NHS
University Hospitals of North Midlands
NHS Trust

AGENDA

Trust Board - Part 1 (in Public)

Meeting held on Wednesday 12th March 2025 at 9.30 am to 12.15 pm
Trust Boardroom, Third Floor, Springfield, RSUH

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 8th January 2025	Approval	Mr D Wakefield	Enclosure	
	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
10 mins	**6.**	Chief Executive's Report – March 2025	Information	Dr S Constable	Enclosure	
10 mins	**7.**	Board Assurance Framework – Quarter 3	Assurance	Mrs C Cotton	Enclosure	**ALL**
10:15		**HIGH QUALITY**				
10 mins	**8.**	Maternity and Neonatal Serious Incident Report – Quarter 3	Assurance	Mrs AM Riley	Enclosure	**1**
10:25		**RESPONSIVE**				
15 mins	**9.**	Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update	Assurance	Mrs K Thorpe	Enclosure	**1, 4**
10:40 – 10:55 COMFORT BREAK						
10:55	**HIGH QUALITY**	**RESPONSIVE**	**PEOPLE**	**IMPROVING & INNOVATING**	**SYSTEM & PARTNERS**	**RESPONSIVE**
	10.	Integrated Performance Report – Month 10 and Committee Assurance Reports:				
20 mins	**10a**	• Quality Governance Committee Assurance Report (30-01-25 & 04-03-25) • High Quality Dashboard	Assurance	Prof A Hassall Mrs AM Riley Dr M Poulson	Enclosure	**1**
25 mins	**10b**	• Performance & Finance Committee Assurance Report (28-01-25 & 03-03-25) • Responsive Dashboard • Resources Dashboard	Assurance	Prof G Crowe Mrs K Thorpe Mr M Oldham	Enclosure	**4** **7, 8**
10 mins	**10c**	• People Dashboard	Assurance	Mrs J Haire	Enclosure	**2**
10 mins	**10d**	• Strategy & Transformation Committee Assurance Report (29-01-25) • Improving & Innovating Dashboard • System & Partners Dashboard	Assurance	Ms T Bowen Dr M Poulson Ms H Ashley	Enclosure	**9** **3**
5 mins	**10e**	• Audit Committee Assurance Report (31-01-25 & 06-03-25)	Assurance	Mrs M Monckton	Enclosure	
12:05	**CLOSING MATTERS**					
5 mins	**11.**	Review of Meeting Effectiveness • Did the Board, via the agenda, papers and discussion, fulfil its objectives of supporting our communities, staff and stakeholders? • Was the balance of the agenda correct between strategy and performance?	Information	Mr D Wakefield	Verbal	
	12.	Review of Business Cycle	Information	Mr D Wakefield	Enclosure	
5 mins	**13.**	Questions from Members of the Public	Information	Mr D Wakefield	Verbal	
12:15	**DATE AND TIME OF NEXT MEETING**					
	14.	**Wednesday 7th May 2025, 9.30 am, Trust Boardroom, Third Floor, Springfield, Royal Stoke**				

Questions from the Public - Please submit questions in relation to the agenda, by 9.00 am 10th March to nicola.hassall@uhnm.nhs.uk

University Hospitals of North Midlands NHS Trust

Trust Board – Part 1 (in Public)

Meeting held on Wednesday 8th January at 9.30 am to 12.15 pm
Via MS Teams

MINUTES OF MEETING

Members Present:		
Mr D Wakefield	DW	Chairman (Chair)
Mrs L Bainbridge	LB	Non-Executive Director
Mrs T Bowen	TBo	Non-Executive Director
Prof A Hassell	AH	Associate Non-Executive Director
Prof K Maddock	KM	Non-Executive Director
Mrs M Monckton	MM	Non-Executive Director
Mrs W Nicholson	WN	Associate Non-Executive Director
Prof S Toor	ST	Non-Executive Director
Dr S Constable	SC	Chief Executive
Ms H Ashley	HA	Director of Strategy
Mrs C Cotton	CC	Director of Governance
Mrs A Freeman	AF	Chief Digital Information Officer
Mrs J Haire	JH	Chief People Officer
Dr M Lewis	ML	Chief Medical Officer
Mrs AM Riley	AR	Chief Nurse
Mrs L Thomson	LT	Director of Communications
Mrs K Thorpe	KT	Chief Operating Officer
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI

Apologies Received:		
Prof G Crowe	GC	Non-Executive Director
Mr M Oldham	MO	Chief Finance Officer

In Attendance:	
Mrs D Brayford	Deputy Director of Midwifery – Governance (item 8 & 9)
Mr S Cunningham	Clinical Director – Maternity and Neonatal (item 8 & 9)
Mrs N Hassall	Deputy Director of Governance (minutes)
Miss L Harrison	Patient (item 1)
Mrs R Pilling	Head of Patient Experience (item 1)
Ms C Poole	Headache Specialist Nurse (item 1)
Mr J Tringham	Operational Director of Finance (representing Mr Oldham)

Members of Staff and Public: 8

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Patient Story**	
001/2025	Miss Harrison described her story, highlighting the following: • She had been referred to neurology due to having repetitive headaches, which she had since she was 16 years old • After being referred to neurologists in Birmingham, she had been discharged with no clear treatment plan • After being seen by a locum GP, the GP asked if she would be willing to travel	

to Royal Stoke to see Dr Davies – at which time she was 22 years old

- Within a short time of describing her symptoms, Dr Davies had diagnosed her condition which was a rare type of headache
- As there were not a lot of diagnosed cases, the treatment options were limited, therefore some medications were trialled, which had some benefit initially but after catching covid in 2021, the medications stopped working. As such, Dr Davies suggested using Botox injections and explained that although they may not work, there would be no negative side effects
- On the morning of her first appointment, she had some doubts, as she was not sure where she would be injected, but despite these and after some reassurance from her mum, she had the injections
- She was told the injections could take 7 to 10 days to work, and after 7 days she did not feel right which she soon realised was because her head did not hurt, and she did not have a headache which felt strange
- She continued to have no headaches for 12 weeks; after 6 weeks she phoned Ms Poole to notify her of this
- She described the positive impact the injections had on improving her quality of life, however in January 2024 she developed a headache which was different to her previous headaches, a headache which disappeared when she lay down.
- She went to see her GP who sent her to Burton A&E after which time she was scanned and a lumbar puncture was undertaken, before being sent home
- After going into work the next day, she phoned Ms Poole and went to see Dr Davies in his outpatient clinic the following week. He thought it was a CSF leak and suggested that this could have been due to her being hyper mobile
- She was admitted to Ward 126 and praised the staff on the ward, and in theatre. After that, the headache went but only temporarily, and she was having to go in and out of the ward for the treatment, which only provided temporary relief
- After being discharged in June 2024, her mum became poorly with stage 4 pancreatic cancer. As she was worried she would not be able to spend time with her mum, due to her debilitating headaches, Ms Poole suggested providing full Botox injections to alleviate her symptoms which worked
- She had further injections in November and whilst they had not fully alleviated her symptoms, they had made a difference, so much so that she was able to go back to work 3 mornings a week
- She expressed her gratitude to all the staff involved in her care

Mr Wakefield thanked Miss Harrison for her story and provided his condolences for the loss of her mum.

Dr Lewis applauded the work that Ms Poole and Dr Davies had done to provide the specialist service.

Mrs Haire reflected on the lifelong impact Miss Harrison's headaches had, and the way in which the treatment she had been provided with had improved her quality of life. She thanked Miss Harrison for bringing her story to the Board.

Mrs Riley highlighted that Ms Poole had been provided with a Daisy award, following Miss Harrison's nomination, and welcomed the chance she had to speak to Miss Harrison's father who commented on the difference the interventions had provided.

Ms Nicholson queried if there was anything which could have been done differently and Miss Harrison stated that there was nothing in particular, although her mum had said she wished they had known about the specialist service at

	Royal Stoke before. She added that Dr Davies and Ms Poole had always been supportive. Dr Wakefield summarised that Miss Harrison seemed to have been dismissed by other clinicians and apologised for this, on behalf of the NHS. He recognised the impact that the locum had in recommending the service at Royal Stoke and also noted the strength of character of Miss Harrison's mum in terms of supporting her with her appointments and reassuring her to seek treatment. He also thanked Ms Poole, Dr Davies and the staff on Ward 126 for the care and treatments provided to Miss Harrison, which shone a light on the headache service. Miss Harrison, Mrs Pilling and Ms Poole left the meeting. **The Trust Board noted the patient story.**	
2.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
002/2025	Mr Wakefield welcomed members to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.	
3.	**Declarations of Interest**	
003/2025	There were no declarations of interest raised.	
4.	**Minutes of the Meeting held 6th November 2024**	
004/2025	The minutes of the meeting held 6th November 2024 were approved as a true and accurate record.	
5.	**Matters Arising via the Post Meeting Action Log**	
005/2025	PTB/606 – Dr Lewis highlighted that the appointment of a new appraisal lead had already started to have a positive impact in increasing the number of appraisals completed.	
6.	**Chief Executive's Report - December 2024**	
006/2025	The report was taken as read and Dr Constable asked Mrs Freeman to update on the recent IT issues: • Some changes had been made and as such the Trust had been in a stable state for iPortal since before Christmas. In January, the system would move onto its own hardware • In terms of CareFlow, the root cause of the issues had been identified and some changes had been applied but it remained to be seen if these were being sustained • An issue with the digital observation system occurred over Christmas, the root cause of which was being investigated Mr Wakefield referred to the planned changeover on 14th January for iPortal and queried whether it was the right time to do so. Mrs Freeman stated that the change needed to take place, but a decision would be made, taking into account whether the Trust was in critical incident. She added that the main concern in delaying the change, was due to the systems linked to iPortal, in that the Trust would need to reengage with the suppliers to ensure support was in place on any	

	revised changeover date. She highlighted that the move to new hardware remained a temporary fix, and this would be the case until a new EPR was in place. Ms Bowen referred to the lack of information provided by System C of the interdependencies with other systems, and queried whether the Trust was comfortable with the business continuity plans in place for the changeover and risk assessment. Mrs Freeman stated that as iPortal was internally managed she was comfortable that any inter-dependencies had been appropriately identified. Professor Hassell referred to Martha's rule and queried the mechanism for patients to access this. Mrs Riley highlighted that communications were being shared with wards and that there was a single number to contact which enabled the patient to be triaged. She highlighted that this was not a second opinion service but was to be used to escalate a concern. She stated that any data collected would be submitted to the regional team and added that the roll out was on a phased basis and data would also be incorporated into existing reports going forwards. Mr Wakefield queried the reference to commercial research and the comment regarding offering access to treatments not available on NHS. Dr Constable stated that this reflected the Trust's expansion of research and highlighted that clinical trials tended to focus on new medications which were not routinely available on the NHS. He added that this would provide an opportunity for the local population to participate in trials which they would not normally be able to do, as these were usually focussed on larger Trusts such as Manchester and Birmingham. **The Trust Board received and noted the report.**	
7.	**Care Quality Commission Action Plan**	
007/2025	Mrs Riley highlighted the following: • In terms of medical care at County, the Trust had met the Section 29 notice and the rating for County Hospital had improved from Inadequate to Good • Following the inspection into Maternity, some staff interviews needed to be completed. The data request had been provided and the report had started to be written but it was not known when this would be received. She confirmed that no serious concerns had been escalated • In terms of the two remaining actions, impact was being evaluated prior to these moving to business as usual • The next update was expected to close the existing actions in addition to reflecting on any actions related to maternity Mr Wakefield queried whether there was anything of concern highlighted by the CQC following their review of maternity and Mrs Riley confirmed that no significant concerns had been raised, and these were usually provided at the time of the inspection if that was the case. Ms Bowen referred to the actions in relation to speech and language therapy and queried whether this would be further delayed. Mrs Riley stated that it was anticipated that this would be moved to business as usual for the next update, once further assurance had been provided. Professor Hassell reflected on the County inspection and the improved rating which should be celebrated. Mr Wakefield agreed, stating that this demonstrated	

	the hard work and resilience of staff. **The Trust Board received and noted the update.**	
8.	**Maternity and Neonatal Patient Safety Incident Response Framework (PSIRF) Investigation Report Q2**	
008/2025	Mrs Brayford highlighted the following: • 2 Patient Safety Incident Investigations (PSIIs) had been reported; both were stillbirths, and the Maternity and Neonatal Safety Investigation (MNSI) was ongoing. After action reviews had been undertaken, identifying immediate learning and actions, which had already been implemented • There remained 2 incidents on the old Serious Incident framework due to external processes and coroners' inquests, and these would continue to be monitored; all actions had been implemented • A detailed discussion around serious incidents was undertaken at Quality and Safety Oversight Group in addition to Quality Governance Committee (QGC), with high level data provided to the Board given the small numbers and protecting patient confidentiality Mr Wakefield queried what AAR meant, to which Mrs Brayford confirmed that these related to After Action Reviews, which were performed promptly after an incident, bringing together all clinicians involved in the incident, providing a safe space to discuss the incident, focusing on systems and processes and identifying learning. Mr Wakefield queried the timescales for AAR's, and it was noted that reports needed to be completed within 6 months, although this was previously 4 months. As such, the Trust still aimed to complete their reports within the 4 month timeline given the impact on families. Mrs Brayford confirmed that feedback was provided to families as soon as possible. **The Trust Board received and noted the update.**	
9.	**NHS Resolution Maternity Incentive Scheme**	
009/2025	Mrs Brayford highlighted the following: • The Trust was to declare that all 10 safety actions had been achieved • The Trust was exceeding the standards relating to perinatal mortality reviews (PMRT) at 100%, which was positive given that a typical PMRT takes between 4 to 6 hours, in order to identify learning and provide feedback to families • Safety action 3 continued to be achieved, whereby term admission rates were below the national benchmark • Training compliance had significantly improved since 3 years ago, and the Trust was now consistently achieving above 90% • One area had an action plan in place to address deficiencies; qualified in specialty (QIS) nursing which was at 59% for neonatal nurses against a trajectory of 75% by December 2025. This was monitored daily and there was always a minimum of half the workforce being QIS trained on a single shift. It was noted that as training took place twice a year, the trajectory reflected that Mrs Riley stated that the Trust's declaration had been presented to the Local Maternity and Neonatal System (LMNS) who agreed with the declaration.	

	Mr Cunningham referred to the CNST assessment which considered the systems in place versus the CQC which inspected what was happening on a given day. He stated that the LMNS had assessed the CNST evidence and if the CQC had any concerns they would also reassess the CNST evidence. He added that the lack of integration between CNST and CQC had been noted nationally. Mr Wakefield provided his thanks for the presentation and the assurance provided. **The Trust Board received the update and approved the declaration to be signed.**	
10.	**Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update**	
010/2025	Mrs Thorpe highlighted the following: • The Trust remained in critical incident • While attendances remained high, this was not outside of normal variation, but the increase in ambulance attendances was outside of variation in addition to the acuity of attendances • Cohort flu wards and bays had been opened • Occupancy was outside the expected range at over 100% on some days highlighting the need to consistently use Your Next Patient (YNP) including overnight, in risk assessed areas • Numerous actions were being taken and the Trust was receiving support from the National Urgent and Emergency Care (UEC) advisor • Elective orthopaedics at Royal Stoke had been stepped down alongside County Hospital given the current pressures • Harm reviews of patients waiting over 7 hours on an ambulance continued to take place, to ensure the impact on patients was being monitored Professor Hassell referred to the high medical bed capacity and occupancy and queried whether there were enough medical beds in the local system. Mrs Thorpe referred to the modelling review which demonstrated that there were not enough medical beds for the population, as such available spaces were being flexed to provide support, but this did not fully mitigate the gap. Professor Hassell queried if there were medical patients on site who could be looked after in the community if there was capacity and Mrs Thorpe highlighted the work on call before convey and the extended hours of the community call centre hub, which focussed on stepping up care in the patient's own home which needed to continue. Dr Lewis agreed to raise the issue of system capacity at the Urgent and Emergency Care (UEC) Board and added that the Trust regularly considered the risks of hospital admission and recognised that home care was often best care. Mr Wakefield referred to admissions which were no different to the previous year and therefore queried the underlying factor in not being able to deal with the number of ambulances turning up. He queried whether the Trust was suffering due to a failure in the strategy to close cottage hospitals, resulting in lack of community capacity. Ms Ashley stated that the UEC Board was to undertake a formal review of that decision, as the original intention was to supplement the gaps with care home capacity, and it was not clear whether this had occurred. Mrs Thorpe stated that in terms of assessing numbers of ambulance conveyances, a joint piece of work would be required with the Ambulance Service	**ML**

	and Community providers as part of the winter review. She added that the Trust had an integrated discharge team in place, supporting simple and timely discharges and providing in reach into the Emergency Department and to ambulances. Dr Constable added that this was the single biggest operational challenge for the Trust. In addition, the Trust was starting to see an increase in flu cases and the data on acuity suggests that patients requiring resuscitation care was three times that of the national average, therefore the Trust was dealing with a sicker cohort of patients which takes more time in terms of assessment and admission. Dr Constable stated that the Trust had been an outlier for this pathway for some time and across the Midlands and North West, other Trusts had gone into critical incident. He stated that while the Trust was in critical incident, daily meetings took place with system partners to identify additional actions from different teams, as this required a system approach. He thanked colleagues for their efforts during the recent pressures. Mr Wakefield queried if there were any actions which could be taken if there were staff available and associated funding. Mrs Thorpe stated that as a system, the actions to support the patient population were reviewed on a daily basis, adding that the system continued to explore actions outside of the winter plan as this was dynamic, such as additional staffing being utilised at different times of the day. Ms Ashley stated that the National UEC Lead was invited into the organisation by Mrs Thorpe, therefore the Trust did not feel constrained by resources. **The Trust Board received and noted the update.**	
11.	**Integrated Performance Report – Month 8 and Committee Assurance Reports:**	
	Quality Governance Committee Assurance Report (28-11-24 & 20-12-24)	
011/2025	Mrs Monckton joined the meeting. Professor Hassell highlighted the following from 28th November: • The medicines optimisation and safety report highlighted significant challenges, including being given notice from LloydsPharmacy, the failure of three aseptic isolators and delays in purchasing the robot. Assurance was provided to the Committee of the mitigating actions taken • A comprehensive update was provided by the neonatal unit providing acceptable assurance due to the stable mortality rate, progress with nurse staffing and completion of the culture action plan. In light of the improvements, the Committee agreed that no further specific reports were required • The annual legal services report provided acceptable assurance and highlighted the ongoing work to receive assurance from specialties that they were taking forward learning from claims Mr Wakefield queried any implications from the discharge medicine CQUIN being discontinued and Professor Hassell highlighted that the funding for the Trust pharmacy to liaise with community pharmacy on prescriptions had ceased. Mrs Riley stated that although the regional funding had stopped, the team would continue, but the service could not be expanded. Professor Hassell highlighted the following from 20th December:	

	• Annual resuscitation report highlighted static training compliance, which was below target, the causes of which were being identified and addressed including additional recruitment • The annual looked after children report for 2023/24 highlighted an increase in referrals which had led to delays in the timeliness of appointments although the position had significantly improved due to an increase in capacity • An update on audiology was provided, following the national issues and the plans to achieve accreditation were highlighted • Further information was to be provided to the Committee in terms of the ambulance to hospital professional standards of care Mr Wakefield referred to the mock CQC inspection from the ICB on the Care Excellence Framework and queried if any feedback had been received. Mrs Riley stated that the initial feedback was very positive, and this would be taken to QGC. **The Trust Board received and noted the assurance report.**	
	High Quality Dashboard	
012/2025	Mrs Riley highlighted the following: • Falls had continued to reduce and remained on a downward trajectory, with the focus on multiple fallers and understanding why they were happening. It was noted that falls with harm had not increased • All incidents within the Emergency Department were being reviewed on a weekly basis, which had identified an increase in pressure ulcers developing at UHNM, contributed by the long waits. This would continue to be monitored • The number of e-coli and c-difficile cases was below target and the themes remained the same. Regional work was continuing to take place to establish the reasons for the increase with initial information considering whether overcrowding in Emergency Departments was a contributing factor • The Trust had continued to not meet the Venous Thromboembolism (VTE) target, with the same root cause as previously reported • In terms of Marthas rule, this was known as call for concern across the Midlands. Nationally, 573 calls had been made, half of which prompted a review, with 5 having led to an escalation in care, usually medication related. Since UHNM had launched the service, 6 calls had been made, none of which required an actual review, and the themes related to communication Dr Lewis referred to VTE compliance and the inability to demonstrate completion of assessments at the right time, however he was assured that this was not having an adverse impact, due to not seeing an increase in hospital acquired cases. He added that better reporting would be in place, once EPMA was in place.	
	Performance & Finance Committee Assurance Report (18-12-24)	
013/2025	The report was taken as read and Mr Wakefield requested that Mr Tringham refer to the impact of December's position on outturn and confidence in the investigation and intervention (I&I) regime as part of the finance update. **The Trust Board received and noted the assurance report.**	
	Responsive Dashboard	
014/2025	Mrs Thorpe highlighted the following in terms of elective and cancer performance: • The main risk to the elective and cancer position related to urgent and	

	emergency care pressures, although efforts were continuing to protect trajectories, largely by continuing with daycase operating • The opportunity to treat 3 cancer patients in month were missed due to emergency pressures but these had been re-booked in month • Additional capacity and support was to be provided by Robert Jones and Agnes Hunt for orthopaedics, and UHNM were to provide financial support to patients on any increased travel costs as a result • The Trust continued with the aim of ringfencing cancer and urgent elective cases • An update on validation had been provided to Performance and Finance Committee (PAF) which highlighted ongoing work to review non RTT patients Mr Wakefield congratulated the team on moving out of Tier 1 into Tier 2. Ms Bowen queried the progress being made with the digital operations team on validation and Mrs Thorpe highlighted that ringfenced funding had been provided by NHS England which had enabled the Trust to use a hybrid model of Artificial Intelligence to read appointment letters, with manual interventions from trained validators. She highlighted that updates on this programme of work would be taken to PAF.	
	Resources Dashboard	
015/2025	Mr Tringham highlighted the following: • The year to date position was a deficit of £15.3 m, which was £13.7 m away from plan. Themes were the same as previous, under delivery of cost improvements and pressures regarding diagnostic capacity in pathology and radiology • When the initial financial plan was set, it was clear that there was £20 m unmitigated risk, and the first forecast demonstrated a forecast deficit of £23.1 m; the impact on the deficit from winter pressures and the Elective Recovery Fund were being considered • The system was forecasting an unmitigated risk of £56.5 m, and the I&I regime was working with system partners to deliver the best possible position for the year. The main opportunities for the Trust related to pay which would be challenging as enhanced pay controls had already been assumed. In addition, vacancy control panels were in place, although it was unlikely that these would be able to improve the in-year position • The Trust was forecasting to spend all capital monies, although some schemes had been brought forward • It had been assumed that the cash position would reduce by £20 m if the Trust broke even, therefore a deficit position would impact on cash Mr Wakefield referred to the reduction in cash and the impact of any pay settlement. Mr Tringham confirmed that if the Band 2 to 3 settlement was made in April that this would not impact on the cash position for this year. Mr Wakefield referred to the £26 m cost improvement savings which had been validated, although £21 m was non-recurrent. He therefore queried the actions being taken from April onwards to identify savings for 2025/26. Mr Tringham stated that PAF had received an update on the underlying position which took into account the level of recurrent savings. He added that this was an area of focus in the I&I regime.	
	People, Culture & Inclusion Committee Assurance Report (18-12-24)	
016/2025		

	Professor Maddock highlighted the following: • An update was provided on Allied Health Professional (AHP) workforce which highlighted a lot of positives, such as quality of staff and the move to using more advanced roles. However, some workforce risks were identified, and this work remained ongoing to identify a complete picture of the services at risk. She highlighted that there was a 40% vacancy rate in sonography in addition to a risk in paediatric dietetics • There had been an increase in the resources required to deal with employee relations cases i.e. Band 2 to 3 rebanding • The update from Freedom to Speak Up highlighted the expansion of the team following investment, and she thanked Mrs Cotton for the work undertaken to increase, and provide support to, the team Mrs Haire referred to the significant demand on the people team to deal with employee relations issues, which were being mitigating as much as possible, which included a business case/request to proceed for which would be considered and prioritised against other service development schemes. Ms Bowen referred to the work on reducing violence and aggression and whether the Trust had experienced an increase in cases. Mrs Haire highlighted that no additional incidents had been escalated and the internal campaign continued with a commitment to ensuring colleagues were safe. **The Trust Board received and noted the assurance report.**	
	People Dashboard	
017/2025	Mrs Haire highlighted the following: • The staff survey response rate for 2024 was 45% which was in line with the response rate for 2023 and the results were awaited • Sickness absence represented seasonal fluctuations, and work was ongoing with teams to ensure the top areas of focus were being mitigated • A number of leadership programmes had been stood down during critical incident, but wellbeing support remained in place for staff • In terms of financial wellbeing, the Trust continued to provide proactive support to staff on debt management and managing finances • Turnover and vacancy metrics remained static	
	Improving & Innovating Dashboard	
018/2025	Mr Wakefield referred to the work on the insightful board which would be reflected on when refreshing the metrics within the Integrated Performance Report going forwards. Dr Lewis welcomed the National Institute for Health and Care Research (NIHR) funding.	
	System & Partners Dashboard	
019/2025	Mr Wakefield referred to the success with smoking cessation and queried how this was being taken forward. Ms Ashley stated that a shared set of priorities were being considered with public health alliance to ensure a consistent and joined up approach. Ms Bowen referred to page 159 and requested that further narrative be provided to explain what was being measured to which Ms Ashley agreed.	**HA**

PEOPLE		
12.	**Freedom to Speak Up Report**	
020/2025	Mrs Cotton highlighted the following: • A comprehensive report had been provided to the People, Culture and Inclusion Committee (PCIC) • The report provided the headlines for members of the Board, in terms of a continued increase in the number of concerns raised, due to an improved speaking up culture within the organisation • Attitudes and behaviours continued to be the highest category of concern although when compared to the National Guardian Office (NGO) data, the Trust remained below average for that category • The well led review highlighted issues with resource within the team, as such investment had been prioritised and recruitment was taking place, after which time it was expected to be able to increase the number of voluntary champions Dr Constable commented on the importance of providing support to the Freedom to Speak Up Guardian, ensuring the team was appropriately resourced. He stated that as such the modest investment would enable more staff to speak up. Ms Bainbridge queried if the champions network was representative of the workforce, and she queried the approach taken when staff reported detriment. Mrs Cotton stated that the champions were not presently representative, due to the small number, but it was hoped that this would be addressed when seeking to expand on the number of champions. Mrs Cotton referred to the higher numbers of reporters citing detriment and highlighted that the policy included a specific appendix detailing how the Trust responds to detriment, which included escalation to Professor Hassell as Non-Executive Director lead for speaking up. She stated that any case of detriment was investigated, and the Trust was clear that it did not tolerate detriment. An information leaflet was also available for colleagues, which described what could be expected after speaking up, in terms of the process but also what detriment was classed as, including examples of what was not. Professor Toor stated that it was vital to continue to support Mr Irving and Mrs Cotton with this agenda, to ensure that concerns continued to be raised. Mrs Cotton highlighted that the insightful board provided specific examples of the metrics to be included in speaking up reports, as such she had devised a new report to provide further insights, including benchmarking and triangulation. Mrs Haire referred to concerns in relation to race and highlighted that joint working with Mr Irving, the Trust equality and diversity lead and the ethnic diversity staff network was in place, to tackle any race related issues. **The Trust Board received and noted the update.**	
CLOSING MATTERS		
13.	**Review of Meeting Effectiveness and Review of Business Cycle**	
021/2025	No further comments were made.	
14.	**Comments from Members of the Public**	
022/2025		

	Mr Syme raised the following questions: <u>Urgent and Emergency Care (UEC) and Ambulance Handovers</u> Mr Syme referred to the magnitude of delays in ambulance handovers, especially at Royal Stoke, and referred to the Chief Executive Report which included a strong statement of intent to address such handover delays. He queried how the Trust would ensure the 'embedding' of actions and protocols to minimise ambulance handover delays. He stated that in the past 'perfect day' initiatives were used to significantly lower delays and maximise flow. Dr Constable stated that the main challenge was that there was no longer a 'reset button' in addressing flow, such as perfect day, as the situation was too complex and there was no single answer. He stated that this had been acknowledged by the national team, and therefore the aim was to make small incremental improvements at the same time. He agreed that the current position was unacceptable. Mr Syme referred to the Integrated Performance Report and overview from the Chief Operating Officer on non-electives, in particular the call before convey levels at 2.1%. He queried the percentage of dispatches UHNM was expecting from the initiative. Mrs Thorpe stated that the regional average was 6% and therefore the work taking place with system partners aimed to increase the use of the initiative to that level. <u>Diagnostics</u> Mr Syme stated that prompt access to diagnostics was imperative in providing a quality service to patients whether they be elective or non elective. He stated that for several years access to non-obstetric ultrasound had been problematic and that the Board papers referenced circa 300 per week, with a proportion of 100 per week transferred to Cannock Community Diagnostic Centre. He also referred to the backlog and performance at 39%. He queried quantification of the non-obstetric ultrasound position. Mrs Thorpe agreed to clarify the position with Mr Syme after the meeting. In addition, Mr Syme referred to the Integrated Performance Report Financial Summary for month 8, and the adverse deficit variance of £13.7 m driven by, amongst others, an overspend in purchase of healthcare relating to diagnostics. He queried if it was correct to assume, given the requirement to erode diagnostic backlogs and extended waits, that this overspend was likely to remain an overspend for the fiscal year. Mr Tringham confirmed that this had been taken into account when considering the size of the deficit for the year.	**KT**
DATE AND TIME OF NEXT MEETING		
15.	**Wednesday 12th March 2025, 9.30 am, Trust Boardroom, Third Floor, Springfield, Royal Stoke**	

Trust Board Part 1 - Open

Post meeting action log as at **05 March 2025**

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/606	09/10/2024	Appraisal and Revalidation Annual Report	It was agreed to provide further information to the People, Culture and Inclusion (PCI) Committee, in terms of when the outstanding appraisals were due to be undertaken.	Matthew Lewis	18/12/2024		Immediate steps have been taken to appoint a new appraiser (Dr Andrew Brown) and work is underway to develop a plan to reduce the rate of missed appraisals. An early task for the lead appraiser will be to put this plan in writing and share it with the Responsible Officer Advisory Group for approval before it is shared with the PCIC.	GA
PTB/608	09/10/2024	Integrated Performance Report	To agree where to report the breakdown of long wait patients by ethnicity and demographic after discussion with the Executive	Helen Ashley	08/01/2025		**Update to be provided**	GA
PTB/609	08/01/2025	Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update	To raise the issue of system / community capacity at the UEC Board to determine any further actions / review.	Matthew Lewis	12/03/2025		**Update to be provided**	GA
PTB/610	08/01/2025	System & Partners Dashboard	To include further narrative to explain what was being measured on page 159	Helen Ashley	12/03/2025		**Update to be provided**	GA
PTB/611	08/01/2025	Questions from Members of the Public	To clarify the non-obstetric ultrasound position with Mr Syme.	Katy Thorpe	12/03/2025	10/01/2025	Update provided to Mr Syme: There are currently 8300 referrals which have waited 6+ weeks. This is the patient cohort we would consider to be our backlog. Appointments are currently being booked at c.22weeks from referral date.	B

Chief Executive's Report to the Trust Board

March 2025

Part 1: Highlight Report

This report provides the Trust Board with an overview of a range of strategic and operational issues since the last public meeting on 8th January 2025, some of which are not covered elsewhere on the agenda for this meeting.

1. National and Regional Context

Amanda Pritchard, Chief Executive at NHS England, has announced her decision to step down at the end of this financial year. During her tenure, she led the NHS through the Omicron wave of COVID-19 and implemented the first-ever NHS Long Term Workforce Plan whilst overseeing the reduction of NHS England's headcount by over a third, achieving nearly £500 million in savings to reinvest in frontline care. Her leadership has also seen the implementation of the Health and Care Act 2022, which replaced almost 200 Clinical Commissioning Groups with 42 Integrated Care Boards.

Peter Axon has informed the Integrated Care Board (ICB) of his intention to leave Staffordshire and Stoke-on-Trent Integrated Care Board, after more than three years in the role of Chief Executive. Peter will remain with the ICB until the summer and the Board will begin the process of recruiting his replacement in the coming weeks. Furthermore, Paul Brown, Chief Finance Officer of Staffordshire and Stoke-on-Trent ICB, has decided it is time to move on. Paul has worked with the ICB and its predecessors for five years.

Appendix 1 is a summary document that details the main areas covered in the ICB Board meeting that took place on 16 December 2024. This summary does not replace the formal minutes of the meeting; it is intended to support the briefing of colleagues within the Trust.

Similarly, the Briefing Paper for the Integrated Care Board Meeting in January 2025 is included as Appendix 2.

2. Our Chairman

Our Chairman, David Wakefield, will be stepping down from his role as Chairman of UHNM in June. NHS non-executive directors and chairs are only able to serve a maximum of two terms at one NHS organisation and this now means that David is required to leave us. Over the seven years he has been Chairman he has played an invaluable role in our organisation, providing dedicated leadership, guidance, and support throughout his tenure.

Under David's leadership UHNM has navigated many storms, especially the COVID-19 pandemic, as well as celebrated many achievements, winning national and international awards, not to mention seeing County Hospital move from being rated overall as Requires Improvement to Good by our regulators, the Care Quality Commission. Throughout the many investments, service improvements, successful initiatives and organisational growth, David has always maintained a clear focus on UHNM delivering the best care for our patients and supporting our staff.

On behalf of the entire team, I would like to express our sincere gratitude for his hard work and commitment to UHNM and the wider NHS. We wish David all the best in his future endeavours, and we are extremely pleased that his valuable skills will remain in the NHS as he takes up the post of joint Chairman of Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust.

3. Update on Actions to Address IT Challenges

Digital Services migrated the iPortal databases to the new fit for purpose and resilient hardware platform on the evening of the 5th February 2025. The performance of iPortal has been stable since the 10th February 2025. The migration was managed as a planned business continuity incident and support was received from EPRR, operational and clinical teams throughout. This resulted in improved communication and co-ordination throughout the planned downtime and is a model we would look to adopt in the future. There is further work to be undertaken to migrate the iPortal application and web servers and the dates for this migration are being planned.

4. National Planning Guidance 2025/26

The national priorities to improve patient outcomes in 2025/26 are:

- reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every Trust expected to deliver a minimum 5% point improvement.
- systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26
- improve patients' access to general practice, improving patient experience, and improve access to urgent dental care, providing 700,000 additional urgent dental appointments.
- improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for345,000 additional CYP aged 0 to 25 compared to 2019.

5. Race Equality Week

In early February we marked the annual Race Equality Week. The purpose of Race Equality Week is to raise awareness of racial inequality, promote discussions about race, and encourage action towards creating a more inclusive society and organisation through learning and reflection. Every day we highlighted the challenges faced everyday by people from the Global Majority (Black, Asian and minority ethnic) backgrounds.

The theme this year was #EveryActionCounts, recognising that there has been a lot of listening, and discussion of the issues, but very little action and even less meaningful change to eliminate racial discrimination. Everyone has a role to play in the fight for racial equality in the workplace, right the way across the organisation. The sooner we act, the sooner change can become our reality.

The week provided a platform for all of us as individuals and as an organisation to reflect upon our own practices and identify areas for improvement to get to a place where we can be truly anti-racist. Every day we hosted a webinar or event on a different topic.

6. PLACE Assessments

We all recognise how vitally important both our services and hospital environment are to patient care and experience, as well as creating a great place for our staff to work. In February, the annual NHS England Patient-Led Assessments of the Care Environment (PLACE) results were published, which show the care environment across UHNM exceeds the NHS national average for a second year running. These are national NHS England-led assessments, which take place annually across all NHS Trusts, and are critical in measuring how our Estates and Facilities services are performing.

These assessments see local patient representatives go into hospitals to assess the environment in domains covering everything from overall cleanliness and building maintenance, through to disability access and ward food. The patient representatives act as the voice of our patients, and score each domain based on what they see on the day. It's their scores that then get published nationally across the NHS, and any areas that need attention are addressed where possible.

UHNM's inspections took place at both Royal Stoke and County hospitals in Autumn 2024, and I am delighted to share that UHNM was above the national average across all domains.

This is an incredible achievement. I am so very proud of our Estates, Facilities and PFI colleagues who take such a pride in the vital roles that they deliver and work incredibly hard. From cleaners to porters, caterers to estates, project teams to gardeners and all our many other teams who keep our buildings operational, day-in day-out, and provide such vital support to our clinical colleagues in optimising patient care and enhancing patient and staff experience.

I would also like to extend my thanks to all colleagues from across UHNM; these results could not be achieved without the support of many multi-disciplinary teams, including nursing, infection prevention, dietetics and many others, as well as our external partners and contractors, working in successful collaboration to continuously improve the environment and services we collectively provide.

7. Keep Warm, Keep Well

UHNM has been approached by the UK Department of Business & Trade to participate in a programme they are putting together regarding Decarbonisation, Net Zero Healthcare. We have produced a Case Study in support, profiling our work in this area which will now be used at overseas events to effectively promote UK Plc.

The NHS in England spends £1.3bn each year treating preventable conditions caused by cold and damp homes. It is estimated that 6.5m UK households are in fuel poverty linked to a rise in energy tariffs, poor housing and low incomes.

Stoke-on-Trent has been cited as having amongst the highest levels of fuel poverty in the UK and fuel poverty is regarded as a driver of health and social care demand. UHNM has delivered a ground-breaking community energy scheme through a partnership with two local organisations; Staffordshire Community Energy Limited (SCE) and 'Beat the Cold' (BtC) (a Staffordshire-based fuel poverty charity).

The 'KWKW' scheme aims to prevent readmissions of vulnerable patients whose health conditions are at risk of being exacerbated by living in a cold and damp home. This innovative and collaborative approach has been recognised by both the British Medical Journal and Health Service Journal winning awards in both 2020 and 2022.

In 2016, SCE installed 1000 Solar Photovoltaic panels across the UHNM estate. UHNM now buy the electricity generated by the PV panels at a reduced tariff which reduces Trust demand from the grid. The solar energy Feed-in Tariffs and the payments for the electricity create income for the project. This income facilitates both a return for investors and a surplus which accumulates into a 'community fund'. This fund is used to alleviate fuel poverty in the local community.

UHNM clinicians engage with patients regarding the scheme, gain informed consent and complete a referral to BtC. A BtC Energy Adviser will contact the patient and arrange a review and, if necessary, a home visit. The Energy Advisor may identify any benefits entitlement and onward refer to agencies that can support access to these, identify ways to reducing energy use whilst maintaining a safe indoor temperature and identify any funding that may be available to improve home energy efficiency and provide support in applying for funding. They will also help to resolve issues of fuel debt with energy suppliers as well as complete a registration as a priority customer with the National Grid.

As a progression of this service, the Trust is now partnering with a GP Practice located in an area identified as being in the 'most deprived decile' of Stoke-on-Trent. This enables a multi-organisational approach to identifying those patients who would most benefit from proactive support to alleviate fuel poverty.

Patients are sent a text from GP software to inform them they have been identified as being likely to benefit from the 'KWKW' scheme. This includes a link to a leaflet which provides more detail about the scheme, what patients can expect and a 'frequently asked questions' section. The leaflet is also available in hard copy through the GP Practice.

Nationally, this represents a first of kind service with the GP Practice hosting a data-led, targeted patient-centred referral pathway. It exemplifies a truly integrated solution to a local demand driver of poor health outcomes. The scheme has been successful in securing additional grant funding from the National Energy

Action, 'Warm Homes, Healthy Futures' fund. This will enable an expansion of interventions by BtC across the period November 2024 through to January 2026.

8. UHNM Charity

UHNM Charity has been working with a number of local community organisations focused on preventing loneliness in local communities. Following a bid made to NHS Charities Together in 2022, which was made available for community-based programmes, UHNM Charity was awarded funds (£497,855) to support voluntary and third sector programmes which looked to help local people facing loneliness. We are delighted that two of the 14 projects have been nationally recognised. Gifford Foote, Project Manager for Meeting Point, has been included in the New Years Honours Awards.

Restarting all groups from September 2021 following the COVID isolation, Meeting Point realised that there was an increased need for transport to its venues and this project supported this activity. Meeting Point's aim is to provide a welcoming facility for people who are isolated, disabled and able-bodied older people. The service offers friendship, information regarding health and safety issues, opportunities for sharing interest and self-entertainment, meals and occasional outings.

In addition, the Heart of Tamworth project has year has also received the King's Award for Voluntary Service. The aim of this project is to reduce loneliness and isolation amongst older people for whom this is a very significant concern. The programme consisted of establishing a lunch club where older people can meet on a weekly basis, enjoy sharing a meal together, chatting and participating in activities.

9. Low Carbon Care Framework

I know from talking to people that the environment is a big concern for many. Our Net Zero Clinical Lead, Dr Andrew Bennett, and Fiona Hibberts, Deputy Chief Nurse, have worked with the Sustainability Team to develop the Low Carbon Care Framework. The framework is for clinical and non-clinical teams to work together to make small but impactful changes towards a sustainable UHNM. Our staff are best placed to contribute through small changes to your own practice and by influencing and leading others.

We will be working with Students Organising for Sustainability, who are an independent charity formed from the National Student Union. Our Low Carbon Care Framework will be managed through their award-winning Green Impact programme, which offers sustainability learning and awards to embed sustainable practices across organisations. Green Impact is all about building a community of people learning from each other and working together to create positive change.

Our Low Carbon Care Framework is all about Teamwork and celebration. The Framework provides a pick-list of simple, achievable actions tailored to a work area, for teams to work through together. The Trust will host an end of year awards ceremony, where a range of special awards for teams and individuals will be handed out, along with Bronze, Silver and Gold accreditation.

We will be launching the framework in the next few months, and we are looking forward to supporting our staff to deliver hugely positive change through innovation, teamwork and healthy competition.

10. Employee and Team Recognition

i) Chief Executive Awards

Since my last Board report I have made the following Chief Executive Awards:

Wednesday 29 January: The teams who looked after Natasha and Beau

On Tuesday 3 December last year, the lives of Natasha Sokunbi, a 30-year-old mum from Stafford and her unborn baby were saved thanks to the quick-thinking actions of staff from departments right across the Royal Stoke after she suffered a cardiac arrest in the waiting area of the Emergency Department (ED). The teamwork required to save two lives was absolutely incredible. This is fortunately a very rare occurrence, but everyone involved responded quickly and appropriately, even though it was the very end of the night shift for many. I was delighted to meet colleagues from both adult's and children's ED, obstetrics, anaesthetics, Staffordshire Children's Hospital at Royal Stoke, critical care as well as maternity and neonatal staff, whose combined efforts, skills and experience meant Natasha and Beau were able to enjoy a special Christmas together with their family.

Friday 31 January: Paediatric Intensive Care Unit (PICU)
Later the same week I visited PICU at Staffordshire Children's Hospital at Royal Stoke to show my admiration and appreciation to staff involved in the end-of-life care of an eight-year-old patient.

This particular award, following feedback from an external agency who cited the "exemplary" compassion, sensitivity and expert care demonstrated by our clinicians, and how diligently the team had taken the family's faith into consideration when navigating difficult decisions. This was a tragic case for so many reasons, but one that the team collectively managed with the upmost professionalism, sensitivity and compassion during some of the most difficult situations any parent has to go through. I recognise there were some particular challenges in these sets of circumstances, but the team could not have handled it any better.

Monday 3 February: Staffordshire Fire and Rescue Service
Working with partners improves safety, experience, and performance and this was epitomised in Staffordshire Fire and Rescue Service's Chief Executive Award.

The Fire Service have become the first external partner to receive the Chief Executive Award as a symbol of UHNM's appreciation for everything they do for us and our patients throughout the year, including the 'Home from Hospital' scheme, a hugely successful and impactful patient safety initiative for us that we couldn't do without. Since its launch in 2023, the Fire Service, through Home from Hospital, has helped almost 2,000 elderly and vulnerable patients from the Royal Stoke who are medically fit for discharge return to their own homes or places of care. As well as getting patient's back in their home comforts, specially appointed fire and health partnership technicians provide a range of wellbeing and fire safety checks with the aim of avoiding hospital re-admissions.

I was delighted to welcome Staffordshire Fire and Rescue Service, including senior leaders from the Fire Service and crews from Newcastle-under-Lyme Fire Station, to Royal Stoke, where colleagues from our Integrated Discharge Hub joined me in recognising this vital partnership work.

Tuesday 4 February: University Hospital Choir
The University Hospital Choir has been hitting the high notes for 15 years and has over 50 active members made up of current and retired UHNM staff and their friends. As well as an annual Christmas, Remembrance Day, and summer concerts, they have also performed at events including the Newcastle Festival of Music, Speech and Drama, and have so far raised approaching £15,000 for UHNM Charity, making them a well-deserved recipient of the Chief Executive Award.

It was at the choir's evening Annual General Meeting that I had an uplifting end to a day, enjoying a performance whilst as a 'secret guest' stood at the back of a lecture theatre at the Undergraduate Medical School (UGMS), before coming down to surprise members with the award. I was delighted to hear the award certificate will be admired by many, with the choir's members taking it in turns to proudly display it in their homes.

Monday 10 February: Delivery Suite
On Sunday 20 October, Marian Davies, a maternity support worker, arrived for her shift on the Royal Stoke's Delivery Suite as she had done for the previous 35 years. But it was during the evening's handover that she began to show signs of a stroke. Terrified, unable to move or speak, it was at this moment that Marian's colleagues from both the day and night shift came to her aid whilst contacting the stroke team for additional support. Their speedy, professional and compassionate response greatly contributed to Marian's recovery.

I was thrilled to present Marian's colleagues on the Delivery Suite with my own award for a completely different reason to what they do on a daily basis. Everybody came together as a team to look after one of their own, in a sphere outside of their usual clinical expertise. The nomination from Marian's daughter Hannah, herself a matron for quality and safety at UHNM, really struck at the heart of everything about care and compassion. Their actions had a positive effect on the outcome, and I was delighted to see Marian herself attend the presentation.

Thursday 13 February: Estates Team and partners
There are a number of 'unsung heroes' at UHNM, one of them being members of the Estates team who manage the day-to-day running of the hospitals and keep everything running as it should. December and January brought with them a series of challenges and events in a short period of time, with storm damage and several burst water pipes adding to the trials of significant snowfall and a prolonged cold weather spell.

These events presented some serious technical issues and environmental conditions for our Estates teams to overcome, and I was able to express my sincere thanks to members of our Estates workshop, engineering, building and joinery, gardening and management teams, whose skills, knowledge and dedication were shown in abundance throughout to quickly to mitigate the impact on our patients and staff. It was wonderful to also meet partner organisations during the specially arranged presentation in the Trust Boardroom, in particular Stuart Parish from North Staffordshire Pipes Ltd, who at 83 years young, was hard at it working with our Estates teams over the winter, as he has done since 1963.

ii) Appreciation of UHNM staff from patients, family, visitors and colleagues
I have also personally recognised the contribution of the following colleagues:

- Maria Ferrinho - Technical Officer, Clinical Investigations Unit, County
- Ann Ogabo - Technical Officer, Clinical Investigations Unit, County
- Hannah Askey - Midwife, Maternity Birthing Centre
- Donna Fletcher - Maternity Assessment Unit
- Stephanie Franklin - Staff Nurse, Acute Medical Unit, RSUH
- Dr Ekua Schandorf - Ward 79, RSUH
- Dr Melissa Hubbard - Consultant Paediatrician
- Tracy Wilmoth and team - Endoscopy Unit, County Hospital
- Marie Coxey- ANP, ED, RSUH
- Dr Victoria Burnham - Consultant Emergency Physician, ED, RSUH
- Sally Higgs - Staff Nurse, Renal Home Therapies
- Samantha Clewlow - Theatre Coordinator, Hub Theatres, RSUH
- Paulette Panther - Theatre Coordinator, Hub Theatres, RSUH
- Vicky Johnson - Theatre Coordinator, Hub Theatres, RSUH
- Jennifer Smith - Nursing Assistant, Ward 8, County Hospital
- Alison Falkonakis - Dietician, County Hospital
- Dr Ella Ramseyer-Bache ST4 - Emergency Medicine, ED, RSUH
- Imogen Brown - Staff Nurse, ED, County Hospital
- Emyr Phillips - Associate Chief Nurse/Deputy Director of IP&S
- Casandra Whalley - Diabetes Specialist Nurse, County Hospital
- Stacey Salt and team - AMU, RSUH
- Beth Bossons - Staff Nurse, Ward 101 Assessment, RSUH
- Mr Chris Richards - Urology ST, RSUH
- Dr Adina Pavel - ED, RSUH
- Zee Osman - ODP, Theatres
- Dot Morgan-Smith - Cardiology, RSUH
- Mary Davies - ED, County
- Shona Gregory - ED, County
- Pi Arellano- Ward 233, RSUH
- Dr Shedrack Afebugbe - ED, County Hospital
- Beth Perkins - Ward 233, RSUH
- Whole Team - Ward 225/226
- Whole Team - ED, RSUH
- Whole Team - Ward 217
- Dr Humphries - ED, County Hospital
- SN Emma Baker- ED, County Hospital
- Whole Team - ED, County Hospital
- Rebecca Ferneyhough - Professional Lead - Quality/Operations

- John Dodds - Head of EPRR
- Rachel Hawthorne - EPRR Support Officer
- Dr Anna Pigott - Clinical Director, Child Health
- Joanna Whittaker - Clinical Nurse Specialist, OPAT
- Rachel Green - Deputy Directorate Manager, Haematology & Oncology
- Dorothy Munyanyi - Clinical Nurse Specialist, Colorectal
- Lisa Watts - Lead Clinical Nurse Specialist, Colorectal

Part 2: Consultant Appointments

The following table provides a summary of consultant medical staff interviews which have taken place during January and February 2025:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant Oncologist – Head & Neck and UGI Cancers	Vacancy	Yes	30.6.25
Consultant Ophthalmologist with interest in VR	Newly created	Yes	30.1.25
Consultant Neurologist	Vacancy	Yes	TBC
Consultant Cardiology Interest in TAVI	Vacancy	Yes	TBC
Consultant Anaesthetist x 3 posts	Vacancy	Yes	1 commenced 11.2.25 2 to commence 6.8.25
Cardiothoracic Anaesthetist	Vacancy	Yes	TBC
ENT (Rhinology) 205-6708166	Newly created	Yes	26.2.25

The following table provides a summary of medical staff who have taken up positions in the Trust during January and February 2025:

Post Title	Reason for advertising	Start Date
Acute Medicine Consultant	Vacancy	6.1.25
Consultant Geriatrician with an interest in Ortho Geriatrics	Vacancy	14.1.25
Consultant Cardiology	Vacancy	1.2.25

No medical vacancies closed without applications / candidates during January and February 2025

Medical Management Appointments

No medical management interviews have taken place during January and February 2025.

The following table provides a summary of medical management who have taken up positions in the Trust during January and February 2025:

Post Title	Reason for advertising	Start Date
Clinical Director – Child Health	Vacancy	24.2.25

No medical management vacancies closed without applications/candidates during January and February 2025.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent ICB Meeting

19 December 2024

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

This briefing aims to keep partners informed of the discussions at the NHS Integrated Care Board (ICB) meeting in public. To watch the recording and read the papers visit the ICB website.

ICB Chair and Chief Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- The Chair acknowledged that Megan Nurse has been appointed Chair of Mid Cheshire Hospitals NHS Foundation Trust. The Chair praised the appointment as a fantastic achievement and wished Megan Nurse the best for her future role.
- The Chair was assured by the Quality and Safety update and thanked Josie Spencer, Heather Johnston and the team for their oversight.
- The Chair acknowledged the Nursing Times Award for UHNM and commented that he has seen the work of this team first hand, and it is a well-deserved award.
- Peter Axon mentioned the significant pressure on the urgent and emergency care departments due to a peak of flu cases. Peter Axon shared the importance of being vaccinated and the need for people to use other available services, and not only attend A&Es in the first instance.
- Peter Axon thanked everyone involved in the urgent and emergency care work.

The Board thanked the Chair and Peter Axon for the report. The Board asked why the dental spend has been drawn back. Peter Axon shared any dental underspends are being managed centrally to ensure an overall balanced position and cannot be used to offset the local financial position. The Board asked about what is being done to manage the increased staff absence levels. Peter Axon responded that the Staff Wellbeing Psychological Hub is available and has supported staff who otherwise would have gone off sick. Mish Irvine, Chief People Officer, further responded that we are working with Deloitte to review staffing and look at ways to further manage staff wellbeing.

Specialised Commissioning Delegation

- Elizabeth Disney, Chief Transformation Officer, presented the report.
- Elizabeth Disney advised that the report aims to update the Board on the progress that is being made in relation to the next phase of Specialised Commissioning Delegation.
- Elizabeth Disney noted that there have been previous rounds of delegation. This paper outlines the process of implementing a range of acute specialised services, including mental health, learning disabilities, and autism specialised services.
- Elizabeth Disney confirmed engagement with the regional team is underway, largely through governance structures and a single operating group.
- Elizabeth Disney mentioned that there is an ICB working group that ensures intelligence for the next phase is being brought back into the organisation.
- Elizabeth Disney assured the ICB Board that there is formal governance in place overseeing the delivery of delegation.
- Elizabeth Disney added that the current focus is on the safe transition of the next phase of service delegation.
- Elizabeth Disney acknowledged that a future paper is expected in March, which will recommend the exact arrangements for the delegation. The Board will be asked to consider the work that has been undertaken, and to make a decision on the next steps.

The Chair thanked Elizabeth Disney for the report. The Board asked if there is an ambition to improve other services for the population, once the delegation is pinned down. Elizabeth Disney assured the Board that the ICB working group will continue conversations around the potential value of the delegation once this process has taken effect. The Chair acknowledged thanks to David Melbourne, Chief Executive Officer of Birmingham and Solihull ICB, who is co-ordinating a

webinar on 28 January for Chairs and Non-Executive Directors, regarding the delegation process.

The Board accepted the recommendations presented to them, which include:

1. The task and finish group members are actively involved with the regional workstreams established, to oversee the delivery of the delegation agreement.
2. To be advised that SSOT ICS have expressed an interest in 'option 3' for the contracting arrangements with regards to the management of the NHS lead provider collaborative.
3. To agree that the regional specialised commissioning reports are presented to the strategic commissioning and transformation committee, once this has been established in early January.

Medium Term Plan

- Paul Brown, Chief Finance Officer, and Elizabeth Disney, Chief Transformation Officer, presented the report.
- Paul Brown advised that two areas of the Medium-Term Plan have been agreed. Firstly, the creation of the medium-term model has been completed, and widely supported across the system. Secondly, it has been noted that high levels of inpatient care is not leading to better health outcomes, so this is an area that will be focused on.
- Paul Brown advised that the Medium-Term Plan is being looked at over a five-year period, acknowledging the financial challenges for the system.
- Paul Brown advised the model sets out what the potential savings are for the system over the five-year period, noting three key areas that will be focused on:
    - Allocative efficiency, which Paul Brown explained as reducing the number of inpatient episodes where evidence shows it is not leading to better health outcomes.
    - To address the cost of Continuing Health Care (CHC)
    - To consider the aging population, with the number of people aged 70 and above expected to increase by 20% over the five-year period, and therefore measures need to be in place to avoid this being a further pull on the inpatient sector.
- Paul Brown noted that helpful conversations have taken place with the System Performance Group and Chief Executives around these elements and the delivery of the plan.
- Elizabeth Disney reiterated the work that has been undertaken on the model and the implications expected across the system, mentioning four key focus areas:
    - To acknowledge the significant levels of transformation, including community transformation that will aim to reduce the demand for bedded care settings, i.e. residential and acute care, with the need to provide more proactive and preventative care in people's homes and communities. A workshop was held to establish how this might look, and those in attendance will be reconvening in January to produce a set of commissioning and delivery arrangements for 2025/ 2026, and onwards.
    - Clinical optimisation, which is supported by clinicians and operational transformation finance managers across the system to consider pathway redesign, driven by population of health management data.
    - A more structured program on productivity, using benchmarking data, with national data to be expected in January 2025.
    - Cash efficiency, with significant opportunity to drive work around this in CHC, prescribing, and cash releasing opportunities that potentially still exist in the system.

- Elizabeth Disney advised that the next step is to drive the work that is needed across the four areas mentioned, with a clear plan ready to be implemented from 01 April 2025.
- Elizabeth Disney advised that although challenging, it is possible to deliver better outcomes and better experiences for staff and patients, and to get the system back into a better sense of financial balance.

The Chair thanked Paul Brown and Elizabeth Disney for the report. The Board asked about community transformation and the approach to training, education, and skills, and how this has been modelled into the plan so far. Elizabeth Disney responded to the Board explaining that it will require strategic workforce planning, including a different approach to the way professionals work together and creating an environment to make this possible, whilst utilising multi-disciplinary teams on a bigger scale. The Board asked how improvements to specialised services will go into the three-year planning process. Mish Irvine, Chief People Officer, responded that engagement with partners will be undertaken throughout the development of the new model and organisations will be supported in this. The Board asked about the short-term external demands, versus the ability to deliver in the long term. Paul Brown responded that short-term targets will be in place to manage this, and conversations around this will be taking place, which the Board will be informed and updated on. The Board was asked about the role of the ICB Board, in regard to the proposed changes, approval and impacts. Elizabeth Disney responded that work undertaken by subcommittees and associated working groups will be reported to the ICB Board, who will remain the decision makers for any significant decisions and changes. The Board commented that it is important to get the right message to clinicians, and to encourage a freedom to make changes to current ways of working that might not be so efficient. The Chair reiterated the point made, commenting on the importance of social movement and the freedom for clinicians to challenge current ways of working. Peter Axon added thanks to everyone involved in the work around the Medium-Term Plan. Peter Axon acknowledged the scale of the challenge within the financial pressures and the controlled budgets in place over the next five years. Peter Axon assured the Board that conversations will take place across the system and with the population to address mitigations for these challenges.

Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Officer, presented the report.
- Heather Johnstone thanked the Chair for making reference to the Quality strategy in the Chair and Chief Executive report.
- Heather Johnstone addressed general mortality and infant mortality, noting the high rate of infant mortality in Staffordshire and Stoke-on-Trent.
- Heather Johnstone advised that new mortality groups have been established over the past month, including a system mortality oversight group, and work being undertaken across the region in respect of infant mortality. Heather Johnstone added that a conference around infant mortality took place on 03 December 2024, noting positive feedback from this.
- Heather Johnstone advised a peer approach is being taken within the Deteriorating Patient Network, adding that further updates will be provided in the future as work continues.
- Heather Johnstone advised that a joint learning forum has been set up for maternity services with Shropshire, Telford and Wrekin.
- Heather Johnstone added that the Care Quality Commission (CQC) have visited the maternity units at UHNM and RWT, with positive feedback from both visits.

- Heather Johnstone noted the CQC have visited the Moorland unit, with a good rating as an outcome.
- Heather Johnstone reassured the Board that the Quality and Safety Team will continue to be very active in their role of overseeing the work around the MTP and transformation.

The Chair thanked Heather Johnstone for the report and for the reassurance around the Quality and Safety team's role in the Medium- Term Plan (MTP) and transformation work. The Chair asked whether granular reports with benchmark data will be obtained and presented to the Board. Heather Johnstone assured the Chair this will be presented to the Board in the near future.

Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report

- Dr Paul Edmondson-Jones, Chief Medical Officer, presented the report.
- Paul Edmondson-Jones confirmed that there are no alerts to highlight.
- Paul Edmondson-Jones highlighted several elements of the Integrated Medicines Optimisation Group (IMOG) to the Board, including medications, a sensory toolkit for processing needs, pathways for breathlessness and Upper Gastrointestinal, the NHS oversight framework and prison health care.
- Paul Edmondson-Jones commented that prison healthcare is an emerging issue in Staffordshire and Stoke-on-Trent, and a wider workshop on prison health care is taking place to look at associated issues that are arising.
- Paul Edmondson-Jones acknowledged two decisions to be escalated to the Board, including those that are outlined in the Integrated Medicines Optimisation Group report and the sensory toolkit.

The Chair thanked Paul Edmondson-Jones for the report. The Board was asked whether schools have been involved in the design of the sensory needs toolkit. Paul Edmondson-Jones assured the Board that local authorities and partners across the system have been involved in the toolkit, which includes educational teams. A further update on this will be provided at January's Board meeting. The Chair thanked everyone involved in the Senate AAA Chairs Report.

The Board noted and accepted the recommendations presented to them, which include:

1. The decisions laid out in the IMOG report to be accepted by the Board
2. The sensory toolkit to be accepted by the Board

ICS Finance and Performance Report and Finance and Performance Committee AAA Chairs Report

- Paul Brown, Chief Finance Officer, and Megan Nurse, Non-Executive Director, presented the ICS Finance and Performance report.
- Paul Brown commented that the efficiency program has been a success this year. Although it's not quite where it should be, Paul Brown advised it is moving in a positive direction with efficiency growing.
- Paul Brown confirmed that the month seven position is a £33.7m variance from the plan.
- Paul Brown commented on the shortfall of efficiency, flagging the higher cost for the out of system acute provider contracts and the conciliation, noting this as just under £30m, and the impact of rebanding clinical band 2 staff to band 3 staff, noting this as £8m.
- Paul Brown advised that the forecast outturn position has increased to £64m, in comparison to £56m as previously reported, due to the drawback of the dental

underspend and other costs associated with acute delays for the West Midlands Ambulance Service.

- Paul Brown explained that regulators have advised we must break even.
- Paul Brown added that there is a high level of intense work being undertaken with the Investigation and Implementation team to deliver improvements, noting key focus points for the Investigation and Implementation regime, including:
    - Moving from a standard level of control to an enhanced level control.
    - Addressing the high cost of Continuing Health Care, where work is being undertaken to identify improvements that can be made. Paul Brown advised that Deloitte and Kingsgate are investigating the Continuing Health Care pathway to provide a more detailed understanding of these costings.
    - Investigating where costs can be reduced within other services.
    - Reducing spend within the independent sector, particularly Elective Care, with a need to utilise NHS resources, for example, theatres and day case facilities.
- Paul Brown commented on the significant concerns around ambulance holds and acute performance, which continues to be of concern.
- Paul Brown acknowledged University Hospitals of North Midlands being deescalated from Tier One for elective cancer and diagnostics.
- Paul Brown noted that University Hospitals of Derby and Burton are still in Teir Two, but cancer has been stepped down, which is an improvement.
- Megan Nurse advised the Board that a report has been received around the pressures on Urgent and Emergency Care as a result of declaring Critical Incident.
- Megan Nurse also advised that the financial impact of the winter schemes outlined in the revise system surge update report will be continuously monitored.

The Chair thanked Paul Brown and Megan Nurse for the report. The Chair commented on the overview of the ICB performance ratings for mental health, learning disabilities and autism, noting this is relatively low. Elizabeth Disney assured the Board that the system is addressing key problem areas within mental health, learning disabilities and autism, with three focus areas being:

- The access and quality issues around Perinatal services. Elizabeth Disney confirmed that there is a data reporting issue, also noting a group has been established to understand how the additional investment from mental health and SDF related investments.
- Child and Adolescent Mental Health Services (CAHMS) and the additional investment into the children and young people's crisis service, along with the additional investment into the children and families Single Point of Access service.
- ADHD and autism service waiting times. Elizabeth Disney confirmed there is an agreed improvement plan around autism waiting times, which has been agreed by the Learning Disabilities and Autism Board, with ADHD service waiting times being the next focus.

Buki Adeyemo, Chief Executive at North Staffordshire Combined Healthcare NHS Trust and partner member with the ICB for Mental Health, added that the work underway to improve perinatal services is being discussed at regional level, and the impact of the additional investment should be visible around February/ March 2025, noting that this will be closely monitored. Buki Adeyemo assured the Board that data reporting issues are being investigated. The Board asked if the key priorities for portfolios can be made clearer, in terms of detailing how the objectives will move key metrics away from 'Red'. Paul Brown assured the Board that reviews on the impact of objectives are undertaken

quarterly. Megan Nurse added that improvements have been made around the specifying the key deliverables, but there are still improvements to be made.

The Board accepted the acknowledgements and recommendations presented to them, which include:

- The high-level performance against the five priorities
- The high-level key program deliverables update
- The financial position
- To receive and note Megan Nurse's AAA Chair Report

People, Culture and Inclusion Report and People Culture and Inclusion Committee Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, and Mish Irvine, Chief People Officer, presented the report.
- Shokat Lal acknowledged the positive feedback obtained from the Sexual Safety conference and the implementation of the Sexual Safety Charter within healthcare.
- Shokat Lal advised that a detailed update on the system surge plan has been referenced at the previous Board meeting in November, with no further updates to be made.
- Shokat Lal acknowledged the increasing number of staff sickness absence, advising that this is being monitored closely, highlighting the importance of the Psychological Wellbeing Hub.
- Mish Irvine added that data for November shows that operational figures are increasing, highlighting an overperformance for workforce numbers within the system, primarily in Bank, which needs to be considered in terms of the financial situation, along with the work being undertaken with Deloitte, providing the assurance needed for the committee and the Board.
- Mish Irvine also added that a proposal around the Psychological Wellbeing Hub will be brought forward at the next Board meeting in January 2025.

The Chair thanked Shokat Lal and Mish Irvine for the report. The Board accepted the recommendations to note the workforce position, risks and mitigations in place to address.

Staffordshire and Stoke-on-Trent ICB Remuneration Committee Summary and Escalation Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat Lal acknowledged the formal ratification of the permanent appointment of the Chief People Officer.

The Chair thanked Shokat Lal for the report. The Board noted and approved the appointment.

Date and time of next meeting in public: 16th January 2025 at 12.30pm held in Public, via MS Teams

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent ICB Meeting

16 January 2025

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

This briefing aims to keep partners informed of the discussions at the NHS Integrated Care Board (ICB) meeting in public. To watch the recording and read the papers visit the ICB website.

ICB Chair and Chief Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- The Chair alerted the Board to the new assurance committee that has been established for strategic commissioning and transformation.
- The Chair noted that it was a pleasure to chair the inaugural meeting, which was well attended by members from the local authority and statutory partners, with helpful discussions on the future terms of reference and membership around Primary Care, Children and Young People and the VCSE sector.
- The Chair advised that we are in a process of recruiting a Non-Executive Member to the Board to take on the role of chairing the committee.
- The Chair acknowledged the ongoing work around vaccinations and praised the efforts of community pharmacies, Primary Care and GP services for supporting the uptake of vaccinations in the local community.
- The Chair noted the financial position and the response to the undertakings received from NHS England, acknowledging the work ongoing with system partners to ensure a better financial position for this year and planning underway for 2025/2026.
- Peter Axon added that the newly established strategic commissioning and transformation committee is a vital part of our governance structure, and going forward this will define plans around allocative efficiency, technical efficiency and productivity agenda.
- Peter Axon noted that following the workshop in December 2024, where system partners met to discuss Community Transformation, the next workshop will aim to clearly define expectations around the core community services offer going forward, particularly addressing pressures within Urgent and Emergency Care.

The Board asked about the visibility of shifting resources within 2025/2026. Peter Axon assured the Board that where possible, opportunities for smaller changes will be implemented amongst the process of making larger at-scale changes, that notably take more time. The Board asked whether data has been collected to indicate if patients who have been hospitalised with flu have been vaccinated. Paul Edmondson-Jones, Chief Medical Officer, advised the Board that the vaccination status of each patient is recorded, and the exact figures will be shared at next month's Board meeting. The Board accepted the assurance that the leadership are working on each of the topics raised within the report.

Cyber security update

- Chris Ibell, Chief Digital Officer, presented the report.
- Chris Ibell advised that in September 2024, a number of changes have been introduced to the Data Security and Protection Toolkit (DSPT) requirements. Chris Ibell noted that going forward, the DSPT will be referred to as the Cyber Assessment Framework (CAF) aligned DSPT, which services to strengthen cyber security assurance for all government organisations, including the NHS.
- Chris Ibell advised that this includes the requirement of formal independent cyber audits, as opposed to self-assessments, noting that part of this requires the Board to be appraised of the risks and mitigating actions being taken.
- Chris Ibell mentioned that over the past few years, there has been an increase in cyber-attacks across the public sector and third-party Information Governance providers, having significant financial and operational impacts.

- Chris Ibell noted that the Department of Health and Care have created a cyber security strategy through to 2030, and the system is working closely with Emergency Preparedness Resilience and Response (EPRR) colleagues to focus on cyber resilience.
- Chris Ibell advised that all digital initiatives operate within the 'What Good Looks Like Framework'. Within the framework there are safe practice obligations, including:
  - To have a system-wide plan for maintaining robust cyber security
  - To establish a process for managing the cyber risk with mitigation plans and understanding the roles that can fulfil that
  - To take advantage of national cyber services provided by NHS England
  - To comply with the DSTP and new CAF aligned DSPT
- Chris Ibell assured the Board that over the past 18 months, an ICS cyber security group has been established, including expertise from NHS providers and local authorities as consultees, and a draft Staffordshire and Stoke-on-Trent cyber security strategy has been submitted for review.
- Chris Ibell was pleased to share that the Security Operation Centre has been developed, which includes the following functions:
  - In operation 24/7 supporting Staffordshire County Council, Stoke City Council, Midlands Partnership University NHS Foundation Trust (MPFT), University Hospitals of North Midlands (UHNM) and North Staffordshire Combined Healthcare Trust (NSCHT)
  - It runs standardised vulnerability scanning and patching service
  - Conducts gap analysis to identify areas for improvement and standardised reporting metrics
  - Enables knowledge sharing and standardisation of operation
- Chris Ibell noted that following the Cyber Simulation Event held last year, a 22-step action plan has been developed, and another event will be held in coming months with regional and national colleagues.

The Chair thanked Chris Ibell for the report, noting that the report is a dynamic process of assurance. The Board commented that with the nature of the cyber risk, should this feature as a strategic risk within our Board Assurance Framework, noting that the Audit Committee handbook is clear in terms of their role in its oversight of cyber risk. The Chair advised that an executive discussion would take place and any actions following this will be brought back to the Board. The Board thanked Chris Ibell for the reassurance, noting they are pleased to hear all partners are linked into discussions around cyber security. Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, asked whether there have been discussions around the proposed government legislation for organisations paying ransom demands. Chris Ibell responded that updates regarding the legislation will be shared appropriately. Phill Smith, Chief Delivery Officer, commented on the Security Operation Centre, highlighting the importance of protocols that need to be in place for colleagues to be well-equipped, who are working both out of hours and in hours. Chris Ibell assured the Board that there is a continued focus is on the processes and people involved. The Chair advised that there is further work to be undertaken with Julie Houlder, Chair of Audit, and the audit committee, to look at how the risks are managed going forward.

Quality and Safety AAA Report and Quality and Safety AAA Chairs Report

- Josephine Spencer, Non-Executive Chair of Quality and Safety Committee, presented the report.
- Josephine Spencer advised that no meeting took place in January due to system pressures effecting attendance, and therefore no updates were provided for the Quality and Safety AAA Report.
- Josephine Spencer continued to present the Quality and Safety AAA Chairs Report.
- Josephine Spencer alerted the Board to concerns surrounding the Emergency Department (ED) harm review process, noting more work is to be undertaken, including work with Derby and Derbyshire ICB colleagues to provide an early and more in-depth understanding of the process.
- Josephine Spencer noted they are looking to put a new risk on the risk register.
- Josephine Spencer advised the committee received a report and presentation on the Intensive and Assertive Community Mental Health Care Treatment Review and Plan.
- Josephine Spencer commended colleagues involved for the work they are doing and highlighted the engaging presentation delivered to the Quality and Safety Committee.
- Josephine Spencer assured the Board that they are mindful of the pressures in the system and note the areas where quality will need to be monitored closely, however, there are many areas with good work and assurance taking place.

The Chair thanked Josephine Spencer for the report. The Chair noted the importance of the ICB Quality Team supporting University Hospital of North Midlands NHS Trust, particularly around the impact of waiting times and pressures the Emergency Department is under. The Chair also advised that it would be useful for the Board to understand more about the impact of the Darwin Centre being moved into a level 3 oversight, following their meeting planned at the end of the month. Neil Car, Partner Member and Chief Executive of Midlands Partnership University NHS Foundation Trust, added to the discussion, noting that the report into Valdo Calocane will be published imminently, and all organisations should review their position against this report. Josephine Spencer responded to the Chair and Neil Car, stating that further assurance will be provided to the Board in due course. The Board noted and accepted the recommendations presented to them.

Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report

- Paul Edmondson-Jones, Chief Medical Officer, presented the report.
- Paul Edmondson-Jones noted that the date of the meeting being reported on is December 2024, with some points dated back to September.
- Paul Edmondson-Jones confirmed that there are no alerts to highlight.
- Paul Edmondson-Jones commented on the breadth of what the Health and Care Senate is looking at, including demand management, clinical pathways, and medicines optimization.
- Paul Edmondson-Jones advised that the report includes an item on the medium-term plan and mitigated modelling, along with an item on demand management collaborative.

The Chair thanked Paul Edmondson-Jones for the report. The Board asked about the guidance that came out in December around weight management medication. Paul Edmondson-Jones assured the Board that a working group has been set up with NHS England to clearly establish a process of prioritisation, noting that the rollout of weight management medication will be over 12 years. Paul Edmondson-Jones advised that an update on this will be taken through the strategic commissioning committee and to Board as appropriate. The Board noted and approved the recommendations.

ICS Finance and Performance Report

- Paul Brown, Chief Finance Officer, and Phil Smith, Chief Delivery Officer, presented the report.
- Paul Brown confirmed that the month eight position is a £33.4m variance from the plan.
- Paul Brown noted this is relatively positive, being the first month that the system has achieved a small surplus.
- Paul Brown advised that the forecast outturn position is now at £56m. This is compared to a forecast position of £64m stated last month, as we have now covered the £8m of additional unmitigated risk.
- Paul Brown commented on the work on-going as part of the Investigation and Implementation regime, advising that workforce is a key focus area in terms of looking at how to get the most out of our workforce, for example, reducing costs of agency workers and having more substantive posts.
- Paul Brown advised that Continuing Health Care (CHC) continues to be a focus of the Investigation and Implementation regime, noting significant improvements within the CHC workstream that includes a 12% reduction of the CHC case load.
- Paul Brown advised that Deloitte continue to support the system in providing a more detailed understanding of costings related to the CHC pathway.
- Paul Brown noted productivity as another key area of the Investigation and Implementation regime, particularly around the elective care process at UHNM and maximising the way we work with the independent sector, ensuring patients are put through the correct organisation, and finding opportunities to increase the number of patients being treated whilst reducing the overall cost.
- Paul Brown advised clinical values is a continued focus, noting the importance of the work on-going within the Health and Care Senate to look at which services are less optimal and those that are more so.
- Paul Brown added that work on balance sheets is another area of focus.
- Paul Brown reiterated that regulators have advised we must break even.
- Phil Smith highlighted that in England, the previous calendar year was the busiest to date for Accident and Emergency and ambulance services, recording the highest number of conveyances seen within one month in December 2024.
- Phil Smith advised that nationally, instances of flu are three times higher compared to the same time period last year, with a number of trusts and systems across the country declaring critical incidents over the past couple of months, citing the exceptional demand and respiratory viruses in particular, impacting on their ability to deliver care.
- Phil Smith stated that locally, there was a rapid rise of pressures early on in the winter season, noting that Royal Stoke University Hospital saw 5% higher demands for both November and December 2024, compared to the same time period last year.
- Phil Smith explained that Infection, Prevention and Control (IPC) continues to be challenging for the system, particularly due to the impact of respiratory viruses, noting spikes of Norovirus in November 2024, alongside reporting the second highest seasonal flu demand as of recent years.
- Phil Smith advised that we have hit the peak of flu A, and flu B is to be expected, along with a further surge of COVID-19 expected over the next few weeks.
- Phil Smith noted that due to a higher demand within major and trauma services, along with extremely high ambulance arrivals, there has been unacceptable delays across the entirety of the Urgent and Emergency Care pathway.
- Phil Smith added that this is reflected within ambulance response times, with the final December position for Category 2 Response Time expected to be over 50 minutes.
- Phil Smith advised that the system currently remains in high escalation, and UHNM are still in a business continuity incident, noting there are plans to review this.

- Phil Smith noted that the Surge Plan has been deployed, which was agreed across the Board in November 2024, with additional actions as follows:
  - Bringing forward the Primary Care winter hub capacity into November, with an extra 600 appointments added per week from early December
  - Bringing forward community discharge to assess (D2A) bed capacity
  - A peak of 65 spot purchase D2A beds
- Phil Smith advised additional staffing has been deployed into the Single Point of Access Integrated Care Coordination (ICC) service, with the past month seeing a 20% increase in demand. Working closely with ambulance services, this is expected to become a 24/7 model, opening the service to all suitable adults as opposed to those aged 60 and over.
- Phil Smith advised that we are working towards a rollout of the 45-minute ambulance handover protocol to ensure delays in handover are minimised.
- Phil Smith noted that pressures have led to a significant stand down of elective work, particularly over the past month, noting cancellations as a result. Phil Smith advised this is being mitigated by rebooking patients as soon as possible, whilst trying to secure capacity and mutual aid from other NHS partners.
- Phil Smith advised that UHNM have made positive steps in terms of their processes. Phil Smith noted that they have invited NHS England's national team to review their internal Urgent and Emergency Care pathways and have secured a new improvement director to lead their internal programme of improvement.
- Phil Smith mentioned that there has been increased staff sickness absence levels across all partners within the system, in line with the increased pressures.
- Phil Smith advised that formal debriefs and data reviews are being undertaken, which have been put forward to the finance and performance committee in January, with plans to continue this in February and March to provide a full view of the winter period, and to also support the formal learning event that is being held in the Spring.
- Phil Smith assured the Board that the leadership community across the system continue to work together collaboratively, having daily conversations to navigate the pressures that the system continues to experience.

The Chair thanked Paul Brown and Phil Smith for the report. The Chair commented on the overview of the ICB performance metrics and how those that are underperforming against plan or target with variance to plan or target, are being managed. Phil Smith responded that there are daily calls in place to look through the metrics and to balance decision making, advising that with external support being brought into elective, the aim is to recover this over the next few months. Phil Smith added that recovery is expected to be challenging for ambulance response times and A&E four-hour performance, and it's about understanding the drivers and causes of those.

The Board was asked about the 12% reduction in people receiving Continuing Health Care, and whether the key indicators will be monitored for the cohort no longer receiving Continuing Health Care, i.e. monitoring the rates of readmissions to hospital. Paul Brown assured the Board that all decisions are made within a clinically driven process, involving CHC assessments and the individual clinical needs of each patient. The Chair advised that further assurance will be provided on this to confirm the clinical and safety drivers around the decisions being made. The Board accepted the acknowledgements and recommendations presented to them.

Finance and Performance Committee AAA Chairs Report

- Josephine Spencer, Non-Executive Chair of Quality and Safety Committee, presented the report.

- Josephine Spencer advised that although improvements are being made there is not a clear route to the breakeven position.
- Josephine Spencer noted that although the Investigation and Implementation process is identifying savings of around £1m - £2m per month, this won't take the system to a point of breakeven.
- Josephine Spencer advised that the integrated care coordination team presented to the committee which provided insightful outcomes and was crucial in bringing finance, performance and quality together, to get the right patients to the right services at the right time.
- Josephine Spencer also advised that the principles have been agreed for the modification of the pulmonary rehabilitation service to create a more comprehensive equitable service for patients.
- Josephine Spencer added that a contract for the acute visiting service has also been agreed.
- Josephine Spencer advised that concerns were raised about the capital position for 2025/2026 and the clinical risk related to this. Josephine Spencer noted that there will be on a focus on this at the next committee meeting which will be highlighted within the AAA report and presented at the next ICB Board meeting in February.

The Chair thanked Josephine Spencer for the report. The Board accepted the recommendation to receive and note the update.

People, Culture and Inclusion Committee Assurance Report and People Culture and Inclusion Committee AAA Report

- Mish Irvine, Chief People Officer, and Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Mish Irvine noted there is an 8.6% turnover for workforce, which is a positive measure of workforce wellbeing.
- Mish Irvine added that agency figures are 2.3%, which is against a target of 3.2%, noting this as positive. Mish Irvine praised all the providers involved and the work they are doing around productivity and processes.
- Mish Irvine advised that we remain over our operational planning figures, which notably will have a financial impact for the system. Mish Irvine confirmed we are 467 over the operational plan, with the majority of these figures sitting within the acute setting.
- Mish Irvine commented that the focus over the next 12 months is to consider how to support the increased use of workforce in areas that are most in need and reduce workforce in areas that can be more efficient.
- Mish Irvine advised there are a number of programmes to support this. The I&I team are supporting each provider to look at their processes, along with financial control recovery groups, which are clinically led and support providers on a weekly basis.
- Mish Irvine noted the approach of the People, Culture and Inclusion Committee, which focuses on supporting the workforce in being able to move across the system and to work in a different way, whilst supporting the population in the most productive manner.
- Shokat Lal advised there was a focus on health and wellbeing for the workforce. Funding has been secured for the ICS Staff Psychological Wellbeing Hub.
- Shokat Lal also shared that a paramedic student has shared information about the ICS Future Leaders placement programme and how they have worked across the system to understand partnership working.

The Chair thanked Mish Irvine and Shokat Lal for the report. The Board accepted the recommendation to receive and note the update.

Staffordshire and Stoke-on-Trent ICB Remuneration Committee Summary and Escalation Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat Lal advised that a number of items were discussed from an assurance point of view including the recruitment to the Non-Executive Board member position.
- Shokat Lal also confirmed that the annual pay review was also discussed.

The Chair thanked Shokat Lal for the report. The Board accepted the recommendation to receive and note the update.

Quarter 3 System Board Assurance Framework

- Claire Cotton, Director of Governance, University Hospitals of North Midlands NHS Trust, and Julie Houlder, Chair of Audit Committee and Non-Executive Director, presented the report.
- Claire Cotton advised that there are some risks with a high scoring including reducing health inequalities, finance and workforce.
- Claire Cotton advised that six out of the eight strategic risks have been given a partial assurance rating.
- Claire Cotton also advised that the System Board Assurance Framework has received some national recognition. Claire and Tracey Shewan, Director of Corporate Governance, were invited to sit as panellists on a national audit committee where they talked about the work they have done around Board assurance.
- Julie Houlder advised that Grant Thorton has been reappointed as external auditor.
- Julie Houlder also advised that the compliance level against EPRR national standards is now substantial.
- A deep dive will take place at the next audit committee around an advisory report on personal health budgets.

The Chair thanked Claire and Julie for the report. The Board accepted the recommendation to receive and note the update.

Date and time of next meeting in public: 20th February 2025 at 1pm held in Public, via MS Teams.

Executive Summary

Meeting:	Trust Board – Part 1 (in Public)	**Date:**	12th March 2025
Report Title:	Q3 Board Assurance Framework	**Agenda Item:**	7.
Author:	Claire Cotton, Director of Governance and Nicola Hassall, Deputy Director of Governance		
Executive Lead:	Claire Cotton, Director of Governance		

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

	Please refer to BAF	

Executive Summary

Situation

The Board Assurance Framework (BAF) has been updated by Executive Leads for Q4 2024/25 and presented in full to each Committee; with the enclosed Summary BAF being provided to the Board.

Background

The strategic risks contained within the 2023/24 BAF were refreshed by the Executive Team and agreed by the Board in March 2024 in line with our annual review process.

Assessment

	The 'most threatened' of our Strategic Priorities is 'Quality', with all 9 Strategic Risks posing a threat to its achievement. This is followed by 'Responsive' and 'People', each with 8 Strategic Risks posing a threat.
	The most significant Strategic Risks are 'Delivering Positive Patient Outcomes', 'Delivering Responsive Patient Care' and 'Digital Transformation', which have the highest risk score of Extreme 20, all of which are above their tolerance.
	'Delivering Positive Patient Outcomes', 'Delivering Responsive Patient Care' and 'Digital Transformation' have increased in risk score this Quarter.
	'Financial In Year Delivery' has reduced in Quarter back to its target of High 12 and Fit for Purpose Estate continues to be in line with its risk tolerance score. All other remaining risks are above the tolerated risk appetite score.
	The number of linked risks in the quarter have increased for 6 / 9 risks, with the most linked risks affecting 'Delivering Positive Patient Outcomes'.
	3 actions have moved to 'complete / BAU' during Quarter 3 with 6 / 9 risks having identified problematic actions and 5 / 9 risks having actions which have been delayed. 7 new actions have been identified during the quarter.
	There are a number of sources of assurance which have not been seen in line with business cycles and where possible, these are or have been rescheduled.

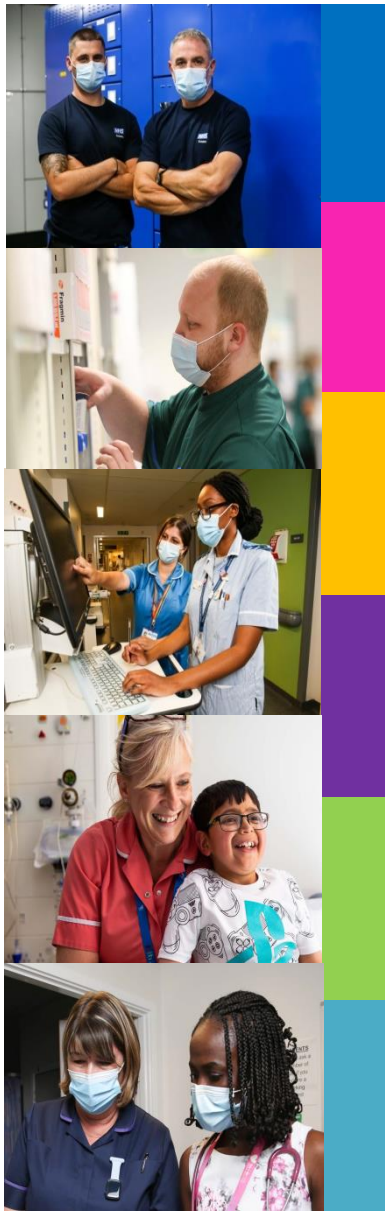
Key Recommendations

The Trust Board is asked to approve or amend the BAF and to consider whether risk scores and assurance assessments are an accurate reflection of the position

NHS
University Hospitals of North Midlands
NHS Trust

Summary Board Assurance Framework

Quarter 3 2024/2025



Delivering Exceptional Care with Exceptional People

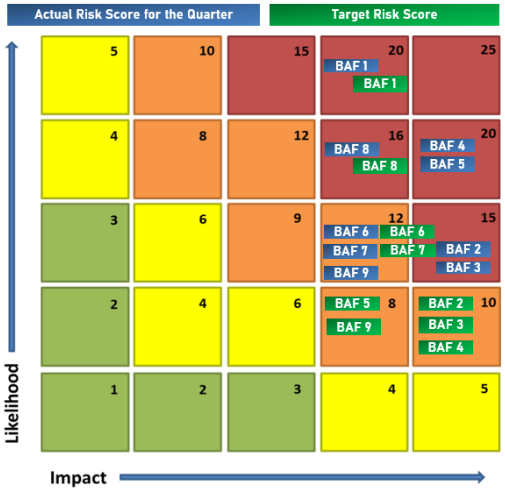
High Level Overview

NHS University Hospitals of North Midlands NHS Trust

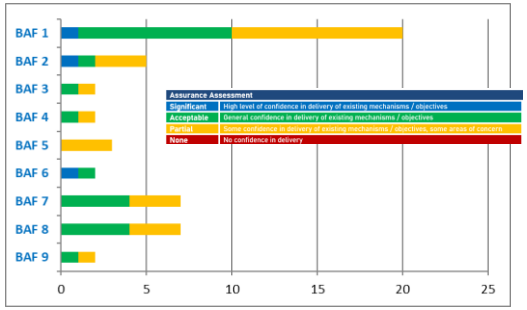
Strategic Risk Summary

Assurance Committee	BAF No.	BAF Risk Title	Risk Score and Assurance Assessment Q1	Q2	Q3	Q4 Plan	Target	Appetite / Tolerance	Linked Risks	Longer Term Risk Actual v Trajectory	Action BRAG	Strategic Priorities
Quality Governance Committee	BAF 1	Delivering Positive Patient Outcomes	High 12	High 12	Ext 20	Ext 20	Mod 6	Minimal	195 ↑		3 1 9	
							31/03/26	Above Tolerance (4 - 6)				
People, Culture & Inclusion Committee	BAF 2	Improving Workforce Sustainability & Culture	Ext 16	Ext 15	Ext 15	Ext 15	High 10	Open	137 ↑		4	
							~~31/03/25~~ 31/03/26	Above Tolerance (8-12)				
Strategy & Transformation Committee	BAF 3	Improving the Health of our Population	Ext 15	Ext 15	Ext 15	High 10	High 10	Open	0 →		2	
							31/03/25	Above Tolerance (8-12)	Graph not available as no linked risks identified			
	BAF 5	Digital Transformation	High 12	Ext 16	Ext 20	High 12	High 8	Open	88 ↑		1 2 4 1	
							~~31/03/25~~ 31/03/26	Above Tolerance (8-12)				
	BAF 9	Research & Innovation	High 12	High 12	High 12	High 12	High 8	Cautious	4 →		1 2 1 2	
							30/09/25	Above Tolerance (4 - 6)				
Performance & Finance Committee	BAF 4	Delivering Responsive Patient Care	Ext 20	Ext 15	Ext 20	Ext 20	High 10	Open	60 ↑		1 2 5	
							30/09/25	Above Tolerance (8-12)				
	BAF 6	Fit for Purpose Estate	High 12	High 12	High 12	High 12	High 12	Open	75 ↑		1 2 4	
							31/03/29	At Tolerance (8-12)				
	BAF 7	Financial In Year Delivery	Ext 16	Ext 16	High 12	High 12	High 12	Open	31 ↓		1 1 1 2	
							31/03/25	At Tolerance (8-12)				
	BAF 8	Financial Sustainability	Ext 16	Ext 16	Ext 16	Ext 16	Ext 16	Open	4 ↑		4	
							31/03/25	Above Tolerance (8-12)				

Strategic Risk Heat Map



Assurance Outcomes Overview



Positive Assurances to Note

- 2 / 9 (→) risks identified as providing acceptable assurance
- 86% (↓) of assurances were seen compared to the plan during the quarter
- 6% (↓) assurances were rated as significant assurance and 44% (↑) as acceptable assurance
- 14% (↑) of actions have been completed with 56% (↓) on track

Matters of Concern

- 7 / 9 (→) risks identified as providing partial assurance
- 14% (↑) of assurance were not seen during Q3
- 50% (↓) assurances were rated as partial assurance and 0% (→) identified as having no assurance
- 22% (↑) of actions are delayed and 8% (↑) problematic
- 7 / 9 (↓) target risk scores are above the tolerance

BAF 1: Delivering Positive Patient Outcomes

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

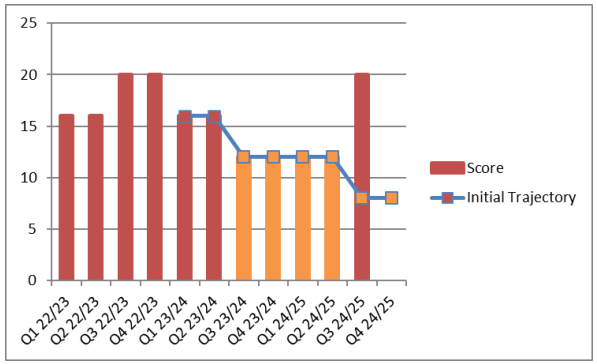
University Hospitals of North Midlands NHS Trust

If we do not consistently maintain evidence based, safe and effective care, then we may see an increased incidence of avoidable harm, poor patient experience and suboptimal patient outcomes, resulting in unnecessary reductions in the quality of treatment, failure to deliver statutory and regulatory compliance, increased complaints and litigation, reputational damage and poor staff morale

Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	Ext 20	Q4	Mod 6 31/3/26

Risk Movement and Risk Reduction Trajectory

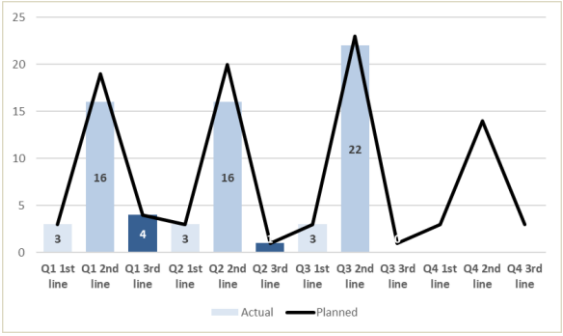


Heat Map Risk Matrix

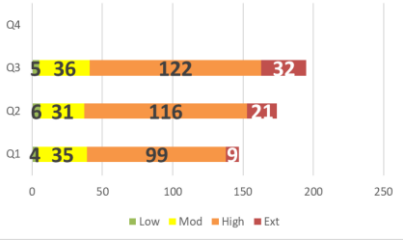
Rationale for Risk Level

The risk score has increased in Q3, due to ongoing pressures, declaration of critical incidents, continued use of Your Next Patient, impact on activity and waits, and harm from delays. As such, the trajectory for Quarter 4 has increased from 8 to 20. Additional gaps in assurance highlight non-clinical workforce staffing and coding issues affecting the SHMI and HSMR.

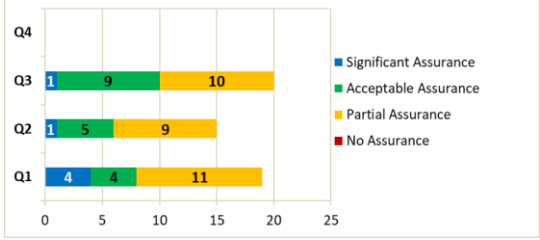
2024 / 2025 Assurance Plan



Linked Risks on Register



Committee Assurance Outcomes



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Support delivery of Non-Elective Improvement Prog	31/03/2025				
2	Enhance harm review process	31/03/2025				
3	Reduce / eliminate CEF bronze rated areas	31/03/2025				
4	Continue improvements in meeting S29a Notices	01/04/2025				
5	Embed clinical effectiveness processes	31/03/2025				
6	Continue rollout of Improving Together	31/03/2025				
7	Understand root cause of increased HAI rates	31/03/2025				
8	Develop delivery plan for Oliver McGowan full day training	31/05/2025				
9	Review visiting guidance in view of changes in legislation	30/09/2024				
10	Implement Martha's Rule	31/03/2025				
11	Deliver ePMA programme	31/12/2025				
12	Improve complaints response times to target	01/09/2025	N/A			
13	Assess impact of iPortal downtime	31/03/2025	N/A	N/A		

Overview

- Risk score reviewed and increased above the planned trajectory
- Risk score expected to be above agreed tolerance until 2026
- Continues to have the highest number of 'linked risks' on the risk register, and this has increased to 195 from 174 at Q2, with an increase in the number of linked risks rated as Extreme (32)
- 10 / 27 assurances for the quarter were rated as having partial assurance; 5 sources of assurance were not rated
- 25 / 27 assurances were seen as planned during the quarter
- Target dates for two actions have been delayed in quarter and one action has been completed

BAF 2: Sustainable Workforce

Chief People Officer | People, Culture & Inclusion Committee | Threat to:

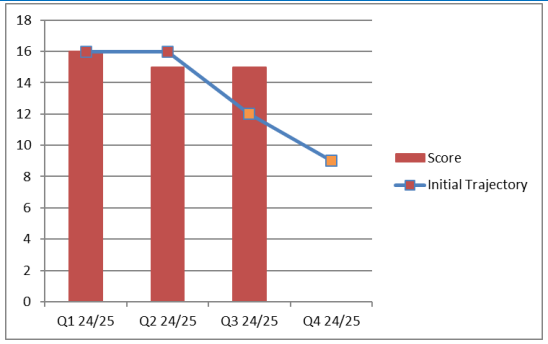
If we are unable to achieve workforce (people) sustainability through an effective long term workforce strategy and delivery plan which is underpinned by a positive, inclusive organisational culture, then, we may face significant challenges in ensuring we have colleagues with the right skills, values and behaviours in the right place at the right time, resulting in an adverse impact on colleague experience, voice, wellbeing, recruitment, development and retention, with the potential to compromise quality of care for our patients, inability to deliver operational targets and increased premium costs negatively affecting the financial position.

NHS University Hospitals of North Midlands NHS Trust

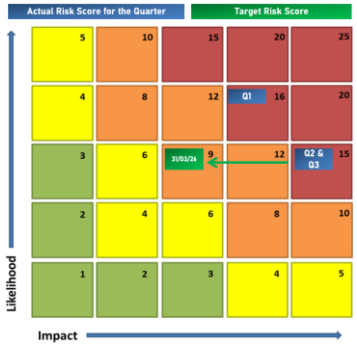
Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 16	Ext 15	Ext 15	Q4	High 10 31/3/26

Risk Movement and Risk Reduction Trajectory



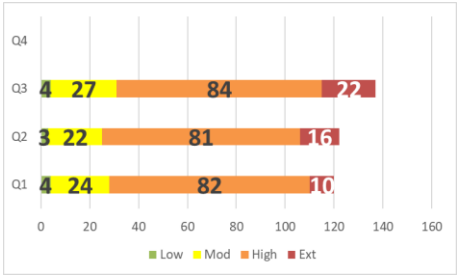
Heat Map Risk Matrix



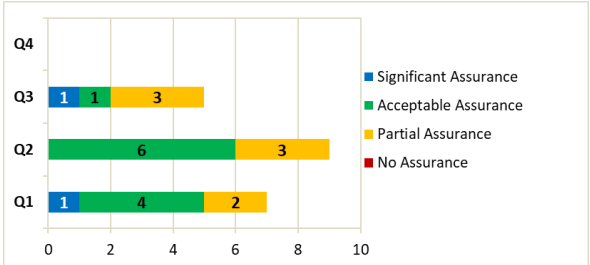
Rationale for Risk Level

- The risk score has remained the same as Q2. Despite financial challenges, progress has been made with a positive assurance rating in December 2024. Key metrics of the People Plan such as staff engagement, apprenticeships, sickness absence, vacancy rates, staff turnover, training compliance, appraisals, and agency pay continue to be monitored.
- Spending controls and a programme for up-banding Nursing/Midwifery Assistants are in place.
- Engagement sessions have shaped strategic priorities for 2025-2030, with detailed plans to be approved in Q4.

Linked Risks on Register



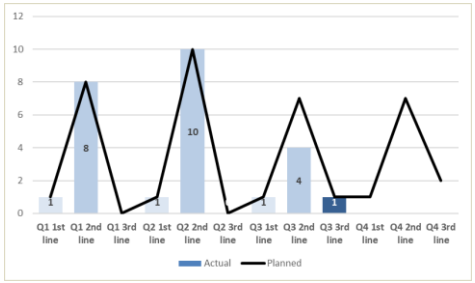
Committee Assurance Outcomes



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Strengthen flexible working opportunities, focus on providing a safe and healthy work environment, continue to support wellbeing of our staff and review Guardian of Safe Working exception reporting	31/03/2025				
2	Widen career pathways for disadvantaged groups, strengthen mechanisms to demonstrate tangible recognition and appreciation and increase employee knowledge and confidence in raising concerns	31/03/2025				
3	Continue to deliver on our retention plan, develop and launch succession planning framework, scale up new roles to tackle key staff shortages and increase pipeline for school and college leavers	31/03/2025				
4	Embed further remote working opportunities and review, adapt and amend processes in line with national ESR guidance including review of 'no case to answer' outcomes	31/03/2025				

2024 / 2025 Assurance Plan



Overview

- Risk score higher than initial trajectory and is expected to be above the agreed tolerance until 2025/26
- Second highest number of 'linked risks' on the risk register at 137 an increase from 122 at Q2
- 3 / 9 assurances for the quarter were rated as having partial assurance and 1 source of assurance was not rated
- 6 / 9 assurances were seen as planned during the quarter
- All actions remain on target to be achieved by 31st March 2025

BAF 3: Improving the Health of our Population

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

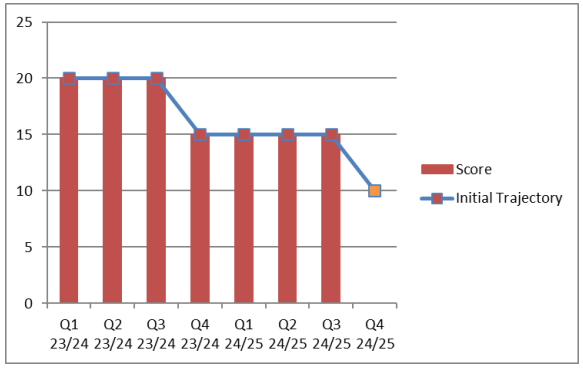
NHS University Hospitals of North Midlands NHS Trust

If we are unable to work together with system partners across organisation and sector boundaries, then we will have minimal impact on the long-term elements of improving population health, 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 and potentially increased pressure on health care services.

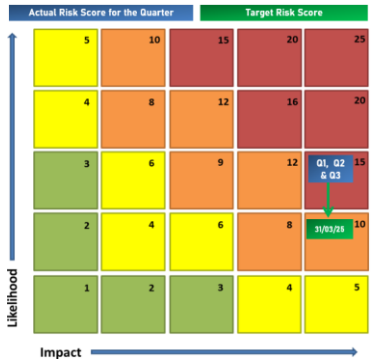
Assurance, Risk Ratings & Target

Partial Assurance	Ext 15	Ext 15	Ext 15	Q4	High 10 31/3/25

Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix



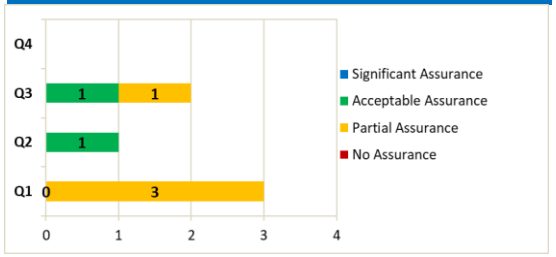
Rationale for Risk Level

- Risk score remained the same as Q1 and Q2. Progress made in the quarter focussed on understanding priority focus areas that could impact directly on the local population.
- Additional NHSE funding to be received in 2025/26 to pilot tobacco treatment in high risk outpatients.
- Maturity assessment completed for our role as an Anchor employer in Q3 24/25.
- Main gaps in assurance relate to sight of the strategic action plans

Linked Risks on Register

Graph not available as no linked risks identified

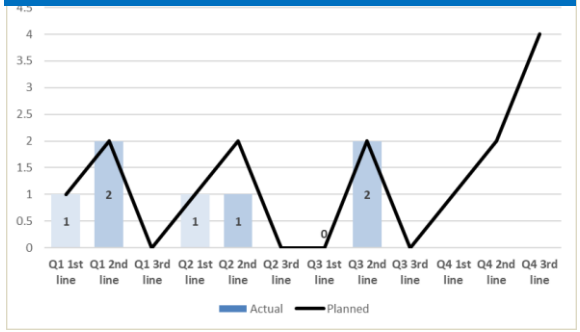
Committee Assurance Outcomes



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Development of metrics to measure progress and delivery	21/03/2025				
2	Develop detailed action plans to support delivery of the strategy	21/03/2025				

2024 / 2025 Assurance Plan



Overview

- Risk score is in line with trajectory although above accepted tolerance
- There continue to be no linked risks identified on the risk register
- Limited sources of assurance identified;, although both sources of assurance were provided to the Committee as planned, one of which was rated as partial assurance. Additional third line sources of assurance identified to be reported in Q4.
- Both actions are on track to be delivered by 21st March 2025

BAF 4: Delivering Responsive Patient Care

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

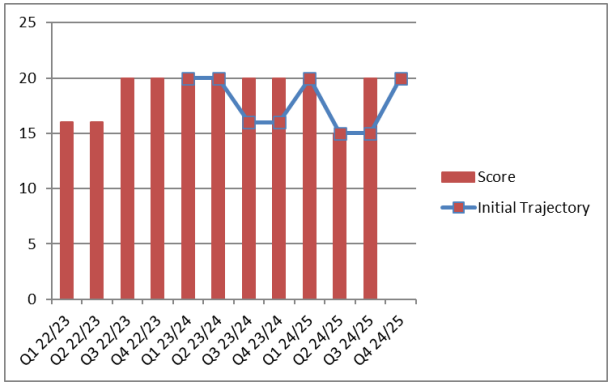
NHS University Hospitals of North Midlands NHS Trust

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 poor patient outcomes, potential patient harm, impact on staff wellbeing, continued regulatory control and negative impact on the financial position

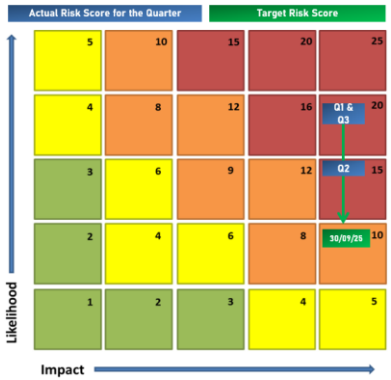
Assurance, Risk Ratings & Target

Partial Assurance	Ext 20	Ext 15	Ext 20	Q4	High 10 30/9/25

Risk Movement and Risk Reduction Trajectory



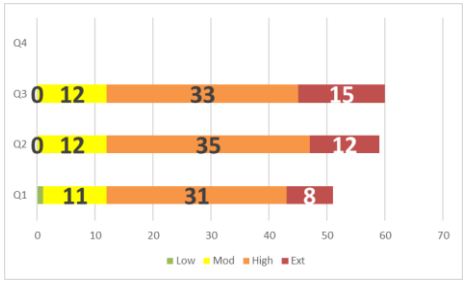
Heat Map Risk Matrix



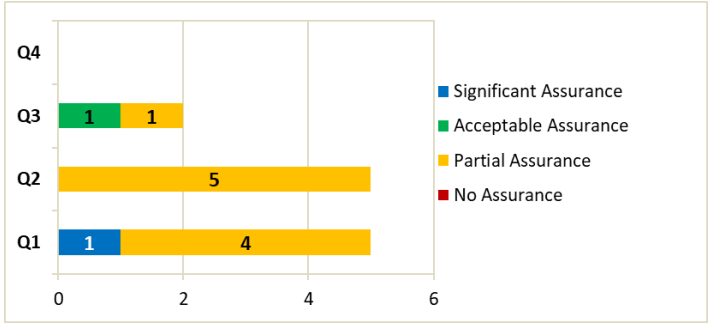
Rationale for Risk Level

- The Trust faced early winter pressures with increased acuity and attendances, surpassing previous peaks.
- 4-hour performance targets were missed for the third consecutive month, leading to declaration of critical incidents.
- Challenges with discharges due to complex cases, prompting new working methods.
- Spikes in covid, norovirus, and flu led to bed closures, affecting core capacity.
- Progress on winter plan schemes was assessed, revealing delays in discharge lounges.
- Cancer recovery and RTT targets faced setbacks due to seasonal pressures.
- Operational effectiveness was hindered by intermittent system downtimes.
- Main gaps in control relate to seasonal winter pressures, and IT downtime. In addition, gaps in assurance relate to the discharge profile.

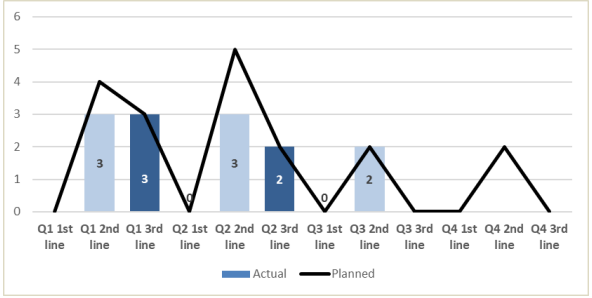
Linked Risks on Register



Committee Assurance Outcomes



2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Increase capacity - County Hospital Elective Care Centre	31/03/2025				
2	Explore/develop data and technology to support services	31/03/2025				
3	Deliver objectives in non-elective improvement programme	31/03/2025				
4	Deliver objectives in elective improvement programme	31/03/2025				
5	Two phased rightsizing work looking at best use of capacity	31/03/2025				
6	Harm review process for patients waiting for elective care	31/03/2025				
7	Winter bed modelling to be reviewed and assessed	31/03/2025	N/A	N/A		
8	Large language data validation of waiting lists via MBI	31/03/2025	N/A	N/A		
7	Introduction of finance, activity and productivity meeting	01/05/2024				
8	Consideration of expanded capacity through ERF	30/07/2024				

Overview

- The risk score is above the initial trajectory it is expected to be above tolerance until September 2025
- 60 linked risks on the Risk Register, a slight increase 59 at Q2
- 2 / 2 assurances seen as planned, 1 of which rated as partial assurance
- The target date for one action has been delayed in addition to one action moving to problematic. 2 additional actions have been identified during the quarter

BAF 5: Digital Transformation

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

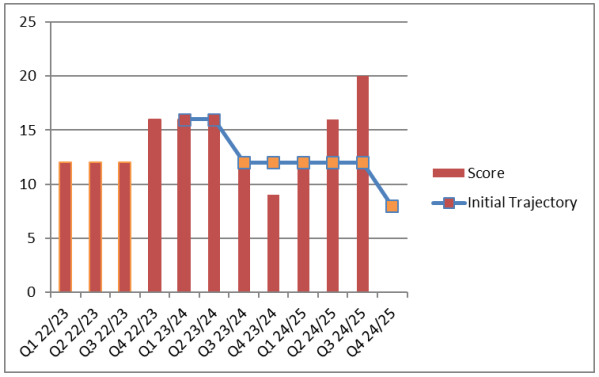
University Hospitals of North Midlands NHS Trust

If our digital solutions and services do not stay in step with modern practice, capabilities, and standards, then the opportunity to transform and improve services to support safety, quality or productivity are limited and UHNM may be unable to meet mandated national standards, resulting in compromised patient care, staff inefficiencies and geographic disadvantages along with a risk to our operating licence.

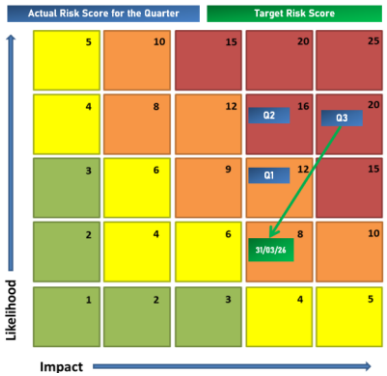
Assurance, Risk Ratings & Target

Acceptable Assurance	High 12	Ext 16	Ext 20	Q4	High 8 31/3/26

Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix



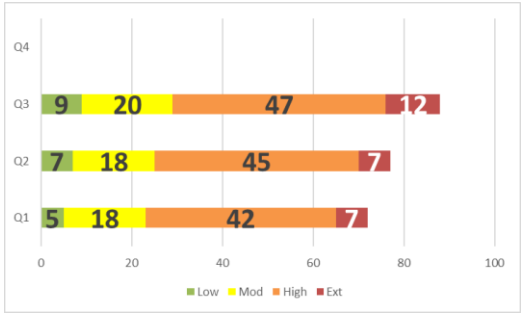
Rationale for Risk Level

Current challenges with iPortal and CareFlow performance; impacting on the delivery of clinical services. The ability to deliver strategic transformational programmes of work has been affected by the deployment of staff in dealing with the iPortal / CareFlow issues. Issues associated with fragmentation of clinical systems and lack of integrated EPR were also highlighted within a recent Regulation 28 notice

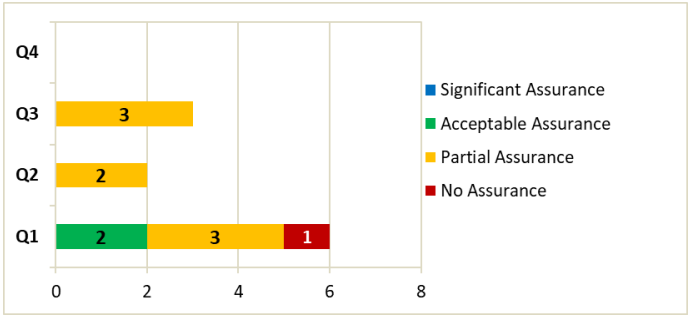
Main gaps in control relate to end date of digital strategy, nationally mandated standards not being met and use of obsolete technology.

Main gaps in assurance relate to lack of national funding for replacement EPR.

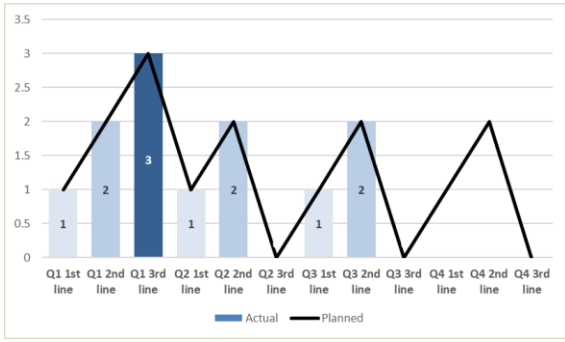
Linked Risks on Register



Committee Assassurance Outcomes



2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	ePMA pilot	30/03/2025				
2	Business case for AI team	01/03/2025	N/A			
3	Update EPR OBC for UHNM	01/03/2025	N/A			
4	Review KLAS survey results	01/03/2025	N/A			
5	Deploy digital accountability framework	01/03/2025	N/A			
6	Move iPortal onto own infrastructure	01/02/2025	N/A			
7	LIMS Go Live	31/10/2024				
8	EPR Outline Business Case	30/09/2024				

Overview

- Risk score has increased above the trajectory and above the risk score tolerance; target date moved to 2026
- Number of linked risks on the Risk Register slightly increased to 88 from 77 at Q2
- All 3 assurances seen as planned during the quarter, all of which received a rating of partial assurance
- Target dates moved for 5 actions, 4 of which are now delayed and 1 problematic

BAF 6: Fit for Purpose Estate

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

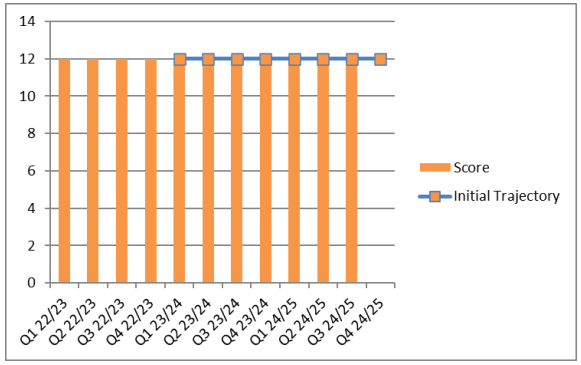
NHS University Hospitals of North Midlands NHS Trust

If we are unable to obtain sufficient investment to develop our estate infrastructure and workforce, then we may be unable to deliver high quality, responsive services in a safe, compliant and sustainable environment, resulting in the inability to achieve national standards, manage backlog maintenance, achieve Value for Money and deliver strong performance against Estates, Facilities and PFI Divisional objectives / KPIs

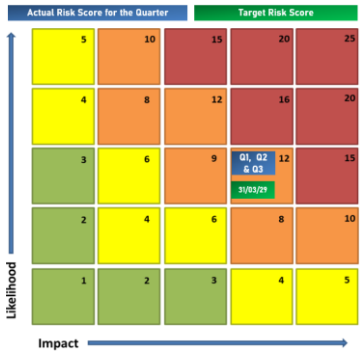
Assurance, Risk Ratings & Target

Acceptable Assurance	High 12	High 12	High 12	Q4	High 12 31/3/29

Risk Movement and Risk Reduction Trajectory



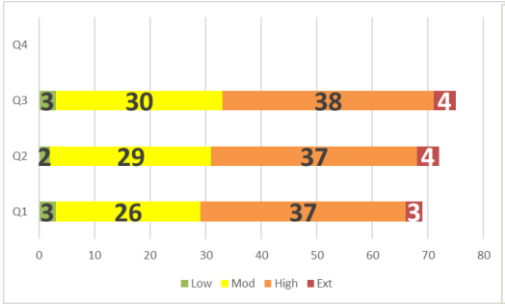
Heat Map Risk Matrix



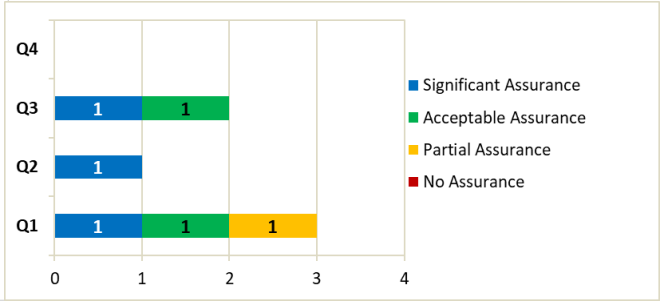
Rationale for Risk Level

- Insufficient capital allocation for 2024/25 and funding constraints, although backlog maintenance prioritised based on risk
- Challenges with supply chain, energy procurement and decarbonisation and workforce
- Lack of worked up clinical / demand management plans
- Main gaps in control relate to no expansion space at Royal Stoke, resource and funding allocations

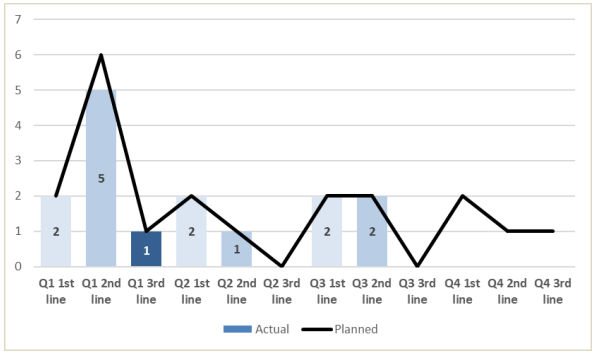
Linked Risks on Register



Committee Assassurance Outcomes



2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Funding allocation	31/03/2025				
2	Strategy preparation for future bids	31/03/2025				
3	Supply chain partners	31/03/2025				
4	Adapting to a changing climate	31/03/2025				
5	Sustainability/net zero carbon	31/03/2025				
6	Workforce	31/01/2025				
7	PFI partners / lender issues	31/03/2025				

Overview

- Risk score remains in line with trajectory and in line with tolerance
- Number of linked risks on the Risk Register has increased slightly to 75 from 72 at Q2
- 4 / 4 assurances seen as planned; 2 of which were positive. 2 sources of assurance were not rated
- Target dates moved for 2 actions resulting in one problematic and one delayed action

BAF 7: Financial In Year Delivery

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

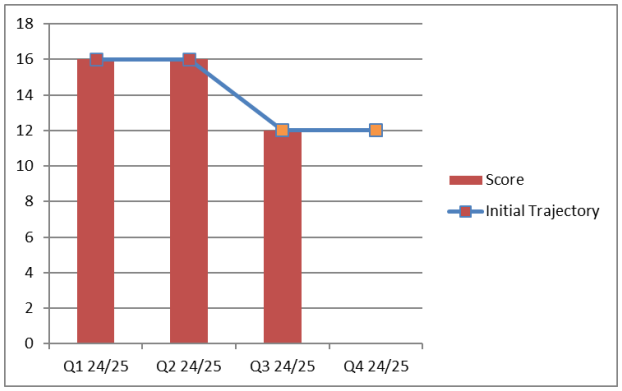
NHS University Hospitals of North Midlands NHS Trust

If we, or system partners, are unable to manage within the assumptions made in the financial plan for 2024/25, then we will be unable to meet our financial plan for 2024/25, resulting in an increased level of external scrutiny and intervention with a loss of control over investment decision making within the Trust

Assurance, Risk Ratings & Target

Partial Assurance	Ext 16	Ext 16	High 12	Q4	High 12 31/3/25

Risk Movement and Risk Reduction Trajectory

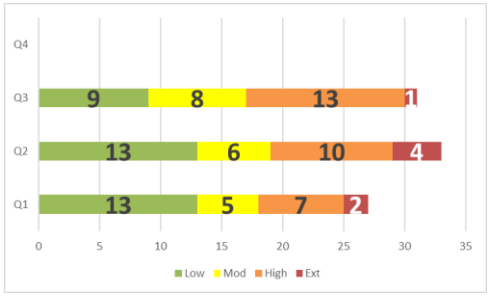


Heat Map Risk Matrix

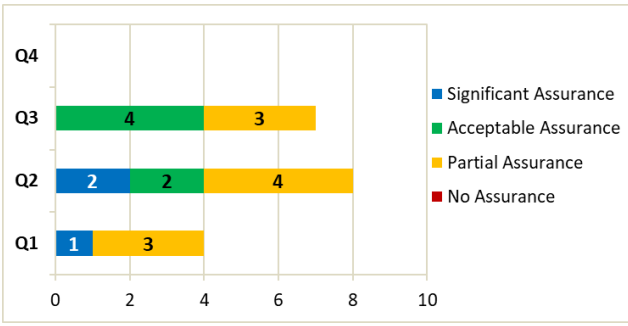
Rationale for Risk Level

- The forecast deficit of £23.1m has remained stable throughout the year with the Trust being in receipt of additional external support through the I&I process, It is felt that whilst the likelihood of this risk materialising has remained at a 4 the impact has reduced to a 3
- Main gaps in control relate to a fully signed off CIP plan and the amount of recurrent versus non-recurrent savings in addition to the risk around Band 2 to 3 funding and temporary staffing spend

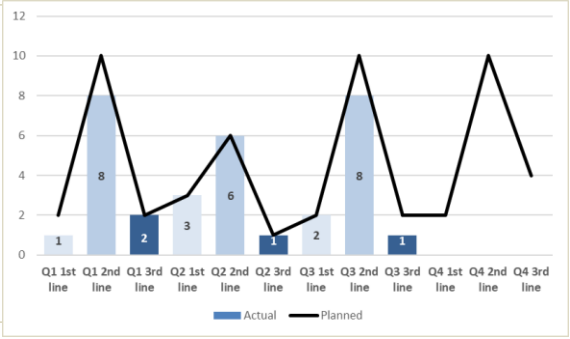
Linked Risks on Register



Committee Assurance Outcomes



2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Identification of recurrent CIP	28/02/2025				
2	Ensure delivery of elective targets	31/03/2025				
3	Identification of non-recurrent mitigations to support the 2024/25 financial position	31/12/2025				
4	Work with Recovery Director to identify further mitigations	28/02/2025	N/A			
5	Establish FRCGs to improve financial control	17/01/2025	N/A	N/A		

Overview

- Risk score in line with trajectory and at tolerance level
- Linked risks on the Risk Register has decreased slightly to 31 from 33 at Q2
- 11 / 14 assurances seen as planned; 3 of which were rated as partial assurance and 4 were not rated.
- Target date for two risks moved resulting in one problematic and one delayed action. 1 action has been completed in quarter and 1 new action identified

BAF 8: Financial Sustainability

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

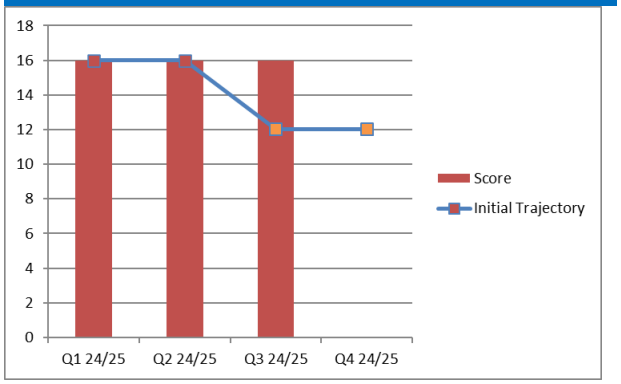
NHS University Hospitals of North Midlands NHS Trust

If we, or system partners, are unable to manage within the assumptions made within the financial plan for 2024/25, then our underlying financial position will deteriorate further, resulting in less funding being available for investments and an increased level of external scrutiny and intervention with a loss of control over investment decision making within the Trust

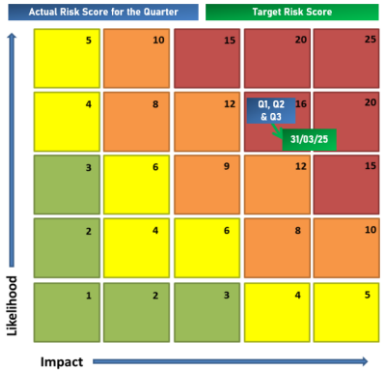
Assurance, Risk Ratings & Target

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

Risk Movement and Risk Reduction Trajectory



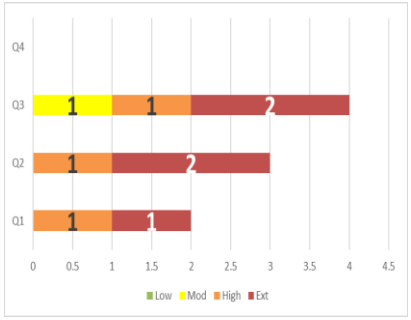
Heat Map Risk Matrix



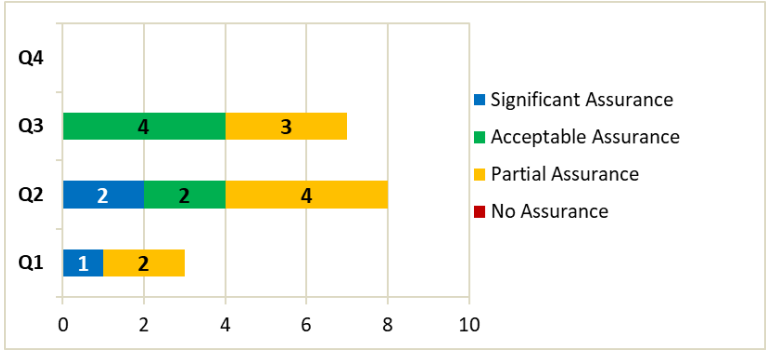
Rationale for Risk Level

- Trajectory for Q4 and target score increased to Ext 16 given that need to review allocations and planning guidance.
- Reassessed underlying deficit in light of actual performance during 2024/25, worsening by £27.2m to £85.9m as a result of under delivery of recurrent CIPs and in year recurrent non pay expenditure growth.
- Main gaps in control relate to a fully signed off CIP plan and the amount of recurrent versus non-recurrent savings in addition to shortfall in 2024/25 pay award and lack of confirmation of planning guidance / ERF cap

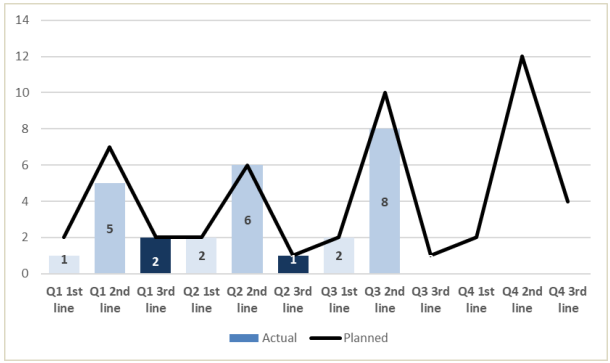
Linked Risks on Register



Committee Assurance Outcomes



2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Identification and delivery of in-year CIP target	31/07/2025				
2	Review the opportunity to recurrently increase elective activity targets	30/09/2025				
3	Establish FRCGs to improve financial control	17/01/2025	N/A	N/A		
4	Tough decisions	31/01/2025	N/A	N/A		

Overview

- Risk score above trajectory and expected to be above tolerance at Q4
- Second lowest number of linked risks on the Risk Register (4)
- 10 / 13 assurances seen as planned; 3 of which were partial assurance and 3 were not rated
- All actions on track to be delivered by target date with two new actions identified during the quarter

BAF 9: Research and Innovation

Chief Medical Officer | Strategy & Transformation Committee | Threat to:

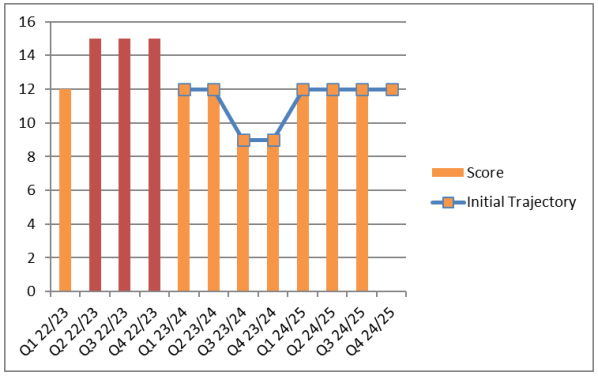
University Hospitals of North Midlands NHS Trust

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, provide high quality innovative care, and attract and retain highly skilled staff, due to our research profile

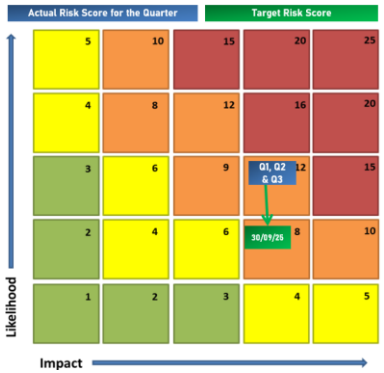
Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	High 12	Q4	High 8 30/9/25

Risk Movement and Risk Reduction Trajectory



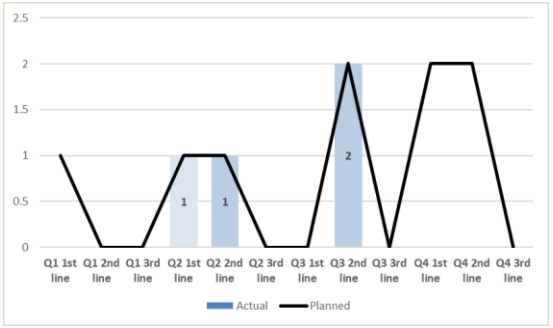
Heat Map Risk Matrix



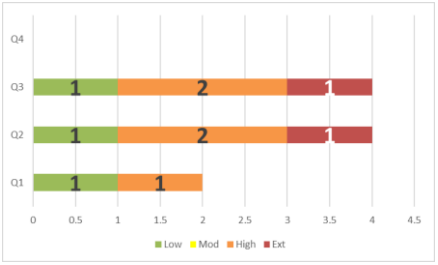
Rationale for Risk Level

- Risk score remained the same since Q1. UHNM awarded Commercial Research Delivery Centre by NIHR. Work on innovation and commercial strategy continued during the Quarter with sessions held with the Board
- Main gaps in control relate to determining the criteria for assessing joint appointments and research active staff, lack of mandatory GCP training and no dedicated research facility. Gaps in assurance relate to lack of reporting into Committees

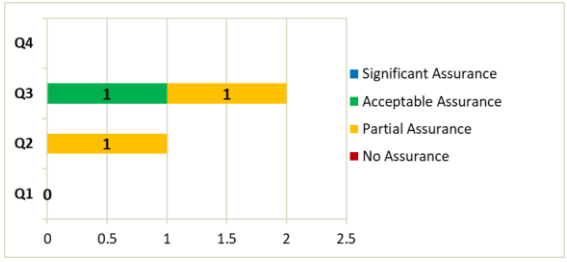
2024 / 2025 Assurance Plan



Linked Risks on Register



Committee Assurance Outcomes



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Research to form part of Divisional Board Agendas	31/03/2025				
2	Commissioning an external specialist to review QMS prior to MHRA inspection	30/06/2025				
3	Introduce CeNREE report to S&T Committee	31/12/2024	N/A			
4	Increasing patient and public involvement in developing research strategy	31/03/2025				
5	Action plan for international commercial opportunities	31/03/2025	N/A	N/A		
6	Research to form part of Divisional Performance Reviews	30/09/2024				

Overview

- Risk score remains in line with trajectory but expected to be above tolerance until 2025/26
- Second lowest number of linked risks (4)
- Very few items of assurance identified within the assurance map. 2 sources of assurance seen within the quarter, 1 rated as partial assurance. Additional sources of assurance identified for Q4.
- Target dates moved for 2 actions resulting in 1 delayed and 1 problematic. 1 action completed during the quarter and 1 new action identified

Executive Summary

Meeting:	Trust Board – Part 1 (in Public)	**Date:**	12th March 2025
Report Title:	Maternity and Neonatal PSIRF Investigation Report: Quarter 3	**Agenda Item:**	8.
Author:	Catherine Hegarty, Quality & Risk manager		
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

Executive Summary

Situation

At the start of December 2023, UHNM ceased to report incidents under the national Serious Incident Framework as the new national Patient safety Incident response Framework for learning from incidents was formally adopted following development of new incident response templates. The Trust's approach and local Patient safety Incident Response Plan (PSIRP) was approved at Trust Board in October and then approved by the ICB in November 2023. The ICS agreed for 3 main providers to all formally adopt the PSIRF approaches and not report incidents as serious incidents under the Serious Incident Framework.

Maternity & Neonatal incidents are a national priority within the PSIRF framework. National systems capture certain Maternity and neonatal incidents that require a standardised approach, these systems are:

Perinatal Mortality Review Tool (PMRT):
Standardised perinatal mortality review tool which supports high quality standardised perinatal reviews on the principle of 'review once, review well'.

The tool will be used to review the Maternity care, neonatal care and bereavement care for all families who have:

- A Late fetal loss (between from 22-23+6 gestation)
- A Stillbirth (24 weeks and beyond)
- A Neonatal Death (deaths up to 28 days of age)

The care will be graded (A-D) according to quality of care in relation to influence on outcome.

Maternity & Newborn Safety Investigations (MNSI) (formerly HSIB):
MNSI is a national programme to improve maternity safety across the NHS in England. An independent investigation is conducted for maternity incidents that meet the current MNSI criteria and safety recommendations are fed back to trusts to improve services. The incidents investigated under the MNSI criteria are:

- Intrapartum stillbirth

- Early neonatal death (0-6 days of life)
- Potential severe brain injury
- Maternal death (within 42 days of the end of pregnancy)

All incidents that meet MNSI criteria or are considered to grade as C or D on the PMRT are reported through UHNM governance processes as PSII's. Reports also provide assurance that incidents are being investigated timely and appropriately. Lessons are learned from these investigations and actions taken to address any patient safety concerns.

Background

Ockenden recommendations and CNST requirements state that Trust Boards and ICB's must have oversight of Maternity serious incidents on a quarterly basis.

Assessment

In Quarter 3 there were 4 new incidents reported that met the criteria for PSII's

- October 2024 3
- November 2024 0
- December 2024 1

Category of Incidents:
- 1 PMRT (Potentially score C or above)
- 3 MNSI

There were a further 2 incidents referred to MNSI but both were rejected. Both were incidents of therapeutic cooling however no evidence of HIE was evident on MRI scan for either baby. Both incidents had a review of care and there were no care issues identified.

A summary of the patient safety incidents that are being reviewed under the new PSIRF framework is provided below:

No of open maternity and neonatal Serious Incidents (under the former SI framework):	1
Investigation in progress:	0
Investigations completed/awaiting to be presented and closed by Risk Management Panel and ICB SI Group:	1
No of open maternity and neonatal PSIRF reviews:	
PMRT (Not reportable as PSII) PMRT (Reportable as PSII)	34 6
MNSI	4
AAR	6
Thematic Review	1
Case Record Review	1

Assurance Assessment		
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	X
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Rationale

All incidents are reviewed weekly at the Obstetric and Neonatal risk meeting to identify any immediate learning or themes. A rapid review of care is completed for incidents that meet the national reporting criteria or are considered of moderate harm or above.
Incidents that meet the criteria for PMRT or MNSI will follow a robust review process and any immediate actions or local reviews will be implemented as a result of a rapid review or a PSIRF response review.

Key Recommendations

- All actions from PMRT and PSIRF investigations are monitored through the directorate outcomes meeting
- Clear process to ensure themes are highlighted and triangulated with all incidents, claims, complaints and inquests
- Continue to achieve 100% compliance in reporting all qualifying cases to MNSI and NHSR Early Notification scheme
- The Trust Board accepts and is assured by the report.

Executive Summary

Meeting:	Trust Board	**Date:**	12 March 2025
Report Title:	UEC Pressures, Ambulance Handover Update and Winter Update	**Agenda Item:**	9
Author:	Katy Thorpe, Chief Operating Officer		
Executive Lead:	Katy Thorpe, Chief Operating Officer Matthew Lewis, Chief Medical Officer Ann Marie Riley, Chief Nurse		

Purpose of Report

Information		**Approval**		**Assurance**	X	**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

BAF4	*Delivering responsive patient care*	*15 (extreme)*

Executive Summary

This paper aims to update board members on the progress of the winter plan along with UEC pressure and ambulance handover delays.

Winter Update

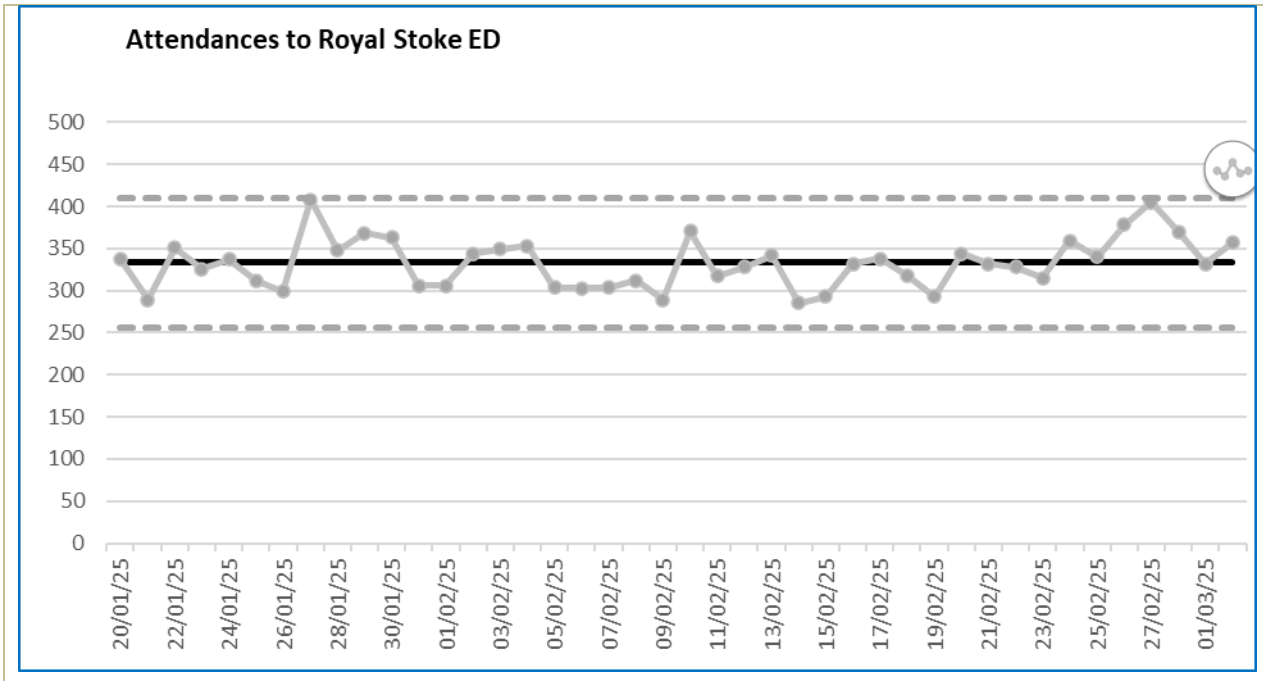
Attached to the summary is the most recent fortnightly 'System Surge Plan Executive Report'. This tells us that our attendances and admissions remain high, with an over predicted bed occupancy, high DTA's in ED for both Stoke and County sites, above expected numbers of medically fit patients and a significant impact of IPC restrictions during the reported period. This is the same picture as the report last month.

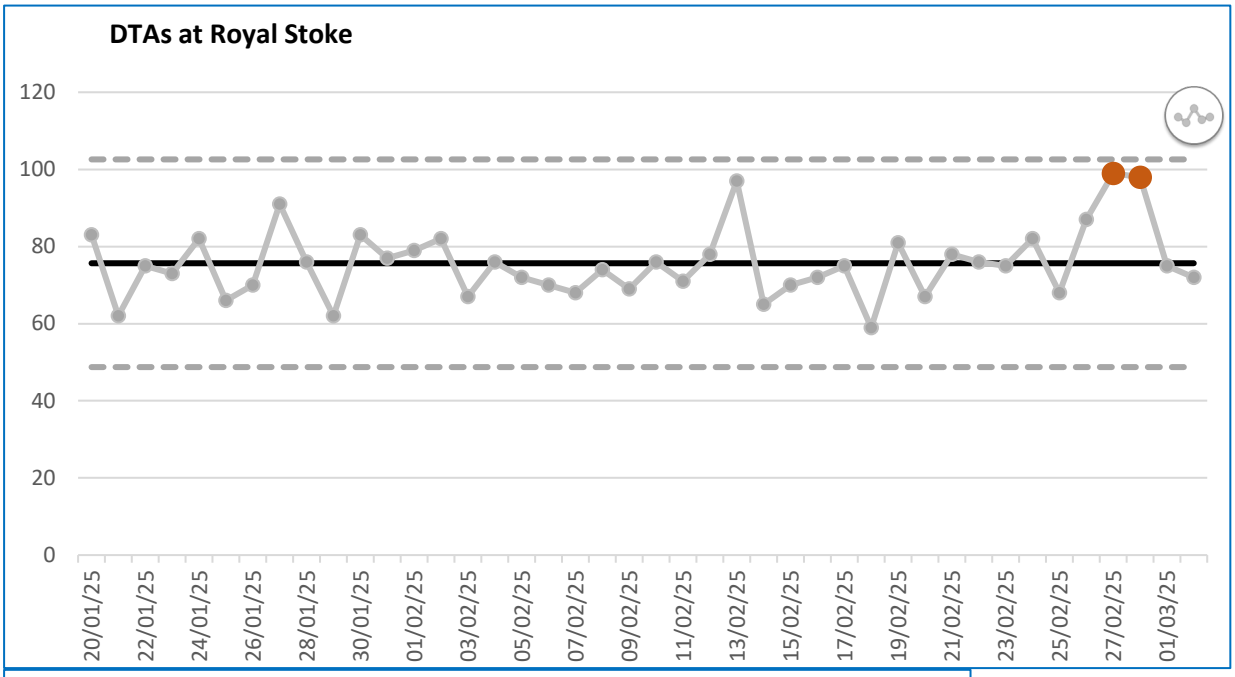
UEC Pressures, Ambulance Handover

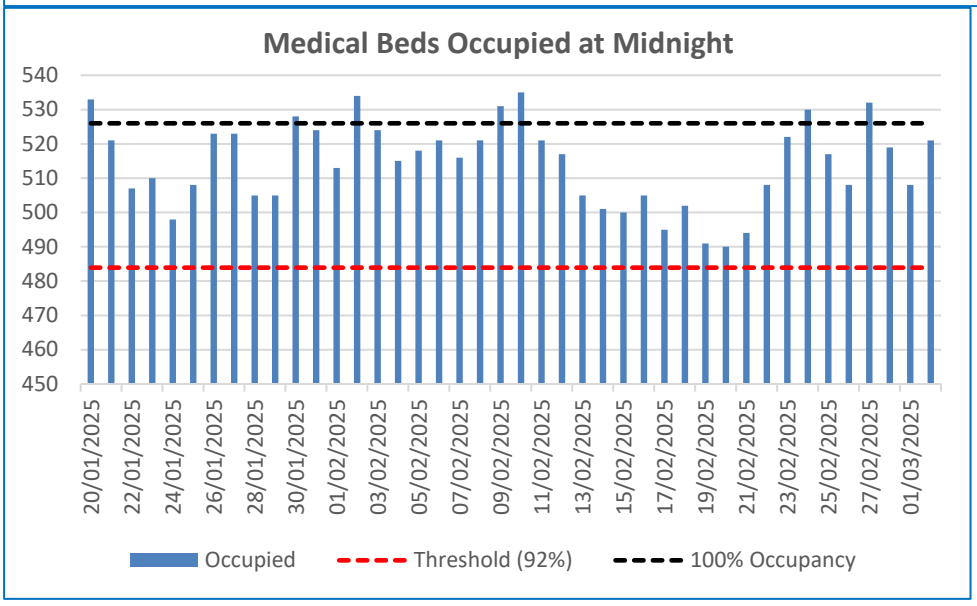
The following information highlights that actual attendance is not outside normal variation, and the attendance by ambulance has also been within normal variation.

Over the recent reporting period we have seen an outside of normal variation number of DTA's meaning a greater demand for our bed based services.

This is coupled with the continued higher than expected medical bed occupancy as demonstrated in the chart below.







The impact on ambulance handover delays up to the 26th January is shown below.

Mitigating Actions

There are a number of mitigating actions in place which are a continuation of last months report including:

Pre-Hospital

Additional primary care appointments continuing across the system in line with surge/winter plan,

ICC – Continuation of over 3000 contacts per month into the service. A 24/25 increase to time of circa 63% in referral numbers.

- Project plan in place to onboard Adastra to support increase referrals from NHS111,
- Clinical teams working with the Directory of Services lead to support identify clinical conditions to directly refer to ICC,
- ICC Overnight agreed to continue until end of March '24 with an average deflection rate of 78% to time,
- Expansion of the CAD portal into the overnight period to go live in early March to support increase patients referred to alternative pathways,
- System communications drive in place to support increase referrals further, with a focus on Call before you Convey and Care homes,

NHS 111

- Focussed outputs to improve outcomes from NHS111 being led by lead commissioners,
- Enhanced Validation Service – extended until end of March '24. To time, the service has demonstrated an 82% downgrade from there NHS111 Pathways assessment outcome

At Hospital

- Command and control in remains in place across divisions with enhanced actions to maximise flow
- Appointment of a UEC Improvement Programme Director and a reset and redesign of the previous Improvement programme
- IDH in reach support to ED and SDEC portals
- Norovirus causing flow disruption leading to multiple wards being restricted and resulting in empty capacity
- Elective Orthopaedic Unit (EOU) at County now returned to an elective unit
- Weekly HIT Team across Medicine Division
- Additional Capacity on 112 to support an increased footprint for Medicine due to loss of beds

Discharge

System HIT team weekly supporting 20-30 extra discharges a week (both simple and complex).
Additional reviews of patients with a NEWS 2 and under to support discharge identification.
Daily forensic analysis for Right to Reside across all Divisions
UHNM Medicine:

- Command and Control style approach support to Division of the Day
- Daily walk round of all wards within Division of the Day
- Confirm and Challenge across all wards around Exit plans / EDD's
- Risk assessment management of exit plans
- Cancellations of OP activity to release Senior Decision Makers

IDH Focus:

- Proactive tracking of patients referred twice weekly LOS reviews
- Transfer of Care documentation - Quality emphasis on right information first time to reduce delays in assessment (Nighttime functionality and continence care)
- Risk assessment management of exit plans - step down P2/3 to P1
- Pull patients into IDH – via direct input to ward round reviews and ward LOS meetings

Additional LA brokerage capacity in place.
Clear escalation plans and extraordinary actions in place to support flow
LA support on system tactical and strategic calls
50 Additional community hospital/D2A beds operational, an increase of 10 additional beds vs plan. Supported by additional spot purchase beds above plan as required.

UEC Transformation

Following last months update below given high level detail of the UEC improvement plan following the visits in January where we invited in the NHSE national team to support with a review of our UEC pathways and advise on areas for improvements and best practice comparisons. We have also brought in a UEC Recovery Director to support in making these changes reporting directly to Chief Operating Officer for cross organisational change.

Workstream	Subgroups	Plan
Front Door Processes	Establishing a UTC (RSUH) ED Staffing Development of standard work in ED • Medical • Nursing	Establish project team Feasibility study Business case development ED staffing review – consultant cover overnight and alignment to UTC changes Revised clinical model for UTC Development of mobilisation plan Review of current standard work implemented and development of medical and nursing standard work plan
Frailty Model Development	Front door model Development of an integrated community model	Establish project team Demand and capacity review Current service provision review Benchmark against best practice models Review of acute medicine bed base in line with frailty model Business case for new frailty model
Clinical Pathway Development	Development of a clinical model for assessment units	Establish project team Review demand and capacity across portals with a view to streamlining access and developing a 'push' model Development of revised pathways rollout plan
Bed & Site Management	Day to day processes Escalation process review	Establish project team Site management function review Business case development with aim to enhance infrastructure within operations Review of hospital at night Review of patient flow workforce Standardisation of processes – authority of bed management into site team
Ward Processes	Ward standard work Discharge planning	Establish project team Review of standard work on wards with focus on pre-noon discharges and preparation for discharge planning at the start of the patient stay. Development of Ward manager training programme

Key Recommendations

- *The Board is asked to receive the update RE winter*
- *The Board is asked to note the actions being taken*

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

System Surge Plan Executive Report

28 February 2025

Weekly Performance Overview w/c 17th February

- **Four Hour Performance:** Unvalidated 4hr performance deteriorated to 63.5%, from 64.1% the previous week. February system position to date currently 64.3%, down 2.1% from Jan & 8.1% below plan for the month. T3 performance for the week reports at 98% (95.2% Feb).
- **Twelve Hour Performance:** Unvalidated 12hr Performance for the latest week rose to 12% from 11.5%, against the Midlands regional average of 12.6%.
- **Attendances:** Total attendances (all types) for the reported week decreased by 0.7%, with most of the decrease at Type 3 locations. Attendances (all types) reported 2% higher than the same week in 2024.
- **CAT2 Performance:** Cat2 response times yet to be released.
- **Average Handover Time:** Average Handover Time increased to 2hrs 1m 30s. This position is c. 73mins above plan for February.

Surge Plan. Bed Modelling versus Actual

Metric	Bed Modelling Assumption	Week comm. 17 February	RAG vs Plan	Commentary
UHNM Type 1 Attendances	N/A*	3,219	⟷	Type 1 attendances remained at a high level.
UHNM Emergency Admissions (via ED)	N/A*	1,249	↑	Emergency admissions increased versus preceding week to highest levels observed since end of January.
UHNM Discharges	N/A*	TBC	⟷	FDF data submissions awaited.
UHNM G&A Bed Occupancy (Weekly Avrg)	92%	90.80%		Occupancy decreased to below the parameters assumed within the bed modelling. Daily Bed Occupancy peaked at 94.7% during the course of the week at RSUH & at 85.4% at County Hospital. *NB – bed occupancy figures do not include Corridor or non-conventional care areas; actual position will be higher.*
RSUH Decisions to Admit (DTA – beds held in ED) (Weekly Avrg)	37	44		The maximum DTAs recorded at RSUH were 65 during the last week with the average number of DTAs decreasing but remaining above the levels assumed within the bed model.
County DTAs (Weekly avrg)	0	4		County DTAs averaged 4 patients through the week, with a peak of 14 DTAs recorded. Both figures decreased vs previous week.
RSUH MFFD (Weekly Avrg)	128	111		MFFD level remained below levels assumed within the Bed Model at RSUH & decreased vs previous week. MFFD level peaked at 136 during reported week.
County MFFD (Weekly avrg)	16	22		Average MFFD levels at County remained above those within the modelling assumptions, but did decrease vs previous weeks. MFFD peaked at 29 patients during the week.
RSUH Flu & Covid Bed Nums (End of Week)	Plan indicates a 6-7% impact upon Bed Base	60		Surge plan assumed additional 20 IPC restricted beds in November-February. Levels increased significantly vs previous weeks to levels not seen since the turn of the year.

Weekly Performance Overview w/c 10th February

- **Four Hour Performance:** Unvalidated 4hr performance for the reported week was 64.1%, 2.6% decrease vs previous week. Feb position is 65.15%, down 1.25% against Dec position and 7.2% below plan. Type 3 activity was 95.7% for the reported week and is 95.2% for Feb.
- **Twelve Hour Performance:** Unvalidated 12hr Performance for the reported week rose to 11.4% from 9.9%. Remaining below the regional average.
- **Attendances:** Total attendances for the reported week decreased by 3.85%, the equivalent of 31 fewer patients per day compared to the previous week. Type 1 attendances report minimal increase, Type 3 sites accounted for increases. Attendances (all types) reported 7% higher than the same week in 2024.
- **CAT2 Performance:** Cat 2 Response Time for the week rose by 3 mins 11s to 29m 11s.
- **Average Handover Time:** Deteriorated during the reported week to 2h a rise of c14m vs previous week & 71m above plan for Feb

Surge Plan. Bed Modelling versus Actual

Metric	Bed Modelling Assumption	Week comm. 10 February	RAG vs Plan	Commentary
UHNM Type 1 Attendances	N/A*	3,226		Type 1 attendances increased during the week.
UHNM Emergency Admissions (via ED)	N/A*	1,189		Emergency admissions remained broadly stable.
UHNM Discharges	N/A*	TBC		FDF data submissions awaited.
UHNM G&A Bed Occupancy (Weekly Avrg)	92%	92.3%		Occupancy reduced to those assumed within the forecast modelling, a increase vs the previous week. Daily Bed Occupancy peaked at 96.5% during the course of the week at RSUH & at 85.9% at County Hospital. *NB – bed occupancy figures do not include Corridor or non-conventional care areas; actual position will be higher.*
RSUH Decisions to Admit (DTA – beds held in ED) (Weekly Avrg)	37	49		The maximum DTAs recorded at RSUH were 64 during the last week with the average number of DTAs remaining above the level within the system bed model forecasts.
County DTAs (Weekly avrg)	0	6		County DTAs averaged 6 patients through the week, with a peak of 14 DTAs recorded, both reduced vs previous weeks.
RSUH MFFD (Weekly Avrg)	128	125		MFFD remained largely below levels assumed within the System Capacity Model at RSUH. MFFD level peaked at 155 during the reporting week.
County MFFD (Weekly avrg)	16	23		Average MFFD levels at County remained above those within the modelling assumptions, MFFD peaked at 34 patients during the week.
RSUH Flu & Covid Bed Nums (End of Week)	Plan indicates a 6-7% impact upon Bed Base	48		Surge plan assumed additional 20 IPC restricted beds in November-February. Number of beds occupied by patients with flu and covid increased by 11 vs previous week.

Approved Surge Schemes Update Report as at 27/02/2025

Initiative/Scheme	Lead Officer	Capacity/ Currency	Plan (Feb-25)	Actual (Feb-25)	RAG vs Plan	Status	Benefit
Ward 120	Katy Thorpe (UHNM)	Acute Beds	21	21		Ward operational as planned.	19/19 Beds open
Ward 79		Acute Beds	25	25		Ward operational as planned.	25/25 beds open
Transitional Dx Lounge		Acute Beds	7	7		Ward operational as planned.	7/7 beds open
Addtl TDL (RSUH)		Acute Beds	7	7		Operational to planned levels.	7/7 beds open
AMRAU		Acute Beds	16	16		Ward operational as planned.	16/16 beds open
Medical Short Stay		Acute Beds	14	14		Escalation capacity in utilisation.	14/14 beds open
County TDL		Acute Beds	6	6		Operational to planned levels. Plan to combine with FAU and relocate to maximise impact being assessed.	6 beds open
OPAT		Acute Bed Eq	30	30		Service now fully operational with capacity for 30 patients. Recruitment for additional roles complete, staffing in place.	30 additional pts currently supported Support earlier dx.
OPAT +		Acute Bed Eq	15	15		Service fully operational as per plan.	15 additional pts currently supported
County Hospital FAU		Acute Bed Eq	20	12		Service is live 5/7 days. Discussion ongoing re daily/weekly bed equivalent impacts. Service functioning and delivering significant impact. Business plan & KPIs in place to implement 7/7 working if funding becomes available.	12 acute bed equivalent per day.
Cheadle Ward	J Collier (MPFT)	Acute Bed Eq	30	40		40 beds open & in use. Addtl 10 Cheadle beds in use to facilitate care for higher acuity pts at Haywood. 10 beds opened ahead of schedule to provide additional system mitigation.	40 Beds open D2A Capacity
Haywood Hosp		D2A Beds	10	10		Additional 10 D2A beds open at Haywood Hospital to mitigate system pressures. (4 acute bed equivalent). Mobilisation ahead of planned implementation to mitigate sustained system pressure. Additional D2A spot purchase of beds in place. 21 additional spot purchase beds live as of 27 February.	10/10 beds open D2A Capacity 21 additional D2A spot purchase beds in use.
Virtual Wards Acute	AC@H	Virtual Ward Acute Beds	40	40		45 VW North acute beds open (additional 5 beds opened for County footprint), 88% occupancy (latest SitRep) 30 VW beds open and 90% utilisation for South-East service. 35 VW South-West acute beds open, 54% occupancy (latest sitrep Specialist VW beds pathways being finalised with additional beds to open in line with escalation plan.	40/40 Acute North VW Beds
Virtual Wards Sub-Acute	AC@H	Virtual Ward Sub-Acute Beds	140	130		Prioritisation of AC@H resource to Acute beds. 130 Sub Acute beds available in North. 96 beds occupied (latest SitRep submission). Noticed served on Darwin House beds. To take effect from 1 March. Impacts c.-54 beds	130/140 Sub-Acute Beds Open (North)
NEPTs Add. Crews	P Smith	Add. Crews	6	6		Additional resources live from Oct. Additional crews across SSOT and surrounding Trusts to cover demand as required. Additional resource to be deployed during periods of sustained system pressure or in response to critical incident.	6 additional crews funded All crews operational

Additional Workstreams

- As reported in previously, 3 further key workstreams have been developed to help the system better understand activity increases and opportunities for improvement.
- Integrated Care Co-ordination (ICC) – The ICC continues to see an increase in referrals with 67% increase in referrals YTD seen. Work to more accurately assess the unmet demand continues to support identification of additional opportunities to redirect patients to alternative services. The overnight ICC test of change (ToC) continues to see success with c. 80% of activity being redirected away from emergency portals. An extension to this ToC has been agreed until 31st March with further discussions around 25/26 operational planning.
- RSUH ED Audit – Following the initial audit completed in November/December, actions will be addressed via existing Demand Management workstreams where appropriate. The latest Care Homes workshop was undertaken on the 22nd January who are reviewing the Leicestershire model and how this best practice could be supported within SSOT. The ICB UEC Team are working with colleagues across the system to review High Volume/High Intensity service specifications to understand any additional opportunities to progress additional support for these patients. A further meeting is planned for February to co-ordinate the outputs and agree next steps.
- High Impact Team (HIT) – System led HIT Team continue to support a weekly peer confirm and challenge onsite at RSUH, supporting knowledge of alternate pathways discharge actions, whilst identification of patients for discharge. Oversight of the visits is now being led by the ICB Quality team who are working in partnership with nursing, medical and operational colleagues within UHNM to further enhance the HIT team process and embed a Continuous Quality Improvement (CQI) approach.

Mitigating Actions

Inline with the System Escalation Plan and response to recent Critical Incidents and winter pressures an additional set of mitigating action's continue to be undertaken to support de-escalation of the system and the challenges we continue to face.

Below provides a summary of additional mitigating actions that were deployed and continue to be utilised. This continues to be reviewed at daily system calls at both a tactical and strategic level.

Pre-Hospital

- Overnight ICC support service has commenced via a ToC from 6th January. Initial data as of 27th February shows that c.**80% of the call received have avoided an escalation to Emergency Portals**. We continue to work with partners across the system to increase referral numbers.
- Primary Care Winter Hubs for North Staffordshire & Stoke-on-Trent commencing early from 27/11/2024 creating additional same day capacity for 150 patients per day. Remaining areas came online from 02/12/2024 as planned. Full plan of 2,600 appointments per week were online from 02/12.
- Increased capacity via mutual aid into the ICC, supporting an increased number of referrals from WMAS. Year to data a 67% increase in referrals has been see with 55+% of patients consistently redirected to alternative services.
- ACAH CRIS & VW Practitioners supporting the review of patients in ambulances at RSUH ED, turning patients around into community for a CRIS ACP assessment and management where appropriate.
- Enhanced Validation Service – An extension to this service has been agreed until 31st March to support the winter response.

Mitigating Actions cont.

At Hospital

- Command and control in remains in place across divisions with enhanced actions within medicine division.
- IDH in reach support to ED and SDEC portals – Patients continue to be supported to be discharged direct from portals avoiding an admission into core bed base. Since commencement in November in excess of 750 patients have been supported across UHNM.
- Cohort wards established for IPC where clinically appropriate.
- Elective Orthopaedic unit at County flipped to support Medicine during December and early January. This space has now been returned to Network Services to support the elective recovery programme.
- Standing down non-urgent elective work where possible to increase medical capacity.
- Standing down outpatient appointments to allow additional speciality teams within ED to support admission avoidance.
- Increased YNP profile and outliers into Surgical & Network bed bases.
- NHSE External review supporting the team to identify additional actions to be taken across the trust.

Discharge

- System HIT team frequency increased to x2 weekly supporting 20-30 extra discharges a week (both simple and complex).
- Additional reviews of patients with a NEWS 2 and under to support discharge identification.
- Additional D2A beds opened at Community Hospitals (above winter plan) based on risk assessment to support flow – North x 10 & South x 12. This brings the total additional beds to 50 across North Staffordshire & 12 across the UHDB footprint.
- Continue to support additional spot purchase beds above plan as required.
- Additional Non-Emergency Patient Transport (NEPTS) vehicles to support the increase in discharges and movement of patient into additional capacity.

Highlight Report

Quality Governance Committee | 31st January 2025

Matters of Concern / Key Risks to Escalate

For information:

- **Board Assurance Framework** (BAF) risk 1: Delivering Responsive Patient Care had increased in risk score to Extreme 20, reflecting the declaration of critical incidents and continued use of your next patient. An additional action had been identified and for the remaining 12 actions, 1 had been completed with the majority remaining on track. The need to focus on assessing the potential impact of actions, as opposed to monitoring completion dates was noted and agreed to be considered going forwards. The Committee queried the trajectory set for March 2026 and whether this was achievable. It was noted that previously the target considered the ability to recruit to vacancies and as the BAF had matured and changed from this focus, the date may not be achieved. It was noted that the risks and associated targets for 2025/26 would be considered by the Board in March.
- The **Q2 cancer 104 day clinical harm review** report provided **partial assurance** which highlighted 89 patients whose cancer treatment went beyond 104 days. The challenge with engaging clinicians in completing harm reviews (<25%) was highlighted but it was recognised that there was only finite resource available to do so and this needed to be balanced with the need to treat patients in a timely manner. For any harm identified, these were subject to a Patient Safety Investigation and Response Framework (PSIRF) review, in addition to enacting duty of candour.

Major Actions Commissioned / Work Underway

- To provide information and assurance in relation to the **regulation 28 notices** received by the Coroner for prevention of future deaths, in the next Mortality Assurance Report
- To provide additional assurance on **Venous Thromboembolism (VTE) performance** at the next meeting in particular hospital acquired VTE
- **End of life** annual report to be provided to the next meeting

Positive Assurances to Provide

- The **Q3 Infection Prevention Hospital Acquired Infection** report highlighted the second highest ever number of flu cases, and the national reduction in the uptake of the flu vaccine mirrored the experience of the Trust in staff uptake, although the flu campaign was continuing and had been expanded to outpatients. The Committee welcomed the sustained improvement in relation to sepsis, the improvement in c-difficile rates and all MRSA cases having been deemed as unavoidable. In addition, whilst there had been challenges in relation to cases of norovirus, the Trust had coped well due to the isolation measures put in place. As such it was agreed that the assurance rating for the report could be increased from the suggested rating of partial assurance to **acceptable assurance**
- **Acceptable assurance** was provided for the **Patient Safety Incident Investigation (PSII)** report, which the Committee agreed with due to the assurance provided in terms of the incidents reviewed at Risk Management Panel and the evidence of actions taken
- In terms of **mortality,** **acceptable assurance** was provided in terms of the processes in place and actions identified for improvement. Although there had been an increase in HSMR and SHMI, this had been explored and it was thought that this was likely due to clinical coding vacancies, and entries being identified as unknown/unspecified, given the focus of the coding team to code deaths and elective activity. It was noted that there had been no increase in crude mortality, but the Committee sought additional assurance in terms of confirming there was no other reason for the increase. It was noted that no themes had been identified by Structured Judgement Reviews nor by the Medical Examiners Service.
- **Maternity dashboard** provided **acceptable assurance** which particularly highlighted the achievement of training compliance for the maternity incentivisation scheme, continuation of friends and family test, improvements in booking appointments and review of a local target for BSOTS. 3 midwife vacancies were noted and recruitment was continuing. For the 1 incident reported in November where the coordinator was not supernumerary, no harm events were noted

Decisions Made

- No decisions were required to be made

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• It was queried whether the Committee should meet face to face and it was agreed to do so every other month, with presenters being able to join virtually	• The backlog in clinical coding and impact on HSMR and SHMI to be reported to the Performance and Finance Committee

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Board Assurance Framework Q3, 24/25	1	Ext 20	Not Applicable	Approval	5.	Patient Safety Incident Investigation (PSII) Highlight Report Q3 24/25	1	Ext 20	Acceptable	Assurance
2.	Executive Quality & Safety Oversight Group Highlight Report: January 2025	1	Ext 20	Not Applicable	Assurance	6.	UHNM Mortality Assurance Report Q2 24/25	1	Ext 20	Acceptable	Assurance
3.	Q2 24/25 Cancer 104+ Day Breach Analysis	1	Ext 20	Partial	Assurance	7.	Maternity Dashboard: November 2024 West Midlands Clinical Senate Visit – Verbal Update	1	Ext 20	Acceptable	Assurance
4.	Infection Prevention Report Q3 24/25	1	Ext 20	Acceptable	Assurance	8.	Quality Performance Report - Month 9 24/25	1	Ext 20	Not applicable	Information

Highlight Report

Quality Governance Committee | 4th March 2025

Matters of Concern / Key Risks to Escalate

For information:

- **Quality performance** report highlighted challenges for the metrics associated with duty of candour, the number of falls with harm and single sex breaches due to the inability to transfer patients out of critical care due to capacity although it was noted that there had been no incidents raised regarding privacy and dignity. One never event had also occurred which would be reported to the Committee in due course. In addition Venous Thromboembolism (VTE) risk assessment completion remained below the target; hospital associated thromboses had risen but these were within SPC limits
- There had been a further delay in implementing **ePMA** where the timeline to roll out at County Hospital had provisionally moved to May / June 2025
- The Committee noted the ongoing business case process being undertaken to address the infection prevention issues within the Emergency Department cohort area as highlighted within the **Infection Prevention Board Assurance Framework**
- The **End of Life Annual Report** for 2024/25 was presented and it was agreed that this provided **partial assurance** as opposed to acceptable assurance, due to the work required on addressing the lack of clinical lead for the service and lack of corporate lead for ReSPECT since the departure of Dr Din
- The risk in relation to availability of external reviewers for **Perinatal Mortality reviews** was expected to increase, although networking was ongoing with other Trusts to obtain representation
- The **Re-audit of Consultant Attendances** highlighted an increase in consultant attendances and improved awareness of the understanding of the junior tier skill set. However, it was agreed that this provided **partial assurance** due to the further improvements required for sepsis and Modified Early Obstetric Warning Score (MEOWS)

Major Actions Commissioned / Work Underway

- Members to provide any comments on the draft version of the **chaperoning policy** prior to it being taken through the ratification process
- To provide a revised timeline for the roll out of **ePMA** to the Committee
- Further assurance required regarding the revised process being considered to obtain feedback from **maternity** patients
- Further assurance to be provided in respect of adherence to NICE guidance as part of future **clinical effectiveness** updates
- Establishment review being undertaken for **Emergency Department nurse staffing** in line with Royal College of Emergency Medicine guidance
- To receive the assurance at a future meeting regarding the mock CQC inspection for **end of life care** and output of the associated service review
- To invite the **Equality and Diversity Midwife** to a future meeting

Positive Assurances to Provide

- **Hospital Associated Thromboses** cases had been reviewed for December and January which demonstrated 0 preventable cases, although a deep dive was being undertaken, assurance from which would be provided in due course
- A deep dive had been undertaken into **falls** which concluded with a number of recommendations for improvement such as the introduction of yellow wristbands in Emergency Portals to identify patients at risk of falling in addition to considering the introduction of 'stay in the bay'
- The **Infection Prevention Board Assurance Framework** highlighted that actions remained outstanding for 4 out of the 10 criteria and **acceptable assurance** was agreed
- Four new **Patient Safety Incident Investigations** (PSIIs) were reported in quarter 3; 1 following perinatal mortality review and the remaining 3 relating to maternity and newborn safety investigation. Key areas of learning related to skin to skin contact, CTG training and infant feeding. The Committee welcomed the inclusion of ethnicity within the report which identified that 3 out of the 4 cases related to non-white patients. The Committee agreed with the rating of **acceptable assurance**
- **Savings Babies Lives Care Bundle** provided confirmation that the Trust was at 94% compliance
- The Committee welcomed the attendance from the **Maternity and Neonatal Voices Partnership Chair** who highlighted the face to face engagement which had taken place and visits to the Trust. The themes from the feedback included disparity in care between night and day and issues with pain relief, and a review of cases was to be undertaken by maternity to identify any actions for improvement
- It was agreed that for **Perinatal Mortality,** this provided **acceptable assurance** as opposed to significant assurance, as although the Trust remained at 100% compliance with all of the standards, there remained a risk in relation to attendance from external representatives
- The **Maternity and Neonatal Family Experience report** highlighted the ongoing actions being taken to address cultural issues in relation to care and attitudes in addition to highlighting the positive work of the Professional Midwifery Advocates

Decisions Made

- No decisions were required to be made

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• The Committee welcomed the hybrid approach taken to the meeting	• Nothing further identified

Summary Agenda

No.		Agenda Item	BAF Mapping			Purpose
			BAF No.	Risk	Assurance	
1.		Chaperoning Policy	-		Not Applicable	Discussion
2.		Quality Performance Report - Month 10 24/25	1	Ext 20	Partial	Assurance
3.		Executive Quality & Safety Oversight Group Highlight Report: February 2025	1	Ext 20	Not Applicable	Assurance
4.		Patient Falls Harm Deep Dive and Themes	1	Ext 20	Acceptable	Assurance
5.	✚	Infection Prevention Board Assurance Framework	1	Ext 20	Acceptable	Assurance
6.	✚	End of Life Annual Report	1	Ext 20	Partial	Assurance
7.	✚	Executive Maternity & Neonatal Quality & Safety Oversight Group Highlight Report: February 2025	1	Ext 20	Not Applicable	Assurance
8.	✚	Maternity Dashboard • Q3 2024/25 • December 2024	1	Ext 20	Acceptable	Assurance

No.		Agenda Item	BAF Mapping			Purpose
			BAF No.	Risk	Assurance	
9.	✚	Maternity and Neonatal PSIRF Investigation Report: Q3 2024/25	1	Ext 20	Acceptable	Assurance
10.	✚	Saving Babies Lives Care Bundle V3 – UHNM Compliance	1	Ext 20	Not Assessed	Assurance
11.	✚	Maternity and Neonatal Voices Partnership Feedback Report Q3 24/25	1	Ext 20	Not Applicable	Assurance
12.	✚	Perinatal Mortality Report Q3 24/25	1	Ext 20	Acceptable	Information
13.	✚	Maternity and Neonatal Family Experience Report Q3 24/25	1	Ext 20	Not Assessed	Information
14.	✚	Re-Audit of Consultant Attendance at Required Situations (May 24 - Oct 24)	1	Ext 20	Partial	Information
15.	✚	UHNM Maternity Insight Visit	1	Ext 20	Not Assessed	Information
16.						

University Hospitals of North Midlands NHS Trust

Integrated Performance Report (IPR)

Month 10 Performance 2024/2025

Delivering Exceptional Care with Exceptional People

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

Explaining Each Domain:

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

RAG Rating Key:

	Good level of assurance for the domain
	Reasonable Assurance with an action plan to move into Good
	Limited or No Assurance for the domain with an action plan to move into Good

This report uses Statistical Process Control (SPC) methods to draw two main observations of performance data and the below key, and icons are used to describe what the data is telling us.

Variation	Are we seeing significant improvement, significant decline or no significant change?
Assurance	How assured of consistently meeting the target can we be?

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

Assurance Grid

Failing

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

?	P	F
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

	H L	H L
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

VARIATION \ ASSURANCE	Pass	Hit and Miss	Fail	No Target
Special Cause - Improvement	Turnover Rate	Sepsis - ED Portals IVAB Agency Utilisation Cancer 28 Day FDS UEC Cat Handover Average Time Daycase / Elective Activity Data Security Breaches	Vacancy Rate RTT No. of Patients Waiting >52 Weeks RTT No. of Patients Waiting >65 Weeks RTT No. of Patients Waiting >104 Weeks RTT No. of Patients Waiting >78 Weeks Appraisal Rate	Increase Clinical Academic Posts/Honorary Contracts Increase Research Active Employees
Common Cause	Maternity Triage Sepsis - Adult Inpatient IVAB	Induction of Labour Patient Safety Incidents rate per 1000 bed days Patient Safety Incidents with moderate harm and above per 1000 bed days Patient falls with harm per 1000 bed days Medication Incidents per 1000 bed days Medication Incidents % with moderate harm or above Patient Safety Incident Investigation (PSII's) instigated Never Events per month Pressure ulcers developed under UHNM per 1000 bed days Family & Friends Test - Inpatient Sepsis - Adult Inpatient Screening Sepsis - ED Portals Screening Sepsis - Childrens Screening Sepsis - Maternity Screening Increase Clinical Trial Participation Outpatients' 1st Outpatients' Follow Up Subject Access Request Performance	Family & Friends Test - ED Single Sex Breaches Employee Engagement Sickness Absence (In Month) Cancer 31 Day Combined Cancer 62 Day Combined UEC 4 Hour Performance Treating patients in a timely manner (Hospital Combined Performance Score) Freedom of Information Performance	Alcohol Dependency Tobacco Dependency (Inpatients) Tobacco Dependency (Maternity)
Special Cause - Concern	Non-Elective Activity	Family & Friends Test - Maternity	Diagnostics DM01 Performance UEC 12 Hour Trolley Wait	

High Quality | Overview

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Nurse and Chief Medical Officer

How are we doing against our trajectories and expected standards?

We continue to see continual improvements across a range of metrics and the progress made to stabilise the NMAHP workforce is being maintained.

We have met the required targets across a range of metrics including induction of labour, MW triage, falls per 1000 bed days, medication incidents with moderate harm or above, pressure ulcer with lapses in care, MRSA bacteraemia, c-diff, FFT inpatients, timely sepsis screening and IVAB across most areas.

We failed to meet the required target for DOC verbal and written, DOC written, falls with harm, VTE assessments, hospital acquired thrombosis, single sex accommodation breaches (all in critical care), FFT in ED and maternity. We are reporting 1 Never Events within this report. We have also seen a slight increase in pressure ulcers developed under UHNM.

Due to this inconsistency, there is limited assurance.

The CQC inspection for Maternity is awaiting sign off and we hope to receive the report very soon.

What is driving this?

During periods of operational pressures, we have seen an increase in hospital acquired pressures ulcers

Single sex breaches were all in critical care and caused by an inability to transfer patients to wards due to capacity constraints. There are no reported concerns re privacy and dignity for any of these breaches.

There has been one never event, relating to NG tube placement, which is under investigation

There has been continued poor performance in relation to VTE assessments and also an increase in hospital associated thrombosis

High Quality | Overview

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Nurse and Chief Medical Officer

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

We are continuing to work with all services across the Trust to implement PSIRF methodologies and principles for incident responses and learning. This is planned to improve the identification of system-based learning and recommendations to support our wider learning for improving the quality of care provided.

We are conducting a deep dive into hospital associated thrombosis given the increase in cases over the last couple of months. This will be presented to QSOG and a summary of that review will be included in this report once concluded.

Intensive corporate support to Bronze CEF wards continues.

Call for Concern (Martha's Rule) has now been implemented across RSUH. We are working to co-design our solution to component 3 (daily feedback from patients/families/carers). There have been 2 calls to the service during January 2025 recorded and following the 6 recorded in December, none have required urgent review/transfer to critical care. The theme of these 2 calls were signposting to another service/team and communication issue

EPMA project continues –there is likely to be further delays to rollout meaning the pilot is now likely to start late Spring

What can we expect in future reports?

Focus on Timely Observations of indwelling devices a focus for IPCC and progress updates will be provided to QGC via this report in due course. Consideration of the reports available from VITALS to support QI being reviewed by CNIO.

We will share further learning from the regional thematic review and infection prevention work as the information is shared

The CN is SRO to develop a regional nursing and midwifery excellence accreditation framework. The task and finish group is formed and have now started to meet; there are also catch-up calls with the regional team planned. We will share more information with the committee as that work progresses.

High Quality | Dashboard

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Induction of Labour	95.0%	97.9%	98.5%						
Maternity Triage	85.0%	90.3%	91.0%						
Patient Safety Incidents rate per 1000 bed days	50.7	51.6	46.9						
Patient Safety Incidents with moderate harm and above per 1000 bed days	0.6	0.5	0.7						
Patient falls with harm per 1000 bed days	1.5	1.4	1.9						
Medication Incidents per 1000 bed days	6.0	7.0	4.7						
Medication Incidents % with moderate harm or above	0.50%	0.36%	0.90%						
Patient Safety Incident Investigation (PSII's) instigated	0.0	1.0	6.0						
Never Events per month	0.0	0.0	2.0						
Pressure ulcers developed under UHNM per 1000 bed days	1.6	1.9	2.0						
Family & Friends Test - Inpatient	95.0%	95.2%	96.0%						
Family & Friends Test - ED	85.0%	61.1%	60.0%						
Family & Friends Test - Maternity	95.0%	87.6%	79.0%						
Sepsis - Adult Inpatient Screening	90.0%	98.0%	99.0%						
Sepsis - Adult Inpatient IVAB	90.0%	100.0%	100.0%						
Sepsis - ED Portals Screening	90.0%	87.5%	84.0%						
Sepsis - ED Portals IVAB	90.0%	93.5%	93.0%						
Sepsis - Childrens Screening	90.0%	83.3%	84.0%						
Sepsis - Childrens IVAB	90.0%	n/a	n/a						
Sepsis - Maternity Screening	90.0%	66.7%	81.0%						
Sepsis - Maternity IVAB	90.0%	100.0%	100.0%						

The Assurance icons refers to when we are consistently passing or falling short of our target and our data has been within or outside our agreed target range.

The icon will remain grey as long as we remain within the target range set (e.g. between the upper and lower limits) even if we have consistently exceed the target and the variability icon is

The icon will change to blue only when we are consistently passing the target and the target is also outside the process limits.

The icon will change to orange when we consistently fail to achieve the target and the target is outside the process limits.

The Assurance icon is not an assurance statement on quality & safety of the service/care but on statistical confidence.

Related Strategy and Board Assurance Framework (BAF)

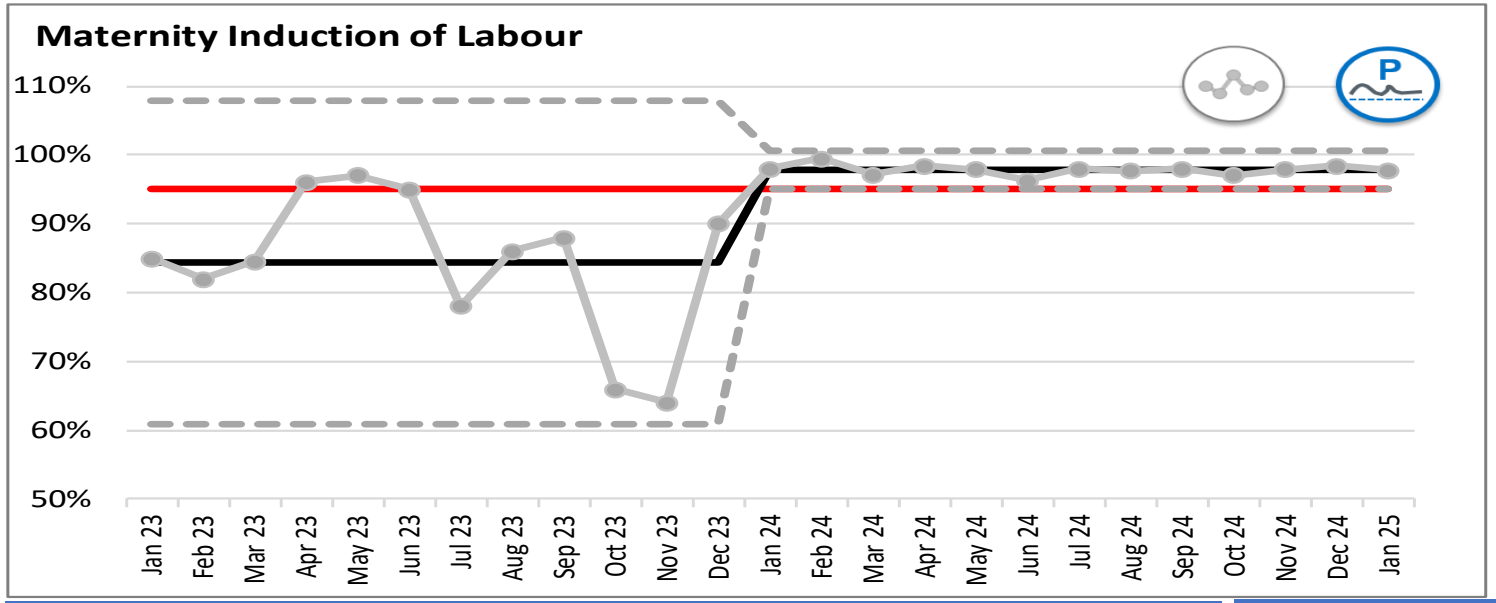
Quality Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 1: Delivering Positive Patient Outcomes	High 12	Partial	High 12	Partial	Ext 20	Partial		

High Quality | [Induction of Labour]

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust



What is the data telling us?

There has been a consistent and sustained improvement in timely admission of women for induction of labour since November 2023.

The target of 95% has been consistently achieved since January 2024 despite the increase in IOL rate in comparison to the previous year.

The introduction of the opening of 8 beds for IOL on the MBC in December 2023 and the development of the IOL improvement project have contributed to this improvement

Core IOL midwifery workforce provides consistency within the department to ensure on going timely admissions.

Ongoing IOL improvement group highlights any process changes that are required to ensure timely admissions.

Consultant lead for IOL supports multi disciplinary working.

What are we doing about it?

Any IOL breaches are safety netted and incident reported for full review through the internal governance process.
IOL Datix are grouped into an IOL Improvement group tab, allowing a refined audit & review with focus on IOL themes.
Any IOL breaches are discussed daily at the patient safety huddle and escalated.
Any IOL breaches will have a well being appointment with a medical review and if necessary admitted for observation (admission will be offered prior to breaching when this is forecast)
Prioritisation occurs daily by the on call Consultant Obstetrician for all IOL's booked for that day- this will include any deferred IOL.
All midwifery induction core vacancies now recruited. Additional recruited trained midwives will commence post in the unit from October sustaining progress made and keeping timely flow during the IOL process.
Dilapan , mechanical IOL method introduced since May 2024. When accepted as an IOL method it gives certainty of cervical changes aiding planning and flow in the unit along with patient satisfaction.

High Quality | [Maternity Triage]

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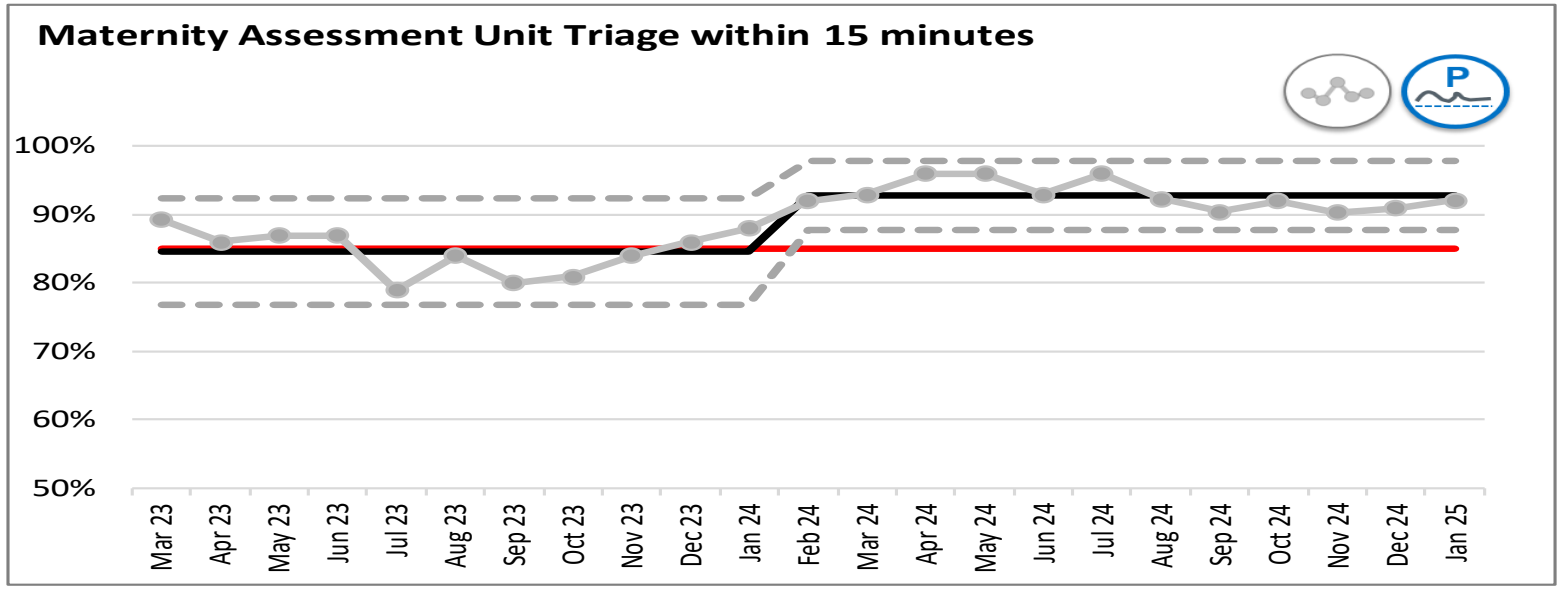

What is the data telling us?

There has been a consistent and sustained improvement in MAU patients being triaged within 15 minutes since September 2023.

The target set of 85% of patients to be seen within 15 minutes on MAU has been consistently met since December 2023.

The development of the MAU improvement group in December 2023 and implementation of actions have contributed to the improvement and sustained reduction in MAU breaches

What are we doing about it?

The MAU improvement group meet monthly to continue to discuss and sustain the driver metrics.
All MAU timing breaches are reviewed daily via audit and Datix are submitted if there is evidence of potential harm so that individual cases can be investigated.
MAU triage breaches are included in daily patient safety huddle and reported via the daily sitrep
This metric has met the Improving Together parameters to move from a driver to a watch metric. The A3 will be refreshed to focus on sustainability of current performance. The watch metric will be reviewed at the Executive Performance Review Meeting with the Division.
MSW and ward clerk staff are now fully recruited which aids flow through the department sustaining our improvement.

High Quality | [PSIs per 1000bed days]

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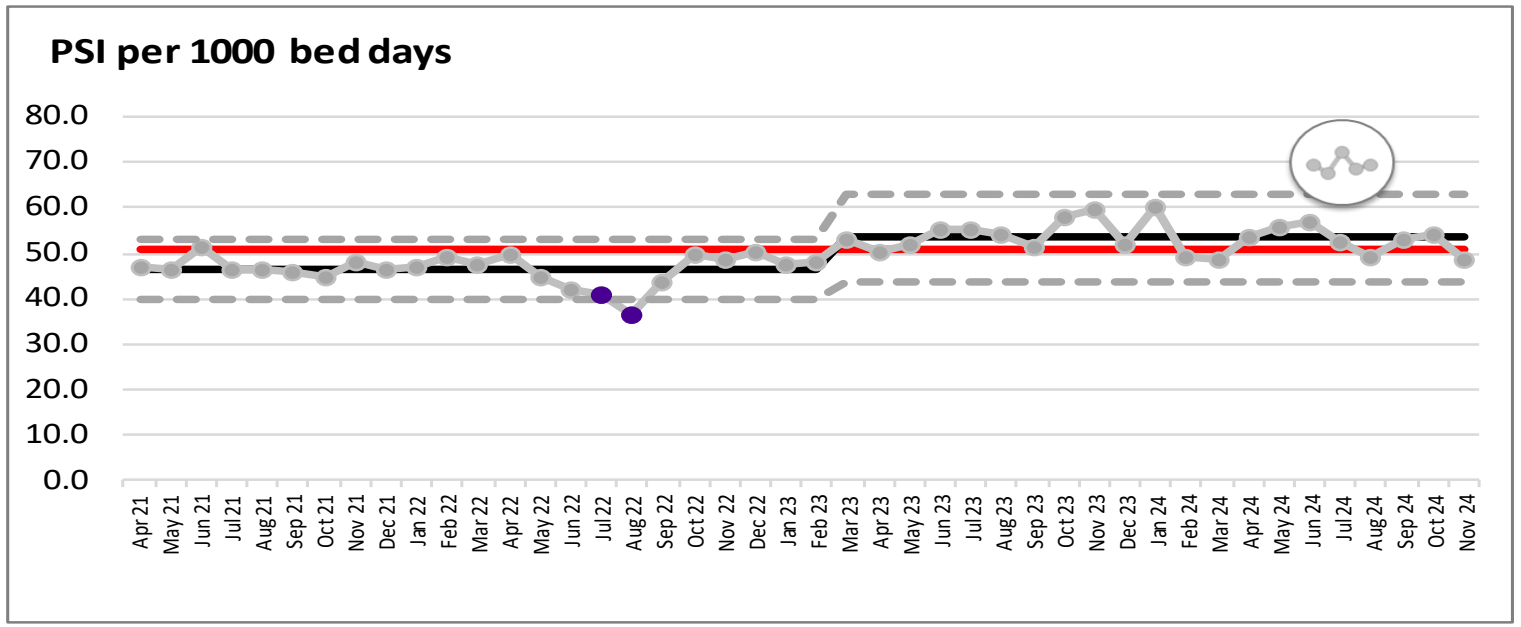

What is the data telling us?

There have been continued consistent levels of reporting across the Trust and maintaining the improvements and higher mean rate since October 2022. LFPSE reporting and additional NHSE mandated questions introduced in February 2024 and the reporting rate remained consistent with the same months during 2023.

There is currently no significant variation in reporting rates and the average rate is just above the previously published NRLS average for Acute Trusts (new national LFPSE data publication is awaited)

What are we doing about it?

Will continue to monitor the internal reporting rates and identify if there are any specific reasons for reduced rate per 1000 bed days.

To utilise LFPSE data published to assess/benchmark our reporting and outcomes as soon as this is available. Noted that 99% of all NHS providers are now utilising LFPSE.

High Quality | [PSIs moderate harm & above per 1000 bed days]

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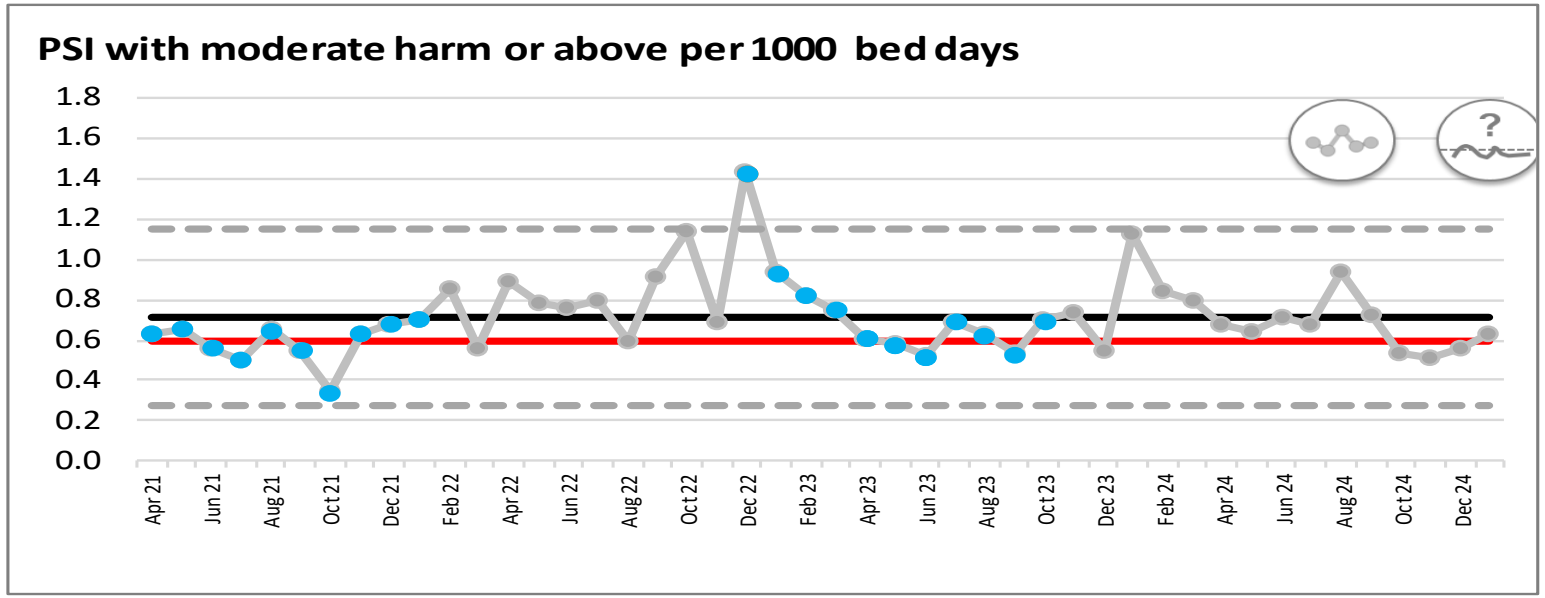

What is the data telling us?

The rate of PSIs reported with moderate harm or above has remained within normal variation since January 2024.

What are we doing about it?

Reviewing harm profile and locations / categories for moderate harm and above incidents.

To support PSIRF principles we are reviewing learning and proportionate responses to incident reviews with formal review scheduled in October 2024.

We are completing thematic reviews to ensure wider learning is captured and actions to improve the quality and safety of care delivered are in place.

We are working closely with our Patient Safety Partners and Communications Team to develop new approaches to share patient stories and support thematic reviews to capture further learning and actions to improve the quality and safety of care delivered are in place.

High Quality | [Patient Falls per 1000 bed days]

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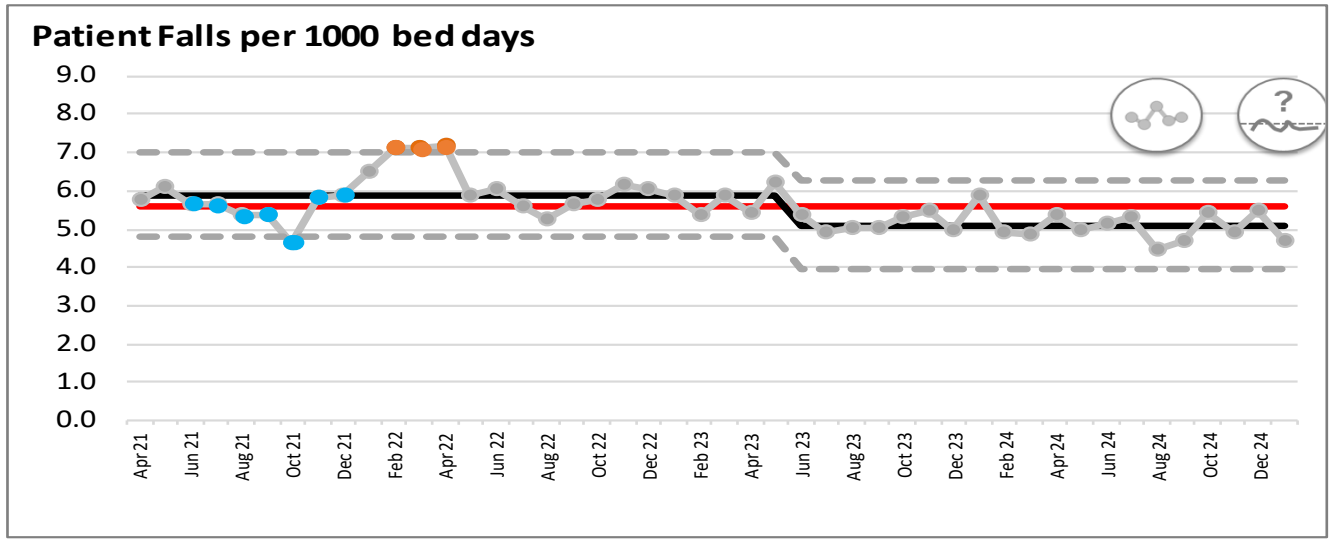

What is the data telling us?

The average rate of reported patient falls per 1000 bed days has been stable since June 2023. The rate for January 2025 was within expected limits.

The areas reporting the highest numbers of falls in Jan 2025 were:
Ward 230 – 13 falls, Royal Stoke AMU – 13 falls, Short Stay Unit – 9 falls, Ward 201 – 9 falls, Ward 223 – 9 falls

Royal Stoke AMU has seen fewer in January compared to December (16). None of the other highlighted areas above were high in December 2024

What are we doing about it?

From the 53 falls across the 5 areas there was 1 injury reported on ward 230. The patient was left with the call bell; however, the patient did not have the cognition to be able to use this to ask for assistance. Actions and assurances were discussed at the time of completing the toolkit.

New call bell posters have been placed in all the medical division at the Royal Stoke site. Royal Stoke AMU have constantly remained in the TOP 5 reporting areas. This may be due the number of patients and the acuity of patients that are received through this area. We continue to work with the falls link to improve the reduction of falls.

Falls audits have been completed on the top reporting areas and feedback has been provided to the teams to support changes in practice to support falls reduction.

The harm free educators have recently completed a month on ward 201 to raise awareness in all areas of care. The team have completed a falls audit in the last 2 weeks and both good areas of practice and those that require improvement have been fed back to the matron and the ward.

High Quality | [Patient Falls with harm per 1000 bed days]

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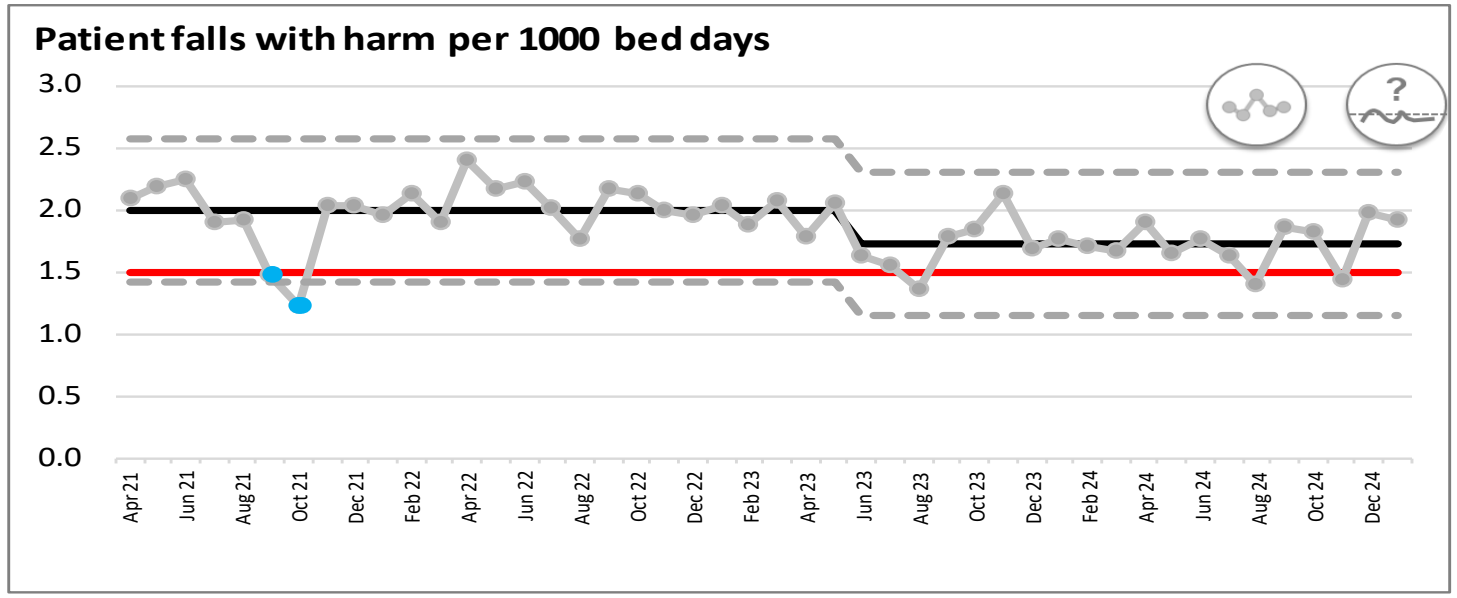

What is the data telling us?

The rate of patient falls with harm has also been stable since June 2023. The rate was within expected range in January 2025.

Wards with falls reported as resulting in serious injuries in January were:
Ward 80, Ward 225, Ward 226, Ward 230

These wards were not noted as reporting serious injuries in December 2024 report.

What are we doing about it?

From the 4 patients injured:

2 patients had MCA's and DoLS in place, they had been assessed as being able to use the call bell however on investigation it was apparent that the patients would not have had the cognition to press the call bell to ask for assistance.

1 patient required the assistance of 2 staff with a mobility frame to mobilise. The patient was able to use the call bell to ask for assistance however chose not to call.

1 patient fell in the bathroom with a member of staff present.

The main themes that are found when completing the toolkits is ensuring patients have call bells, that they have the cognition to use the call bells and that a discussion has taken place to discuss with the patient why currently they are required to use the call bell to ask for assistance with their requirements

High Quality | [Medication Incidents per 1000 bed days]

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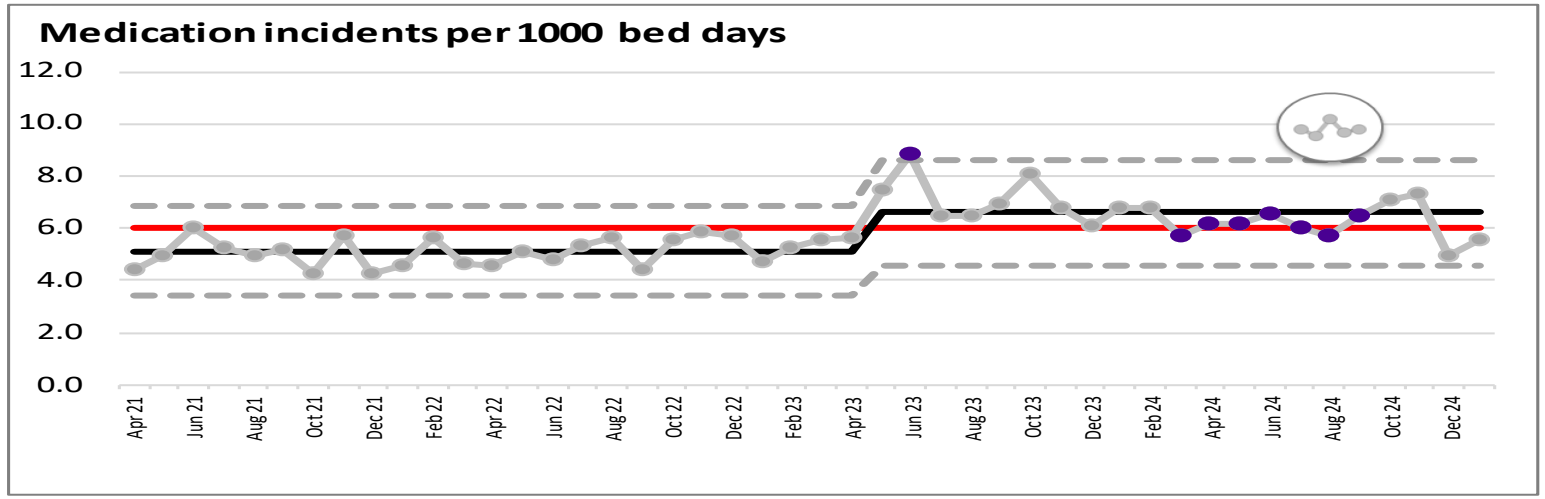

What is the data telling us?

The rate of reported medication related incidents has shown only normal variation since December 2023, with the average slightly above the NRLS mean.

What are we doing about it?

Missed doses themes identified:

- Anticoagulants (9 incidents) & Insulin (6 incidents).
- Audit in progress, data collection nearly complete, report anticipated early 2025.
- ePMA: opportunity for real time missed dose reporting in areas with ePMA.
- Themed review underway

Safe use of Intravenous Paracetamol in adults:

- Prescribed and administered too frequently leading to overdose.
- Prescribed in the regular AND when required section of the prescription chart exceeding max daily dose.
- Combination products are also a factor e.g. co-codamol.
- Trust Learning Alert produced and shared across the Trust on key actions and support to staff

High Quality | [Medication Incidents % with moderate harm or above]

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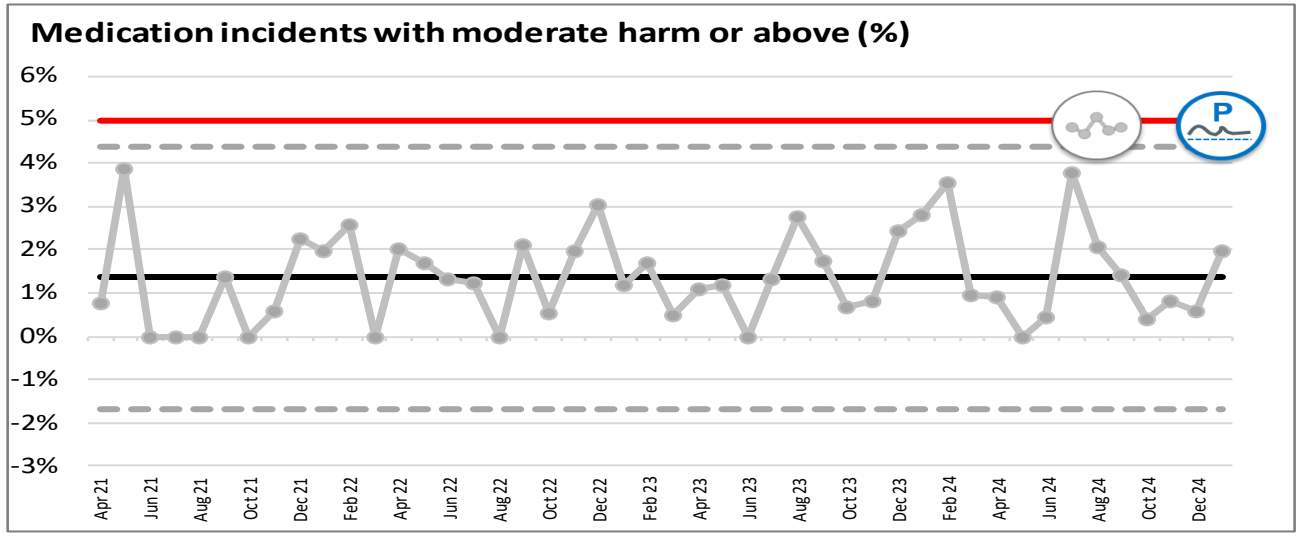

What is the data telling us?

3 incidents reported in January 2025 with moderate harm compared to 2 in December 2024 and 9 In January 2024

ID	Directorate	Location (exact)	Sub category	Codes	Description	Actual Impact
357834	Acute Medicine	AEC (RSUH)	Post admin Patient Monitoring	Failure to discontinue treatment	Patient with known history of gastritis and duodenal telaniectasia and colonic polyps was started on Rivaroxaban for suggestive small lower lobe PE. Contraindicated and should have ben Apixaban	Moderate
357420	Trauma	ARTU (Ward 227)	Administration to patient	Incorrect timing of dose	Critical medication not given at required time (Dalteparin)	Moderate
358522	Theatres	Theatres 6-10	Adverse Drug reaction	Adverse Drug reaction	Anaphylaxis to medicines given at induction of anaesthesia: Propofol, Metaraminol, Remifentanil, Dexamethasone, Atracurium and Co-amoxiclav. Severe anaphylaxis with severe refractory hypotension and bronchospasm.	Moderate

What are we doing about it?

The reported incidents are reviewed and assessed via the Pharmacy Safe Medications Team along with input from the relevant clinical areas to share learning and actions.

Learning is shared and where applicable learning alerts issued to raise staff awareness of issues related to medications / medicines

High Quality | [Never Events per month]

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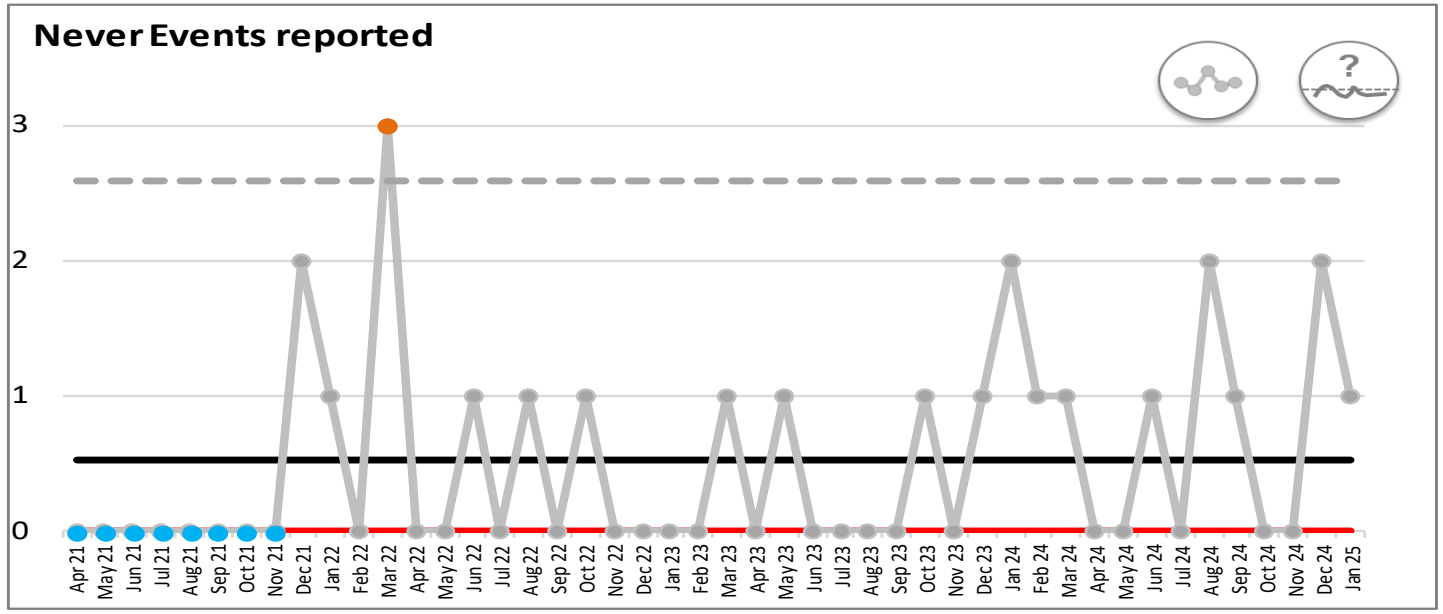

What is the data telling us?

There has been 1 reported Never Events during January 2025.

Incident relates to misplaced NG Tube. Originally inserted and confirmed correct insertion. Identified 18 days later that tip of NG tube now in oesophagus. Confirmed aspiration pneumonia. Replaced NG Tube and confirmed in correct position.

What are we doing about it?

Previously reported Never Events are under review and will reported to Risk Management Panel.

Assurances and updates on actions and sustainability of the actions are provided to RMP prior to agreeing closure. The overarching action plan following the Wrong Site Surgery / incorrect lesion removal is due to return to RMP in March 2025.

High Quality | [PSIIs per month]

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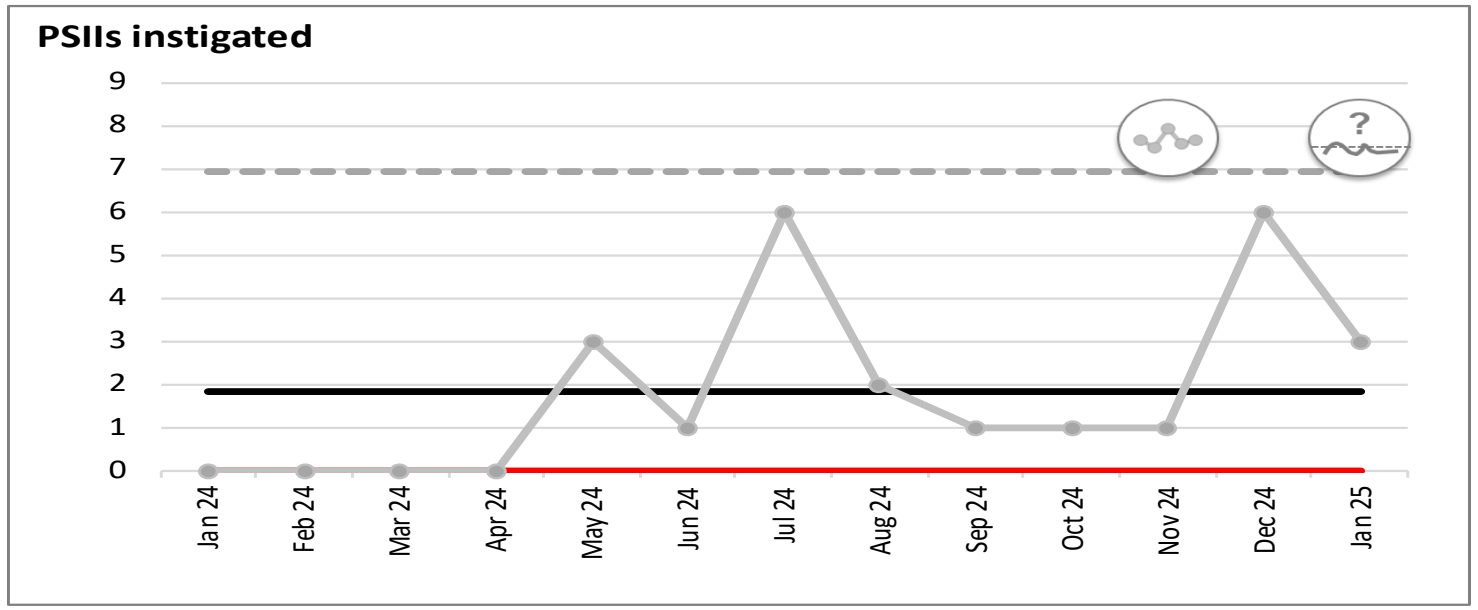

What is the data telling us?

We have agreed 3 new PSIIs being undertaken, and reported on STEIS as agreed with ICB, during January 2025. This is decrease from previous month but is above the longer term mean..

- 1 relate to Maternity following PMRT review
- 1 Never Event (see previous slide)
- 1 Treatment delay following transfer to Renal ward

What are we doing about it?

Incidents have all had initial reviews completed and PSII's agreed as per national reporting guidance for MNSI and PMRT cases, Never Events and concerns raised via complaint for treatment delays.

High Quality | [Duty of Candour – verbal/formal notification]

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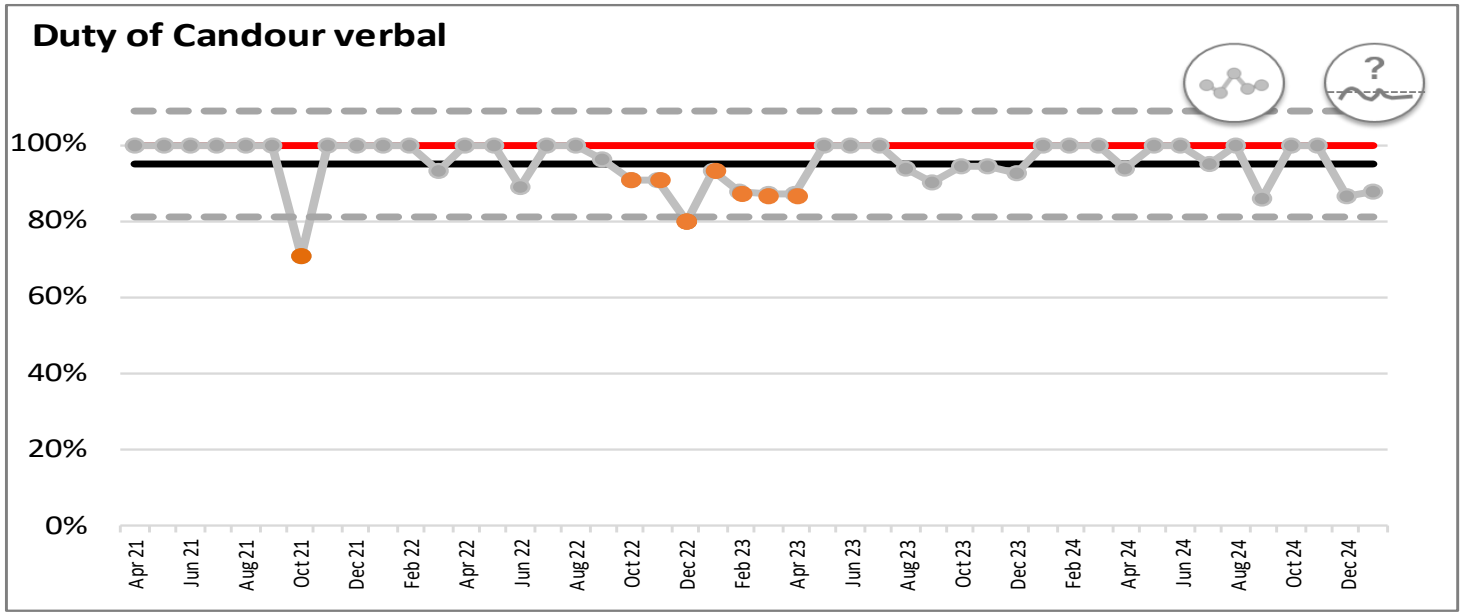

What is the data telling us?

The achievement of verbal duty of Candour has been inconsistent with the recording of the completion of this in Datix. During January 2025, there are 2 cases where verbal completion has not been formally recorded on Datix, both are within WCCSS Division.

What are we doing about it?

We are continuing to work with individual areas and with Divisional Teams to continue to raise the importance of undertaking Duty of Candour and being open with patients and their relatives when things go wrong.

Teams are reminded that evidence of verbal Duty of Candour must be recorded in Datix and notes to demonstrate that conversations have been completed. When reviewing and discussing with staff the discussions are being held but these are not always being appropriately recorded in Datix.

We are monitoring compliance to ensure actions taken continue to be effective in maintaining timely compliance with duty of candour completion.

High Quality | [Duty of Candour – written notification]

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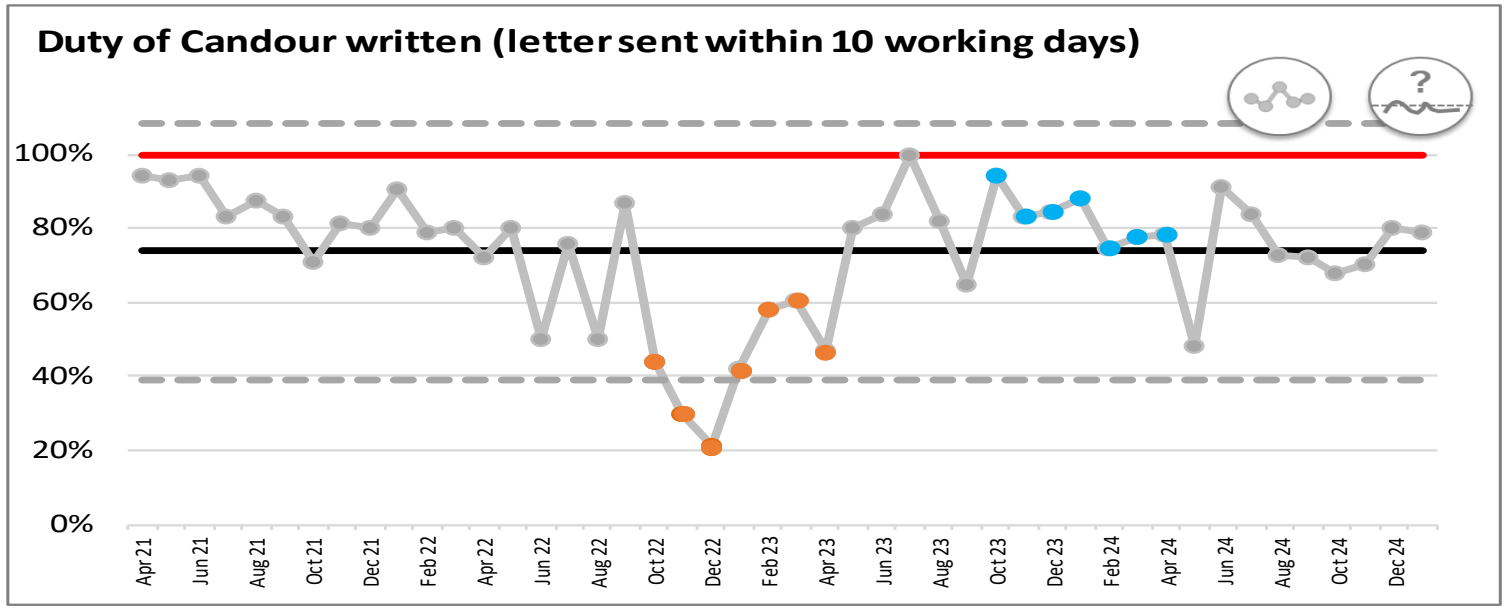

What is the data telling us?

Whilst we are still not achieving the target 100% rate for all Duty of Candour letters to be provided to patients and/or relatives within 10 working days of the incident being identified, there has been improvement in the performance during December and is above the long term mean rate.

Important to note that whilst there are cases that are recorded as over our 10-working day target, these cases do complete the process and provide written notification to the patients and/or relatives.

There were 5 out of 24 cases that were not completed with 10 working day target within Medicine (2) and WCCSS (3) Divisions

What are we doing about it?

Divisions are reviewing the cases of noncompliance and following up with respective areas to work on improving the timely completion and evidencing that letters have been sent out. Within WCCSS Division the Duty of Candour Escalation SOP has been reviewed and circulated to all Clinical Directors and medical staff. There is now weekly escalation to the Division Triumverate Team and monitoring with Divisional Management team where cases are displayed/escalated.

We continue to work with and support al the clinical teams in completing the written Duty of Candour notification letters.

High Quality | [Pressure ulcers developed under UHNM per 1000 bed days]

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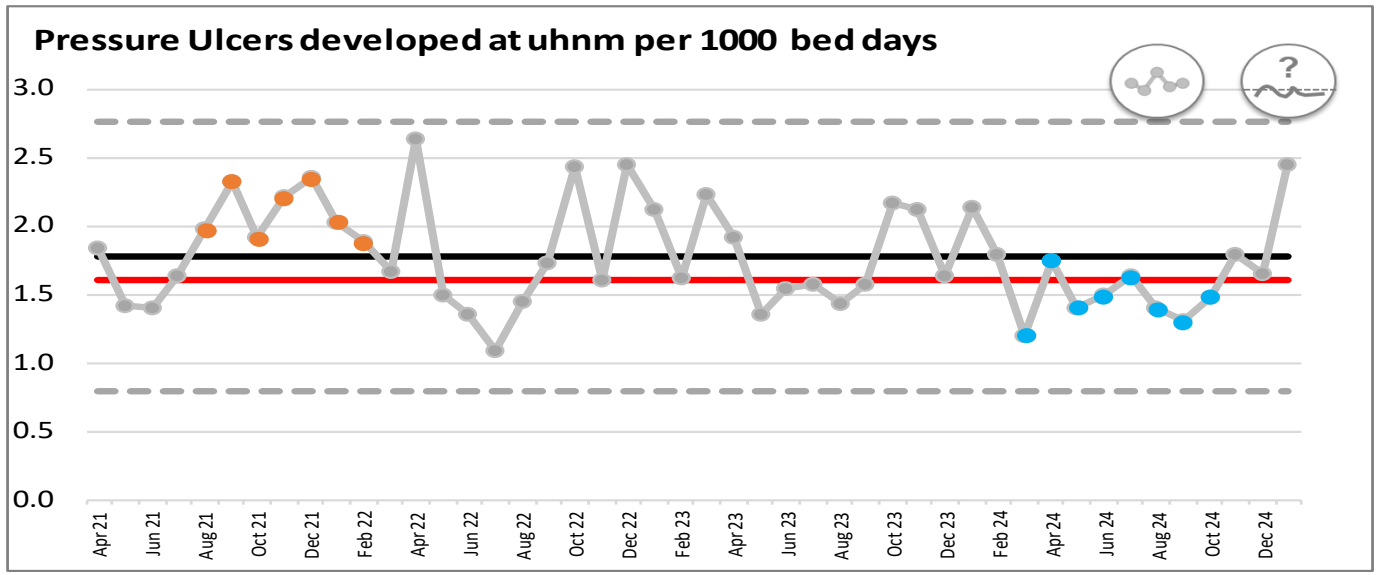

What is the data telling us?

The rate of pressures ulcers reported as developed under UHNM care has increased but remains within expected limits in January 2025.

Numbers within all individual categories of damage were within normal range in January.

As well as pressure ulcers, 6 urethral splits were reported in January 2025, and 3 with lapses in care identified. These numbers are within expected limits.

What are we doing about it?

Education available for pressure prevention, continence, wound assessment, and lower limb. ESR package to be completed and sent to Statutory and Mandatory Training group.
Contact to be made with PDN's to join education programmes in each division. Already taking part in NA induction programme .
Tissue Viability champions and Skin Care champions launched as part of stop the pressure week. Programme to possibly commence in March 2025.
Harm free care educators working on ward to improve awareness of pressure prevention
Prompt cards are being printed which will include supporting pressure prevention, categorisation, and appropriate pathways
Skin Health booklet completed and currently waiting for order code from Harlow.
Consultant Connect trial in place on AMU for 3 months
Standardisation of documentation in progress so emergency portals are using Purpose T assessment tool
Trust wide chair audit taking place in February

High Quality | [Pressure ulcers with lapses in care per 1000 bed days]

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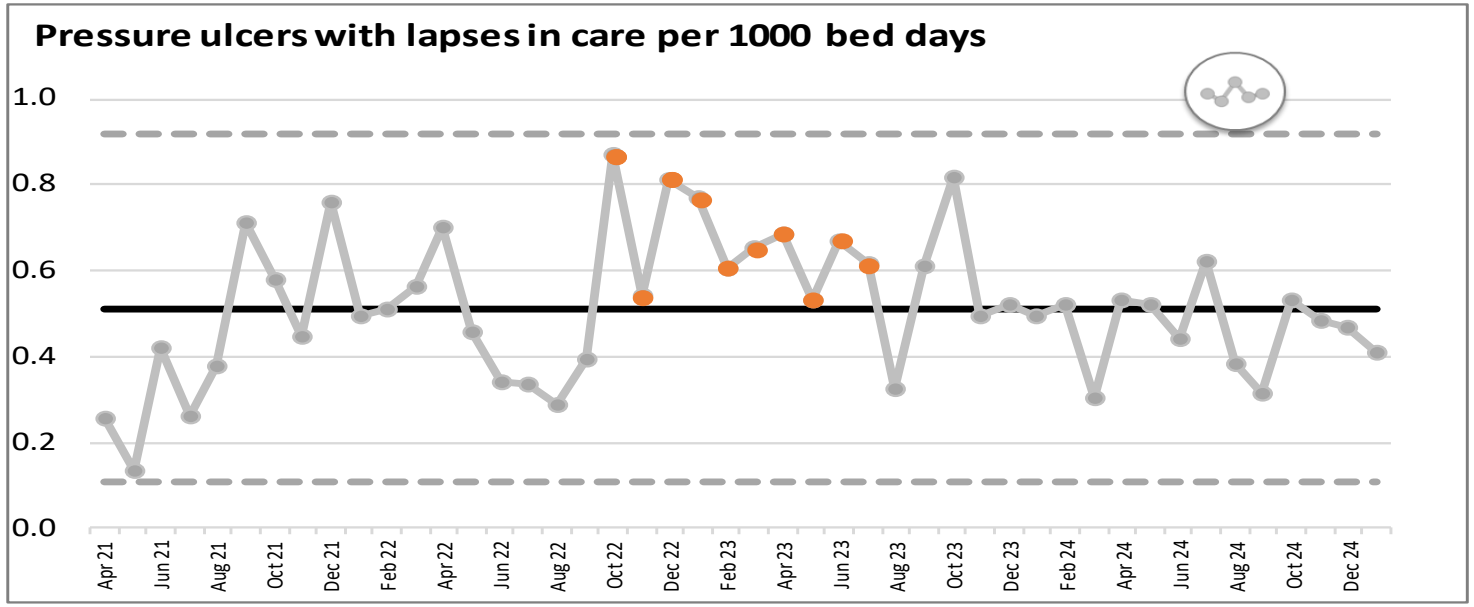

Root Cause(s) of damage - Lapses - Jan 2025	Total
Management of repositioning	15
Management of heel offloading	3
Management of device	1

What is the data telling us?

The rate of pressure ulcers with lapses in care identified was within expected range in January (based on cases validated as of 3rd of the current month). The most common lapses in care identified are shown in the table above right.

Wards with more than case with a one lapse in care identified to date for January are: Stoke ED (6), County AMU (2), Critical Care Pods 3-6 (2)

The average percentage of pressure ulcers reported as developing under UHNM care where lapses in care are identified has been around 31% on average (based on data since Apr-22).

What are we doing about it?

PSIRF toolkit and action plan completed to gain assurances of improvements.
Expert reviews on Tendable being completed to monitor completion of Purpose T and create actions for improvements
Harm Free educators to support ED with improvements in the new year.
Bid submitted to charities for mattress and chairs in ED
Multiple reporting areas to attend steering group from January 2025
Weekly visits from Quality and safety team to multiple reporting areas to support improvements.

High Quality | [HAI E.Coli Bacteraemia cases per month]

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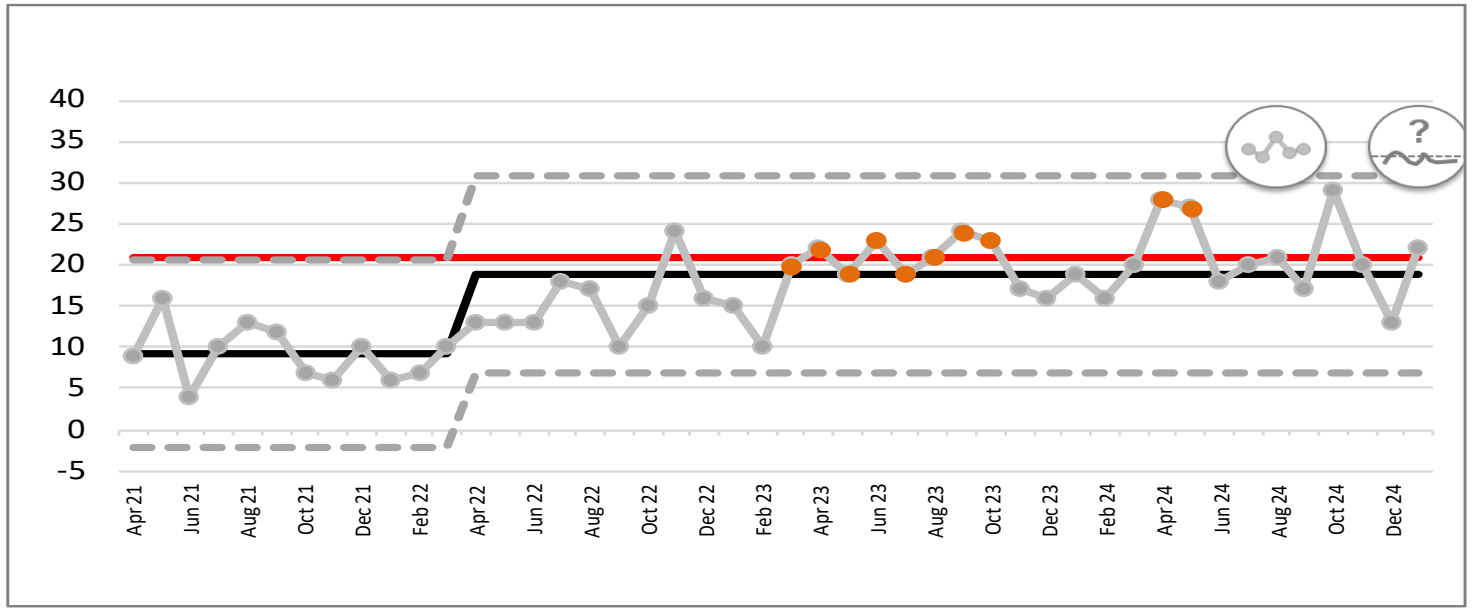

What is the data telling us?

To date we are just over the monthly average target of 21

The 2024/25 target trajectory has been received from NHSE and the monthly average is maximum of 21 cases per month. As in previous years this includes both Hospital (HAI) and Community onset healthcare associated (COHA).

What are we doing about it?

ICB-wide E.coli rates are also high and have been awarded a grant to look into potential reasons for these higher than expected rates. There is now a Health Economy stream for e coli work to identify what our root causes are and if they match national themes.

Additionally the ICB have established a T&F group to look at urinary tract infections.

We are also reviewing patient blood results to check for indications of dehydration.

High Quality | [Avoidable MRSA Bacteraemia cases per month]

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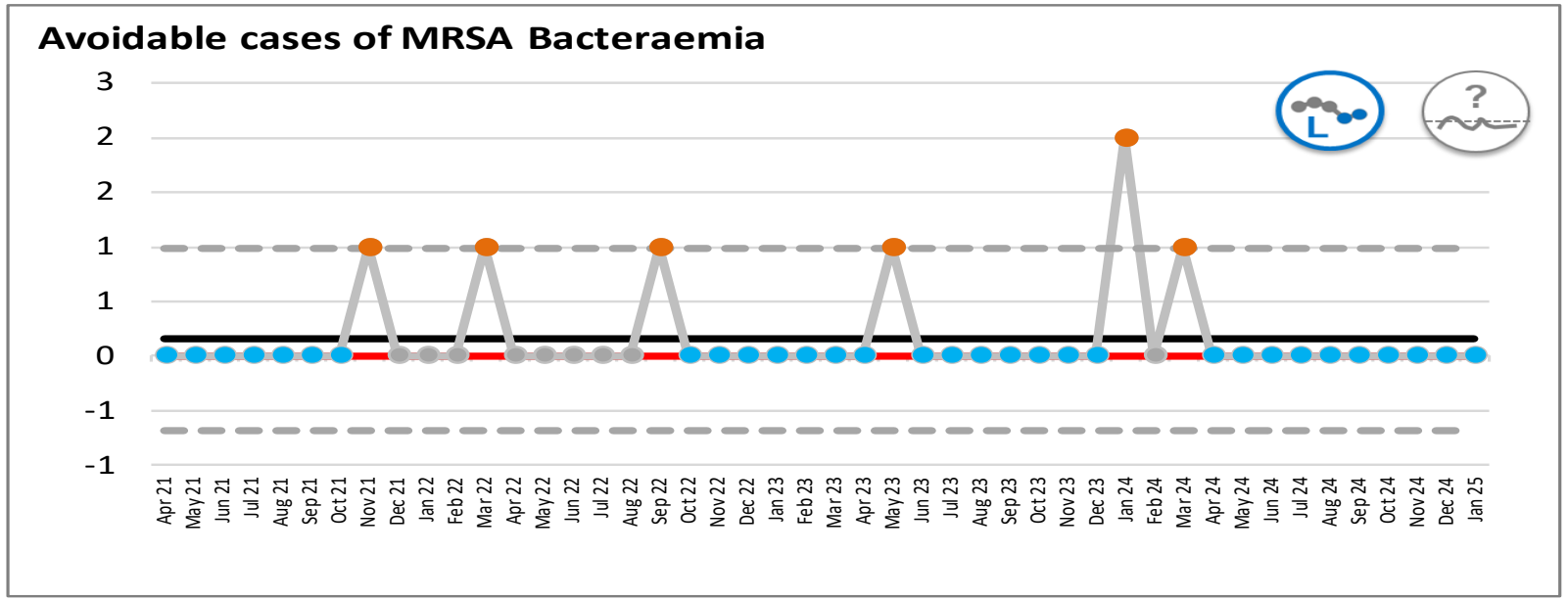

What is the data telling us?

Zero avoidable cases since March 2024

What are we doing about it?

MRSA screening education continues.

Continued surveillance for MRSA with immediate implementation of control measures to prevent transmission

High Quality | [Reported C Diff cases per month]

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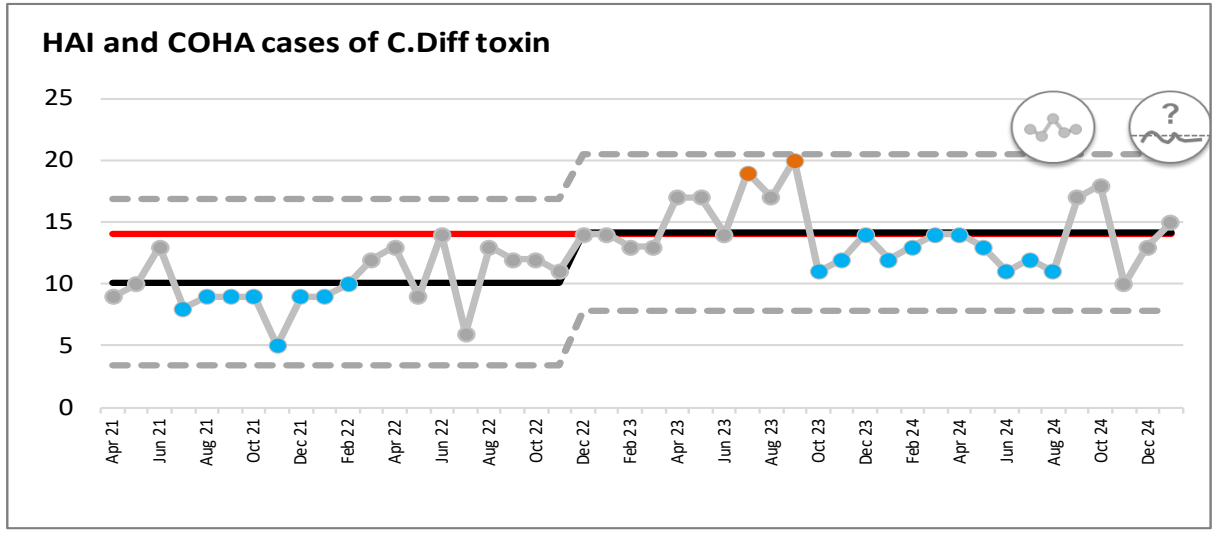

What is the data telling us?

There have been 15 reported C diff cases in January 2025 . 11 x HAI and 4 x COHA.

The 24/25 objective for C-Diff is 179 cases or less. To date there have been 134 cases.

We are one of only 17% of Trust regionally (22% nationally) achieving a reduction in line with the target reduction in Watch and Reserve Antimicrobials

Three clinical areas have reported a period of increased incidence which triggered during January

- Ward 14 HAI x1 COHA x 1 - awaiting ribotype
- Ward 12 HAI x 1 COHA x 1 – awaiting ribotype
- 76B HAI x 2 - awaiting ribotype

What are we doing about it?

- Routine ribotyping of samples continues for samples from areas where we have periods of increased incidence only
- CURB -95 score added to CAP antimicrobial Microguide .
- Antimicrobial working group to remind clinical areas to send urine samples when UTI is suspected and ensure appropriate choice of antibiotic for treatment of UTI
- Additional oversight of C-Diff cases is being implemented where there is potential learning in terms of antibiotic use
- Big bed clean completed October 2024
- PSIRF process and monthly themes report
- Weekly AMS presence at County to support antimicrobial prescribing
- Commode cleaning day completed January 2025
- The existing Pneumonia guidelines were reviewed, revised and ratified through ASG and launched to prescribers in early January. Key changes involve the reduction in the use of Co-Amoxiclav in CAP, with a focus on using the narrower spectrum oral antimicrobials where possible or a prompt IV to oral switch

High Quality | [NPSA Alerts received and overdue]

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New Alerts received:

Year	Alert Type	CAS Status	Alert Reference Number	Alert Title	Date Issued	Date Completed	Deadline Date

Overdue Alerts:

Year	Alert Type	CAS Status	Alert Reference Number	Alert Title/Device	Date Issued	Deadline Date	Comments	Actions
2023	NHS Patient Safety Alert	Open	Nat/PSA 2023 010 MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls.	31/08/23	01/03/24	Delay in progressing bed rail assessment in maternity and child health. A risk has been added to the risk register to cover the gap identified in bed rail safety training. This will remain in place for the next 12 months as the transition from a standalone package to a package linked with manual handling training happens. To note - wider funding/capital bids planned for the future investment of appropriate beds/trolleys and the trial of a tracking system to ensure robust maintenance and servicing.	Escalated to QSOG and to receive updates on progress. Awaiting confirmation of online training implementation
2024	Nat/PSA	**Open**	Nat/PSA 2024 004 MHRA	Reducing risks for transfusion-associated circulatory overload	04/04/24	04/10/24	Dr Graham and Louise Rogers reviewing with the Hospital Transfusion Committee. Dr Zia Din – exec lead Discussed at PSG on 18.11.2024 and noted new TACO Prescription Chart. New Prescription Chart approved at QSOG 13.01.2025. Awaiting confirmation of completed actions by HTT	HTT reviewing and finalising action plan update. Noted as partially compliant

What is the data telling us?

UHNM have received 0 new alerts during January 2025. We currently have 4 other CAS alerts open, 2 of which remains overdue. The overdue alerts has been fully actioned and progress is continuing to ensure that the requirements of the alert are being implemented.

What are we doing about it?

The alerts are all allocated operational/subject matter expert leads and Executive leads as per alert requirements. Relevant specialist forums provide support for leads to agree and monitor actions.
The overdue alerts have agreed action plans in place and assurances have been received that actions are being taken. CAS / MHRA website are updated with progress

High Quality | [Friends & Family Test - Inpatients]

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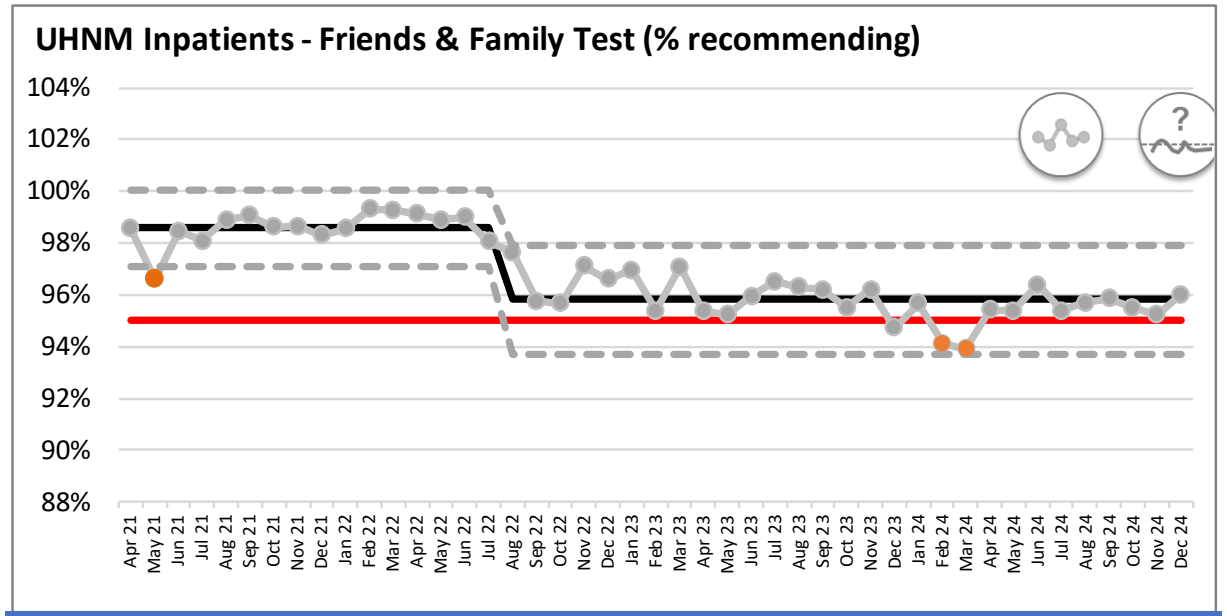

What is the data telling us?

The monthly satisfaction rate for inpatient areas was 95% in January 2025, which is within expected limits. The average rate remains above the national average of 94% (Nov 2024 NHS England).

In January 2025, a total of 2592 responses were collected from 65 inpatient and day case areas equating to a 24% return rate, which is close to the 22% average. NHS England data shows UHNM remain the 16th highest response rate for all reporting Trusts in the country (152) and are 77th for percentage positive responses (NHS England November 24 latest data).
Scores split by Division for January 2025:

- Network- 28% response rate 95% satisfaction score
- Surgery- 27% response rate 94% satisfaction score
- Medicine- 22% response rate 94% satisfaction score

Network and Surgery Divisions have seen improvements in response rate and all Divisions have seen improvements in the satisfaction scores.

What are we doing about it?

The digital system is not able to support more than one submission point each survey as each submission would then become a new survey. Therefore, to simplify, a trial period commenced from Feb 25 with the "Inpatient Survey" now only containing the mandatory "Overall, how was your experience of our service?" with the 6 response options ("very good" through to "very poor" or "don't know".
We have included Recommendation Rates on our Quality Dial of The Day Dashboard.
We are not going to RAG rate areas but instead chase areas that are not achieving and alert the Divisional Director of Nursing to this fact. We will begin a programme of work, of working with ward managers and matrons and provide a link to the database for areas to access their scores anytime and these scores will feed the live data feed of the Dials of The Day,
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- a new task & finish group has been started to include Patient Rep and PSP
Pain management
Involvement in care and decision making
Improving the experience of our oncology patients

High Quality | [Friends & Family Test - ED]

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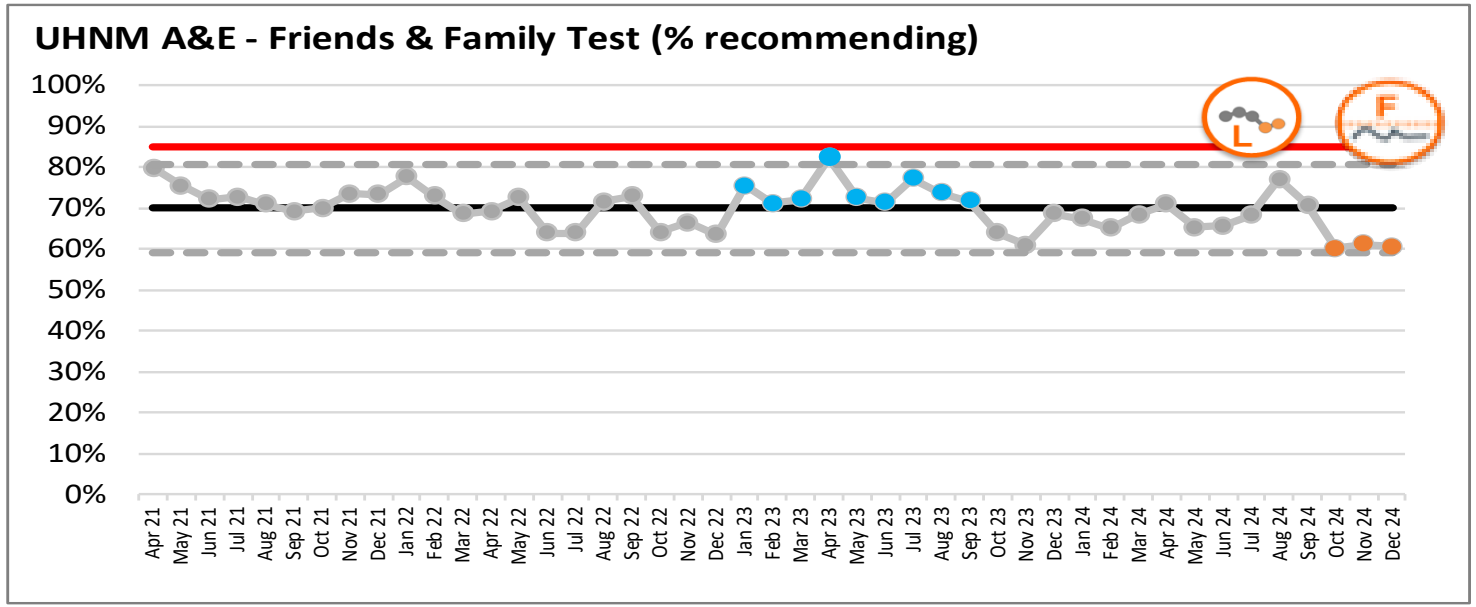

What is the data telling us?

The Trust received 773 responses in January 2025 - an 8% response rate which is consistent with previous months. The satisfaction rate for January was 70%, which is an improvement from December and close to the Trust average but a little below the national average of 76%.

UHNM is 31st out of 125 Trusts for the number of responses in ED (NHS England Dec 24), and 101st out of 125 Trusts for the percentage positive results (NHS England Dec 24).

Feedback from patient experience of using 111First and the kiosks continues to be monitored with 18% of respondents in January 2025 reported to have used 111First prior to attending ED, the same as previous months. Key themes for improvement from January 2025 continue to be long waits for both sites. Feeling dismissed was a common theme from County Site, while communication around results and environment (uncomfortable seating) were key themes at Royal Stoke.

What are we doing about it?

- The digital system is not able to support more than one submission point each survey as each submission would then become a new survey. Therefore, to simplify, a trial period commenced from Feb 25 with the "ED Survey" now only containing the mandatory "Overall, how was your experience of our service?" with the 6 response options ("very good" through to "very poor" or "don't know". This commenced end of January 2025.
- QR code made visible throughout the department.
- Consideration to alternative methods of sharing QR code such as “business cards” available on reception and throughout the department.
- Dept Leads are going to ensure mobile phone numbers are recorded in the "mobile" phone part of Iportal (not just "contact number") to ensure Netcall can pick up for text.
- Postcards with only the mandated question and free text question will be made available.

High Quality | [Friends & Family Test - Maternity]

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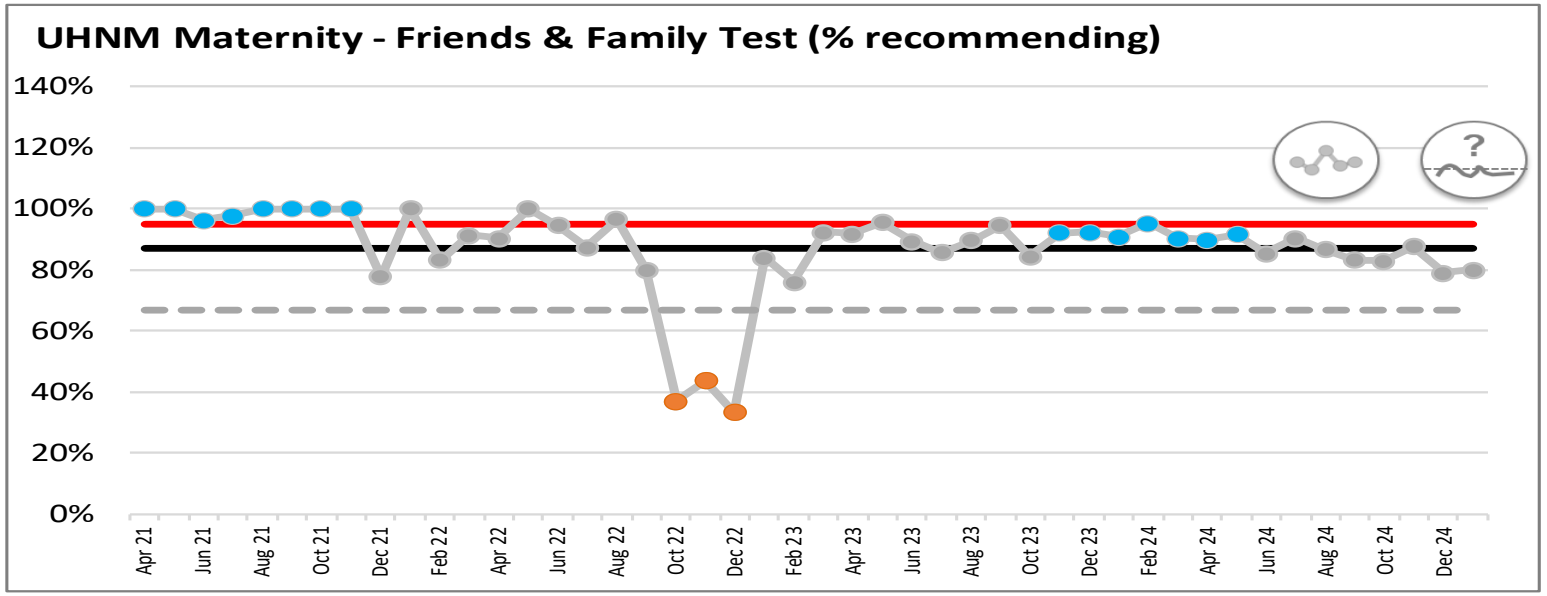

What is the data telling us?

The average % recommending has been stable at around 90% since 2023, a little below the 95% target. Nationally, the overall recommend rate is 92% (Nov 24 NHS E).
There were a total of 186 surveys received in January 2025 across all 4 touch-points (ante-natal, birth, post-natal ward; post-natal community) with 41 of these being collected for the "Birth" touch-point, providing an 8% response rate (based on number of live births), which is in line with previous months and an 80% satisfaction score which is just within expected limits based on previous months.
The Antenatal touch point scored 70% recommendation (80 surveys). The post-natal ward touch point scored 92% satisfaction rate (65 surveys).
Compared to the latest national data available (Dec 24) out of 110 reporting Trusts, UHNM were 33rd for number of responses for antenatal & 105th for percentage positive; 67th for number of responses for birth & 81st for percentage positive, 50th for post-natal ward & 108th for percentage positive. No surveys were submitted for post-natal community in January 2024.

What are we doing about it?

Continue to monitor the efficacy of collecting feedback via text message
Proposal put forward for "business cards" with QR code. Waiting confirmation from Management team.

Look at incorporating the questions from the National Maternity Survey which requires the most improvement into the FFT survey.

Discuss with management team with regards to increasing survey completion for post-natal community

High Quality | [Complaints Response Time]

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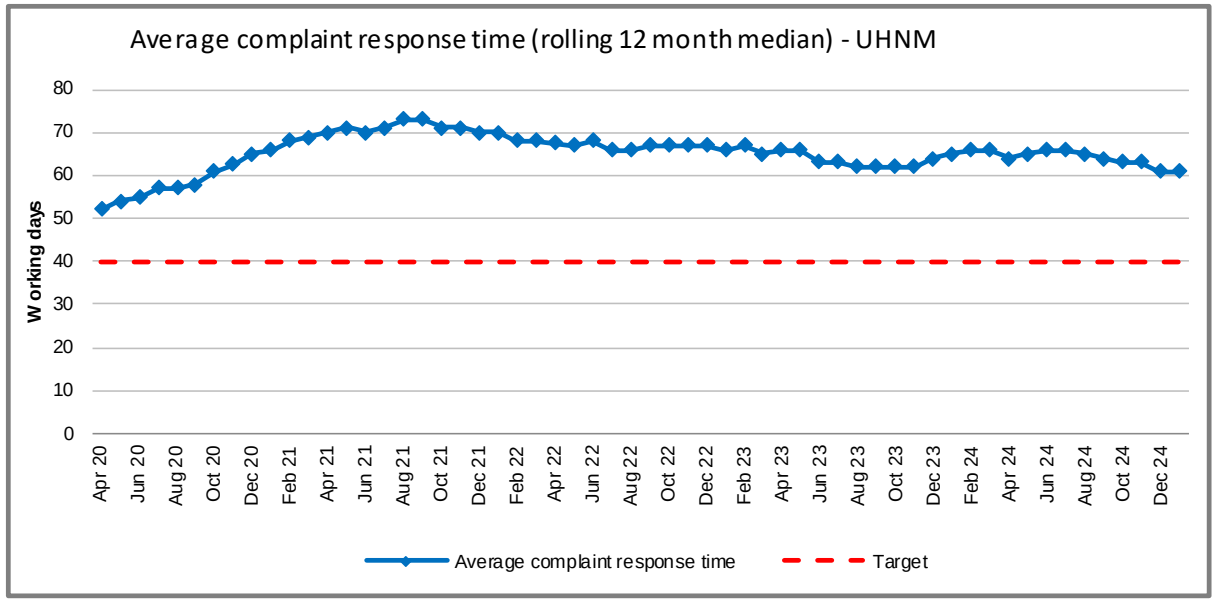

What is the data telling us?

69 complaints were closed in January 2025, with a median average response time of 60 working days.

The chart shows the average complaint response time peaked in 2021 but remains some way above the 40 working day target.

197 complaints were open at the end of January 2025, of which:

- 2 had been open longer than 12 months
- 11 had been open 6 – 12 months
- 28 had been open 3 – 6 months

What are we doing about it?

An updated reporting structure has been implemented to more accurately capture at what stage open complaints are within the formal process.

New Complaints Policy includes complaint response times triage.
Formal Escalation process enacted to support with response times.

Complaints opened since 1st November 2024 have been assigned a target resolution time of 25/40/60 working days.

- 20% of complaints opened in November 2024 were closed within target (12/60).
- Performance for December to date stands at 26%, with 11 still open and within target.

High Quality | [Timely Observations]

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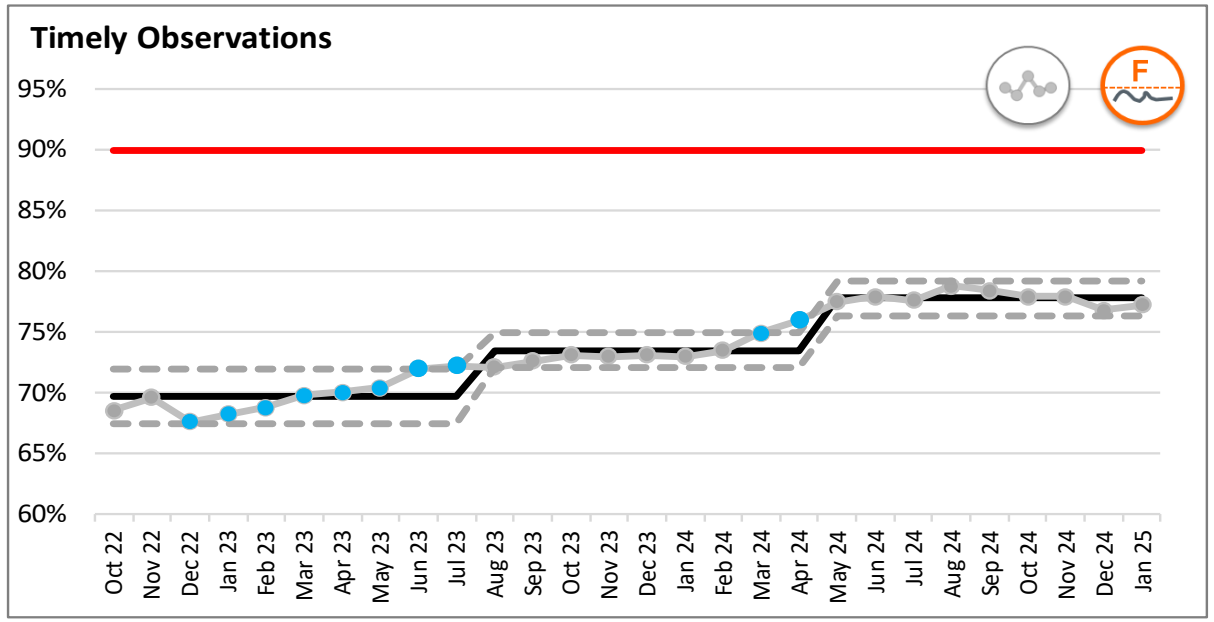

What is the data telling us?

The proportion of observations recorded as timely in January 2025 was 77%. Compliance appears to have plateaued since August and remains some way below the 90% target.

What are we doing about it?

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. In August we experienced a huge problem with our Careflow and Iportal EPRs, which impacted the data collection.

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.

Compliance with timely completion of observations is an essential element within the SAFE domain of the Care Excellence Framework (CEF) award criteria. Digital Nurses are working with the bronze wards to support this action.

Individual area support and offer to attend the bronze ward review where appropriate

Training to the critical care PNA arranged for February 2025 to help increase the compliance in C/CARE

Super user study day arranged for 24th January 225 which will also discuss tips for timely obs and how BI report works

Expecting delivery of new iPad mini in the next month and a refresh of devices will be rolled out soon as practicable resource dependant, date to be confirmed Joint drop-in refresher session re NEWS 2 and timely observation.

Vitals has now been rolled out in ED and therefore team focus can return to education and supporting timely observations work.

The new Safer dashboard ('Dials of the Day') now shows observations, timeliness and is colour coded for CEF awards, and roll out is planned throughout 2025.

High Quality | [Single Sex Breaches]

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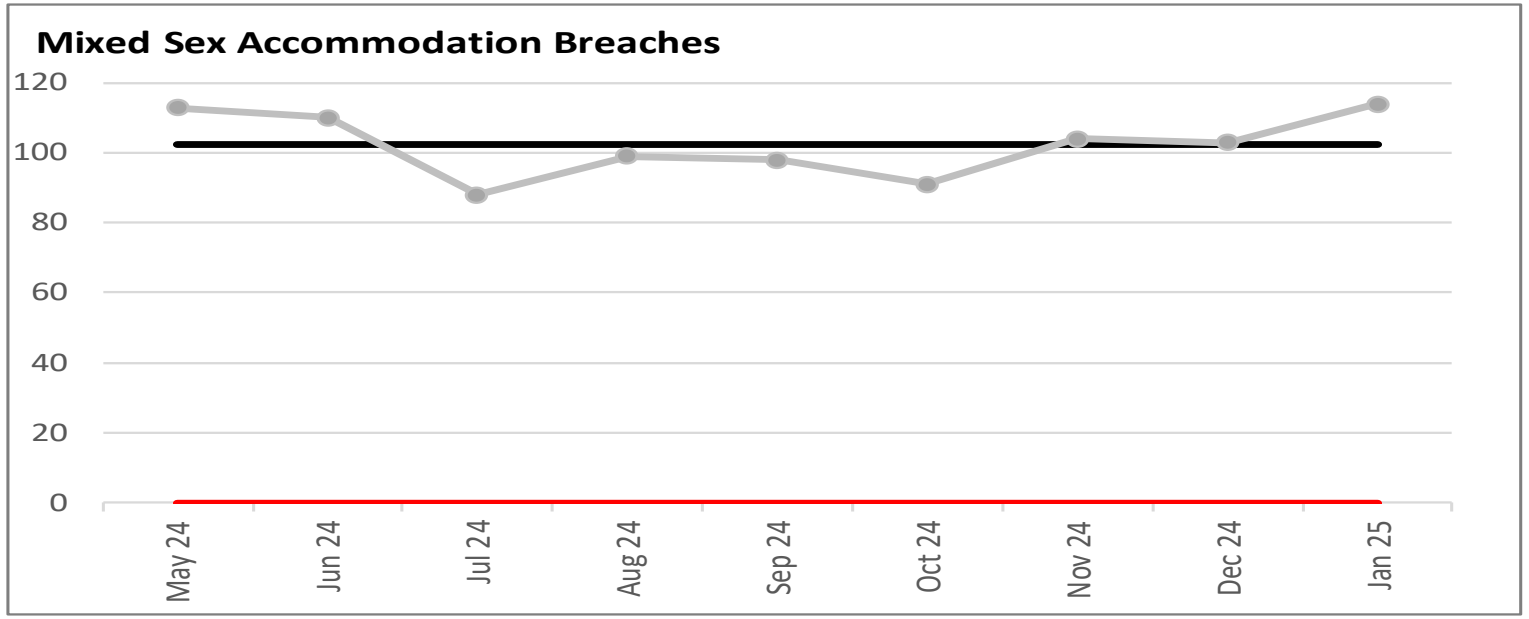

What is the data telling us?

January 2025 increased and remains above the monthly mean based on first 9 months of data reporting. Currently no SPC calculations are available as requires at least 12 consecutive data points to calculate the upper and lower control. All breaches were within critical care and caused by delays to transfer to ward areas due to capacity and flow issues. No concerns relating to privacy or dignity escalated for any of these breaches

What are we doing about it?

Review of SOP and Policy underway (Jan 2025)

Ensuring that a Datix is completed for each week of breaches

Each case is reviewed by the DCN for learning

Hospital Flow work commenced (Jan 2025)

High Quality | [VTE Risk Assessment Completion]

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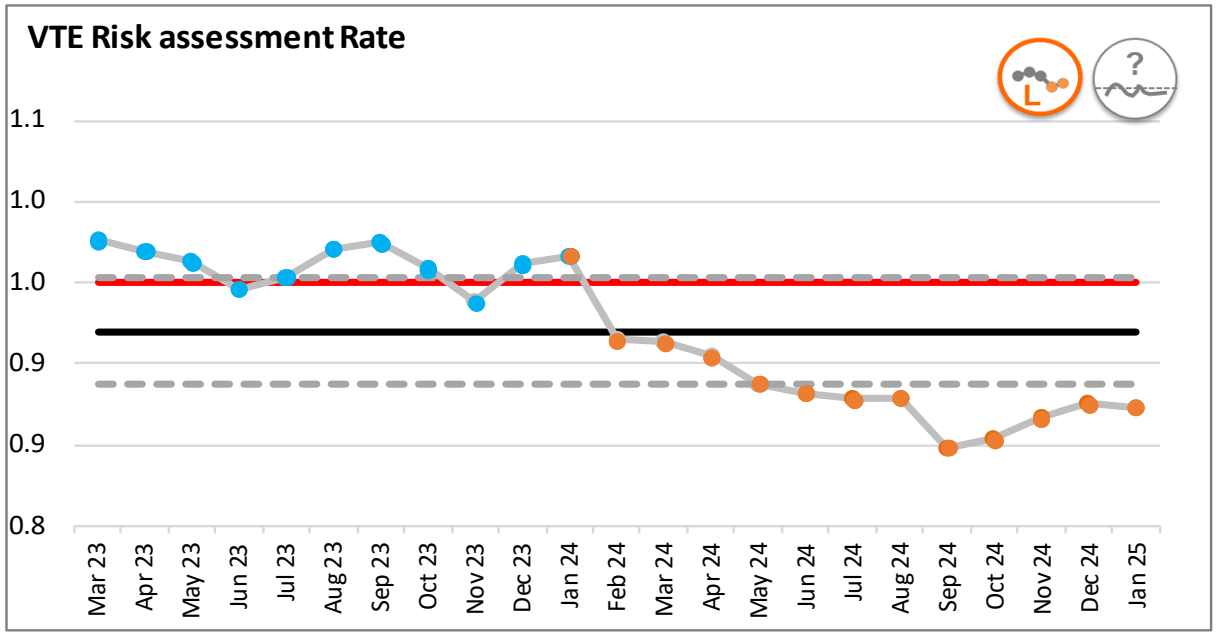

What is the data telling us?

The NICE standard is for initial VTE risk assessment to be carried out within 12 hours of admission and the national target is 95%.

Wards are asked to audit the VTE assessment in 10 sets of patient notes per month, using Tendable and this provides assurance. The question asked on Tendable is "Has the VTE risk assessment been completed within 12 hours of admission?"

Performance attributed predominantly to missing date and time of assessment. Lack of assurance regarding the completion of the Risk assessments

What are we doing about it?

All Divisions discussed work to improve VTE performance within Performance Review Meetings with Executives

EPMA once introduced will provide accurate assurance of VTE risk assessment completion. There has bee previous considerations for changing the data collection process but it was agreed that this would not be feasible or proportionate with the imminent introduction of EPMA which as stated will address the issue with accurate recording of VTE risk assessments.

Communications have been sent via all Clinical leads and Ward managers, within the UHNM Bulletin, Current news and the Quality & Safety Newsletter to raise awareness of the importance of recording an accurate a date and time, areas with the lowest compliance are also being visited by SSR Quality & Safety

Q1 data from NHS England has not yet been published; previously no specification had been made from NHS England for 'on admission' which now refers to within 14hours from the Decision to admit. Feedback from National VTE forum is that many organisations are submitted data from 24 hours and not 14 hours as specified by NHS England, which will not be reflected in the submissions.

High Quality | [Hospital Associated Thrombosis rate]

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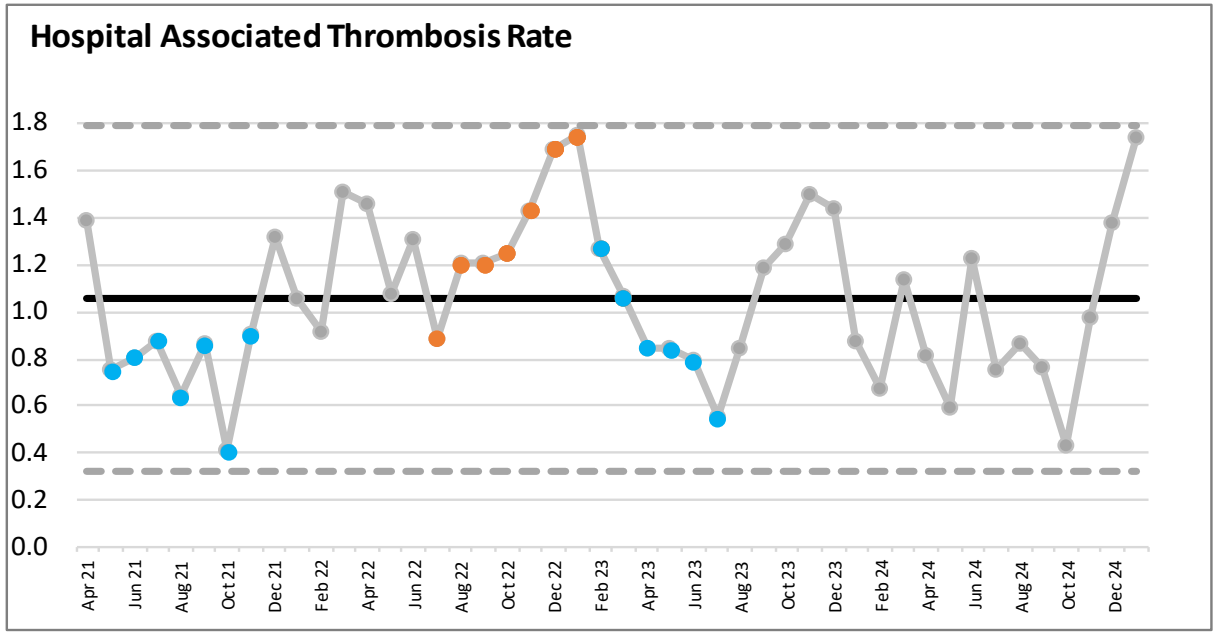

What is the data telling us?

The rate of Hospital Associated Thrombosis was just within expected limits in January 2025. There appears to have been a winter peak in the other years shown on the chart, although not in years before that.

What are we doing about it?

38 cases of Hospital Associated Thrombosis (HAT) were identified January 2025 and investigations are in progress.

Key Themes identified from HAT Investigations; Missed doses of Prophylactic Dalteparin with no clear rationale recorded and inconsistent daily recording of mechanical thromboprophylaxis.

The VTE Steering Group are reviewing a number of potential QI projects for next year which will aim to reduce harm and raise awareness

High Quality | [HSMR / SHMI]

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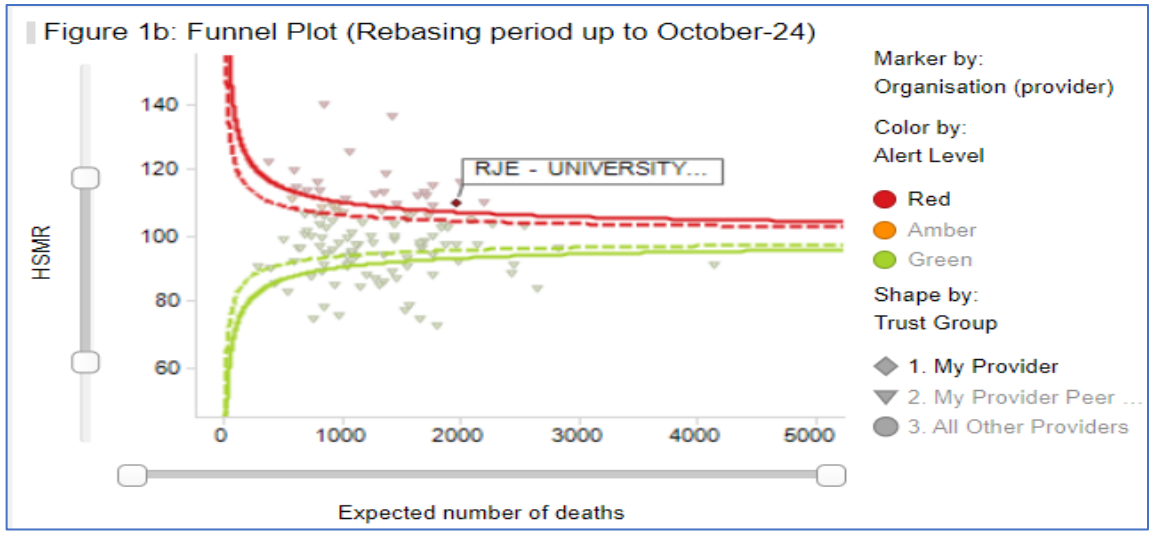

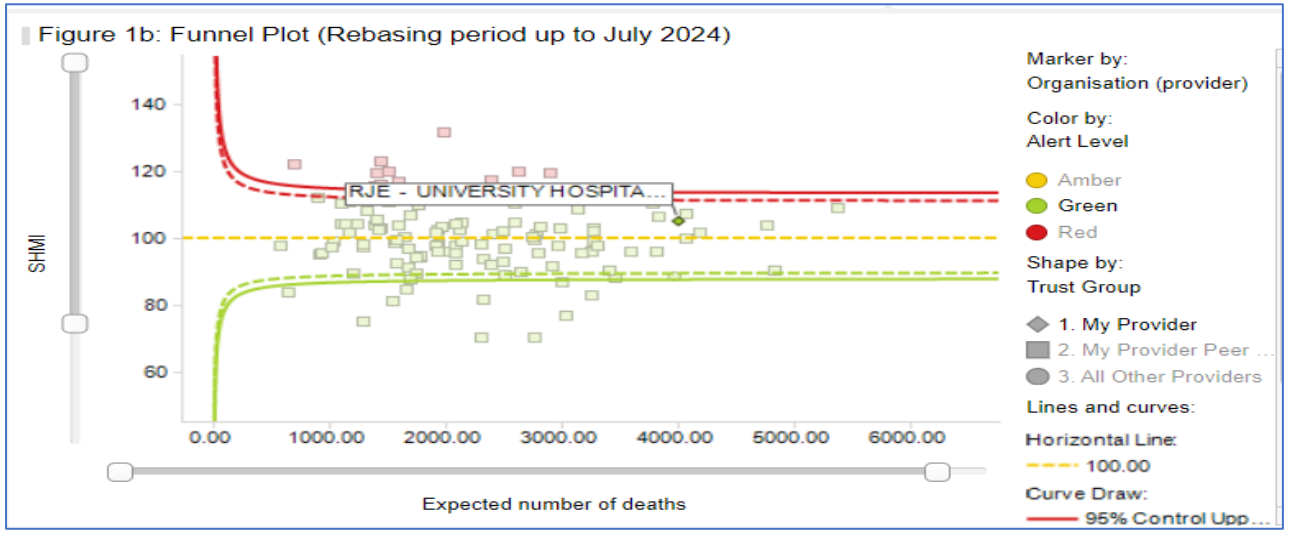

What is the data telling us?

UHNM HSMR is significantly higher than expected based on case mix and standardisation for current 12-month period (November 2023 – October 2024). The current 12-month HSMR is 110.05.

UHNM SHMI is within expected ranges at 105.09 for current 12-month period (October 2023 – September 2024) and reduced slightly from previous 12-month period with 105.49

A noted in previous QPR there was a reported rise in HSMR. We have not noted a similar increase in the Trust's crude mortality rate at same time as the HSMR increases and therefore it appears that the increase was due to HSMR changes or coding issues. The rolling 12-month crude rate has decreased comparing current 12-month period (2.34%) with previous 12-month period (2.44%)

What are we doing about it?

- HED review and analysis identified that increase likely due to clinical coding with increases in the number of episodes coded under R69 code(Unknown and unspecified causes of mortality)
- Have not seen changes in outcomes of the completed mortality reviews / SJRs highlighting ant concerns in practice linked to the period of increased HSMR
- This increase in unknown/unspecified causes of mortality in HED coincided with Clinical Coding staff absences which resulted in increases of U codes (uncoded episodes). These U codes at UHNM are likely pulled into R69 code within HED system
- Clinical Coding have now recruited 4 new clinical coders and improvements in reducing the uncoded episodes are expected to be seen in coming months.
- The use of reduced documentation sources is in place for the coding of Emergency activity to streamline and expedite the coding process. An audit is scheduled for later in January 2025 to provide assurance of minimal impact to depth of coding
- Have requested update from clinical coding regarding any lookback/reconciliation work for previous months to recode the uncoded episodes.
- Remains under review and have shared update with QGC and ICB.

High Quality | [Sepsis – Adult Inpatient]

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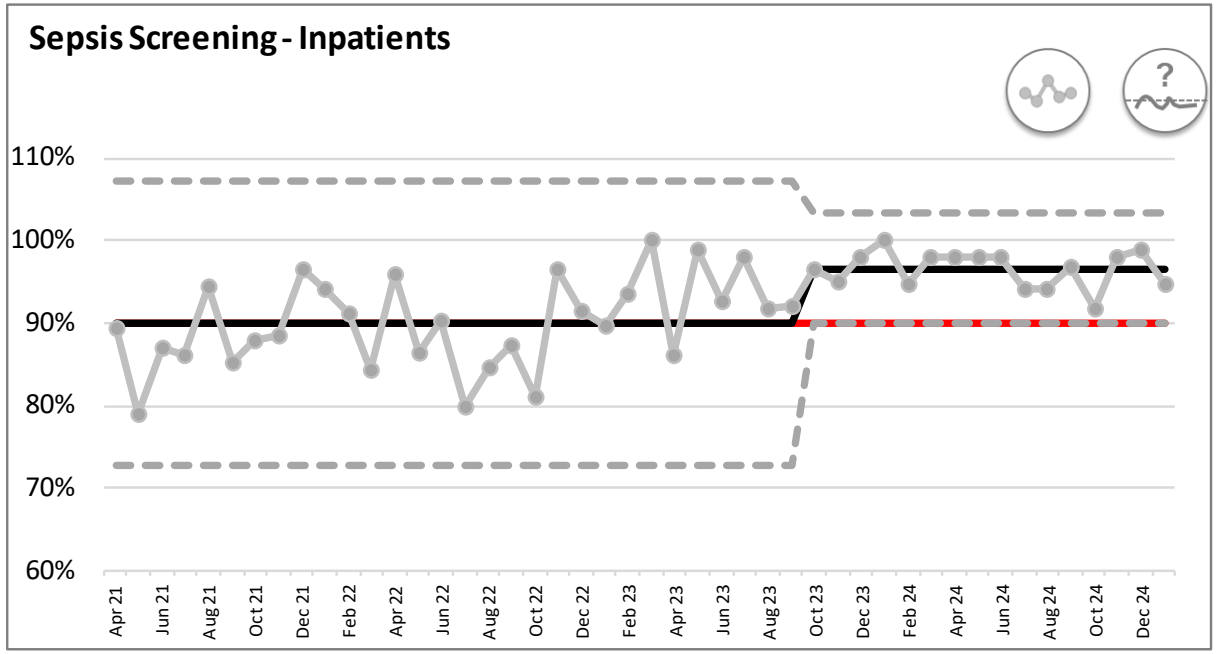

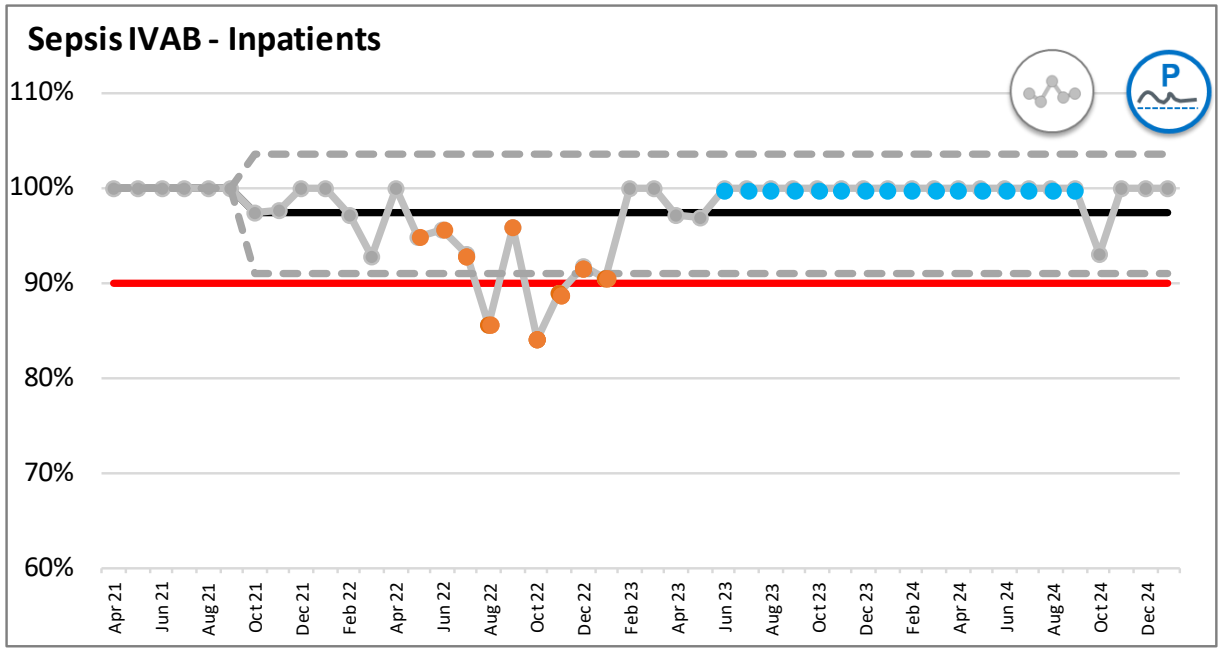

What is the data telling us?

Inpatient areas achieved the screening and IVAB within the 1-hour target for January 2025

There were 114 cases audited with 6 missed screening. Out of 114 cases audited 78 were identified as red flag sepsis with 43 having alternative diagnosis. 35 patients were already on IVAB treatment.

All true red flag sepsis patients received IVAB within 1 hour

What are we doing about it?

Band 3 sepsis training delivered during January..

The sepsis team continue to raise awareness of the importance of sepsis screening and IVAB compliance by being involved in HCA induction and qualified nurse's preceptorship programmes

High Quality | [Sepsis – Emergency Portals]

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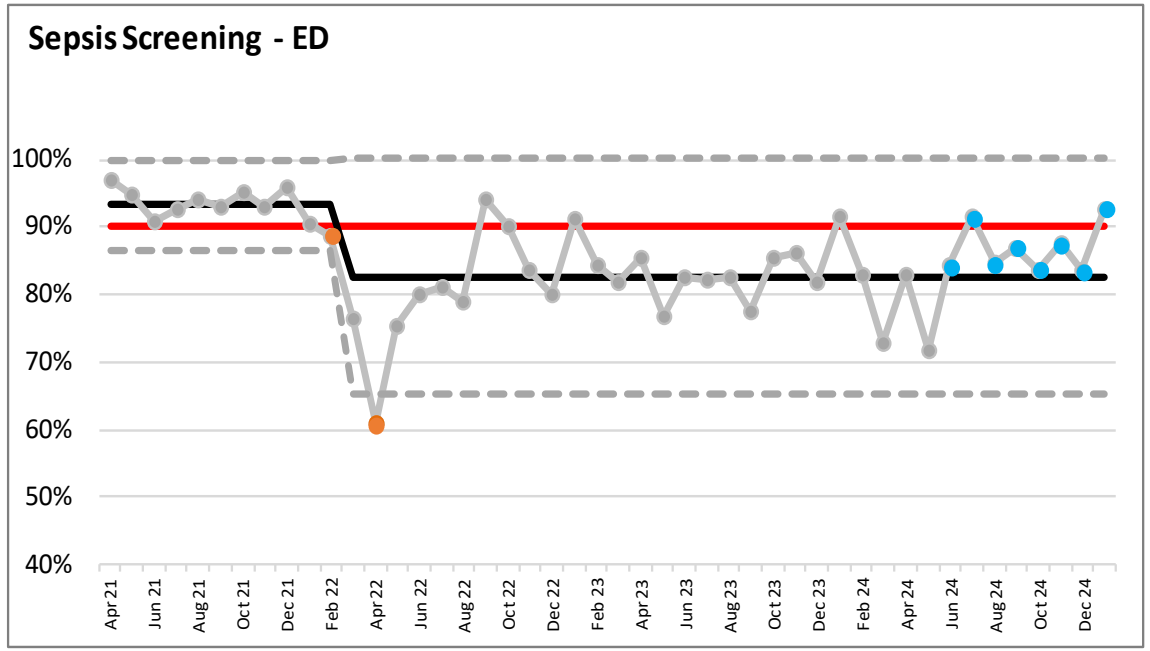

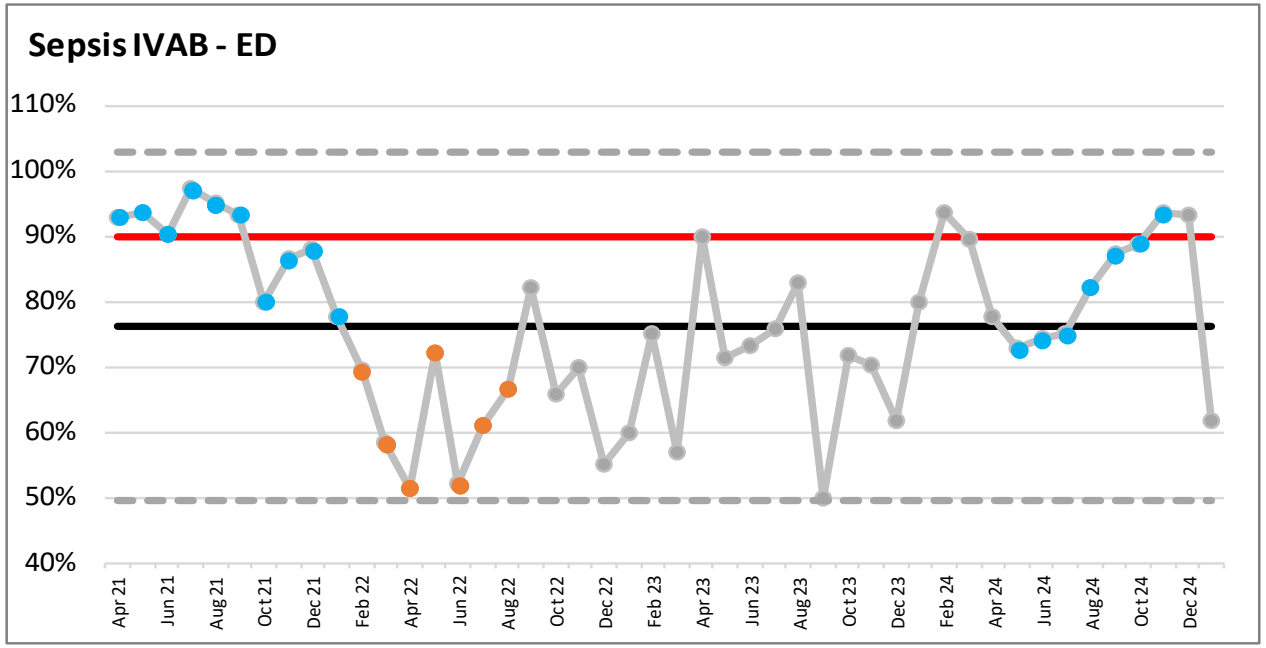

What is the data telling us?

Adult Emergency portals screening has failed to meet the target most months since February 2022. Contributed to ED and AMU at County and FEAU. 82 cases were audited in January and 6 had not been screened.

IVAB within 1 Hr has been significantly better since January 2024 and has recorded 7 consecutive months . However, in January we have seen a decline to 77.4%.

Out of 82 cases there were 64 red flag sepsis in which 15 patients were already on IVAB. 43 patients had an alternative diagnosis leaving 16 newly identified sepsis 7 patients received IVAB outside the target 1 hour window and 2 received IVAB greater than 2 hours.

What are we doing about it?

- The sepsis team continue by closely monitor compliance by visiting and auditing ED regularly.
- Regular meetings with ED senior team with robust actions in place.
- Face to face sepsis induction / training for new nursing staff, nursing assistant and medical staff continue.
- Introduced Deteriorating Patient Vocera devices and assigned clinician role (Tier 3) in resus to review patients and make timely decisions re: sepsis or other significant condition. Reviewing usage following introduction and outcomes are awaited.

High Quality | [Sepsis – Children]

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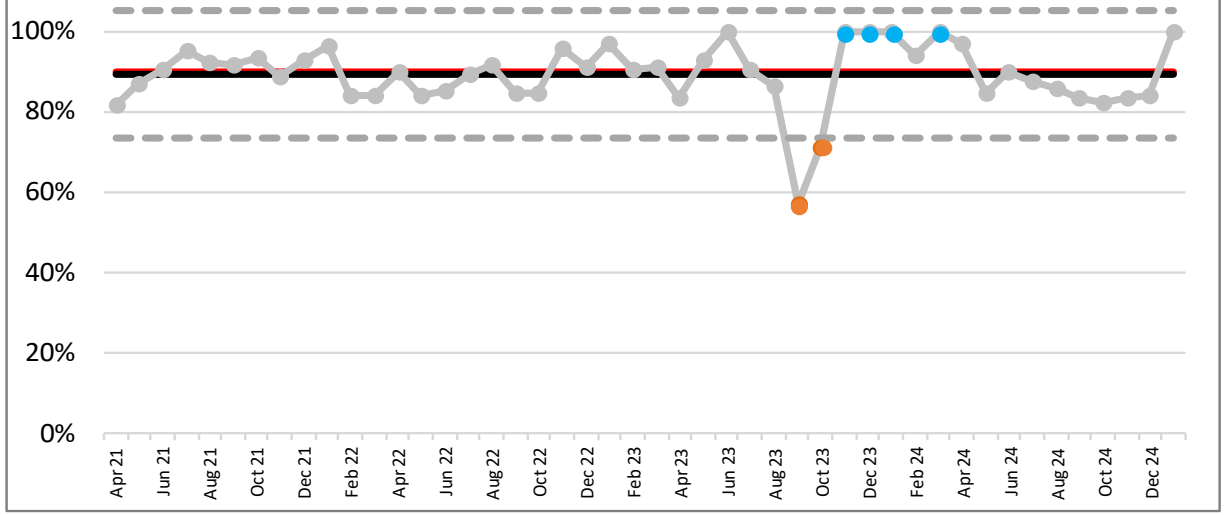
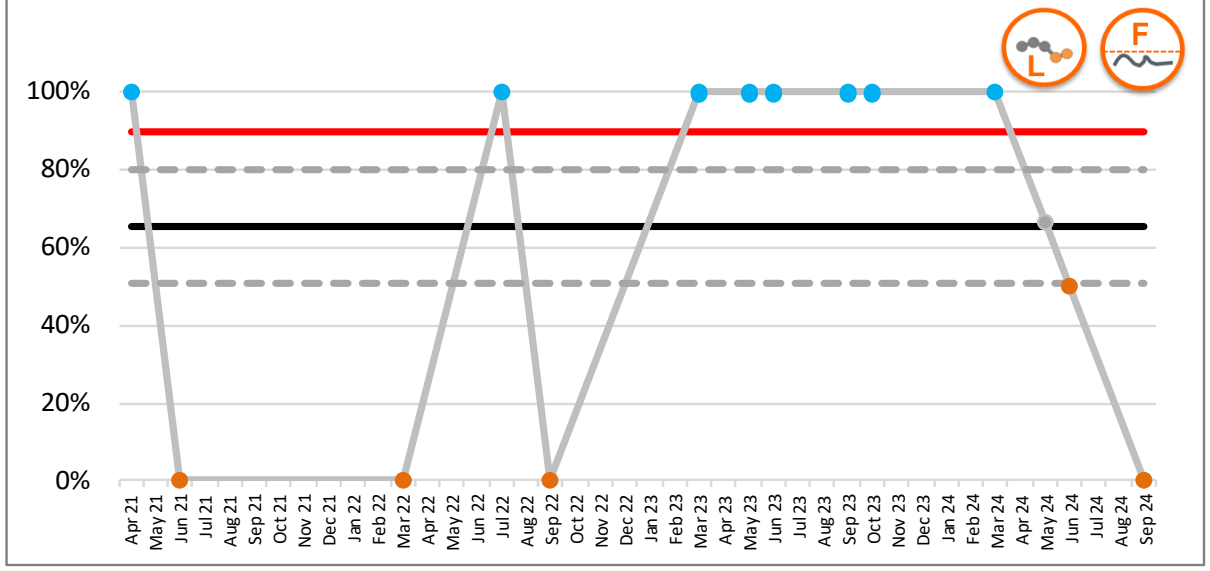
Sepsis Screening - Childrens



Sepsis IVAB - Childrens



What is the data telling us?

We continue to see only a small number of children trigger with PEWS >5 and above inpatient areas. Most inpatient paediatrics are already on oral or IV antibiotics prior to trigger of PEWS >5

There were 12 cases audited for emergency portals with no missed screening.
No true red flag sepsis was identified from the randomised audits in the emergency portals or inpatients.

What are we doing about it?

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.

The children department has now implemented the national PEWS chart and sepsis screening tool guidelines.

High Quality | [Sepsis – Maternity]

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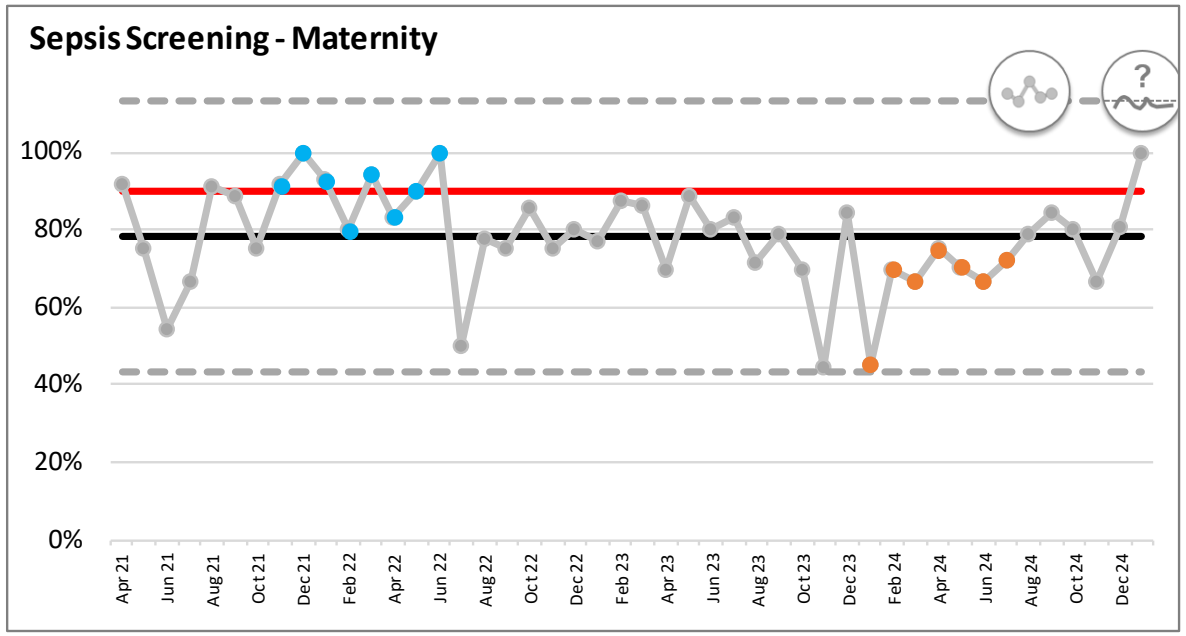

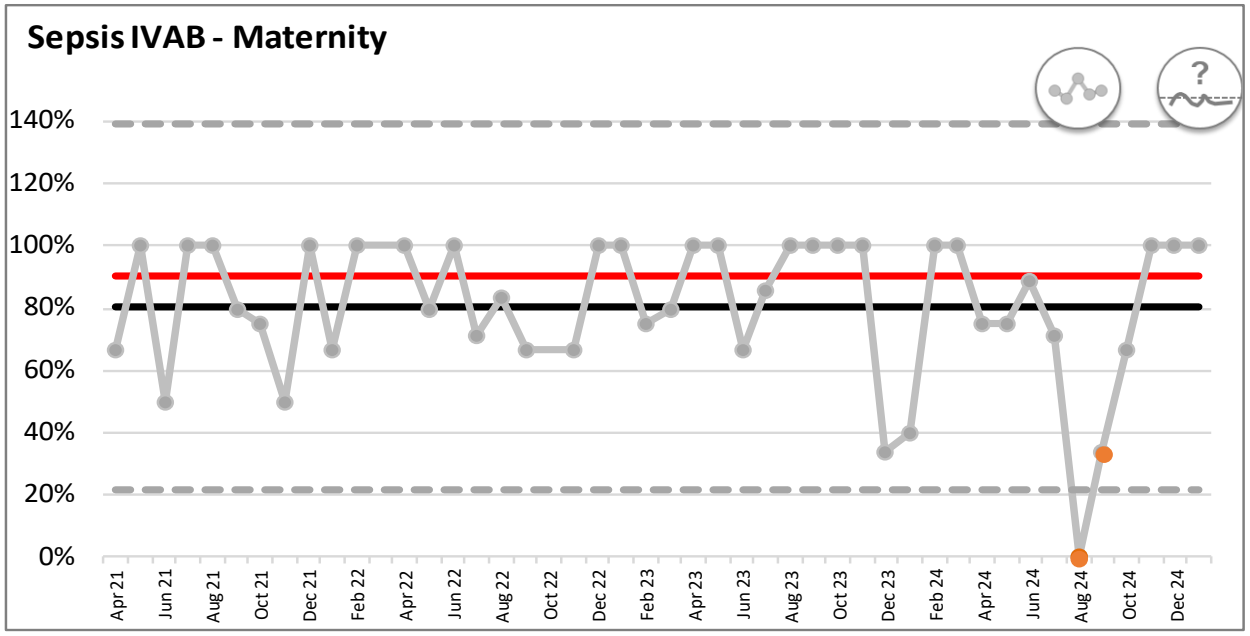

What is the data telling us?

Maternity audits in screening compliance remains below target for this month for emergency portals. Inpatient areas are also well below target for screening. The compliance was below target for IVAB within 1 hour for both impatient and emergency portals. IVAB compliance is based on a very small number of cases.

There were 5 cases audited from emergency portal MAU with no missed screenings

What are we doing about it?

Monthly maternity skills drill is now replaced with ad hoc sepsis sessions in each clinical area.

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.

High Quality | [Clinical Effectiveness]

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Clinical Effectiveness Indicators & Metrics are still under development as part of the Clinical Effectiveness A3 project. These metrics will monitor processes supporting the clinical effectiveness agenda and patient outcomes

- A3 project group currently piloting the Divisional Clinical Effectiveness Meetings.
- Collaborative work underway with the PMO to establish current SPA allocation for CE. Questionnaire has been distributed all Consultants and SAS Drs - 52 responses received to date.
- Divisional Clinical Audit programmes to be developed in 2025 to provide assurance against external and internal guidance - Clinical Effectiveness Team to work with Clinical Teams to ascertain clinical effectiveness priorities for inclusion.
- 5 pieces of NICE guidance published during January 2025.
- 24 pieces of NICE guidance outstanding for more than 12 months. Plans in place to work with the Specialties to complete the gap analysis.
- 0 External Inspection undertaken during January 2025. Action plan have been signed off and are currently being implemented.
- 4 GIRFT action plans currently being implemented – Trauma & Orthopaedics, Head & Neck, General Surgery and Paediatric Surgery/PICU
- 4 National Audits published during January 2025 – Fracture Liaison Service Database, Oesophago-gastric Cancer, Prostate Cancer and Bowel Cancer

What are we doing about it?

Metrics and Indicators are under development / agreement as part of the A3 Quality Improvement Project.

Divisional & Directorate scorecards are being developed

Highlight Report

Performance and Finance Committee | 28th January 2025

Matters of Concern / Key Risks to Escalate

- The **Executive Infrastructure Group** highlighted two particular risks in relation to the medical devices backlog and mammography equipment in imaging; mitigating actions were highlighted to the Committee, and in relation to medical devices the main limiting factor was funding
- The Committee received the updated **Board Assurance Framework** (BAF) for Quarter 3 noting an increase in risk score for BAF 4 Delivering Responsive Patient Care from Extreme 15 to Extreme 20. In terms of BAF 8 Financial Sustainability this remained at a score of Extreme 16 and as such it was not expected that the target score would be achieved in Quarter 4. The Committee noted the expectation that the risk score could further increase, once the planning guidance and allocations and been confirmed
- A **partial assurance** rating was provided for the **Month 9 Performance Report**, and particular urgent and emergency care actions were highlighted to the Committee which included receipt of external assurance from the National UEC Lead. The actions to be taken as a result of this were to be considered further by the Trust Board in February. It was noted that some outpatient and inpatient activities had bee stood down due to winter pressures although cancer, urgent and emergency work had been maintained. The proactive actions being taken in relation to frailty were considered in addition to the use of the high risk discharge tool
- The **Cost Improvement Programme** (CIP) update provided a **partial assurance** rating based on the position for the year and the outlook ahead; whereby the Trust was £12 m off plan and had transacted £28.7 m. The reliance on non-recurrent schemes was highlighted as a challenge for 2025/26 in addition to the impact of capped Elective Recovery Fund (ERF) monies, as the full year recurrent impact of this was not yet known
- A verbal presentation was provided by the Recovery Director in relation to the **Intervention and Investigation** core areas of work such as tough choices, continuing care, workforce and productivity. Issues in respect of the pace of change were highlighted and areas of underperformance. Overall, the system recovery plan forecast deficit was £39.3 m compared to the initial forecast of £57.5 m
- The **month 9 financial position** provided **partial assurance**, highlighting an £18.3 m deficit year to date, due in part to the ERF shortfall, winter pressures and growth in non-pay. The Trust was expected to achieve the £23.1 m forecast deficit although the risk in relation to cash flow for 2025/26 was noted by the Committee which may require national intervention. It was noted that the capital programme was behind plan, but any slippage had been used for mitigating additional areas of risk on the capital programme such as medical devices.
- The **financial outlook** demonstrated **partial assurance,** and the Committee considered the associated planning and budget setting process. It was recognised that further consideration of the 2025/26 plan needed to be undertaken by the Trust Board to ensure this was realistic, deliverable and addressed the underlying deficit

Major Actions Commissioned / Work Underway

- To refresh the **BAF** for 2025/26 to ensure key risks were identified as opposed to issues, in addition to considering how the impact of identified actions could be tracked
- To provide detailed analysis of the underlying **workforce profile**, including distribution in different areas and comparison to plan
- To further consider the financial plan for 2025/26 at the Board Seminar in March 2025

Positive Assurances to Provide

- In terms of **planned care** performance, the Trust had held its position and continued to reduce long waits, despite recent pressures. The main impact was noted to be on orthopaedics although mitigating actions were being taken which included mutual aid with Robert Jones and Agnes Hunt

Decisions Made

- The Committee approved **Business Case BC-0588 North Staffordshire Bowel Cancer Screening Programme (NSBCSP) Age Extension for Year 5**
- The Committee approved the **budget setting policy** for the Trust
- The Committee approved the following **Request for Executive Approval** (eREAF): Supply of X-ray Contrast Media (e-REAF 14670), Non-Emergency and High Dependency Patient Transport Service UHNM (e-REAF 15479), SCCL Trust-wide Annual Expenditure including High-Cost Tariff-Excluded Devices (e-REAF 15319), SCCL Trust wide Annual Expenditure including High-Cost Tariff-Excluded Devices 25/26 (e-REAF 15321), additional funds for Y12 of NMCPS Blood Sciences Managed Service Contract (e-REAF 15327), Histopathology Outsourcing of Laboratory Specimens and Reporting (e-REAF 15370), Extension of City Sprint Courier Services for the collection of Pathology samples (e-REAF 15294), Provision of Pathology Courier Contract for the Collection of Pathology Samples (e-REAF 15424), National Blood Services Contract (e-REAF 15506), County Medical Records Building - Sale of Long Leasehold Interest and of Long Leasehold of adjoining Car Park (e-REAF 15402), CH/1710/CAP - County Breast Care Unit - PSCP Appointment Extension (e-REAF 15583), Neurological Microscope - Carl Zeiss Limited (e-REAF 15594) and Replacement Theatres Stackers – Storz (e-REAF 15610)

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• No further comments made	• Audit Committee to receive the refreshed Performance and Accountability Framework once available • The size of the underlying staffing position versus expectation to be considered at People, Culture and Inclusion Committee

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance	
1.	Executive Infrastructure Group Highlight Report (14-01-25)	6	High 12		Information
2.	Board Assurance Framework Q3 24/25	ALL		Not Applicable	Assurance
3.	BC-0588 North Staffordshire Bowel Cancer Screening Programme (NSBCSP) Age Extension Year 4 (50 & 52 Year Olds)	4	ID26523	Not Applicable	Approval
4.	Performance Report – Month 9 2024/25	4	Ext 20	Partial	Assurance
5.	Finance Report – Month 9 2024/25	7, 8	High 12 / Ext 16	Partial	Assurance
6.	Financial Outlook 2025/26 -Budget Setting Framework 2025/26	8	Ext 16	Partial	Assurance Approval
7.	Cost Improvement Programme (CIP) Report	7, 8	High 12 / Ext 16	Partial	Assurance
8.	Investigation and Intervention (I&I) – Verbal Update			Not Applicable	Information
9.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure			Not Applicable	Approval
10.	Annual Audit into Overseas Visitors Policy Compliance			Significant	Information

Highlight Report

Performance and Finance Committee | 3rd March 2025 & 5th March 2025 (EPR Business Case)

Matters of Concern / Key Risks to Escalate

For information:

- Draft **annual planning** submission made, with the main risks relating to ERF funding, the cost improvement programme, lack of investment available to deliver the national performance targets and the non-compliant financial position (whilst recognising that a breakeven position had to be provided within the submission made on 26 February 2025)

Major Actions Commissioned / Work Underway

- Chief Finance Officer to obtain further assurance of **e-REAF** 15636 Link Bus Service between RSUH and County Hospital prior to it being approved
- To undertake benchmarking of **delegated approval limits** at other comparable Trusts
- Final submission of **annual plan** to be made by end of March 2025
- To update the EPR Business Case to clarify the procurement route which the Trust was mandated to use, in addition to clarifying the rationale for determining the weightings

Positive Assurances to Provide

- The Committee received a progress update on the development of the business case for **district heat and power** which was to be considered by the Trust Board in due course
- An update in relation to the **Urgent and Emergency Care Improvement Plan** was provided which highlighted ongoing work to simplify and streamline pathways, following advice from national colleagues. A visit to Addenbrookes had also taken place which demonstrated the benefit of having simplified systems, in addition to a trust-wide EPR. It was noted that progress against the plan would be reported within the Integrated Performance Report

Decisions Made

- The Committee approved BC-0591 **Digital Services Managed Print Lease Contract**
- The Committee approved **e-REAFs** 14773 - Renal Services provided at Leighton Hospital for UHNM, 15451 Franking Machine Postage Charges, 15483 Salary Sacrifice Vehicle Leasing - Additional Funds, 15510 Services of Junior Doctors via Health Education England Contract with Mersey & West Lancashire NHS Trust, 15534 Annual Medisec Support and Maintenance, 15636 Link Bus Service between RSUH and County Hospital, 15689 Rowlands - Outpatient Service for Royal Stoke Hospital - Drug Costs, 15704 Internal Audit and Counter Fraud Service, 15705 SCC DS Managed Print Solutions Contract, 15729 Energy Management Procurement Services, 15867 National Blood Services Contract and 15615 Rubrik Expansion and Enterprise
- The Committee approved the **Urgent and Emergency Care Improvement Plan**
- The Committee agreed to proceed with procurement for the **Electronic Patient Record business case** but the procurement should not specify enterprise class or 'best of breed' as to not limit the market and score the responses to the specification of requirements. It was recognised that the cost of the System C extension had been included in the business case as contingency in case of delays in go live and the need for the specification of requirements to robustly test the implementation timescales.

Comments on the Effectiveness of the Meeting

- Members welcomed the opportunity to hold deep dives into the annual plan and Urgent and Emergency Care plan

Cross Committee Considerations

- Quality Governance Committee to consider the quality impact of reducing elective activity
- People, Culture and Inclusion Committee to consider the workforce plan and trajectory
- A paper on the coding backlog and impact this was having on SHMI/HSMR was to be brought to a future meeting, as noted by Quality Governance Committee

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance	
1.	BC-0591 Digital Services Managed Print Lease Contract	5	ID9036 ID35278	Not Applicable	Approval
2.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure	-		Not Applicable	Approval
3.	Annual Planning	4, 7, 8	Various	Not Applicable	Discussion
4.	District Heat and Power (DH&P): Update Paper	6	High 12	Acceptable Assurance	Information

No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance	
5.	UEC Improvement Plan	4	Ext 20	Not Applicable	Approval
6.	Finance Report – Month 10 2024/25	7/8	High 12 Ext 16	Partial Assurance	Information
7.	CIP Report	7/8	High 12 Ext 16	Partial Assurance	Information
8.	Performance Report – Month 10 2024/25	4	Ext 20	Not Assessed	Information

Since 14th October to 14th November 2024, 2 contract awards over £1.5 m were made, as follows:

- **Reporting of the Targeted Lung Health Check,** supplied by Heart and Lung Health, for the period 01.04.25 – 31.03.28, at a total cost of £3,078,300.00, providing savings of £41044.00, approved on 7th November 2024
- **Arthroscopy & Sports Medicine,** supplied by Arthrex Ltd, for the period 01.10.24 – 30.09.28, at a total cost of £1,829,866.61, providing savings of £92,522.31, approved on 7th November 2024

Since 14th November to 14th December 2024, 4 contract awards over £1.5 m were made, as follows:

- **Outpatient Service for Royal Stoke Hospital - Drug Costs,** supplied by Rowlands Pharmacy, for the period 01.04.22 – 21.03.25, at a total cost of £42,000,000, approved on 4th December 2024
- **Stoke Community Diagnostic Centre CDC,** supplied by IHP Vinci Construction, Capital Bid 7027, at a total cost of £22,377,044, approved on 4th December 2024
- **Breast Care Unit at County Hospital,** supplied by IHP Vinci Construction, Capital Bid 7026, at a total cost of £1,951,819, approved on 4th December 2024
- **Subcontract for Endoscopy Diagnostics Services,** supplied by 18 Week Support Ltd, for the period 01.05.23 – 30.06.24, at a total cost of £3,162,867, providing savings of £126,514, approved on 4th December 2024

Since 14th December 2024 to 14th January 2025, 3 contract awards over £1.5 m were made, as follows:

- **Extension of the NMCPS Pathology Managed Service Contract,** supplied by Siemens Healthcare Diagnostics, for the period 01.10.24 – 30.09.26, at a total cost of £15,190,515, providing savings of £663,013, approved on 10th January 2025
- **Hardware Refresh 3 Year Lease Plan,** supplied by SCC, for the period 13.01.25 – 31.12.27, at a total cost of £3,175,904, providing savings of £1,249,516, approved on 10th January 2025
- **Hardware Refresh Plan 24/25 Direct Capital Purchase,** supplied by SCC, Capital Bid 7215, at a total cost of £2,043,588, providing savings of £369,898, approved on 10th January 2025

Since 14th January 2025 to 14th February 2025, 6 contract awards over £1.5 m were made, as follows:

- **CH/1710/CAP - County Breast Care Unit - PSCP Appointment Extension,** supplied by IHP Vinci Construction, Capital Bid 7026, at a total cost of £8,161,385, approved on 5th February 2025
- **Extension of Non-Emergency & High Dependency Patient Transport Service Contract,** supplied by EMED Group Ltd, for the period 01.06.25 – 30.05.26, at a total cost of £2,656,783, providing savings of £105,021, approved on 5th February 2025
- **Provision of Pathology Courier Contract for the Collection of Pathology Samples,** supplied by City Sprint, for the period 01.04.25 – 31.03.28, at a total cost of £2,354,105, providing savings of £25,292, approved on 5th February 2025
- **SCCL Trust wide Annual Expenditure including HCTED 25/26,** supplied by SCC, for the period 01.04.25 – 31.03.26, at a total cost of £95,412,605, providing savings of £1,150,000, approved on 5th February 2025
- **SCCL Trust-wide Annual Expenditure including HCTED- Increase to value of REAF 13003,** supplied by SCC, for the period 01.04.25 – 31.03.26, at a total cost of £35,903,364, providing savings of £1,913,000, approved on 5th February 2025
- **Supply of X-ray Contrast Media,** supplied by Siemens Healthcare Diagnostics, for the period 01.09.24 – 31.08,25, at a total cost of £1,817,337, approved on 5th February 2025

University Hospitals of North Midlands NHS Trust

Integrated Performance Report (IPR)

Month 10 Performance 2024/2025

Delivering Exceptional Care with Exceptional People

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

Explaining Each Domain:

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

RAG Rating Key:

	Good level of assurance for the domain
	Reasonable Assurance with an action plan to move into Good
	Limited or No Assurance for the domain with an action plan to move into Good

This report uses Statistical Process Control (SPC) methods to draw two main observations of performance data and the below key, and icons are used to describe what the data is telling us.

Variation	Are we seeing significant improvement, significant decline or no significant change?
Assurance	How assured of consistently meeting the target can we be?

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

Assurance Grid

Failing

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

?	P	F
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

	H L	H L
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

VARIATION \ ASSURANCE	Pass	Hit and Miss	Fail	No Target
Special Cause - Improvement	Turnover Rate	Sepsis - ED Portals IVAB Agency Utilisation Cancer 28 Day FDS UEC Cat Handover Average Time Daycase / Elective Activity Data Security Breaches	Vacancy Rate RTT No. of Patients Waiting >52 Weeks RTT No. of Patients Waiting >65 Weeks RTT No. of Patients Waiting >104 Weeks RTT No. of Patients Waiting >78 Weeks Appraisal Rate	Increase Clinical Academic Posts/Honorary Contracts Increase Research Active Employees
Common Cause	Maternity Triage Sepsis - Adult Inpatient IVAB	Induction of Labour Patient Safety Incidents rate per 1000 bed days Patient Safety Incidents with moderate harm and above per 1000 bed days Patient falls with harm per 1000 bed days Medication Incidents per 1000 bed days Medication Incidents % with moderate harm or above Patient Safety Incident Investigation (PSII's) instigated Never Events per month Pressure ulcers developed under UHNM per 1000 bed days Family & Friends Test - Inpatient Sepsis - Adult Inpatient Screening Sepsis - ED Portals Screening Sepsis - Childrens Screening Sepsis - Maternity Screening Increase Clinical Trial Participation Outpatients' 1st Outpatients' Follow Up Subject Access Request Performance	Family & Friends Test - ED Single Sex Breaches Employee Engagement Sickness Absence (In Month) Cancer 31 Day Combined Cancer 62 Day Combined UEC 4 Hour Performance Treating patients in a timely manner (Hospital Combined Performance Score) Freedom of Information Performance	Alcohol Dependency Tobacco Dependency (Inpatients) Tobacco Dependency (Maternity)
Special Cause - Concern	Non-Elective Activity	Family & Friends Test - Maternity	Diagnostics DM01 Performance UEC 12 Hour Trolley Wait	

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

How are we doing against our trajectories and expected standards?

Non-Elective

The 4-hr performance standard is 76% climbing to 78% in March 2026. Validated Performance is 66.4% for January which has increased since last month by 3.6%, noting figures similar to those in October 24.
The submitted improvement trajectory against the 4hr standard set for January was slightly under target by 0.2% (66.6% vs 66.4%) and is 9.4% lower than the national target of 76% until February 2025.

The data provided by West Midlands Ambulance Service (WMAS) is provided a month in arrears. Average handover time from arrival in January demonstrated a marginal improvement – 1hr 46mins verses a handover time of 1hr 58mins in December(validated position). On November 11th, 2024. The Trust moved to a 45min handover delay threshold in partnership with WMAS. This has been difficult to consistently achieve, and the longest delays are experience out of hours due to insufficient capacity being available. The percentage compliance against the 45min target for January was 56.81%.

To note that due to extremis, January saw 3 declarations of Critical Incidents due to an inability to respond to the urgent care demands through increased attendances, sub-optimal flow due to a reduced discharge profile by all Divisions. The Medicine Division was impacted significantly by IP restrictions and a loss of heating affecting the West Building. This was compounded by Critical Care being at maximum capacity with difficulty stepping down patients.

Elective

The Trust was de-escalated into Tier 2 for Planned Care, Cancer and Diagnostics in November. Our planned care teams are working closely with regional colleagues to maintain and improve our tiering position.

Recent operational pressures and periods of critical incident have resulted in the need to pause some of our elective care work to ensure we had the resources available to maintain patient safety, reduce our time for ambulance handover and the time patients were waiting in our ED for a bed. Whilst some patients have experienced a delay to undergoing their surgery our clinical and operational teams have worked to ensure that patients with the greatest clinical need were not impacted. This pause will have an adverse impact on our performance in reducing the number of patients waiting longest for treatment as we go through February, we have not paused surgeries in Children and Young People, urgent surgeries and cancer has for the most part been protected.

The combined faster diagnosis standard performance has demonstrated a special cause improvement over the past year. Our performance in January, although unvalidated currently is 73.6% which was short of the national standard of 75% maintaining performance against Decembers 73.6%. Early data for February suggests we will slightly increase performance against January's position. The 31-day combined cancer treatment standard achieved 93.5% in December, a slight improvement against November. The combined 62-day performance is currently unvalidated at 57.8%, with a prediction to achieve 60%, recovering from the decline seen in October and December.

January DM01 data is unvalidated at time of writing this report however current performance was at 63.1%. Non-Obstetric Ultrasound is now the majority contributor for overall DM01 performance variance.

The volume of patients waiting 65 weeks increased to 185 in January. The rate of reduction of patients waiting over 65 week has slowed from late November through December and January due to pressures within urgent and emergency care (UEC) pathways.

There has been a significant reduction in the number of patients waiting over 52 weeks through December to January, this reduction was driven by a targeted validation exercise undertaken largely by the Trust Patient Access Team. The largest reductions have been seen in Respiratory & Gastroenterology. 12% of patients that will breach 52w at end of March currently have yet to have their first contact; (OP or diagnostic test), against the 100% end of December standard set by NHSE

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

Overview from the Chief Operating Officer

What is driving this?

Non-Elective

4-hour performance is out with the trajectory and with deterioration both at Royal Stoke and County Hospital.

We remain within our expected trajectory for Emergency Department attendances Type 1 and Type 3- activity out turned at 23,101 in January verses 23,858 in December attendances which equates to a 1.17% decrease. Flow for our patients in our Emergency Departments requiring inpatient treatment has also deteriorated and is still below the daily requirement to hit the end of year standard. Both admitted and non-admitted pathways remain problematic in core hours and out of hours due to a continues cycle of 'doing yesterday's work today', this is demonstrated by the number of patients held in ED with a decision to admit daily.

The number of patients waiting an aggregated time of arrival greater than 12 hours decreased by 222 patients. An overall decrease of c8.27% The availability of medical inpatient beds, timeliness of accessing and a high side room demand has continued to be the primary issue. Capacity issue have also bee noted within the Division of Surgery and Networks. The expectation and standard associated with Clinically Ready to Proceed is within 60 minutes of final intervention by the emergency department and is set at 95%. The compliance data for January suggests only 37.78% against this standard.

Both the capacity of Emergency Departments (overcrowding) and the profile of ambulance arrivals (variation can be up to 22 ambulances/hours) has impacted on the ability to offload in a timely manner. There are improvement opportunities identified where handover reporting, and release process can reduce the amount of time patients wait to be handed over and ambulance crews wait in our departments. The capacity for spaces in portals and in the deeper bad base is also seeing a significant number of patients being held in ED with a decision to admit.

January continued to experience high side room demand and a loss of bed capacity due to IP restrictions. Influenza A was the largest cause of this. A resurgence of Norovirus compounded the impact of bed restrictions. To note, this has been acknowledged as the most extreme loss of beds due to IP restrictions. Adherence to IP support and guidance has been maintained throughout this period.

Elective

The improvements in cancer performance when compared to last year, has been achieved due to an increase in capacity using West Midlands Cancer Alliance funding to support faster turnaround times in diagnostics, particularly in Endoscopy and Radiology along with a focus on lower performing pathways (Gynae, Colorectal and Urology) with associated improvement plans now in place.

The reduction in patients waiting >65weeks to be treated has been possible due to an increase in capacity funded through ERF, NHSE and Cancer Alliance bids, OP, IP/DC and diagnostic capacity. The current slow down in treating our longest waiting patients has been driven by the increased pressure on our beds coming from our UEC pathways.

The endoscopy surveillance and planned backlog has been cleared in line with NHSE ask. The endoscopy recurrent staffing business case has been approved. The mobile unit at County hospital is due to leave mid February.

Non obstetric ultrasound performance has Non obstetric ultrasound performance has made marginal improvement of 2% to 39.2%, and the backlog has maintained at 5,300 (>6 weeks). The transfer of 200 patients per week to the Cannock CDC, will help reduce backlogs further. Programme of work has now commenced with Siemens Health, and they have identified significant opportunities to reduce demand from the primary care sector by demonstrating alignment, referrers and PCNs whose referral volumes significantly exceed those of neighbouring referrers and PCNs. Siemens are proposing engagement with these referrers to determine the cause of high referral volumes.

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

Overview from the Chief Operating Officer

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

Non-Elective

We have requested the support of National experts to undertake a full diagnostic of our UEC pathway. This has taken place later December / January and a UEC Recovery Director will support the COO team in delivery of an aligned programme of work. An Emergency Department Senior Leader oversight and scrutiny team has been established to provide focused support to the teams.
There are a number of immediate actions which are currently being undertaken, and onward monitoring is in place with daily check and challenge.

At Hospital:

- Consistent application, & accountability monitoring of 5 key organisational policies (Rapid Handover/IPS/Ward Standard Work/YNP/Home Care is Best Care)
- Internal escalation process in place for all excessive ambulance waits
- Frailty ACP going into ambulances at RSUH to support early identification alternative pathways
- Scoping an additional senior medic based in Ambulance assessment to support RAT function 24/7
- Collating evidence / examples of inappropriate conveyances/attends to inform pre-hospital development
- Medical Director communications with consultant workforce in relation to risk assessed discharge.
- External support engaged –NHSE ED Pathway Mapping & Regional Care Pathway Audit during November and December

Pre-Hospital Actions:

Call before convey levels remain low at 2.1% of dispatches calling through to ICC but this is being addressed through the ICB. The ICC line is now available 24/7, with reasonable call numbers over night preventing conveyance.
NHS 111 ED SMS issue –NHSE supporting resolution / linking with Black Country.
Focus on Frailty. Boost CRIS resource to improve UCR capacity –Introduce a greater skill mix

Discharge Actions:

All additional community beds are now on line at Haywood and Cheadle hospitals with additional spot purchase taking place. Multi-disciplinary HIT teamworking through base wards to support both simple and complex discharge taking please 3 times a week whilst ward standards embedding.

Elective

Improvement plans in cancer with associated trajectories by tumour site to reduce the diagnosed and undiagnosed backlog of patient 62 days will continue to be monitored and developed. Delays due to histopathology (in line with other centres regionally) will need to be offset by further improvements in patients pathways. The Cancer Services Team have increased their validation of pathways from September which continues.

As our bed capacity continues to be challenged clinical colleagues in services heavily impacted by the pause in elective surgery are in conversation with other NHS providers exploring the possibility of use theatres and wards to continue to treat our longest waiting patients. We are also exploring using capacity within the independent sector, where clinically appropriate. The transfer of patients to the CDC at Cannock will start in January having been delayed to ensure that processes supporting transfer are safe and effective.

The digital and operational teams are working with external partners to develop a process to validate the majority of our c700,000 patients on our waiting lists. There has been an improved approach to RTT training with currently c71% of staff trained. Any member of staff not trained by the end of January will have their rights removed from Trust systems, up until the point that they are trained.

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

What can we expect in future reports?

Non-Elective

We expected our performance to continue under trajectory, with an overview of the UEC being included as an additional paper for this meeting following the review of the full diagnostic at Private Board. It is not expected that this will resolve our UEC performance quickly – this will need to be systematic and prioritised. We expected February to be challenged as we continue to feel the impact winter pressure and the predicted IPC issues to continue with Noro virus and flu B. We are also revisiting our original bed/capacity modelling assumptions based on an earlier than expected infectious decease profile which has impacted on bed restrictions and increase length of stay.

Going forward, improvements in 4-hour performance, 12 hour and ambulance handover delays will be tracked and monitored daily. We have seen the correlation between improvements in flow and these indicators.

The HRD Tool (High Risk Discharge Tool) was launched at Royals Stoke on 2nd December and will also feature in onward reporting.

Elective

Planning guidance for RTT and cancer shows a required increase of 5% by March 2026 for 18-week performance / 52-week performance / Time to 1st appointment and 62 days and 28 days performance. Modelling for which specialities will require support to achieve RTT and cancer has begun

For RTT/Planned Care we should expect to see an increase in the number of patients waiting longer than 65 weeks in January with a forecast of 185 patients breaching at month end and 185 at the end of February. The most significant risk to the recovery of elective performance is the additional seasonal UEC pressures associated with winter.

NOUS performance stabilised in December and January. However, whilst the overall number of patients awaiting a NOUS scan has reduced from 14,500 patients to 13,500 patients, the DM01 percentage has reduced to 33%. It is anticipated that the Cannock CDC activity will begin contributing to performance figures in February in addition to extra bank training lists via the Midland Training Academy (MITA) and additional registrar lists will further improve capacity. However, the budget for in-sourcing was fully spent end of January and the Directorate is finalising a paper with future options to consider.

With the increased focus on improving cancer pathways through improvement plans along with a sustained increase in validation, we would expect to see continued improvements in cancer performance.

The Elective Improvement Program, developed in 2022/23 has been refreshed and outstanding or ongoing actions are being delivered through the Data Quality Group

Responsive | Dashboard

Provide efficient and responsive services

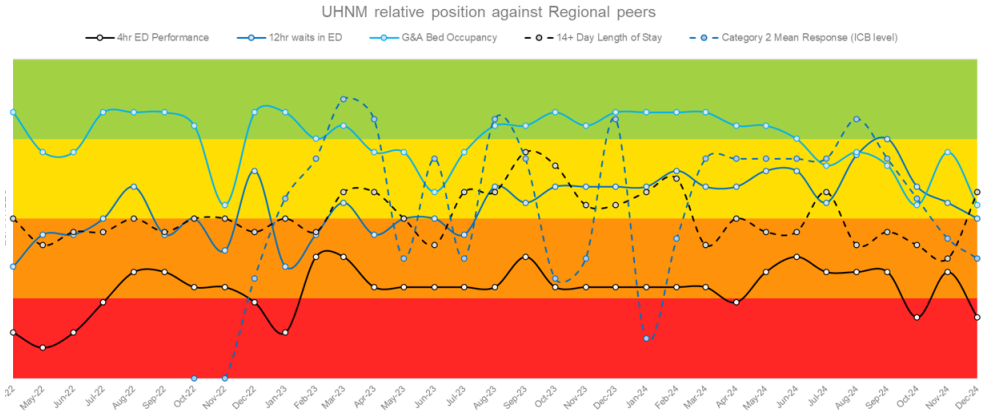
University Hospitals of North Midlands NHS Trust

Responsive

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
UEC 4 Hour Target	76%	62.8%	66.4%						
Over 12 hours in ED	0	2,775	2,553						
UEC Cat 2 Handover Average Time	00:18:00								
Cancer 28 Day FDS	75%	73.6%	73.2%						
Cancer 31 Day Combined	96%	93.5%	84.7%						
Cancer 62 Day Combined	85%	61.0%	55.2%						
Diagnostics DM01 Performance	99%	59.6%	60.9%						
RTT No. of Patients Waiting >52 Weeks	0	2,071	2,285						
RTT No. of Patients Waiting >65 Weeks	0	110	191						
RTT No. of Patients Waiting >78 Weeks	0	11	14						
RTT No. of Patients Waiting >104 Weeks	0	3	4						
Treating patients in a timely manner (Hospital Combined Performance Score)	7,000	4,050	4,123						

Relative position against Midlands Trusts

For 4hr ED Performance, 12hr waiting in ED, G&A Bed Occupancy, 14+ day Length of Stay and WMAS Category 2 Mean Response*



*Monthly Category 2 Mean Response is a comparison between the 11 ICBs served by WMAS & EMAS and is extrapolated from weekly data which is only available from October 2022

Related Strategy and Board Assurance Framework (BAF)

Quality Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 4: Delivering Responsive Patient Care	Ext 20	Partial	Ext 15	Partial	Ext 20	Partial		

Responsive | UEC 4 hour Target

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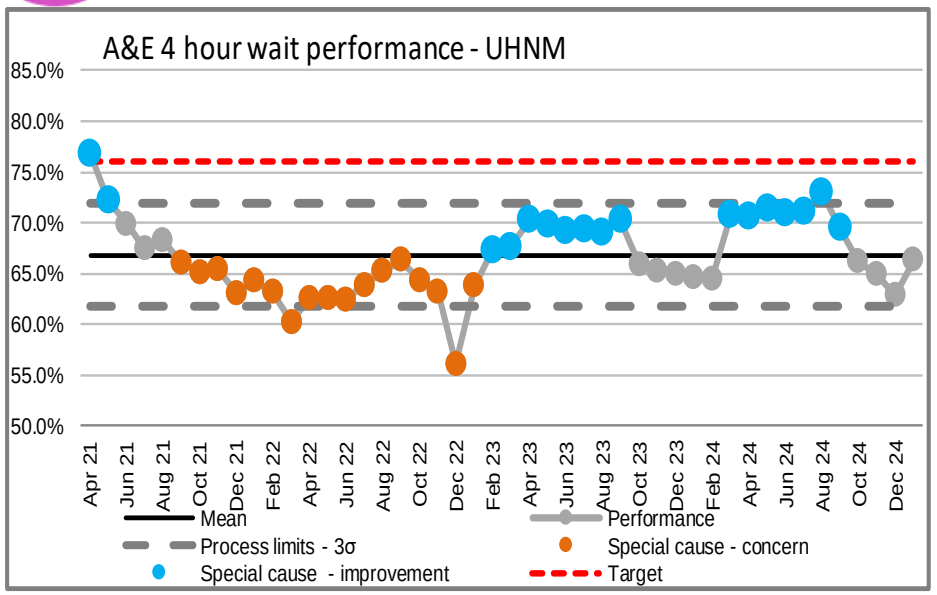
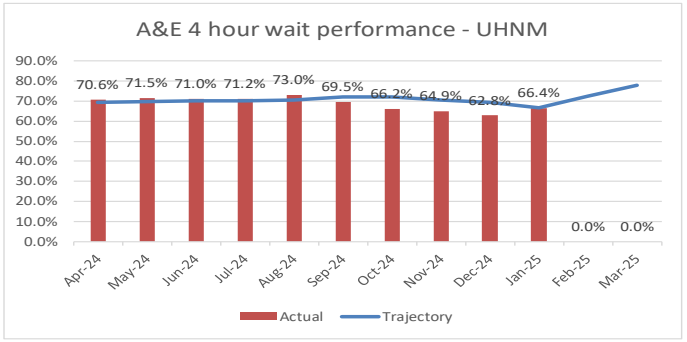


Variation	Assurance
	F

Target	Nov 24	Dec 24	Jan 25
76%	64.9%	62.8%	66.4%

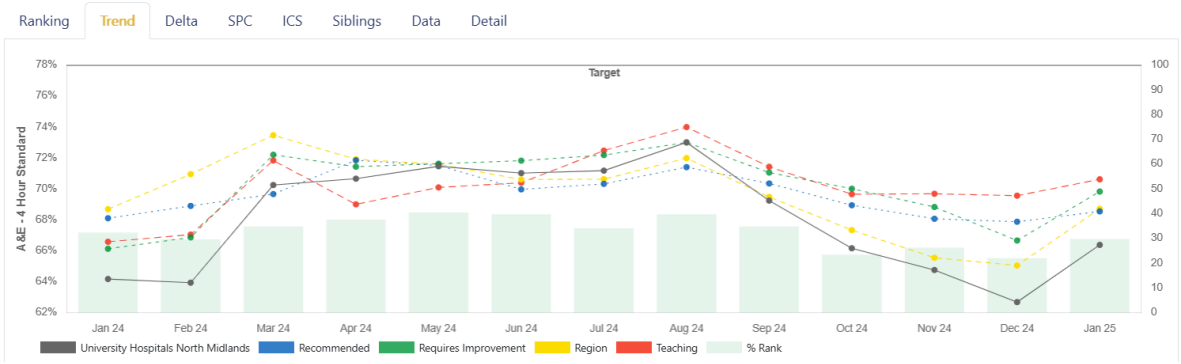
Background

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



A&E - 4 Hour Standard

Jan 25 Performance: 66.38% | Rank: 100th of 142



What is the data telling us?

Validated Performance is 66.4% for January which has increased since last month by 3.6%, noting figures similar to those in October 24.

The submitted improvement trajectory against the 4hr standard set for January was slightly under target by 0.2% (66.6% vs 66.4%) and is 9.4% lower than the national target of 76% until February 2025 and then 78% for March 2025 onward.

The teams ongoing work to improve this performance metric is evidenced in the increase from March – end August albeit it a steady reduction since September due to winter pressures, however January saw an increase in performance.

Type 1 4hr performance for Royal Stoke was 41% which is 4.4% higher than last month at 36.6%, however of note performance since March there has been an average of 42.78% compared to the preceding 6 months at 39.68%. The average has dipped since September however this still demonstrates an improvement of 3.1% during the 11 -month period.

Type 1 4hr performance for County was 60.4% which has increased considerably by 8.6% from last month's performance of 51.8%,

As a trust, there were zero days in January where we achieved greater than 78%, The highest recorded type 1 performance for January was 76.2% on 12th January.

We are ranked as 100th out of 142 trusts which a deterioration of 11 Ranking places since December.

What are we doing about it?

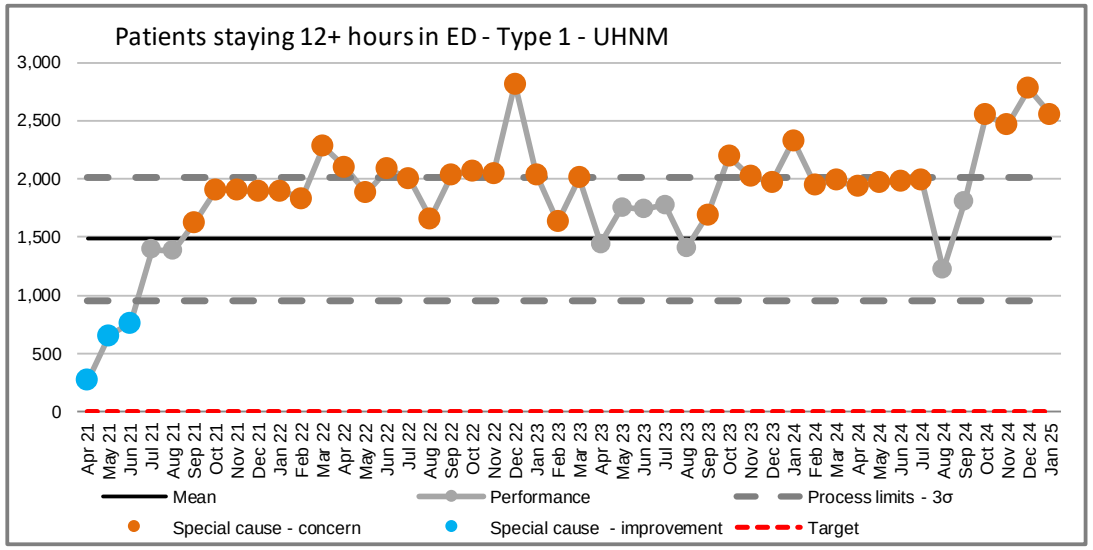
- Refresh of the UEC Improvement plan underway.
- Focus continues on streaming from ED to alternative pathways to support patient care.
- Review of escalation and triggers to support reduction in ambulance handover delays.
- CDU utilisation monitoring continues on both sites to ensure consistent processes.
- Referral pathways from ED to specialty areas are being reviewed with the clinical leads.
- Exploration to include further specialties in the electronic referral process.
- EhPC utilisation continues to be monitored and maximised where appropriate.
- High Risk of Delayed Transfer of Care prediction tool trial commenced on 2nd December to support deflections from the ED and work continues with teams to refine the process.
- SDEC: A review of all portals is underway as part of the UEC improvement plan.
- Formal review of 'Hospital Full' Policy which once complete will become 'Clinical Operational & Full Capacity Protocols' Policy

Responsive | Over 12 hours in ED From Arrival

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

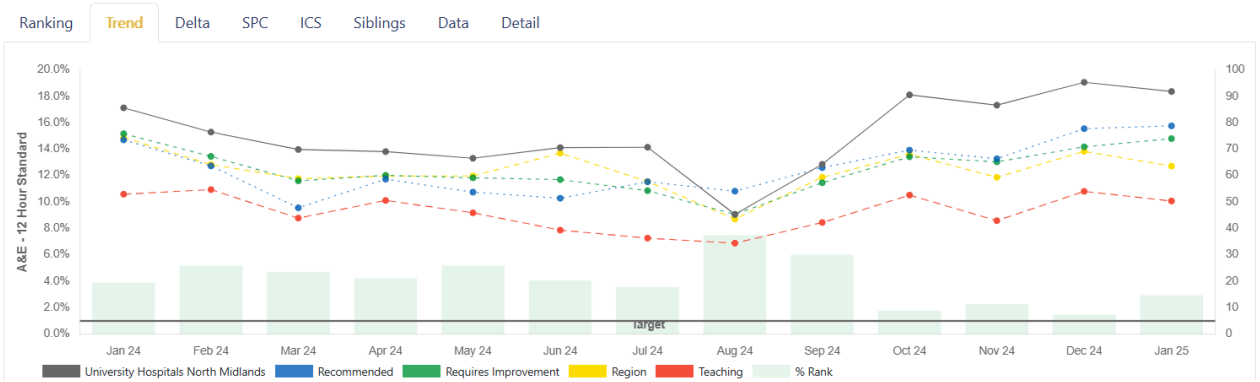


Variation	Assurance
H	F

Target	Nov 24	Dec 24	Jan 25
0	2464	2775	2553

A&E - 12 Hour Standard

Jan 25 Performance: 18.4% | Rank: 105th of 123



What is the data telling us?

Note this metric is not "12-hour trolley waits" but the new aggregated time of arrival greater than 12 hours.

January experienced 2553 patients (82 a day) with a lower than 12-hour length of stay compared with 2775 patients (89 per day) in December.

After a significant improvement in performance seen in August coinciding with the opening of AMRAU, from October 2024 we saw high numbers of patients waiting over 12 hours. With both data points outside the upper control limit and both seeing around 500 more breaches each month than seen the year prior.

Overall mean time in the Emergency Department for January, Type 1 only, increased to 7.99hrs in January from 6.52hrs in December. In hours meant time was 7.53hrs verses 9.06 out of hours.

We are ranked 105th out of 124 Trusts which is negative shift of 10 places since December 2024.

What are we doing about it?

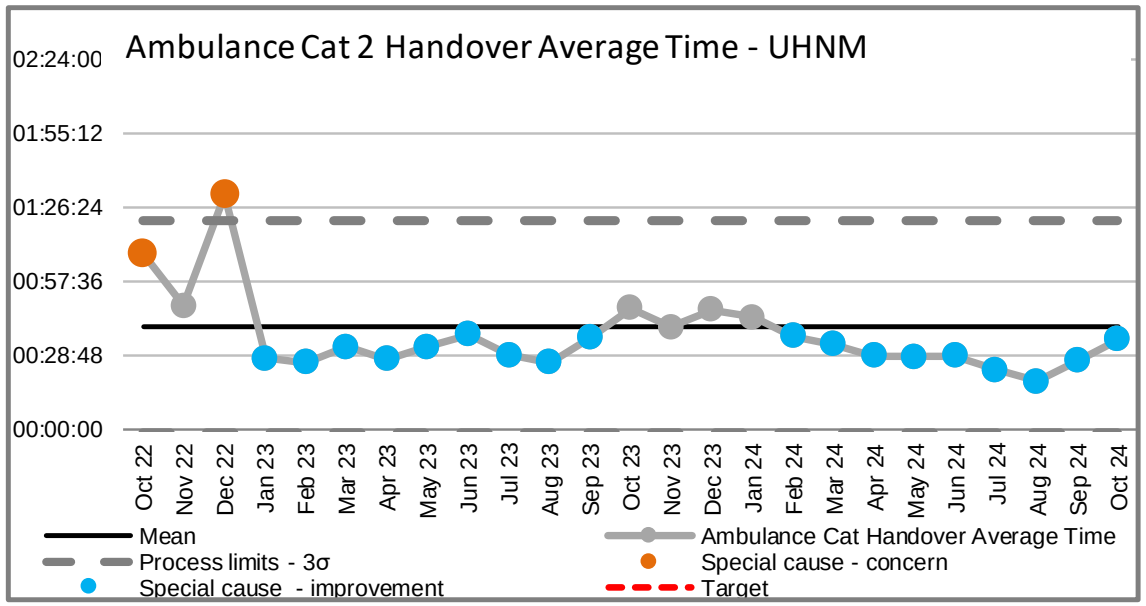
- Refresh of UEC Improvement Plan underway.
- High Risk of Delayed Transfer of Care prediction tool trial commenced on 2nd December to support deflections from the ED and work continues with teams to refine the process.
- Trial of a Frailty Assessment Unit (FAU) at the County site continues over winter.
- Non-verbal handover from the ED has been implemented along with a review of the transfer policy.
- Transfer team has been implemented from the ED as part of the winter support strategy.
- Test of change completed for IDH in-reach to ED and support to FEAU demonstrated a positive impact and continues to remains in place with increased support through winter for the weekends.
- AMRAU unit which created additional capacity in AMRAU & SSU continues to support flow out of the Emergency Department.
- Review of the bed management information to supply real time data.

Responsive | UEC Cat 2 Handover Average

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

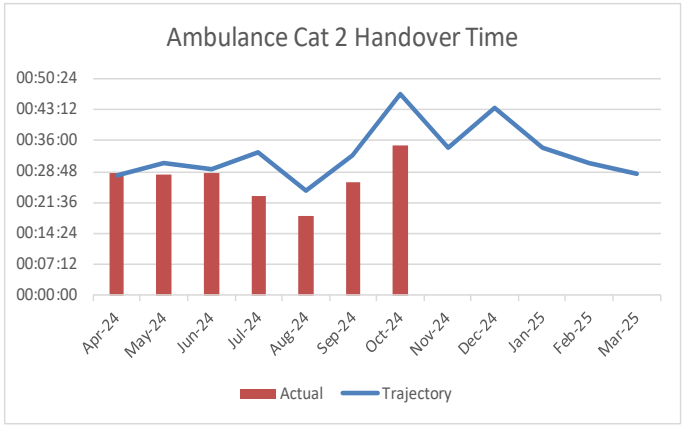


Variation	Assurance
	

Target	Aug 24	Sep 24	Oct 24
00:00:00	00:18:36	00:26:19	00:34:44

Background

The average time taken for patients to be handed over from Ambulances arriving at UHNM.



What is the data telling us?

The data provided by West Midlands Ambulance Service (WMAS) is provided a month in arrears.

Average handover time from arrival in January demonstrated a marginal improvement – 1hr 46mins verses an handover time of 1hr 58mins in December(validated position). On November 11th, 2024. The Trust moved to a 45min handover delay threshold in partnership with WMAS. This has been difficult to consistently achieve, and the longest delays are experience out of hours due to insufficient bed capacity. The percentage compliance against the 45min target for January was 56.81%.

Work remains ongoing with WMAS to provide more timely data going forward.

What are we doing about it?

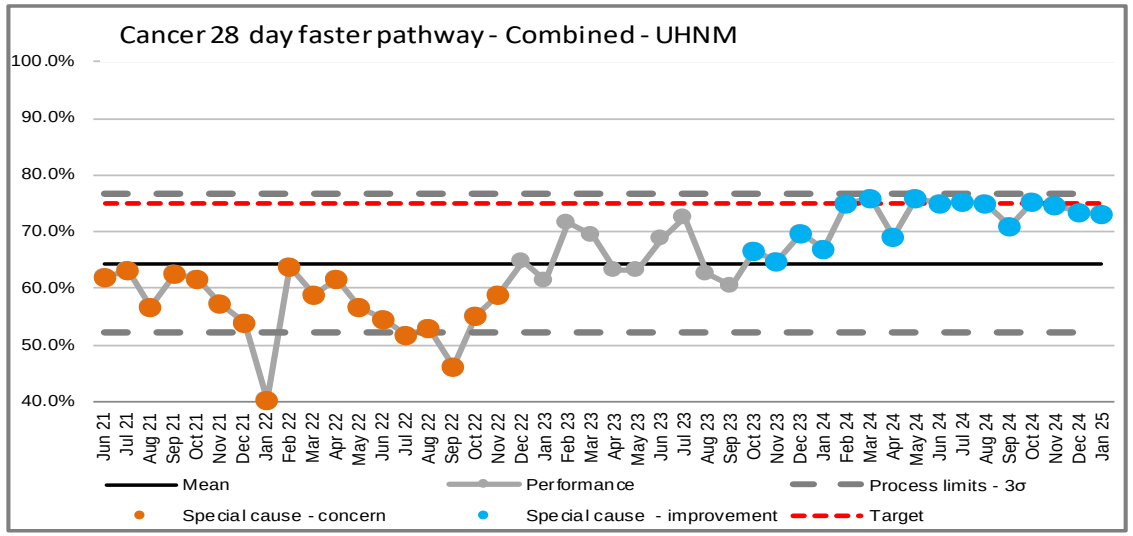
Refresh of the UEC Improvement Plan is underway.
We have instigated an internal rapid handover process, which when triggered and enacted, drives the off load of 2 ambulances every 30 minutes until the pressure is reduced and the risk removed.
A review of escalation and triggers to support reduction in ambulance handover delays in partnership with WMAS is in train to replicate the London Ambulance Service model of no greater than 45minutes to offload. .
The 'corridor' in the emergency department is utilised to support the risk of reducing the waiting ambulances.
A revised HALO provision to cover 24/7 has been approved by The Urgent and Emergency Care Board and a 12-week test of change was completed and evaluated.. A formal report was presented at the December UEC Board to discuss onward steps, and a further revision has been agreed which is based on a model introduced at a neighbouring Acute Trust. Ours will be a hybrid version of this model.
'Your Next Patient' protocol is enacted to decompress the emergency department to further support flow and off load capability. This process is currently under review.
Regular daily contact with WMAS is in place to ensure confidence in actions taken and where possible deflects or diverts to County or Burton are agreed to support timely ambulance release.

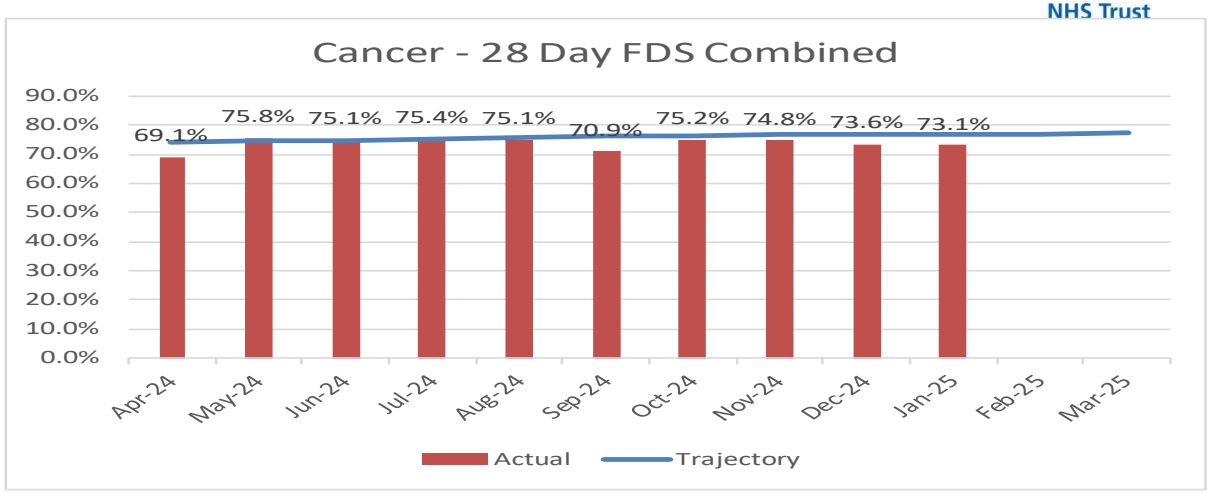
Responsive | Cancer 28 Day FDS

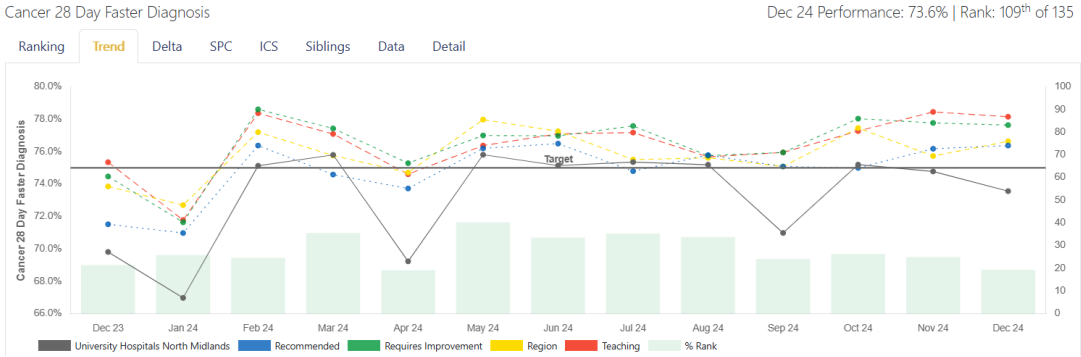
Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive







What is the data telling us?

- The combined faster diagnosis standard performance has demonstrated a special cause improvement over the past year. UHNM however has not achieved the 75% national standard since November 2024.
- When broken down at tumour site level, some pathways perform better than others; Upper GI, Skin being consistent and high achievers.
- Pathways that require a higher number of investigations such as Colorectal, Gynaecology and Urology perform lower than the standard.
- Pathology and radiology have contributed to delays in being able to tell patients they have cancer within 28 days.

What are we doing about it?

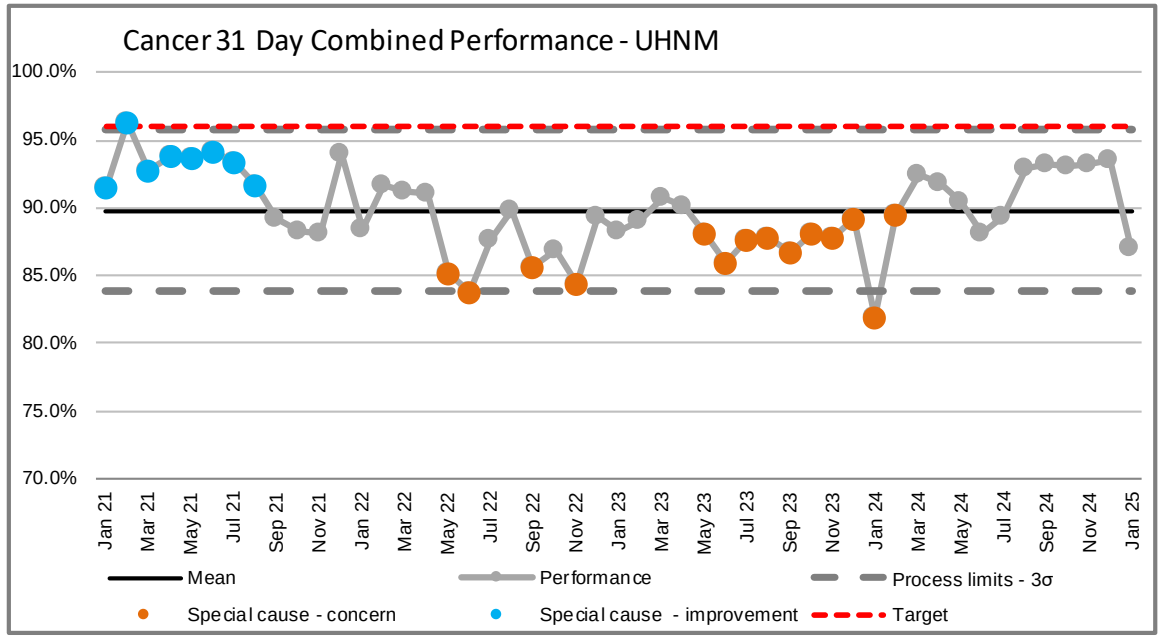
- Template letter agreed by clinical teams now being sent by Navigator teams to patients informing them of being stepped down from cancer pathways.
- Introduction of RDIN – Radiology Discharge if Normal – coding for Colorectal pathways to step patients downs following normal investigations.
- Dedicated personnel within services to monitor 28 Day PTL daily and act accordingly.
- High level escalations sent weekly as part of all cancer PTL escalations.

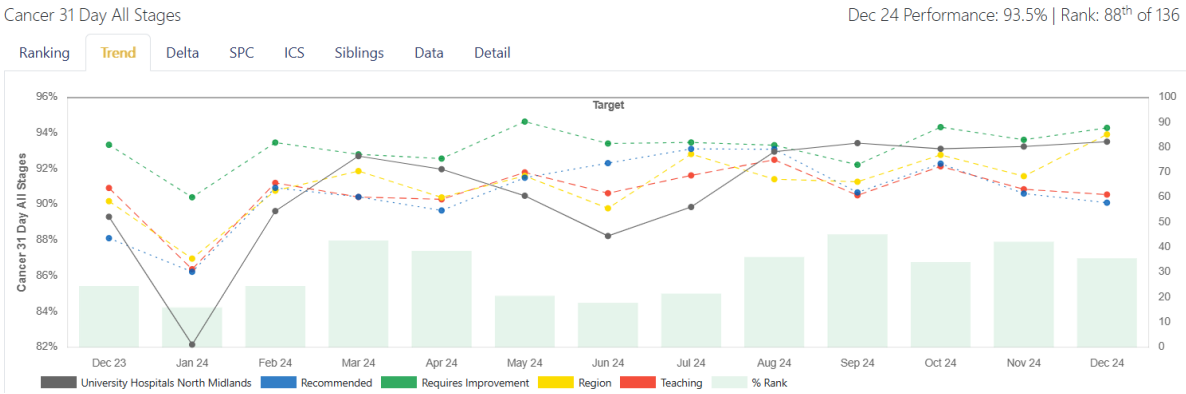
Responsive | Cancer 31 Day Combined

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive





What is the data telling us?

- The 31-day combined cancer treatment standard achieved 93.5% in December. January is currently incomplete and unvalidated, however there is an anticipated dip in performance to 87%.
- Oncology capacity issues contributing significantly to January position.
- Surgical capacity continues to contribute to delays, particularly access to the robot, for Urology and Colorectal.

What are we doing about it?

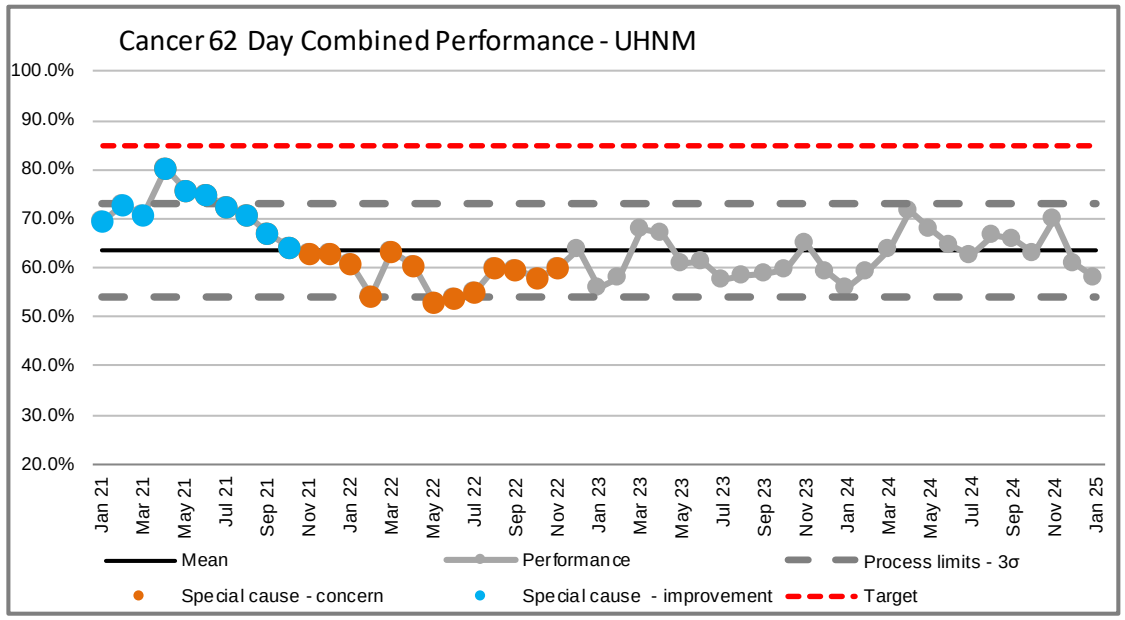
- Access to robotic procedures are prioritised through the oversight group.
- Escalation of risk to Oncology raised through Tiering calls.
- Cancer services have engaged with the national cancer team and recommended providers through the Tier route to ensure optimal application of the Cancer Waiting Times rules.

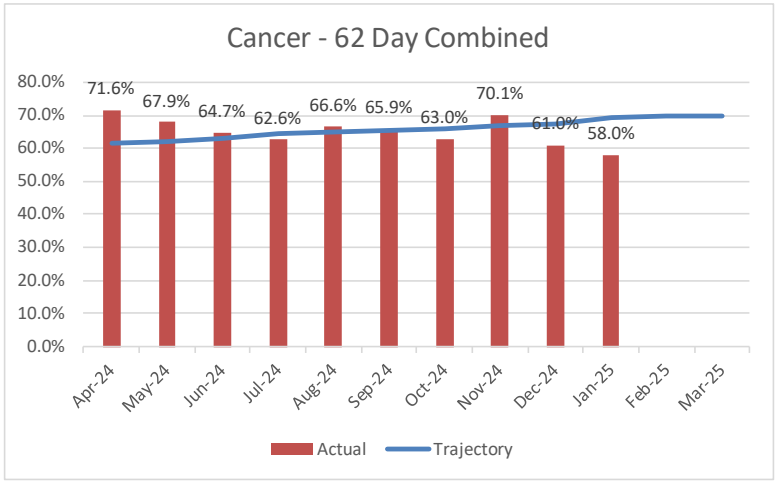
Responsive | Cancer 62 Day Combined

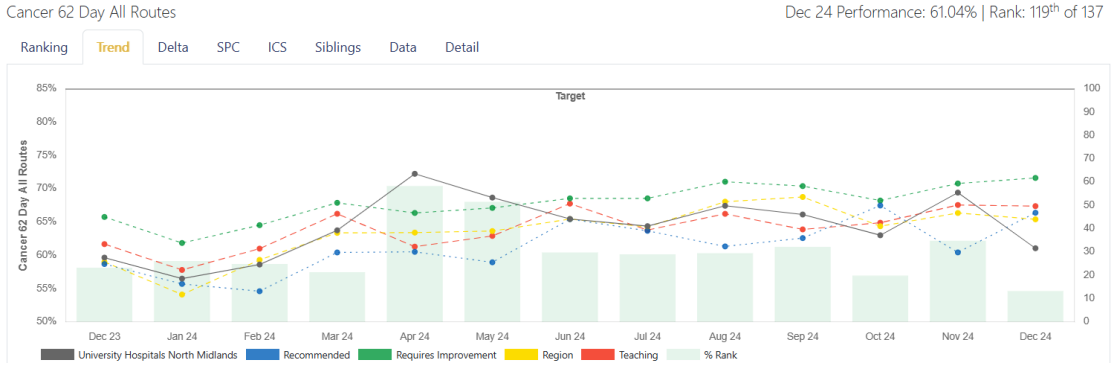
Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive







What is the data telling us?

- The combined 62-day performance was reported at 61.04% for December which fell short of trajectory of 67.51%. January is currently incomplete and still being validated, the current position of 55.2% is predicted to improve as diagnostics reports are received.
- No tumour site achieved performance of 85% in December, highest performers consistently being Skin (77.3%) and Breast (69.3%).
- Pathways with the most challenged performance are Gynae, H&N, Lung and Haematology. Contributing factors include delay to diagnostics particularly pathology reporting and radiology protocolling which impacts significantly for Gynae and Lung.
- Oncology capacity also impacts timely treatment.

What are we doing about it?

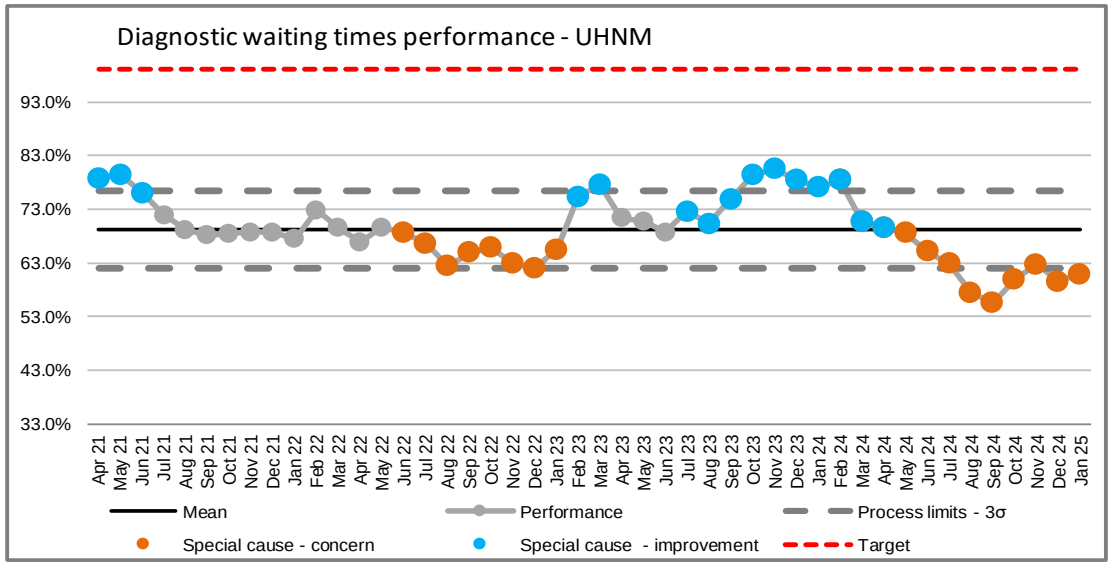
- 62-day treatment improvement plans have been worked up to include most challenged treatment modalities; surgery and oncology. Longest breaching pathways are being analysed with clinical input. The 104+ breach analysis governance process has been enacted to ensure oversight of long waiters. The annual peer review report has been through governance routes, which highlights tumour site treatment challenges to ensure visibility and escalation through the trust.
- PMO style pathway reviews being undertaken for Urology, Gynae, Lung and Colorectal.
- Validation to ensure Cancer Waiting Times guidance is being applied appropriately is planned 4 weeks ahead of upload to ensure an accurate position is reported.
- National cancer team providing guidance on recording of complex pathways.

Responsive | Diagnostics DM01 Performance

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

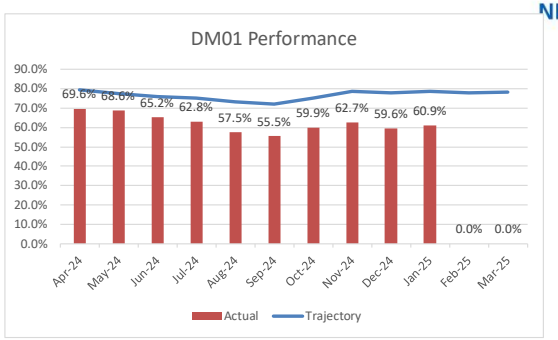


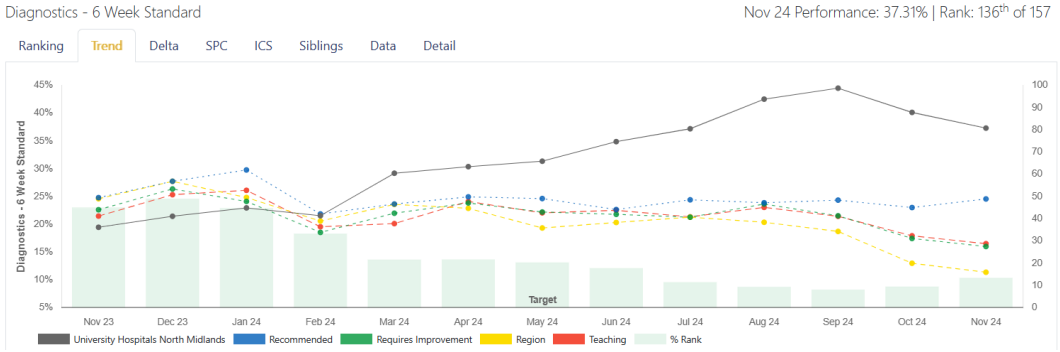
Variation	Assurance
L	F

Target	Nov 24	Dec 24	Jan 25
99%	62.7%	59.6%	60.9%

Background

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





What is the data telling us?

January DM01 data is unvalidated at time of writing this report however current performance was at 63.1% against the 95% six week standard. Non-Obstetric Ultrasound is the majority contributor for overall DM01 performance variance.

The main contributing modalities are

- Non obstetric ultrasound performance has recovered by 2% to 39.2%, and the backlog has maintained at 5,300
- Endoscopy: Endoscopy now performing at 82.47% against DM01. Feb 2024 backlog WL was 2600, and is now at 169
- Echocardiogram performance has improved to 98.2%. A particular focus was given for 13 week patients

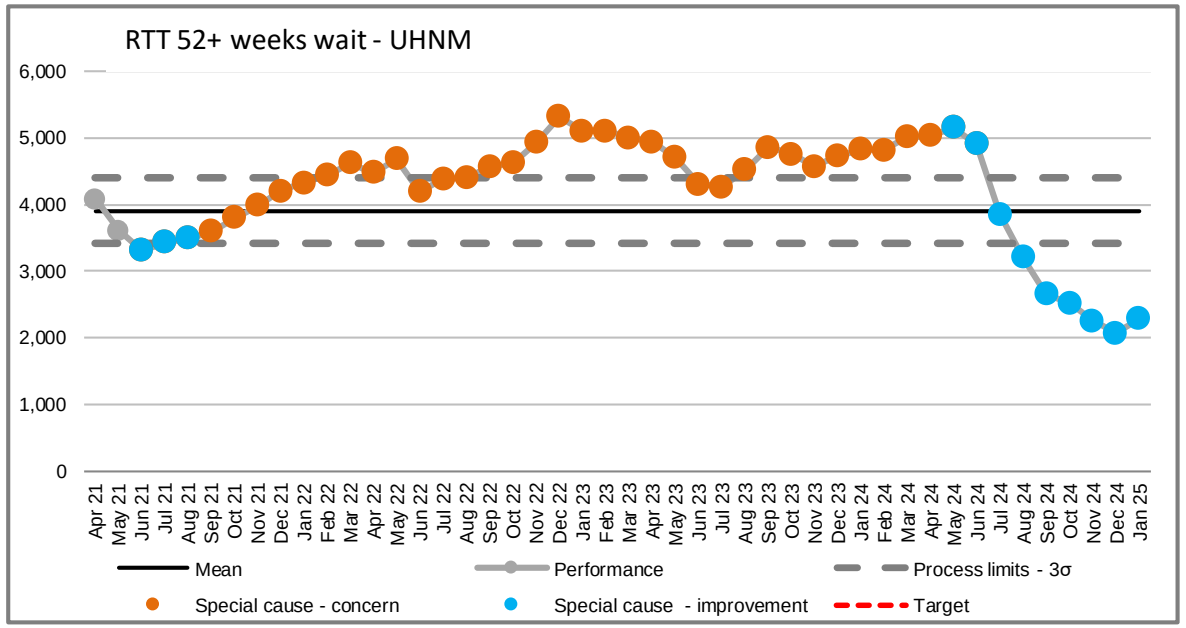
What are we doing about it?

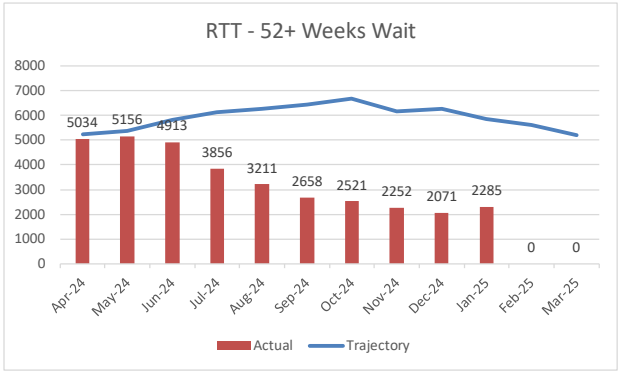
- Non obstetric Ultrasound: Programme of work has now commenced with Siemens Healthineers. They have identified significant opportunities to reduce demand from the primary care sector by demonstrating alignment, referrers and PCNs whose referral volumes significantly exceed those of neighbouring referrers and PCNs. Siemens are proposing engagement with these referrers to determine the cause of high referral volumes.
- Discussions are progressing with Primary care around modifications to the referral catalogue for NOUS. The MSK pathway in particular requires review and alignment and work has commenced on this with ICB colleagues.
- Process for transfer of patients to Cannock CDC has commenced. 2,000 patient letters have been distributed triggering a 3 week pause to allow patients to reject the transfer. Within the first 2 week, approximately 300 patients have declined the opportunity to be scanned at Cannock. Initial patient appointments will be made wc 17th February 2025 with UHNM anticipating that Cannock CDC will deliver 200 appointments per week.
- Endoscopy:
- Sustainability case has now been approved by Trust Board. This ensures appropriate staffing levels are in place for core capacity, including a stand-alone Digestive Diseases Management Structure

Responsive | RTT No. of Patients Waiting Over 52 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust



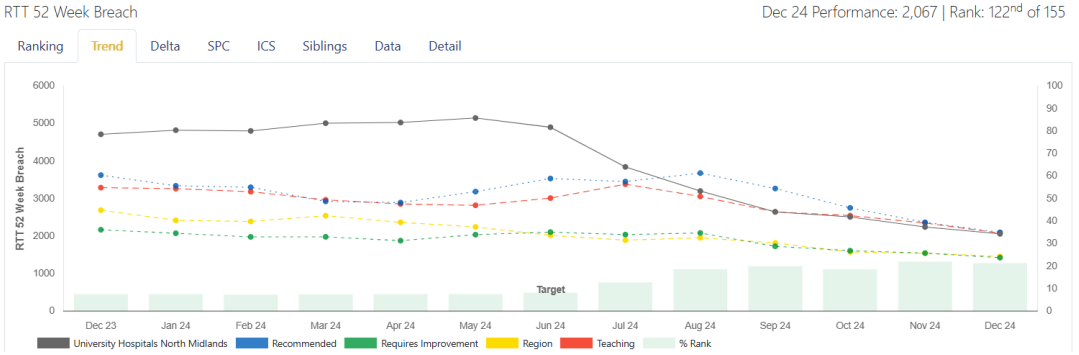


Variation	Assurance
L	F

Target	Nov 24	Dec 24	Jan 25
0	2252	2071	2285

Background

The number of patients on a RTT pathway who have waited longer than 52 weeks for treatment.



What is the data telling us?

- There has been a significant reduction in 52+ week waits due to a targeted validation exercise undertaken largely by the Trust Patient Access Team. The largest reductions have been seen in Respiratory & Gastroenterology
- Patients that will breach 52w at end of March currently have 91 patients left to book before March. Backlog reduction of 52 weeks has an avg. of 100 patients removed a week over the last 2 weeks. Ophthalmology, Pain and Cardiology have the highest numbers of patients to be booked

What are we doing about it?

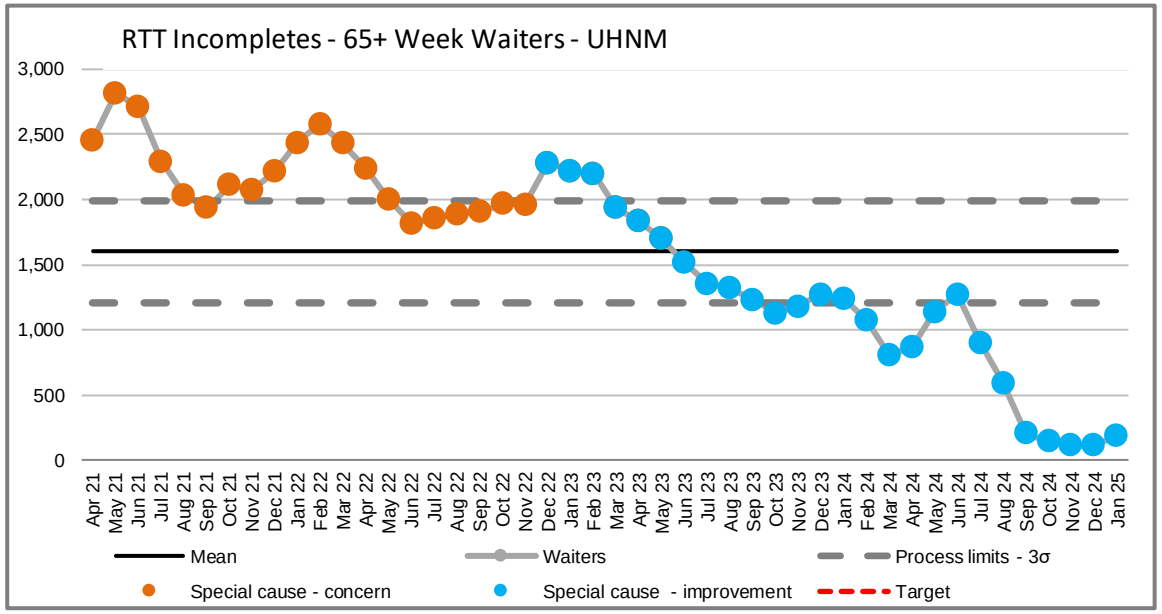
- MBI ROVA Artificial Intelligence validation tool being taken as business case to execs for final sign off, which will validate 15000 pathways per month once live
- Revamped RTT & Planned Care training offering now available, including Intermediate Training. RTT training performance will be monitored through Planned Care Board
- Further Patient Validation Texts have been sent, with 66% response rate and 10,874 patients overall wishing to be removed from the waiting list
- Divisions supported with tracking and admin process improvements where resource allows

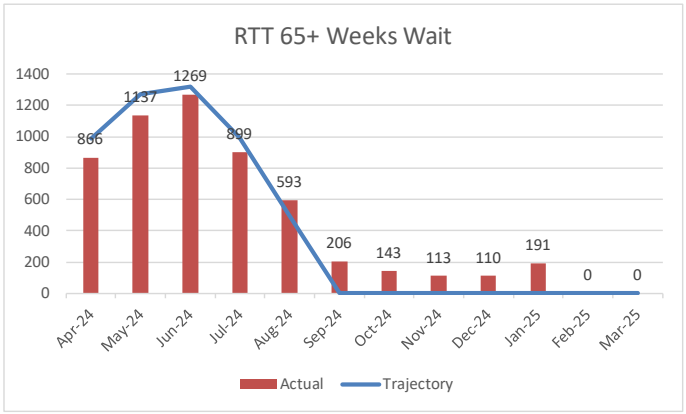
Responsive | RTT No. of Patients Waiting Over 65 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive



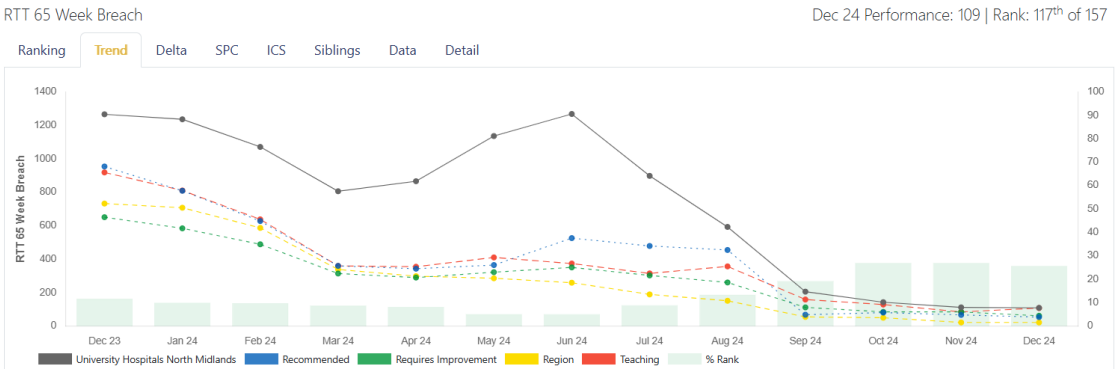


Variation	Assurance
L	F

Target	Nov 24	Dec 24	Jan 25
0	113	110	191

Background

The number of patients on a RTT pathway who have waited longer than 65 weeks for treatment.



What is the data telling us?

- In line with annual planning ambition, cohort starting points have reduced from July onwards
- Previously on track for delivery of a sustained zero position by end of May 2025.
- UEC pressures throughout the last 5 weeks has meant this performance has slipped behind schedule
- March remains in line with February 7 weeks out
- February cohort if to continue reduction at January level will end 294. Best case 179 if elective work resumes back to November/December level

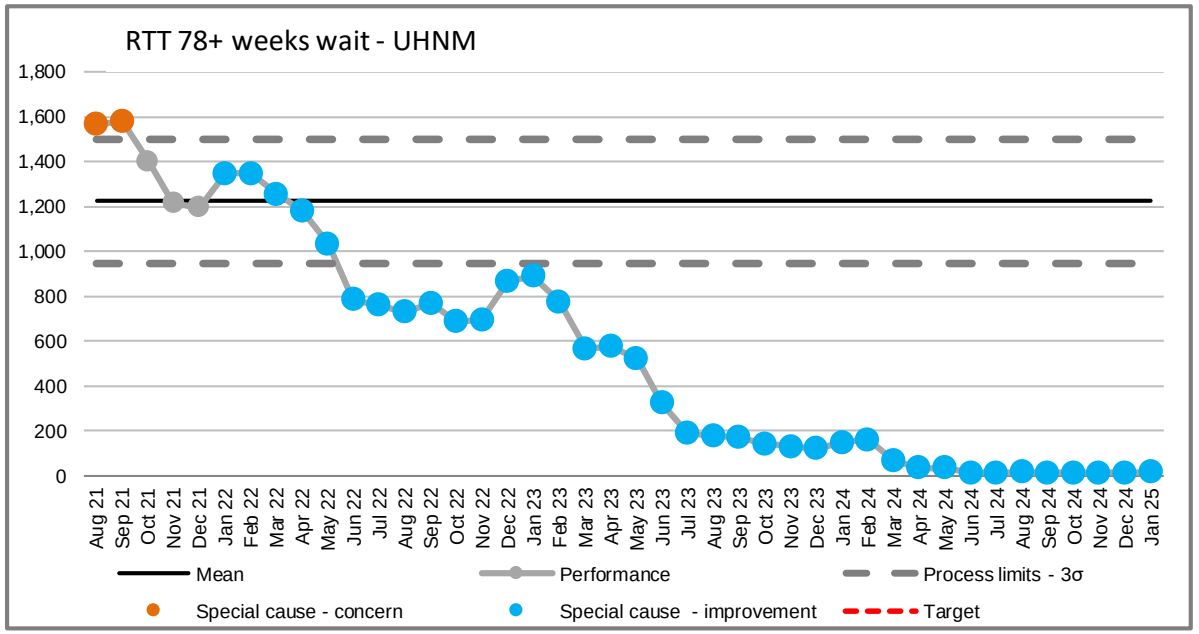
What are we doing about it?

- Focus on utilisation and productivity in theatres and outpatients
- Targeted validation on Respiratory, Gastro & ENT pathways
- Detailed plans and trajectories to illustrate the route to 65weeks have been developed and are formally monitored weekly through Elective Oversight Group and PTL meetings
- ENT and Gynae a focus; ENT Mitigation for inability to outsource or MA parathyroid cohort being actioned and Gynae have additional theatres for Saturday and evening with a new consultant starting
- Aiming for 170 patients >65w at end of March

Responsive | RTT No. of Patients Waiting Over 78 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

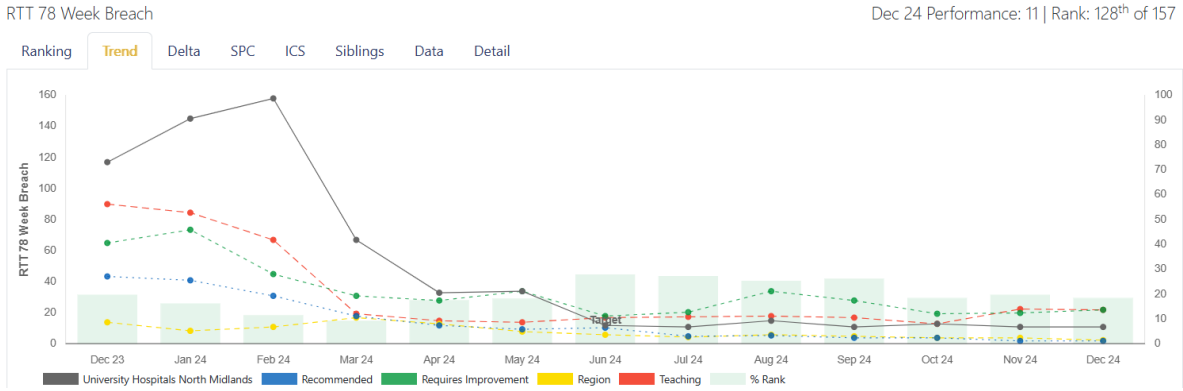


Variation	Assurance
L	F

Target	Nov 24	Dec 24	Jan 25
0	11	11	14

Background

The number of patients on a RTT pathway who have waited longer than 78 weeks for treatment.



What is the data telling us?

- There were 13 patients that waited >78weeks in December across Surgery, Medicine and Network Divisions, this included 3 breaches of the 104w standard
- These breaches were a result of validation of the patients' RTT pathways where issues were identified and corrected

What are we doing about it?

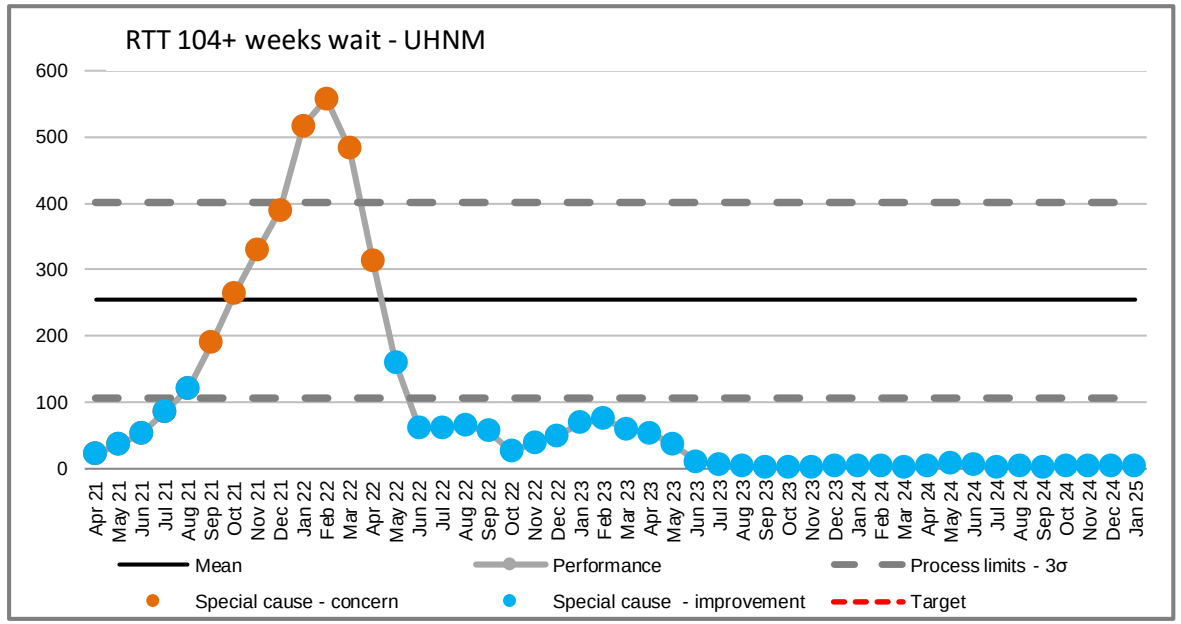
- Cohort of 13 made up of 10 Non-Admitted (30% booked) and 2 Admitted (100% booked)
- 8 breaches predicted for February
- 0 breaches predicted for March

Responsive | RTT No. of Patients Waiting Over 104 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

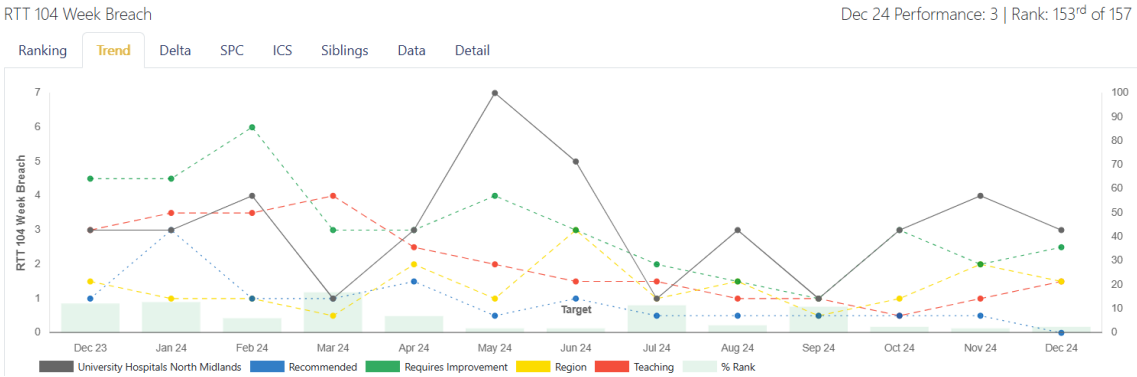


Variation	Assurance
L	F

Target	Nov 24	Dec 24	Jan 25
0	4	3	4

Background

The number of patients on a RTT pathway who have waited longer than 104 weeks for treatment.



What is the data telling us?

- The Trust reported three 104-week breaches for December
- All three patients had inappropriate clock stop or clock start dates applied to their RTT pathway and were identified through validation or patient contact.
- Two patients have since been treated, the other has a plan to treat in February

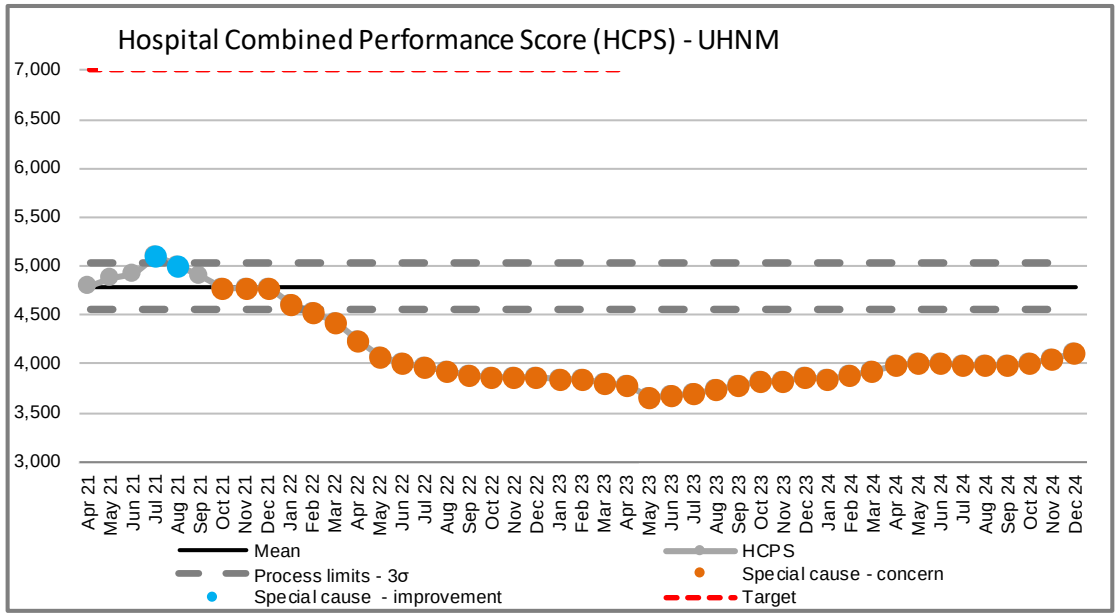
What are we doing about it?

- A whole scale review of validation, RTT training and data quality (DQ) commenced in July. A DQ Task Force has been established and is chaired by the COO. An RTT training plan has been approved at Planned Care Board to ensure all relevant staff are up to date with training
- MBI validated 12,000 patient pathways from high risk “fail safe groups” and as a result there is a possibility of “in-month” 104 week breaches. All of the patients identified by MBI have now been treated or reached a valid clock stop

Responsive | Treating Patients in a Timely Manner (HCPS)

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

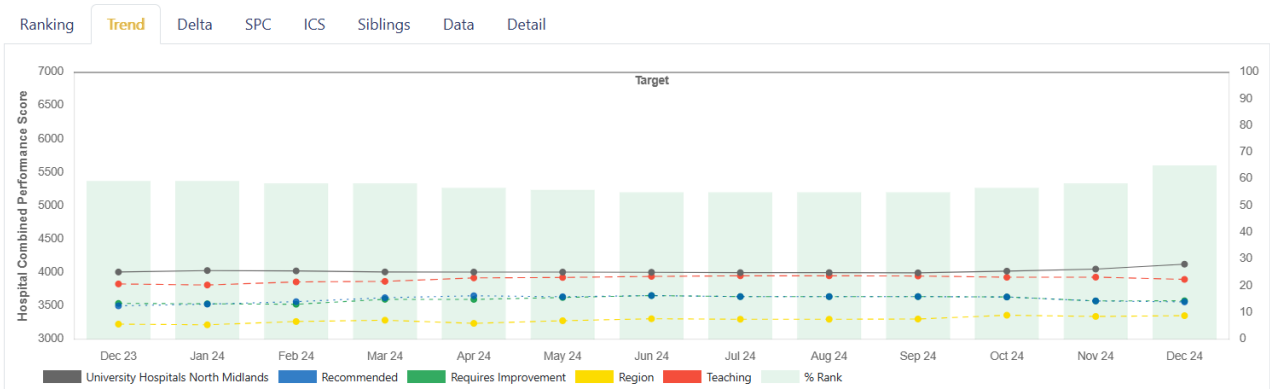
Target	Oct 24	Nov 24	Dec 24
7000	4019	4050	4123

What is the data telling us?

Hospital Combined Performance Score. A combined score of metrics across 10 indicators, developed and sourced from Public View.

Hospital Combined Performance Score

Dec 24 Performance: 4,123 | Rank: 43rd of 121



What is the data telling us?

The Hospital Combined Performance Score improved marginally in November.

Top concerns and most deteriorated include: 4 hour performance, Cancer 62 Day performance MRSA and MSSA (hospital onset).
Most improved include: DTA to Admission >4 hours, EColi (hospital onset) and RTT Incomplete 18 week performance.

What are we doing about it?

We are focused on improvements in the indicators which feed the combined hospital score, and these are included in the A3 improvement programmes for both the elective and non-elective programmes.

Resources | Overview

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

How are we doing against our trajectories and expected standards?

Non – elective
Non-elective activity continues at high levels although slightly below plan. This continues the general growth over the last 12 months. Plans for this year incorporate a rebase position incorporating growth in the use of Clinical Decision Unit and a continued review is in place.. These were patients who otherwise would wait for excessive periods of time in ED. A review has been undertaken collaboratively with UHNM and the ICB to assess whether an increase in 'walk-ins' can be demonstrated. This undertaking has established that 'walk-ins have more than doubled since April and a subtle connection aligned to the GP Collective action can be seen. Higher than planned and a higher-than-expected respiratory infection presentation the Emergency Departments has impacted on both performance and flow.
The HRD Tool was launched at Royals Stoke on 2nd December and will feature in onward reporting from March.

Elective
January activity
Day case 103.9%
Elective 81.8%
First OP Proc 101.3%
First Outpatient 98.9%
Follow up 104.7%

Freedom of information (FOI) requests are not being completed against the nationally mandated standard. The new FOI system is now live and improvement is expected in the next 30 days. Subject Access Requests response times have remained at 95%.

What is driving this?

Non – elective
Although demand management schemes were in place over winter and past the Easter period this has not necessarily seen a reduction in admissions, however a formal analytical review is complete and is now demonstrated through our internal Winter Plan and supported by the submitted System Surge Plan.
An important note on admissions is the use of the Clinical Decisions Unit which was, for a period, closed. This resulted in several patients waiting in ED for 24hours+ receiving treatment in an inappropriate environment. Those patients are now accessing the CDU and that will have contributed to the increased admissions shown from October 2023. AMRAU continues to impact positively as does the Frailty service at County Hospital with notable positive impact.

Elective
There has been a special cause improvement since April 22 across day case and elective activity. Day case year to date continues to run above plan v. actual (107.1%). Endoscopy will be a major contributor to this overperformance. Elective year to date is below plan at 92.2%; reduction in electives is reflective of bed pressures and Critical Incidents which have resulted in cancellation and cessation of adult non urgent elective inpatients.

The manual management of Freedom and Information Requests continues to make it a challenge to monitor the high volume of complex requests, this will improve when the new FOI management system is implemented in by the end of January.

Resources | Overview

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

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

Non – elective
The System Demand Management Collaborative was tasked with identifying schemes to reduce demand. This programme commenced in April and was likely was have its greatest impact from October 2024 and onward but this has not yet bore the results anticipated. This will feature more prominently once a full review has been completed.
The Trust, System Partners and the ICB have reviewed all services, schemes and initiatives that should have influenced this as we prepared for our winter planning and resilience. External and internal additional funding was agreed but not all plans have been fully mobilised. Those not fully mobilised have mitigations to described the reasons why.

Lessons Learned from the Critical Incidents in January are being collected and will be featured in the March report.

Elective
There are now monthly executive led meetings with all divisions to review their activity outputs. This sits alongside Outpatient and Theatre improvement workstreams to support improvements in utilisation. County strategic programme is focusing on the utilisation and development of work across County theatres and its STS facilities, through the County Elective Hub Group. Additional activity has been agreed through ERF bids to achieve 65w with bids to support 52w.

The new information management system will help manage the workflow and approvals for both FOI and SARs; this is now live

What can we expect in future reports?

Non – elective
Impact and outputs will be made available regarding the schemes funded to reduced non-elective admissions. This assessment, alongside a challenge and confirm exercise. Will -feed into both our Bi-weekly Winter Planning and weekly System Winter Surge meeting.
The newly agreed improvement and recovery trajectories set against the 4hr standard and Cat2 mean will be featured more prominently but work is still ongoing in respect of this.
The way in which we provide additional compliance data and performance monitoring will change and will be become more responsive.. This will be presented as an addition SPC chart and will include information drill down from the ICB. The design of this is still being finalised.

Elective
Agreement of 52w ERF bids has led to an increase in activity from November onwards. A review of ERF bids for the new financial year has been started to focus on specialities that require specific focus i.e. Gynae to get under 52 weeks.
There is a risk that the gap between plan and actual will grow over Q4 due to the delay in approval of the County Hub business case. Phasing for go live in main theatres and STS has been agreed, with a management of change required for theatre staffing the late finishes and weekend working.

Improvement in the FOI performance is expected from March onwards.

Resources | Overview

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Daycase / Elective Activity	7,900	9,561	10,364						
Non-Elective Activity	variable	8,615	8,959						
Outpatients' 1st	27,430	27,562	30,114						
Outpatients' Follow Up	41,048	42,535	47,857						
Freedom of Information Performance	90.0%	66.0%	61.0%						
Subject Access Request Performance	100.0%	95.0%	95.0%						
Data Security Breaches	0.0	0.0	0.0						

Related Strategy and Board Assurance Framework (BAF)

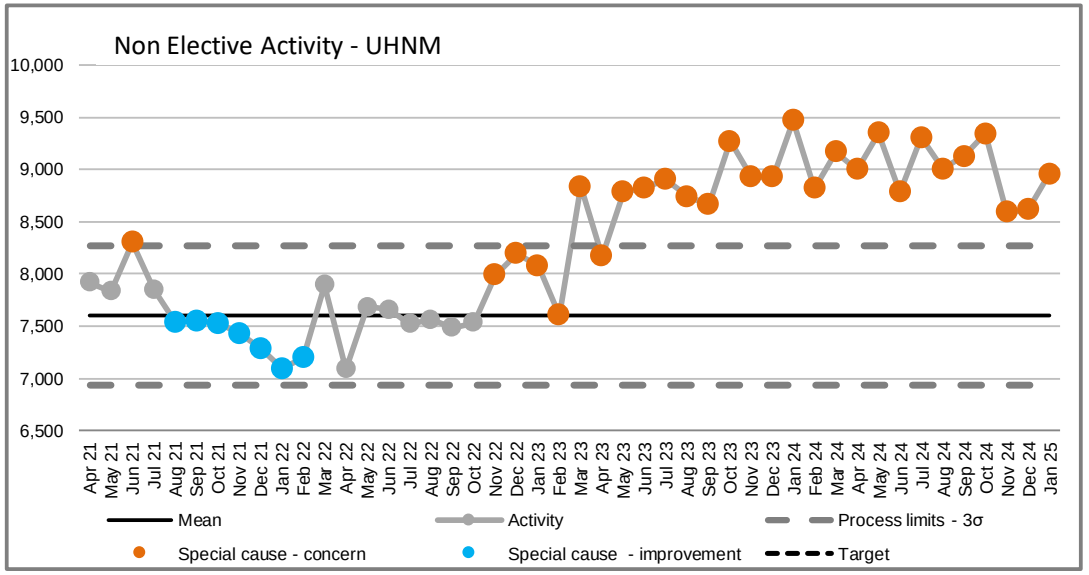
Digital Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 8: Financial Sustainability	Ext 16	Partial	Ext 16	Partial	Ext 16	Partial		
BAF 5: Digital Transformation	High 12	Partial	Ext 16	Partial	Ext 20	Partial		

Resources | Non elective Activity

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

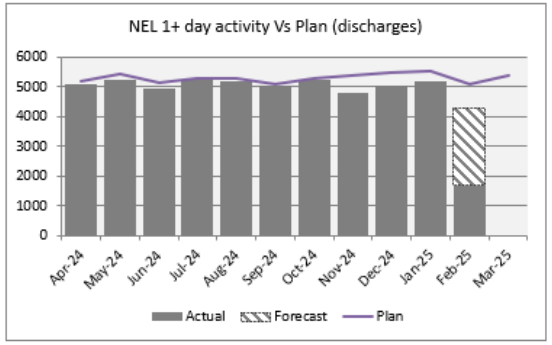


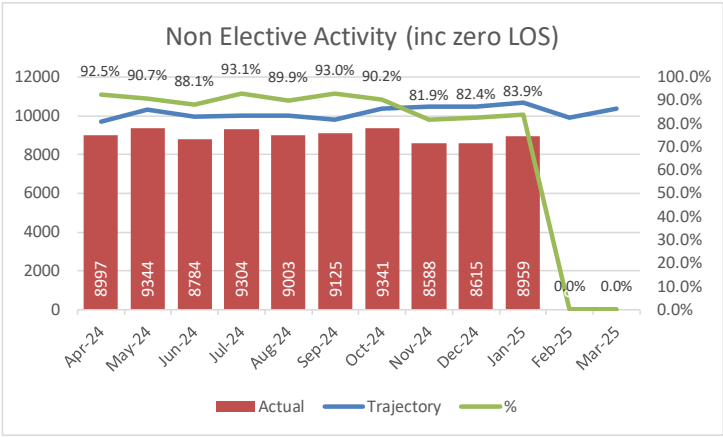
Variation	Assurance
H	P

Target	Nov 24	Dec 24	Jan 25
variable	8,588	8,615	8,959

Background

Non elective discharges following an inpatients spell at the Trust each month (includes zero LOS).





What is the data telling us?

In January we experienced a higher demand in respect of our non-elective activity. January saw an increase in NEL+1 day length of stay but a reduction in NEL zero-day length of stay. Both, however, were under plan.

Activity verse plan for NEL 0, Year To Date – the plan was 48,684 patients but actual was 39,063 which equates to 80.2% plan verses actual. Medicine saw the largest decrease actual verse plan at 72.8%, Surgery was at 76.7% Actual verse plan, whilst both Network and WCCS saw increases in actual verses plan. This can be attributed to a higher acuity profile of patients converting to admission.

NEL+1 activity verse plan, Year To Date – the plan was 53,097 verses actual outturn was 50,937, which equates to 95.9% plan verses actual.

What the data does not tell us is any variation in average length of stay by pathway and the expected daily discharges by pathway. Nor does it describe the increase in Covid or other infectious diseases, especially Norovirus.

What are we doing about it?

The attends and admission profile is not directly within UHNM control.

Our current Improvement Programme has now been refreshed and will examine why a patient arrives and the necessary steps by all System Partners to put in place robust admission avoidance pathways.

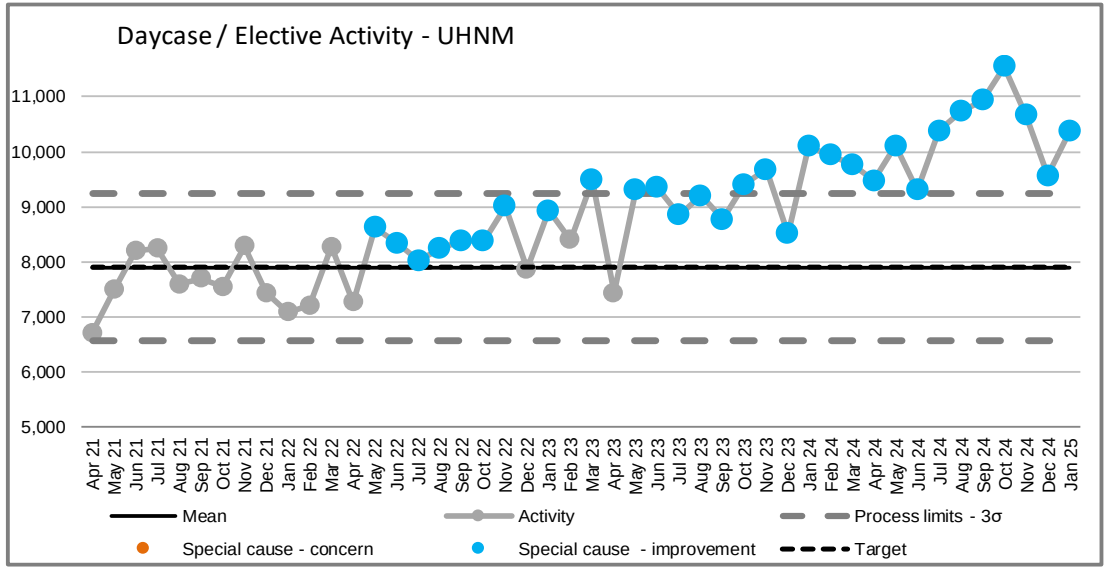
Renewed focus through Acute Care at Home (ACaH), has positively impacted on the utilisation of 'virtual ward' capacity. 2 in reach practitioners are in post to support a 'pull' model. This is more successful at Royal Stoke. County Hospital is not yet maximising the use of this service. Additional education and resource is being considered.

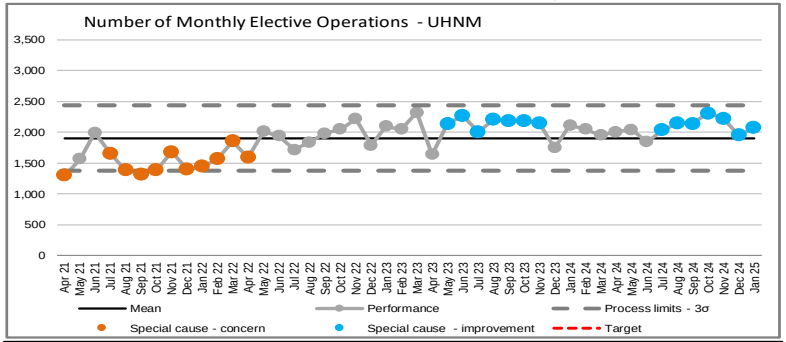
'Call before Convey' does not yet yield the benefit anticipated but is demonstrating month on month improvement.. Through collaboration with key system partners, this agreed process should prevent attend and admission, and work is in train to explore how we maximise this process and fully exploit access to all alternative nonhospital pathways which has resulted in the ICC now being in place 24/7.

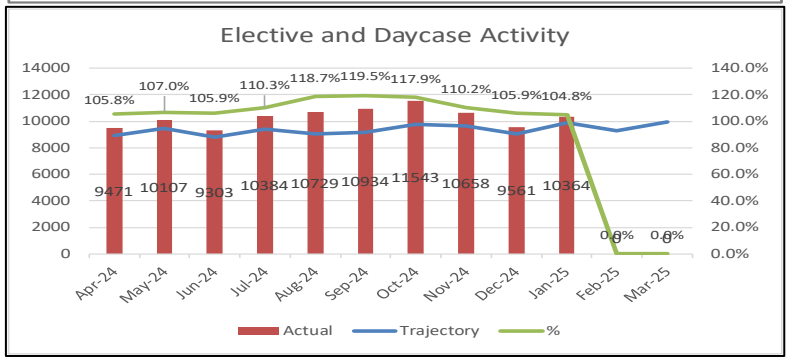
Resources | Daycase/Elective Activity

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust







Variation	Assurance
	

Target	Nov 24	Dec 24	Jan 25
variable	10,658	9,561	10,364

Background

Daycase and overnight elective activity provided by the Trust each month

What is the data telling us?

There has been a special cause improvement since April 22 across day case and elective activity. This fell in December to 9549 from a high in October of 11,543. Operational pressures since October 2024 have had a detrimental impact on productivity, shown in reduced session uptake and intraoperative efficiency with increased late starts and cancellations. Signs of improved performance in January against previous months with utilisation and number of procedures recovering slightly. Model Health recorded capped utilisation as of week ending 19/01/25 at 79.2%.

Theatres:
Capped utilisation rose in January to 72.6% with MH reporting UHNM on 01/12/2024 as a provider at 76% against national median of 79.5%. MH reported 79.1% as of week ending 19/01/25.

Number of cases across theatres as a subset rose to 2071 in Jan 24.

Cancelled operations on the day increased to 9.6%

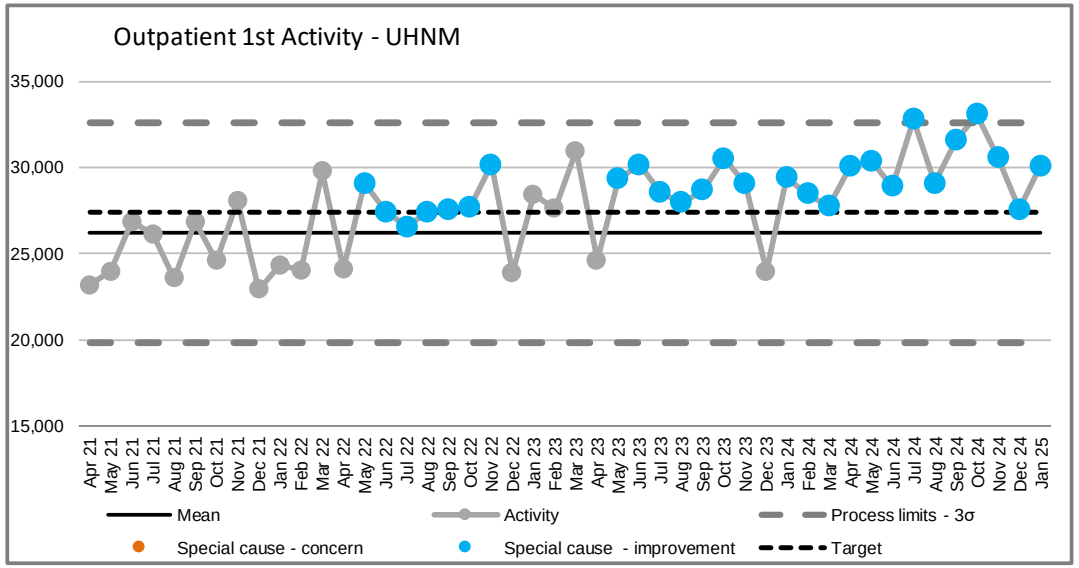
What are we doing about it?

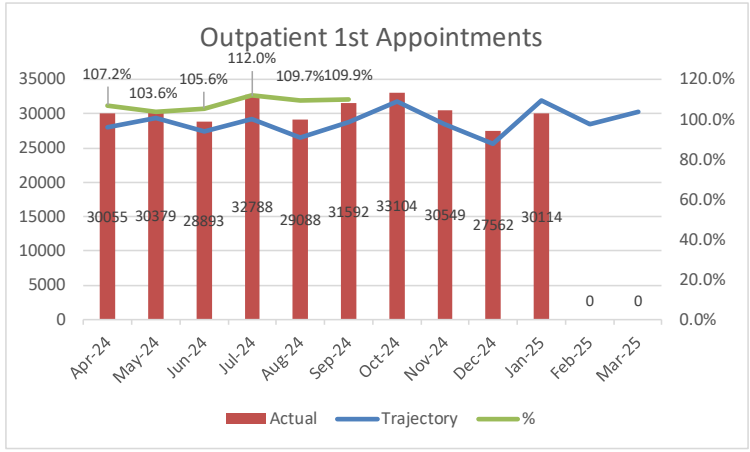
- Recommenced Adult P3 & P4 inpatient Elective activity on 31st January. (Cancelled again 18th -21st Feb)
- Standby Pt pathway continues to provide benefits backfilling OTDC.
- List allocation process supplementing 6,4,2 supporting maximised session uptake
- HVLC lists have commenced in Ophthalmology Poswillo with 7 x Cataract cases per list
- County performance compared to RSUH has shown a sharper decline, which needs further investigation
- List allocation process well embedded with good results against working pressures
- Perioperative Medicine Pathway Transformation – Pilot of end-to-end pathway with Vascular surgery planned 1st April 2025

Resources | Outpatient First Appt

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust





Variation	Assurance
	

Target	Nov 24	Dec 24	Jan 25
variable	30,549	27,562	30,114

Background

The number of 1st Outpatient appointments at the Trust each month

What is the data telling us?

Activity has shown a sustained increase vs 3 year mean from May 2023 with all points (apart from Dec 2023) above mean, therefore mean needs recalculating from April 2023 onwards.

Whilst not specifying follow ups with/without procedure, the firsts and follow ups position implies an improvement vs the new OP National Guidance metric: % of all outpatients that are firsts, and follow ups with a procedure.

OP Cell 2024/25:
To "increase proportion of news / follow ups with a procedure", effectively making 'best use of available capacity', the countermeasures will aim to address one or more of the following:

- Increase 1st appointments
- Reduce follow ups without a procedure

Any capacity released should therefore be used for additional new patients, or to address the long waits / backlog.

What are we doing about it?

Advice & Guidance (A&G) Effective engagement with A&G prior to referral to ensure patients are effectively optimised prior to referrals. Approach to be reviewed.

Missed Appointments: 2 Way Messaging Full roll out completed during w/c 06/01, monitoring volume and action status linked to cancellation and booking requests.
Health Inequalities Audits – dashboard developed, aligning with wider health inequalities approach, closely linking with public health consultant. Pilot completed July, with wider recommendations shared. Approach shared at regional events. Next step, to pilot prospective contacting of specific patient cohorts in a different specialty.

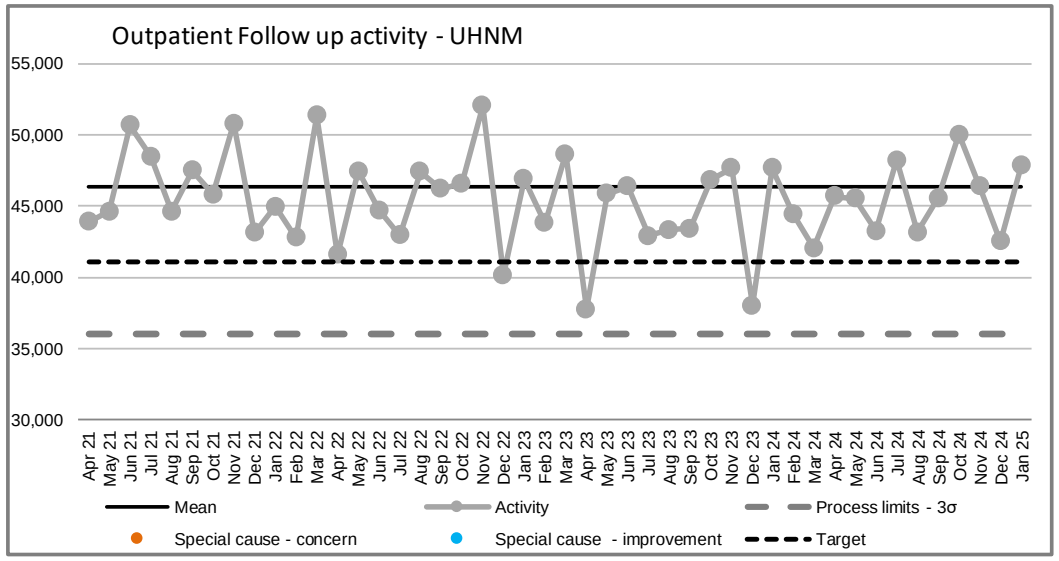
Results Waiting List review: Targeted validation by Divisions for overdue patients starting with the longest overdue. Reporting reviewed, first draft incorporated in regular weekly view, further development required. Further Improving Together sessions held monthly from October to January – Further actions agreed with themes including Standardising Careflow Options, Surveillance Testing, Addressing Hidden/Standalone lists. Quick Reference Guide developed.

Outcomes process review: Scoping approach; targeting those outstanding from previous months initially, outliers in limited number of medical specialties. Still challenges in clearing backlog, reviewing approach. Clinic outcome training actions being identified, form being re-reviewed, including capturing of OP Procedures. OP Procedures Benchmarking by TFC shared, programme of work being clarified

Resources | Outpatient Follow Up Appts

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

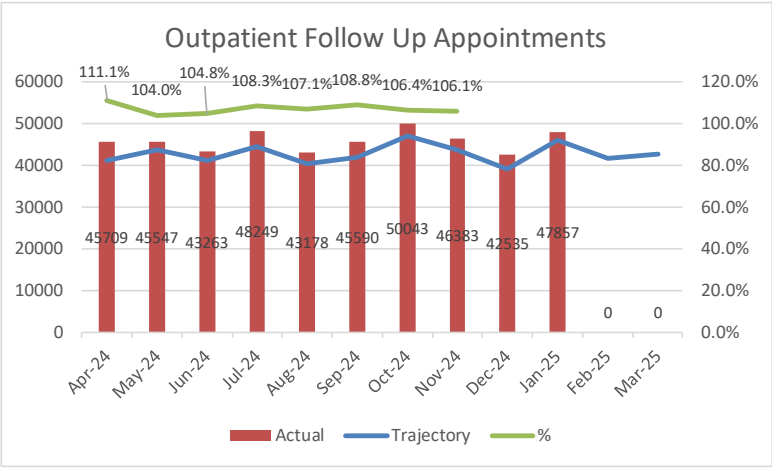


Variation	Assurance

Target	Nov 24	Dec 24	Jan 25
variable	46,383	42,535	47,857

Background

The number of follow up outpatient appointments at the Trust each month



What is the data telling us?

No significant change at this level; however from Feb to Jan 9 points of 12 below mean.

Whilst not specifying follow ups with/without procedure, the firsts and follow ups position implies an improvement vs the new OP National Guidance metric: % of all outpatients that are firsts and follow ups with a procedure.

OP Cell 2024/25:
To "increase proportion of news / follow ups with a procedure", effectively making 'best use of available capacity', the countermeasures will aim to address one or more of the following:

- Increase 1st appointments
- Reduce follow ups without a procedure

Any capacity released should therefore be used for additional new patients, or to address the long waits / backlog.

What are we doing about it?

Patient initiated Follow Ups (PIFU):

Consistently above 5% with >30 Clinical specialities actively deploying PIFU.

Currently 10 specialties live with Robotic Process Automation of discharge letters, with additional specialties being scoped.

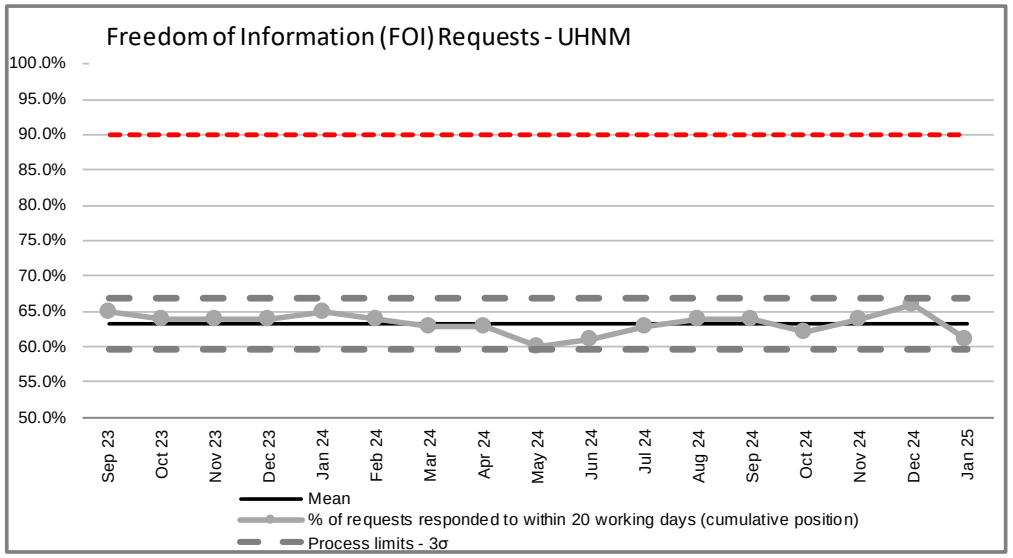
(Actions on previous slide also impact on follow ups.)

Resources

Resources | Freedom of Information Performance

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

Target	Nov 24	Dec 24	Jan 25
90%	64%	66%	61%

Background

Freedom of Information Act requires 90% of requests to be responded within 20 working days

What is the data telling us?

The turnaround time is set at 20 working days as per the FOI Act.

The turnaround times for responding to Freedom of Information (FOI) requests is below the 90% target.

The data shows a decrease in performance this month. January was a busy month with 100 FOI requests received which is the highest figure to date.

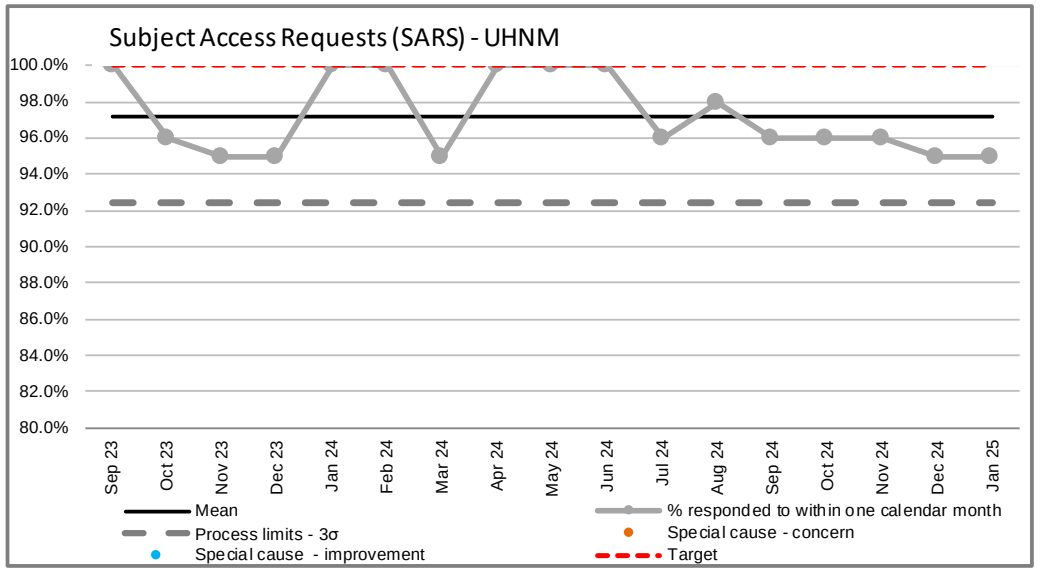
What are we doing about it?

- A digital system has been procured following consultation with key stakeholders.
- Final steps are underway to make the portal and disclosure log live. The sub domain has been developed and a proposed go live date of 1st February 2025 has been agreed.
- A Teams channel has been developed to notify all system users with reference to training material and supporting guides.

Resources | Subject Access Request Performance

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Nov 24	Dec 24	Jan 25
100.0%	96.0%	95.0%	95.0%

Background

Data Protection Act requires subject access requests (SARs) to be responded within one calendar month. The figure includes Health Records/ CCTV/ Staff records plus information contained within emails

What is the data telling us?

The Data Protection Act states all SARs must be responded to within one calendar month unless an extension is agreed with the requestor (for more complex requests).

This month's performance has remained steady at 95% which was also the figure for December 2024..

What are we doing about it?

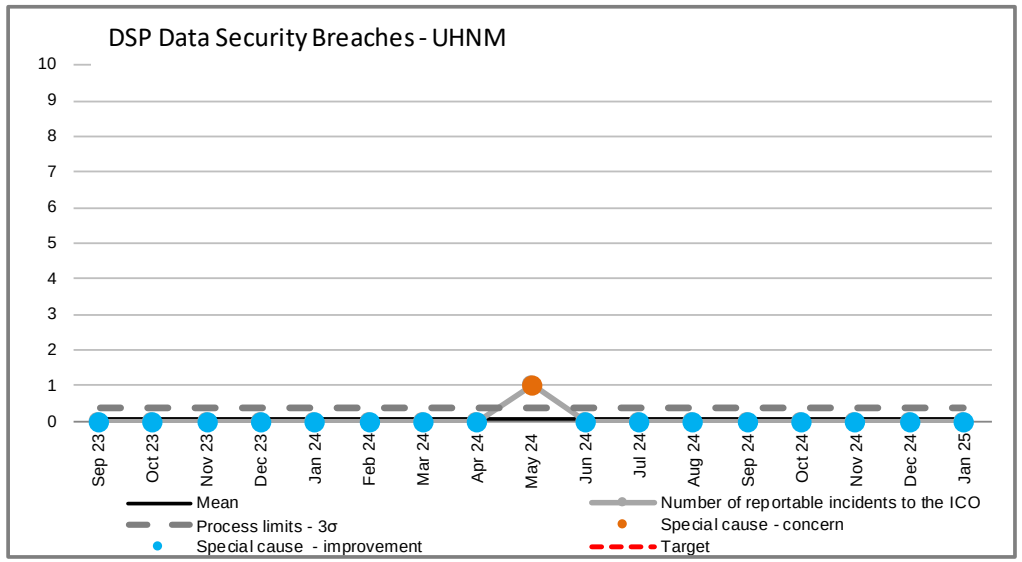
The Data, Security & Protection team have implemented a digital system for Freedom of Information Requests. This will also support the management of SARs. The People Directorate have agreed to move to the digital solution. This will facilitate a review of practice across DSP/Health Records and People Directorate in the management of SARs with the aim of standardising practice across the Trust. A project plan is being developed (as per the detail outlined on the FOI slide). The SAR module will be rolled out once the FOI module has been embedded across the Trust.

Additional support has been provided for the Ministries Team, to support them with SAR requests

Resources | Data Security Breaches

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Nov 24	Dec 24	Jan 25
0	0	0	0

Background

A serious incident (as per ICO) guidance must be reported to the ICO.

What is the data telling us?

A data security breach must be reported to the Supervisory Authority; the Information Commissioner's Office (ICO), if it meets the ICO criteria threshold.

No serious breaches have been reported this month.

What are we doing about it?

A governance and assurance programme is in place to support staff in understanding Data, Security & Protection (DSP) and hence minimise a data security breach:

- Policies and Standard Operating Procedures are reviewed in line with latest/best practice.
- Statutory and Mandatory training is undertaken on a yearly basis
- DSP manual in place to support staff in their day-to-day duties.
- Training awareness survey to identify staffs understanding of DSP.
- Dedicated training material, for example Information Asset Owners, responsible for the management of digital systems.
- A meeting has taken place with the ICO to discuss the incident reported in May. We are awaiting confirmation on the outcome of the investigation.

Resources | Digital Project Delivery Lifecycle

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

	Progress Status						
Project Priority	COMPLETE	IN PROGRESS	MOVED TO BAU	NOT STARTED	ON HOLD	MOVED TO 25_26	Grand Total
Essential		11	1	2	1		**15**
Essential – Proof of Concept (PoC)			1	1		2	**4**
Mandated	1	19	2	8	7	4	**41**
Other - High Priority	1	3		6	2	2	**14**
Other - Medium Priority		10		4	2	2	**18**
Other - Low Priority		1	1	2		9	**13**
Parked						1	**1**
PoC						1	**1**
TBC							
Grand Total	**2**	**44**	**5**	**23**	**12**	**21**	**107**

Variation	Assurance		
Target	Nov 24	Dec 24	Jan 25
N/A	80	76	79

Background

There is no specific overarching target for the Digital Project Delivery Lifecycle however the count provided above identifies the number of projects presently on the Digital Services project pipeline with a status of In Progress, Not Started or On Hold. The adjacent table and associated narrative describes the status and priority of all digital projects for 2024_25.

What is the data telling us?

There are currently 44 digital projects that are in progress (a decrease of 2 from last month). 2 projects have been completed during January 2025 with 38 projects now completed during 2024_25 to date. 35 projects have either not started or are currently on hold (an increase of 3 from last month) through additional projects added via the new request process. As noted in the last report, there continues to be a large volume of digital projects stated for delivery during 2024_25 however as we near the end of the financial year, a further review of the digital programme will be undertaken to ascertain which projects required moving into 25_26.

What are we doing about it?

To ensure that projects are prioritised correctly, Digital Services will periodically undertake a review of priorities utilising a defined scoring mechanism based on criteria such as alignment to national/local strategy, benefits and risk reduction. The new request process is working well and further discussions have been held with regards to a new Project Management tool (based on Microsoft Project for the Web) which will provide a centralised view and oversight of digital projects in addition to associated standardised project management processes. We will continue to review projects that have not started with a view to transfer some of these to the 2025_26 Digital project pipeline as required.

Resources | Financial Summary

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

This report presents the financial performance of the Trust for January 2025 (Month 10).

Key elements of the financial performance for the year to date are:

- For Month 10 the Trust has delivered a year-to-date deficit of £20.8m against a planned deficit of £1.4m; this adverse variance of £19.3m is primarily driven by an underperformance against the Trust's in year CIP, under delivery of ERF income and overspends within Purchase of Healthcare relating to diagnostics.
- There is a difference between the budget profile of the Trust's financial plan and the final plan submitted to NHSE; the Trust will continue to monitor performance against its financial plan and inform the committee of the position reported externally. It should be noted that this issue only effects the budget profile not the actual position and is neutral across the year.
- The Trust has a CIP target of £56.6m in 2024/25. The Trust has validated £33.0m of CIP savings to Month 10 against a plan of £46.0m. Of the £33.0m saving delivered, £25.9m are non-recurrent.
- The full year forecast at Month 10 indicates that the most likely position remains a £23.1m deficit; this includes the expected impact of a series of agreed actions across the system which are incorporated into a draft system wide recovery plan.
- There has been £57.9m of Capital expenditure to Month 10. This is £6.1m below planned expenditure to Month 10.
- The cash balance was £52.2m, which is £13.8m lower than the plan of £66.0m. The underlying cash position at Month 10 shows a cash position of £44.7m after taking into account NHS working balances of accrued income, prepayments and deferred income and cash to be reimbursed to the Trust from the Charity in relation to work on the Holistic Centre development.

Resources | Income and Expenditure

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

The Trust has delivered a £20.8m deficit at Month 10 which is a £19.3m adverse variance from the planned deficit of £1.4m. The table below summarises the I&E position at Month 10:

Income & Expenditure Summary Month 10 2024/25	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	1,118.3	92.9	95.6	2.7	931.9	938.4	6.5
Other Operating Income	96.4	7.9	8.0	0.1	80.6	81.3	0.7
Total Income	1,214.7	100.8	103.7	2.8	1,012.5	1,019.8	7.2
Pay Expenditure	(741.6)	(62.6)	(62.8)	(0.2)	(616.4)	(614.6)	1.8
Non Pay Expenditure	(440.0)	(35.5)	(40.6)	(5.1)	(369.9)	(398.8)	(28.9)
Total Operational Costs	(1,181.6)	(98.1)	(103.4)	(5.3)	(986.3)	(1,013.4)	(27.1)
EBITDA	33.2	2.7	0.3	(2.4)	26.2	6.4	(19.8)
Interest Receivable	4.0	0.3	0.4	0.1	3.3	5.3	2.0
PDC	(2.0)	(0.2)	(0.3)	(0.1)	(1.6)	(3.0)	(1.4)
Finance Cost	(35.2)	(2.9)	(3.0)	(0.0)	(29.3)	(29.5)	(0.1)
Other Gains or Losses	0.0	0.0	0.0	0.0	0.0	0.1	0.1
Surplus / (Deficit)	0.0	(0.0)	(2.5)	(2.5)	(1.4)	(20.8)	(19.3)
Plan phasing adjustment	0.0	(0.0)	0.0	0.0	2.8	0.0	(2.8)
Surplus / (Deficit) reported to NHSE	0.0	(0.0)	(2.5)	(2.5)	1.4	(20.8)	(22.1)

Key issues to note within the Month 10 position include the following.

The year-to-date adverse variance of £19.3m is mainly driven by an under-achievement against CIP targets of £13.0m and overspends in the purchase of healthcare from other bodies (mainly relating to external reporting in Radiology and Pathology) of £5.2m. Income is over-recovered by £7.2m mainly due to additional excluded drugs and devices income; this is offset by non-pay overspends.

Resources | CIP

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

The Trust has a £56.6m CIP target for 2024/25. To Month 10, the Trust is reporting £33.0m savings in year, of which £25.9m relates to non-recurrent schemes. The in-month under-delivery of £2.2m is driven by the under-achievement of the additional £10.2m Cip to achieve breakeven which is phased in from Month 7.

The table below summarises the Month 10 position:

CIP Savings Month 10 2024/25	Annual Target	In Month			Year to Date		
		Budget	Actual	Variance	Budget	Actual	Variance
Divisional position							
Medicine & Urgent care	3.9	0.3	0.1	(0.3)	3.2	0.5	(2.7)
Surgery, Theatres & Critical Care	3.6	0.3	0.1	(0.2)	3.0	0.6	(2.5)
Network services	2.8	0.2	1.0	0.7	2.3	1.6	(0.7)
Womens, Childrens & Clinical Support Services	2.6	0.2	0.1	(0.1)	2.2	0.7	(1.5)
Central functions	1.6	0.1	0.1	(0.1)	1.3	0.6	(0.7)
Estates, Facilities & PFI	1.0	0.1	0.1	(0.0)	0.8	1.0	0.2
North Midlands & Cheshire Pathology Services	1.2	0.1	0.1	(0.0)	1.0	0.7	(0.2)
Recovery actions - divisional CIP to be identified				-			
Divisional CIP	16.6	1.4	1.4	(0.0)	13.9	5.8	(8.1)
Pay Underspend	6.0	0.5	0.5	-	5.0	5.0	-
Bank interest	2.0	0.2	0.3	0.1	1.7	3.6	2.0
Energy savings	3.2	0.3	0.3	0.0	2.7	2.7	0.0
Investment slippage	5.0	0.1	0.1	0.0	4.7	4.7	(0.0)
Other non recurrent	7.3	0.6	0.1	(0.5)	6.1	4.8	(1.3)
Additional CIP to 4% of cost base	6.3	0.5	0.5	-	5.3	5.3	-
Additional CIP to achieve breakeven	10.2	1.7	-	(1.7)	6.8	-	(6.8)
Recovery action - non recurrent mitigation				-			-
Recovery actions - balance sheet				-		1.2	1.2
Recovery actions - discretionary expenditure				-			-
Recovery action - pay controls				-			
Total CIP	56.6	5.3	3.1	(2.2)	46.0	33.0	(13.0)

The table below summarises the recurrent and non-recurrent CIP delivery.

Resources | Capital

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

UHNM Capital Plan	2024/25 Plan £000	2024/25 Forecast £000	YTD Plan M10 £000	YTD Actual M10 £000	Variance M10 £000
Capital funding					
PFI & Loan Commitments	31.5	32.1	23.6	23.6	-
Base STP allocation	22.1	22.1	18.5	18.5	-
ICB fair share reduction	(0.5)	(0.5)	(0.4)	(0.4)	-
ICB brokerage	(3.1)	(3.1)	(2.5)	(2.5)	-
ICB IFRS16 CDC lease funding	5.0	5.0	-	-	-
ICB IFRS16 incremental increase allocation	4.4	4.4	8.2	8.2	-
Public Dividend Capital funding	40.9	40.7	18.0	18.0	-
Donated, granted other capital funding	7.0	6.7	3.8	3.8	-
Internal funding source (including capital receipts)	1.8	1.3	-	-	-
Total Capital funding	109.2	108.8	69.1	69.1	-
Capital expenditure					
PFI & Loan Commitments	(31.5)	(32.1)	(23.6)	(23.6)	-
Investment items (ICB allocation)					
PFI enabling costs	(0.2)	(0.2)	(0.2)	(0.1)	0.0
Network & Comms BC525	(1.3)	(1.3)	(1.3)	(1.2)	0.1
IM&T computer hardware refresh programme	(5.2)	(2.3)	-	-	-
LED lighting BC546	(0.2)	(0.2)	(0.1)	(0.1)	-
Pharmacy Robot BC487 -	(0.0)	(0.0)	-	-	-
Investment funding	(0.5)	(0.6)	(0.3)	(0.3)	(0.1)
Central Contingency & risk	(0.3)	-	-	-	-
Project Star - car park completion/RI remedial work	(0.7)	(0.7)	(0.4)	(0.4)	-
Emergency Department (restatement costs)	(0.2)	(0.2)	(0.2)	(0.1)	0.1
Air heat boiler replacement Trust Contribution	(0.8)	(0.8)	-	-	-
EPMA (Electronic Prescribing) BC	(0.4)	(0.5)	(0.3)	(0.4)	(0.1)
Patient Portal roll out costs (BC 462)	(0.1)	(0.1)	(0.1)	(0.0)	0.1
ED ambulance off - enabling ward moves	(0.3)	(0.1)	(0.1)	(0.1)	(0.0)
Endoscopy works 7th room - PDC ICB allocation	(0.4)	(0.0)	-	-	-
County theatre holding bay	(0.3)	(0.3)	(0.1)	(0.0)	0.1
Omnicell Cabinet for AMU	(0.3)	-	-	-	-
Car park barriers BC550	(0.8)	(0.8)	(0.4)	(0.4)	-
Electronic Patients records BC/specification	(0.1)	-	-	-	-
Approved minor investments CIG SON	(0.2)	(0.7)	(0.2)	(0.3)	(0.1)
Purchase of County Medical Records building	-	(1.3)	-	-	-
Spinal Navigation BC	-	(0.8)	-	-	-
Omnicell Cabinet replacement ED	-	(0.2)	-	-	-
County CTS2 Equipment	-	(0.4)	(0.1)	(0.1)	-
County mammography equipment (brought fwd)	-	(0.7)	-	-	-
Medical devices additional allocation	-	(3.5)	-	-	-
I-portal server replacement	-	(0.6)	(0.3)	(0.3)	-
Funding to be (allocated)/shortfall	(2.5)	-	-	-	-
Total Pre committed Investment items	(14.6)	(16.4)	(3.9)	(3.8)	0.1
IMT Sub Group Funding	(3.5)	(1.9)	(1.6)	(0.9)	0.8
IM&T lap top replacement top-slice	1.3	-	-	-	-
Medical Devices Sub Group Total Funding	(3.6)	(3.6)	(2.6)	(3.2)	(0.6)
Medical Devices Sub Group brought forward	-	(1.0)	-	-	
Estates Sub Group Total Funding	(4.3)	(4.3)	(2.3)	(2.6)	(0.3)
Health & Safety compliance	(0.2)	(0.2)	-	-	-
Net zero carbon (sustainability) initiatives	(0.1)	(0.1)	-	-	-
Total Sub Groups	(10.3)	(11.1)	(6.5)	(6.7)	(0.2)
Lease liability re-measurement	(0.4)	0.2	0.1	0.1	-
IFRS16 - lap top extension	(0.1)	(0.5)	(0.5)	(0.5)	-
IFRS16 CDC building lease	(5.0)	(4.1)	(4.1)	(4.1)	-
IFRS16 - cancer digital pathology	-	(0.6)	-	-	-
IFRS16 - hardware refresh	-	(3.0)	(2.5)	-	2.5
IFRS16 - pathology extension	-	(0.3)	(0.3)	(0.3)	-
IFRS16 - Bentilee health centre	-	(0.6)	(0.6)	(0.6)	-
IFRS16 new lease/lease extension	(0.5)	(0.7)	(0.3)	(0.3)	-
IFRS16 efficiency requirement	0.9	-	-	-	-
Total IFRS16 leases	(5.1)	(9.5)	(8.2)	(5.7)	2.5
Total Internal Capital Expenditure programme	(61.5)	(69.1)	(42.2)	(39.7)	2.5
Additional CRL / Externally Funded PDC					
CDC phase 2 endoscopy - 24/25 PDC	(6.2)	(6.6)	(1.4)	(1.1)	0.3
CDC phase 2 endoscopy - 24/25 IM&T	(0.5)	(0.5)	-	-	-
CDC phase 1 estates enabling - 24/25	(14.5)	(4.4)	(3.1)	(2.1)	1.0
ICB brokerage allocated to CDC slippage	3.1	-	-	-	-
TIF 2 PDC (Breast care unit)	(7.5)	(4.5)	(2.5)	(1.5)	1.0
TIF 2 PDC (Day Case Unit) -	(8.7)	(8.1)	(6.7)	(6.1)	0.6
PDC - UEC modular build (AMRA) 23/24 PDC	(2.9)	(3.0)	(3.0)	(2.5)	0.5
Digital - EPR 2023/24 PDC	(2.1)	(1.9)	(1.4)	(1.0)	0.4
Digital - EPR 2024/25 PDC	(1.4)	(1.4)	-	-	-
Pathology cancer reporting PDC	-	(0.4)	-	-	-
Mobile breast screening PDC	-	(0.4)	-	-	-
PDC - Critical risk infrastructure	-	(0.9)	-	-	-
PDC - Cyber security	-	(0.2)	-	-	-
PDC - Endoscopy equipment (NCA transfer)	-	(0.8)	-	-	-
Air heat boiler replacement PSDS Grant BC 510	(2.5)	(2.5)	(0.6)	(0.6)	-
Equipment - endoscopy CDEL	(1.0)	(1.0)	-	-	-
Charitable funded expenditure	(3.5)	(3.1)	(3.1)	(3.1)	-
Total Additional CRL / PDC Funded expenditure	(47.8)	(39.8)	(21.8)	(18.1)	3.7
Total Capital Expenditure	(109.2)	(108.9)	(64.0)	(57.9)	6.1
Planned under/(over) spend	(0.0)	(0.0)	5.1	11.2	6.1

The table above sets out the capital plan for 2024/25 and the forecast at Month 10 is consistent with the forecast signed off by Trust Board at the meeting on 4 December with the exception of the rephasing £3m of PDC relating to the TIF County Breast Unit to 2025/26. This has been agreed by the NHSE regional and programme team and the £3m confirmed in the 2025/26 ICB capital allocation, although a formal variation to the MoU has not yet been received.

The position on the CDC and County Breast Unit PDC funded schemes is as previously reported with the exception of the rephasing of £3m of PDC to 2025/26 as described above. As a result, the overall level of PDC brokerage required between 2024/25 and 2025/26 has been reduced to £12.8m, of which £9.8m was included in the original capital plan.

The ICB has received notification of the overall capital allocation for 2025/26 which includes the requirement to submit bids for additional PDC funded capital for a number of areas. The plan proposals for the ICB are currently being reviewed and an update on the position will be reported to the next Performance and Finance Committee in late March.

At Month 10 capital funding is in line with plan, and capital expenditure is £6.1m lower than plan. Of the £57.9m expenditure, £23.6m relates to pre-committed items for the repayment of PFI and IFRS16 lease liabilities and PFI lifecycle expenditure. Overall Investment items and capital sub-groups' expenditure is in line with plan.

The IFRS16 IM&T hardware refresh scheme is £2.5m behind plan however the Business Case has now been fully approved and the purchase order raised, equipment will be available for the Trust to use by the year end.

The PDC schemes for CDC and the County Breast Unit are currently underspent by £1.3m and £1m respectively and this reflects the expected slippage at the year end as detailed above. The Day Case Unit is slightly behind plan but is still due to be completed within the expected timescales.

The slippage on the UEC modular build reflects an underspend on the scheme. This underspend and a VAT refund were planned to be reinvested into the restoration of car parking and roof walkway. However, due to local authority planning requirements the cost of the restoration of the car parking has increased and would require further approval.

The slippage on the 2023/24 PDC funded EPR scheme of £0.4m is due to a slight delay in the delivery of equipment, and expenditure will be in line with plan by the year end.

The planned underspend of £5.1m at Month 10 relates to the timing difference between the capital funding provided by depreciation, and planned expenditure. The depreciation charge is generally phased equally over the course of the financial year however as in previous year capital expenditure has a significant proportion of expenditure in the last quarter of the financial year. It is forecast that overall, the Trust will meet the capital expenditure target at the year end and there are no significant risks to raise in this report.

Resources | Balance Sheet

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

Balance sheet as at Month 10	31/03/2024	31/01/2025			
	Actual £m	Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	686.3	699.5	693.3	(6.2)	Note 1
Right of Use Assets	18.1	23.5	20.3	(3.2)	Note 2
Intangible Assets	16.3	12.2	11.3	(0.9)	
Trade and other Receivables	1.1	1.1	1.1	-	
Total Non Current Assets	721.7	736.3	726.0	(10.3)	
Inventories	17.7	17.7	19.0	1.3	Note 3
Trade and other Receivables	44.4	47.4	65.3	18.0	Note 4
Cash and Cash Equivalents	82.0	66.0	52.2	(13.8)	Note 5
Total Current Assets	144.1	131.1	136.6	5.5	
Trade and other payables	(125.6)	(115.7)	(137.9)	(22.2)	Note 6
Borrowings	(25.7)	(25.7)	(25.9)	(0.2)	
Provisions	(5.7)	(5.7)	(3.7)	2.0	Note 7
Total Current Liabilities	(156.9)	(147.0)	(167.5)	(20.5)	
Borrowings	(477.1)	(482.9)	(480.0)	2.9	Note 2
Provisions	(2.3)	(2.3)	(2.2)	0.1	
Total Non Current Liabilities	(479.4)	(485.2)	(482.2)	3.0	
Total Assets Employed	229.5	235.2	212.9	(22.3)	
Financed By:				-	
Public Dividend Capital	693.9	693.9	693.9	-	
Retained Earnings	(669.1)	(663.4)	(685.7)	(22.3)	Note 8
Revaluation Reserve	204.7	204.7	204.7	-	
Total Taxpayers Equity	229.5	235.2	212.9	(22.3)	

Note 7. Provisions are £2m lower than planned at Month 10. This is due to the release of £1.2m relating to the band 2 to band 3 provision in Month 10. The plan is to release the remaining £2.4m provision in the next two months and then to re-provide in Month 12.

Note 8. Retained earnings are showing a £22.3m variance from plan which reflects the Month 10 financial performance deficit of £20.8m and adjustments relating to.

- donated income and donated depreciation £2.2m.
- adjust PFI revenue costs to a UK GAAP basis £1.9m.

The table below details all of the individual adjustments.

The most significant adjustment is to adjust PFI revenue costs from an IFRS basis to a UK GAAP basis in relation to the Provider performance measure and is in line with the change in approach of NHSE in 2024/25.

Retained earnings	Plan £m	Actual £m	Variance £m	Explanation of adjustment
I&E (deficit)/surplus	1.4	(20.8)	(22.2)	
Donated income	3.0	3.8	0.8	
Donated depreciation	(1.6)	(1.6)	0.0	
Adjust PFI revenue costs to UK GAAP basis	2.9	1.9	(1.0)	Provider performance measure adjustment
Retained earnings movement	5.7	(16.6)	(22.3)	

The balance sheet plan reflects the forecast included within the 2024/25 Financial Plan submitted to NHSE. Variances to the plan at month 10 are explained below:

Note 1. Property, plant and equipment is £6.2m lower than plan at Month 10. This is mainly due to slippage on the capital programme in relation to PDC funded schemes for the CDC, County Breast Care Unit and Frontline Digital (EPR) schemes. The capital section of the report details the expected year end position and mitigating actions in relation to the CDC and County Breast Unit schemes.

Note 2. Right of use assets are £3.2m behind plan and borrowings are £2.7m below plan. This is mainly due to the IM&T hardware refresh lease starting later than planned. The Business Case has now been approved, and the assets and liability will be accounted for by the year end as the assets will be available for use to the Trust.

Note 3. Inventories are £1.3m higher than the year-end value. The main areas of movement compared to 31 March 2024 are pharmacy stock £0.5m, TAVI's £0.3m, theatres £0.1m and virology £0.1m.

Note 4. Trade and other receivables are £18m higher than plan. This is mainly due to NHS accrued income which is higher than plan at £25.4m.

NHS accrued income includes accruals with Staffordshire and Stoke ICB of £8.1m relating to additional ERF and mobile endoscopy. Accrued income of £7.2m with Specialised Commissioners includes accruals relating to the block contract, variable growth funding, ERF funding and mechanical thrombectomy. There is also accrued income of £2.1m with other commissioners for the block contract and pay award funding.

Prepayments of £17.8m are higher than expected, the prepayments mainly relate to NHS resolution, managed service contracts and annual licences which are paid for the 12-month period.

Note 5. At Month 10 our cash balance was £52.2m, which is £13.8m lower than the plan of £66m. The underlying cash position at month 10 is £44.7m after taking into account NHS working balances of accrued income, prepayments and deferred income. In relation to the revenue position of a year-to-date deficit of £20.8m at month 10 the actual underlying cash balance is £0.5m below the adjusted expected balance.

Cash received is £38.9m higher than plan overall, of which £32.9m relates to the Staffordshire and Stoke ICB block mandate. This includes the upfront payments of ERF funding, the cash impact of the change in the reporting requirement for PFI in 2024/25, and funding for the Agenda for Change pay award.

Payments are £52.7m ahead of plan at Month 10 of which £35.9m relates to payroll and reflects the overall impact of all pay awards to month 10. The overspend represents 6.4% compared to the plan value which is in line with national guidance expectations of 6.8% relating to the impact of the pay awards. General payments are £13.4m higher than the year-to-date plan. This overspend reflects the revenue overspend to month 10.

Note 6. Trade and other payables are £22.2m higher than plan. This is mainly due to deferred income of £38.6m at month 10 being significantly higher than plan. Of this balance £19.8m relates to Staffordshire and Stoke ICB due to the upfront payments of ERF funding (£3.5m), 2024/25 block contract (£3.8m), CDC (£3m), Specialised commissioning (£2.1m) and West Midlands Cancer Alliance funding (£1.5m). There is also deferred income of £2.3m with NHS Cheshire and Merseyside ICB relating to ERF system funding £1.2m and specialised and dental income of £1m. At Month 10 the deferred income balance also included £6.8m from NHSE relating to high-cost devices, and £1.1m for Digital Pathology.

Resources | Forecast revenue outturn

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

The Trust's forecast, updated to reflect the actual run rate for Month 10, is for a £23.1m deficit; this includes the impact of additional actions that have been agreed by Chairs and CEOs. The table below provides the profile of the £23.1m deficit over the remainder of the year.

2024/25 I&E forecast surplus/(deficit) £m	YTD Mn 5	Mn 6	Mn 7	Mn 8	Mn 9	Mn 10	Mn 11	Mn 12	Total
Base forecast	(9.4)	(2.6)	(2.9)	(3.0)	(3.1)	(4.2)	(3.5)	(3.5)	(32.2)
Divisional CIP schemes above base forecast			0.5	0.5	0.5	0.5	0.5	0.5	3.0
Divisional risk bias		0.3	0.3	0.3	0.3	0.3	0.3	0.3	2.1
Non recurrent mitigations								5.0	5.0
I&E forecast surplus/(deficit)	(9.4)	(2.3)	(2.1)	(2.2)	(2.3)	(3.4)	(2.7)	2.3	(22.1)
Band 2 to 3 mitigation								(15.0)	(15.0)
System recovery plan									
Band 2 to 3 mitigation								7.0	7.0
Additional balance sheet flexibility						1.2	1.2	1.2	3.6
Further CIP/Mitigation discretionary expenditure				0.1	0.1	0.1	0.1	0.1	0.7
Further CIP/Mitigation pay controls				0.3	0.3	0.3	0.3	0.3	1.4
Additional Education funding for junior medical staff		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.4
Industrial action funding					0.9				0.9
In month I&E forecast surplus/(deficit)	(9.4)	(2.3)	(2.1)	(1.7)	(0.9)	(1.7)	(1.1)	(4.0)	(23.1)
Cummulative I&E forecast surplus/(deficit)	(9.4)	(11.6)	(13.7)	(15.4)	(16.3)	(18.0)	(19.1)	(23.1)	

The Month 10 actual year to date deficit of £20.8m is a £2.8m adverse to the forecast profile of £18.0m.

As reported at Month 8 there was a favourable impact on the forecast due to a non-recurrent benefit relating to the Pay Award. However, this has been offset by continued pressures within non-pay which are not offset by additional income and additional mitigations not having the expected impact at Month 10. In addition to this ERF income is below forecast due to pressures in the urgent care system over the last three months.

The Trust is still forecasting to deliver a £23.1m deficit for the year.

Resources | Conclusion

Getting the most from our resources including staff, assets and money

University Hospitals of North Midlands NHS Trust

The Trust has delivered a year-to-date deficit of £20.8m against a planned deficit of £1.4m; this adverse variance of £19.3m is primarily driven by underperformance against the Trust's in year CIP and the purchase of Healthcare from external bodies.

The year-to-date position is £2.8m behind the Trust's forecast to deliver a £23.1m deficit for the year. The main risk to achieving this forecast is the Trust's ability to deliver planned levels of Elective activity over the remainder of the year whilst managing pressures in the urgent care system.

University Hospitals of North Midlands NHS Trust

Integrated Performance Report (IPR)

Month 10 Performance 2024/2025

Delivering Exceptional Care with Exceptional People

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

Explaining Each Domain:

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

RAG Rating Key:

	Good level of assurance for the domain
	Reasonable Assurance with an action plan to move into Good
	Limited or No Assurance for the domain with an action plan to move into Good

This report uses Statistical Process Control (SPC) methods to draw two main observations of performance data and the below key, and icons are used to describe what the data is telling us.

Variation	Are we seeing significant improvement, significant decline or no significant change?
Assurance	How assured of consistently meeting the target can we be?

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

Assurance Grid

Failing

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

?	P	F
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

	H L	H L
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

VARIATION \ ASSURANCE	Pass	Hit and Miss	Fail	No Target
Special Cause - Improvement	Turnover Rate	Sepsis - ED Portals IVAB Agency Utilisation Cancer 28 Day FDS UEC Cat Handover Average Time Daycase / Elective Activity Data Security Breaches	Vacancy Rate RTT No. of Patients Waiting >52 Weeks RTT No. of Patients Waiting >65 Weeks RTT No. of Patients Waiting >104 Weeks RTT No. of Patients Waiting >78 Weeks Appraisal Rate	Increase Clinical Academic Posts/Honorary Contracts Increase Research Active Employees
Common Cause	Maternity Triage Sepsis - Adult Inpatient IVAB	Induction of Labour Patient Safety Incidents rate per 1000 bed days Patient Safety Incidents with moderate harm and above per 1000 bed days Patient falls with harm per 1000 bed days Medication Incidents per 1000 bed days Medication Incidents % with moderate harm or above Patient Safety Incident Investigation (PSII's) instigated Never Events per month Pressure ulcers developed under UHNM per 1000 bed days Family & Friends Test - Inpatient Sepsis - Adult Inpatient Screening Sepsis - ED Portals Screening Sepsis - Childrens Screening Sepsis - Maternity Screening Increase Clinical Trial Participation Outpatients' 1st Outpatients' Follow Up Subject Access Request Performance	Family & Friends Test - ED Single Sex Breaches Employee Engagement Sickness Absence (In Month) Cancer 31 Day Combined Cancer 62 Day Combined UEC 4 Hour Performance Treating patients in a timely manner (Hospital Combined Performance Score) Freedom of Information Performance	Alcohol Dependency Tobacco Dependency (Inpatients) Tobacco Dependency (Maternity)
Special Cause - Concern	Non-Elective Activity	Family & Friends Test - Maternity	Diagnostics DM01 Performance UEC 12 Hour Trolley Wait	

People | Overview

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People

Overview from the Chief People Officer

How are we doing against our trajectories and expected standards?

Our most recent *Staff Engagement* score was 6.48 for January 2025, down from the score of 6.6 for July 2024, against a target of 7.2. The Staff Voice Survey is now collected quarterly, meaning the next scoring will not occur until April 2025. A total of 633 bank staff have signed up for the Wagestream solution, (558 in December 2024) with a further 27 enrolling. There has been a total of 5,086 streams, totalling £789,000 in advances, since Wagestream's launch.

Sickness absence remains above our expected standard of 3.39%. In month we have seen a decrease to 5.79%, while the 12-month cumulative rate remains at 5.3% for the nineth consecutive month. The main driver of this continues to be stress and anxiety, followed by and Cold, Cough, Flu – Influenza and Gastrointestinal problems, as the second and third most common reasons.

Turnover and *vacancy* metrics continue to perform well against our expected standards. The turnover rate in January 2025 remained low, at 7.2%, which remains consistently below our 11% target, for more than 2 Years. Vacancies decreased to 8.3% (8.5% in December 2024). The main drivers of this were increases across Registered Nursing (+22.4), ST&T (+7.26), Support to Clinical Staff (+20.86), Infrastructure (+29.52) and Medical & Dental (+11.47) These increases were counter-balanced by a 76.22 fte uplift in the total budgeted establishment.

Agency costs decreased slightly to 2.33%, in January 2025, from 2.61% in December 2024, which is below the threshold set by NHS England. In real-terms, overall agency usage decreased to 212.12 WTE in January 2025 from 248.58 WTE in December 2024 which remains below the overall 3.2% threshold.

What is driving this?

Sickness absence is driven by many factors, including stress and anxiety and seasonal changes such as colds, cough and chest & respiratory problems. Although January saw in-month reductions in sickness absence, the usual seasonal changes, are still reflected in the higher numbers of Cold, Cough, Flu – Influenza problems which saw an increase of 1.6% in January 2025.

Agency Expenditure is currently 21 WTE above plan which is being driven by the continued need for escalation capacity, additional work related to the elective recovery programme and an increased demand in theatres and endoscopy services. However, the additional scrutiny at executive and divisional level appears to be having the desired affect in reducing overall agency spend, with some agency activity being converted to bank expenditure, as well.

People | Overview

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

Overview from the Chief People Officer

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

The staff voice has moved to quarterly (with the survey open for 14 days) for FY24/25 to prevent survey fatigue and to allow more time for the divisions to review and respond to feedback 'you said, we will'.

Sickness absence continues to be monitored at directorate performance reviews. Areas with over 8% or of concern are supported by the People Advisors, focusing on long term sickness cases. Our people are also provided with many online and in-person resources, to improve their personal resiliency when coping with work-related stress. A review of policy compliance of the top 10 cases for short and long term absence continues across all divisions.

Agency Expenditure remains subject to continued scrutiny through the Divisional Performance Reviews and the Medical Workforce Assurance Group. There is also regular focus at ICB level on workforce numbers, agency spend and controls. Additional data sources are being provided to allow for more granular discussions, with the development of a new temporary staffing dashboard coming online within the next couple of weeks.

The system-level controls implemented in our Electronic Rostering solution for all nursing and midwifery rosters continue to serve as the primary layer of control, complemented by the scrutiny provided through Divisional Performance Reviews.

What can we expect in future reports?

We may see continued higher sickness absences, as a result of seasonal changes, particularly related to increases in Cold, Cough, Flu – Influenza. Our people are being encouraged to accept the Covid -19 and Flu vaccinations, where individuals have not yet received them. The current increase in Norovirus cases may drive an increase in short term sickness absence cases.

There will be further updates regarding the uptake of the Wagestream solution, before a decision is made to implement it for our substantive workforce, as part of our employee benefits package. An options appraisal report is being drafted for the Executive Board's consideration, before any final decision is made, regarding Wagestream's further rollout to the substantive workforce.

Agency spend has fallen below NHS England's 3.2% threshold. We expect agency usage to continue to track close to this threshold, due to on-going elective recovery programme activity, and the continued need for escalation capacity and the additional demand in theatres and endoscopy services, and in the emergency portals.

People | Dashboard

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Employee Engagement	7.2	6.6	6.5						
Sickness Absence (In Month)	3.40%	6.00%	5.79%						
Vacancy Rate	8.00%	8.49%	8.29%						
Turnover Rate	11.00%	7.44%	7.21%						
Appraisal Rate	95.00%	85.89%	85.15%						
Agency Utilisation	3.20%	2.61%	2.33%						

Related Strategy and Board Assurance Framework (BAF)

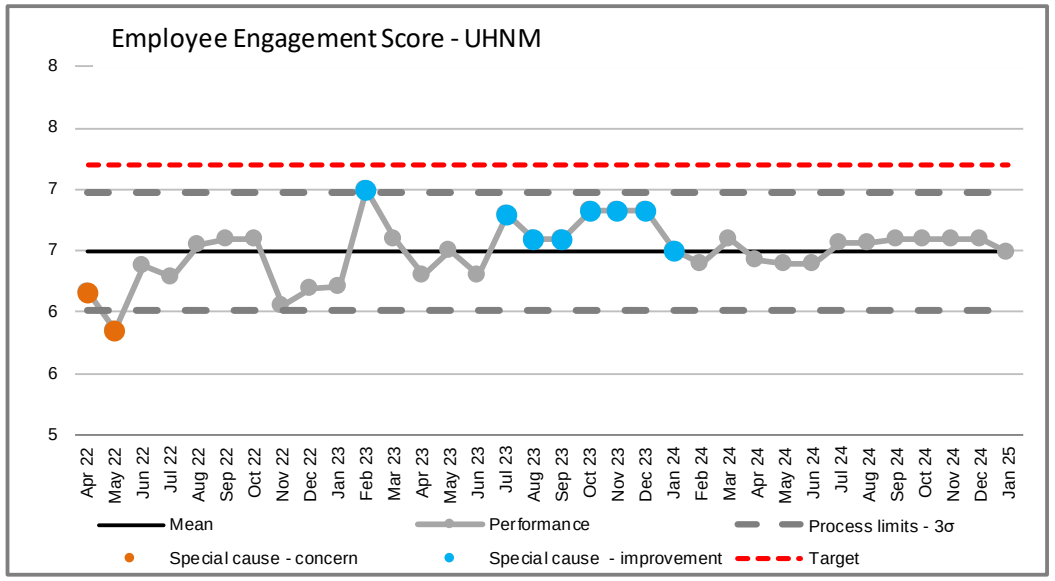
People Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 2: Sustainable Workforce	Ext 16	Acceptable	Ext 15	Acceptable	Ext 15	Acceptable		

People | Employee Engagement

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

Target	Nov 24	Dec 24	Jan 25
7.2	6.6	6.6	6.5

Background

What is the data telling us?

Our most recent Staff Engagement score was 6.48, for January 2025, down from the score of 6.6 which was achieved prior to the pause period, against a target of 7.2.

The Staff Voice Survey is now collected quarterly, meaning the next scoring period will open from 1st April 2025. (The most recent score will be used in the intervening months.)

The National Staff Survey achieved an overall 45% response rate, which is comparable to the 44.9% response rate we achieved in 2023/24.

What are we doing about it?

The survey has moved to quarterly (with the survey open for 14 days) for FY24/25 to prevent survey fatigue and to allow more time for the divisions to review and respond to feedback 'you said, we will'. The next reportable period is January 2025.

Sustained operational pressures continue to impact on overall employee engagement.

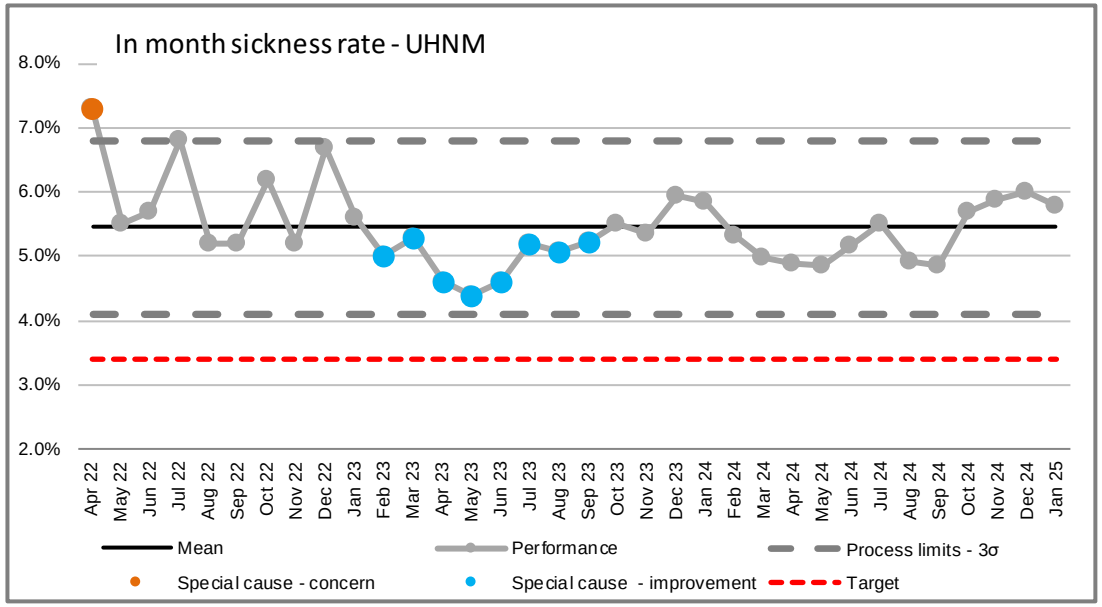
All Divisions are developing staff survey response plans and have a driver metric for staff engagement.

People | Sickness Absence in Month

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People



Variation	Assurance
	F

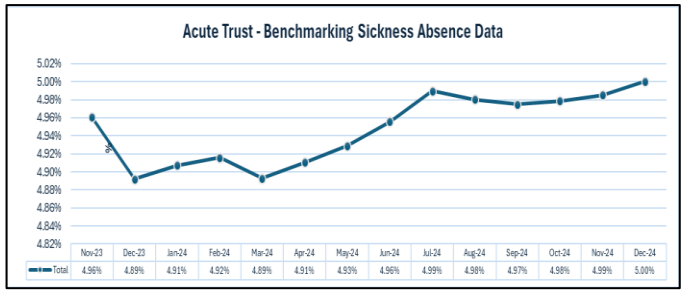
Target	Nov 24	Dec 24	Jan 25
3.4%	5.9%	6.0%	5.8%

Background

Percentage of days lost to staff sickness

Our sickness absence rates are above other Acute Trust's when examining the available benchmarking data.

(Benchmarking data effective December 2024)



What is the data telling us?

The rolling 12-month average sickness absence rate reduced slightly to 5.31% (5.33% in December 2024) against the target of 3.4%.

The in-month sickness absence decreased to 5.79% in January (6.00% in December 2024) with Anxiety/stress/depression/other psychiatric illnesses seeing the biggest increase of 1.4%, followed by a 1.6% increase in Cold, Cough, Flu – Influenza.

In rank order (highest first), the top 3 reasons for absences during January were: (1) Anxiety/stress/depression/other psychiatric illnesses, (2) Cold, Cough, Flu – Influenza and (3) Gastrointestinal problems, which remains unchanged from December's top 3 reasons.

What are we doing about it?

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.

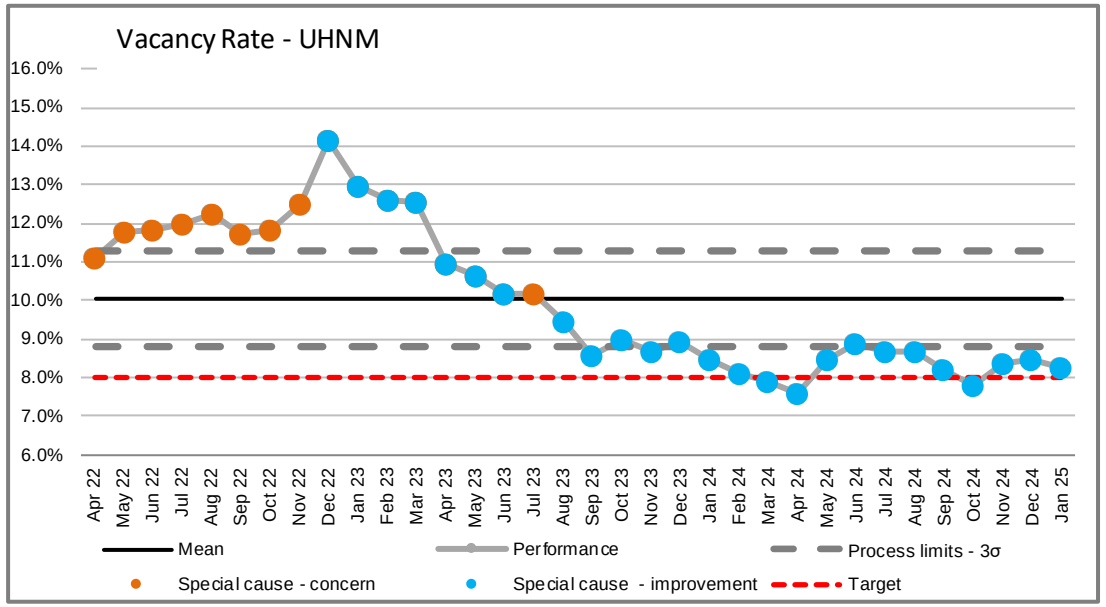
Network Division - commenced sickness assurance meetings.

Women's Children's and Clinical Division - Deep dives into hot spot/high absence areas to target interventions as well as continuing absence surgeries.

People | Vacancy Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Nov 24	Dec 24	Jan 25
8%	8.4%	8.5%	8.3%

Background

Based on Full Establishment (Substantive, Bank & Agency)

Vacancies at 31-12-24	Budgeted Establishment	Staff In Post fte	Vacancies	Vacancy %	Previous Month
Medical and Dental	1,800.16	1,615.31	184.85	10.27%	10.24%
Registered Nursing	3856.14	3614.52	241.62	6.27%	6.65%
All other Staff Groups	7062.03	6433.53	628.50	8.90%	9.04%
Total	12,718.33	11,663.36	1,054.97	8.29%	8.49%

What is the data telling us?

The summary of vacancies, by staff groupings, saw a marginal 0.20% decrease in the overall vacancy rate. The reasons for this are explained below.

Low vacancies and turnover rates signify on-going successes in recruitment and retention processes.

Colleagues in post increased in January 2025 by 91.31 fte, across Registered Nursing (+22.4), ST&T (+7.26), Support to Clinical Staff (+20.86), Infrastructure (+29.52) and Medical & Dental (+11.47). Budgeted establishment increased by 76.22 fte, which decreased the vacancy fte by -17.73 fte overall.

[*Note: the Staff in Post fte is a snapshot at a point in time, so may not be the final figure for 31/01/25]

What are we doing about it?

We continue with our successful recruitment events, targeting specific roles across multiple professions and divisions.

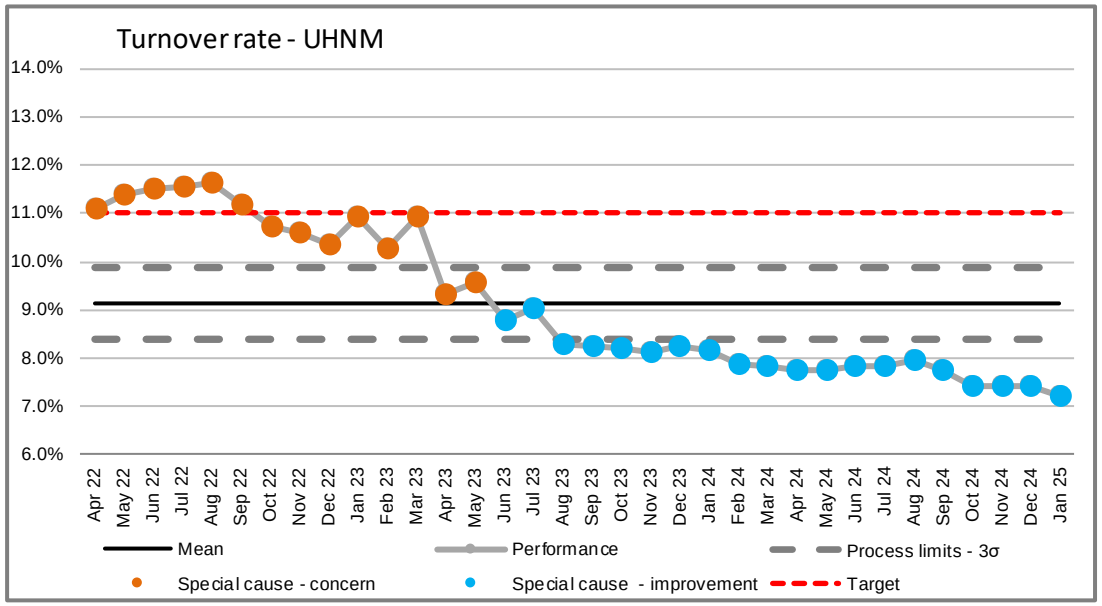
Targeted social media campaigns continue, advertising that our organisation is a great place to work.

We continue our targeted spotlights on our colleagues, which supplement our recruitment campaigns.

People | Turnover Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

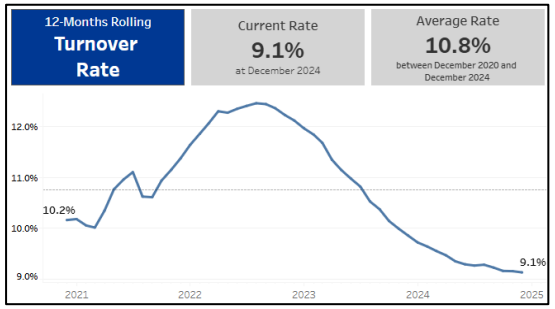
Target	Nov 24	Dec 24	Jan 25
11.0%	7.4%	7.4%	7.2%

Background

Turnover rate.

Based on the most recent benchmarking data, comparing ourselves against other Acute Trusts, our overall turnover is much lower.

(Benchmarking data effective December 2024)



What is the data telling us?

The turnover rate in January 2025 remains low, at 7.2% (7.4% in December 2024), which is consistently below the Trust's 11% target, for more than two years.

Or overall turnover rates are also well below the national averages when compared to other Acute Trusts.

What are we doing about it?

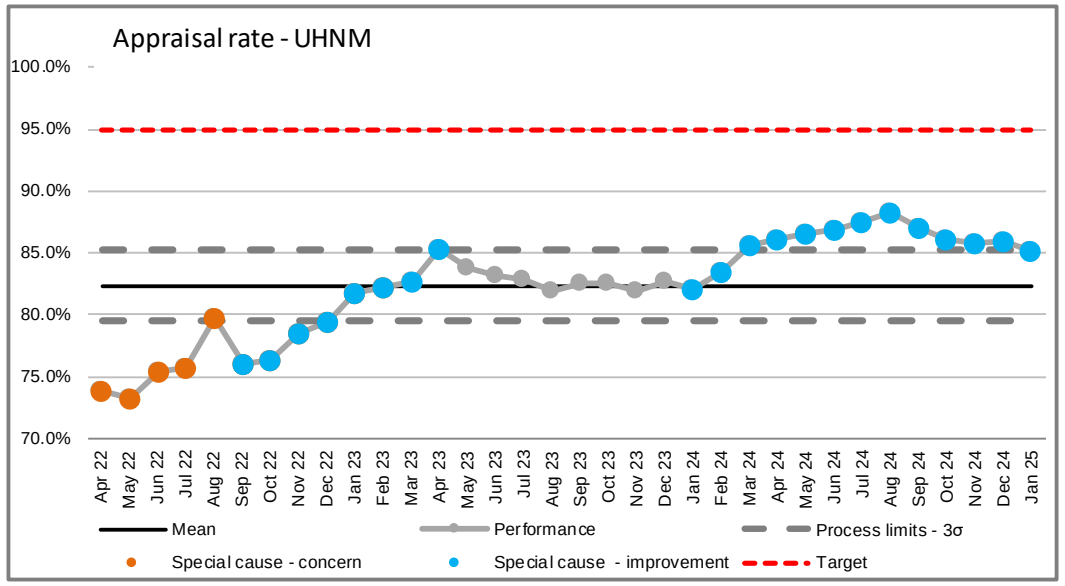
Turnover continues to perform well against our expected standards, reflecting our programmes of work which make this a great place to work. Some recent examples include :

- Medical Staffing finishing school.
- Employment of a People Promise (Retention) Manager who started in a fixed term post.
- Implementation of the Wagestream solution, for bank staff, including our people who work both substantively and on the bank.
- Monthly targeted campaigns aligned to our four People Promise areas of focus. For example, People Promise 1 'We are compassionate and inclusive': February included Race Equality Week.

People | Appraisal Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Nov 24	Dec 24	Jan 25
95%	85.8%	85.9%	85.2%

Background

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

What is the data telling us?

Performance Development Reviews (PDR's) continue to perform below our 95% target.

December's appraisal rates decreased slightly to 85.2% in January (85.9% in December 2024).

The Divisions must continue to monitor and review their PDR performance.

What are we doing about it?

NMCPS - All out of date PDR's are scheduled with line managers.

Network Division - Weekly PDR compliance hotspot and assurance meetings.

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

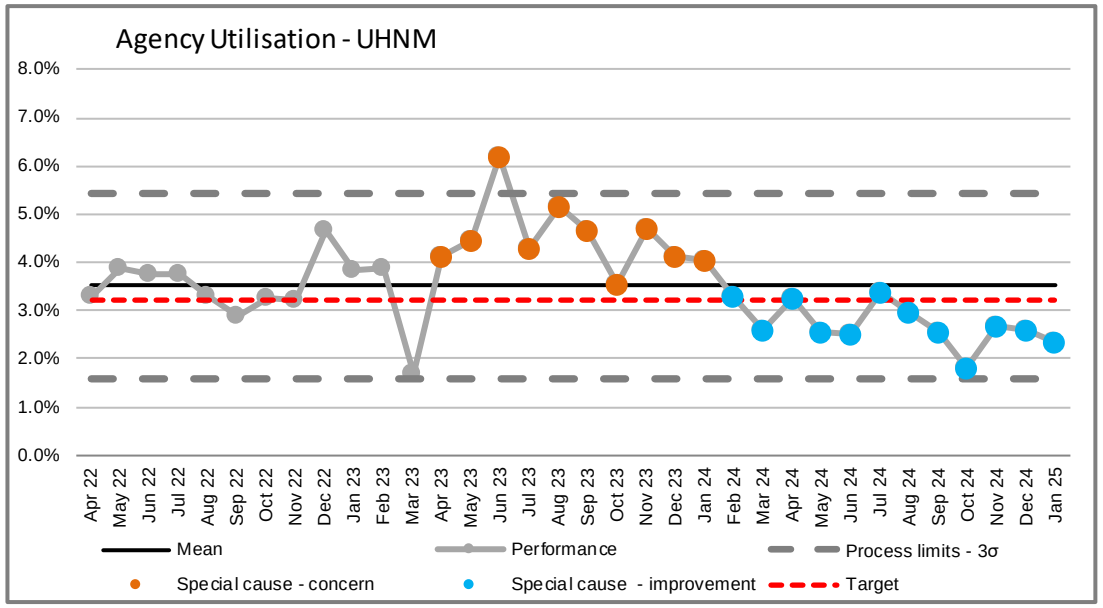
Medicine Division – Weekly updates reports on compliance. With focused assistance on those areas with the lowest compliance.

WCCSS – Weekly performance reports and assurance meetings.

People | Agency Utilisation

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Nov 24	Dec 24	Jan 25
3.2%	2.7%	2.6%	2.3%

Background

Agency cost as a percentage of total pay cost

What is the data telling us?

Agency cost is calculated as a percentage of the total Pay Costs, which decreased to 2.33% in January 2025, (2.61% in December 2024), which remains below the threshold set by NHS England. (Note: October's agency percentage was lower because of the Agenda for Change backdated pay rise.)

In real-terms, overall agency usage decreased to 212.12 WTE in January from 248.58 WTE in December 2024, which is 21 WTE above plan.

Executive and divisional level scrutiny, in addition to the software level controls would appear to be having the desired effect of keeping the overall agency usage below the 3.2% threshold.

What are we doing about it?

- Agency use is monitored and discussed at monthly divisional meetings. This includes reviewing long-term agency use.
- All current in-sourcing contracts are reviewed monthly, to ensure that they do not breach rules regarding off-framework agency use.
- All off-framework agency arrangements have been reviewed and all off-framework use ceased at the end of July 2024.
- System level controls have been implemented in our Electronic Rostering solution, for all nursing & midwifery rosters, which now require Matron level authorisation prior to being filled by either bank and/or agency. These additional controls are expected to help with controlling the use of bank and agency, through higher levels of scrutiny by the senior clinical nursing teams.

Highlight Report

Strategy & Transformation Committee | 29th January 2025

Matters of Concern / Key Risks to Escalate

- **Extreme Risks** for the Committee identified through the Board Assurance Framework (BAF) in relation to Population Health, Digital Transformation and Fit for Purpose Estate
- The **fragility of clinical digital systems** remains a significant risk, with additional concern highlighted around the allocation of financial resource to enable the underlying digital infrastructure required
- **Capacity at Royal Stoke** which requires a more strategic approach; being taken through the Rightsizing Programme although assumptions and opportunities need to be also balanced with a growing need for services
- Partial Assurance from the **Improving Together** Report specifically in relation to seeing the impact of the programme, given the longer-term cultural change needed
- Concern expressed around the pace at which **innovation** is developing, in particular the partnership working needed with universities which requires further consideration in terms of prioritisation of work to be undertaken
- Noted from the **Executive Strategy & Transformation Group** were around a need to co-ordinate productivity workstreams, Frailty pilot, sustainability of Improving Together, digital infrastructure and demand for research outstripping capacity
- Noted from the **Digital and Data Security and Protection Group** were around response times in the service desk, Freedom of Information response times, capital programme delivery, cyber security and iPortal

Major Actions Commissioned / Work Underway

- Arrangements for oversight of **Internal Audit** recommendations and clarification of the Committee's role in this
- Review of the **Board Assurance Framework** and Strategic Risks at Board Seminar in March alongside the development of **Our Strategy, Delivery Plans and Programmes**; refreshed risks will need to include but not be limited to financial
- A new piece of work is being planned to assess the backlog maintenance of the **digital infrastructure** and to calculate the 'digital debt' to guide further discussions around resource allocation
- '**Rightsizing'** workstream underway although its scope is being extended, with 4 key opportunities being considered around Urgent Care, County Hospital, Community and expired estate – additional feedback being to shape this further, including digital opportunities
- The **Transformation Programme** is being revised in line with the development of our Strategy and the introduction of our Strategy Delivery Unit
- Work is underway to develop our **Innovation Strategy** and the underpinning support infrastructure, which will align with our overarching Strategy

Positive Assurances to Provide

- Temporary upgrade to **iPortal** has led to a reduction in outages although this is a short-term solution and will not address the wider risk
- **Acceptable Assurance** from the **Population Health and Wellbeing Strategy** Update given the advancements highlighted and development of infrastructure and partnerships
- **Acceptable Assurance** from the UHNM **Transformation Programme** given the significant progress made whilst recognising that the approach is set to change from April 2025
- **Acceptable Assurance** from the **Innovation Programme** update given the wide range of innovation being developed / underway, whilst recognising that further action is needed to support this through a 'series of firsts'
- **Acceptable Assurance** from the **Improving Together** Assurance Report specifically in relation to delivery of the NHS Impact Planning Guidance and capacity and capability, with system opportunities being explored

Decisions Made

- There were no items which required decision.

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• Welcomed the movement of the agenda items to facilitate better flow of conversation • Use of key assurance questions within the Improving Together report was positive whilst others were more information sharing rather than assurance; recognise it is a new Committee with some further maturing needed	• Welcomed the movement of the agenda items to facilitate better flow of conversation • Use of key assurance questions within the Improving Together report was positive whilst others were more information sharing rather than assurance; recognise it is a new Committee with some further maturing needed

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Quarter 3, 2024/25 Board Assurance Framework (BAF)	All	various	Not applicable	Approval	6.	Innovation Programme Update	BAF9	High 12	Acceptable	Assurance
2.	Population Health and Wellbeing Strategy Update	BAF3	Ext 15	Acceptable	Assurance	7.	Improving Together Assurance Report	BAF1	Ext 20	Acceptable Partial	Assurance
3.	"Rightsizing" Inpatient Bed Capacity	BAF 4	Ext 20	Not applicable	Information	8.	Executive Digital and Data Security Protection Group Highlight Report (14-11-24 & 16-01-25)	BAF 5	Ext 20	Not applicable	Information
4.	UHNM Transformation Programme	BAF3	Ext 15	Acceptable	Assurance	9.	iPortal Root Cause Analysis	BAF 5	Ext 20	Not applicable	Information
5.	Executive Strategy & Transformation Group Highlight Report (11-12-24)	BAF3	Ext 15	Not applicable	Information						

University Hospitals of North Midlands NHS Trust

Integrated Performance Report (IPR)

Month 10 Performance 2024/2025

Delivering Exceptional Care with Exceptional People

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

Explaining Each Domain:

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

RAG Rating Key:

	Good level of assurance for the domain
	Reasonable Assurance with an action plan to move into Good
	Limited or No Assurance for the domain with an action plan to move into Good

This report uses Statistical Process Control (SPC) methods to draw two main observations of performance data and the below key, and icons are used to describe what the data is telling us.

Variation	Are we seeing significant improvement, significant decline or no significant change?
Assurance	How assured of consistently meeting the target can we be?

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

Assurance Grid

Failing

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

?	P	F
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

	H L	H L
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

VARIATION \ ASSURANCE	Pass	Hit and Miss	Fail	No Target
Special Cause - Improvement	Turnover Rate	Sepsis - ED Portals IVAB Agency Utilisation Cancer 28 Day FDS UEC Cat Handover Average Time Daycase / Elective Activity Data Security Breaches	Vacancy Rate RTT No. of Patients Waiting >52 Weeks RTT No. of Patients Waiting >65 Weeks RTT No. of Patients Waiting >104 Weeks RTT No. of Patients Waiting >78 Weeks Appraisal Rate	Increase Clinical Academic Posts/Honorary Contracts Increase Research Active Employees
Common Cause	Maternity Triage Sepsis - Adult Inpatient IVAB	Induction of Labour Patient Safety Incidents rate per 1000 bed days Patient Safety Incidents with moderate harm and above per 1000 bed days Patient falls with harm per 1000 bed days Medication Incidents per 1000 bed days Medication Incidents % with moderate harm or above Patient Safety Incident Investigation (PSII's) instigated Never Events per month Pressure ulcers developed under UHNM per 1000 bed days Family & Friends Test - Inpatient Sepsis - Adult Inpatient Screening Sepsis - ED Portals Screening Sepsis - Childrens Screening Sepsis - Maternity Screening Increase Clinical Trial Participation Outpatients' 1st Outpatients' Follow Up Subject Access Request Performance	Family & Friends Test - ED Single Sex Breaches Employee Engagement Sickness Absence (In Month) Cancer 31 Day Combined Cancer 62 Day Combined UEC 4 Hour Performance Treating patients in a timely manner (Hospital Combined Performance Score) Freedom of Information Performance	Alcohol Dependency Tobacco Dependency (Inpatients) Tobacco Dependency (Maternity)
Special Cause - Concern	Non-Elective Activity	Family & Friends Test - Maternity	Diagnostics DM01 Performance UEC 12 Hour Trolley Wait	

Improving & Innovating | Overview

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Overview from the Chief Medical Officer and Chief Nurse

How are we doing against our trajectories and expected standards?

Metric 1: Increasing clinical trial participants:.
Research Participants:
2023/24 Apr-January = 1558
2024/25 Apr-Nov = 1820
Positive increase on 23/24, through a month on month sustained increase. NIHR Commercial Research Delivery Centre awarded to UHNM. This £3.2m infrastructure award will see an increase in commercial research from April 2025 onwards.

Metric 2: Increasing clinical academic/joint/honorary contracts: The A3 has shown that we do not know how many of these appointments are held in UHNM. The data provided indicates what we know only from those staff who have made this known to CeNREE or the R&I department. However, countermeasures are in progress to resolve this.

Metric 3: Increasing research active staff: The A3 has shown that we do not know what is meant by 'research active' or how many research active staff we have in UHNM. The data provided indicate what we know only from those staff who have contacted CeNREE or the R&I department for research support or who are current CIs/PIs. This estimated number is probably increasing in part due to newly active staff but also due to gaining awareness of existing research active staff. However, this is in process of being resolved.

What is driving this?

Metric 1 To achieve the goal of increasing research participants, it is crucial to maintain a well-balanced portfolio with clearly defined recruitment targets. The Research Delivery Network has indicated that, in the future, the reputation of Research Active Trusts will rely less on recruitment numbers and more on maintaining a balanced mix of Commercial and Non-Commercial studies. The current recruitment target of 2,500 for the 2024/25 period is unlikely to be met. The delivery team responsible for participant recruitment has experienced an unprecedented level of absenteeism since January 2025 due to family bereavements and long-term illness. As a result, the team has had to prioritise patients currently enrolled in studies to ensure they continue to receive the appropriate care, while temporarily reducing the recruitment of new participants as we await the return of our colleagues.

Metric 2: The A3 has shown that we do not collect this data in a systematic way. This number therefore remains unchanged from last month; however, we now have an agreed plan to start collecting this data from April 2025.

Metric 3: The A3 has shown that we do not collect this data in a systematic way; however, we now have an agreed plan to start collecting this data from April 2025. The estimated number has increased from 440 to 466 since the last report.

Improving & Innovating | Overview

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Overview from the Chief Medical Officer and Chief Nurse

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

Metric 1: We are closely monitoring recruitment progress against targets on a monthly basis during lead practitioner meetings. One of our key studies, which has a substantial recruitment target, is contingent on school participation. Resources have been appropriately allocated, and this study has successfully recruited 476 participants to date. The NIHR Commercial Research Delivery Centre is set to begin operations in April 2025. Commercial research generally involves greater complexity and fewer recruitment targets. In line with the NIHR's future strategic direction, participant recruitment will be categorised separately for commercial and non-commercial research moving forward

Metric 2: We have two countermeasures in place: 1) we confirmed what type of honorary/joint appointment contract data are considered relevant by stakeholders in the Research and Innovation Strategy Delivery Oversight Group, which was agreed by selected members of the Executive Research and Innovation Group, and 2) we will conduct a Trust wide census in April 2025, followed by a quarterly census via Divisional Leads. We are also discussing possible long-term data capture through ESR.

Metric 3: We have two countermeasures in place: 1) a definition of 'research active' was suggested by stakeholders in the Research and Innovation Strategy Delivery Oversight Group, which was agreed by selected members of the Executive Research and Innovation Group, and 2) we will conduct a Trust wide census in April 2025, followed by a quarterly census via Divisional Leads. We are also discussing possible long-term data capture through ESR.

What can we expect in future reports?

Metric 1: While the number of recruits will remain a priority, moving forward, greater emphasis will be placed on achieving a balanced split between commercial and non-commercial research. Through commercial research, we aim to foster sustainable workforce growth, which will, in turn, provide our patients with enhanced access to a wider range of research opportunities.

Metric 2: Data will become more accurate as census data is analysed. More detailed SPC charts will become available, and trends will be apparent.

Metric 3: Data will become more accurate as census data is analysed. More detailed SPC charts will become available, and trends will be apparent.

Improving & Innovating | Dashboard

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Increase Clinical Trial Participation	208.0	136.0	120.0						
Increase Clinical Academic Posts/Honorary Contracts	-	13.0	13.0						
Increase Research Active Employees	-	440.0	466.0						

Improving & Innovating

Related Strategy and Board Assurance Framework (BAF)

Quality Strategy

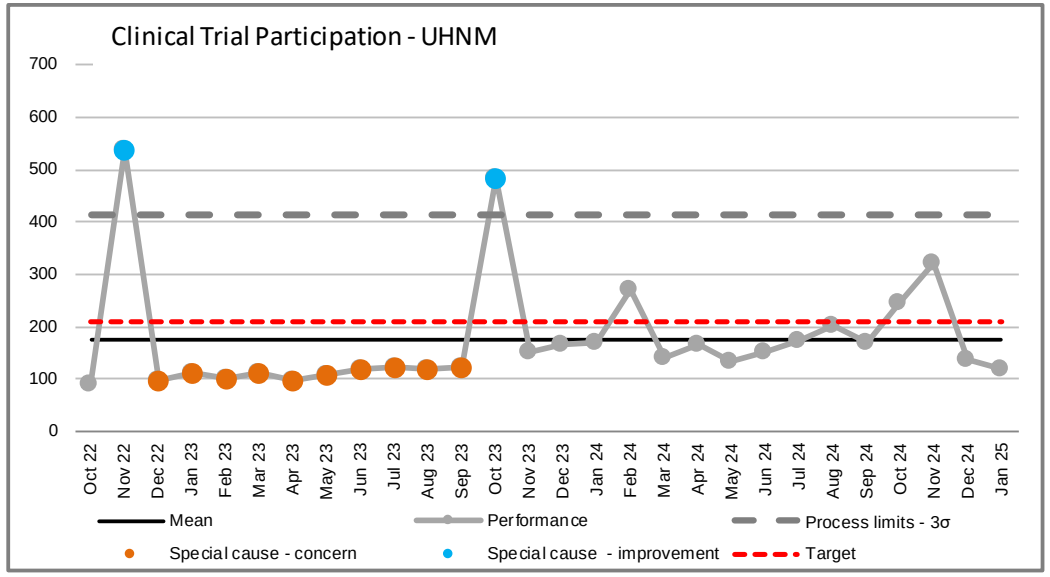
Research Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 9: Research Innovation	High 12	Partial	High 12	Partial	High 12	Partial		

Improving & Innovating | Clinical Trial Participation

Excellence in development and research

University Hospitals of North Midlands NHS Trust

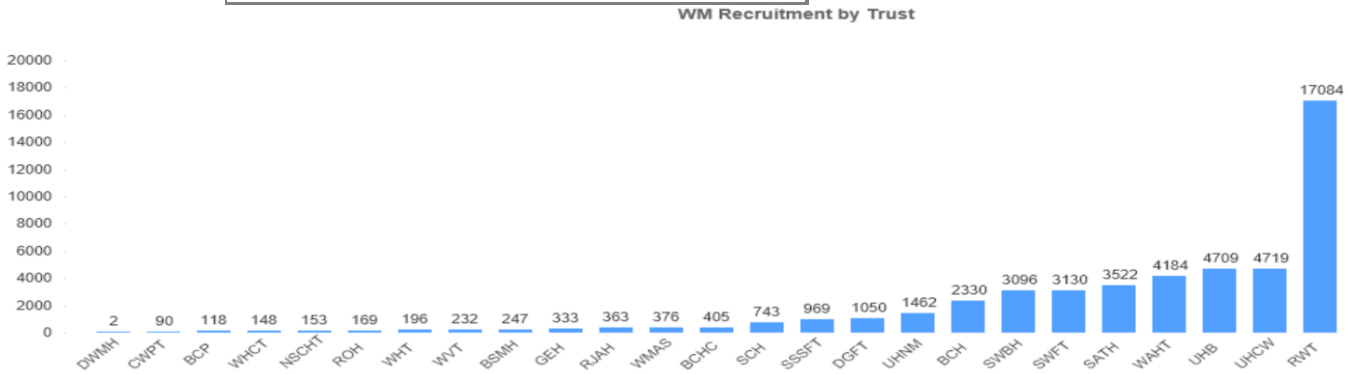


Variation	Assurance

Target	Nov 24	Dec 24	Jan 25
208	322	136	120

Background

The number of patients starting Clinical Trials each month.



What is the data telling us?

Running a diverse range of studies provides us with significant benefits. The recruitment spikes reflect our quick-turnaround studies, which are crucial for boosting participant numbers and enhancing our regional reputation.

Additionally, the data highlights our standing within the region in terms of portfolio recruitment.

What are we doing about it?

The directorate currently has a vacant Research Matron position, following two unsuccessful recruitment rounds. This role has been readvertised (20th February 2025). The successful candidate will bring both capacity to the team and expertise in research delivery. We are mindful of the need to maintain a balanced portfolio, encompassing a range of studies from questionnaire-based research to full clinical trials. This portfolio is being developed progressively over time

We also see our position within the region and are looking at the facilities and resources offered by the top recruiters to inform our investment direction.

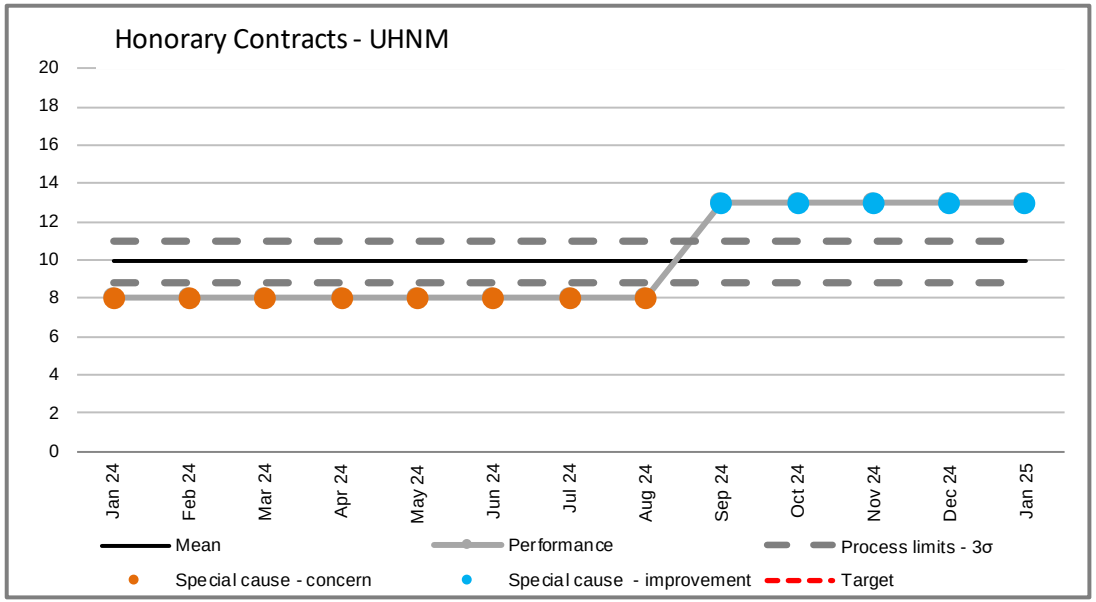
Approval for additional recruitment of research nurses and practitioners required clear demonstration on return on investment, due to current financial constraints.

Improving & Innovating

Improving & Innovating | Clinical Academic Posts/Honorary Contracts

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Nov 24	Dec 24	Jan 25
N/A	13	13	13

Background

The number of UHNM staff with clinical academic or honorary appointments.

What is the data telling us?

We do not currently have a process for collecting this data, so this number remains smaller than anticipated.

This status will change following a Trust-wide census planned for April 2025.

What are we doing about it?

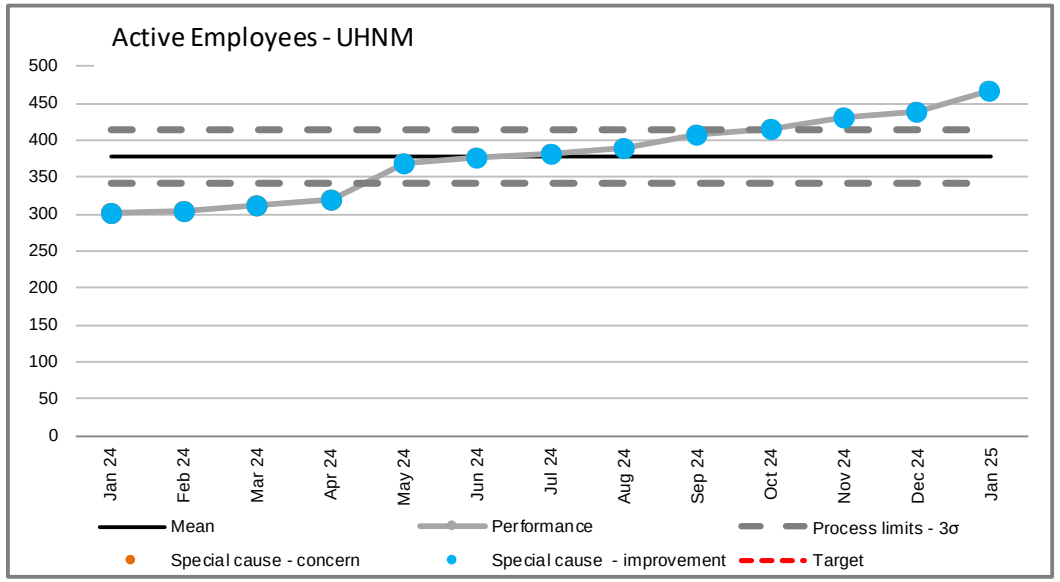
We agreed a suggested definition of type of contract with stakeholders at a meeting on 18th September and this was agreed by selected members of the Executive R&I Group on 29th November 2024. A census questionnaire is under development and will be circulated following a pilot to conduct a Trust wide baseline census in April 2025. This will be followed by a quarterly census via Divisional leads, to obtain more detailed and follow up data. This will indicate where we need to prioritise our negotiations with Higher Education Institutions (HEIs) and other stakeholders. MoU discussion meetings are taking place between UHNM and local HEI Execs.

We have held a discussion with our ESR team regarding how data can be collected routinely as the census process is not sustainable long term. They are looking at potential options.

Improving & Innovating | Research Active Employees

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Nov 24	Dec 24	Jan 25
N/A	430	440	466

Background

The number of research active employees in UHNM.

What is the data telling us?

We did not have a confirmed definition of 'research-active' until 29th November 2024, or a process for collecting this data, so this number remains smaller than anticipated.

The data shows us that this number is increasing; however, this claim is made with caution as, while we are finding out about research activity, some may not be new activity.

This status will change following a Trust-wide census planned for April 2025.

What are we doing about it?

We agreed a definition with stakeholders on 18th September which gained approval from the Executive R&I Group on 29th November 2024. A census questionnaire in under development, which will be piloted and then circulated to conduct a Trust wide census to collect accurate data. This will be followed up with a quarterly census via Divisional Leads. This will highlight the areas where there is a shortfall in research activity where we can focus our attentions for development and support. A meeting was held with the ESR team to consider how to collect this data routinely in the longer term and potential options are being considered..

Divisional research lead posts (1 PA) have been agreed and remain open for applications.

CeNREE are steadily increasing the number of Research Ambassadors across UHNM divisions, clinical areas and professions to signpost staff to research support.

System & Partners | Overview

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

Overview from the Director of Strategy & Transformation

How are we doing against our trajectories and expected standards?

UHNM continues to demonstrate good performance in both alcohol care and tobacco dependency teams with expansion in activity delivered by these teams.

Now we have better established infrastructure for these services there is an opportunity to strengthen deliver through partnership across the Trust, working with our clinical workforce to improve identification of eligible patients in Trust settings, offer of smoking cessation of alcohol care and referral. A strengthened MECC approach will enable patient facing staff to deliver this effectively in support of these teams.

Both prevention services are working with patient knows best – via the NHS app to improve the patient support in improving their health in a sustainable way.

What is driving this?

This work is being led by our Population Health and Wellbeing Strategy (approved in 2024). It is informed by the national CORE20PLUS5 framework and the five national priorities to support reductions in health inequality.
Priority 1. restoring NHS services inclusively
Priority 2. mitigating against digital exclusion
Priority 3. ensuring datasets are complete and timely
Priority 4. accelerating preventative programmes
Priority 5. strengthening leadership and accountability.

With the Trust Strategy undergoing renewal in 2025 we are undertaking engagement in the Trust and with ICS partners to inform future development and expansion of Trust Population Health programme, further increasing our impact.

System & Partners | Overview

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

Overview from the Director of Strategy & Transformation

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

It is important to note that the funding allocated to systems and trusts for tobacco dependency is currently insufficient meet the national ambition of providing support for all patients and Trust leads are engaging with both the ICB and Councils to ensure Trust provision and funding to deliver ambitions is reflected in ICS plans for smoking cessation.

The tobacco dependency service has been restructured to provide additional capacity and resilience across both sites. This will be implemented through Q4 and monitored through our health inequalities/prevention programme. This is planned to support an increase in referrals through the service.

Work is underway with ICB colleague to ensure our alcohol team remains funded in 2025/6 and plan future development of interfaces with other services in alcohol pathways and improve screening, brief interventions for alcohol and referral for alcohol care across key Trust emergency and inpatient settings.

What can we expect in future reports?

There is an intention to develop this report so it incorporates the health inequalities outcomes framework into reporting in readiness for a 2025/6. With a Population Health Intelligence Analyst Apprentice in post we will be able to develop the reporting required to enable us to deliver this in future.

As the Trust MECC and Prevention programme expands we will incorporate reporting on weight management and other programmes of work delivered to support prevention in Trust settings.

Reporting on interventions delivered in partnership with ICS partner organisations as part of the Trust Population Health Programme.

Potential re-alignment of reporting to reflect new and emerging priorities from the new Trust Strategy.

System & Partners | Dashboard

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Alcohol Dependency	-	0.60%	0.61%						
Tobacco Dependency (Inpatients)	-	339.00	378.00						
Tobacco Dependency (Maternity)	-	193.00	215.00						
Anchor Maturity Assessment									

System & Partners

Related Strategy and Board Assurance Framework (BAF)

Health & Wellbeing Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 3: Improving the Health of our Population	Ext 15	Partial	Ext 15	Partial	Ext 15	Partial		

System & Partners | Alcohol Dependency

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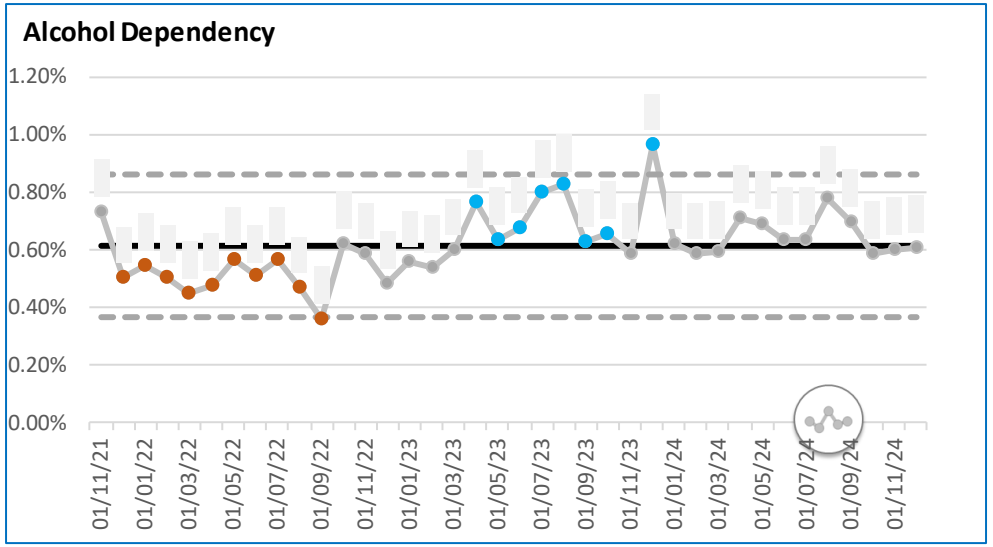
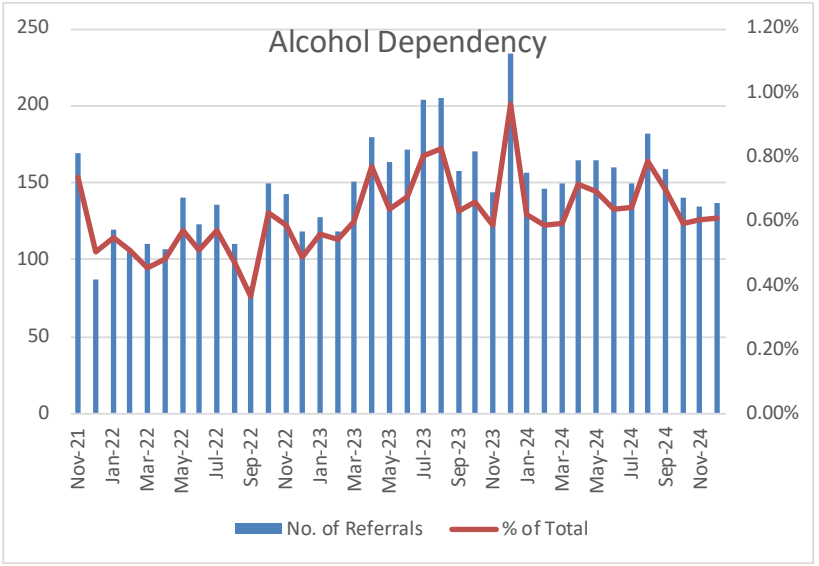
University Hospitals of North Midlands NHS Trust





What is the data telling us?

Public health evaluation of the ACT service has confirmed the UHNM patient length of stay is 5.02 days (against a national average of 5.7 days) for this patient group. This compares well to other Trusts in the West Midlands.

The ACT has mitigated growth in alcohol specific admissions to the Trust and performs well in preventing avoidable admissions due to alcohol dependency.

This contributes to system efforts to identify and provide effective care to people with alcohol use disorder and the ACT is the major referrer for alcohol treatment in the local area. In a context of increasing numbers of people with harmful alcohol consumption ACT and screening and brief interventions are key for identification and appropriate care for eligible patients at hospital.

What are we doing about it?

Continuity in funding for the service is being sought as NHSE budgets are adjusted in 2025/6. Work is underway with ICB colleagues to agree funding.

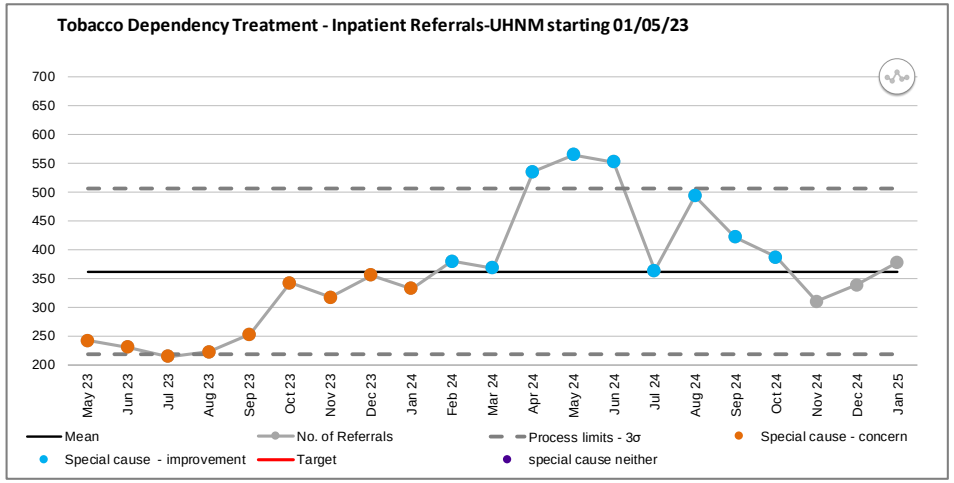
We have asked our ICB to support a system-wide review of alcohol related services (across local authority, ICB and mental health/community services)

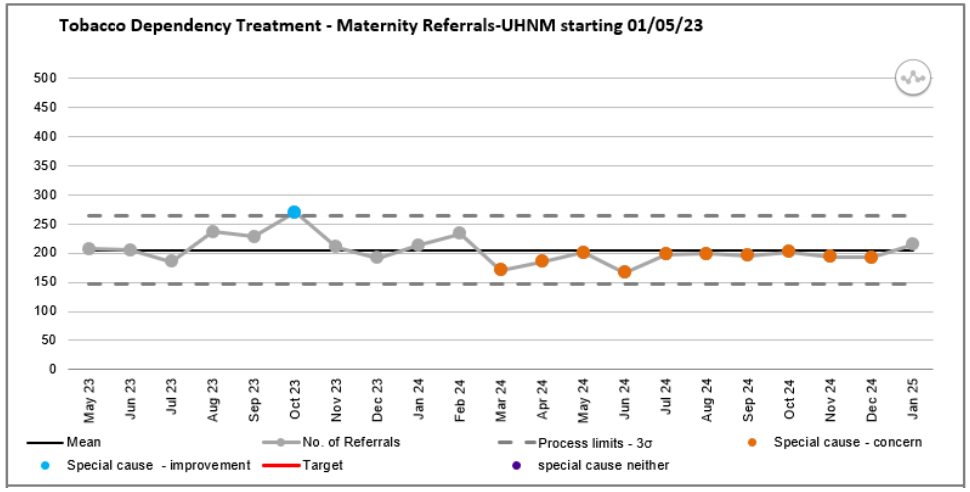
The ACT are starting to utilise Patient Knows Best via the NHS app and deliver training to other clinical staff in the Trust to improve screening of patients in the Trust for alcohol use disorder. This is critical for improved identification and advice and increased referrals for care by ACT.

System & Partners | Tobacco Dependency Treatment

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust





What is the data telling us?

There are around 8,500-9,000 admissions per month across both sites. With improved capacity and processes for identification of eligible smokers in Trust inpatients we are seeing increasing referrals for smoking cessation.

For maternity, recording of smoking status for booking is embedded and has been 97-98% since October 2024. The number of referrals for tobacco dependency support has increased between December and January.

What are we doing about it?

The Trust is contributing to smoking strategy for Stoke on Trent to ensure the Trust delivery of smoking cessation across Trust departments is supported in future plans for the City. This will strengthen the current integrated smoking cessation model and address quality challenges in maternity smoking cessation offer from Reed.

Outpatient provision of smoking cessation is being implemented

Tobacco dependency teams are working with utilise Patient Knows Best via the NHS app to improve information available for patients.

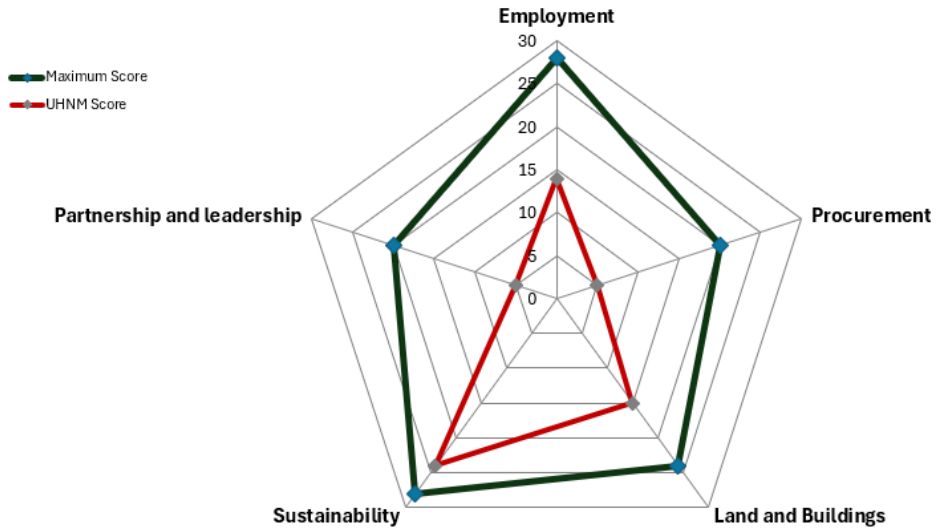
Working with Smoking Control Group to develop new policy for the Trust, aiming for smoke free by 2025 with strengthened links with smoking cessation to use to policy to encourage quitting..

System & Partners

System & Partners | Anchor Maturity Assessment

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust



Our maturity score: 63
Maximum score: 120

Key areas for focus
1. Employment
2. Partnership and Leadership

What is the data telling us?

This is a new programme of work for the Trust and the maturity assessment will inform priorities and the delivery plan. Please note – the assessment tool is a strategic approach and will not show immediate month by month change.

There are internal initiatives supporting the Trust as a good employer locally and offer pathways to employment. This is a priority focus for the anchor programme, strengthening links with communities and ICS partners to better promote the Trust as a good employer, pathways to employment.

There are further opportunities to strengthen plans for how the Trust delivers anchor functions in a way that delivers social value and improves wider determinants of health in communities.

What are we doing about it?

Our procurement team has reviewed the spend profile within the local area to act as a baseline for future action.

The anchor group is focusing on plans to build the workforce and widening participation unemployment, with strengthened partnership with ICS People Programme who undertake engagement in communities and outreach work for NHS employment.

Promoting existing sustainability initiatives and exploring opportunities to work with system partners on the warmer homes/beat the cold programme with the Keep Warm Keep Well intervention, NHS netzero agenda and ICS climate adaptation plan.

Data analysis to understand inequalities in the Trust workforce, impact on health and wellbeing outcomes to inform improved targeted of health and wellbeing offer.

System & Partners

Highlight Report

Audit Committee | 31st January 2025 & 6th March 2025

Matters of Concern / Key Risks to Escalate

For information:

- **Partial Assurance** concluded in relation to the Internal Audit Review of Planned Care Framework; it was noted that a new governance framework is being established which will oversee actions arising, and Transformation and Capital Project Management.
- **Reasonable Assurance** concluded in relation to Internal Audits of Nurse E-Rostering, Medical Staff Rostering, Key Financial Controls and Clinical Effectiveness Framework
- **Extreme Risk** flagged through the Medicines Write Off Report in relation to the Cancer Centre walk-in cold store being at its end of life and requiring replacement
- Cyber Security, given its external nature, remains a significant risk and the Committee considered the assurance arrangements
- 6 reactive referrals were received by our local counter fraud which are being investigated

Major Actions Commissioned / Work Underway

- Work has commenced on Internal Audit reviews of Maternity and Neonatal Action Plan and the Board Assurance Framework
- A specification has been written for automated dispensing of medicines at Royal Stoke and this includes increased requirements to support with stockholding
- A significant change is underway in relation to Cyber Security which will bring in a range of new requirements through the Cyber Assessment Framework
- The Board Assurance Framework will be refreshed in March 2025 alongside the review of the Trust Strategy, Programmes and Delivery Plans
- A range of proactive initiatives including risk assessment review and awareness raising has been undertaken
- Asset verification process remains underway and will continue on a rolling basis; this work has led to a proposal for write off of a proportion of assets

Positive Assurances to Provide

- **Acceptable Assurance** identified in relation to the Medicines Write Off report due to the level of data available and just one risk on the Risk Register
- **Significant Assurance** identified in relation to the Board Assurance Framework process
- Confirmation was given around the arrangements for follow up on internal audit recommendations
- Internal Audit found that the number of Single Tender Waivers has increased during the year, the value of those had more than halved along with the percentage of urgent waivers being raised
- **Acceptable Assurance** given to the SFI breaches and Single Tender Waivers report given the process and procedures in place and the benchmarking available
- **Significant Assurance** given in relation to arrangements for the management of late termination and change forms
- Financial statements for 2024/25 were assessed as being prepared on a going concern basis with no material uncertainties identified; this remains unchanged from the previous year
- **Acceptable Assurance** identified in relation to the mechanisms for capturing of Losses and Special Payments
- The draft Head of Internal Audit Opinion concluded that the Trust has an adequate and effective framework for risk management, governance and internal control, with further enhancements to be made. The final opinion will be confirmed following completion of the 2024/25 audit programme.

Decisions Made

- Approval to revise the timeframe for completion of the Data Security and Protection review to be moved into the next financial year
- An annual report on medicines stock will be included on the business cycle for the Committee
- Approval of direct award for the contract extension of internal audit and counter fraud
- Approval of G01 Development and Control of Policies and Procedures Policy

Comments on the Effectiveness of the Meeting

- Chaired well, appropriate discussions and well written papers
- Consideration to be given to assurance ratings proposed by authors at future meetings

Cross Committee Considerations

- Work underway, as discussed in the Strategy and Transformation Committee to understand and assess 'technical debt'.
- Committees had challenged the robustness of action plans associated with the BAF and therefore this will be reviewed as part of the refresh.
- Transformation and Capital Project Management audit findings to be considered by both the Strategy and Transformation Committee and Performance and Finance Committee.

31st January 2025

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 • Nurse E-Rostering • Medical Staff Rostering • Planned Care Framework	2, 3, 1, 4	Ext 16 Ext.15 High 12	Reasonable Reasonable Partial	Assurance	9.		SFI Breaches and Single Tender Waivers Q3 2024/25	7, 8	Ext 16	Acceptable	Assurance
2.		H1 Cyber Security Report 2024/25	5	Ext 16	Partial	Assurance	10.		SFI Breaches related to Late Termination and Change Forms - Quarter 3 2024/25	7, 8	Ext 16	Significant	Assurance
3.		Quarter 3, 2024/25 Board Assurance Framework (BAF)			Significant	Assurance	11.		Losses and Special Payments Update Q3 2024/25	7, 8	Ext 16	Acceptable	Assurance
4.		Audit Action Tracker			Partial	Assurance	12.		Going Concern Assessment 2024/25			Not assessed	Approval
5.		Corporate Governance Report			Partial	Assurance	13.		Update on nil NBV assets and asset verification exercise – January 2025			Not assessed	Information
6.		Counter Fraud Progress Report			Not assessed	Assurance	14.		Accounting Policies Update			Not assessed	Information
7.		Informing the Audit Risk Assessment			Not assessed	Information	15.		Annual Accounts Timetable			Not assessed	Information
8.		Pharmacy Directorate - Medicines Write Off Report	7	Ext 15	Acceptable	Assurance							

6th March 2025

Summary Agenda													
No.	Agenda Item		BAF Mapping			Purpose	No.	Agenda Item		BAF Mapping			Purpose
			BAF No.	Risk	Assurance					BAF No.	Risk	Assurance	
1.		External Audit Plan for 2024/25			Not assessed	Information	3.		Internal Audit Progress Report Summary: • Key Financial Controls • Transformation and Capital Project Management • Clinical Effectiveness Framework	8, 6, 1, 3	Ext. 16 Ext. 15 High 12 Ext. 20	Reasonable Partial Reasonable	Assurance
2.		G01 Development and Control of Policies and Procedures Policy			Not assessed	Approval	4.		Draft Head of Internal Audit Opinion			Not assessed	Information

Trust Board

2024/25 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	Jan	Mar	Notes
		3	8	5	10	7	4	9	6	8	12	
HIGH QUALITY												
Chief Executives Report	Chief Executive											
Patient / Staff Story	Chief Nurse		Staff			Staff			Staff	Pt	Staff	
Quality Governance Committee Assurance Report	Director of Governance			NA								
Quality Strategy Update	Chief Nurse / Medical Director											Strategies considered by Board Seminars due to refresh of overall vision
Care Quality Commission Action Plan	Chief Nurse											
Bi Annual Nurse Staffing Assurance Report	Chief Nurse											
Quality Account	Chief Nurse											
NHS Resolution Maternity Incentive Scheme	Chief Nurse											
Maternity Serious Incident Report	Chief Nurse											
Winter Plan	Chief Operating Officer											
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI											
Infection Prevention Board Assurance Framework	Chief Nurse											Agreed at October's QGC that would be reported to Committee only
RESPONSIVE												
Integrated Performance Report	Various											
Clinical Strategy Update	Director of Strategy											Deferred from May due to purdah and General Election period. November update to be considered at Trust Board Time Out
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer											
PEOPLE												
Transformation and People Committee Assurance Report	Director of Governance			PCI	PCI	S&T	N/A	PCI	S&T	PCI	S&T	
People Strategy Update												Strategies considered by Board Seminars due to refresh of overall vision
Gender Pay Gap Report	Chief People Officer											
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											Report provided to EWAG and to be considered by the Board once it has been received at PCI Committee
Bi-Annual Establishment Review (Other Professions)	Chief People Officer											
IMPROVING AND INNOVATING												
Research Strategy Update	Medical Director / Chief Nurse / Director of Strategy											Strategies considered by Board Seminars due to refresh of overall vision
SYSTEM AND PARTNERS												
System Working Update	Chief Executive / Director of Strategy											Incorporated as part of CEO report
Population Health and Wellbeing Strategy	Director of Strategy											Strategies considered by Board Seminars due to refresh of overall vision
RESOURCES												
Performance and Finance Committee Assurance Report	Director of Governance			N/A			N/A					
Estates Strategy Update	Director of Estates, Facilities & PFI											Strategies considered by Board Seminars due to refresh of overall vision
Digital Strategy Update	Chief Digital Information Officer											Strategies considered by Board Seminars due to refresh of overall vision
Going Concern	Chief Finance Officer											
Annual Plan	Director of Strategy											

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Jan	Mar	Notes
		3	8	5	10	7	4	9	6	8	12	
Board Approval of Financial Plan	Chief Finance Officer											
Final Plan Sign Off - Narrative/Workforce/Activity/Finance	Chief Finance Officer											
Activity and Narrative Plans	Director of Strategy											
Capital Programme 2022/23	Chief Finance Officer											
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												
Fit and Proper Persons Annual Assurance Report	Director of Governance											
Audit Committee Assurance Report	Director of Governance											
Trust Strategy	Director of Strategy											May-25
Board Assurance Framework	Director of Governance											
Annual Evaluation of the Board and its Committees	Director of Governance											
Annual Review of the Rules of Procedure	Director of Governance											
Board Development Programme	Director of Governance											
Calendar of Business	Director of Governance											
Well-Led Self Assessment	Director of Governance											Considered at July's Trust Board Seminar
Risk Management Policy	Director of Governance											Next due for review February 2027
Complaints Policy	Chief Nurse											