winter pressures ward and the movement of monies from Income & Expenditure Reserves, into the relevant budget lines.
- For M9, the in-month sickness rate increased by 0.57% to 5.93% (5.36% in November 2023). The 12-month cumulative rate decreased fractionally to 5.20% (5.26% in November 2023), because December 2022's 6.79% rate was no longer impacting on the 12-month period.
- Stress and anxiety continues to be the top reason for sickness in December 2023, but decreased by 2.2% in the last month to 24.3% (26.5% in November). Chest & respiratory problems remained as the 2nd most common reason, and also saw an in-month 2.2% increase to 12% (9.8% in November 2023). Cold & Flu increased from 5th to 3rd most common reason, at 8.9% in December (7.7% in November 2023), replacing gastrointestinal problems. These changes correlate to an increased reporting of Covid-19 cases.
- Employees may report covid-like symptoms on Empactis, but Managers are then recording this as either chest & respiratory, or cold & flu, on ESR, in the absence of a formal lateral flow test, following the cessation of symptomatic covid testing, since May 2023. The overall number of employees who reported Covid-19 increased, on Empactis, to 384 cases in December 2023 (202 in November 2023). Managers reported 185 covid-related absences on ESR for December 2023, (94 in November 2023).
- December 2023's PDR Rate increased to 82.8% (82.0% in November 2023). The refreshed PDR paperwork to support colleagues in achieving their potential, is expected to be released in January 2024.
- Statutory and Mandatory training rate on 31st December 2023 increased by 0.2% to 94.4% (94.2% on 30th November 2023). This compliance rate is for the 8 'Core for All' subjects only

Workforce Dashboard

NHS
University Hospitals of North Midlands
NHS Trust

Metric	Target	Latest	Variation	Assurance
Staff Sickness	3.4%	5.93%		F
Staff Turnover	11%	8.26%	L	?
Statutory and Mandatory Training rate	95%	94.43%		F
Appraisal rate	95%	82.76%	H	F
Agency Cost	N/A	4.14%		P

Sickness Absence



University Hospitals of North Midlands NHS Trust

Variation	Assurance
	F

Target	Oct 23	Nov 23	Dec 23
3.4%	5.5%	5.4%	5.9%

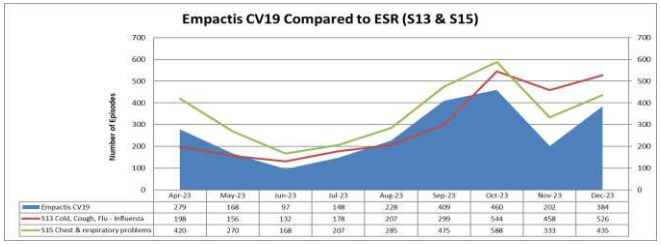
Background

Percentage of days lost to staff sickness

Summary

Org L2	Divisional Trajectory - March 2024	2023 / 01	2023 / 02	2023 / 03	2023 / 04	2023 / 05	2023 / 06	2023 / 07	2023 / 08	2023 / 09	2023 / 10	2023 / 11	2023 / 12	Trajectory
205 Central Functions	3.39%	4.01%	4.03%	3.61%	2.80%	2.37%	2.81%	3.54%	3.46%	3.44%	3.81%	3.78%	4.03%	↑
205 Division of Network Services	5.25%	4.99%	4.51%	4.64%	3.91%	3.80%	4.00%	4.35%	4.81%	4.54%	5.36%	5.18%	5.71%	↑
205 Division of Surgery, Theatres and Critical Care	5.25%	6.37%	5.93%	6.48%	5.47%	4.90%	5.24%	6.62%	6.15%	6.12%	6.15%	6.16%	6.84%	↑
205 Estates, Facilities and PFI Division	5.25%	5.98%	5.65%	6.30%	6.00%	5.32%	5.09%	4.69%	5.11%	4.87%	6.11%	5.19%	4.28%	↓
205 Medicine and Urgent Care	5.25%	5.72%	5.05%	5.25%	5.10%	4.88%	4.78%	5.67%	5.35%	6.12%	6.24%	5.75%	6.38%	↑
205 North Midlands & Cheshire Pathology Service (NMCPS)	4.50%	5.60%	5.49%	5.61%	4.71%	4.68%	5.38%	4.71%	4.37%	4.82%	5.65%	5.05%	5.41%	↑
205 Women's, Children's & Clinical Support Services	5.25%	6.00%	5.00%	5.11%	4.63%	4.62%	5.09%	5.08%	5.01%	4.90%	4.91%	5.17%	5.93%	↑

- For M9, the in-month sickness rate increased by 0.57% to 5.93% (5.36% in Nov-23).
- The 12-month cumulative rate decreased fractionally to 5.20% (5.26% in Nov-23), because December 2022's 6.79% rate was no longer impacting on the 12-month period.
- Stress and Anxiety continues to be the top reason for sickness in December but decreased by 2.2% to 24.3% in Dec-23 (26.5% in Nov-23). Cold, Cough & Flu increased from 5th to 3rd most common reason, in December, which correlates with the increases in reported Covid-19 cases.
- Covid 19 cases reported on Empactis, by the employee, may be recorded as either chest & respiratory, or cold and flu, on ESR, by the manager, in the absence of a formal lateral flow.
- Both ESR reasons have seen a marked increase, consistent with Empactis.



Sickness rate is consistently above the target of 3.4%.

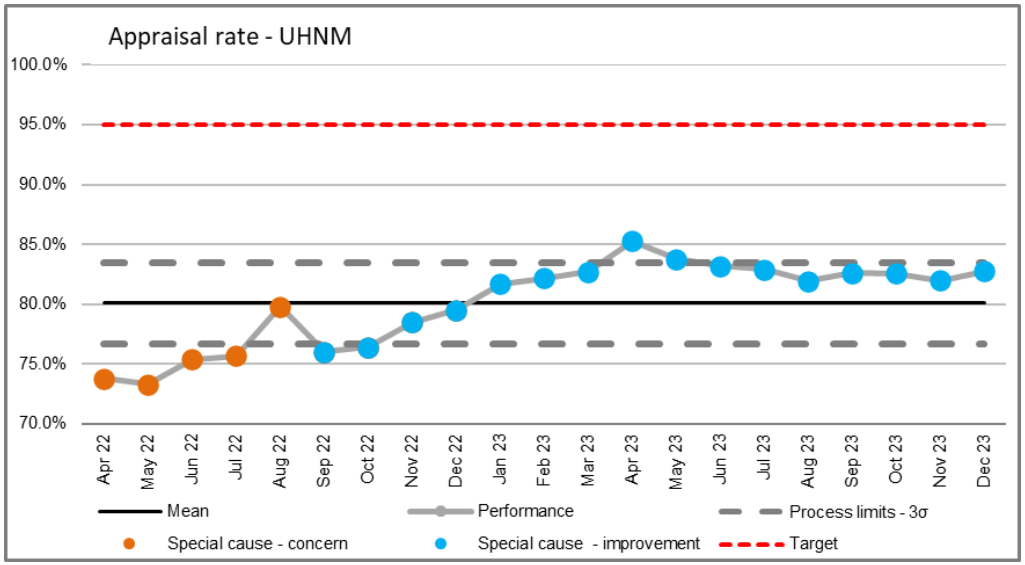
Actions

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

Delivering Exceptional Care with Exceptional People

Appraisal/Performance Development Review (PDR)

University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Oct 23	Nov 23	Dec 23
95%	82.6%	82.0%	82.8%

Background

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

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

Summary

- On 31st December 2023, the PDR Rate increased by 0.8% to 82.8%, compared to 82.0% for November 2023. This is the highest rate achieved in the last 5 months.
- This figure remains below the overall target and divisions have been asked to review key issues and actions to work towards meeting target.
- The current PDR policy is under review and meetings are taking place with key stakeholders to understand what improvements can be built into the process to drive compliance and making the process enhance employee experience.
- The new PDR documentation will be published in the coming weeks.

Actions

The focus on ensuring completion of PDRs is continuing with:

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

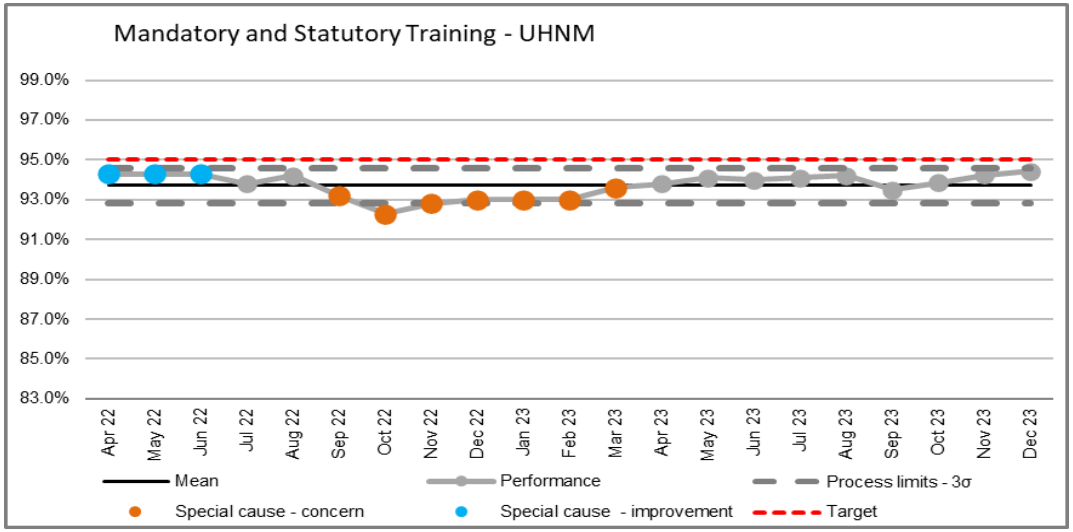
Network Division - Hold a dedicated weekly PDR compliance hotspot and assurance meetings

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

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

Statutory and Mandatory Training

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

Target	Oct 23	Nov 23	Dec 23
95%	93.9%	94.2%	94.4%

Background

Training compliance.

At 94.4%, the Statutory and Mandatory Training rate remains just below the Trust target for the core training modules

Summary

Statutory and Mandatory training rate on 31st December 2023 increased by 0.2% to 94.4% (94.2% on 30th November 2023). This compliance rate is for the 8 'Core for All' subjects only.

Competence Name	Assignment Count	Required	Achieved	Compliance %
205|LOCAL|Being Kind - 3 Years|	11455	11455	9191	80.24%
205|LOCAL|Security Awareness - 3 Years|	11455	11455	10744	93.79%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	11455	11455	10865	94.85%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	11455	11455	10800	94.28%
NHS|CSTF|Information Governance and Data Security - 1 Year|	11455	11455	10403	90.82%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	11455	11455	10899	95.15%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years	11455	11455	10732	93.69%
NHS|MAND|The Oliver McGowan Mandatory Training on Lear	11455	11455	9682	84.52%

Compliance rates for the Annual competence requirements were as follows:

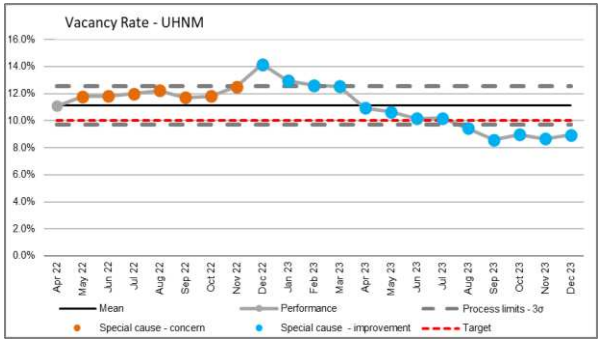
Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Fire Safety - 1 Year|	11455	11455	8698	75.93%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	11455	11455	10862	94.82%

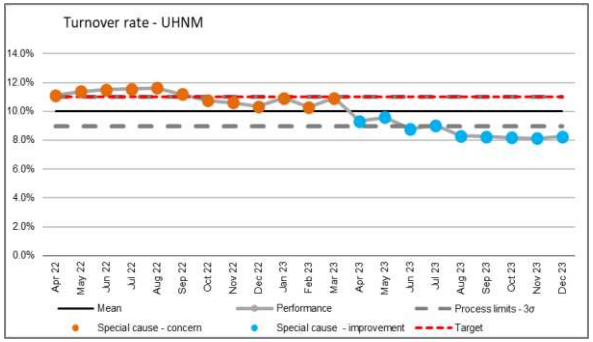
Actions

- We continue to raise the issue of compliance with Divisions and communicate to staff the need to complete statutory and mandatory training.
- Compliance is monitored and raised via the Divisional performance review process.
- The Being Kind and Oliver McGowan Training are now reported as part of 'Core for All' subjects.

Workforce Vacancies and Turnover

University Hospitals of North Midlands NHS Trust





Variation	Assurance
L	?

Target	Oct 23	Nov 23	Dec 23
11.0%	8.2%	8.1%	8.3%

Background

Turnover rate

What is the data telling us?

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

Vacancy rate when measured against total establishment increased slightly to 8.3% from 8.1% last month.

Vacancy rate when measured against substantive budgets only, increased to 1.61% from 1.25% last month, resulting from low turnover and recruitment into substantive vacancies and an increase in the budgeted establishment.

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

Summary

- The 12m Turnover rate in December 2023 increased slightly to 8.3% (8.1% in November 2023) which remains below the trust target of 11%.
- The summary of vacancies by staff groupings highlights a 0.28% increase in the vacancy rate over the previous month.
- M9 vacancies increased to 8.94% (8.66% in November). Colleagues in post increased in December 2023 by 43.73 fte, budgeted establishment increased by 84.97 fte, which increased the vacancy fte by 41.24 FTE overall [*Note: the Staff in Post fte is a snapshot at a point in time, so may not be the final figure for 31/12/23]

Vacancies at 31-12-23	Budgeted Establishment	Staff In Post fte	Vacancies	Vacancy %	Previous Month
Medical and Dental	1,695.02	1,437.48	257.54	15.19%	13.96%
Registered Nursing	3699.70	3301.16	398.54	10.77%	10.45%
All other Staff Groups	6686.58	6262.75	423.83	6.34%	6.36%
Total	12,081.30	11,001.39	1,079.91	8.94%	8.66%

Actions

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

Finance

2025 Vision "Ensure efficient use of resources"

Finance Spotlight Report

NHS University Hospitals of North Midlands NHS Trust

Key elements of the financial performance year to date are:

- For Month 9 the Trust has delivered a year-to-date deficit of £1.7m against a planned surplus of £1.8m; this adverse variance of £3.5m is primarily driven by underperformance against the Trust's in year CIP target and unfunded additional winter escalation capacity that remained open through the year.
- The Trust has received £9.0m additional funding towards the cost of industrial action and other cost pressures for Month 1 to 7; this additional income was recognised in the Month 8 position. No additional funding has been received to cover industrial action costs incurred in December although for Performance Management purposes the Trust's yearend target has been adjusted to breakeven plus the impact of Industrial Action in December and January.
- The Trust has incurred £5.0m of costs relating to winter escalation capacity remaining open to Month 7 partially funded by £2.1m of additional funding from the local ICB. Winter and escalation costs from Month 8 are funded as part of the Trust's winter plan.
- To date the Trust has validated £33.6m of CIP savings to Month 9 against a plan of £41.3m. The Trust has recognised £3.8m of CIP due to an assumed reduction in the annual leave provision delivering 50% of the NR ICB stretch CIP target; the balance is expected to be delivered from a further reduction in the provision. Schemes of £48.3m have been identified for delivery in 2023/24. The PMO is currently working with scheme leads to develop robust plan to deliver these savings. The £8.0m divisional schemes remain unidentified.
- The Month 9 actual performance of a £0.9m surplus is in line with the Trust's Month 8 breakeven forecast for the year presented to the Committee in November.
- There has been £43.3m of Capital expenditure which is £6.6m below plan.
- The cash balance at Month 9 is £59.5m which is £14.5m lower than plan.

Finance Dashboard

	Metric	Target	Latest	Variation	Assurance
I&E	TOTAL Income	variable	93.8		
	Expenditure - Pay	variable	56.2	H	F
	Expenditure - Non Pay	variable	36.5	H	F
Activity	Daycase/Elective Activity	variable	8,484	H	?
	Non Elective Activity	variable	10,805	H	P
	Outpatients 1st	variable	22,824		?
	Outpatients Follow Up	variable	35,641		?

Income & Expenditure

Income & Expenditure Summary Month 09 2023/24	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	1,013.2	83.9	86.6	2.7	760.8	764.3	3.5
Other Operating Income	87.7	7.1	7.1	(0.0)	66.1	66.2	0.1
Total Income	1,100.8	91.0	93.8	2.7	826.9	830.5	3.6
Pay Expenditure	(672.2)	(56.5)	(56.2)	0.3	(502.0)	(494.1)	8.0
Non Pay Expenditure	(402.3)	(32.9)	(36.5)	(3.6)	(303.3)	(320.6)	(17.3)
Total Operational Costs	(1,074.5)	(89.4)	(92.7)	(3.3)	(805.3)	(814.7)	(9.4)
EBITDA	26.3	1.7	1.1	(0.6)	21.6	15.8	(5.8)
Interest Receivable	2.9	0.2	0.5	0.3	2.2	4.4	2.2
PDC	(10.3)	(0.9)	(0.9)	0.0	(7.7)	(7.7)	0.0
Finance Cost	(19.0)	(1.6)	(1.6)	0.0	(14.2)	(14.2)	0.0
Other Gains or Losses	0.0	0.0	(0.0)	(0.0)	0.0	0.0	0.0
Total	0.0	(0.5)	(0.9)	(0.3)	1.8	(1.7)	(3.5)

The overspend of £3.5m is mainly driven by.

- an under delivery of CIP by £7.6m. The main CIP schemes behind plan at Month 9 are the ICB non-recurrent stretch of £3.8m and the divisional target of £6.0m.
- additional capacity costs of £5.0m have been incurred to Month 7; additional funding of £2.1m has been agreed with the Staffordshire and Stoke on Trent ICB and this has been reflected in the Month 7 position. Additional winter and escalation costs from Month 8 are funded as part of the Trust winter plan.
- The additional £9m funding received to cover the costs of Industrial Action and other pressures has been allocated to cover the additional pay costs incurred due to industrial action of £4.1m with the remaining £4.9m allocated against non-pay pressures.

Capital Spend

NHS University Hospitals of North Midlands NHS Trust

UHNM Capital Plan	2023/24 Plan/forecast £000	Movement £000	2023/24 Revised Plan/forecast £000	YTD Plan M09 £000	YTD Actual M09 £000	Variance M09 £000
Capital funding						
PFI & Loan Commitments	19.6	-	19.6	14.2	14.2	-
Base STP allocation	22.1	-	22.1	16.6	16.6	-
Share of ICB 2022/23 surplus re-distribution	0.7	5.9	6.6	4.9	4.9	-
Public Dividend Capital funding	19.3	8.2	27.4	-	-	-
Donated, granted other capital funding	5.0	1.0	6.0	2.4	2.4	-
Internal funding source (including capital receipts)	2.7	(1.4)	1.3	-	-	-
Total Capital funding	69.5	13.7	83.1	38.1	38.1	-
Capital expenditure						
PFI & Loan Commitments	(19.6)	-	(19.6)	(14.2)	(14.2)	-
Pre-committed investment items (ICB allocation)						
PFI enabling costs	(0.2)	-	(0.2)	-	-	-
Project Star	(20.7)	-	(20.7)	(17.7)	(15.8)	2.0
Emergency Department (restatement costs)	(0.2)	-	(0.2)	(0.1)	(0.1)	(0.0)
Air heat boiler replacement Trust Contribution	(0.7)	-	(0.7)	-	-	-
Wave 4b Funding - Lower Trent Wards	(0.2)	0.2	-	-	-	-
EPMA (Electronic Prescribing) BC	(0.7)	-	(0.7)	(0.5)	(0.3)	0.1
Pathology LIMS BC (Trust funded)	(0.6)	0.6	-	-	-	-
Pathology MSC Siemens refresh	(0.1)	-	(0.1)	-	-	-
Patient Portal roll out costs (BC 462)	(0.4)	0.1	(0.3)	(0.3)	(0.1)	0.2
Bi plane enabling (BC 425)	(0.2)	-	(0.2)	(0.2)	(0.2)	(0.0)
CT8 enabling works	(0.6)	-	(0.6)	(0.6)	(0.6)	-
Network and Communications (BC 510)	(1.2)	-	(1.2)	-	-	-
Pharmacy Robot BC487 - equipment	(0.5)	0.5	-	-	-	-
Pharmacy Robot BC487 - enabling and other	(0.8)	0.8	(0.0)	(0.0)	(0.0)	-
Electronic Patients records BC/specification	(0.8)	0.1	(0.7)	(0.5)	(0.2)	0.2
ED ambulance drop-off - enabling ward moves	(0.7)	-	(0.7)	(0.7)	(0.2)	0.4
Endoscopy works - 22/23 PDC ICB allocation	(0.4)	-	(0.4)	(0.1)	(0.0)	0.1
Remaining 2022/23 commitments	(0.3)	0.0	(0.3)	(0.2)	(0.2)	0.1
County CTS equipment (TIF) remaining equipment	(0.2)	-	(0.2)	(0.2)	(0.1)	0.0
County Modular remaining equipment	(0.1)	-	(0.1)	(0.1)	(0.1)	0.0
Investment funding - minor cases	(0.4)	(0.1)	(0.5)	(0.1)	(0.1)	(0.0)
Central Contingency & risk	-	(0.5)	(0.5)	-	-	-
Total Pre committed Investment items	(30.0)	1.8	(28.2)	(21.2)	(18.1)	3.1
IMT Sub Group Total Funding	(2.3)	-	(2.3)	(1.8)	(0.7)	1.1
Medical Devices Sub Group Total Funding	(2.4)	-	(2.4)	(2.1)	(2.1)	(0.0)
Estates Sub Group Total Funding	(3.6)	-	(3.6)	(1.3)	(1.5)	(0.2)
Sub-group brought forward from 2024/25	-	(1.5)	(1.5)	-	-	-
Health & Safety compliance	(0.2)	-	(0.2)	(0.1)	(0.1)	0.0
Net zero carbon initiatives	(0.1)	-	(0.1)	(0.1)	-	0.1
Central funding beds, mattresses, hoists	(0.1)	-	(0.1)	(0.1)	(0.1)	(0.0)
Total Sub Groups	(8.7)	(1.5)	(10.2)	(5.4)	(4.5)	0.9
New IFRS16 leases (previously classified as operating leases and charged to revenue)						
Lease liability re-measurement	(0.2)	(0.1)	(0.4)	(0.4)	(0.4)	-
IFRS 16 leases	(0.9)	(1.5)	(2.4)	(0.3)	(0.3)	-
Community Diagnostic Centre lease	-	-	-	-	-	-
IFRS16 funding offset	1.1	1.6	2.7	0.7	0.7	-
Total Internal Capital Expenditure programme	(58.2)	0.3	(58.0)	(40.7)	(36.8)	4.0
Additional CRL / Externally Funded PDC						
Wave 4b Funding - Lower Trent Wards	(1.6)	0.3	(1.3)	(0.2)	(0.2)	0.0
TIF 2 PDC CTS phase 1 - enabling slippage	(0.4)	-	(0.4)	(0.4)	(0.4)	-
TIF 2 PDC (Day Case Unit)	(2.7)	1.2	(1.5)	(0.4)	(0.4)	0.0
TIF 2 PDC (Women's Hospital)	(1.2)	0.6	(0.7)	(0.1)	(0.1)	(0.0)
PDC - additional General & Acute beds	(13.4)	2.0	(11.4)	(4.6)	(1.9)	2.7
PDC - Community diagnostic centre phase 1	-	(1.1)	(1.1)	(0.4)	(0.4)	-
PDC - Pathology LIMS	-	(1.3)	(1.3)	(0.6)	(0.6)	-
PDC - Frontline digitalisation EPR	-	(1.5)	(1.5)	-	-	-
Required NHSE plan re-phasing adjustment	7.2	(7.2)	-	-	-	-
Equipment - endoscopy CDEL (transfer from NCA)	-	(1.0)	(1.0)	-	-	-
Air heat boiler replacement PSDS Grant BC 510	(2.9)	-	(2.9)	(0.8)	(0.8)	-
Charitable funded expenditure	(2.1)	-	(2.1)	(1.6)	(1.6)	-
Total Additional CRL / PDC Funded expenditure	(17.1)	(8.1)	(25.2)	(9.2)	(6.5)	2.7
Total Capital Expenditure	(75.3)	(7.8)	(83.1)	(49.9)	(43.3)	6.6
Planned under/(over) spend	(5.9)	5.9	(0.0)			

At Month 9 capital expenditure was £43.3m against a revised plan of £49.9m, an underspend of £6.6m. Of the £43.3m expenditure, £14.2m is related to pre-committed items for the repayment of PFI and IFRS16 lease liabilities and PFI lifecycle expenditure. The main reasons for the underspend of £6.6m relate to the following schemes:

- Project Star is £2.0m behind plan based on costs from the latest statement of works, which showed an underspend in Month 9. A review of the forecast for the remainder of the financial year has been undertaken and as part of changes to the capital plan it is anticipated that expenditure will increase by £0.4m in year;
- Electronic Patient Records business case is £0.2m behind plan due to contractual delays with the scheme and 2 months of the expenditure will slip in to 2024/25; and
- ED ambulance drop-off - enabling ward moves is £0.4m behind plan due to delays in finalising costs and the scope of work within the available funding. As part of the changes to the capital plan this scheme will be completed in 2024/25.
- The IM&T sub-group is showing an underspend of £1.1m at Month 9, which is mainly due to delays in the radiation oncology equipment scheme (£0.75m) forecast with expenditure expected to be in line with plan at the year end.

Balance sheet

Balance sheet as at Month 9	31/03/2023	31/12/2023			
	Actual £m	Revised Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment *	627.6	644.9	638.2	(6.7)	Note 1
Right of Use Assets	18.8	16.1	16.3	0.2	
Intangible Assets	18.4	14.6	14.1	(0.5)	
Trade and other Receivables	1.4	1.4	1.4	0.0	
Total Non Current Assets	666.1	677.0	670.1	(6.9)	
Inventories	16.8	16.8	18.1	1.2	Note 2
Trade and other Receivables **	57.9	39.9	53.4	13.6	Note 3
Cash and Cash Equivalents **	84.0	74.0	59.5	(14.5)	Note 4
Total Current Assets	158.7	130.7	131.0	0.3	
Trade and other payables **	(134.0)	(122.5)	(121.8)	0.7	
Borrowings	(14.0)	(14.0)	(13.7)	0.3	
Provisions	(5.6)	(5.6)	(5.6)	0.0	
Total Current Liabilities	(153.5)	(142.1)	(141.1)	1.0	
Borrowings	(256.8)	(246.8)	(247.2)	(0.3)	
Provisions	(2.7)	(2.7)	(2.6)	0.1	
Total Non Current Liabilities	(259.5)	(249.5)	(249.7)	(0.3)	
Total Assets Employed	411.7	416.1	410.3	(5.9)	
Financed By:				-	
Public Dividend Capital	665.0	665.0	665.0	-	
Retained Earnings *	(427.5)	(423.1)	(428.6)	(5.5)	Note 5
Revaluation Reserve *	174.2	174.2	173.9	(0.3)	
Total Taxpayers Equity	411.7	416.1	410.3	(5.9)	

Capital payments are £1.6m ahead of plan and reflect the cash impact of the progress on the capital program and in particular the construction of the multi-storey car park.

Note 5. Retained earnings are showing a £5.5m variance from plan which reflects the revenue variance from plan of £3.5m at Month 9. The remaining variance is due to lower than planned capital donated income (relating to donated capital expenditure) and higher than planned donated depreciation.

Variances to the plan at Month 9 are explained below:

Note 1. The main variances relate to lower than planned expenditure on a number of projects including the multi-storey car park, the PDC funded general and acute beds scheme, and lower than forecast spend by capital sub-groups. Expenditure is expected to be in line with plan at the year-end.

Note 2. The main areas showing an increase from 31 March 2023 are pharmacy £0.8m, TAVI's £0.2m, and pacemakers £0.1m. These balances show the position over the Christmas and New Year period where higher balances are held to ensure that appropriate inventory levels are maintained.

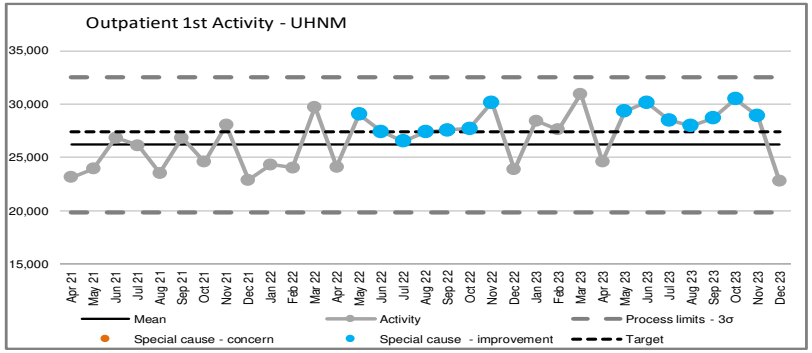
Note 3. Trade and other receivables are £13.6m higher than plan at Month 9. This is mainly due the accrual of £9m relating to funding from the ICB to cover additional expenditure incurred by the Trust as a result of industrial action; this has been received in January 2024.

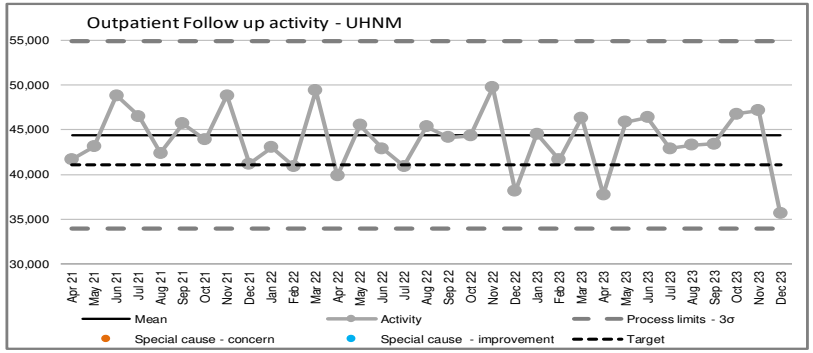
Note 4. At Month 9 our cash balance was £59.5m, which is £14.5m lower than the revised plan of £74m. Cash received is £0.4m higher than plan overall. Other income and VAT reimbursements are £2.4m and £1.8m ahead of plan. Capital funding (PDC Capital) is £5m behind plan.
Payments are £15m ahead of plan at Month 9. General and payroll related payments are £11m and £1.3m ahead of plan respectively, this will be partly mitigated in Month 10 as £9m cash was received from the ICB on 15 January to cover the additional cost of industrial action.

Activity

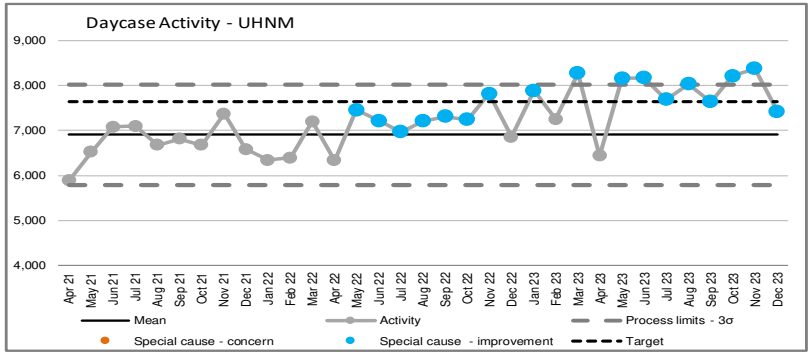
NHS
University Hospitals of North Midlands
NHS Trust

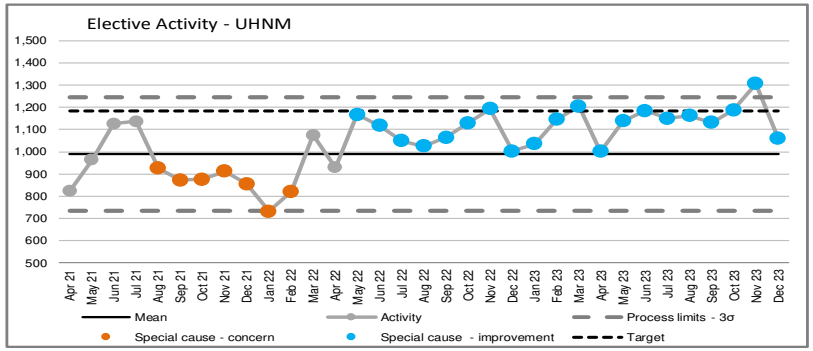
Planned care Outpatient



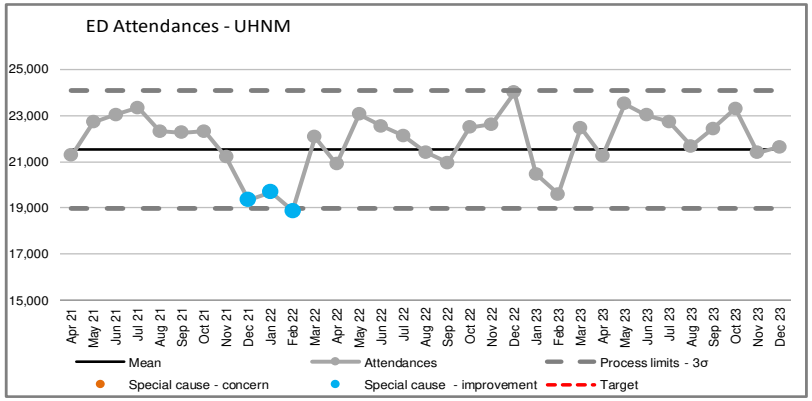


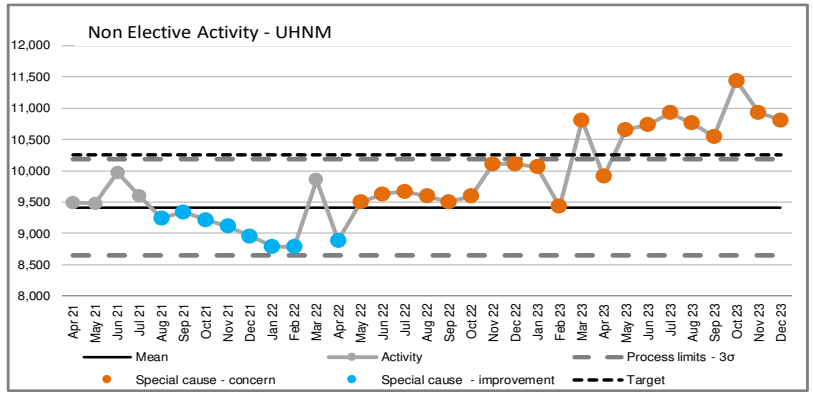
Planned care Inpatient





Urgent Care





Delivering Exceptional Care with Exceptional People

Audit Committee Chair's Highlight Report to Trust Board

1st February 2024

1. Highlight Report

!	Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
	• The internal audit reports into mental capacity assessment framework and key financial controls concluded with partial assurance. Therefore, it was agreed to provide additional assurance to Committees in due course, of the actions being taken to address the improvement areas identified. • The Committee requested that further work be undertaken to ensure updates in respect of the internal audit recommendations clearly addressed the initial action identified. • Total losses and special payments for the year to date equated to £687,229 the majority of which related to inventory write off, although these costs were within the accepted range.	• The Executive to further consider the mental capacity assessment framework internal audit to establish what further assurance could be provided to the next Quality Governance Committee. • It was agreed to extend the target date for the revised QIA policy to the end of June 2024, with updates to be provided to the Audit Committee in the interim of the progress being made. • To strengthen the management recommendation within the key financial controls audit in respect of prioritising the receipt of the declaration of interests for the 7 individuals identified, in addition to escalating this with the Medical Director and reporting progress within the internal audit recommendation tracker. • Discussions ongoing within the ICB in respect of establishing joint governance forums, which would be considered by the Trust Board in due course. • Further actions in respect of interventional radiology stock write offs to be considered once the final outcome of the internal audit stock take were known.
✓	**Positive Assurances to Provide**	**Decisions Made**
	• The internal audit report into data quality: ICB metrics, concluded with reasonable assurance. • The Committee considered the internal audit plan long list which had been discussed with the Executive and assurance was provided as to the rationale for not including certain areas of focus. • The counter fraud progress report highlighted completion of the overseas patients and single tender waivers proactive exercises, in addition to identification of risks in relation to fraud and bribery which had been recorded on the Trust's Datix Risk Register system. • 66% of declarations of interests had been received and an electronic declaration system had commenced with the aim of making it easier for staff to declare. In addition, additional controls had been put in place to obtain updates in respect of out of date policies via Executive Groups which was proving to be effective. • The Committee welcomed the approach in undertaking deep dives into specific risks within the Board Assurance Framework which had positively been received by members. • The number of Single Tender Waivers for Quarter 3 were in line with previous quarters and there were fewer Standing Financial Instruction breaches in relation to consultant job plans. • The Committee received the annual review of effectiveness of the Trust's External Auditors which demonstrated no issues or concerns	• The Committee approved the Counter Fraud Workplan 2024/25. • The Committee approved the approach to the Deep Dives into the Board Assurance Framework whilst accepting the approach would remain under review to ensure effective use of time. • The Committee approved the revised Risk Management Policy. • The Committee approved the proposed bad debt write offs in relation to overseas invoices, which had the potential to equate to £772,083. • The Committee approved that the financial accounts for 2023/24 should be prepared on a going concern basis.
	Comments on the Effectiveness of the Meeting	
	• No further comments were made.	

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Internal Audit Progress Report: • Data Quality – Planned Care Waiting List Management (Part 1) • Data Quality: ICB Metrics • Mental Capacity Framework • Key Financial Controls	**BAF 1, 4, 5 & 8**	**Various**	🔴 🟢	Assurance	9.	SFI Breaches and Single Tender Waivers Q3 2023/24	**BAF 8**	**High 12**	🟢	Assurance
2.	Internal Audit Plan Long List 2024/25	**ALL**	**Various**	🟢	Assurance	10.	Going Concern Assessment 2023/24	**BAF 8**	**High 12**	-	Approval
3.	Internal Audit Action Tracker	-	-	🔴	Assurance	11.	Update on Accounting Policies, Critical Judgements and Estimation Uncertainty 2023/24	**BAF 8**	**High 12**	-	Assurance
4.	Corporate Governance Report	-	**ID10836**	🟢	Assurance	12.	Valuation of Land and Buildings 2023/24 and Nil NBV Assets	**BAF 8**	**High 12**	-	Assurance
5.	Board Assurance Framework Q3 23/24	**ALL**	**Various**	🟢	Approval	13.	Annual Accounts Timetable	-	-	-	Information
6.	Issues for Escalation from Committees	-	-	-	Assurance	14.	External Audit Progress Report	**BAF 8**	**High 12**	-	Assurance
7.	RM01 Risk Management Policy	-	-	-	Approval	15.	Counter Fraud Progress Report / Annual Plan	**BAF 8**	**High 12**	🟢	Assurance / Approval
8.	Losses and Special Payments Q3 2023/24	**BAF 8**	**High 12**	🔴	Assurance	16.	Review of Effectiveness of External Audit	-	-	🟢	Assurance

3. 2023 / 24 Attendance Matrix

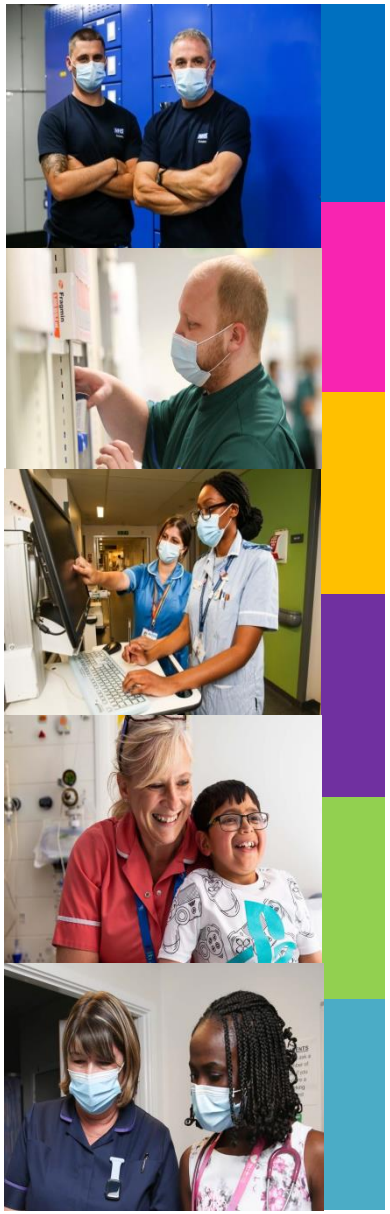
No.	Name	Job Title	Apr	Jun	Jul	Nov	Feb
1.	Prof G Crowe	Non-Executive Director (Chair)					
2.	Dr L Griffin	Non-Executive Director					
3.	Prof A Hassell	Associate Non-Executive Director					
4.	Mrs A Rodwell	Associate Non-Executive Director					
	Other Attendees:						
5.	Ms M Wren	External Audit – Grant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

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

NHS
University Hospitals of North Midlands
NHS Trust

Summary Board Assurance Framework

Quarter 3 2023/2024



Delivering Exceptional Care with Exceptional People

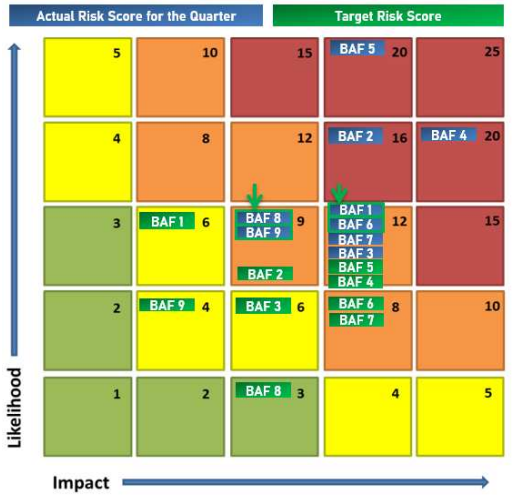
High Level Overview

NHS University Hospitals of North Midlands NHS Trust

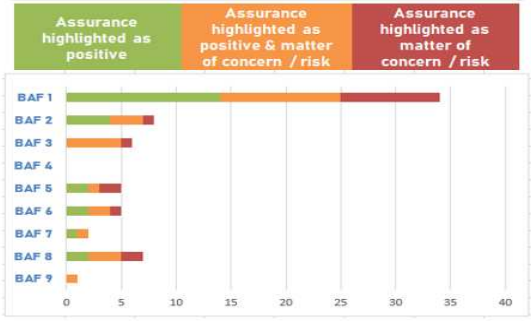
Strategic Risk Summary

	BAF Risk Title	Risk Scores & Assurance Assessment Q1	Q2	Q3	Q4	No. Linked Risks	High Quality	Responsive	People	Improving & Innovating	System & Partners	Resources	Trajectory	Target Risk Score
BAF 1	Patient Outcomes & Experience	Ext 16 / Acceptable Assurance	Ext 16 → / Acceptable Assurance	High 12 ↓ / Acceptable Assurance		176 ↑ (Q2 154)	✚	✚	✚	✚				Mod 6
BAF 2	Sustainable Workforce	Ext 16 / Acceptable Assurance	Ext 16 → / Acceptable Assurance	Ext 16 → / Acceptable Assurance		118 ↑ (Q2 111)	✚		✚			✚		High 9
BAF 3	Leadership, Culture & Values	High 12 / Partial Assurance	High 12 → / Partial Assurance	High 12 → / Partial Assurance		10 → (Q2 10)	✚	✚	✚					Mod 6
BAF 4	Improving Population Health	Ext 20 / Partial Assurance	Ext 20 → / Partial Assurance	Ext 20 → / Partial Assurance		2 → (Q2 2)	✚				✚	✚		High 12
BAF 5	Responsive Patient Care	Ext 20 / Partial Assurance	Ext 20 → / Partial Assurance	Ext 20 → / Partial Assurance		62 ↑ (Q2 57)	✚	✚	✚	✚	✚	✚		High 12
BAF 6	Digital Transformation	Ext 16 / Partial Assurance	Ext 16 → / Partial Assurance	High 12 ↓ / Acceptable Assurance		75 ↑ (Q2 74)	✚	✚		✚		✚		High 8
BAF 7	Fit for Purpose Estate	High 12 / Acceptable Assurance	High 12 → / Acceptable Assurance	High 12 → / Acceptable Assurance		78 ↑ (Q2 73)	✚	✚	✚	✚	✚	✚		High 8
BAF 8	Financial Sustainability	High 9 / Partial Assurance	High 12 ↑ / Partial Assurance	High 9 ↓ / Partial Assurance		33 ↑ (Q2 21)	✚	✚	✚	✚	✚	✚		Low 3
BAF 9	Research & Innovation	High 12 / Partial Assurance	High 12 → / Partial Assurance	High 9 ↓ / Partial Assurance		3 → (Q2 3)	✚		✚	✚	✚	✚		Mod 4

Strategic Risk Heat Map



Assurance Outcomes Overview



Positive Assurances to Note

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

Matters of Concern

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

Delivering Exceptional Care with Exceptional People

BAF 1: Delivering Positive Patient Outcomes

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

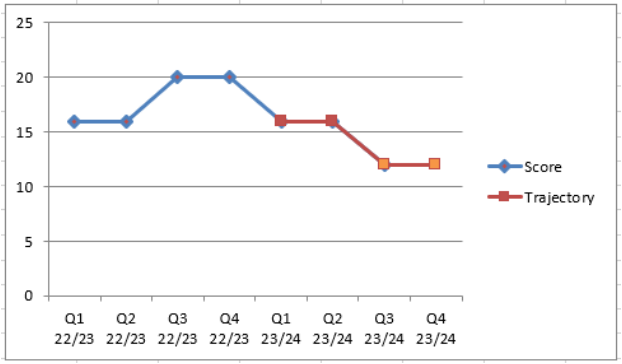
NHS University Hospitals of North Midlands NHS Trust

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

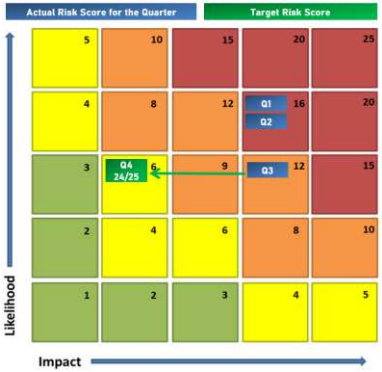
Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 16	Ext 16	High 12	Q4	Mod 6 31/3/25

Risk Movement and Risk Reduction Trajectory



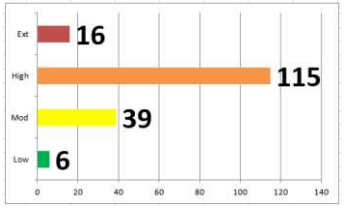
Heat Map Risk Matrix



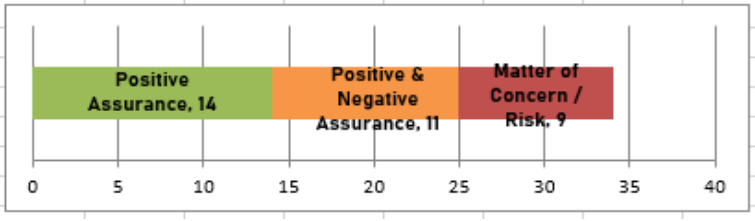
Rationale for Risk Level

The risk has reduced due to the reduction in vacancies and improvement in retention that has reduced the overall staffing risk from 16.

Linked Risks on Register



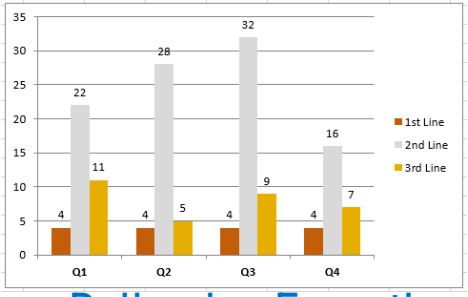
Committee Assurance Outcomes (Escalations) Quarter 3



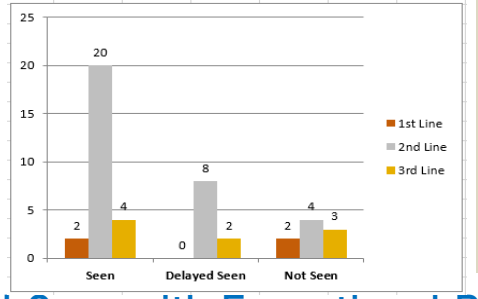
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Implement Tendable audit system	31/12/2023		
2	Develop PSIRP framework	30/09/2023		
3	Recruit midwives to Birth Rate Plus	31/12/2023		
4	Recruit to ED Business Case	31/12/2023		
5	Integrated Discharge Function	30/06/2023		
6	Delivery Workstream 2, LOS, occupancy, discharge	30/09/2023		
7	Continue recruitment / retention	31/03/2025		
8	Delivery of CQC actions	31/03/2025		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Risk reduced in line with trajectory during Q3
- Highest number of 'linked risks' on the risk register, rising to 176 at Q3 from 154 at Q2 and 126 at Q1; 16 linked risks are Extreme
- 9 sources of assurance not seen as per plan during Q3; and being rescheduled
- 59% assurance received identified a risk / concern for escalation
- Key gaps to address include CQC action plan and recruitment to vacancies

Delivering Exceptional Care with Exceptional People

BAF 2: Sustainable Workforce

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

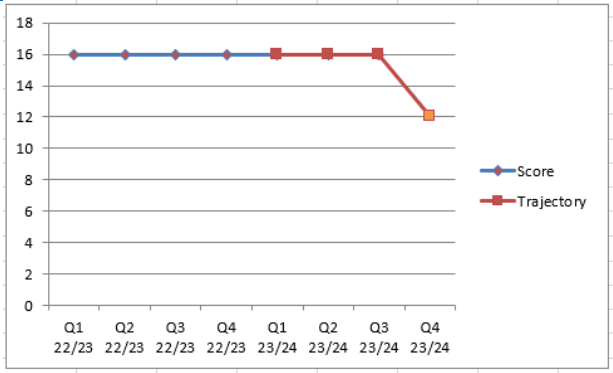
NHS University Hospitals of North Midlands NHS Trust

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

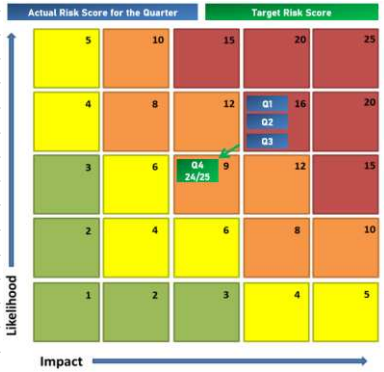
Assurance, Risk Ratings & Target

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

Risk Movement and Risk Reduction Trajectory



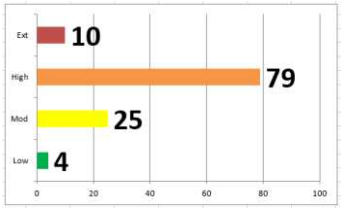
Heat Map Risk Matrix



Rationale for Risk Level

- Although good progress has been maintained in quarter 3, we have seen the emergence of greater challenges (especially financial) in the latter part which will impact on quarter 4 and plans for financial year 2024/2025.
- Good progress with People Plan being seen; vacancy rates and staff turnover continue to be above target, recruitment campaigns seeing success and retention plan being developed by Flexible Working Steering Group
- Review of role of Band 2 / 3 Nursing Assistants underway
- Sickness absence, agency pay above target

Linked Risks on Register

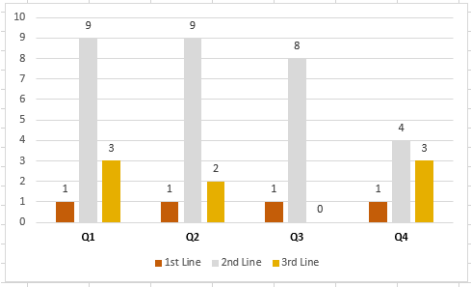


Committee Assurance Outcomes (Escalations) Quarter 3

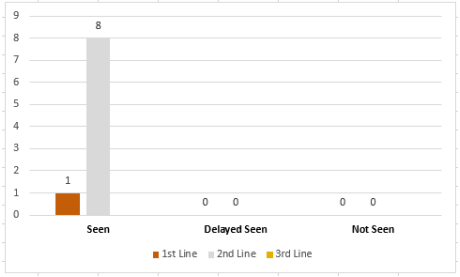
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Support / share skills with local organisation events	31/10/2023		
2	Define and protmote the benefits package on offer	30/09/2023		
3	Increase social media presence as Great Place to Work	31/10/2023		
4	Work with TRAC to identify application redesign	31/03/2024		
5	Review all placements and create new career pathway through guaranteed interview, job schemes, mirroring newly qualified nurse pathway	31/03/2024		
6	Develop, promote and deliver retention plan	30/11/2023		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1, Q2 and Q3
- 2nd highest number of 'linked risks' on the risk register which has risen to 118 at Q3 (111 risks Q2 and 105 at Q1), 10 risks are extreme
- All sources of planned assurance were seen during the quarter; one escalation to Board arising from Medical Workforce Report
- Over 50% assurances seen had positive escalations
- Gaps to address are predominantly around agency expenditure, vacancy control, and recruitment

Delivering Exceptional Care with Exceptional People

BAF 3: Leadership, Culture and Values

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

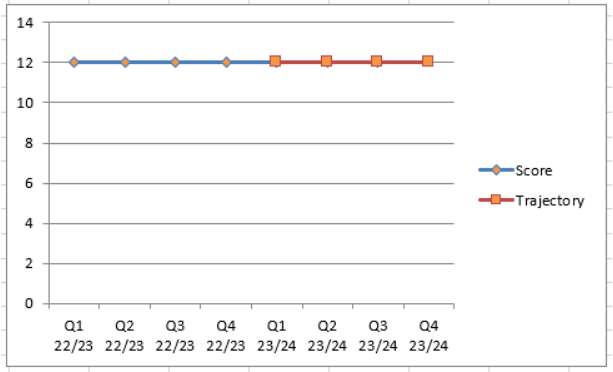
NHS University Hospitals of North Midlands NHS Trust

If we are unable to live our values and improve the culture of the organisation to make UHNM a great place where all staff are treated with respect and have the opportunity to build a fulfilling career, then staff may experience unacceptable behaviours and a climate of bullying, harassment and inequality resulting in an adverse impact on staff wellbeing, retention and performance, ultimately reducing the quality of care experienced by patients.

Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	High 12	Q4	Mod 6 31/3/25

Risk Movement and Risk Reduction Trajectory

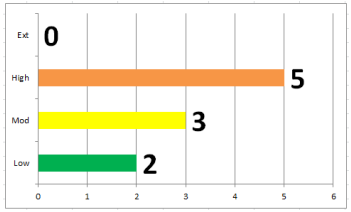


Heat Map Risk Matrix

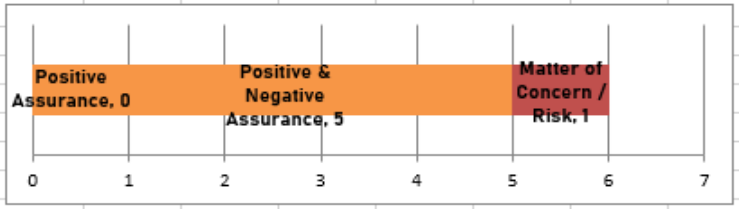
Rationale for Risk Level

- Continued good range and level of activity and engagement across the Trust during the quarter; including the significantly improved response rate for the annual National Staff Survey (NSS)
- NSS outcomes and next steps will be a focus in Q4, there is naturally a strong interdependency between BAF 2 and 3

Linked Risks on Register



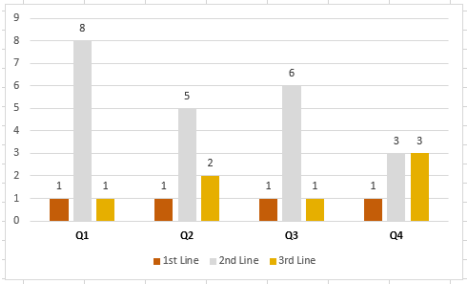
Committee Assurance Outcomes (Escalations) Quarter 3



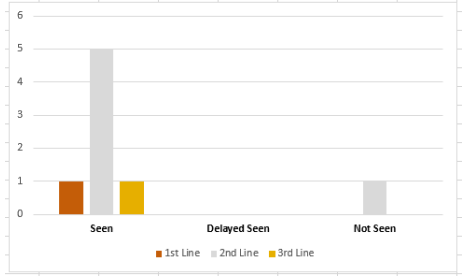
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Enhanced Staff Survey campaign	30/11/2023		
2	Employee Engagement Plan & Supporting Activities	31/03/2024		
3	Improve/increase awareness of Being Kind culture and impact	30/09/2023		
4	Improve employee experience specifically via EDI plan	31/03/2024		
5	Improve leadership effectiveness at all levels	31/03/2024		
6	Culture review / team effectiveness framework / tools	31/12/2023		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Risk score in line with trajectory for Q1, Q2 and Q3
- 3rd lowest number of linked risks on Risk Register (10) with no change between Q2 and Q3 although increased from 7 at Q1 to 10 at Q2
- One source of assurance planned but not seen during the quarter (Education / Apprenticeship Report)
- Matter of concern escalated in relation to high levels of formal disciplinary action during the quarter
- Gaps to address are around essential to role training, deep dive into resolution cases, review of resource within People Directorate

Delivering Exceptional Care with Exceptional People

BAF 4: Improving the Health of our Population

Director of Strategy & Transformation | Transformation & People Committee | Threat to:

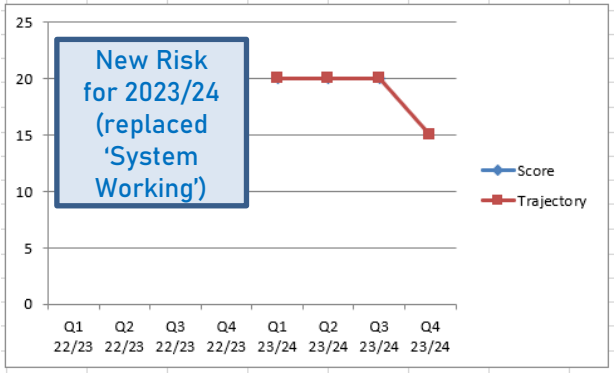
University Hospitals of North Midlands NHS Trust

If we are unable to work together with system partners across organisation and sector boundaries then we will have minimal impact on improving the wider determinants of health and addressing health inequalities for the population we serve resulting in missed opportunities to improve the health of our population and sustained or improved health inequalities, potentially increased pressure on health care services.

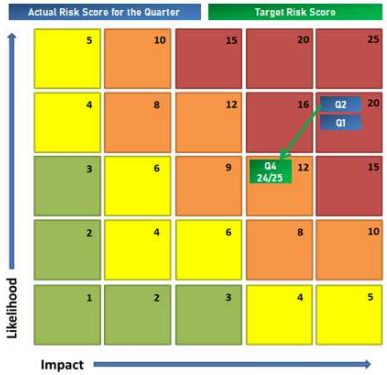
Assurance, Risk Ratings & Target

Partial Assurance	Ext 20	Ext 20	Ext 20	Q4	High 12 31/3/25

Risk Movement and Risk Reduction Trajectory



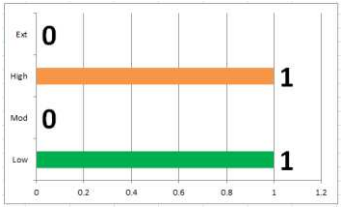
Heat Map Risk Matrix



Rationale for Risk Level

- Risk remains at this level as the Strategy was only approved in December at Transformation and People Committee
- Detailed action plans will not be signed off until the end of quarter 4
- Risk level aligns with that on the System Board Assurance Framework (SBAF)

Linked Risks on Register



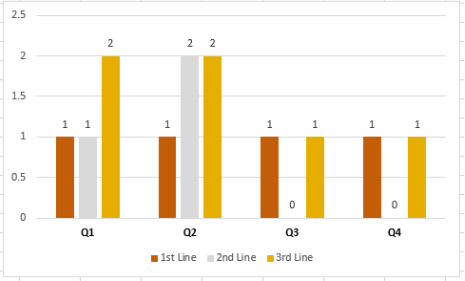
Committee Assurance Outcomes (Escalations) Quarter 3

No escalations to Board from Committees during the quarter

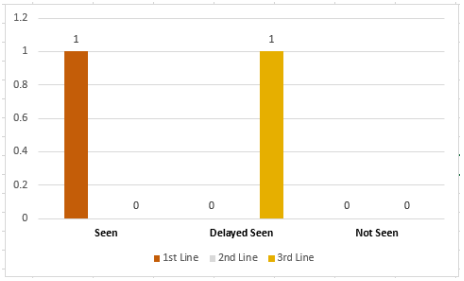
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Approval of Health & Wellbeing Strategy	31/12/2023		
2	Development of programme structure	31/12/2023		
3	Development of metrics to measure progress	31/12/2023		
4	Undertake stocktake of health inequalities activity and opportunities	30/09/2023		
5	Develop plan to support delivery of strategy	31/03/2024		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Trajectory is set to be the second highest scoring risk at the end of 2023/24 at Extreme 15
- Lowest risk profile with only 2 linked risks on the risk register throughout Q1 – Q3
- Very limited sources of assurance planned for the year
- No escalations through Committees to the Board
- Gaps to address are around development of metrics / plans to deliver the strategy

Delivering Exceptional Care with Exceptional People

BAF 5: Delivering Responsive Patient Care

Chief Operating Officer | Performance & Finance Committee | Threat to:

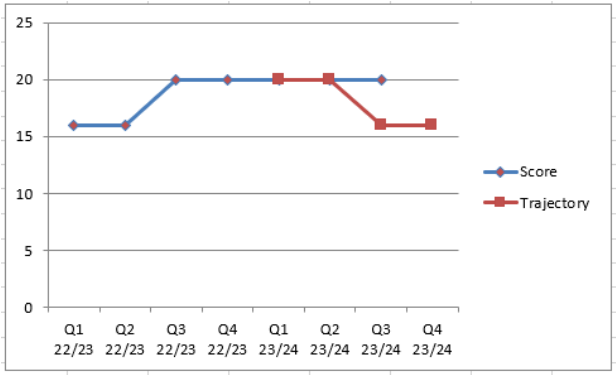
NHS University Hospitals of North Midlands NHS Trust

If we are unable to create sufficient capacity to deal with service demand then we may be unable to treat patients in a timely manner resulting in delays to patient care, poor outcomes and potential patient harm.

Assurance, Risk Ratings & Target

Partial Assurance	Ext 20	Ext 20	Ext 20	Q4	High 12 31/3/24

Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix

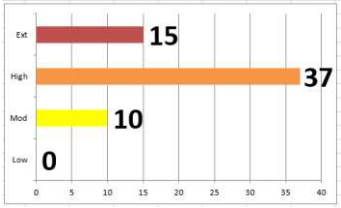
Rationale for Risk Level

Although some positive progress has been made, i.e. the number of long wait patients has reduced, the impact of Industrial Action has continued to negatively impact on elective treatment times.

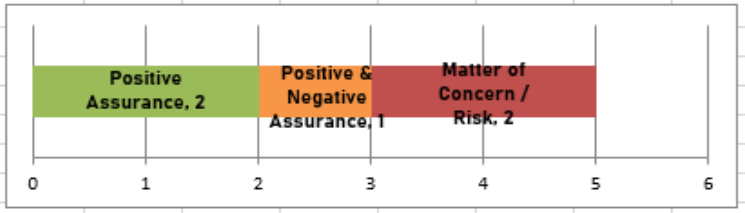
Continued delays in patient care and as such the plan to reduce the likelihood of the risk has not been achieved.

On trajectory for cancer backlog reductions and the number of 78 week wait patients continues to reduce. Anticipated that the likelihood will reduce in Q4 but to 4 rather than 3 and therefore the target risk score of High 12 will not be achieved.

Linked Risks on Register



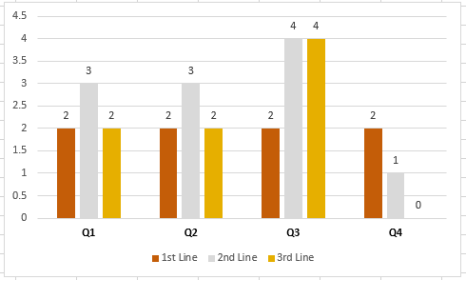
Committee Assurance Outcomes (Escalations) Quarter 3



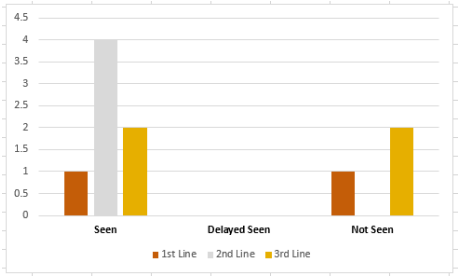
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Execute business cases to support NEL/elective work	31/03/2023		
2	Deliver NEL improvement programme objectives	31/03/2024		
3	Increase capacity - County Hospital Elective Care	31/03/2025		
4	Explore/develop data and technology to support service	31/03/2024		
5	Collaborate with ICS on alternative pathways to UHNM	30/09/2023		
6	Independent review of waiting list management	31/05/2023		
7	Deliver objectives aligned to System 7 UEC priorities	31/03/2024		
8	Deliver objectives in elective improvement programme	31/03/2024		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Threatens all 6 Strategic Priorities and trajectory set to be the highest scoring risk at end of 2023/24 at Extreme 16
- Risk score in line with trajectory for Q1 and Q2 although Q3 planned reduction, as suspected, not achieved
- 62 Linked risks on the Risk Register increased from 57 at Q2 and 50 at Q1 with no change in scores
- 3 sources of planned assurance not seen during the quarter (2 internal audits and on NEL Highlight Report)
- Gaps to address are around occupancy, discharge, MFFD's, demand for cancer and RTT, alternative pathways, theatre staffing and availability of mutual aid and sufficient beds

Delivering Exceptional Care with Exceptional P

BAF 6: Digital Transformation

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

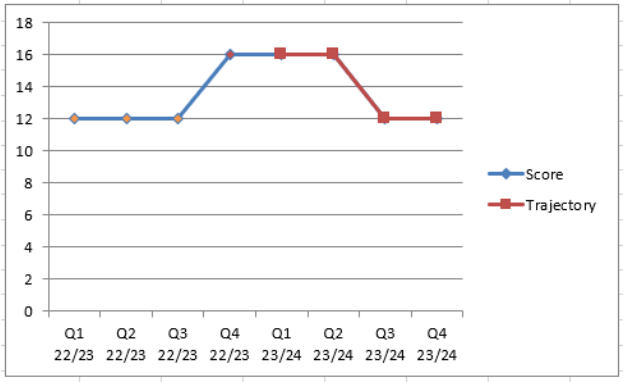
University Hospitals of North Midlands NHS Trust

If our infrastructure and clinical systems are not sufficient or adequately governed or protected then this could compromise connectivity and access to key critical patient information services such as clinical decision support resulting in compromised patient care, staff inefficiencies and breaches of confidentiality, reputational damage and potential fines.

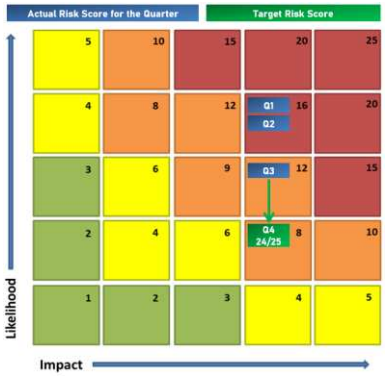
Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 16	Ext 16	High 12	Q4	High 8 31/3/25

Risk Movement and Risk Reduction Trajectory



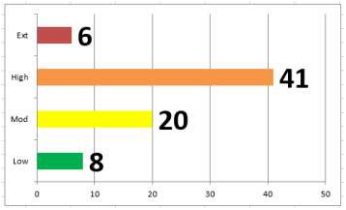
Heat Map Risk Matrix



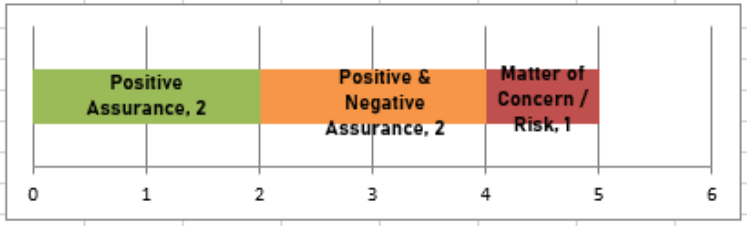
Rationale for Risk Level

Risk level has been reduced as the Office 365 migration has now completed and whilst there is decommissioning activities required still on this project staff now have a modern and supported communication system. This is in line with trajectory for the remainder of the financial year.,

Linked Risks on Register



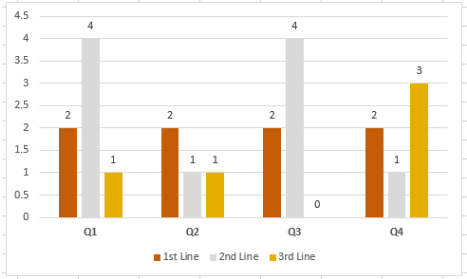
Committee Assurance Outcomes (Escalations) Quarter 3



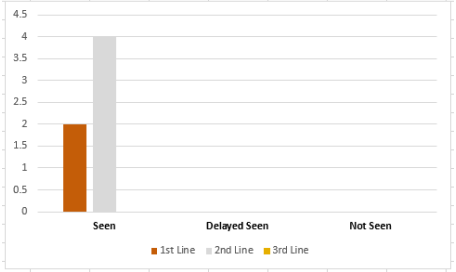
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Office 365 implementation	01/11/2023		
2	Network and Communication business case approval	01/08/2023		
3	SOC service Go Live	01/11/2023		
4	LIMS Go Live	31/03/2024		
5	EPR Outline Business Case	31/03/2024		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Risk score in line with trajectory throughout the year and assurance level has improved to acceptable (from partial)
- Linked risks on the Risk Register seen a small increase to 75 (74 at Q2 and 73 at Q1); reduction seen in Extreme and Moderate Risks with increased High Risks
- All planned assurances during the quarter were seen although matter of concern escalated in relation to the Data Security and Protection Toolkit
- Gaps to address are around delivery of key projects outlined above

Delivering Exceptional Care with Exceptional People

BAF 7: Fit for Purpose Estate

Director of Estates, Facilities & PFI | Performance & Finance Committee | Threat to:

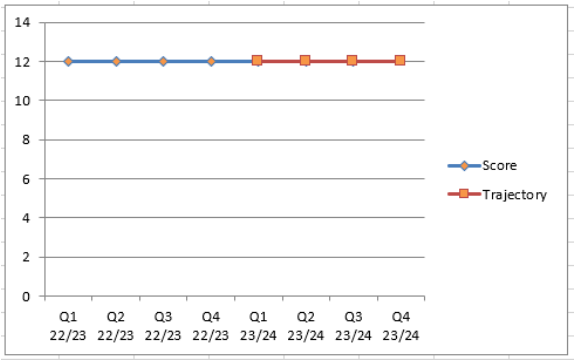
NHS University Hospitals of North Midlands NHS Trust

If we are unable to sufficiently invest and develop our retained clinical and non-clinical estate, then we may be unable to provide services in a fit for purpose healthcare environment resulting in the inability to provide high quality services in a safe, secure and compliant environment.

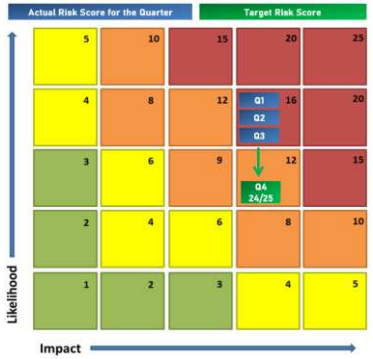
Assurance, Risk Ratings & Target

Acceptable Assurance	High 12	High 12	High 12	Q4	High 8 31/3/25

Risk Movement and Risk Reduction Trajectory



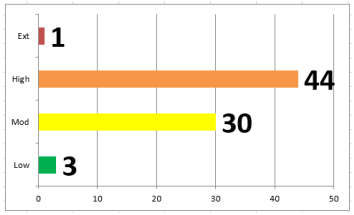
Heat Map Risk Matrix



Rationale for Risk Level

- Estate condition and backlog risks remain due to funding constraints
- Challenges with Estate capital programme delivery given size / scope / scale and timeliness required
- Workforce challenges within Estates but improved position
- Sustainability / Net Zero Carbon requirements ever increasing
- Surveys underway relating to PFI building fabric / latent defect
- Estates strategy being refreshed informed by bed review and clinical strategy
- PFI market testing concluded, focus now on formalising with lenders
- Immunisation for Sodexo staff being worked through and continued supplier challenges with textured foods
- Ward 80/81 risks due to age and condition of the fabric

Linked Risks on Register

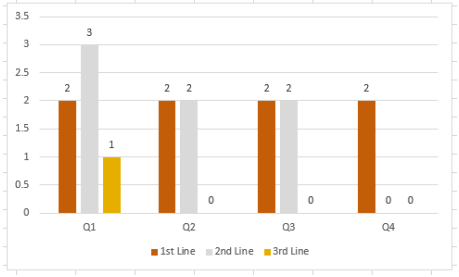


Committee Assurance Outcomes (Escalations) Quarter 3

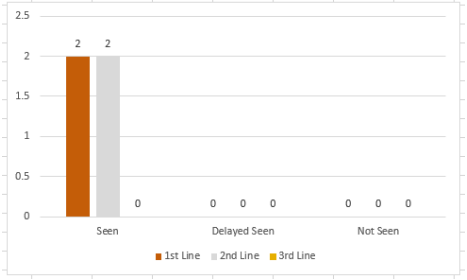
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Energy Procurement Paper	31/07/2023		
2	RI Site demolition	31/03/2024		
3	Car parking solution	29/04/2024		
4	RI/COPD release land for sale	2024/2025		
5	Lower Trent Business Case	31/03/2024		
6	PFI market testing opportunities	31/12/2023		
7	Estate condition	31/03/2024		
8	Strategic supplier programme	31/03/2024		
9	Estates workforce reviews	31/12/2023		
10	Cleaning collaborative / cleaning standards	30/06/2023		
11	Capital delivery programme	31/03/2024		
12	Immunisation gap - Sodexo	31/12/2023		
13	Supplier of modified textured food	31/12/2023		
14	Partnership for energy procurement post April 2024	31/03/2025		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Threatens all 6 Strategic Priorities; risk score in line with trajectory for all 3 quarters of the year
- Linked risks on the Risk Register 78 increasing from 73 at Q2 and 56 at Q1, with increased High and Moderate risks
- All planned assurances for the quarter were seen in line with the plan although it should be noted that progress against the Estate Strategy was considered at a Board Seminar rather than the Committee
- Gaps to address are around capital programme, PFI latent defect, workforce, Project STAR, Estate Strategy, National Cleaning Standards, market testing case and contract variation for Sodexo staff

Delivering Exceptional Care with Exceptional People

BAF 8: Financial Sustainability

Chief Finance Officer | Performance & Finance Committee | Threat to:

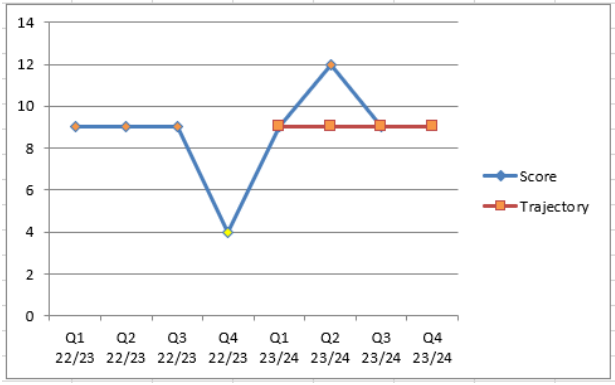
NHS University Hospitals of North Midlands NHS Trust

If we, or system partners, are unable to manage within the assumptions made in the financial plan for 2023/24 then the underlying financial position for the system will deteriorate resulting in an increased level of efficiencies needing to be identified and a reduced ability to invest in the future development of services.

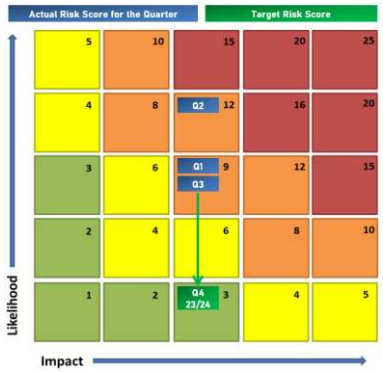
Assurance, Risk Ratings & Target

Partial Assurance	High 9	High 12	High 9	Q4	Low 3 31/3/24

Risk Movement and Risk Reduction Trajectory



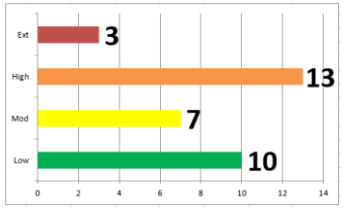
Heat Map Risk Matrix



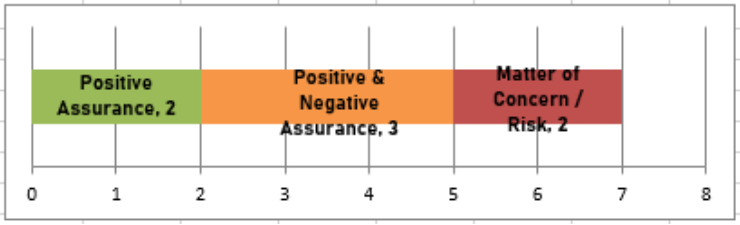
Rationale for Risk Level

- Additional costs of industrial action and pressures now funded
- National commitment to cover additional industrial action from December
- System revised forecast now agreed by NHSE at £91.4m
- Spend to month 8 in line with forecast breakeven
- Beyond 23/24 initial scoping of assumptions shows significant underlying system deficit of £234m with UHNM contributing £54m
- Significant risk to financial sustainability beyond 23/24

Linked Risks on Register



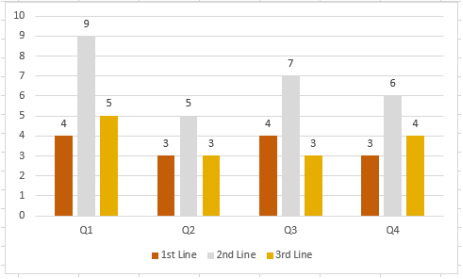
Committee Assurance Outcomes (Escalations) Quarter 3



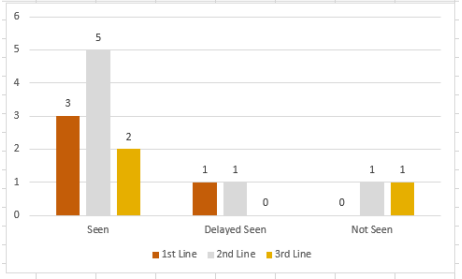
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Identification of recurrent CIP	31/03/2024		
2	Reduce level of recurrent investment to mitigate CIP	30/09/2023		
3	Ensure delivery of elective targets	31/03/2024		
4	Reset bed model and final allocation of system capacity funding	31/07/2023		
5	Consider impact of nationalk guidance on Industrial Action funding mechanisms when communicated	31/12/2023		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Threatens all 6 Strategic Priorities
- Risk score back in line with trajectory having increased at Q2
- Linked risks on the Risk Register increased to 33 (21 at Q2 and 19 at Q1) although increases are low and moderate
- Matters of concern escalated to Board in relation to financial position and losses and special payments / stock write offs
- Gaps to address are around CIP programme, national position on Industrial Action and delivery of elective targets / planning guidance

Delivering Exceptional Care with Exceptional People

BAF 9: Research and Innovation

Medical Director | Transformation & People Committee | Threat to:

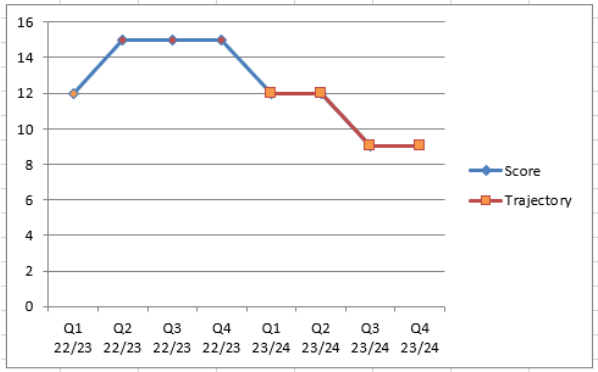
University Hospitals of North Midlands NHS Trust

If we are unable to secure sufficient capacity, resource and skills needed then we may be unable to deliver the Research and Innovation Strategy resulting in a failure to maintain our reputation as a successful researching university hospital, offer patients the opportunity to participate in research and to provide high quality innovative care and our ability to attract and retain highly skilled staff due to our research profile.

Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	High 9	Q4	Mod 4 30/9/24

Risk Movement and Risk Reduction Trajectory

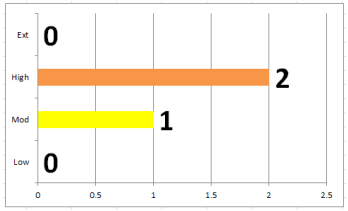


Heat Map Risk Matrix

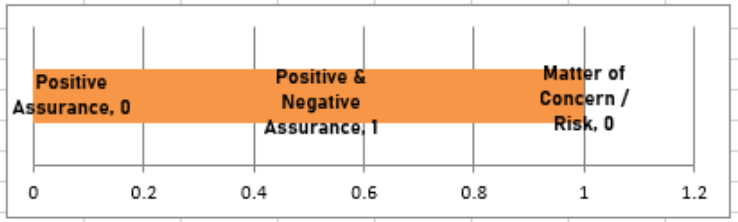
Rationale for Risk Level

- Appointment of Chief AHP and Senior Health Researcher (fixed terms), Chief Healthcare Scientist also in post
- On track to recruit target trial participants for 23/24 by January 24
- Five non medics successful in NIHR fellowships
- Four honorary appointments as Professors of Keele in last 12 months, Honorary senior lecturer for consultant midwife
- Some vacancies remain within the team and staff turnover continues to cause concern

Linked Risks on Register



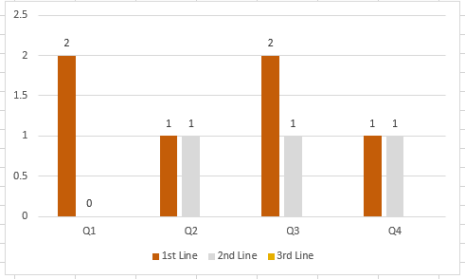
Committee Assurance Outcomes (Escalations) Quarter 3



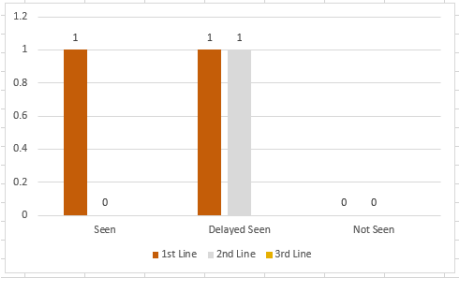
Summary Action Plan

No	Summary Action	Due	Q2	Q3
1	Desktop review of structure being undertaken	25/11/2023		
2	Develop report which provides assurance against strate	31/12/2023		
3	Substantive recruitment to vacancies	31/12/2023		
4	Develop and deliver plan arising from desktop review	31/12/2023		
5	Review research governance structure including	31/03/2024		
6	Research to form part of divisional performance metrics	31/12/2023		
7	Research to form part of Divisional Board agendas	31/12/2023		
8	Commission external specialist to review quality systen pre-inspection	31/12/2023		
9	increase investment and develop strategy covering R&I, CeNREE and divisions	31/03/2024		

2023 / 2024 Assurance Plan



Quarter 3 Assurance against Plan



Overview

- Risk score in line with trajectory for all quarters of the year
- Second lowest risk profile on risk register with 3 High / Moderate risks which remains unchanged from Q1 and Q2
- Very weak assurance plan and two items delayed during the quarter although improved report presented to Transformation and People Committee
- Gaps to address are around strategy development, governance and infrastructure to support regulatory preparation

Delivering Exceptional Care with Exceptional People

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	7th February 2024
Report Title:	Board Seminar Programme 2023/24	**Agenda Item:**	13.
Author:	Deputy Associate Director of Corporate Governance		
Executive Lead:	Tracy Bullock, Chief Executive		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Executive Summary

Situation

This paper is to provide the Board with an overview on progress against the topics identified to be delivered within the 2023/24 Board Seminar Programme.

Background

The outputs of the Board Effectiveness Review were presented to the Trust Board at the Seminar on 12th July 2023. This identified a number of areas of development which subsequently informed the topics within the Board Development Programme for 2023/24. This includes a variety of business and developmental topics including 'must dos', emerging developments and operational/strategic challenges, aligned to our Strategic Priorities.

Assessment

A review of the Board Seminar Programme has been undertaken and the attached demonstrates the topics which have been covered as planned. Further to the update in November 2023, there has been one change to the programme; the planned session on Insights colour personalities has been deferred from February 2024 and will be undertaken later in the year.

Planning for the programme of seminars for 2024/25 is due to commence shortly and will be presented to the Trust Board in April 2024.

Key Recommendations

The Trust Board is asked to consider the progress made with the planned activities within the Board Seminar Programme and to note the timing and activities to be covered on the remaining session. In addition, the Board is asked to highlight any areas of development which they would like to feature within the 2024/25 programme.

Board Development Programme 2023 - 2024

University Hospitals of North Midlands NHS Trust

Topic	Session Lead	Development / Business	Purpose / Outcome	21st April Time Out	10th May Seminar	7th June Closed Bd	12th July Seminar	2nd Aug Closed Bd	13th Sept Seminar	4th Oct Closed Bd	13th Nov Time Out	6th Dec Closed Bd	7th Feb Closed Bd	9th Feb Seminar	15th March Seminar	Strategic Priorities
Team Building - External	Director of Governance	Development	Team Building Activities - Away Day.													
CQC Maternity Report	Chief Nurse	Business	To consider the initial report from the CQC visit to Maternity													
Development of Trust Strategy	Director of Strategy & Transformation / Director of Communications	Business	To engage the Board in the process for development of the new Trust Strategy.			→										
Approach to Partnership Working	Chief Executive / External Facilitator	Development and Business	Originally scheduled for October - covered in July as part of Trust Strategy discussion and fishbone exercise. To challenge our thinking and approach to partnership working													
Board Development	Director of Governance	Development	To consider the findings of our Board Effectiveness Evaluation and agree further development needs.			→										
Integrated Performance Reporting	Director of Governance	Business	To agree the metrics and next steps associated with the IPR and future reporting													
Culture Review	Chief People Officer	Business	Update provided on progress made against the culture improvement programme and next steps													
CNST Maternity Scheme	Chief Nurse	Business	To consider the new metrics and standards associated with Maternity CNST													
ICB Joint Forward Plan	Director of Strategy	Business	To consider the joint forward 5 year plan for the ICB													
Freedom to Speak Up	Director of Governance / FTSUG	Development and Business	To complete the self-reflection tool and consider our Speaking Up Strategy.													
Operational Planning 23-24	Director of Strategy	Business	Progress and associated risks following the closedown letters													
Update on Bed Modelling & Mitigation	Chief Operating Officer	Business	To provide an update on the PwC bed model, including the plans and mitigation to address the bed gap in addition to an update on actions to improve decision to admit times						& via PAF							
Digital Maturity, Cyber Security and Digital Clinical Safety	Director of Digital Transformation / External Lead	Business	Annual training and development on Cyber Security / Risk.													
Enabling Strategies (including County Hospital Plan and progress with Trust Strategy)	Director of Strategy plus Executive Leads	Business	A review of progress against delivery of our Enabling Strategies.													
Weightmans NHS Board Training	Director of Governance	Development and Business	Update outlining legal challenges faced by Boards and tips to deal with them													
Strategic Risks - Board Assurance Framework	Director of Governance	Business	To agree the Strategic Risks for 2023/24 Board Assurance Framework.													
Annual Plan and Focus Confirmation (local priorities)	Director of Strategy and Associate Director of Quality Improvement	Business	To agree the Annual Plan, Annual Delivery Plans for Enabling Strategies and to confirm priorities agreed through focussed negotiation.													
Items to be carried forward to 2024/25																
Clinical Research Network and CENREE	Chief Nurse & Medical Director	Business	Originally scheduled for November - will be covered in part via enabling strategies update in November. Further session to be considered 2024/25. An update on progress with CENREE and the Clinical Research Network													
Well Led Assessment (External)	Director of Governance	Development	Originally planned for September. The procurement process for an external well-led assessment, is expected to commence in Spring 2024. Therefore, the timing of presentation of results will be advised once the review has commenced. To consider the findings of our External Developmental Review against the Well Led Framework and agree our Development Plan													
Sustainability	Director of Estates, Facilities and PFI	Development and Business	Originally scheduled for November - requested to defer to 2024/25. An update on delivery of the Green Plan and key priorities.													
Improving Together - Learning from Berkshire Health	Chief Nurse	Business	Agreed as no longer required for 2023/24. Further development on Improving Together to be considered for the 2024/25 programme.													
Board Insights / Personalities	Chief People Officer	Development	Originally scheduled for February 2024 but due to the number of apologies received, to be rescheduled later in the yar.													

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	**Date:**	7th February 2024
Report Title:	Revised Risk Management Policy	**Agenda Item:**	14
Author:	Nicola Hassall, Deputy Associate Director of Corporate Governance		
Executive Lead:	Tracy Bullock, Chief Executive		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

n/a	*No associated risks*	*n/a*

Executive Summary

Situation

The Risk Management Policy has been updated as part of its 3 yearly review. A number of changes have been made, although there have been no major changes to the approach.

Background

All policies are required to be reviewed at least on a 3 yearly basis. The Risk Management Policy was significantly overhauled in 2017, in order to strengthen the way in which risks were described and scored as well as improving the way in which assurances were articulated and overseen through the governance structure. Furthermore, in January 2021, the policy was further enhanced with the inclusion of Risk Appetite Statements, identification of target risk scores (tolerance) in addition to greater oversight and scrutiny through Executive Governance Groups

Assessment

The Director of Governance attended the NHS Providers Risk Management for Risk Practitioners course in 2023. As such as part of its three yearly review, the policy has been enhanced to align with the best practice suggested as well as areas being clarified to assist Risk Owners with undertaking effective risk assessments. A summary of the changes made are as follows:

- Updated Risk Oversight Framework to reflect the revised Strategic Priorities and alignment to the areas of responsibility within Executive Groups / Committees
- Clarification of how to consider issues when describing risks
- Additional information and clarification of various elements within the risk identification section (Appendices 2 to 6), based on feedback from Risk Owners

It should be noted that a minor amendment is expected to be made to the policy, once the remit of the newly formed Executive Finance, Operations & Activity Group has been confirmed.

Key Recommendations

The Trust Board is asked to approve the revised Policy.

Policy Document

Reference: RM01

University Hospitals of North Midlands NHS Trust

Risk Management

Version:	**12**
Date Ratified:	**February 2024 by the Trust Board**
Date of Next Review:	**February 2027**
Expiry Date:	**February 2028**
Policy Author:	**Deputy Associate Director of Corporate Governance**
Executive Lead:	**Chief Executive**

Version Control Schedule

Final Version	Issue Date	Comments
1	March 2004	
2	October 2005	
3	September 2008	Updated to complement risk management initiatives within the Trust and to promote integration of risk.
4	November 2009	Updated to reflect changes in the reporting of the Assurance Framework and to reflect the governance structure within the Trust.
5	March 2011	Revised to align with new Board and Sub-Committee structure and SLM and Directorate arrangements.
6	October 2012	Updated policy to reflect changes in NHSLA standards and G01
7	December 2014	Review of process and outcome following internal audit review undertaken in 2014.
8	April 2015	Update to flowchart to use risk assessment proforma
9	November 2015	Update to the policy following recommendations identified from the risk management review
10	March 2017	Complete rewrite of the policy.
11	January 2021	3 yearly review. Policy amended to clarify roles and responsibilities and to incorporate Risk Appetite and Tolerance.
12	January 2024	3 yearly review. Policy amended to clarify various elements of risk management

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed here

Contents		Page

1. INTRODUCTION

What is 'risk'?
Risk is defined as an uncertain event or set of events, which should it occur, could have a positive or negative effect upon the achievement of objectives. Risk consists of a combination of the likelihood of the 'threat' happening and the impact of that threat happening.

What is 'Risk Management'?
Risk Management is the term used to describe the activities required to identify, understand, and control exposure to uncertain events which may threaten the achievement of objectives.

Why do we do it?
Risk Management is a key component of general management practice as it aims to:

- provide better patient outcomes
- increase quality of service
- ensure risk is maintained within specific limits
- aid consistent decision making
- increase the ability to achieve strategic targets
- maintain reputational value
- increase confidence

2. POLICY STATEMENT

The Trust is committed to ensuring that the highest standards of service are provided and recognises the fundamental role that risk management has in enabling this.

3. SCOPE

This policy identifies the lines of accountability for management of risk throughout the organisation and is applicable to all staff. In addition, this policy should be read alongside the Trust's Accountability Framework, in terms of the accountabilities associated with risk management.

4. DEFINITIONS

There are a number of terms used when describing risk management. However, the following table sets out the key terms which are featured within this policy and are therefore applicable to our risk management process.

Key Term	Definition
Risk Management	Risk Management is the term used to describe the activities required to identify, understand, and control exposure to uncertain events which may threaten the achievement of objectives.
Risk	Risk descriptions combine: • Cause • Uncertain Event • Effect
Control	Actions which are in place to prevent the risk from occurring or to mitigate the potential impact. For example, a policy or training programme.
Assurance	Assurance is the evidence which describes the effectiveness of controls. For example, a report summarising incidents may tell us that we have very few patient falls, therefore suggesting that our controls to prevent falls are working effectively.
Risk Appetite	Sets out the levels and types of risk we are prepared to accept, tolerate, or be exposed to at any point in time, in pursuance of our objectives.

Key Term	Definition
Risk Tolerance	The risk score we are prepared to accept to achieve our strategic and operational goals.
Risk Register	The record of all identified risks relating to a set of objectives, including their history, status, and risk score. The purpose of a risk register is to evidence and drive risk management activities, and it is used as a source or means of risk reporting.
Project / Programme Risks	Project and programme risks are managed in the same way as other risks in the Trust but there are slight differences in the approach. Risk registers or logs will still be maintained for risks to programmes or projects, but these are held and monitored as part of the project management. Risks associated with a project will have a life expectancy. This project documentation may be referred to as a source of control and/or assurance, within related risks held on the Risk Register.
Strategic Risks	These are reported via the Board Assurance Framework. These include strategic risks which concern the Trust's main purpose and could impact the achievement of key objectives (e.g. data loss, leadership capability as well as big external events/perils and how the Trust can become more resilient e.g. economic downturn, terrorist attack, extreme weather or cyber-attacks).
Corporate Risks	These are identified as cross-cutting internal risks over which the Trust has full or partial control and/or that can be managed through internal controls e.g. fraud, health and safety, capacity and capability and data security.
Directorate / Divisional Risks	These include local/delivery risks that could impact the achievement of directorate business plans.
Three Lines Model	This approach highlights the levels of assurance that has been obtained both internally and externally and is used when articulating the assurances within the Board Assurance Framework. • First line – assurance comes from the department that performs the day to day activity • Second line – assurance comes from functions in the organisation such as quality, finance, people • Third line – assurance is provided from outside of the organisation i.e. independent

5. ROLES AND RESPONSIBILITIES

All staff have a responsibility for risk management and compliance with this policy, including awareness of the risks within their working environment, how their role impacts on those risks and taking reasonable steps to reduce the risk if possible.

The following provides an overview of staff with specific responsibilities to ensure the implementation of this policy.

The **Chief Executive** has overall responsibility for risk management. As Accounting Officer, the Chief Executive has responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding public funds and departmental assets. Responsibilities in respect of risk management include:

- reviewing the strategic objectives of the organisation with the Board
- ensuring that the Trust has an effective structure and system in place to manage risks within the organisation
- ensuring that employees and the public are properly protected against exposure to risks arising out of or as a result of the Trust's activities
- signing the Annual Governance Statement in the annual report and accounts

Executive Directors are responsible for:
- ensuring delivery of the strategic objectives
- identification, control, monitoring and reporting of the risks which may threaten achievement of strategic objectives
- maintaining accurate and up to date risk registers, relevant to their objectives which are reported through the Board Assurance Framework
- providing oversight of operational risks which have been escalated to them via Executive Groups

The **Corporate Governance Department** is responsible for:
- development and review of the Risk Management Policy
- provision of education, support and expertise in relation to Risk Management
- provision of training on the Risk Management Policy
- monitoring and reporting compliance with the Risk Management Policy
- facilitating the reporting of appropriate risks to the Board, Committees and Executive Groups
- facilitating the provision of a Board Assurance Framework to the Board and Committees

The **Quality, Safety & Compliance Department** is responsible for:
- facilitating the reporting of appropriate risks to specialist corporate groups
- management of the Datix risk reporting system

Divisional Medical Directors, Divisional Operations Directors, Divisional Nurse Directors (or equivalent for non-clinical divisions) and Clinical Governance Leads (medical) are jointly responsible for:
- leading and overseeing implementation of the Risk Management Policy at Divisional level which includes effective identification of risks which may threaten achievement of Divisional objectives, including regular review, identification of controls and monitoring assurances
- facilitating the reporting and where necessary, escalation of appropriate risks to the Divisional Board and the Executive Groups

Clinical Directors and Directorate Managers (or equivalent for non-clinical divisions) are responsible for:
- leading and overseeing implementation of the Risk Management Policy at Directorate level which includes effective identification of risks which may threaten the achievement of Directorate objectives, including regular review, identification of controls and monitoring assurances
- facilitating the reporting and where necessary, escalation of appropriate risks to the Divisional Board from the Directorate

Divisional Quality & Safety Managers (or equivalent for non-clinical divisions) are responsible for:
- facilitating implementation of the Risk Management Policy at Divisional level which includes effective identification of risks which may threaten achievement of Divisional objectives, including regular review, identification of controls and monitoring assurances
- monitoring and reporting compliance with the Risk Management Policy at a Divisional level, as identified by the Corporate Governance Department

'Risk Owners' including all Departmental / Ward / Service Managers are responsible for:
- effective identification of risks which may threaten achievement of departmental objectives, including regular review, identification of controls and monitoring assurances
- facilitating the reporting and where necessary, escalation of appropriate risks to the Directorate from the Department

Chairs of Specialist Corporate Groups (i.e. Safe Medications Group, Falls Steering Group etc.) are responsible for:

- identification, management and oversight of risks relevant to their specialist subject, ensuring appropriate action is taken
- facilitating the reporting and where necessary, escalation of appropriate risks to their respective Executive Group

Organisational Responsibilities

Assurance Mechanism	Responsibilities
Trust Board	The Trust Board is ultimately accountable for ensuring that the Trust has effective governance and risk management processes in place. The Board identifies the strategic risks that it considers are the key risks likely to impact on the delivery of the Trust's objectives and overall strategy. Board Committees have responsibility for monitoring the effectiveness of the controls and assurances in place to manage these risks.
Quality Governance Committee	The Committee shall consider the Trust's strategic risks of a clinical nature, particularly in relation to the strategic priority of High Quality. The relevant Executive Director responsible for managing each respective strategic risk shall be accountable at the Committee for responding to challenge and scrutiny of the Committee.
Performance & Finance Committee	The Committee shall consider the Trust's strategic risks of a non-clinical nature particularly in relation to the strategic priorities of Responsive and Resources. The relevant Executive Director responsible for each strategic risk shall be accountable at the Committee for responding to challenge and scrutiny of the Committee.
Strategy & Transformation Committee	The Committee shall consider the Trust's strategic risks of a non-clinical nature particularly in relation to the strategic priorities of Improving and Innovating and System and Partners. The relevant Executive Director responsible for each strategic risk shall be accountable at the Committee for responding to challenge and scrutiny of the Committee.
People, Culture & Inclusion Committee	The Committee shall consider the Trust's strategic risks of a non-clinical nature particularly in relation to the strategic priority of People. The relevant Executive Director responsible for each strategic risk shall be accountable at the Committee for responding to challenge and scrutiny of the Committee.
Audit Committee	The Committee's primary role is to provide the Trust Board with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities.
Executive Quality & Safety Oversight Group	The Group will provide assurance to the Quality Governance Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Quality Governance Committee risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Patient Safety • Service User and Carer Experience • Statutory Regulation and Requirements
Executive Clinical Effectiveness Group	The Group will provide assurance to the Quality Governance Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Quality Governance Committee risks which link to key strategic risks on the Board Assurance

Assurance Mechanism	Responsibilities
	Framework. The Group will consider key risks in relation to: • Effectiveness • National Guidance and Best Practice • Statutory Regulation and Requirements
Executive Infrastructure Group	The Group will provide assurance to the Performance and Finance Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Performance and Finance Committee risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Estates infrastructure • Control of assets • Business continuity • Value for money and sustainability • Contracting • Standing Financial Instructions (SFI's) and financial control • Fraud and negligent conduct
Executive Finance, Operations & Activity Group	Responsibilities to be confirmed once the Terms of Reference for the group have been agreed.
Executive Business Intelligence Group	The Group will provide assurance to the Performance and Finance Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Performance and Finance Committee risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Data quality
Executive Digital and Data Security & Protection Group	The Group will provide assurance to the Strategy & Transformation Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Strategy & Transformation Committee risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Statutory regulation and requirements • IM&T security • Data security
Executive Health & Safety Group	The Group will provide assurance to the People, Culture & Inclusion Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the People, Culture & Inclusion Committee, risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Statutory Regulation and Requirements
Executive Research & Innovation Group	The Group will provide assurance to the Strategy & Transformation Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Strategy & Transformation Committee risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Research • Innovation

Assurance Mechanism	Responsibilities
Executive Workforce Assurance Group	The Group will provide assurance to the People, Culture & Inclusion Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the People, Culture & Inclusion risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Staff recruitment • Employment practice • Staff retention • Statutory Regulation and Requirements • Day to day activity i.e. standards of conduct, ethics, professionalism
Executive Strategy & Transformation Group	The Group will provide assurance to the Strategy & Transformation Committee on the delivery of the Risk Management Strategy and operational management of risks. It is responsible for escalating to the Strategy & Transformation Committee risks which link to key strategic risks on the Board Assurance Framework. The Group will consider key risks in relation to: • Partnerships • Transformation
Divisional Boards	Divisional Boards are responsible for reviewing and controlling the risks within their Divisions as part of the development of divisional and directorate risk registers and escalating risks to the relevant Executive Groups.

6. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

Type of Training	How to Access Training	Who Requires Training
Risk Assessment Template completion	• Step by Step Instructions included on the Risk Assessment Template (appendix 4) • Additional support is available from the Corporate Governance Department	Any staff member identifying a risk for inclusion on the Risk Register.
Risk Management Policy Training	Training available via the Corporate Governance Department	• Divisional Medical Directors • Divisional Nurse Directors • Divisional Operations Directors • Clinical Directors • Clinical Governance Leads (medical) • Divisional Quality & Safety Managers • Matrons • Directorate Managers • Central Functions and Estates, Facilities & PFI risk register leads as determined by the Division
Datix Risk Register completion	Quality, Safety and Compliance Department	As listed above, or any staff member with delegated authority from the above to input risks directly onto the risk register.

Training records are held centrally within the Corporate Governance Department.

7. MONITORING AND REVIEW ARRANGEMENTS

7.1 Monitoring Arrangements

Committee Assurance

- The Audit Committee is responsible for oversight of the Risk Management Policy and will receive quarterly reports in the form of the Board Assurance Framework.
- In addition, the Performance and Finance Committee. Quality Governance Committee and Transformation and People Committee, will consider quarterly Board Assurance Framework Reports

Audit

- The Corporate Governance Department will undertake annual audits of compliance against this policy, including data quality elements, which will be reported to Divisional Performance Reviews
- An annual audit of compliance will take place as part of the Internal Audit Programme and will be reported to the Audit Committee.

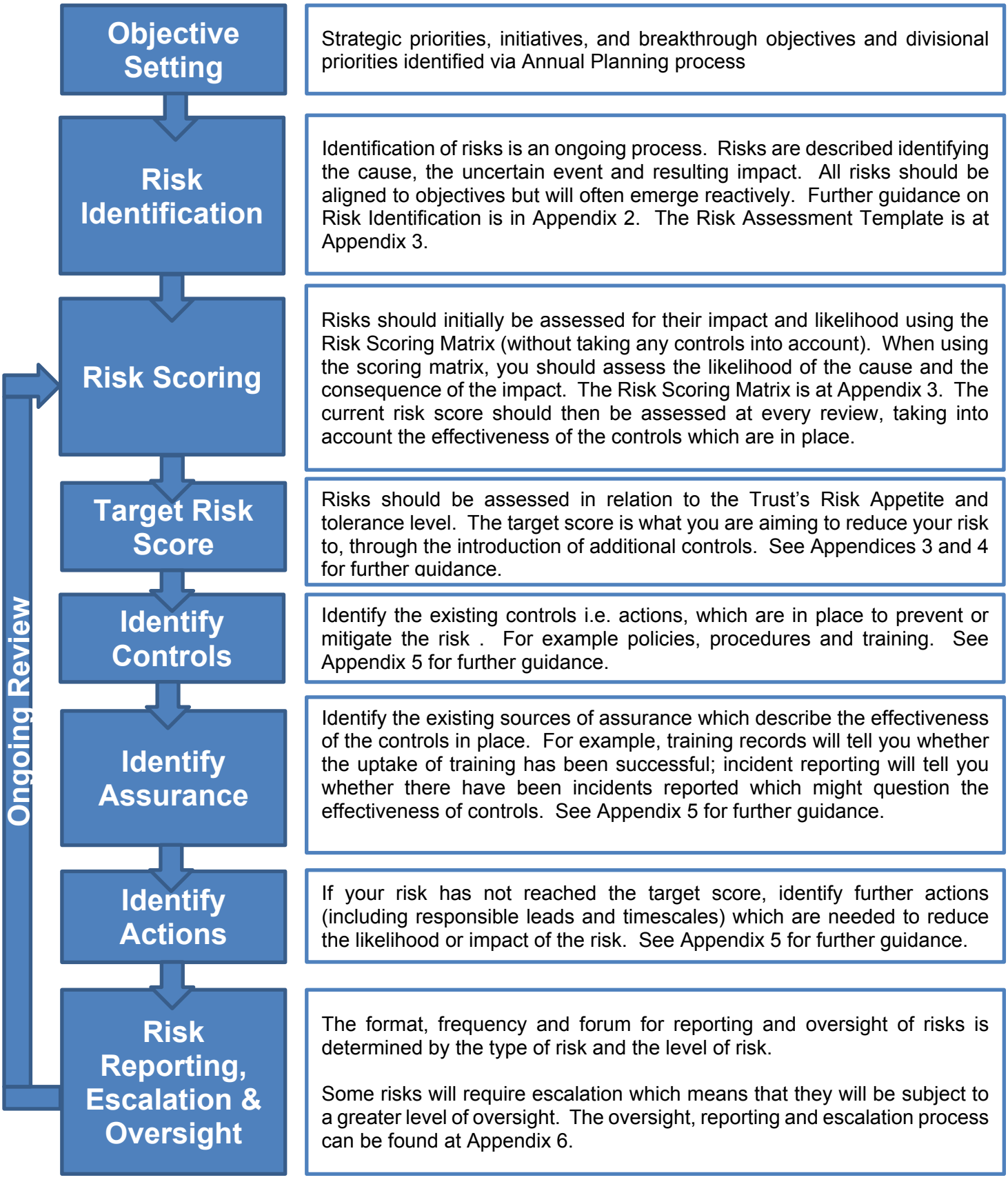
7.2 Review

This policy will be reviewed by the Corporate Governance Department at least every three years post ratification, unless it is deemed necessary to do so sooner.

8. REFERENCES

AmberWing Risk Management Training
NHS Providers Risk Management for Risk Practitioners

Appendix 1 – Risk Management Process



Appendix 2 – Risk Identification

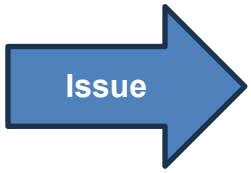
1. WHAT IS A RISK AND WHAT IS NOT A RISK?

A risk is an **uncertain** event or set of events which, should it occur, will have an effect upon the achievement of objectives. Therefore:

Risk **is** 'uncertain':	Risk **is not** 'certainty' which involves:
✓ an event that **might / may / possibly** happen	× an **incident**, which is an event which **has** happened and should be managed through RM07 Incident Reporting Policy.

2. RISK VERSUS ISSUE

An issue is something which will or is happening. When considering an issue and establishing the risk associated with this, the issue is usually the cause, for example:



"Fire evacuation plans are out of date"

Cause	Uncertain Event	Effect
Due to having ineffective fire evacuation plans	There may be a risk to the safety and security of staff and patients in the event of a fire	Resulting in death or injury to staff and service users etc

3. HOW CAN RISKS BE IDENTIFIED?

Proactively

- reviewing delivery plans and organisational, departmental, personal objectives
- reviewing lessons learned and previous issues
- horizon scanning

Reactively

- incidents where something has gone wrong resulting in an incident report, financial loss, media coverage, delay
- external decisions made which could impact the Trust
- following external recommendations or as a result of audits

Questions to ask when identifying risks:

- What am I trying to achieve?
- What could go wrong?
- What could be done about it?
- What can't be done? Is that OK?

4. RISK IDENTIFICATION AND EXPLORATION

5. HOW SHOULD A RISK BE DESCRIBED?

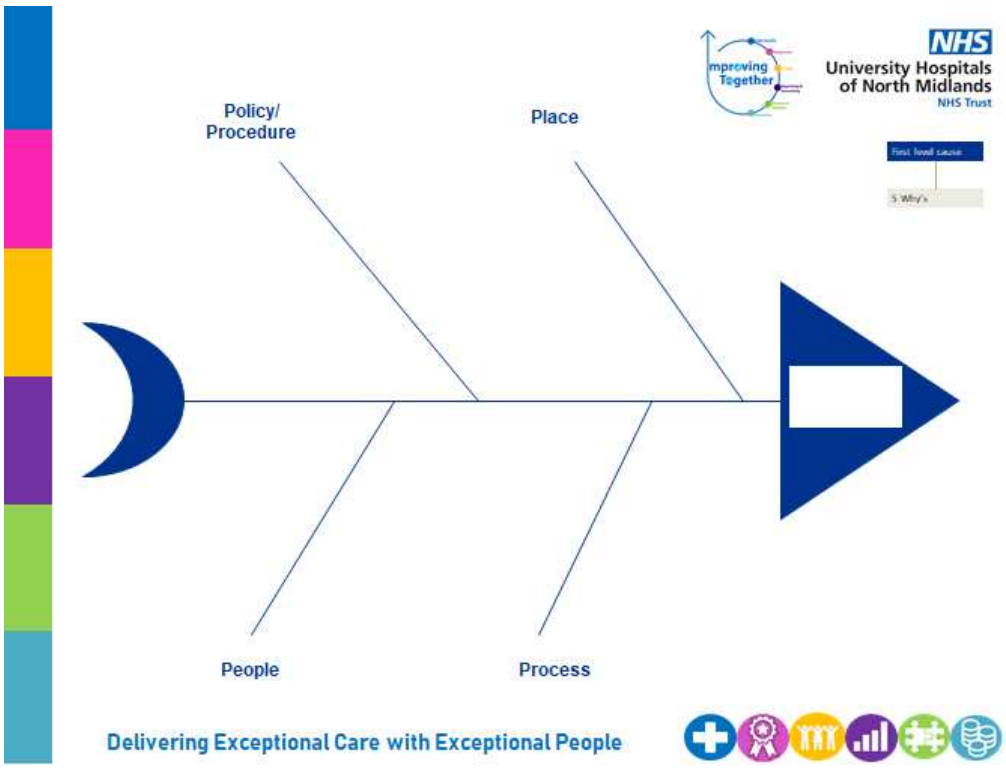
A risk should be described with three components and when read together, should provide a clear risk description:

Cause	Uncertain Event	Effect
This part of the description should capture the **cause** and be based on **fact**. *i.e. as a result of [existing condition]* Use language such as **is, do, has, has not**	This part of the description should focus on the **uncertain event** which may occur. *i.e. [an uncertain event] may occur* Use language such as **may, might, possibly**	This part of the description should describe the **effect** on objectives of the uncertain event. For example, this may be: • Impact upon strategic objectives • financial loss • reputational damage • quality / patient is compromised • operational disruption • legal / regulatory action Use language such as **would, could**

EXAMPLE		
Due to a significant shortage of clinical staff within the Department	There may be a risk to patient safety and outcomes	resulting in legal / regulatory action, compromised patient safety, service disruption and financial loss.

To identify potential causes to a risk, these could be identified via completing a fishbone diagram, identifying causes associated with people, place, process, and policy/procedure. When a potential cause is added it is usually a symptom of something else, so it is important to ask 'why is it happening?

Fishbone Diagram



6. HOW RISKS SHOULD NOT BE DESCRIBED

Failure of the Objective	Objective: To expand into more geographical territories Risk: Failure to expand into new territories
Questioning the Objective	Expanding into more geographical territories could place us in competition with other providers in those areas.
Composite Risks (i.e. using 'or')	Appropriate facilities may not be available **or** there may be resistance **or** we may not be able to recruit sufficient staff.
Risks which are too broad	Risks from the implementation project
Statement of fact	There is a risk of being hacked
Risks describing the impact	There is a risk that we could have reputational damage

Appendix 3 – Risk Assessment Template

All risk assessments should be entered onto the Datix Risk Management Module. This includes identifying up to date controls and assurances and identifying future actions.

A. RISK DESCRIPTION

Remember: risk is uncertain.

Cause: (the trigger leading to the uncertain event)	
Uncertain Event: (which might happen i.e. what are you worried about)	
Effect(s):	

*when describing the 'effect', consider the following:

- Impact on the safety of patients, staff or public (physical / psychological harm)
- Impact on Quality / Complaints / Audit
- Impact on Human Resources / Organisational Development / Staffing / Competence
- Impact on Statutory Duty / Inspections
- Impact on Adverse Publicity / Reputation
- Impact on Business Objectives / Projects
- Impact on Finance including Claims
- Impact on Service / Business Interruption / Environment

B. LIKELIHOOD AND IMPACT ASSESSMENT

Step 1: To assess the likelihood of your risk, you must focus on the cause of your risk description.

Likelihood Descriptions		Likelihood Score	✓
Rare	This will probably never happen / recur.	**1**	
Unlikely	Do not expect it to happen / recur but it is possible it may do so.	**2**	
Possible	Might happen or recur occasionally.	**3**	
Likely	Will probably happen / recur but it is not a persisting issue.	**4**	
Almost Certain	Will undoubtedly happen / recur, possibly frequently.	**5**	

Step 2: To assess the impact of your risk, you must consider the possible effects the risk could result in, using the Impact Score Matrix below.

It is possible that your risk may have more than one impact, for example financial loss, service disruption and patient safety. You should use this table to impact score each of these categories separately and then select the one that has the **highest impact.**

Impact Domains	Risk Management Matrix - Impact Score and Examples of Descriptions				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / Equality / Complaints / Audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human Resources / Organisational Development / Staffing / Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory Duty / Inspections / PFI Contracting	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse Publicity / Reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Objectives / Projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including Claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service / Business Interruption / Environmental Impact	Loss/interruption of >1 hour Minimal or no impact on the environment No impact on other services	Loss/interruption of >8 hours Minor impact on environment Impact on other services within the Division	Loss/interruption of >1 day Moderate impact on environment Impact on services within other Divisions	Loss/interruption of >1 week Major impact on environment Impact on all Divisions	Permanent loss of service or facility Catastrophic impact on environment Impact on services external to the organisation
Information Security / Data Protection	Potential breach of confidentiality with less than 5 people affected Encrypted files	Serious potential breach of confidentiality with 6 – 20 people affected Unencrypted clinical records lost	Serious breach of confidentiality with 21 – 100 people affected Inadequately protected PCs, laptops and remote device	Serious breach of confidentiality with 101 – 1000 people affected Particularly sensitive details (i.e. sexual health)	Serious breach of confidentiality with over 1001 people affected Potential for ID theft

Step 3: To identify your initial risk score, you must use the likelihood score and highest impact score and use the multiplication table below. This score is calculated and based on the risk if no controls were taken, and this remains unchanged once calculated.

For example, if the likelihood score is '3' and the impact score is '4', when multiplied together, these you will give you a risk score of '12'.

		Impact Score				
		1	2	3	4	5
Likelihood Score	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

The numerical risk score will fall within a range as shown below, this will determine whether the risk is either, 'low, 'moderate', 'high' or 'extreme'.

Risk Score	
1 – 3	Low
4 – 6	Moderate
8 – 12	High
15 – 25	Extreme

Initial Risk Score (Likelihood x Impact)					
Likelihood:		Impact:		Initial Score:	

C. EXISTING CONTROLS AND ASSURANCES

Step 4: Consider what existing controls and assurances are in place. Guidance on describing controls and assurances can be found at appendix 5.

Existing Controls (i.e Existing actions which are in place to prevent the risk from occurring or to mitigate the potential impact.)	Existing Assurances (Assurance provides information or evidence about the effectiveness of the controls. An assurance description needs to state what the source of assurance is and more importantly what the assurance is telling you and if possible, the time period to which it relates)

Step 5: Identify your current risk score, by considering the effect the controls have had on reducing the likelihood or impact of the risk, and informed by the assurance as to how effective the controls are.

Current Risk Score (Likelihood x Impact)					
Likelihood:		Impact:		Current Score:	

Step 6: To identify the target risk score, you must first identify the Trust's Risk Appetite, using the Risk Appetite Matrix (overleaf).

Consider the different sub-categories of risk and identify the area which has the highest impact for your risk.

Depending on the tolerance assigned to that sub-category, consider the target likelihood and impact scores which would result in delivering a score within that range. Any exceptions to agreeing a risk target above the level of tolerable risk would need to be agreed with the relevant Executive Director.

For example, if the target risk score tolerance is between 4 and 6, the likelihood of the risk could be reduced to 2 and the impact to 3, achieving a score of 6. NB. It is usually more difficult to reduce the impact of your risk therefore you should consider what actions could be taken to reduce the likelihood, before deciding on your target likelihood score.

Target Risk Score (Likelihood x Impact)					
Likelihood:		Impact:		Target Score:	

D. FURTHER ACTIONS

Step 7: If your risk score has not reduced to its target score, you will need to identify future actions which could be put in place to address any gaps in control or assurance, with the aim of reducing the likelihood and/or impact.

Action	Person Responsible	Due Date

E. REVIEW

Step 8: Review your risk assessment, to consider any new controls, up to date assurances closing previous actions and identifying further actions. Recalculate the risk score, taking all of these things into account. If the assurance is negative, or if the risk score has not yet been reduced to a 'tolerable' level, in line with the Trust's Risk Appetite, identify further actions. See Appendix 7 for further details.

Risk Appetite Matrix

If the organisation's collective appetite for risk is unknown, it may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate.

Sub Category of Risk		Risk Appetite	Risk Score Tolerance
Impact on Quality	Patient Safety (e.g. patient harm, infection control, pressure sores, learning lessons)	Cautious	Mod 4 – Mod 6
	Effectiveness (e.g. outcomes, delays, cancellations or operational targets and performance)	Open	High 8 – High 12
	Service User and Carer Experience and the ability to manage quality (e.g. complaints, audit, surveys, clinical governance and internal systems)	Open	High 8 – High 12
Impact on Regulation & Compliance	Statutory Regulation and Requirements (e.g. Information Commissioner, Care Quality Commission, Health and Safety Executive, Professional Regulatory Bodies such as General Medical Council, Nursing & Midwifery Council, external certifications such as JAG and ISO).	Cautious	Mod 4 – Mod 6
	National Guidance and Best Practice (e.g. National Institute for Health and Care Excellence, GIRFT)	Open	High 8 – High 12
Impact on Reputation	Day to day activity (e.g. standards of conduct, ethics and professionalism and delivery of services)	Cautious	Mod 4 – Mod 6
	Risk as a result of protecting and improving the safety of patients	Seek	Ext 15 – Ext 25
Impact on Workforce	Staff recruitment (e.g. compliance with regulations such as visa requirements, Equal Opportunities and Diversity, that ensure staff are recruited fairly and competent to deliver services)	Cautious	Mod 4 – Mod 6
	Employment practice	Cautious	Mod 4 – Mod 6
	Staff retention (e.g. attractiveness of Trust as an employer of choice)	Open	High 8 – High 12
Impact on Infrastructure	Estates Infrastructure	Cautious	Mod 4 – Mod 6
	Security (e.g. access and permissions to systems and networks)	Cautious	Mod 4 – Mod 6
	Control of Assets (e.g. purchase, movement and disposal of ICT equipment)	Cautious	Mod 4 – Mod 6
	Business continuity (e.g. cyber-attack, maintenance of networks, alternative solutions)	Cautious	Mod 4 – Mod 6
	Data (e.g. integrity, availability, confidentiality and security, unintended release)	Cautious	Mod 4 – Mod 6
Impact on Finance & Efficiency	Value for money and sustainability (including cost saving)	Cautious	Mod 4 – Mod 6
	Standing Financial Instructions (SFI's) and financial control	Cautious	Mod 4 – Mod 6
	Fraud and negligent conduct	Minimal	Low 1 – Low 3
	Contracting	Seek	Ext 15 – Ext 25
Impact on Partnerships / Collaboration	Partnerships	Open	High 8 – High 12
Impact on Innovation	Innovation (e.g. new ways of working, new products, new and realigned services, new models of staffing and realignment of services, international recruitment, new ICT systems and improvements)	Seek	Ext 15 – Ext 25
	Financial Innovation (e.g. new ways of working, new products, new and realigned services)	Open	High 8 – High 12

Appendix 4 – Risk Appetite Statement

1. INTRODUCTION

The following Risk Appetite Statement makes clear the Trust Board's expectations in relation to the category of risks they expect management to identify and the level of which is acceptable. If the organisation's collective appetite for risk is unknown, it may lead to erratic or inopportune risk taking, exposing the organisation to a risk it cannot tolerate.

The benefits of adopting a risk appetite include:

- supporting informed decision-making
- reducing uncertainty
- improving consistency across governance mechanisms and decision-making
- supporting performance management
- enabling the board to focus and prioritise resources

The statement is based on the premise that the lower the risk appetite, the less the Board is willing to accept in terms of risk and consequently the higher levels of controls that must be put into place to manage the risk.

The higher the appetite for risk, the more the Board is willing to accept in terms of risk and consequently the Board will accept business as usual activity for established systems of internal control and will not necessarily seek to strengthen those controls. Risk appetite will therefore be set at one of the following levels:

LEVELS OF RISK APPETITE	
Avoid **Risk Score Tolerance 0**	We are not prepared to accept any risk.
Minimal **Risk Score Tolerance 1 – 3**	We accept that risks will not be able to be eliminated, therefore these should be reduced to the lowest levels, with ultra-safe delivery options, recognising that these may have little or no potential for reward/return.
Cautious **Risk Score Tolerance 4 – 6**	We are willing to accept some low levels of risk, while maintaining overall performance of safe delivery options, recognising that these may have restricted potential for reward/return.
Open **Risk Score Tolerance 8 – 12**	We are willing to accept all potential delivery options, recognising that these may provide an acceptable level of reward.
Seek **Risk Score Tolerance 15 - 25**	We are eager to be innovative, choosing options with the potential to offer higher business rewards.

2. CATEGORIES OF RISK

Risks at an operational level will be considered under the following categories:

- Quality – Safety, Effectiveness & Experience
- Regulation and Compliance
- Reputation
- Workforce
- Infrastructure (Estates & IM&T)
- Finance and Efficiency
- Partnerships/Collaboration
- Innovation

3. APPETITE FOR RISKS THAT MAY IMPACT UPON QUALITY

OUR STATEMENT ON QUALITY

Patient safety is our number one priority. While we aim to find a balance in our approach to achieve the best value for money in order to achieve financial sustainability for the future, we will not hesitate to spend money and apply resources to situations that present unacceptable risks to the safety of our patients.

We will protect patients from harm, giving them treatment that provides the best possible outcomes and make sure that they have a good experience of the treatment and care we provide. We have a moderate appetite to risks that may have an impact on any aspect of safety.

We will collect useful information on quality and share this information quickly with the people who are best placed to improve care. We will empower our staff to get things done and will be constantly vigilant in keeping quality standards high. We will take every opportunity to compare ourselves with other providers so that we continue to strive for excellence.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Patient Safety (e.g. patient harm, infection control, pressure sores, learning lessons)	**Cautious**	**Mod 4 - Mod 6**
Effectiveness (e.g. outcomes, delays, cancellations or operational targets and performance)	**Open**	**High 8 – High 12**
Service User and Carer Experience and the ability to manage quality (e.g. complaints, audit, surveys, clinical governance and internal systems)	**Open**	**High 8 – High 12**

4. APPETITE FOR RISKS THAT MAY IMPACT UPON REGULATION AND COMPLIANCE

OUR STATEMENT ON REGULATION AND COMPLIANCE

We provide services within a highly regulated environment that must meet high levels of compliance expectations from a large number of regulatory sources. We will endeavour to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against pragmatic operational imperatives.

Non-compliance with legal and statutory requirements undermines public and stakeholder confidence in the Trust, has the potential for harm and legal consequences and therefore the Trust has a moderate appetite in relation to those risks.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Statutory Regulation and Requirements (e.g. Information Commissioner, Care Quality Commission, Health and Safety Executive, Professional Regulatory Bodies such as General Medical Council, Nursing & Midwifery Council, external certifications such as JAG and ISO).	**Cautious**	**Mod 4 – Mod 6**
National Guidance and Best Practice (e.g. National Institute for Health and Care Excellence, GIRFT)	**Open**	**High 8 – High 12**

5. APPETITE FOR RISKS THAT MAY IMPACT UPON REPUTATION

OUR STATEMENT ON REPUTATION

We accept that a level of reputational risk is inherent in all of our activities which include the effect of factors such as regulatory intervention; employee conduct, human resource practices, legal, licensing, policy decisions; fiscal responsibility and information security. Negative perceptions by patients, staff and other stakeholders may jeopardise our credibility and impede the achievement of delivering our strategic objectives.

We expect high standards of conduct, ethics and professionalism to be maintained at all times and we have a moderate appetite for risks that could cause reputational damage to the Trust or a loss in public confidence in our ability to deliver a quality service.

We will accept a significant level of risk to our reputation (where for instance we may spend above planned levels) in protecting and improving the safety of our patients, as this is the Board's highest priority.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Day to day activity (e.g. standards of conduct, ethics and professionalism and delivery of services)	**Cautious**	**Mod 4 – Mod 6**
Risk as a result of protecting and improving the safety of patients	**Seek**	**Ext 15 – Ext 25**

6. APPETITE FOR RISKS THAT MAY IMPACT UPON WORKFORCE

OUR STATEMENT ON WORKFORCE

We believe that patient outcomes, safety and the quality of care we provide is influenced by the experiences and engagement of staff and the support they receive from colleagues and the Trust more widely. We will endeavour to ensure that the right numbers of properly qualified staff are in the right place at the right time.

As our greatest area of expenditure we expect that staff potential and performance is efficiently maximised while balancing this against opportunities for professional development, flexible working practices and the implementation of national agreements regarding terms and conditions. We have a moderate risk appetite for compliance risks relating to staff recruitment and the controls applied while in work.

We have high risk appetite to explore innovative solutions to future staffing requirements, our ability to retain staff and to ensure that the Trust remains as an employer of choice.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Staff recruitment (e.g. compliance with regulations such as visa requirements, Equal Opportunities and Diversity, that ensure staff are recruited fairly and competent to deliver services)	**Cautious**	**Mod 4 - Mod 6**
Employment practice	**Cautious**	**Mod 4 - Mod 6**
Staff retention (e.g. attractiveness of Trust as an employer of choice)	**Open**	**High 8 – High 12**

7. APPETITE FOR RISKS THAT MAY IMPACT UPON INFRASTRUCTURE

OUR STATEMENT ON INFRASTRUCTURE

We are committed to providing patient care in a therapeutic environment and providing staff with an environment and supporting infrastructure in which to perform their duties. However, we have a moderate appetite for some risks related to our infrastructure and estate except where these adversely impact on patient safety, care quality and regulatory compliance.

Information Management and Technology (IM&T) plays an ever increasing role in supporting staff to deliver high quality services to patients. IM&T must support core Trust functions with sufficient capability, capacity, resilience and security from internal and external threats. The Trust relies on an increasingly mobile and technologically dependent workforce to carry out its core functions; we therefore expect that full business continuity plans are in place should services become unavailable.

We will collect personal and sensitive information to help us deliver services and improve their quality, ensuring that only those who have a legitimate purpose are given access to this data. We have a low risk appetite for IM&T risks relating to security, control of assets, business continuity and data.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Estates infrastructure	**Cautious**	**Mod 4 – Mod 6**
Security (e.g. access and permissions to systems and networks)	**Cautious**	**Mod 4 – Mod 6**
Control of Assets (e.g. purchase, movement and disposal of ICT equipment)	**Cautious**	**Mod 4 – Mod 6**
Business continuity (e.g. cyber-attack, maintenance of networks, alternative solutions)	**Cautious**	**Mod 4 – Mod 6**
Data (e.g. integrity, availability, confidentiality and security, unintended release)	**Cautious**	**Mod 4 – Mod 6**

8. APPETITE FOR RISKS THAT MAY IMPACT UPON FINANCE AND EFFICIENCY

OUR STATEMENT ON FINANCE AND EFFICIENCY

To achieve the best value for money and to ensure our future financial sustainability we expect appropriate stewardship over our financial resources. This means that decisions regarding the pursuit of our strategic objectives must be balanced against the expectations of our regulators in meeting our financial plans and statutory duties.

We expect robust internal controls to be maintained which ensure compliance with applicable government and accounting standards. We will not tolerate risks that may lead to financial losses from fraud and negligent conduct as this represents a corporate failure to safeguard public resources.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Value for money and sustainability (including cost saving)	**Cautious**	**Mod 4 – Mod 6**

Standing Financial Instructions (SFI's) and financial control	**Cautious**	**Mod 4 – Mod 6**
Fraud and negligent conduct	**Minimal**	**Low 1 – Low 3**
Contracting	**Seek**	**Ext 15 – Ext 25**

9. APPETITE FOR RISKS THAT MAY IMPACT UPON PARTNERSHIPS/COLLABORATION

OUR STATEMENT ON PARTNERSHIPS & COLLABORATION

We are committed to collaborating with our stakeholder organisations to bring value and opportunities across current and future services, through system-wide partnerships. We have a high risk appetite in developing partnerships with organisations who are responsible and have similar values, maintaining the required level of compliance with our statutory duties.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Partnerships	**Open**	**High 8 – High 12**

10. APPETITE FOR RISKS THAT MAY IMPACT UPON INNOVATION

OUR STATEMENT ON INNOVATION

We have a significant appetite to pursue innovation in the delivery of services and challenge current working practices. The potential rewards in pursuing new solutions that may improve quality and provide business efficiencies must be balanced against the safety and wellbeing of our patients and staff.

We have a significant appetite to pursue innovation and challenge current working practices in support of the use of systems and technology developments, as well as new service design within the services it manages. We will therefore pursue options where innovation can provide higher rewards (despite greater inherent risks), but only where quality and compliance are not affected.

Although we cannot control or predict external factors that may affect our financial resources, we have a duty to protect cost saving through efficiencies and innovation. We are therefore willing to accept a high level of risk in pursuit of such activities but we expect prudent decisions to be made to mitigate the financial impact while providing optimal value for money.

Sub Category of Risk	Risk Appetite	Risk Score Tolerance
Innovation (e.g. new ways of working, new products, new and realigned services, new models of staffing and realignment of services, international recruitment, new ICT systems and improvements)	**Seek**	**Ext 15 – Ext 25**
Financial Innovation (e.g. new ways of working, new products, new and realigned services)	**Open**	**High 8 – High 12**

Appendix 5 – Identifying Controls, Assurances and Actions

1. Identifying Controls

The purpose of control is to prevent or reduce the likelihood of occurrence. In addition, controls may be used as mitigation to reduce potential impact if the risk was to occur.

Control relates to any **action** taken to manage risk which should change the cause and/or impact of the risk. When you are identifying controls, these must already be in place. Any controls to prevent or mitigate the risk which are not yet in place should be identified within your action plan and once complete, these additional actions would become a control.

Examples of preventative controls can include:

- Policies and procedures
- People, for example, a person who may have a specific role in delivery of an objective
- Training programmes
- Processes / practices, for example, a specific process which ensures the delivery of an objective

Examples of mitigating controls can include:

- Actions taken as a contingency should the risk materialise

Control descriptions need to be explicit to provide enough detail to understand how they link with the risk (use the causes identified, to help identify key controls).

How to describe controls:	How not to describe controls:
• There is an up to date improvement plan with an agreed phase / delivery timeline. KPIs are in place and these have been communicated to all key staff/stakeholders	• Improvement plan in place (too vague)

2. Identifying Assurances

Assurances provide us with information or evidence about whether existing controls are working effectively. Assurances can be from a range of sources and will include internal assurances (for example a clinical audit) and / or external assurance (for example a report from a regulatory body).

Assurances can be positive or negative, meaning that the assurance can indicate whether our controls are working well or whether we need to make further improvements.

For example:

- A report on training uptake statistics will tell us whether our training uptake is reaching those intended
- A report on adverse incident reports will tell us whether our policies, procedures and processes are working effectively and without incident
- An audit will tell us whether we are compliant with relevant requirements (which could be our local policies or a national mandate)

3. Describing Assurances

How to describe assurances:	How not to describe assurances:
An assurance description needs to state what the source of assurance is and more importantly what the assurance is telling you and if possible, the time period to which it relates. For example: • Incident report monitoring during Quarter 1 has confirmed that there have been very few adverse incidents of pressure ulcers.	An assurance description should not simply feature a list of documents, as this does not provide sufficient information on the effectiveness of your controls. For example: • Adverse incident reports • Minutes of meetings • Report to Patient Safety Forum

4. Identifying Actions

Once you have identified your controls and assurances, you will need to identify what further actions need to be taken to achieve reduce the risk to its target. These actions are sometimes referred to as risk control and usually fall under the following categories:

Types of Risk Control (the 4 'T's)	
Terminate	Eliminates the risk completely.
Transfer	Passes the risk to a third party, who bears or shares the impact.
Treat	**Containment:** Reduces the likelihood and / or the impact
	Contingent: Establishes a contingency to be enacted should the risk happen.
Tolerate	Accepts the risk if it has reached the target risk score, subject to monitoring.

When identifying actions, you must ensure that each action also has a designated person responsible for completing the action and a due date by which the action will be completed.

Appendix 6 – Risk Reporting, Oversight and Escalation

1. Risk Reporting

The majority of risks should be reported in the form of a risk register. A risk register is simply a record of all identified risks relating to a set of objectives, including their history and their status. For the purposes of the Board Assurance Framework, strategic risks will be reported in a standalone format and presented to Boards and Committees. Operational risks which are linked to any of the strategic risks will be taken from the Datix Risk Register.

A risk register is a tool designed to help managers achieve their objectives and to drive and provide evidence of risk management activities.

To ensure risk reporting is meaningful and effective, a Risk Register Report should include the following fields (all of which should be accurately completed within Datix).

ID	The unique identifier for your risk assessment, automatically generated by Datix.
Risk Owner	The person responsible for identification and management of the risk.
Primary Risk Subject	Identifies the main category of risk i.e. Quality – Safety, Effectiveness & Experience, Regulation and Compliance, Reputation, Workforce, Infrastructure (Estates & IM&T), Finance and Efficiency, Partnerships/Collaboration, Innovation.
Strategic Objective	Identifies which of the Trust's Strategic Objectives the risk will have an impact upon.
Title	The short title which describes the subject of the risk.
Risk Description	The risk description should include a risk description in line with the guidance set out within appendix 5, identifying the cause, uncertain event and possible effect.
Controls	These are the actions being taken to manage the risk to achieve the objective (as set out within appendix 5).
Assurances	The sources of assurance should be outlined including what the assurances say in terms of the effectiveness of the actions taken (as set out within appendix 5).
Initial Risk Score	The risk score which was calculated when the risk assessment is first completed, without any controls/assurances in place. This remains unchanged once calculated.
Current Risk Score	The risk score which was calculated when reviewing the risk assessment, taking into account controls and assurances. This is recalculated each time the risk assessment is reviewed.
Target Risk Score	The target risk score should be in line with the Trust's Risk Appetite Statement which should reflect the level of risk reduction required by introducing additional controls.
Actions	The further action required to reduce the risk score to its tolerable level.
Person Responsible	The person who is responsible for carrying out the action.
Due Date	The date when the action will be completed.
Completed Date	The date that the action has been completed.

2. Risk Oversight Framework

Risks are overseen at various levels throughout the organisation. The table below sets out the levels at which risks must be reported and overseen:

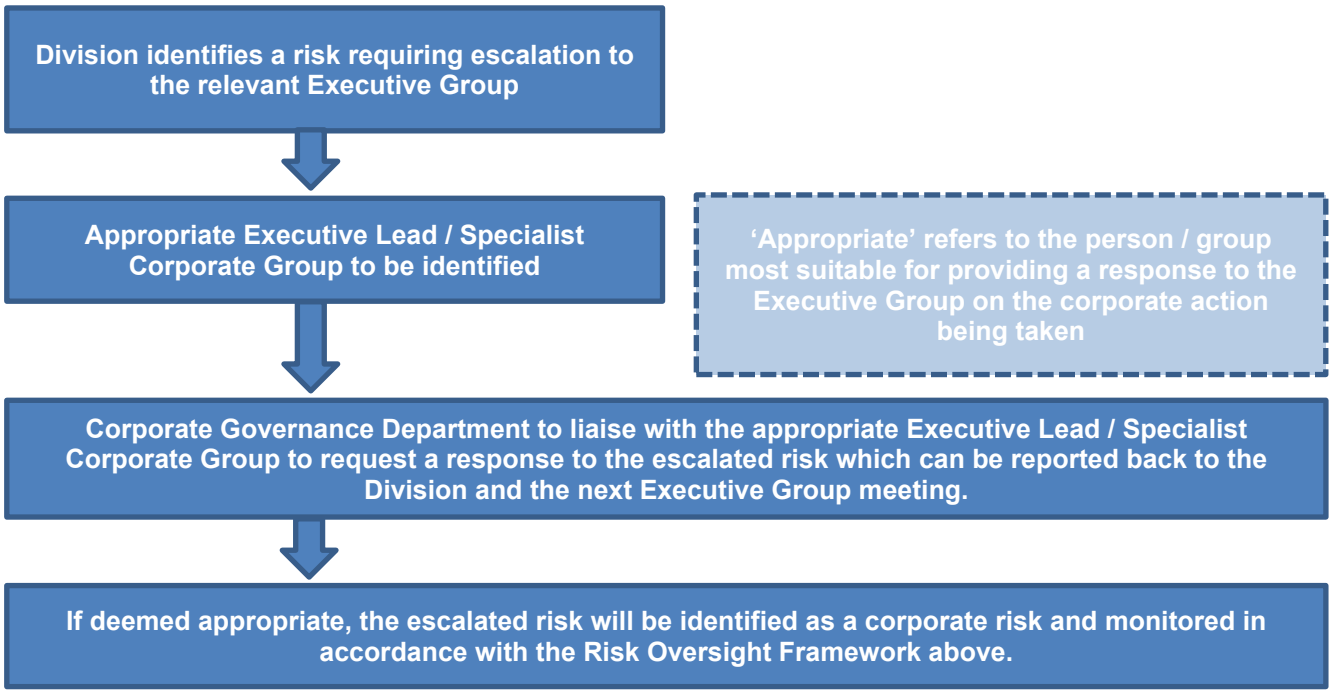
Level of Escalation / Oversight		Level / Types of Risk	Role and Purpose of Oversight	Style of Report
CORPORATE OVERSIGHT	**Board**	Risks identified against Strategic Objectives	• Scrutiny of the risks identified and holding responsible persons to account for the action being taken. • Assurance from the Audit Committee that the process is working effectively	Board Assurance Framework (BAF)
	Performance & Finance Committee / Quality Governance Committee / Transformation & People Committee	Risks identified against Strategic Objectives – relevant to their area of focus	Scrutiny of the risks identified and holding responsible persons to account for the action being taken.	Board Assurance Framework (BAF)
	Audit Committee	Risks identified against Strategic Objectives	Assurance from the Quality Governance Committee, Performance & Finance Committee and Transformation and People Committee that the process is working effectively	Board Assurance Framework (BAF)
	Performance Management Reviews	• Risks for escalation • Outcome of audit results	Holding responsible persons to account for the action being taken	Divisional Performance Management Review Presentation
	Executive Groups	All risks scoring 12 or above	• Scrutiny, challenge of risks scoring 12 or above. • Referral to and assurance from key specialist corporate groups as appropriate. • Agreement of risks to be escalated	Risk Oversight Report (taken from Risk Registers)
	Specialist Corporate Groups	All 'corporate' risks relevant to their area of specialism.	Identification, management and oversight of risks relevant to their specialist subject, ensuring appropriate action is taken.	Specific Risk Registers
DIVISIONAL OVERSIGHT	**Divisional Boards**	All risks scoring 8 or above	• Challenge, review and monitoring of all risks scoring 8 or above. • Escalation of risks to Executive Groups.	Risk Register
	Divisional Governance Group	All risks	• Scrutiny, challenge, review and monitoring of all Divisional risks • Escalation of risks to Divisional Board	Risk Register
	Directorate / Operational Groups	All relevant risks	• Scrutiny, challenge, review and monitoring of all Directorate risks	Risk Register

3. Risk Escalation to Executive Groups

Risks can be escalated to an Executive Group for consideration of further controls. Although the Executive Group will make a decision on whether risks need to be identified as 'corporate' these will, in most circumstances be:

- Emergent risks which span across multiple divisions and are not already subject to corporate oversight
- Risks where the action required does not fall within the full control of the Division
- Risks which are overseen by the Specialist Corporate Groups due to their nature

4. Corporate Risk Register Escalation Process



Appendix 7 – Review of Risk

1. Risk Review

The Trust recognises that risk management should be embedded throughout the organisation. The review of risk should be an ongoing and iterative process which is part of day to day work. Risks should be reviewed by the Risk Owner, in order to:

- Enable key controls to be identified
- Identify whether the risk score is increasing, by articulating current assurance regarding the effectiveness of the controls
- Identify and implement actions for further mitigation
- Enable the opportunity to escalate risks
- Monitor implementation of actions and whether additional controls have had an impact on reducing the likelihood and/or impact
- Identify whether the actions taken have reduced the risk to a 'tolerable' level

2. Frequency of Reviews

Risks should be reviewed on a basis that is proportionate to the current risk rating. All risks should be reviewed by the Risk Owner and discussed at an appropriate governance meeting. Reviews should consider the risk description, current and target scores, identification of new controls, assurances and further actions. Updates should be made to the risk assessment on Datix in the respective fields.

NB. It is recognised that Progress Notes are utilised in some areas for providing updates on risks. It is imperative that information in relation to actions taken and current assurances are included within the controls, assurances and action planning fields. Progress Notes should therefore only be utilised to contain information not able to be provided within an existing field.

Risk Rating	Frequency of Review
Risks that have been closed but have a recurring theme	Annually
Risks scoring 3 or below	Six monthly
Risks scoring between 4 and 6	Quarterly
Risks scoring between 8 and 12	Bi-monthly
Risks scoring 15 or above	Monthly

Trust Board
2023/24 BUSINESS CYCLE

KEY TO RAG STATUS	
Paper rescheduled for future meeting	
Paper rescheduled for next meeting	
Paper taken to meeting as scheduled	

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		5	3	7	5	2	6	4	8	6	3	7	6	
HIGH QUALITY														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse		Staff		Staff				Staff			Staff		
Quality Governance Committee Assurance Report	Director of Governance											N/A		
Quality Strategy Update	Chief Nurse													To be considered at the Trust Board Time Out - November 2023
Clinical Strategy	Director of Strategy													To be considered at the Trust Board Time Out - November 2023
Care Quality Commission Action Plan	Chief Nurse													Deferred to December pending further consideration by the Executive & Committees
Bi Annual Nurse Staffing Assurance Report	Chief Nurse									→				To be considered in January after discussion at TAP in December
Quality Account	Chief Nurse													
NHS Resolution Maternity Incentive Scheme	Chief Nurse													
Maternity Serious Incident Report	Chief Nurse													
Winter Plan	Chief Operating Officer													
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI													
Infection Prevention Board Assurance Framework	Chief Nurse	Q3		Q4		Q1				Q2			Q2	
RESPONSIVE														
Integrated Performance Report	Various	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													Deferred to December due to ongoing discussions
PEOPLE														
Transformation and People Committee Assurance Report	Director of Governance											N/A		
Gender Pay Gap Report	Chief People Officer													
People Strategy Update	Chief People Officer													To be considered at the Trust Board Time Out - November 2023
Revalidation	Medical Director													
Workforce Disability Equality Report	Chief People Officer													
Workforce Race Equality Standards Report	Chief People Officer													
Staff Survey Report	Chief People Officer													
Raising Concerns Report	Director of Governance					Q4 & Q1			Q2			Q3		Delay in obtaining Q3 data and therefore to be provided to March's meeting.
IMPROVING AND INNOVATING														
Research Strategy	Medical Director													To be considered at the Trust Board Time Out - November 2023
SYSTEM AND PARTNERS														
System Working Update	Chief Executive / Director of Strategy													
RESOURCES														

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		5	3	7	5	2	6	4	8	6	3	7	6	
Performance and Finance Committee Assurance Report	Director of Governance													
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,500,001 and above	Director of Strategy	N/A	N/A			N/A			N/A		N/A	N/A		
Digital Strategy Update	Chief Digital Information Officer													
Going Concern	Chief Finance Officer													
Estates Strategy Update	Director of Estates, Facilities & PFI													To be considered at the Trust Board Time Out - November 2023
Annual Plan	Director of Strategy													
Board Approval of Financial Plan	Chief Finance Officer													Approved at PAF April 2023
Final Plan Sign Off - Narrative/Workforce/Activity/Finance	Chief Finance Officer													Approved at PAF April 2023
Activity and Narrative Plans	Director of Strategy													Approved at PAF April 2023
Capital Programme 2022/23	Chief Finance Officer													Approved at PAF April 2023
Standing Financial Instructions	Chief Finance Officer													Next due for review February 2026
Scheme of Reservation and Delegation of Powers	Chief Finance Officer													Next due for review February 2026
GOVERNANCE														
Nomination and Remuneration Committee Assurance Report	Director of Governance													
Audit Committee Assurance Report	Director of Governance													
Board Assurance Framework	Director of Governance		Q4			Q1			Q2			Q3		
Accountability Framework	Director of Governance													Not due for formal review until Q3 2024/2025. Interim refresh taking place January 2024
Annual Evaluation of the Board and its Committees	Director of Governance													Board review considered at Trust Board Seminar in July
Annual Review of the Rules of Procedure	Director of Governance													
G6 Self-Certification	Chief Executive													
FT4 Self-Certification	Chief Executive													
Board Development Programme	Director of Governance													
Well-Led Self Assessment	Director of Governance													Timing TBC - proposal being considered November 2023
Risk Management Policy	Director of Governance													
Complaints Policy	Chief Nurse													Next due for review June 2024