University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 8th March 2023 at 9.30 am to 12.00 pm
Via MS Teams

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
09:30	**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 February 2023	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 – February 2023	Information	Mrs T Bullock	Enclosure	
10:05		**HIGH QUALITY**				
5 mins	**7.**	Quality Governance Committee Assurance Report (02-03-23)	Assurance	Prof A Hassell	Enclosure	1
5 mins	**8.**	Maternity Quality Governance Committee Assurance Report (22-02-23)	Assurance	Prof A Hassell	Enclosure	1
10 mins	**9.**	Maternity Serious Incident Report	Assurance	Mrs S Jamieson	Enclosure	1
10:25		**PEOPLE**				
5 mins	**10.**	Transformation and People Committee Assurance Report (01-03-23)	Assurance	Prof G Crowe	Enclosure	2, 3, 4, 6, 9
10 mins	**11.**	Gender Pay Gap Report	Assurance	Mrs J Haire	Enclosure	2
10:40		**RESOURCES**				
5 mins	**12.**	Performance & Finance Committee Assurance Report (28-01-23)	Assurance	Dr L Griffin	Enclosure	5, 7, 8
10:45 – 11:00 COMFORT BREAK						
11:00		**RESPONSIVE**				
40 mins	**13.**	Integrated Performance Report – Month 10	Assurance	Mrs AM Riley Mr P Bytheway Mrs J Haire Mr M Oldham	Enclosure	1, 2, 3, 5, 8
11:40	**CLOSING MATTERS**					
10 mins	**14.**	Review of Meeting Effectiveness and Business Cycle Forward Look	Information	Mr D Wakefield	Enclosure	
	15.	Questions from the Public **Please submit questions in relation to the agenda, by 9.00 am 6th March to** Nicola.hassall@uhnm.nhs.uk	Discussion	Mr D Wakefield	Verbal	
11:50	**DATE AND TIME OF NEXT MEETING**					
	16.	**Wednesday 5th April 2023, 9.30 am, via MS Teams**				

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 8th February 2023 at 9.30 am to 12.00 pm via MS Teams

MINUTES OF MEETING

Attended | **Apologies / Deputy Sent** | **Apologies**

Voting Members:			A	M	J	J	J	A	O	N	D	J	F	M
Mr D Wakefield	DW	Chairman (Chair)												
Mr P Akid	PA	Non-Executive Director												
Ms S Belfield	SB	Non-Executive Director												
Mrs T Bowen	TBo	Non-Executive Director							Obs.					
Mr P Bytheway	PB	Chief Operating Officer							KT					
Mrs T Bullock	TB	Chief Executive												
Prof G Crowe	GC	Non-Executive Director												
Baroness S Gohir	SG	Non-Executive Director												
Dr L Griffin	LG	Non-Executive Director											Obs.	
Mr M Oldham	MO	Chief Finance Officer												
Dr M Lewis	ML	Medical Director						GH						
Prof K Maddock	KM	Non-Executive Director												
Mrs AM Riley	AR	Chief Nurse	SM				SM							
Mrs R Vaughan	RV	Chief People Officer												

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

In Attendance:

Mrs N Hassall	NH	Deputy Associate Director of Corporate Governance (minutes)

Members of Staff and Public: 3

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Patient Story**	
016/2023	The patient story was deferred to a future meeting.	
2.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
017/2023	Mr Wakefield welcomed Board members to the meeting and the above apologies were noted.	
3.	**Declarations of Interest**	
018/2023	There were no declarations of interest raised.	

4.	**Minutes of the Previous Meeting held 4th January 2023**	
019/2023	The minutes of the meeting held 4th January 2023 were approved as a true and accurate record.	
5.	**Matters Arising from the Post Meeting Action Log**	
020/2023	There were no further updates provided to the action log.	
6.	**Chief Executive's Report – January 2023**	
021/2023	Mrs Bullock highlighted the following from her report: • Whilst there had been significant pressures over December and in particular over the festive period, the number of covid and flu patients had reduced in January, although the pressures were compounded by the strike action. It was noted that the strike action had caused minimal impact to date but the planned physiotherapy strike had resulted in the cancellation of three elective cases. • The Integrated Care Board (ICB) and Care Quality Commission (CQC) had been invited to visit the Trust to review the arrangements in place for corridor care. As this was an informal visit a formal report was not expected but the verbal feedback highlighted that the team were satisfied with what they had observed • The Trust had been successful in its bid for monies associated with the Public Sector Decarbonisation Scheme equating to £5.4 m and the Board welcomed this success, which was key in taking forward the net carbon zero agenda Mr Wakefield referred to the refreshed Care Excellence Framework and the progress made to date. Mrs Riley referred to the consultation which had taken place with staff before refreshing the approach and stated that the new process had commenced and due to the changes in assessment it was providing more robust assurance and enabled positive discussions to be held regarding improvements. Professor Hassell welcomed the transparency of the discussions held in relation to corridor care. He referred to the reference to the Medical Division challenges regarding recruitment and retention of the medical workforce and queried what could be done to ease the pressure. Dr Lewis stated that the difficulties in the Medical Division related to the number of vacancies in addition to the increased work required to reduce the backlog. The lack of opportunities for staff to work flexibly and issues with the pension consultation were also impacting on this position. He described the options being explored to enable doctors to return to the workplace as part of retire and return although nothing further could be done to address the pension issues until outcome of the consultation was known. Professor Hassell queried whether the Trust anticipated being able to appoint to the respiratory lead due to there being no applicants. Dr Lewis stated that sometimes clinicians hesitate to put them forward for such roles and that he was confident that someone would be appointed to the lead role in due course. Mr Bytheway referred to corridor care and confirmed that this was only being used as indicated based on risk rather than considering it business as usual. Ms Bowen referred to the roll out of Patient Knows Best and the number of patients registered, and queried how the Trust planned to continue to encourage patients to sign up to it. Mrs Freeman stated that the Trust had 70,000 registrations in four weeks and the key was to ensure it contained information that	

	was useful to patients, and explained that it was currently being considered for specific pathways. Ms Bowen referred to the appointment of the Deputy Chief Nurse Information Officer and queried the progress being made. Mrs Freeman stated that the role was highlighted within the digital strategy and in order to create a more attractive and sustainable role, due to an opportunity within the Chief Nurses team, it had been merged with another nursing role to create a full time position. Mr Wakefield welcomed the progress made with Patient Knows Best, the decarbonisation bid and the opening of the new ward and he thanked the teams for their work. Mr Wakefield referred to the previous industrial action and the resulting improvements in flow and queried the reason for this. Mrs Bullock stated that this was partly affected by people in the community not attending hospital due to their knowledge of the strikes. Mr Bytheway added that the winter debrief taking place in March was to consider any learning so that this could be taken forward as business as usual. **The Trust Board approved eREAFs 10347 and 10296.**	
HIGH QUALITY		
7.	**Quality Governance Committee Assurance Report (02-02-23)**	
022/2023	Professor Hassell referred to the following: • The Committee considered the CQC Action Plan and requested that this be updated to include evidence of the relevant audit results to demonstrate whether the actions had achieved the intended outcome or not • The Committee noted that the delay in relation to duty of candour related to the documentation not being updated in real time, although the conversations with patients were taking place • There had been an increase in the number of patient safety incidents reported with moderate harm, some of which reflected associated operational pressures and patient flow • Positive assurance was provided on the update from the maternity reading the signals review • A positive update on paediatric sepsis was provided whereby 5 adverse incidents had been reported in the past 2 years none of which resulted in harm. In addition the measures reported may not be most relevant to paediatric sepsis management and an audit was to be undertaken to provide further assurance • Positive assurance was provided in terms of the sustained reduction in inpatient falls resulting in harm • The Committee considered the new Patient Safety Incident Reporting Framework and considered the associated implications for training in this area **The Trust Board received and noted the assurance report.**	
8.	**Care Quality Commission Action Plan**	
023/2023	Mrs Riley highlighted the following: • The action plan had been updated in terms of assessing progress against the original target date. A number of duplicate actions had been removed and the action plan would continue to be improved by including evidence of audits and	

	performance data • Evidence had been submitted to the CQC in relation to the section 29 notice and those actions would be included in the next action plan Mr Wakefield welcomed the inclusion of audits and queried the reasons for the delay in some of the actions. Mrs Riley stated that some of the actions may have been completed in part but the impact not fully known and added that a deep dive was being undertaken to provide further assurance in relation to the speech and language actions. Professor Crowe queried if external assurance was to be obtained in relation to assessing the completion of the action plan and Mrs Cotton referred to the larger piece of assurance work being undertaken which would identify gaps in third line assurance but added that an audit would also be included within the internal audit plan for 2023/24. Mrs Bullock confirmed that the Trust uses internal audit annually to provide external assurance of whether the Trust had completed the actions identified and whether they were effective. Professor Crowe suggested that Quality Governance Committee be sighted on the scope of the audit to ensure they were content that the audit would provide the level of assurance required. **The Trust Board received and noted the updated CQC Action Plan.**	
PEOPLE		
9.	**Transformation and People Committee Assurance Report (01-02-23)**	
024/2023	Professor Crowe highlighted the following: • Early feedback from delegates on the Enable training programme was positive despite there being some initial challenges in staff not attending • Improvements in the initial time to hire new staff were noted • Recruitment challenges continued to be highlighted in Divisions with a theme of needing assurance of the workforce plans in place in addition to the offer in place to attract candidates to work at UHNM • Divisions were unable to provide assurance around the ability to reduce agency expenditure to the target due to the current vacancy and unavailability gaps. • Concerns were highlighted in terms of the inability to reduce the risk score associated with the Research and Innovation Board Assurance Framework (BAF) risk • An update was provided in relation to the clinical strategy but this lacked detail regarding the delivery plans. It was noted that further updates would include progress against delivering the associated milestones **The Trust Board received and noted the assurance report.**	
10.	**Q3 Raising Concerns Report**	
025/2023	Mrs Cotton reflected on the positive discussion held at the Transformation and People (TAP) Committee which considered a more detailed report. In addition the quarter saw the highest number of concerns raised to date although the themes were similar to previous quarters in terms of attitudes and behaviour's reflecting the actions being focussed on as part of Cultural Improvement Plan Mr Wakefield queried whether the increase was good or bad and queried what	

	actions were being taken to tackle the issue of detriment. In addition, he queried the progress being made in relation to training. Mrs Cotton stated that she expected the increase in reporting correlated with the increase in capacity within the team, the continued work to increase awareness as well as October being speaking up month. She stated that the TAP report included benchmarking against other organisations and the figures showed that UHNM was reporting higher than the average. However, she explained that the next report would differentiate between the Guardian being contacted for information versus those staff raising an actual concern. Mrs Cotton stated that a risk assessment for detriment had been recommended by the National Guardians Officer although there was no national tool available. Therefore the Trust was about to launch a new online form to raise concerns with a question added in terms of whether the member of staff was concerned about potential detriment. Mrs Cotton highlighted that some inconsistencies in the available training had been identified, and now that national training packages were available the training would be streamlined to make it clear which training staff needed to complete. Mrs Freeman queried whether the form will enable anonymous reporting and Mrs Cotton stated that there was an option within the form to do so. Mr Wakefield welcomed the increase in reporting which demonstrated the increased visibility. **The Trust Board received and noted the report and approved the outlined priorities.**	
RESOURCES		
11.	**Performance & Finance Committee Assurance Report (31-01-23)**	
026/2023	Ms Bowen highlighted the following: • The Committee approved the case to extend funding for speech recognition although the business case review identified further work to be done to embed and adapt processes with clinicians • Two areas of work regarding productivity had been highlighted with numerous actions being taken • The Committee noted the loss of orthopaedic activity due to winter pressures which had impacted on planned care performance. In addition the Trust was no longer on track to achieve the 78 week wait trajectory by the end of March 23 • There continued to be challenges with the identification of cost improvement savings • Positive assurance was provided regarding corridor care and the Committee noted the improvements in cancer performance. • The Committee welcomed the procurement savings which had been identified in addition to the positive collaboration with others in the system • The increases in risk scores for BAF 1 and BAF 5 were highlighted and the Committee noted the plans to take forward a trajectory for improvement for each risk going forwards Mr Wakefield recognised and welcomed the improvement in cancer performance.	

	The Trust Board received and noted the assurance report.	
RESPONSIVE		
12.	**Integrated Performance Report – Month 9**	
027/2023	Mrs Riley highlighted the following in relation to quality and safety performance: • A serious incident had been reported in maternity and the output of investigation would be reported to the Maternity Quality Governance Committee (QGC) • The number of incidents reported with moderate harm and above increased in December. This was being reviewed weekly in particular in the Emergency Department (ED) and the rise correlated to the increase in ED reporting and a specific peak over Christmas. All incidents were being investigated following which some incidents may be determined as not resulting in moderate harm. Further assurance was to be provided to TAP and QGC as part of the staffing report. Mr Wakefield referred to the need to balance the wider system risks with the risk of harm to patients as a result of corridor care / your next patient and stated that some metrics were required for this. Mrs Riley stated that this would be clarified in the next report, although the risk in the community was Extreme 25 versus the UHNM risk of Extreme 20. Professor Hassell queried whether the Integrated Care Board considered the risk in the round and Mrs Riley stated that the risk was discussed as a system in terms of the actions being taken and whilst UHNM holds much of the risk it is clear that the harm impact is more profound in the community with clear evidence of greater harm. Mr Bytheway highlighted that going into Christmas colleagues in Midlands Partnership NHS Foundation Trust were helping with Your Next Patient for example. Professor Maddock referred to the number of pressure ulcers being reported and queried what else could be done to reduce the numbers. Mrs Riley stated that operational pressures may impact on the ability to provide consistent documentation in notes with regards to the plan for pressure relieving care. She added that the care may have been appropriate but if the documentation did not support this, a lapse in care was reported. She further added that the numbers could also be device related where potential risks have not been mitigated or a patient may have come into hospital with skin damage but again, if not documented it would be reported as a lapse. Mrs Riley agreed to discuss this further with Professor Maddock to explore the information available and establish any improvements in reporting. Professor Crowe queried if automation or digitalisation of processes could be improved for this in addition to sepsis management / documentation. Mr Wakefield referred to the higher number of patients in beds aged 85 and over, and in terms of pressure ulcers whether these were specifically impacting older patients. Mrs Riley stated that pressure ulcers predominately affected those over 70 and the majority would have started before they came into hospital. Mr Bytheway highlighted the following in relation to urgent care: • The focus on Strep A had resulted in an increase in children attending ED • The strategic bed plan had been finalised as part of Non-Elective Improvement Plan for 2023/24 and the Trust was due to receive the regional review of discharges which would inform an improvement programme • Work was ongoing to improve flow through ED and the Trust continued to	**AMR**

work towards 92% occupancy as part of the new national standards
- A review had been undertaken of the winter plan and a number of high level themes had been identified such as underestimating covid and flu numbers as well as not anticipating the deteriorating length of stay for complex patients

Ms Bowen referred to Your Next Patient and queried how this was presently being utilised. Mr Bytheway referred to the reduction in the number of patients able to be transferred during the latter part of December, which had increased to 40 per day but this was not being enacted all of the time as it was based on risk.

Mr Wakefield referred to the winter plan and the planned debrief for the end of March and queried whether all the expected beds had been opened in the community. Mr Bytheway stated that some system initiatives did not deliver in the numbers expected i.e. virtual wards, but all physical beds opened, although staffing these was challenged. Mrs Bullock stated that the beds at Cheadle came online later than planned.

Mr Wakefield referred to the target of 92% bed occupancy and queried what assurance was available that this could be achieved. Mr Bytheway stated that national discharge monies were available in addition to the Better Care Fund which focussed on sustaining the reduction in the number of medically fit for discharge (MFFD) patients. In addition, further consideration was required as to the options to expand the non-physical estate to create the beds required for next winter, although the associated infrastructure and workforce would also be required.

Mr Wakefield referred to complex discharges and queried the plans to improve timeliness and Mr Bytheway stated that it was estimated that numbers over Christmas would increase which did not occur.

Ms Bowen queried whether digital learning and transformation would be considered as part of the winter debrief and Mr Bytheway stated that the main digital transformation related to increasing the usage of virtual wards. Ms Ashley stated that previously plans were not digitally enabled and a number of projects were underway focussing on this.

Mr Bytheway highlighted the following in terms of planned care performance:
- Cancer performance had achieved the 2 week wait standard and faster day diagnosis performance had increased to 65%. The total backlog had reduced from 18% in September/October to 13%/14%
- The regional team were happy with the progress made in terms of cancer delivery
- 104 week performance – the current plan had been based on the reopening of the orthopaedic ward and using all theatre capacity. In terms of the target of no 104 week breaches by the end of March, these were currently less than 30 therefore it was anticipated that this could be achieved
- 78 week performance – 98% of all patients were booked for procedures and mutual aid was being explored. Presently approximately 200 patients were outstanding

Mr Wakefield queried what support was being utilised from the Independent Sector and Mr Bytheway stated that 50 patients had been transferred to other providers but until it was certain that they could be treated, these were not deducted from the numbers.

Mr Wakefield queried the financial impact on the Trust if the target for 78 week waits was not achieved. Mr Oldham stated from April the Trust would be paid for

the amount of elective activity therefore this would not create a financial problem. Mr Bytheway added that the impact to patients was understood and if not achieved, it would create a further backlog to be tackled in April, before commencing work on reducing 52 weeks.

Mr Wakefield referred to theatre productivity and queried whether this would increase between now and the end of March. Mr Bytheway stated that transformational projects were being considered to improve productivity. A theatre transformation group had been established and weekly tracking of metrics was being undertaken with updates planned to be considered by Performance and Finance (PAF) Committee.

Professor Crowe commented on the challenges associated with tackling the 52 and 78 week backlog and the transformational change required to improve capacity and capability.

Mr Bytheway highlighted that in terms of diagnostic performance, further actions were being identified to improve the non-obstetric ultrasound position.

Mrs Haire highlighted the following in relation to workforce performance:

- Turnover continued to be below the target but the overall vacancy position had increased, partly due to the increase in budgeted establishment, associated business cases and winter posts
- Sickness had increased by 1.4% driven largely by chest and respiratory illnesses in addition to stress and anxiety. Covid absences had reduced overall and this was expected to further improve going forwards
- There had been a slight increase in PDR rates in month although the Trust continued to be behind the target due to operational pressures. Divisions continued to focus on this given it was a key indicator of staff engagement. In addition, the PDR policy was being reviewed to ensure it was fit for purpose
- In terms of the agency spend ceiling, this continued to be a focus at the Executive Workforce Assurance Group by considering the top agency contributors and considering the plans for planned recruitment activity to reduce agency usage
- Industrial action was taking place for members of the Chartered Society of Physiotherapists on 9th February and plans were being put in place to ensure business continuity
- In terms of the conversion rate for Keele medical students, the school has excellent teaching and student engagement rates and high pass rates. The reasons for not staying at UHNM have been cited as wanting to work in bigger cities. This was being considered by Professor O'Mahony via the Keele Liaison Committee to establish what else could be done to attract students back into the Trust. In addition, work was also being undertaken with students on other programmes such as offering student nurses a say in where they would like to work when they join the Trust
- An update was provided on the Trust's attraction campaign, this was being supplemented with work to improve the time to hire. Careers at UHNM Twitter and Facebook pages had been established and staff stories were being promoted via these channels. In addition, work continued to be undertaken with colleges and schools as well as considering how flexible job plans could be utilised for future medical colleagues

Mr Wakefield stated that in terms of Keele student retention rates, he queried whether there was any benchmark information from other universities. Mrs Haire stated that this was being considered by TAP. Professor Hassell stated that newer Medical Schools had similar issues and when students had previously been interviewed about this, the reasons related to social reasons and therefore

	social inducements needed consideration. Ms Bowen referred to appropriate access to data and analytics and queried whether the access was being improved for Divisions. Mrs Haire stated that the People Business Partner teams used people data on a daily basis and to support with operational planning through the relevant directorate/divisional groups. In addition, for medium term operational and longer term strategic workforce planning, access to a workforce information dashboard was available to help inform activities and interventions to improve workforce supply. Ms Bowen referred to the marketing opportunities for recruitment and queried whether work was being undertaken to promote opportunities in more challenged areas. Mrs Haire stated that the Trust was working with a marketing company which had helped to created 2 minute videos showcasing different staff and roles across the workforce groups and these were being promoted at careers days, through recruitment campaigns and using a range of social media platforms. Mr Oldham referred to financial performance: • A £0.7 m surplus had been delivered against the £3.3 m plan and the Trust continued to expect a mitigated break-even position at the year-end • Covid costs had reduced and the vast majority incurred were associated with testing which were pass through costs • £9.3 m of cost improvements had been transacted to date • Capital was behind although it was expected to catch up, but remained challenging • The cash balance continued to be in a good position due to the positive impact of interest receivables and dividends • The target to reduce agency spend by 20% remained challenged although the Trust had been approach to provide a case study in terms of not using off framework agency nursing, due to the way in which risk was managed across the sites **The Trust Board received and noted the report.**	
GOVERNANCE		
13.	**Audit Committee Assurance Report (02-02-23)**	
028/2023	Professor Crowe highlighted the following: • The Committee positively noted the progress on understanding the strategic risks and how these were reported via the BAF and welcomed the planned further actions to develop a trajectory for improvements and the additional quality assurance mapping of key third party reports • An update was provided on planning for the external audit which was progressing well and nothing untoward had been identified in terms of financial management • Losses, waivers and SFI breaches were within the recognised range • The Internal Auditors presented a number of reports, two of which required further improvement; workforce planning for business cases and the framework for clinical audit, due to receiving partial assurance conclusions • A draft report regarding bank and agency had provisionally highlighted a number of improvements which were to be addressed Dr Lewis referred to the internal audit into clinical audit which reflected the degree of immaturity of the clinical effectiveness provision within Divisions, as previously highlighted.	

	The Trust Board received and noted the assurance report.	
14.	**Q3 Board Assurance Framework**	
029/2023	Mrs Cotton highlighted that the BAF had been considered and scrutinised by each Committee and added that mapping had commenced to align the BAF risks being reported across the system. Mrs Cotton stated that whilst the Trust had not specifically articulated a risk on the BAF in relation to corridor care risk, this had been taken into account within BAF 1. Mrs Riley added that a risk in relation to maternity may need to be articulated in the BAF for 2023/24 and this would be considered in due course. Professor Crowe commented that as some of the strategic risks had a longer target date, the need to capture planned mitigation to deliver the trajectory of improvement was required. **The Trust Board received and noted the Quarter 3 BAF and approved the revised target scores/dates and the revised risk description for BAF 1.**	
15.	**Standing Financial Instructions (SFI) and Scheme of Delegation Policies**	
030/2023	Mr Oldham highlighted the key changes to the policy, the vast majority of which related to changing names and job titles and reflecting EU delegated limits. He stated that given the change in the role of the Trust Executive Committee, this had been removed. In addition, the delegated limits had been updated and aligned to Executive limits, resulting in business cases over £500,000 to be taken to PAF and over £1.5 m to Board. Mr Wakefield referred to 1.2.4 section e and the removal of the last sentence of the internal audit paragraph and Mr Oldham agreed to provide the rationale for this change. Mr Wakefield referred to 8.17 and the removed section about the PFI and queried the reason for this. Mr Oldham stated that PFI capital cannot be utilised anymore and therefore this section had been removed. Mr Wakefield referred to 13.6.2 and queried what was classed as being in distress. Mrs Whitehead stated that this related to being in Financial Special Measures and stated that such decisions would be considered with NHSE when relating to the PFI. **The Trust Board approved the revised policies for implementation 1st March 2023.**	**MO**
CLOSING MATTERS		
16.	**Review of Meeting Effectiveness and Business Cycle Forward Look**	
031/2023	Mr Wakefield queried whether Board members were happy to continue meeting face to face each quarter. Mr Bytheway stated that he felt it helped to build relationships as the interaction was better. Ms Ashley stated that she felt the conversation flowed better and Mrs Freeman referred to the need to make the use of both face to face and attending virtually, and as such the audio / visual requirements in the Boardroom were being updated. Professor Maddock stated that she felt it was easier for members to concentrate when face to face and Mrs	

	Bullock agreed it allowed more distractions when using MS Teams. Professor Crowe reflected on the Integrated Performance Report which had increased in size and queried whether this could be reviewed. In addition, he referred to the need to provide an integrated Executive Summary of the key points. Mrs Bullock agreed and suggested that we go back to the previous agreement that it be reviewed on an annual basis unless something critical was required and that we refrain from requesting additional information from being added which had resulted in the size of the current pack.	
17.	**Questions from the Public**	
032/2023	Mr Mills referred to the problems during the pandemic and thanked the Trust and the staff for how this had been handled. He referred to his recent stay in hospital and positively commented on the treatment provided and the professionalism of the nurses. He also welcomed receiving a copy of the discharge letter which had been sent to his GP explaining what treatment he had received. Mr Wakefield thanked Mr Mills for taking the time to attend Trust Board and providing the positive feedback.	
DATE AND TIME OF NEXT MEETING		
18.	**Wednesday 8th March 2023, 9.30am, Via MS Teams**	

Trust Board (Open)

Post meeting action log as at 27 February 2023

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed *or* B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement .
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/546	08/06/2022	Integrated Performance Report - Month 1	To take an update to a future QGC meeting regarding measuring the impact on patients who had not received appropriate sepsis screening within the Emergency Department	Ann-Marie Riley	~~02/03/2023~~ 27/04/2023		A deep dive has commenced and it is hoped to provide the output of this to QGC in April.	A
PTB/568	09/11/2022	Patient Story	To provide an update on the areas identified as part of the patient story, to a future Quality Governance Committee (QGC) meeting.	Ann Marie Riley Paul Bytheway Matthew Lewis	~~02/02/2023~~ 02/03/2023	02/03/2023	Patient has been invited to be involved in co-production work. Update provided to March's QGC meeting.	B
PTB/569	09/11/2022	CQC Action Plan	To discuss the assurance map with Professor Crowe in order to highlight the work being undertaken to assess the adequacy of assurance.	Claire Cotton	~~31/01/2023~~ 31/03/2023		Target date moved - to be completed by end of Q4.	GB
PTB/571	07/12/2022	Well-Led Self-Assessment	To update the document to include additional narrative for the actions within Section 6, including target dates and to discuss at a future NED meeting.	Claire Cotton Nicola Hassall	~~31/01/2023~~ 31/03/2023		The document has been updated to include additional narrative for the actions within Section 6. Target dates in the process of being identified and a date to discuss at a future NED meeting to be confirmed. Target date moved to reflect the need to arrange a future session with NEDS.	GA
PTB/572	07/12/2022	Q2 Maternity Serious Incident Report	To expand on the ethnicity chart within the report, to clarify reasons for increases and whether any themes reflected national themes. In addition to identify the associated denominators and the total number of deliveries per ethnic group.	Ann Marie Riley Donna Brayford	~~08/03/2023~~ 24/05/2023		This was discussed at the Maternity QGC meeting in February. Further work required and the team have agreed to link in with Professor Hassell to ensure reporting is adequate.	GB
PTB/574	04/01/2023	Patient Story	To provide an update on the actions being taken to prevent deconditioning to a future meeting.	Matthew Lewis Amit Arora	05/04/2023		Action not yet due.	GB
PTB/575	04/01/2023	Corridor Care	To identify key metrics associated with corridor care and report on these to future QGC meetings.	Ann Marie Riley	30/03/2023		This will be included in the quarterly staffing paper to TAP/QGC	GB
PTB/576	04/01/2023	Integrated Performance Report - Month 8	To provide an update on the comparisons of response rates with the Trust's peer group so that this could be considered going forwards.	Jane Haire	31/03/2023	08/02/2023	The current staff survey response rate as reported on by the survey supplier compares our response rate to the average of 65 Acute/Acute Community Trusts. The final published data from the National Survey Coordination Centre will benchmark UHNM response rate and scores against all national Acute/Acute Community Trusts (around 126 in total).	B
PTB/577	08/02/2023	Integrated Performance Report – Month 9	To discuss pressure ulcer reporting with Professor Maddock	Ann Marie Riley	05/04/2023		Date being arranged.	GB
PTB/578	08/02/2023	Standing Financial Instructions (SFI) and Scheme of Delegation Policies	To provide the rationale for removing the last sentence of the internal audit paragraph, section 1.2.4 (section e)	Mark Oldham	08/03/2023		**Update to be provided.**	GB

NHS
University Hospitals of North Midlands
NHS Trust

Chief Executive's Report to the Trust Board

February 2023

Part 1: Trust Executive Committee (TEC)

The Trust Executive Committee met virtually on the 22nd February 2023. **Executive Directors** gave the following key updates:

- Despite continued increase in referrals the Cancer 2 week wait delivered for the first time in nearly two years as a result of the significant efforts to reduce the backlog and the regional team are now in talks about taking the organisation out of 'tier 2' for cancer.
- Work being undertaken focussing on 78 week performance including ensuring that all theatre capacity is utilised with a particular focus on March.
- National 76% urgent care target has been set although there are a number of assumptions being made to deliver that and a session is being planned for 7th March to focus on this.
- The complaints process is being reviewed with a new response template being trialled and response times will form part of the watch metrics within the performance pack.
- Recruitment time to hire has seen improvements over the past month and the Twitter recruitment page has been a success.
- Letters from the pension's agency have been issued and a national consultation on the pension scheme is being launched.
- The Enable Programme continues to be rolled out and there is capacity / availability which teams were asked to communicate.
- A significant drive to complete the Staff Voice Survey has been undertaken and plans are now underway to organise the Staff Awards Evening for 2023.
- Wagestream, a system which allows staff to draw down their bank shift earnings earlier will be implemented in due course.
- The plan is to achieve forecast breakeven at the end of the financial year which will allow access to a national capital fund. However, there are a number of challenges associated with 2023/24 being worked through as part of the financial plan.
- Work currently being undertaken around IR35 compliance which will include a review of contracts.
- A bid is being submitted nationally for additional bed capacity and a business case / delivery plan are being worked on; this is likely to be a modular development.
- Communications Team are undertaking a programme of work relating to County Hospital and the services it provides to the community. Alongside this, a communications plan is being developed to raise the profile of the Children's Hospital.
- The NHS is 75 on 5th July and planning is underway to celebrate this.
- A Department of Health Private Finance Unit visit is taking place on the 27th February focussing on partnership arrangements.
- A governance support programme is being offered to divisions by the Corporate Governance Team to support improvements aligned with internal audit findings.
- The overall operational plan is on track for submission, confirm and challenge have been organised for 8th March.
- Development of the overall strategy for County Hospital is now underway and engagement with divisions will commence imminently.

Divisions took the opportunity to highlight any key matters requiring escalation, the following points were noted:

Medical Division

- Improvements in ambulance turnaround times and ambulatory performance seen, with Your Next Patient being the key driver for this.
- Virtual Ward being driven forward with some positive feedback from Divisions.
- Focus on incidents with harm, pressure ulcers and medication errors with a view to this being a key driver metric.
- Uptake in Staff Voice response has improved as a result of increased visibility and promotion.

- Recruitment focus on band 5 positions within the Division.
- Biggest risk at present is the junior doctors strike

Network Division

- Significant risk for the division, in particular around Trauma and Spines in relation to the 78 week performance target, clinical discussions are taking place around this
- Focus on mitigation of the County modular theatre delay and a response to the productivity challenge is being worked through
- Leading on the Aortic Dissection Rota, which overlaps with vascular and interventional radiology and will be working with other divisions to co-ordinate
- Staff Voice survey is a key area of focus for the division and a number of cultural reviews have now concluded; the focus is now on driving forward the action plans.
- Planning and preparation for the junior doctors strike is expected to have a significant impact on services.
- Working on improvement of productivity measures within theatres.
- A new clinical lead for Cardiology has been appointed; this is the first appointment which has been a non-medical role. A new Directorate Manager for Heart Centre has also been appointed and a new Matron for Oncology has been appointed.
- The Trauma and Orthopaedic Directorate Manager is due to leave as he takes on a new role within Emergency Medicine.

Surgical Division

- Focus around theatres using the Improving Together principles, based on two main areas – morning delays and utilisation of theatre lists, this will involve 'Go Look Learn' to aid understanding.
- Critical Care Rehab team have their work published on the Rehabilitation Garden.

Women, Children and Support Services

- Robotic Process Automation has gone live in teledermatology in outpatients.
- Gynaecology waiting list has been validated and 8% of patients have asked to be discharged.
- A recruitment day is being held focussing on a wide range of appointments, particularly within maternity.
- Child Health have recruited a CNS in Paediatrics / Gastroenterology.
- Radiology have locums in place to address the backlog, 4000 feedback forms have been sent out with 89% feedback rating the service as good and 94% in meeting their needs.
- Engagement and culture plans a key focus with a divisional launch of 'Be Kind' being organised.
- Key risks are in relation to the radiology backlog, weekly driver meetings being held and a business case has been approved.
- Driver metrics have now been agreed as part of the Divisional Performance Review process.
- The Divisional Medical Director will be ending her tenure in March and thanks were given to her.

Pathology Network

- Go Live of LIMS for Microbiology took place which was a success although there was a network failure with the supplier which has presented some challenges and further assurances are now being sought from the supplier before proceeding to the next phase.
- A blood science equipment tender is being worked on which is due to be issued on 1st March.
- Staff engagement is a key area of focus, there continue to be workforce challenges including vacancies which are being worked through.

Part 2: Contract Awards and Approvals

2.1 Contract Awards and Approvals

Department of Health Procurement Transparency Guidance states that contract awards over £25,000 should be published in order that they are accessible to the public. Since 14th January to 13th February, 3 contract awards, which met these criteria, were made, as follows:

- **Sub Contract for Endoscopy Diagnostics Services** supplied by 18 Week Support, for the period 01.10.22 – 31.03.23, at a total cost of £640,000, providing savings of In-Year Negated Inflation £17,280 incl. VAT, approved on 13/01/2023
- **Supply Chain Coordination Limited - Trust wide Annual Expenditure including High Cost Tariff devices (HCTED)** supplied by Supply Chain Coordination Ltd, for the duration 01.04.23 – 31.03.24, at a total cost of £44,613,182.53, approved on 11/01/2023
- **Supply Chain Coordination Limited - Trust wide Annual Expenditure including High-Cost Tariff-Excluded Devices (HCTED) - Increase to value of eREAF 8801** supplied by Supply Chain Coordination Limited, for the period 01.04.22 – 31.03.23, at a total cost of £15,000,000, providing £1.28m bottom line savings FY 22/23 approved on 11/01/2023

In addition, the following eREAFs were approved at the Performance and Finance Committee on 28th February, and also require Trust Board approval due to the value:

Services of Junior Doctors via Health Education England contract with St. Helens & Knowsley Teaching Hospitals NHS Trust (eREAF 10447)

Contract Value £3,480,000 incl. VAT
Duration 01/04/23 – 31/03/24
Supplier St. Helens and Knowsley Teaching Hospitals NHS Trust

Renal Services provided at Leighton Hospital for UHNM (eREAF 10460)

Contract Value £3,000,000 incl. VAT
Duration 01/04/23 – 31/03/25
Supplier Fresenius Medical Care Renal Services

Maintenance of Imagex Ultrasound Scanners (eREAF 10503)

Contract Value £1,035,732.84 incl. VAT
Duration 01/03/23 – 29/02/28
Supplier Imagex via NHS Supply Chain (SCCL)

Savings – Cost Reduction £5,592.96 incl. VAT

Respiratory Consumables – ResMed (eREAF 10571)

Contract Value £5,250,000 incl. VAT
Duration 01/04/23 – 31/03/28
Supplier ResMed

Savings – Cost Reduction £143,772 incl VAT & Negated Inflation £28,350 incl VAT

The Trust Board is asked to approve the above eREAFs.

2.2 Consultant Appointments – February 2023

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

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Locum Consultant Body Radiologist	New	TBC	TBC
Locum Cardiologist with Specialist interest in Pacing and Devices	Vacancy	TBC	TBC

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant Plastic Surgeon	Vacancy	Yes	TBC
Consultant Plastic Surgeon	Vacancy	Yes	TBC
Locum Consultant Neonatologist	Vacancy	Yes	11/04/2023
Consultant Orthopaedic Shoulder and Elbow Surgeon	New	Yes	TBC
Consultant Paediatric Anaesthetist	Vacancy	Yes	02/08/2023
Consultant Paediatric Anaesthetist	Vacancy	Yes	04/09/2023
Locum Interventional Cardiologist	Vacancy	Yes	09/02/2023

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

Post Title	Reason for advertising	Start Date
Locum PICU consultant	Extension	28/02/2023
Locum Consultant Clinical Oncologist	Extension	01/02/2023
Specialist Doctor in Cardiothoracic Radiology	New	01/02/2023
Locum Consultant obstetrician and Gynaecologist	Maternity	01/02/2023
Consultant Intensivist	Vacancy	01/02/2023
Consultant Radiologist	Retire & Return	27/02/2023
Locum Consultant Oncologist – Head & Neck, Thyroid and UGI Cancers	Vacancy	06/02/2023
Locum Consultant Ophthalmologist	Retire & Return	09/02/2023
Consultant MSK Radiologist	Extension	14/02/2023
Locum Interventional Cardiologist	Vacancy	14/02/2023
Locum Consultant Plastic Surgeon	Extension	15/02/2023
Clinical Lead for Cardiology	Vacancy	07/02/2023

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

Post Title	Reason for advertising	Note
Locum Consultant obstetrician and Gynaecologist	19/02/2023	No Suitable Applications

2.3 Internal Medical Management Appointments – February 2023

The following table provides a summary of medical management interviews which have taken place during February 2023:

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Associate Clinical Director, Trauma Directorate	Vacancy	Yes	20/04/2023
Clinical Director - General Surgery	Vacancy	Yes	03/02/2023

The following provides a summary of medical management who have joined the Trust during February 2023:

Post Title	Reason for advertising	Start Date
Divisional Quality, Audit & Governance Lead	Vacancy	27/02/2023
Surgical Tutor	Vacancy	01/02/2023

There were no medical vacancies which closed without applications / candidates during February 2023.

Part 3: Highlight Report

3.1 Trust Pressures

Over recent months, we have been very challenged with the number of ambulances being held. However, due to the hard work of our staff, despite us seeing an increase in ambulance coming to our Emergency Department, we have recorded some of our lowest ambulance holds over the last few weeks. This is a significant positive step and was reflected in the fact that we are no longer one of the Trusts undergoing national weekly meetings although we do meet weekly with NHSE regional colleagues. Whilst we are still in the throes of winter and we need to sustain this, I am grateful to everyone involved in developing and embracing the changes made to make this improvement.

I would also like to acknowledge that for the first time in nearly two years, we have met the two week target for cancer despite an ongoing increase in referrals. Again, this is thanks to a huge team effort and is great news for our patients.

As well as the changes we have made internally, the improved performance has no doubt been supported by having no further flu admissions, a lower number of patients who are medically fit for discharge and Covid being static which means we have a lower bed occupancy and much better patient flow across our hospitals but we do need to understand further the measures and actions which have been the most impactful. To aid this a meeting is taking place on the 7th Mach to understand what actions should remain as business as usual.

3.2 Industrial Action

After continued industrial action including ambulance staff and physiotherapists, the Royal College of Nursing (RCN) have paused their strike action and are now in talks with the government over their pay arrangements. However, the British Medical Association (BMA) ballot closed on the 20th February with a mandate for strike action which will take place over three days in March (13th, 14th and 15th). We have commenced planning with our clinical divisions so that we can mitigate the impact of this as far as possible although we recognise that this will bring us further challenges. This includes establishment of a Strike Liaison Committee to oversee co-ordination of a full hospital engagement plan.

3.3 Chief Nurse Fellowship and Legacy Mentor Schemes

Applications have now opened for the Chief Nurse Fellowships and the Director of Midwifery Fellowships hosted by CeNREE. The Chief Nurse Fellowship (CNF) and Director of Midwifery Fellowship (DoMF) programmes are an early career fellowship designed to provide staff with the best start to their career. Offering support through coaching and a bespoke teaching programme.

As a CNF or DoMF our staff will receive training on key themes to help develop their professional understanding and receive regular mentorship to complete an improvement project within their area of practice. The fellowships will provide successful applicants with two days of continued professional development (CPD) a month over 9 months and will conclude with a simulation event on their learning.

3.4 Laboratory Information Management System (LIMS)

During the month we marked a historical day for the North Midlands and Cheshire Pathology Service (NMCPS) as the Laboratory Information Management System (LIMS) was replaced for the first time in 20 years. This is being done in a phased way starting with Microbiology and is a significant change for users and I would like to thank all involved in preparing for this transition. All necessary action was taken to minimise disruption although we have expected turnaround times to be impacted as our teams get used to the new systems and processes. Despite the rigorous planning, there have been some challenges experienced as a result of network problems with provider and I am aware that other organisations were also affected, however, I am reassured that these have been worked through in order to mitigate any further impact.

3.5 Equality, Diversity and Inclusion

The beginning of February saw the start of the LGBT+ History Month and I am pleased we were able to raise our flag to celebrate. We then celebrated Race Equality Week where I attended and was honoured to close a system wide inclusion school on race. This was a very interesting and informative discussion with exceptional presentations from Yvonne Coghill, Director of workforce race equality at NHS London and Karl George who developed the Race Equality Code. As an organisation we are committed to achieving the Race Code standard and we are developing a detailed plan of how we can deliver against this important standard to eliminate racism and recognise that we have a responsibility to role model allyship and lead an anti-racist organisation. We have developed equality, diversity and inclusion objectives for all members of the Trust Board so that we can be personally held to account relating to our UHNM People Strategy priority of creating a positive and inclusive culture in our organisation.

3.6 Meeting with Amanda Pritchard

I was pleased to meet virtually with Amanda Pritchard, Chief Executive of NHS England. We had a useful discussion around the national priorities outlined in the national planning guidance and I was very pleased to be able to share with her the fantastic work that we do at UHNM. Amanda was also very keen to hear about our challenges as a Trust and a system. She ended our call reflecting back that we should all be very proud of what we have achieved whilst acknowledging our challenges and aspirations.

3.7 National Apprenticeship Week

We publicised some amazing staff profiles capturing staff stories as part of National Apprenticeship Week which featured on our social media channels. Often, we think of young people joining us as apprentices, but this scheme is open to all ages and we want apprentices to join us in all areas both clinical and non-clinical. I was delighted to meet up with Annette Walklate on ward 128 at Royal Stoke. She is one of the first cohorts to graduate to a Registered Nurse via the apprenticeship route and is a great example of how you can develop your career here at UHNM.

3.8 Integrated Health and Care System Leaders Event

I joined all senior leaders across the integrated health and care system (ICS) in Staffordshire and Stoke-on-Trent to agree what our shared priorities are for the next year and to understand each other's challenges in the delivery of these. The priorities will help form the Integrated Care Partnership Strategy and will be the shared response to the NHS operational plan. I was pleased in our discussions that workforce issues such as wellbeing, recruitment and retention was the number one priority for all organisations and is critical in helping us to deliver our ambitions for our community and patients.

3.9 Cultural Improvement Programme

We have taken a good look at our own workforce here at UHNM and ways in which we can support staff at a recent executive team meeting when we were joined by Linda Holland who has been working with the People Directorate on our Cultural Improvement Plan. The plan was produced in response to our independent review into culture by Brap and Roger Kline following allegations of bullying and harassment. We spent a lot of time discussing the positive actions we have put into place such as introducing the new Enable training and Clinical Leadership Programmes; the introduction of our Being Kind approach; the launch of our new resolution policy and the development of our people strategy as well as the introduction of Wellbeing Walks where we get an opportunity to listen to challenges and help solve issues and problems directly with our staff. There are too many actions to mention them all and we have previously shared our improvement plan but the important thing for us now is to understand the impact of these actions and what more we need to do so this work will continue as we plan greater discussion with our staff.

We know our journey to improve our culture will take time but we are committed and determined to make UHNM a great place to work. This commitment can be seen in the new People Strategy which will be instrumental in the delivery of this ambition.

3.10 Innovative Technology

I am proud that we already lead the way with our use of robotics at UHNM and during the month I visited Keele University with Paul Bytheway to experience Medtronic's new robotic equipment. We were given a demonstration and the opportunity to try the new state of the art HUGO robot for ourselves. This is only the second company to develop robotic capability which is great for the market as developing our use of robotics is definitely something we want to explore due to the patient benefits and improved outcomes it can bring. So watch this space!

3.11 PFI Partners Visit

On Tuesday, 27th February 2023 representatives from the Estates, Facilities and PFI Division and our PFI partners hosted a visit of senior representatives from the Department of Health Private Finance Unit. The Private Finance Unit holds overall responsibility for the private finance programme across the NHS advising central government and providing a central focus.

They were keen to experience first-hand the successful partnership arrangements between UHNM and its private sector partners, as part of their commitment towards learning and sharing of good practice across the NHS. They met with members of the teams and toured the site. Very positive feedback was provided on the day, subsequently followed up by the following "Thank you for organising such an excellent visit! It was great to hear from all the different teams and we took away a lot to think about in terms of how we get other projects into the same place". James Green, Commercial Specialist – PFI, Department of Health and Social Care

Quality Governance Committee Chair's Highlight Report to Board

2nd March 2023

1. Highlight Report

!	Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
	• The medicines optimisation report highlighted challenges with regards to the medicines supply chain whereby most concern related to chemotherapy as well as staffing in the technical services team. In addition, the gaps in the pharmacy workforce resulting in some wards being without pharmacists was raised as an area of risk, and a business case was being prepared for additional staffing, initially focussing on addressing key gaps • In terms of sepsis screening compliance and administration of antibiotics in hour a deep dive had been undertaken demonstrating continuing challenges in administering antibiotics within an hour. Upon review of patient harm data for December and January, this determined that for all patients confirmed as having sepsis they had received antibiotics within 2 hours • The serious incident report highlighted that further Risk Management Panels were being set up for each Division to reduce the backlog of incidents awaiting review	• Following the patient story provided to the Trust Board in November, the patient had been invited to be involved with the Patient Experience Group. In relation to the actions regarding improving communication between oncology and the breast cancer team and addressing the delays with repeat prescriptions a further update was to be provided • A deep dive was ongoing, following an increase in the number of patients with hospital associated Thrombosis, which aimed to assess whether the increase in Covid, RSU and flu positive patients was of significance
✓	**Positive Assurances to Provide**	**Decisions Made**
	• The Committee welcomed the opening of the new Lloyds Pharmacy which had reduced the risk to outpatient dispensing. In addition, the Trust performed better than the national benchmark for key metrics associated with prescription turnaround times • There had been little change in the infection prevention board assurance framework since the previous version was presented, although it was noted that the national template was being revised and was currently under consultation. The ongoing work to ensure resilience of FFP3 mask fit testing was raised. • The quarter 3 mortality assurance report was presented which highlighted that SHMI remained in line with expected range although this had increased and the HSMR remained slightly better than expected. The ongoing work to analyse data in the areas of pneumonia and urinary tract infections was noted • Month 10 quality performance highlighted an increase in returns of the maternity friends and family test. Analysis remained ongoing of the incidents reported in relation to Your Next Patient to determine any themes and although further improvement was required in relation to duty of candour, this had improved in month	• No decisions were required to be made

Comments on the Effectiveness of the Meeting

The Committee welcomed the provision of effective Executive Summaries which aided discussion

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Medicines Optimisation and Safety Report Quarter 3 2022-23	BAF 1	25152 25050 24181	! ✓	Assurance	5.	Patient Story Update: Trust Board November 2022	BAF 1	Ext 20	-	Assurance
2.	Infection Prevention Board Assurance Framework	BAF 1	Ext 20	✓	Assurance	6.	Serious Incident Highlight Report (Q3 2022/23)	BAF 1	9783	!	Assurance
3.	Sepsis Management: Emergency Department - Royal Stoke	BAF 1	Ext 20	!	Assurance	7.	Quality & Safety Report – Month 10 22/23	BAF 1	Ext 20	✓	Assurance
4.	Mortality Assurance Report (Q3 2022/23)	BAF 1	Ext 20	✓	Assurance	8.	Quality & Safety Oversight Group Assurance Report (20-02-23)	BAF 1	Ext 20	-	Assurance

3. 2022 / 23 Attendance Matrix

No.	Name	Job Title	A	M	M	J	J	A	S	O	N	D	J	F	M
1.	Prof A Hassell	Associate Non-Executive Director (Chair)				Chair									
2.	Ms S Belfield	Non-Executive Director													
3.	Mr P Bytheway	Chief Operating Officer													
4.	Ms S Gohir	Associate Non-Executive Director													
5.	Dr K Maddock	Non-Executive Director													
6.	Mr J Maxwell	Head of Quality, Safety & Compliance													
7.	Dr M Lewis	Medical Director							GH					ZD	
8.	Mrs AM Riley	Chief Nurse	SM		SM										
9.	Mrs C Cotton	Associate Director of Corporate Governance	NH		NH	NH			NH	NH	NH	NH	NH	NH	
10.	Ms S Toor	Associate Non-Executive Director													
11.	Mrs J Haire	Chief People Officer	RV	RV	RV		RV	RV	RV	RV	RV				

Attended | Apologies & Deputy Sent | Apologies

Maternity Quality Governance Committee Chair's Highlight Report to Board

22nd February 2023

1. Highlight Report

!	Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
	• The Ockenden Q3 update highlighted an area of concern relating to the need to establish an memorandum of understanding buddy agreement to ensure all serious incident and perinatal mortality cases included an MDT external clinical review • The maternity serious incident report highlighted 5 ongoing investigations and 10 incidents which were waiting to be presented to the Trust's Risk Management Panel and ICB Serious Incident group. In addition, 3 new incidents were reported during the quarter • The quarter 3 maternity dashboard highlighted continuing challenges associated with home birth and intra-partum care at the freestanding midwifery birth unit (FMBU) as well as reducing smoking in pregnancy • The action plan associated with the neonatal quality insight visit continued to be developed and further assurance was to be included within the plan, in relation to the completed actions and the effectiveness / impact of these	• Due to continued low response rate to maternity friends and family test, QR codes were being introduced to make completion easier as well as learning from others and increasing opportunities for feedback to be provided by the Maternity and Neonatal Voices Partnership • Actions arising from the NHS maternity services survey were being considered and would be reported in due course and a summary would be considered for Board consumption following further discussion
✓	**Positive Assurances to Provide**	**Decisions Made**
	• Two staff stories were provided by those who had completed the vitality leadership programme which was continuing to be rolled out to Band 5 and Band 6 staff • An overview of the Ockenden action plan and gap analysis was presented which highlighted positive progress in completing the actions associated with the 15 immediate and essential actions. The action plan was to be developed further to provide further assurance in terms of completion dates • Perinatal mortality report highlighted 7 cases and the learning and actions from those considered in the quarter were highlighted • Saving babies lives care bundle highlighted particular improved compliance with CO monitoring at booking and progress had been made to recruit to posts associated with reducing smoking in pregnancy • The quarter 3 maternity dashboard highlighted positive progress in terms of training in obstetric emergencies, compliance with CNST safety action 8 and fetal monitoring training • The maternity workforce update highlighted a number of successful appointments and updates on future recruitment whereby there were currently 46 WTE vacancies of which 25 appointments for newly qualified midwives had been offered • The rate of postnatal re-admissions (1.6%) was below the national average of 3.4%. 83% of readmissions had been reviewed by a Consultant Obstetrician with the main themes of readmission relating to infection following caesarean section, raised blood pressure, PV bleeding and sepsis.	• No decisions were required to be made
	Comments on the Effectiveness of the Meeting	
	• To consider membership at future meetings ensuring representation from Neonatal and the Women's, Children's and Support Services Divisional management team	

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Midwife Story	BAF 2		✓	Assurance	8.	Maternity Family Experience Report Q3 22/23	BAF 1	Ext 20	-	Assurance
2.	Neonatal Quality Insight Visit Action Plan	BAF 1	18093 22651	!	Assurance	9.	Maternity Dashboard – Q3 22/23	BAF 1		! ✓	Assurance
3.	Ockenden Final Report – 15 Immediate and Essential Actions Gap Analysis Q3 Update	BAF 1	13419	✓	Assurance	10.	Midwifery Workforce	BAF 3	13419 15993	✓	Assurance
4.	UHNM Ockenden Update Q3	BAF 1	13419	!	Assurance	11.	NHS Maternity Services Survey 2022 Benchmark Report			-	Assurance
5.	Maternity New Serious Incident (SI) Report Q3 22/23	BAF 1	15593 13419 23361	!	Assurance	12.	Audit of Postnatal Re-admissions			✓	Assurance
6.	Perinatal Mortality Report Q3 22/23	BAF 1		✓	Assurance	13.	Maternity Quality & Safety Oversight Group Assurance Report			-	Assurance
7.	Saving Babies Lives Care Bundle (SBLCB) Version 2: Q3 Update	BAF 1	24037	✓	Assurance						

3. 2022 / 23 Attendance Matrix

Attended | **Deputy Sent** | **Apologies Received**

Members:			May	August	November	February
Baroness S Gohir	SG	Non-Executive Director	SB			
Mr P Bytheway	PB	Chief Operating Officer				
Mrs C Cotton	CC	Associate Director of Corporate Governance		NH	NH	NH
Prof A Hassell	AH	Associate Non-Executive Director (Chair)				
Mrs J Haire	RV	Chief People Officer	RV	RV	RV	
Dr M Lewis	ML	Medical Director				GH
Dr K Maddock	KM	Non-Executive Director				
Mr J Maxwell	JM	Head of Quality, Safety & Compliance				
Mrs AM Riley	AM	Chief Nurse				
Prof S Toor	ST	Associate Non-Executive Director				

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board	**Date:**	8th March 2023
Report Title:	Maternity New Serious Incident (SI) Report Quarter 3 (1st October – 31st December 2022)	**Agenda Item:**	9
Author:	Donna Brayford, Deputy Director of Midwifery - Governance		
Executive Lead:	Ann-Marie Riley, Chief Nurse		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

15593	*Maternity Assessment Unit Triage*	*High (10)*
13419	*Midwifery Safe Staffing*	*High (12)*
23361	*Number of open adverse incidents and root cause analysis investigations*	*High (12)*

Executive Summary

Situation

This report provides a summary of the numbers and types of serious incidents reported by Maternity during Quarter 3 (2022). As of 31.12.22 maternity have 15 ongoing serious incidents (including new incidents).

Investigation in progress: 5 serious incidents (1 local Root Cause Analysis, 3 Healthcare Safety Investigation Branch Investigations, 1 Perinatal Mortality Review Tools)

Investigations completed/awaiting to be presented and closed by Risk Management Panel and ICB SI Group: 10 incidents

The Ockenden Final Report states all serious incident actions must be completed within 6 months.

Background

Following the publication of the Ockenden review, Trust Boards are to have specific sight of Maternity Serious Incidents on a quarterly basis.

Assessment

In Q3 - 3 new serious incidents were reported:

October	2022	0 incident
November	2022	1 incident
December	2022	2 incidents

*C*ategory of Incidents:
1 Healthcare Safety Investigation Branch (HSIB) investigation.
1 new incident to be investigated by local Root Cause Analysis (RCA).
1 new incident investigated by the Perinatal Mortality Review Tool (PMRT).

Recommendations:

Future reports will include a timeline of the actions completed (Ockenden Final Report states all actions following a serious incident should be completed within 6 months).
The maternity team will also provide assurance of how system changes have been successfully embedded in practise.
The data displaying the ethnicity of the mothers involved in serious incidents now considers the local population breakdown so then can clearly identify trends of racial inequality.

Key Recommendations

- The Trust Board accepts and is assured by the report.
- Future reports will include infographic of progress of serious incidents.

Maternity New Serious Incident Reporting Process – for information.

The Maternity Team strive to declare Serious Incidents as soon as possible. The Quality and Risk Team are informed of the incident by Datix, a clinician or mother's concern or on completion of an investigation such as a Perinatal Mortality Review Tool (PMRT). The Clinical Director (CD) and Director of Midwifery (DOM) are immediately informed. The incident is discussed at the weekly Multi-disciplinary Obstetric Risk meeting to establish facts and ensure all immediate actions are implemented. A 72 hour brief is prepared and once approved by the DOM and CD is then escalated to the Divisional Team for approval by the Divisional Governance Lead. The Serious Incident will be disclosed as soon as possible to the woman and her family.

HSIB Investigations and SI Reporting.

There have been recent discussions regarding reporting all maternity cases that are reported to Health Safety Investigation Bureau (HSIB) for investigation as Serious Incidents. There does appear to be some variation in practice across the country. Some Trusts are reporting all cases as Serious Incidents and some are reporting retrospectively following the HSIB investigation and patient safety recommendations. We have historically reported retrospectively following receipt of HSIB investigation reports. However, HSIB can take up to 12 months to complete an investigation which means a significant delay in Serious Incident reporting. Therefore, following correspondence from the Medical Director and Chief Nurse, as of 25/11/20 the decision was made to Serious Incident report and then de-escalate afterwards if appropriate.

Contents

1. Definition

Antepartum haemorrhage - defined as bleeding from the genital tract during pregnancy.

Cardiotocograph (CTG) - is used during pregnancy to monitor fetal heart rate and uterine contractions.

Cooling Therapies are described as:

Passive – turning off heating equipment and removing covering from the baby.

Active – placing the baby on a temperature controlled cooling mattress or using a temperature controlled cooling cap.

Therapeutic - is a procedure where the infant is cooled to between 33 and 34 degrees Celsius, with the aim of preventing further brain injury following a hypoxic (lack of oxygen) injury. Hypothermia is usually induced by cooling the whole body with a blanket or mattress.

Hypoxic ischaemic encephalopathy (HIE) - is a type of newborn brain damage caused by oxygen deprivation and limited blood flow.

Impacted Fetal Head - A complication arising at caesarean birth when the baby's head is deeply engaged in the pelvis and may be difficult to deliver.

Low cord pH – may indicate a baby has suffered a significant hypoxic incident before birth.

Perinatal Mortality Review Tool (PMRT) - Systematic, multidisciplinary review of the circumstances and care leading up to and surrounding each stillbirth and neonatal death, and the deaths of babies who die in the post-neonatal period having received neonatal care.

Tocolysis - medications used to suppress premature labour.

2. New Serious Incidents

Maternity have reported 3 Serious Incidents during Q3 (2022), October (n= 0), November (n = 1) and December (n = 2). Table 1 gives a brief description of the incident and immediate actions taken. It has been agreed by the Directorate, Division and Trust Board that all HSIB investigations will be reported as serious incidents and then de-escalated if required.

Table 1 - Brief description of new serious incidents and immediate action taken.

SI ID	Datix ID/ Incident Date	Incident description	Immediate Actions	Outcome	Expected date at ICB SI Review Group
2022/23752	285435 November 2022	• Maternal Death. • No care issues identified.	• Verbal and Written DOC. • Staff debrief and support implemented. • Bereavement care provided by Bereavement midwife and nurse.	Maternal Death	Stop the clock
2022/26549	288096 December 2022	• Baby slipped from mother's arms 3 days post-natally. • No care issues identified.	• Verbal and written DOC completed. • Local Falls RCA completed, to be presented to falls panel 16.2.23. • All pre-cautions to prevent a dropped baby implemented from previous incident: Bedside cot in use, bed lowered, safety alert posters on display, mother advised not to co-sleep and advised to use call bell for support if required, dropped baby falls assessment discussed and documented.	For outpatient follow-up	9.3.23
2022/26955	287764 December 2022	• Early Neonatal Death.	• Verbal and Written DOC. • Staff debrief and support implemented.	Neonatal Death	14.3.23

3. Current Serious Incidents in Progress

Maternity have 5 ongoing serious incidents (including 3 new incidents).
Investigation in progress: (1 local RCA, 3 HSIB, 1 PMRT).

SI ID	Datix ID/ Incident Date	Incident description	Immediate Actions	Outcome	Expected date at CCG meeting
2022/21120	280800 September 2022	• Early Neonatal Death. • No care issues identified	• Verbal and Written DOC. • HSIB investigation on-going. • Staff debrief and support implemented.	Neonatal Death	Stop the clock
2022/19278	279197 August 2022	• Baby was born via forceps-assisted vaginal delivery and had abnormal cord gas results.	• Verbal and written DOC completed. • HSIB Investigation ongoing. • NHS Resolutions informed. • Implementation of new neonatal resuscitation record.	Baby discharged home.	Stop the Clock

Investigations completed/awaiting to be presented and closed by Risk Management Panel and ICB SI Group: 10 incidents.

SI ID/ Date on STEIS	Datix ID/ Incident Date	Incident description	Immediate Actions	Outcome	Expected date at ICB meeting
2022/5507 RCA Investigation completed	265355 March 2022	• Incomplete closure of the eye which resulted in the cornea being unprotected. • The abnormality appears not to have been identified at the NIPE	• RCA investigation completed. • Plan to introduce annual competencies for staff undertaking NIPE examinations.	The baby is receiving on-going monitoring.	15.6.22 RMP 8.3.23
2021/24638 RCA Investigation completed	259191 November 2021	• Maternal Death	• Verbal and written DOC completed • Safety netting advice to include increased risk factors such as ethnic minority and increased BMI.	Maternal Death.	De-escalation requested
2022/16520 RCA Investigation completed	276797 July 2022	• EMCS performed at 1908hrs without further USS prior to EMCS. Baby delivered cephalic.	• Verbal and Written DOC. • Local RCA commenced. • WHO checklist to be revised to include time of USS	Well Mum and Baby	26.10.22 RMP 8.3.23
2022/ 2860 RCA Investigation completed	259586 February 2022	• Ante-natal Stillbirth.	•A written duty of candour letter was sent to the parents advising of serious incident reporting. •Clinical Midwife Educator to promote use of ROTEM at daily Delivery Suite Safety Huddle.	Ante-natal Stillbirth.	Awaiting closure by ICB.
2022/2564 PMRT Completed	264052 February 2022	• Intrapartum Stillbirth.	• Verbal and written Duty of Candour completed. • ASQUAM guideline for screening and investigation of the small for gestational age fetus and growth restriction to be reviewed.	Stillbirth.	4.5.22 RMP 8.3.23

2022/12612	267616 March 2022	• Neonatal Death.	• Verbal and Written DOC completed.	Neonatal Death	13.9.22 Awaiting closure by ICB
2022/12601	274130 June 2022	• A new mother was prescribed the incorrect dose of Daltaparin (anti-clotting drug) following delivery.	• Joint Obstetric/Haematology Clinic agreed to document all management plans on K2 Maternity Electronic records.	• Acute pulmonary embolism	13.9.22 RMP 8.3.22
2022/14402	270536 April 2022	• Neonatal Death.	• Multidisciplinary team meeting planned to clearly identify actions	Neonatal Death	30.9.22 For closure by ICB
2022/12317	272993 May 2022	• Antepartum Stillbirth.	• Verbal and written DOC completed. • Recruitment of 5.7 WTE telephone triage midwives is now completed.	Antepartum stillbirth	Incident re-scored B and B due to further information. De-escalation of incident requested

4. Serious incidents closed during Q3 – Key Learning and Actions

2021/16264

July 2021

Early Neonatal Death.

No	Learning identified	Action	Action status	Responsible	Date for completion/ update	Completed date & evidence
1	Missed opportunities to provide follow up appointment in Day Care from ANC	Day care Clinic for County and Royal Stoke to be built in Careflow instead of paper diary.	In progress	Maternity Assessment Unit Manager		
2.	ASQUAM guideline for Missed Appointment not adhered to	Review of DNA guideline – identifying plan for engagement of vulnerable women who DNA.	Complete	Outpatient Matron		Completed

2021/23088

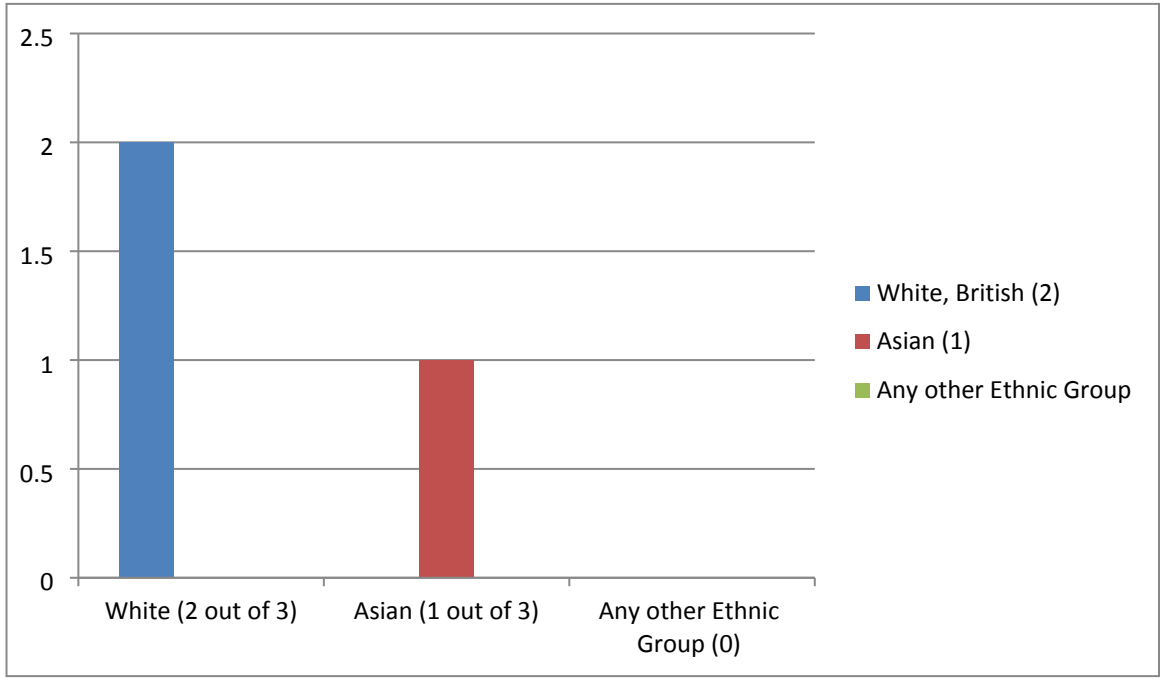
November 2021 Maternal Death.						
No	**Learning identified**	**Action**	**Action status**	**Responsible**	**Date for completion/ update**	**Completed date & evidence**
1	The Trust to ensure that mothers receive a COVID-19 risk assessment at booking and this is revisited periodically during their pregnancy to ensure mothers are aware of their personalised risks for complications from COVID-19 infection	1.1 Covid 19 risk assessment wizard incorporated in to K2 electronic records to prompt staff to discuss the woman's vaccination status and offer further advice. 1.2 Telephone triage SOP developed for women with Covid 19 symptoms (inclusive of referral to CRIS service)	1.1 Complete 1.2 Complete	Consultant for Public Health		1.1/1.2 Completed December 2021
2.	The trust to ensure that mothers are central to decision making and planning of their care with clear documentation that are undertaken	Mechanism developed for women and families to access immediate support / advocacy if they have concerns regarding their care.	Complete	Professional Midwifery Advocate		December 2022
3.	The Mother did not attend all scheduled antenatal appointments due to the Mother's social and emotional concerns.	Review of DNA guideline – identifying plan for engagement of vulnerable women who DNA.	Complete	Outpatient Matron		January 2023

5. Current HSIB Cases

3 Current HSIB cases on-going

6. Serious Incidents 1st October 2021- 30th September 2022- classed by ethnicity.

This information will be used to inform future actions.



Ethnicity of women booked for care at University Hospitals of North Midlands in 2022

	2022
Women	5889
White: British	4375 (74.3%)
White: Irish	21 (0.4%)
White: Any Other Background	351 (6.0%)
Mixed: White and Black Caribbean	49 (0.8%)
Mixed: White and Black African	12 (0.2%)
Mixed: White and Asian	31 (0.5%)
Mixed: Any Other Background	43 (0.7%)
Asian: Indian	87 (1.5%)
Asian: Pakistani	369 (6.3%)
Asian: Bangladeshi	40 (0.7%)
Asian: Any Other Background	129 (2.2%)
Black: Caribbean	18 (0.3%)
Black: African	170 (2.9%)
Black: Any Other Background	11 (0.2%)
Chinese	20 (0.3%)
Any Other Ethnic Group	103 (1.7%)
Not Stated	51 (0.9%)

Transformation and People Committee Chair's Highlight Report to Board

1st March 2023

1. Highlight Report

! Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Adoption of tools by **Improving Together** trained teams remains at around 30% with sustainability being a key issue although root causes are being determined • Some concerns had been highlighted via the Executive Strategy and Transformation Group with regard to **specialised commissioning** and the need to address information flows between UHNM and clinical networks to ensure there is a clear understanding and ability to influence; noted that some aspects of specialised commissioning was being transferred to ICB's • The **gender pay gap** report shows a deteriorated position with increases in the median and mean pay and bonus pay gaps; this is a similar theme across the majority of NHS Trust • **Flexible working opportunities** and work life balance was highlighted as a key theme from the Staff Survey findings and a key contributor as to why individuals leave the NHS; a number of actions were identified to address this and it was recognised that targets should be identified for flexible working although the capture of this data needed more work • There are a number of areas with low levels of compliance associated with **statutory and mandatory training** alongside an increased ask in terms of time commitment from staff; a broader review of this is underway via the Statutory and Mandatory training group and improvement trajectories will be identified • Particular concern was expressed in relation to compliance with **Safeguarding Training** and it was recognised that a particular focus on improvement actions was needed along with validation of training figures • In readiness for the publication of **National Staff Survey** on 9th March work is underway to identify progress against the 7 People Promise themes within the National Staff Survey to ensure alignment the People Strategy. This will incorporate the broader links to the Cultural Improvement Programme • A Strike Committee has been established with a key focus on planned for **industrial action,** all of which is impacting on availability of the workforce with particular pressure anticipated during March	• Applications for **CeNREE** (Centre for Research & Education Excellence) fellows, Chief Nurse Fellows and Director of Midwifery Fellows is underway, interest is being seen, including at system level, with a due to commencement in April 2023 • The contract for **NEPsMO** (supporting patients with COPD) project is being considered in terms of realignment of Intellectual Property, the service forms part of Virtual Ward processes and there are also financial benefits expected • An **Executive Oversight Group for Improving Together** will commence in the new financial year • Progress is being made with the **County Hospital Programme** and the **Health and Wellbeing Strategy** • Work remains in progress to more clearly define the various components of **transformation** activity, how they interrelate and the governance • An overview of current **ICS projects** was considered, which included Urgent Treatment Centres (UTC) and Community Diagnostic Centres (CDC) and it was agreed a broader briefing / understanding would be provided • A further launch of the **Children's Hospital** is planned • A communication framework is in place between the People Directorate and Communications Team around the People Strategy
✓ Positive Assurances to Provide	**Decisions Made**
• Recruitment to a new **Research & Innovation** Manager and Matron has been successful with appointees due to commence • **Improving Together** training delivery remains above trajectory with A3 being the most adopted tool • UHNM is much further ahead that peers in the **improvement** journey from an organisational governance and structure perspective • Several workstreams are underway in support of **succession planning and talent management** at a Trust, system and national level and there is positive movement against the majority of key metrics • Confirmation had been received from the **Health and Safety Executive** that they were satisfied with the actions undertaken as a result of their investigation following in incident within Pathology • There has been a significant improvement in the response rate to the **Pulse Survey** • Positive improvement is being seen with **PDR** compliance and also the quality of those conversations, **sickness absence** is also starting to reduce alongside the overall **vacancy** rate • A financial wellbeing initiative, **Wagestream** is being launched which will enable staff to draw down bank earnings in real time	• A more extensive piece of work was requested in relation to **Statutory and Mandatory** training, including development of clear trajectories and actions for improvement; this will be brought back to the Committee within 3 months • A half-year review of the progress on **Talent Management** to be seen at the Committee

Comments on the Effectiveness of the Meeting

- Very pleased with the papers presented which gave good insight into the key challenges

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	CeNREE New UHNM Fellowships	BAF 9	Ext 16	-	Information	8.	Succession Planning and Talent Management	BAF 3	Ext 16	✓	Assurance
2.	Executive Research & Innovation Group Assurance Report	BAF 9	Ext 16	✓	Assurance	9.	Essential to Role Mandatory Training Compliance	BAF 2	High 12	!	Assurance
3.	Improving Together Countermeasure Summary	-		! ✓	Assurance	10.	Workforce Report – M10 2022/23	BAF 2/3	High 12 Ext 16	✓	Assurance
4.	Transformation Programme Update	-		-	Assurance	11.	National Staff Survey Results – Embargoed Data	BAF 2/3	High 12 Ext 16	!	Assurance
5.	ICS Transformation Update	BAF 4	High 9	-	Assurance	12.	Executive Workforce Assurance Group Assurance Report	BAF 2/3	High 12 Ext 16	! ✓	Assurance
6.	Executive Strategy & Transformation Group Assurance Report	BAF 4	High 9	!	Assurance	13.	Executive Health & Safety Group Assurance Report	-		✓	Assurance
7.	Gender Pay Gap Report	BAF 2	High 12	!	Approval						

3. 2022 / 23 Attendance Matrix

No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Prof G Crowe	Non-Executive Director (Chair)												
2.	Ms H Ashley	Director of Strategy and Transformation												
3.	Ms S Belfield	Non-Executive Director												
4.	Mrs T Bullock	Chief Executive												
5.	Mr P Bytheway	Chief Operating Officer						OW						
6.	Mrs C Cotton	Associate Director of Corporate Governance					NH			NH				
7.	Baroness S Gohir	Non-Executive Director												
8.	Mrs J Haire	Chief People Officer												
9.	Dr L Griffin	Non-Executive Director												
10.	Dr M Lewis	Medical Director				NC		ZD					ZD	
11.	Prof K Maddock	Non-Executive Director												
12.	Mrs A Riley	Chief Nurse												
13.	Prof S Toor	Associate Non-Executive Director												

Attended | Apologies & Deputy Sent | Apologies

Executive Summary

Meeting:	Trust Board	**Date:**	8th March 2023
Report Title:	Gender Pay Gap Report	**Agenda Item:**	11
Author:	Charlotte Lees, OD, Culture & Inclusion Business Partner		
Executive Lead:	Jane Haire, Chief People Officer		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

BAF2	*Leadership, Culture and delivery of Trust Values*	*12*

Executive Summary

Situation UK organisations employing 250 or more employees are required to publicly report on their gender pay gap in six different ways:

- the mean gender pay gap
- the median gender pay gap
- the mean gender bonus gap
- the median gender bonus gap
- the proportion of men and women who received bonuses, and
- the number of men and women according to quartile pay bands

Background The gender pay gap is a measure that shows the difference in average earnings between men and women across an organisation. It is expressed as a percentage of men's earnings. It is important to recognise that the gender pay gap differs to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value, which is unlawful.

The issues that surround the gender pay gap are complex and the causes are a mix of work, family and societal influences, further impacted by effect of the pandemic. As employers we will only be able to influence those factors associated with the workplace. The NHS People Plan recognises that to become a modern and model employer the NHS should place a strong emphasis on taking steps to expand opportunities for staff to work more flexibly so that they can achieve a better work-life balance. These are key enablers to increasing the representation of women and removing barriers to progression. Our UHNM People Strategy focuses on developing our culture and supporting all that we do to attract, recruit, develop, retain, support and reward our diverse workforce.

Assessment The 2022 Gender Pay Gap shows a deteriorated position, with increases in the median and mean pay and bonus pay gaps. Whilst UHNM has 78 per cent female representation, this is not reflected across all pay quartiles, with men having greater representation in the upper pay quartile (the highest paid), this includes medical and dental staff, where women have the least representation of all pay groups.

Key Recommendations

This Board is asked to note the contents of this report and note the recommended actions to improve the Gender Pay Gap at UHNM.

University Hospitals of North Midlands NHS Trust

OD, Culture & Inclusion

Gender Pay Gap

Introduction

All organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The gender pay gap is calculated as the percentage difference between average hourly earnings for men and women and organisations are required to publish information relating to pay for six specific measures outlined in this report.

Equal pay and gender pay

Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010. The gender pay gap is different to equal pay and is a measure that shows the difference in average earnings between men and women across an organisation or the labour market. It is expressed as a percentage of men's earnings.

UHNM's pay approach supports the fair treatment and reward of all staff irrespective of gender. This is in line with our Equality, Diversity and Inclusion policy. Remuneration to all staff, regardless of gender, is made in accordance with National Terms and Conditions.

This report fulfils the Trust's reporting requirements, analyses the figures in more detail and sets out what we are doing to close the gender pay gap in the organisation. The six measures are:

Median gender pay gap	This is the difference between the hourly pay of the median man and the hourly pay of the median woman. The median for each is the man or woman who is in the middle of a list of hourly pay ordered from highest to lowest paid. Medians are useful to indicate what the 'typical' situation is. They are not distorted by very high or low hourly pay.
Mean gender pay gap	The mean gender pay gap uses hourly pay of all employees to calculate the difference between the mean hourly pay of men, and the mean hourly pay of women. A mean involves adding up all of the numbers and dividing the result by how many numbers (employees) in the list. Mean averages are useful because they place the same value on every number they use, giving a good overall indication of gender pay but very high or low hourly pay can dominate and distort the figure.
Median bonus gender pay gap	This is the difference between the bonus pay of the median man and the bonus pay of the median woman. The median for each is the man or woman who is in the middle of a list of bonus pay ordered from highest to lowest paid.
Mean bonus gender pay gap	The mean gender bonus pay gap uses bonus pay of all relevant employees (which at UHNM is Consultant Medical staff in receipt of a Clinical Excellence Award) to calculate the difference between the mean bonus pay of men, and the mean bonus pay of women. A mean involves adding up all of the numbers and dividing the result by how many numbers (employees) in the list.
Proportion of males and females receiving a bonus	The proportions of relevant male and female employees who were paid a bonus payment. For UHNM this refers to local and national clinical excellence awards.

Proportion of males and females in each quartile band	The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper pay quartile pay bands.

Our Gender Pay Gap Data

The data is a snapshot of pay taken on 31st March:

Based on Hourly Pay	2018	2019	2020	2021	2022	What this means
Median gender pay gap	10.3%	8.8%	12.6%	13.3%	15.9%	There has been a decrease in the percentage of women (by 1.5%), and an increase (of 1.5%) in the percentage of men in the upper pay quartiles while at the same time there has also been a small increase in the percentage of women, and decrease in the percentage of men in the lower pay quartiles which has resulted in the pay gap increasing.
Mean gender pay gap	28.1%	27.6%	27.7%	27.5%	28.3%	

We are confident that our gender pay gap is a result of the workforce distribution, rather than an equal pay issue. This is because we adhere to the Agenda for Change system, national terms and conditions of service (TCS) for Medical staff and, for very senior managers (VSMs), there is a specific VSM pay framework. The Trust also has a robust job evaluation process in place.

Bonus Pay Gap	2018	2019	2020	2021	2022	What this means
Median gender bonus gap	1.2%	29.2%	20.5%	19.4%	33.3%	The bonus payments used to calculate this bonus pay gap data relate to historically paid national and local CEA awards that are recorded on ESR. The number of consultants (both male and female), in receipt of a historically allocated Clinical Excellence Award has reduced. With only a very small proportion of employees receiving clinical excellence awards any fluctuation in the profile can impact on the pay gap. This is the final year of a change in local allocation of awards due to the pandemic, which is the automatic allocation to all eligible consultants (see note below).
Mean gender bonus gap	1.5%	11.0%	19.1%	19.5%	24.5%	

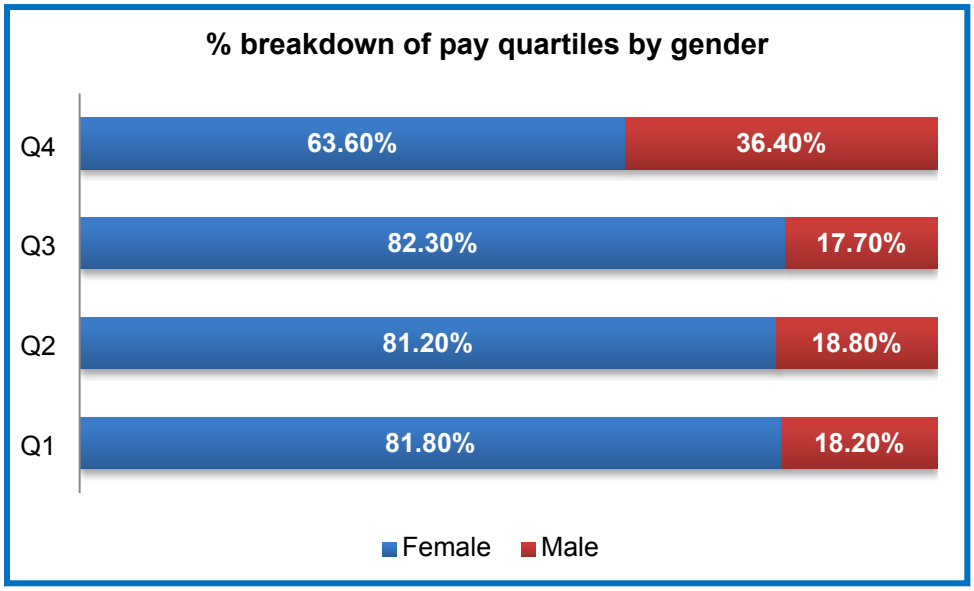
At UHNM bonus payments relate only to Clinical Excellence Award (CEA) payments made to eligible Medical Consultant Staff. CEA's recognise and reward NHS consultant medical staff who perform 'over and above' the standard expected of their role and who can demonstrate achievements in developing and delivering high quality care, and commitment to the continuous improvement of the NHS.

There are two award types - Local and National. Both have eligibility criteria which means that not all consultants can apply (the criteria is explained in our Clinical Excellence Award Policy HR47). Due to the pandemic the scheme was amended to an automatic allocation of the award which is paid to all eligible consultants in March of 2020, 2021 and 2022. At March 2022 there were 440 eligible consultants of which 121 (28%) were female and 319 (73%) were male all receiving the same monetary allocation regardless of contracted hours of £3,871.80. This payment has been paid as a non-consolidated payment and not as bonus payments and is therefore excluded from the gender pay gap report.

	Female	Male
Number of employees receiving bonus pay (i.e. a Clinical Excellence Award) as recorded on ESR	40 (0.4% of all female employees in the organisation)	161 (5.6% of all male employees in the organisation)

The proportion of male and female workforce in each pay quartile at 31st March 2022:

Quartile 1: percentage of employees in the lower pay quartile
Quartile 2: percentage of employees in the lower middle pay quartile
Quartile 3: percentage of employees in the upper middle pay quartile
Quartile 4: percentage of employees in the upper pay quartile



This data shows that the percentage of women in the most highly paid roles has fallen by 1.5% compared to March 2021 and increased in the lower and lower to middle quartiles.

Our workforce is 78 per cent female; therefore ideally women should make up 78 per cent of each pay quartile. Women are least represented in our medical and dental staff group, which is within the upper pay quartile, and this is reflected in the data above.

Having a predominantly female workforce means that even small fluctuations in the proportion of male to female employees in each quartile, or in receipt of bonus pay will have a significant impact on our gender pay gap.

Supporting Gender Equality at UHNM:

- We ensure the consistent application of Agenda for Change job evaluation rules through the job evaluation process including consistency panels
- We use a Values Based approach in our recruitment processes
- We use a transparent structured approach to shortlisting and interviews with agreed criteria to reduce bias in the recruitment process and we provide recruitment training to our managers
- UHNM promotes careers and roles within the organisation and the wider NHS through our Widening Participation strategy and this includes breaking down traditional stereotypes and demonstrating female role models
- We actively promote and publicise our commitment to flexible working and agile working options for all staff and through the provision of a range of family friendly policies and benefits including shared parental leave and paternity leave and staff self rostering practices
- We promote our internal and system leadership development programmes to all staff and monitor applications to ensure all protected groups are represented
- We provide career coaching and mentoring

- We ensure all staff have a Personal Development Review, which uses the Maximising Potential Tool as an inclusive approach to identifying talent
- Our Executive board membership is 70% female

What is our Staff Survey telling us?

The following information demonstrates UHNM responses to the work-life balance questions in the Staff Survey. It tells us that there is no significant difference between the responses of women and men in our organisation, but that UHNM performs below the national average.

Question	2018	2019	2020	2021	2022	National Average
Satisfied with opportunities for flexible working patterns	48%	48%	52%	46%	48%	53%
Organisation is committed to helping balance work and home life	-	-	-	39%	37%	44%
Achieve a good balance between work and home life	-	-	-	48%	49%	52%
Can approach immediate manager to talk openly about flexible working	-	-	-	60%	61%	68%

The following questions are a breakdown of the work-life balance, flexible working and fair opportunities for career progression and promotion questions by gender.

Question	UHNM	Female	Male
Achieve a good balance between work and home life	49%	49.7%	47.8%
Can approach immediate manager to talk openly about flexible working	60%	61.2%	61.3%
Organisation acts fairly: career progression	55.6%	57.4%	53.4%

What is the likelihood of men and women being appointed from shortlisting?

	Shortlisted	Appointed	% appointed from shortlisting
Men	1276	336	26.3%
Women	3459	662	19.1%
Not stated	21	5	23.8%
Relative likelihood of men being appointed from shortlisting compared to women = 1.38			

Using the same methodology used in the workforce race and disability equality standards, we have analysed the likelihood of women and men being appointed from shortlisting. This tells us that men are 1.38 times more likely to be appointed from shortlisting compared to women. A ratio of 1.0 indicates that there is no difference in the likelihood of appointment from shortlisting.

Progress from our previous Gender Pay Gap Report

The following actions have, by formalising our commitment to flexible working at recruitment stage and enhanced family friendly policies, and the support for aspiring women leaders in our organisation, demonstrated our inclusive approach to tackling the gender pay gap:

- Continued a 'flexible by default' approach with all jobs advertised as available for flexible working unless there is a strong justification not to
- Further enhanced our Values Based Recruitment approach with the introduction of equality related exploratory questions
- Embedded a requirement for diverse recruitment panels for AfC Band 6 and above roles
- The system wide High Potential Scheme for aspiring executive leaders programme has a gender split for UHNM participants of 66.7% female and 33.3% men for the latest cohort.
- We have continued to run our Connects leadership programmes, and the gender breakdown of participants is detailed below:

UHNM leadership course and participants	Female 2021-22	Male 2021-22	Female 2022-23	Male 2022-23
Silver Connects Award	**91%**	**9%**	79%	21%
Gold Connects Award	**67%**	**33%**	75%	25%
Platinum Connects Award	**57%**	**43%**	64%	36%

- Continued our focus on menopause with the creation of a menopause guidance document and the promoting the normalising of menopause conversations and the support and adjustments available for workers experiencing menopausal symptoms through our Menopause Café programme
- Embedded the Agile Working Policy
- Creation of a Carer's Passport designed for staff who care for family or friends who have a disability, illness or who need support in later life. The passport has been designed with the intent of offering assistance to colleagues who have caring responsibilities which may affect their work now or may do in the future. It is a 'live' document offering the assistance to carry out an open conversation with colleagues/line managers which relates to relevant Trust policies and allows access to the right support and help when it is needed it
- Promoted national women's network events and celebrated UHNM women role models in our 2022 International Women's Day webinar

Proposed Actions to reduce the Gender Pay Gap:

Whilst evidence shows that nationally there has been a continued negative impact of Covid-19 on the gender pay gap (with women taking a disproportional share of the economic hardship caused by the virus, taking a greater responsibility for childcare and more likely than men to work fewer hours and be away from work temporarily or drop out of the labour market altogether since the pandemic struck).

Well-designed flexible working is key to enable women to reconcile work and caring responsibilities. It can enable women to remain in work and stay in roles that reflect their skills, thereby potentially reducing the gender pay gap. It is important to normalise flexible working by boosting its use in all positions and levels of seniority, this will help to challenge the stereotype of women as carers and may also enable more men to work flexibly, share caring responsibilities more equally with their partners, which can, in turn, support women's progression.

Our gender pay gap data will be used to help understand underlying causes for the gender pay gap so that the Trust can take suitable steps to minimise it. Whilst structural changes to the NHS workforce will take time to work through, we are prioritising the following areas that will support the NHS People Plan aspirations of making flexible working and inclusive talent management a reality for our workforce and our UHNM People Strategy priorities of:

Action / Recommendation	Timescale
1. Launch the UHNM Menopause Guidance and continue with Menopause Café	Q1 2023/24
2. Progress implementation of the UHNM revised inclusive talent management approach	Q2 2023/24
3. We will focus on increasing line manager understanding and application of our flexible and agile working policies via bite size webinar sessions commencing on International Women's Day 2023	Q4 2022/23
4. Undertake targeted work with our medical workforce to understand specific barriers for women in the medical profession at UHNM. We will do this by holding listening events with women doctors at all levels.	Q4 2023/24
5. Establish a UHNM Women's Network, facilitated by the OD, Culture & Inclusion service to ensure women have a voice in the organisation and identify and respond to the specific needs of a majority female workforce (e.g. menopause support) and promote the role of Male Allies	Q2 2023/24

This report must be published on the UHNM website and the data reported on a designated government website at www.gov.uk/genderpaygap

Appendix 1

Notes and Explanations

1 Explaining the Gender Pay gap:

Our gender pay gap is influenced by the make-up of our workforce which has:

- A greater proportion of male employees in the upper pay quartile compared to lower quartiles and
- A greater proportion of female employees in the lower pay quartiles compared to the upper quartile

Having a predominantly female workforce means that even small fluctuations in the proportion of male to female employees in each quartile will have a significant impact on our gender pay gap

An example of how a Gender Pay Gap can come about:

- *An organisation comprises 10 staff and 1 manager*
- *The 10 staff are 9 females and 1 male and they all earn exactly £50,000 per year so they are all on equal pay*
- *The manager, who is a man, earns £100,000 per year*
- *The average salary for women in this organisation is £50,000*
- *The average salary for men is (£50,000 + £100,000 / 2) = £75,000*
- *The gender pay gap is therefore £25,000 or 50%*

2 Explaining the Data

The data is a snapshot of pay taken on 31st March 2020 with the data presented in line with six key indicators:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males and females receiving a bonus payment
- Proportion of males and females when divided into four quartile pay bands

It is important to note that the gender pay gap may vary by occupation, age group and even working patterns.

Note: The Trust does use agency workers who are not included in the data because they are part of the headcount of the agency company that provides them

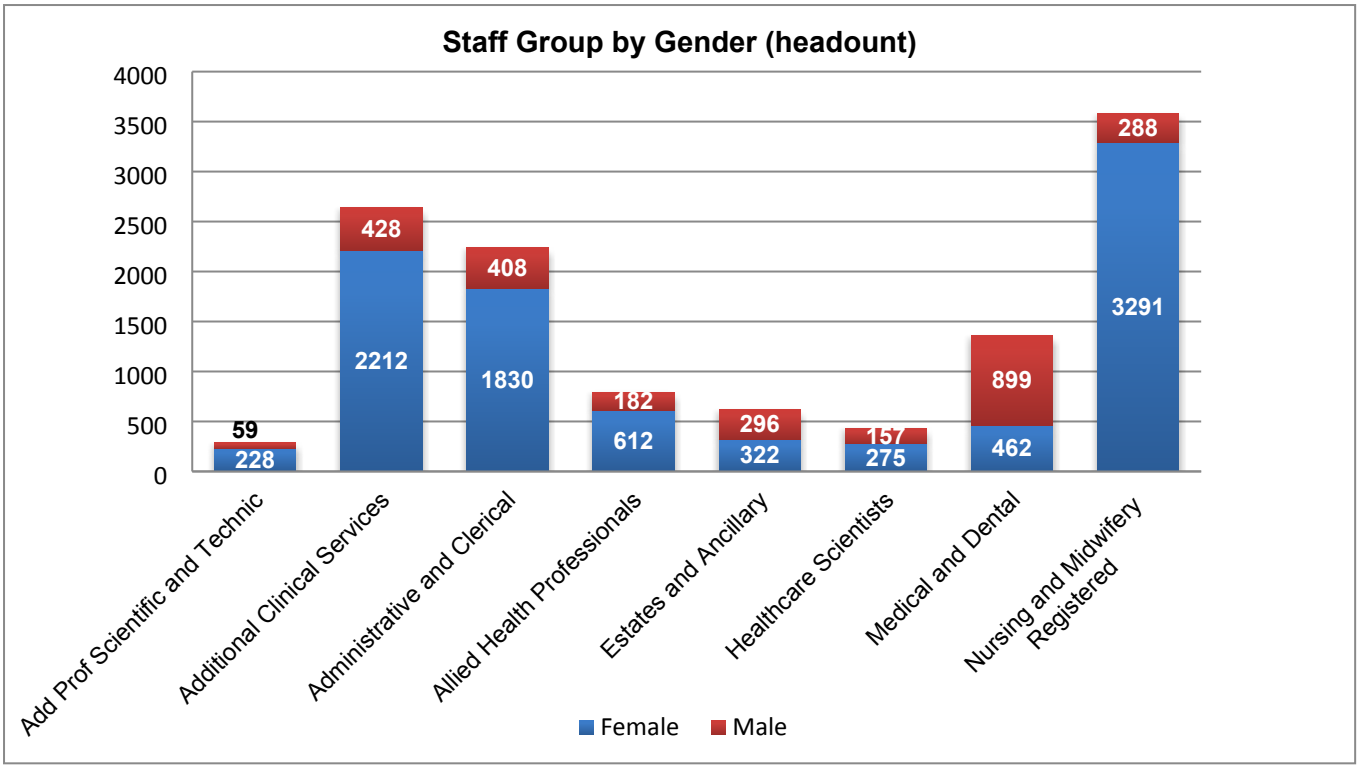
3 How our workforce was made up (as at 31st March 2022)

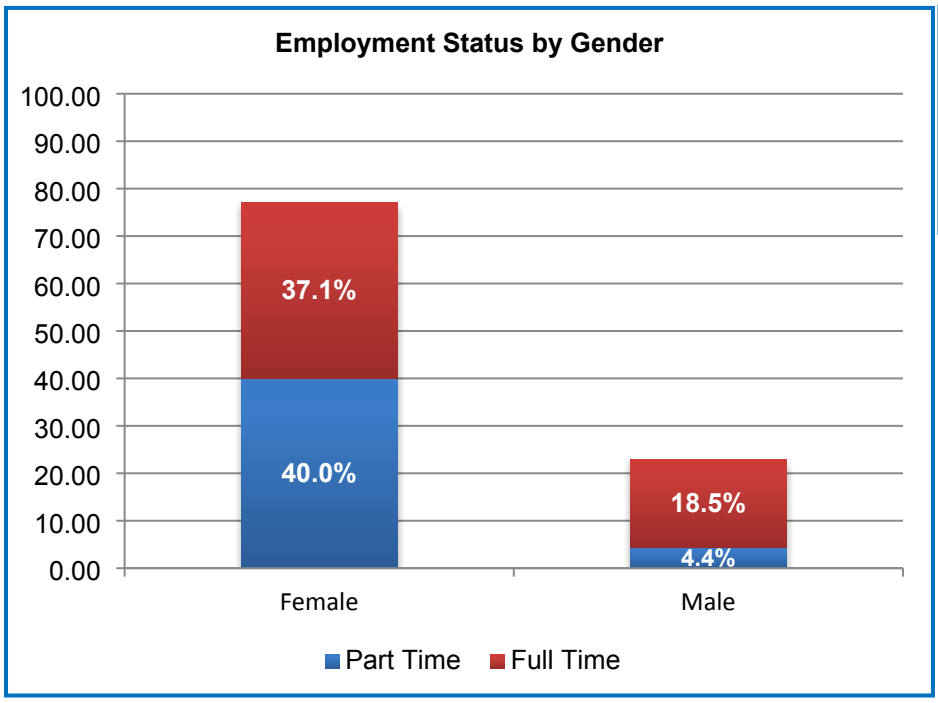
UHNM is typical of any NHS Trust in that it has a higher number of females than males in its workforce. From a total headcount of 11,513; 78% were female compared to 22% men. This is unchanged on the previous year.

Staff Group	Female	Male
Add Prof Scientific and Technical	79.4%	20.6%
Additional Clinical Services	83.8%	16.2%
Administrative and Clerical	81.8%	18.2%
Allied Health Professionals	77.1%	22.9%
Estates and Ancillary	52.1%	47.9%
Healthcare Scientists	63.7%	36.3%
Medical and Dental	34.0%	66.0%
Nursing and Midwifery Registered	92.0%	8.0%
Students	100%	0%
Grand Total	**78%**	**22%**

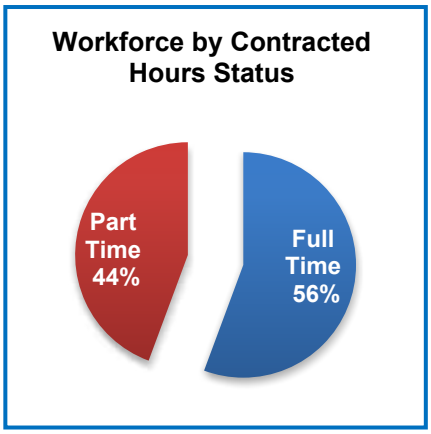
Payscale	Female	Male
B2	80.73%	19.27%
B3	84.87%	15.13%
B4	82.14%	17.86%
B5	87.15%	12.85%
B6	84.26%	15.74%
B7	81.01%	18.99%
B8a	77.75%	22.25%
B8b	60.75%	39.25%
B8c	65.00%	35.00%
B8d	55.00%	45.00%
B9	66.67%	33.33%
Grand Total	**78%**	**22%**

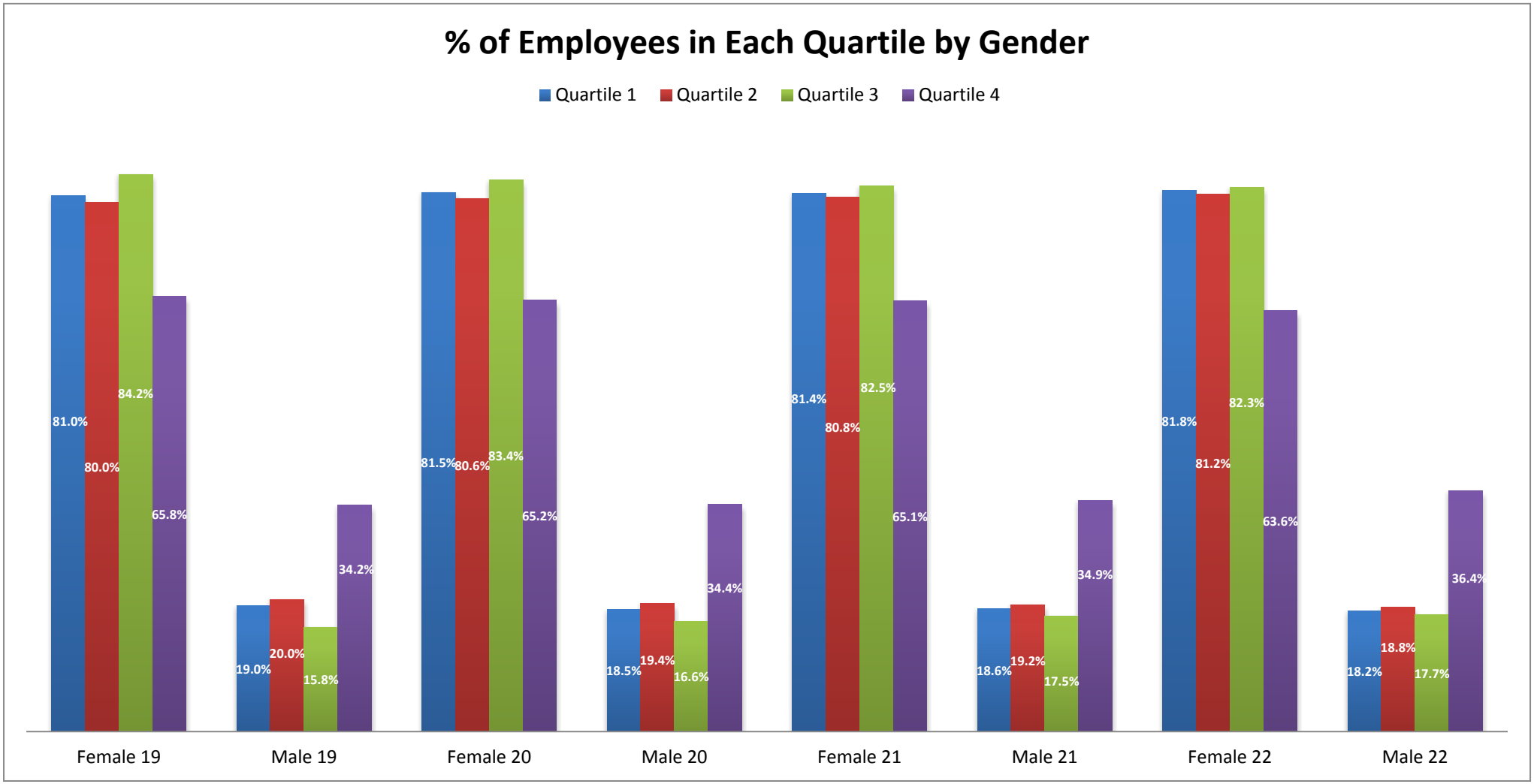
The percentage of women in the medical and dental staff group has fallen by 2% on the previous year.





This data tells us that more employees are working full time compared to 2021, with an increase of 0.5% in full time working.




% of Employees in Each Quartile by Gender
Quartile 1
Quartile 2
Quartile 3
Quartile 4
81.0%
80.0%
84.2%
65.8%
19.0%
20.0%
15.8%
34.2%
81.5%
80.6%
83.4%
65.2%
18.5%
19.4%
16.6%
34.4%
81.4%
80.8%
82.5%
65.1%
18.6%
19.2%
17.5%
34.9%
81.8%
81.2%
82.3%
63.6%
18.2%
18.8%
17.7%
36.4%
Female 19
Male 19
Female 20
Male 20
Female 21
Male 21
Female 22
Male 22

How do we compare with other similar organisations?

We can compare our gender pay performance against our Model Hospital recommended peers using the gender pay gap data from the last report (**31st March 2021** snapshot), which is available from the Model Hospital website.

Pay Gap Metrics	Data period	Provider value	Peer average	National value	National value method	Chart
Average gender hourly pay gap	2021/22	27.5%	27.5%	20.2%	Provider median	
Median gender hourly pay gap	2021/22	13.3%	13.7%	8.1%	Provider median	
Proportion of males in lower quartile of hourly pay	2021/22	18.6%	17.3%	19.0%	Provider median	
Proportion of females in lower quartile of hourly pay	2021/22	81.4%	82.7%	81.1%	Provider median	
Proportion of males in top quartile of hourly pay	2021/22	34.9%	31.2%	32.0%	Provider median	
Proportion of females in top quartile of hourly pay	2021/22	65.1%	68.8%	68.0%	Provider median	

Performance and Finance Committee Chair's Highlight Report to Board

28th February 2023

1. Highlight Report

! Matters of Concern of Key Risks to Escalate	Major Actions Commissioned / Work Underway
• In terms of the 2023/24 financial position the ability to achieve the £26.9 m cost improvement programme (CIP) savings was challenged and an update provided on the outline shape of the plan which resulted in £8 m target for Divisions and corporate services. • In terms of capital expenditure the position was £7.2 m behind plan although the forecast was continually being updated, and items were being brought forward to ensure expenditure was committed before the year end. In addition it was noted that the capital programme for 2023/24 was over committed and this had been agreed with NHS England and related to the treatment of Project STAR. • The draft financial plan for 2023/24 was presented which demonstrated an in-year deficit of £34.2 m. The ability to achieve the 103% ERF system target was queried given this was not within UHNMs control and it was highlighted that this was a risk given current performance. • Urgent care performance in January saw a reduction in the number of patients attending requiring infection prevention restrictions which enabled the ability to focus on the main objectives of reducing outliers, restarting elective orthopaedic activity, improving performance against the 12 and 4 hour standards while reducing reliance on super surge areas. • Planned care and RTT performance highlighted that daycase performance achieved 99% and elective activity 101% for January. In terms of the target of eliminating 104 and 78 week waiters by the end of March 2023, the Trust anticipated achieving the target for 104 weeks, notwithstanding patients who were too poorly or had chosen to wait, although the target for 78 weeks was not anticipated to be achieved, with 143 outstanding patients anticipated • DM01 performance stood at 66% and performance had been impacted by the challenges associated with increased cancer workload	• Work remained ongoing within workstream 1 focussing on productivity improvements and a further update was to be provided on these at the next meeting. • Work was ongoing within the System whereby the Urgent and Emergency Care Board were due to consider progress in terms of virtual wards and this would be reported to the Committee in due course • The business case in relation to the development of a Community Diagnostic Centre within Stoke on Trent was being written which was due to be presented for approval in April / May 2023 • The contracting process in relation to network and communication services procurement remained underway
✓ Positive Assurances to Provide	Decisions Made
• The Month 10 financial position identified £0.3 m actual surplus against the plan of £1.9 m, driven by CIP underperformance, although the amount of non-recurrent mitigation was reducing month on month. • Cancer performance had been maintained in particular 2 week wait performance despite ongoing increases in referrals, in addition the backlog had reduced including 104 week patients and the Trust remained on trajectory for all cancer targets	• The 2023/24 draft financial plan was approved. • The Committee noted the Delivery Plan for Recovering Urgent and Emergency Care Services The Committee approved the following eREAFs; • 10447 - Services of Junior Doctors via Health Education England contract with St. Helens & Knowsley Teaching Hospitals • 10460 Renal Services provided at Leighton Hospital for UHNM • 10503 Maintenance of Imagex Ultrasound Scanners • 10568 EPR Detailed Specification of Requirements and Trust Business Case Consultancy • 10571 Respiratory Consumables – ResMed • 10443 Plastic Surgery DIEP Outsourcing Service

Comments on the Effectiveness of the Meeting

- The Committee reflected on the discussion at Trust Board regarding the size of the integrated performance report and the need to avoid requesting additional metrics and instead consider an alternative way of considering these

2. Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Community Diagnostic Centres (CDC)	BAF 4	High 9	-	Information	5.	Finance Report – Month 10 2022/23	BAF 8	High 9	! ✓	Assurance
2.	Performance Report – Month 10 2022/23 • Update on Discharges / Ambulance Holds • Delivery Plan for Recovering Urgent and Emergency Care Services	BAF 1 / 5	Ext 20	! ✓	Assurance	6.	Financial & Capital Plan 2023/24	BAF 8	High 9	!	Approval
3.	Planned Care Improvement Group Highlight Report	BAF 5	Ext 20	-	Information	7.	Executive Infrastructure Group Assurance Report	BAF 7, 8	High 12 High 9		Assurance
4.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure	-	-		Approval						

3. 2022 / 23 Attendance Matrix

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

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

Executive Summary

Meeting:	Trust Board	**Date:**	8th March 2023
Report Title:	Integrated Performance Report, Month 10 2022/23	**Agenda Item:**	13.
Author:	Quality & Safety: Jamie Maxwell, Head of Quality & Safety; Operational Performance: Warren Shaw, Strategic Director of Performance & Information; Matt Hadfield, Associate Director of Performance & Information. Workforce: Paul Williams, Assistant Director of Human Resources; Finance: Jonathan Tringham, Director of Operational Finance		
Executive Lead:	Anne-Marie Riley: Chief Nurse Paul Bytheway: Chief Operating Officer Jane Haire: Director of Workforce Mark Oldham: Director of Finance		

Purpose of Report

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

Alignment with our Strategic Priorities

High Quality		People		Systems & Partners	
Responsive		Improving & Innovating		Resources	

Risk Register Mapping

Executive Summary

Situation

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

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

Quality & Safety

Assessment

During the increased pressures experienced by UHNM and health system during January 2023 there have been pressures on the achievement of the various quality and safety indicators.

Friends & Family Test for A&E have improved and the Patient Experience Team are continuing to work with the ED Teams to promote the FFT surveys and improve feedback from completed surveys which identify the long waits in ED as main reason for poorer experience.

The Directorate Team have been asked to provide update on actions to focus on comments regarding poor staff attitude and lack of compassion.

Maternity FFT have seen improved returns following the survey being available electronically within individual maternity records and to try and further improve the number of completed maternity surveys text messaging is going live in February 2023.

The number of reported patient safety incidents remains above the long term mean and towards the upper control limit as the Trusty continues to promote reporting of all incidents and near misses. The largest categories for reported PSIs excluding Non-Hospital Acquired Pressure Ulcers continue to be Patient Falls, Medication, Patient Flow and Clinical Assessment related incidents. Within these incidents 228 are related to 'Your Next Patient' which accounts for 12% of total patient safety incidents. 76% of these incidents were within Medicine Division and 62% were Tissue viability. However, 88.8% of these were NOT hospital acquired but recording pressure damage on admission/attendance at UHNM. Reviews of these incidents continue to identify themes and relate to delays in admitting patients.

Moderate harm or above incidents have continued to increase but the rate per 1000 bed days has levelled out during January 2023. The reasons for the increases in these incidents are the patient flow related incidents. Different working practices and patient flow pathways have been introduced to mitigate the risks and to keep patients as safe as possible and these continue to be reviewed on daily basis with Operational and clinical teams.

Duty of Candour compliance has improved this month with the dedicated sessions with various Directorates and clinical teams having positive impacts along with the increased support and escalations from the Divisional Quality & Safety Managers. This has resulted in improvement to 42% compliance with uploaded evidence that the 10 working day target in January 2023 has been achieved.

Emergency Medicine have introduced the new agreed process for all Duty of Candour correspondence by including the Division Quality & Safety Manager to support the clinical teams in prompt uploading of the completed letters within Datix. Whilst this has seen an improvement in compliance during January 2023 there are still large improvements required to evidence Duty of Candour has been completed within Datix.

Divisions are to provide updates on local actions being undertaken to improve compliance at QSOG and Performance Reviews.

Medicine, Surgery and Network Divisions now have timely observations as a Driver metric to focus improvement across the wards and departments in completing timely observations. There are now 4 areas meeting the 90% target with another four areas now above 85%. When we first introduced this metric there were 12 areas performing under 50% - this has reduced to 4.

Reasons for increased numbers of Hospital associated Thrombosis are under review with deep dive at the VTE Steering group. Currently of the 33 investigations that have been completed all have been assessed as unavoidable. Initially, it has been noted that there has been an increase in COVID/RSV and FLU positive patients amongst the incidents on previous months and whether this is of significance is to be assessed as part of the ongoing investigations.

All data used in this report is as recorded on 8th February 2023 and figures may change following further review/investigation/update

Operational Performance

Emergency Care

- January was an improved month for Urgent & Emergency Care performance following a December of significant challenge. Rapid reductions in patients presenting with IP conditions coupled with a reduction in activity provided the opportunity necessary to recover performance from December and the majority of KPI have returned to their pre-December levels. Industrial Actions continue across multiple professions and throughout the ICS and continue to representative a significant risk and administrative burden.

- January was further utilised to ensure a proper reset following December ensuring a return to BAU and de-escalation including reducing outliers to within normal limits (80+ to <20), recommencing elective orthopaedics on the RSUH site, and improving performance against the 12 and 4 Hour Standards

through a focus on non-admitted performance and clearing the 80+ DTA backlog. This was all achieved while continually standing up and down appropriate and formal responses to various Industrial Actions taking place throughout January.

- The Front Door Reconfiguration completed its final move in the month of January leaving only two relatively minor actions outstanding. These are the delivery of equipment to facilitate the new and extended ED Fit To Sit area, and works required that will take 12 weeks for SDU to occupy its new and expanded footprint. These works have commenced and engagement has begun with clinical leadership of the area to ensure optimised use of this new and expanded footprint.

- Focus will now shift to February and the restarting of the Non-Elective Improvement Plan to run concurrently with continued focus and improvement on both the 4 and 12 Hour Standards. This restart will be supported by Trust and System Winter Learning & Non-Elective Planning Events to both take place in early March in order to capture learning, feedback, and ensure engagement moving forward.

Cancer

- Two week wait performance is now booking within standard at 12 days, currently at 97%. This has been maintained in the face of high referral volumes.
- The 28 Day Faster Diagnosis position is currently 67.35% for January; this is consistent with December performance. This standard is the focus of an Improving together project covering all pathways.
- In January the backlog of patients has seen a significant reduction from 1041 at the end of August to 477 at the end of January.
- The incremental decrease of the Skin and Colorectal backlogs have been modelled up to the end of March 2023.
- Most recent submitted Cancer Waiting Times position is December 22 which was 50.2% for 62 day performance. January is currently predicted to be 39% although this will improve post validation, this is due to the number of treatments for our longest waiting patients increasing.
- The 62 day target is expected to continue an improvement trajectory as additional capacity is put into managing the backlog.
- Cancer will form a workstream as part of the Planned Care governance structure – this will initially focus on our challenged pathways of Skin and Colorectal, alongside 2WW and FDS more generally.
- The Trust remains in Tier 2 for cancer performance with weekly meetings with the Regional NHSE team, however discussions have been started about stepping cancer down from the tier 2 process.

Planned Care

- Day Case and Elective Activity delivered 99% and 101% respectively for January 22 against the national ask of 110%/108%. Day case as a % of all elective work is currently 88.3%.
- There is a real focus on 104w cases, many of whom were complex and required whole/half lists. As this number is being driven down the focus is moving to our 78week+ patients.
- Theatre transformation has been added as an additional workstream under Planned Care and begins with a focus on the 6-4-2 booking process with support from the regional theatres team. This is in discussion as a driver for the surgical Improving together programme, there is a deep dive week set for w/c 27 Feb.
- The focus has moved to 78 week waiters and the Trust Annual Plan submitted an initial position of 292 patients by March 2023, the National ask is to achieve 0 patients waiting over 78 weeks by the end of March. All non-admitted (Outpatient) patients have a plan before the end of March to ensure they get a decision to treat or discharge however some will move to our admitted pathway where there is currently a predicted gap of 143 patients who will remain untreated before the end of March.

RTT

- The overall Referral To Treatment (RTT) Waiting list has slightly increased from 77,750 in December to 77991 in January (unvalidated).
- The number of patients > 52 weeks continues to increase – from 4377 in August to now 5,389 in January.
- At the end of January the numbers of > 104 weeks was 63. The Trust has continues to achieve the national standard of all eliminating all 104 week waits purely due to capacity, there is considerable work now on the Trusts route to zero for 104 week waiting patients, with challenges around complex

pathways, patient choice and fitness for treatment.
- The Trust remains in Tier 2 for 104> performance with weekly meetings with the Regional NHSE team.

Diagnostics
- Overall DM01 performance was 66%, an increase in performance on last month's 61%.
- Within DM01, the greatest proportions of > 6 week waits are within Non-obstetric ultrasound and endoscopy. Both ultrasound and endoscopies positions are related to an increase in demand alongside workforce shortfalls
- Full DM01 recovery plan agreed which sees the Trust achieving 6ww by end March 2023 in line with national requirement; this will be monitored through the planned care group. Key risk has been identified in endoscopy with weekly performance meetings instigated for the specialty and a risk to the March delivery target. There is now a challenge to the recovery of non obstetric ultrasound and we are now having weekly performance improvement meetings which Endoscopy and Imaging. This is the same process followed with LGI and Skin in the cancer pathways.
- Radiology backlog of reporting risk remains.
- Activity across key modalities up against previous month activity. Incentive schemes starting to improve activity (non-obs ultrasound notably)

Workforce

Key messages

- Our two main areas of focus continue to be on addressing staff availability in relation to absence rates and turnover.
- The 12m Turnover rate in January 2023 sat at 10.9% with the figure remaining below the trust target of 11% for a 4th month. The trust vacancy rate decreased to 12.9% due to an increase in staff in post.
- For January 2023, the in-month sickness rate decreased by 1.1% to 5.58% (6.71% in December 2022). The 12-month cumulative rate marginally decreased to 6.07% (6.25% in December 2022).
- Chest and respiratory (which includes Covid) remains the top absence reason at 24.1%, closely followed by Anxiety and Stress at 22.0%.
- On 29th January 2023 covid-related absences stood at 64, which was 9.9% of the 646 open absences. This is 2.2.% decrease on same time the previous month.
- At 31 January 2023, the PDR Rate increased 2.1% by to 81.6.% (79.5% at 31 December 2022). The current PDR policy is under review and meetings are taking place with key stakeholders to understand what improvements can be built into the process to drive compliance.
- The Statutory and Mandatory training rate on 31 January 2023 was 93.0% (93.0% at 31 December 2022) and has remained static month on month. This compliance rate is for the 6 'Core for All' subjects only.
- The Oliver McGowan Mandatory Training on Learning Disability & Autism was made live in January 2023 and The Be Kind eLearning was approved as mandated for all staff in January 2023.
- The National Staff Survey 2022 closed November, and the final response rate was 33.24% putting the trust under average response for an acute setting of 45.55%. Work has been on-going reviewing early data sets by colleagues from the OD, Culture and inclusion team to identify key themes.
- The Staff Voice trust survey for January 2023 received a total of 169 submissions providing an overall engagement score of 6.40.
- Internal measures to monitor reduction is agency expenditure continue. Divisional targets for agency ceilings have been calculated. As part of the monitoring divisions were asked to present an update on their action plan to reduce expenditure to Executive Workforce Assurance Group (EWAG). New targets for the upcoming year will be provided based on 3.7% of total wage bill.
- BMA ballot for industrial action by junior doctors has now been received with industrial action planned from 13-15th March 2023.
- Engagement meetings with two of our Further Education Colleges and Higher Education Institutions has taken place this month to support with developing our partnerships further in pursuit of our future workforce supply.

Finance

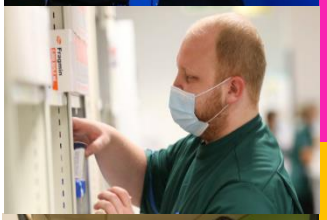
Key elements of the financial performance year to date are:

- For the year to date the Trust has delivered an actual surplus of £0.3m against a planned surplus of £1.9m; this adverse variance is primarily driven by underperformance against the Trust's in year CIP target.
- The Trust incurred £0.5m of costs relating to COVID-19 in month; with £0.3m of this being chargeable for COVID-19 testing costs. The Trust has overspent by £3.1m against its original in envelope allocation due to the in envelope funding allocation ceasing after Month 2.
- To date the trust has validated £10.1m CIP savings in year; these schemes have a full year impact of £5.3m, which presents a considerable variance to the Trust's recurrent target of £13.6m which was identified as a key risk in the Trust's financial plan submission. This variance was reflected in the revised underlying position presented to the Committee in December.
- Capital expenditure in Month 10 is £35.2m which is 7.2m behind the plan of £42.3m. Of the expenditure to date £11.9m is the pre-committed repayment of the PFI and IFRS16 lease liabilities.
- The cash balance at Month 10 is £87.0m, which is £16.0m higher than plan. Cash received is above plan due to Capacity and Virtual Ward income received from the ICB.
- The Trust's forecast for the year continues to improve with the actual position at Month 10 being £2.1m better than the forecast carried out at Month 8; the Trust is confident that it will deliver a breakeven position for the year although this is heavily reliant on non-recurrent mitigations.

Key Recommendations

The Committee is requested to note the performance against previously agreed trajectories.

NHS
University Hospitals of North Midlands
NHS Trust



Integrated Performance Report

Month 10 2022/23

Delivering Exceptional Care with Exceptional People

NHS
University Hospitals of North Midlands
NHS Trust

Contents

A note on SPC

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

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

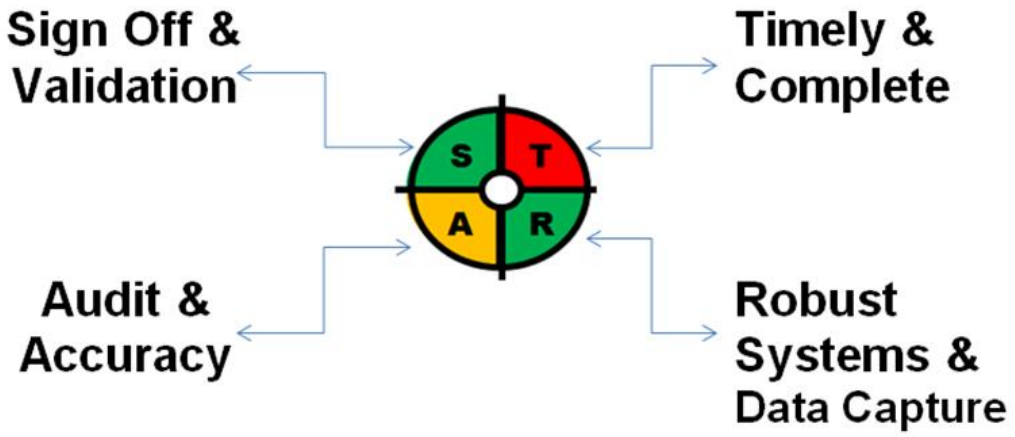
Assurance - how assured of consistently meeting the target can we be?

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

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

A note on Data Quality

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



Explaining each domain

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

RAG rating key

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

NHS
University Hospitals of North Midlands
NHS Trust

Quality

Caring and Safety

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

Quality Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

The Trust achieved the following standards in January 2023:

- Friend & Family (Inpatients) 96.9% and exceeds 95% target.
- Friend & Family (Maternity) improved to 100%.
- 0 Never Event
- Trust rolling 12 month HSMR continue to be below expected range.
- VTE Risk Assessment completed during admission continues to exceed 95% target with 99.3% (point prevalence audit via Safety Thermometer).
- Zero avoidable MRSA Bacteraemia cases reported.
- There have been no Category 4 Pressure Ulcers attributable to lapses in care.
- Inpatient Sepsis IVAB within 1 hour achieved 90.6% and above 90% target rate
- Sepsis Screening compliance in Emergency Portals improved to 91.4% above the target 90%.
- Children's Sepsis Screening compliance improved to 97.0% and above the 90% target.
- Maternity IVAB compliance improved to 100% and above the 90% target for audited patients

The Trust did not achieve the set standards for:

- Friend & Family Test for A&E remains below 85% target at 75.4%, despite improvement in month
- Harm Free Care achieved 94.4% against 95% target rate
- Falls rate was 6.0 per 1000 bed days for January 2023
- There were 31 Pressure ulcers including Deep Tissue Injury identified with lapses in care.
- 93.3% verbal Duty of Candour compliance recorded in Datix
- 42% compliance with Duty of Candour 10 working day letter performance following formal verbal notification and under review for completion and upload of letter on Datix
- Timely Observations remain below the 90% target at 66.7% during January 2023but has seen significant improvement during recent months
- C Diff YTD figures above trajectory with 14 against a target of 8.
- E. Coli Bacteraemia cases above trajectory with 15 in January compared to target of 8.
- Inpatients Sepsis Screening below 90% target rate at 89.7%.
- Emergency Portals Sepsis IVAB in 1 hour improved to 60% and remains below the 90% target for audited patients
- Maternity Sepsis Screening compliance decreased to 76.9% against 90% target

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

- The rate of complaints per 10,000 spells is 29.33 and is below the target of 35 and within normal variation. Majority of complaints in January 2023 relate to clinical treatment.
- Total number of Patient Safety Incidents decreased in month (1847) and the rate per 1000 bed days has also decreased at 44.23
- Total incidents with moderate harm or above and the rate of these incidents are above upper control limits and outside normal variation levels. These increases are linked to the increased pressures within the Emergency Departments
- Rate of falls reported that have resulted in harm to patients currently at 1.1per 1000 bed days in January 2023. The rate of patient falls with harm continues to be within the control limits and normal variation.
- Medication related incidents rate per 1000 bed days is 4.6 and patient related 4.0 which are lower than previous month and mean rates. The monthly variation is within the normal expected variation and consistent with Trust mean rates.
- Pressure Ulcers per 1000 bed days developed under UHNM care has seen a decrease during January 2023
- Hospital Associated Thrombosis is outside normal variation and cases are under review.
- Increased numbers of Definite Hospital Onset / Nosocomial COVID-19 cases reported with 72 in total.
- 6 COVID-19 death falling in to the 'Definite' category (according to the National definition of Nosocomial deaths of first positive result 15 days or more after admission to hospital).
- 12 Serious Incidents reported during January 2023 with 10 falls related.
- SHMI has seen increases and under review for diagnosis groups but is within expected range (see funnel plot chart)

Quality Dashboard

NHS
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NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance
Patient Safety Incidents	N/A	1995	1847	H	
Patient Safety Incidents per 1000 bed days	50.70	49.14	44.23		?
Patient Safety Incidents per 1000 bed days with no harm	N/A	29.06	28.40	L	
Patient Safety Incidents per 1000 bed days with low harm	N/A	16.70	12.93		
Patient Safety Incidents per 1000 bed days reported as Near Miss	N/A	1.92	1.51		
Patient Safety Incidents with moderate harm +	N/A	53	56	H	
Patient Safety Incidents with moderate harm + per 1000 bed days	N/A	1.31	1.34	H	
Harm Free Care (New Harms)	95%	96.5%	94.4%		?
NRLS risk of potential under reporting (CQC Insights)	1.0	0.79	0.89		?
Patient Falls per 1000 bed days	5.6	6.0	5.8		
Patient Falls with harm per 1000 bed days	1.5	1.3	1.1	L	?
Medication Incidents per 1000 bed days	6	5.6	4.6		?
Medication Incidents % with moderate harm or above	0.50%	2.65%	2.09%		?
Patient Medication Incidents per 1000 bed days	6	4.8	4.0		F
Patient Medication Incidents % with moderate harm or above	0.50%	3.09%	1.80%		?

Metric	Target	Previous	Latest	Variation	Assurance
Serious Incidents reported per month	0	8	12		F
Serious Incidents Rate per 1000 bed days	0	0.20	0.29		F
Never Events reported per month	0	0	0		?
Duty of Candour - Verbal/Formal Notification	100%	80%	93%		?
Duty of Candour - Written	100%		42.0%	L	?
All Pressure ulcers developed under UHNM Care	TBC	68	93	H	
All Pressure ulcers developed under UHNM Care per 1000 bed days	N/A	2.24	2.11		
All Pressure ulcers developed under UHNM Care lapses in care	12	33	31	H	?
All Pressure ulcers developed under UHNM Care lapses in care per 1000 bed days	0.5	0.8	0.74		?
Category 2 Pressure Ulcers with lapses in Care	8	10	4		?
Category 3 Pressure Ulcers with lapse in care	4	1	2		?
Deep Tissue Injury with lapses in care	0	18	20	H	
Unstageable Pressure Ulcers with lapses in care	0	4	5		?

Delivering Exceptional Care with Exceptional People

Quality Dashboard

NHS University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance
Friends & Family Test - A&E	85%	63.5%	75.4%		
Friends & Family Test - Inpatient	95%	96.6%	96.9%		
Friends & Family Test - Maternity	95%	#N/A	100.0%		
Written Complaints per 10,000 spells	21.11	22.48	13.72		
Complaints received by the CQC (feb 21 - Jan 22)	N/A	49	76		
Rolling 12 Month HSMR (3 month time lag)	100	97.54	98.00		
Rolling 12 Month SHMI (4 month time lag)	100	107.57	107.00		
Nosocomial COVID-19 Deaths (Positive Sample 15+ days after admission)	N/A	3	6		
VTE Risk Assessment Compliance	95%	98.6%	99.3%		
Reported C Diff Cases per month	8	14	14		
Avoidable MRSA Bacteraemia Cases per month	0	0	0		
HAI E. Coli Bacteraemia Cases per month	8	16	15		
Nosocomial "Definite" HAI COVID Cases - UHNM	0	34	72		

Metric	Target	Previous	Latest	Variation	Assurance
Inpatient Sepsis Screening Compliance (Contracted)	90%	91.5%	89.7%		
Inpatient IVAB within 1hr (Contracted)	90%	92%	90.6%		
Children Sepsis Screening Compliance (All)	90%	91%	97.0%		
Children IVAB within 1hr (All)	90%	N/A	N/A		
Emergency Portals Sepsis Screening Compliance (Contracted)	90%	80%	91.4%		
Emergency Portals IVAB within 1 hr (Contracted)	90%	68%	54.8%		
Maternity Sepsis Screening (All)	90%	80%	76.9%		
Maternity IVAB within 1 hr (All)	90%	100%	100.0%		

Delivering Exceptional Care with Exceptional People

Friends & Family Test (FFT) – A&E

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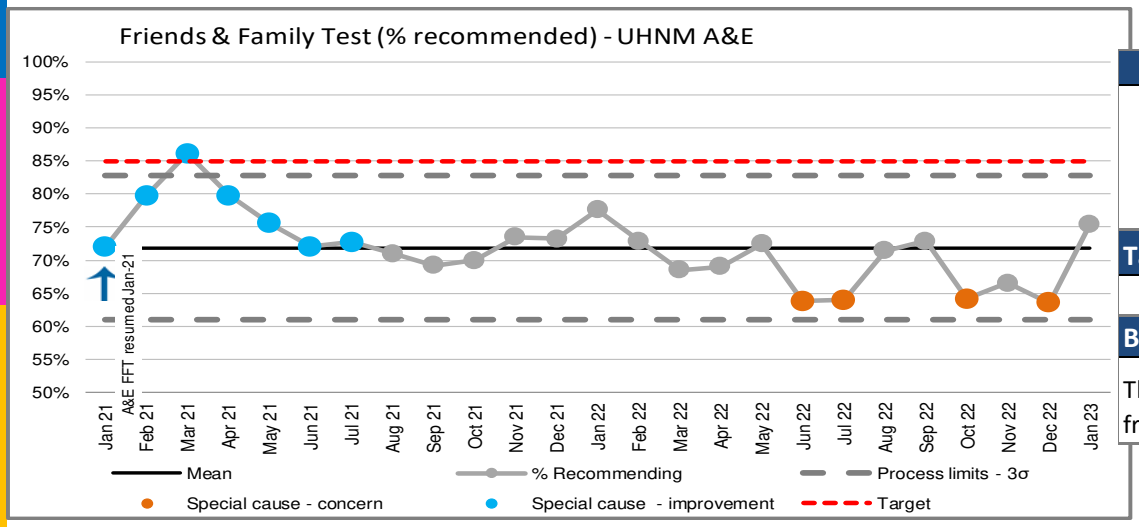


Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
85%	66.5%	63.5%	75.4%

Background

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

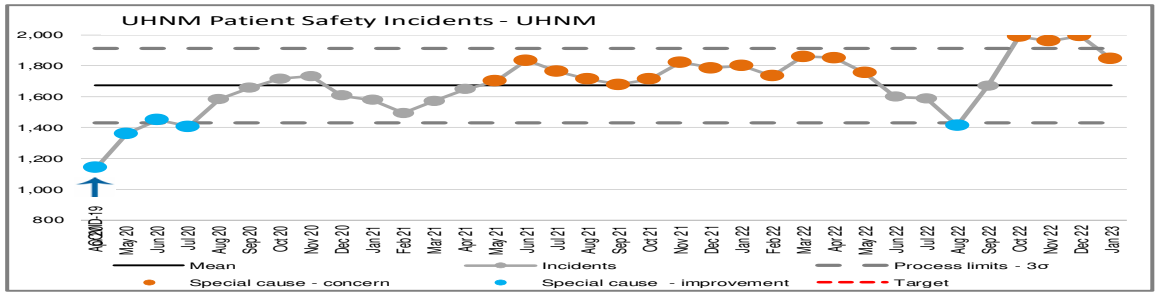
What do the results tell us?

- The satisfaction rate for ED remains below our internal target at 75% for January 2023 however is the highest satisfaction rate since for 12 months. The Trust received 847 responses which is decrease on the previous month with a 10% response rate for overall. The Trust's overall satisfaction rate is higher than the national average of 73% (NHS England December 2022). UHNM is 37th out of 122 Trusts for number of responses in ED (NHS England December 2022).
- Feedback from patient experience of using 111First and the kiosks is being monitored. Only 25% of respondents in January 23 reported to have used 111First prior to attending ED, which is a 9% decrease on December 2022. Key themes from January 2023 are long waits; access to pain relief; lack of compassion, staff attitude. And these are similar across RSUH and County Hospital.
- Lack of GP availability has also been raised at patients attending County Hospital in January 2023.

Actions :

- Patient Experience Team are waiting for dates from ED management regarding their patient experience meetings and have also extended the invite to Trust Patient Experience Group meetings for an ED representative to attend.
- On-going work with the team to encourage completion of FFT surveys in alternative formats and increase response rate.

Reported Patient Safety Incidents

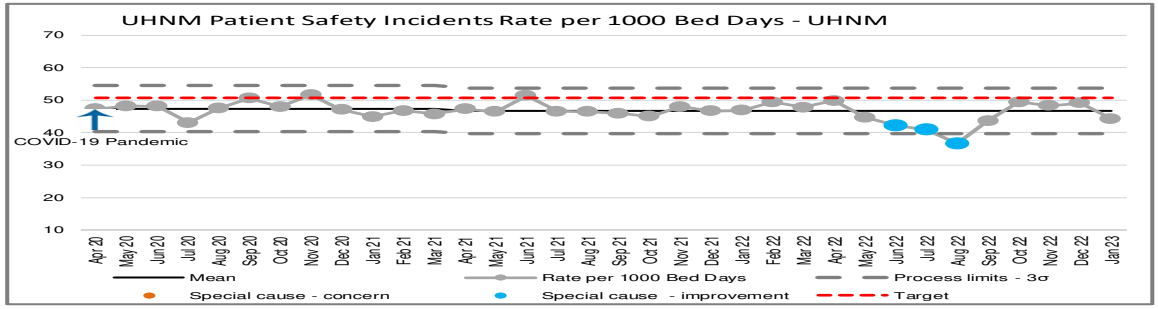


Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
N/A	1962	1995	1847

Background

Total Reported patient safety incidents



Variation	Assurance
	

NRLS Mean	Nov 22	Dec 22	Jan 23
50.70	48.28	49.14	44.23

What is the data telling us:

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

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

The largest categories for reported PSIs excluding Non Hospital Acquired Pressure Ulcers are Patient Falls, Medication, Patient Flow and Clinical Assessment related incidents. There has been no significant changes in these categories compared to previous months. There have been 228 of the incidents identified as related to 'Your Next Patient' which accounts for 12% of total patient safety incidents. 76% of these incidents were within Medicine Division and 62% were Tissue viability. However, 88.8% of these were NOT hospital acquired but recording pressure damage on admission/attendance at UHNM. A Deep Dive to better understand the correlation of additional pressure of YNP on patient harm is to be completed and reported via QSOG and QGC.

The rate of reported PSIs per 1000 bed days remains similar to the long term mean rate and well within control limits and normal variation.

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

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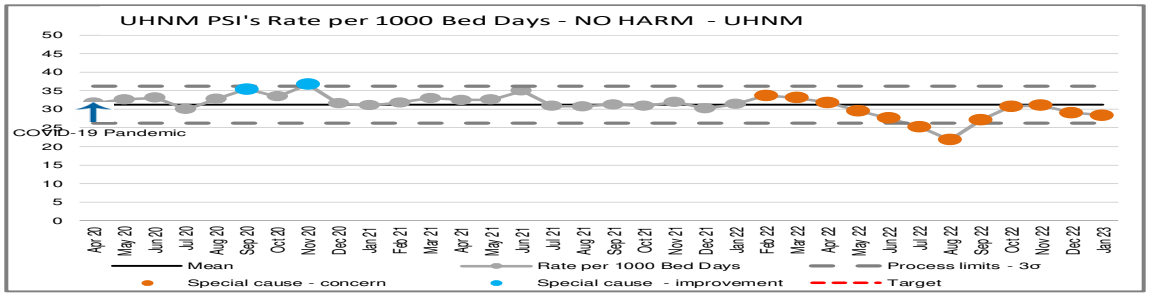
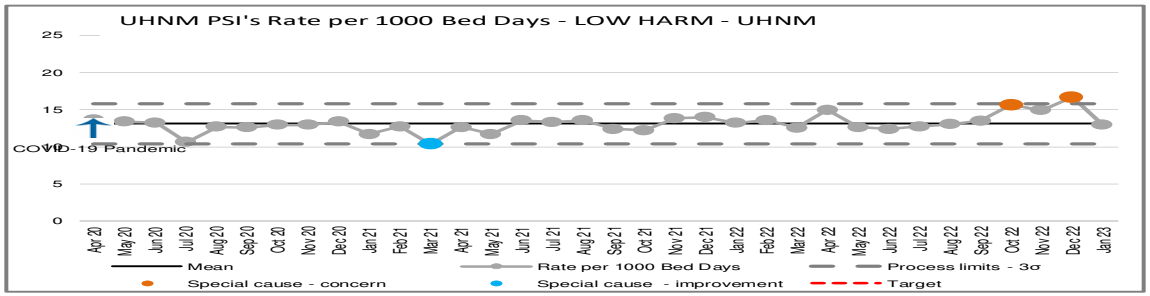


Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
N/A	31.03	29.06	28.40

Background

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

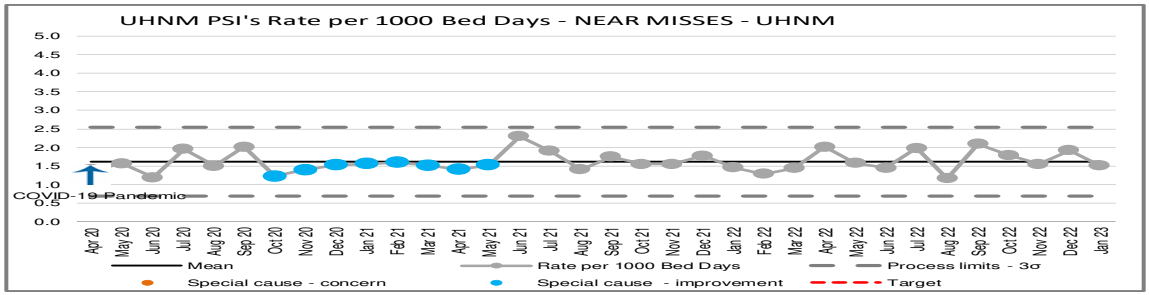


Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
N/A	14.94	16.70	12.93

Background

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



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
N/A	1.55	1.92	1.51

Background

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

What is the data telling us:

The Rate of Patient Safety Incidents per 1000 bed days with low harm or near misses are showing more consistent trends. The no harm incidents have seen reductions and has significantly lower variation and near the lower control limit. These are no clear reasons for change in no harm except for increase in rate of near misses.

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

Reported Patient Safety Incidents with Moderate Harm or above

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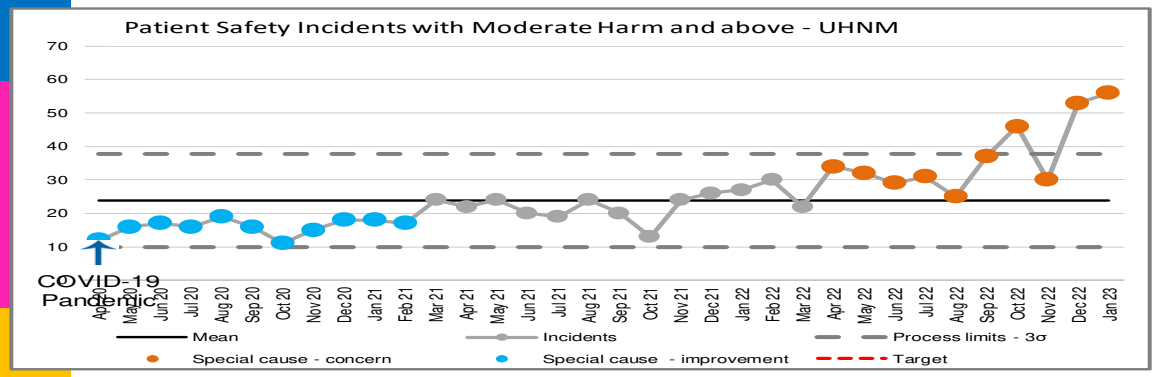
NHS Trust

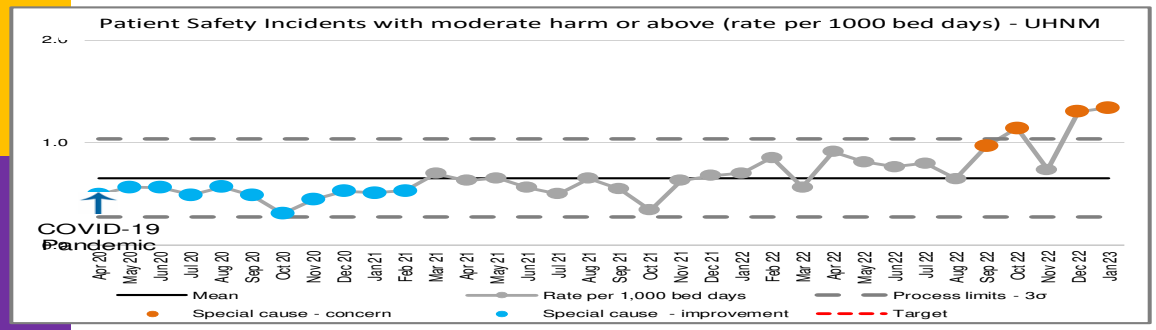


Variation	Assurance
H	

Target	Nov 22	Dec 22	Jan 23
N/A	30	53	56

Background

Patient safety incidents with reported moderate harm and above



Variation	Assurance
H	

Target	Nov 22	Dec 22	Jan 23
N/A	0.74	1.31	1.34

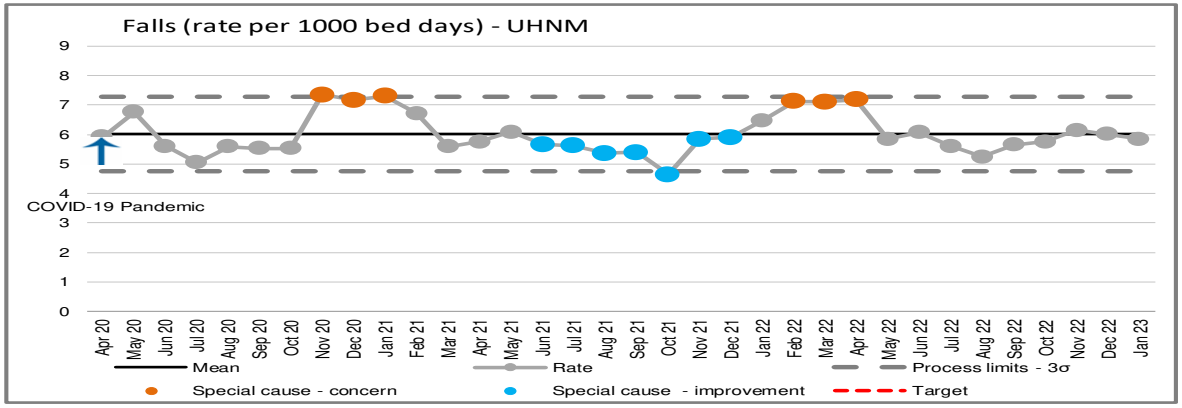
What is the data telling us:

The variation noted in charts above for moderate harm or above total and rate per 1000 bed days is above the upper process control limit and has shown increasing total numbers since August 2022. January 2023 total has continued to increase and this is due to the increased totals are linked to increased numbers of moderate harm incident being reported in Emergency Medicine as the operational pressures have continued across the organisation and health system. The rate of incidents with moderate harm has also increased but by less than the total number indicating increased activity. The total number has increased by 5.6% but the rate of incident per 1000 bed days has increased by corresponding 2.3%.

The top category of incidents resulting in moderate harm reflect the largest reporting categories with 11 Falls, 10 Pressure Ulcer (Hospital acquired), 8 Patient Flow (due to the exception operational pressures in ED), , 6 treatment related, 5 Medication, 4 Clinical Assessment

7 of these moderate harm and above incidents were noted as relating to **'Your Next Patient'** – 3 patient flow, 1 clinical assessment and 1 delay/failure to monitor and 2 pressure related.

Patient Falls Rate per 1000 bed days



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
N/A	6.2	6.0	5.8

Background

The number of falls per 1000 occupied bed days

What is the data telling us:

The Trust's rate of reported patient falls per 1000 bed days was within the normal range in January.

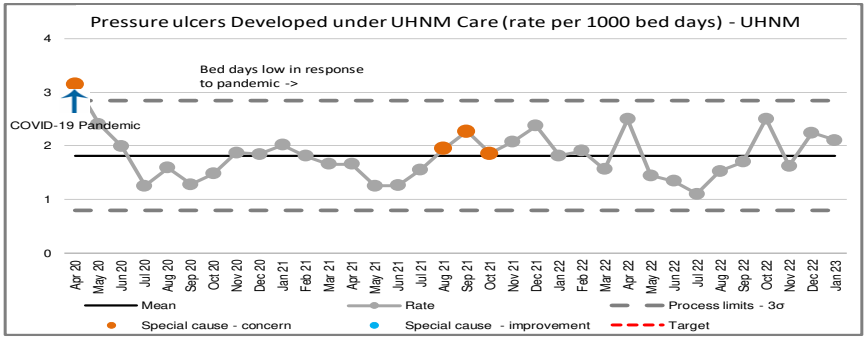
The areas reporting the highest numbers of falls in January 2023 were:
Royal Stoke ED – 22 falls, Royal Stoke AMU – 14 falls, Ward 12 – 12 falls, SSU – 10 falls , Ward 226 – 10 falls
ED falls numbers per month have doubled since Autumn 2020, however, the rate per 1000 attendances has been 77% higher since Autumn 2020 indicating that the increased activity is significant factor in increased falls. During this period 17 ED cubicles were converted into side rooms with solid doors due to infection prevention mitigation actions during COVID-19. This has made observation of patients more difficult and may have contributed to increased falls

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

- Audits have been taken in all of these TOP 5 reporting areas
- New Nursing Assistants inductions include falls training
- Consolidated education has been delivered to areas where audit compliance has shown to require improving
- After discussion with Matron in ECC one aspect of fall is to be mentioned at handover for 2 weeks. Following this the quality and safety team will audit this on the 3rd week to ensure learning has been embedded.
- February's audit on AMU has shown improvement in certain areas. The quality and education team continue to cascade learning to further aspects of falls.
- February's audit on Ward 12 shows excellent compliance regarding documentation, footwear, bed rails and falls alert symbols. Compliance regarding lying and standing blood pressures is required.
- January's audit on SSU shows that further education is required for a number of aspects of falls. We have advised a re-audit will take place when the ward has had time to make some improvements.
- Feedback from the February audit on Ward 226 had asked for compliance to improve regarding the multifactorial risk assessment completion and lying and standing blood pressures.

Pressure Ulcers developed under care of UHNM per 1000 bed days

NHS
University Hospitals of North Midlands
NHS Trust

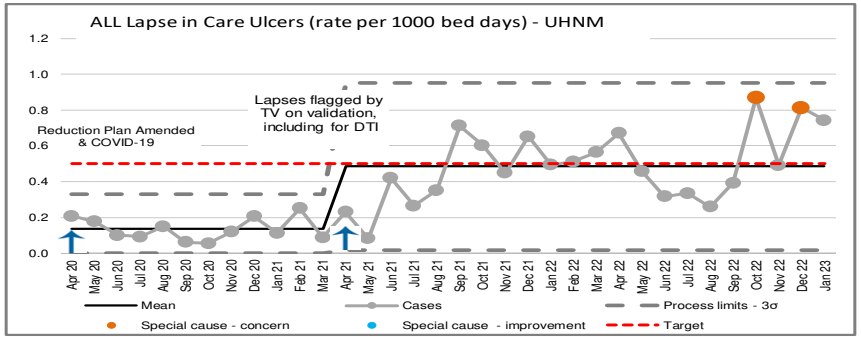


Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
N/A	1.62	2.24	2.11

Background

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



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
0.5	0.49	0.81	0.74

Background

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

What the data is telling us

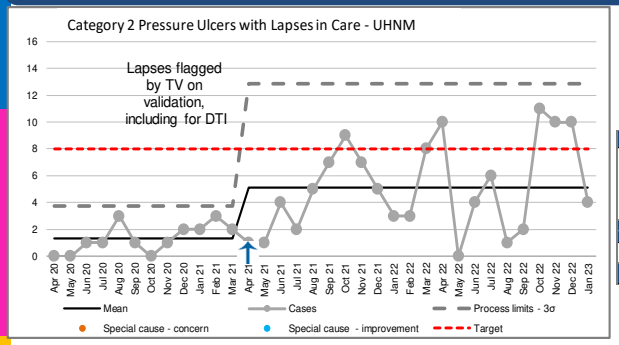
The rate of pressures ulcers reported as developed under UHNM care , and cases with lapses were within expected limits in January.
Acuity for ward areas is taken into account in line with lapses in care.
High reporting areas will be presenting all incidents at bespoke RCA panels, to allow identification of trends, and establish their improvement and educational focus. The Tissue Viability team and Corporate Nursing Quality & Safety Teams will support with this.
Pressure Ulcer prevention is an annual objective and a key driver metric as part of the Trust's Improving Together programme.

Actions

- Training continues for PUP champions, nursing assistants and on ED statutory and mandatory training days and bespoke on request.
- Pressure ulcer prevention conference taking place 7th March which is fully booked
- Categorisation training dates have now been confirmed for this year. Training has now been provided to registered nurses and nursing assistants through nurse bank.
- ESR training request made for prevention, awaiting confirmation and continuously chased
- Training video has been made for care of catheters after an increase in urethral damage, along with the catheter life chart being updated and plans to re-launch
- Tendable has now been launched at County, ED and AMU, and the West Building for pressure ulcer prevention questions have been included.

Pressure Ulcers with lapses in care

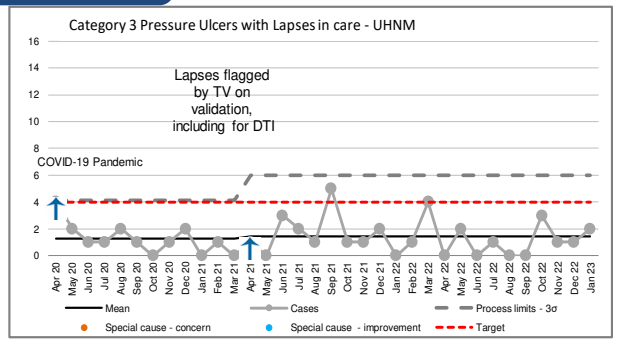
University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
8	10	10	4

Background

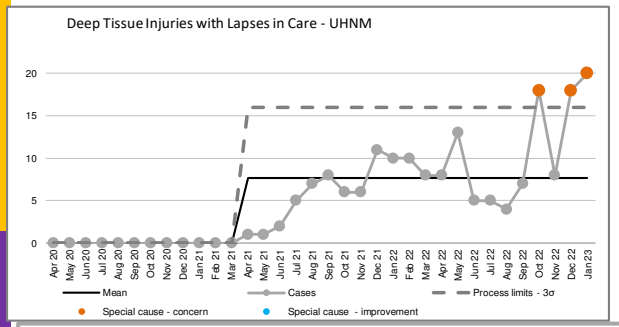


Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
4	1	1	2

Background

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

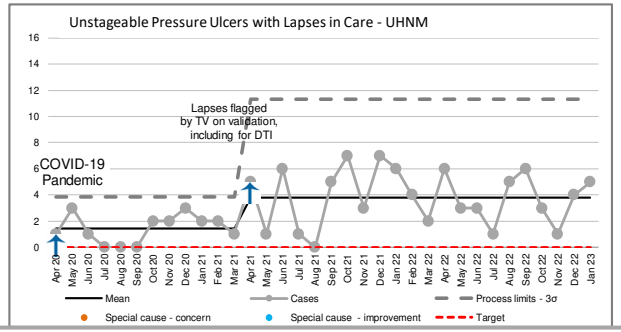


Variation	Assurance

Target	Oct 22	Nov 22	Dec 22
N/A	21	10	22

Background

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



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
0	1	4	5

Background

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

What is the data telling us:

The number of DTI's reported as developing under UHNM care with identified lapses in care was again significantly above average in January. Numbers in other categories are showing only normal variation for January. As shown in the table below, the most common lapses identified remain management of heel offloading & repositioning.

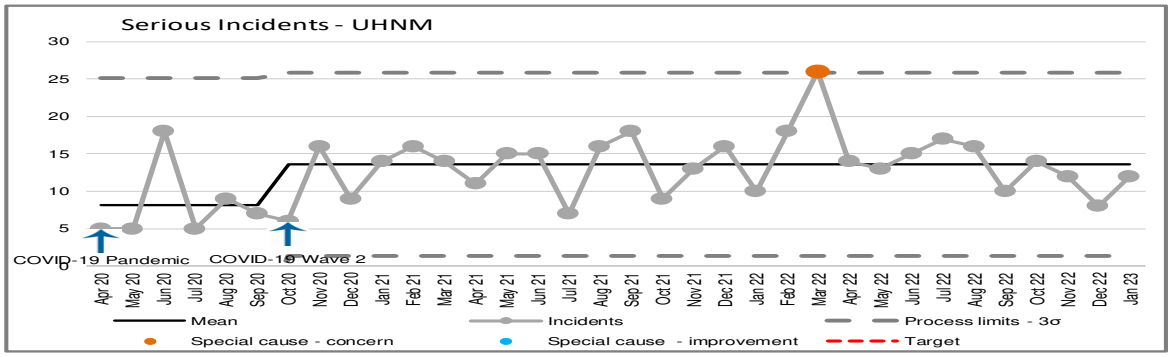
Locations with more than 1 lapse in January 2023 were:
ED (Stoke) (6) , AMU (Stoke) (3) , W110 (3), FEAU (2) , ARTU (2), W228 (2) , W230 (2)

Root Cause(s) of damage - Lapses - Jan 2023	Total
Management of heel offloading	16
Management of repositioning	14
Management of device	3
Management of continence	3

Actions:

- Feedback will be given to governance for ED and AMU to seek assurances
- Ultility pad are now back in stock and working with procurement to ensure all areas have provision
- Support given to ED regarding use of Repose Companions
- Plans are now in place for the continuation of RCA panels as pressures continue. Plan are underway to a line investigation process with PSIRF
- High reporting wards will be sent notification, with audits and action plans to be implemented to support improvement
- Videos for accountability and documentation are awaiting final amendments before being shared and will be an action post RCA panel

Serious Incidents per month

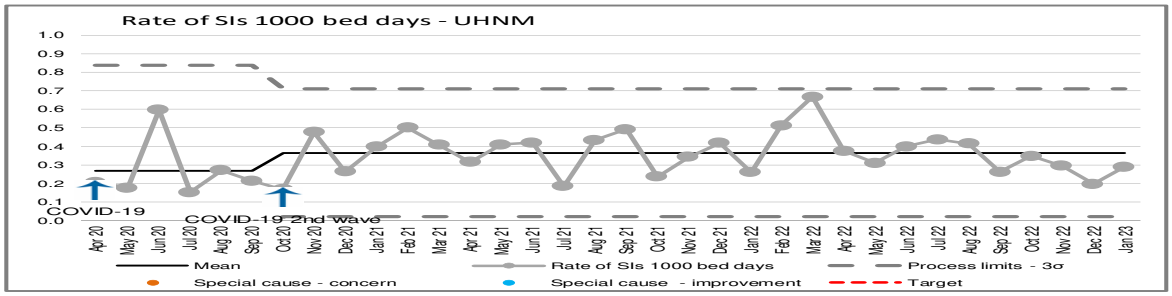


Variation	Assurance
	F

Threshold	Nov 22	Dec 22	Jan 23
0	12	8	12

Background

The number of reported Serious Incidents per month



Variation	Assurance
	F

Target	Nov 22	Dec 22	Jan 23
0	0.30	0.20	0.29

Background

The rate of Serious Incidents Reported per 1000 bed days

What is the data telling us:

Monthly variation is within normal limits. Target has been set at 0 for serious incidents but this remains under review to develop trajectory for reducing serious incidents across UHNM. January 2023* saw 12 incidents reported:

10 Falls related incidents

1 Diagnostic related

1 Pressure Ulcer related (Unstageable)

The rate of SIs per 1000 bed days has varied consistently within confidence limits indicating normal variation and there has not been any significant trends. The current rate of SIs per 1000 bed days is 0.29 and is lower than the long term mean of 0.4 since COVID-19 started in December 2020. The previous 5 months have seen reporting rate lower than log term mean.

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

Serious Incidents Summary

University Hospitals of North Midlands NHS Trust

Summary of new Maternity Serious Incidents

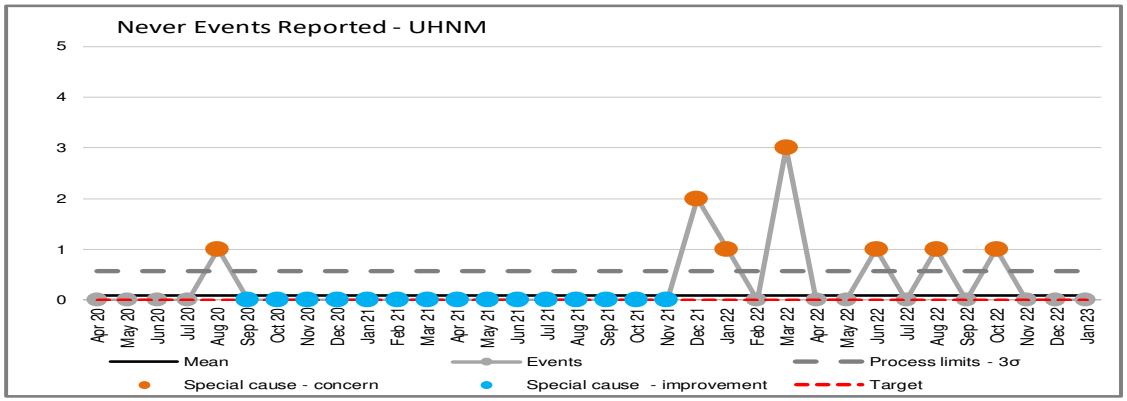
Following the formal recommendations in the Ockenden Report, the new Maternity related Serious Incidents along with previously reported summary of numbers and categories re provided to the Trust Board.

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

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

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

Never Events



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
0	0	0	0

Background

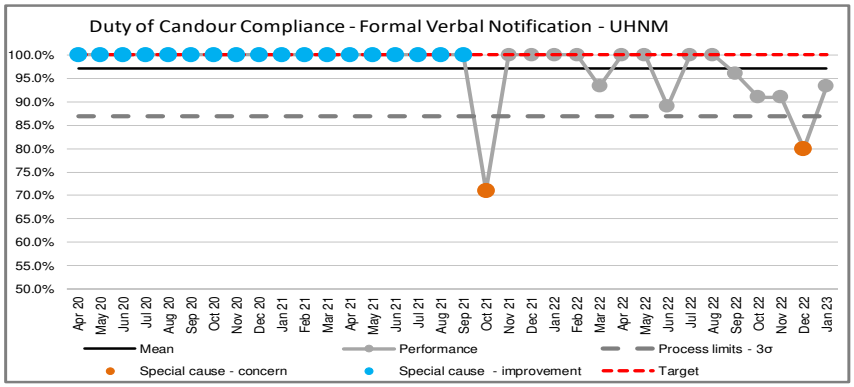
Defined as Serious Incidents that are wholly preventable, as strong systemic protective barriers should be in place

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

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

Duty of Candour Compliance

NHS University Hospitals of North Midlands NHS Trust

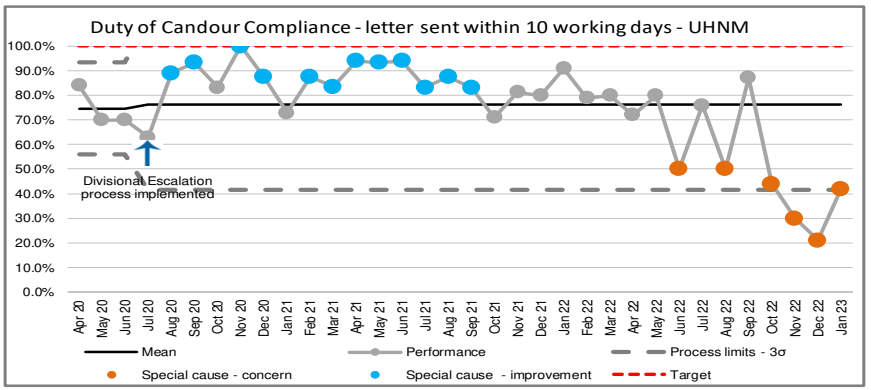


Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
100%	91.0%	80.0%	93.3%

Background

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



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
100%	30.0%	21.0%	42.0%

Background

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

What is the data telling us:

During January there were 44 incidents reported and identified that have formally triggered the Duty of Candour. 93.3%% have recorded that the patient/relatives been formally notified of the incident in Datix and within normal variation although remains below target rate.

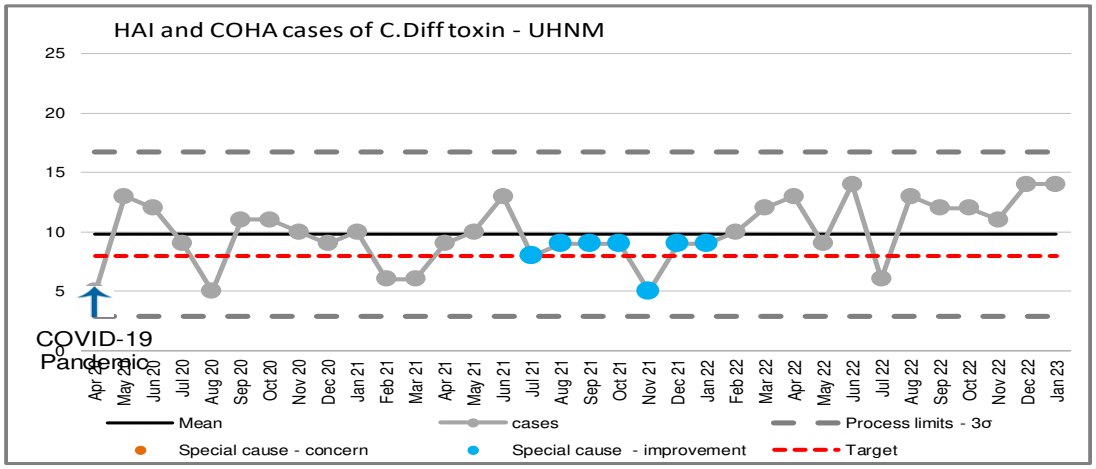
Confirmed Follow up Written Duty of Candour compliance (i.e. receiving the letter within 10 working days of verbal notification **and recorded in Datix**) during January 2023 is 42% as 8th February 2023 including those letters that are still within timescale. Outstanding letters / information uploaded to Datix has been escalated with individual wards/departments and via Directorate/Divisional structures. Medicine Division, in particular Specialised and General Medicine, have lowest compliance for written evidence of completion with 0% achieving 10 working day target.

Actions taken:

The compliance with Duty of Candour escalated and discussed at QSOG and Divisions are working with clinicians and Q&S teams to raise further awareness and education on how and why Duty of Candour is to be completed.

Emergency Medicine have agreed all Duty of Candour correspondence is now copied to Divisional Quality & Safety Manager to support the clinicians with uploading and updating on Datix to evidence Duty of Candour completed especially during the continued increased extraordinary operational pressures. In addition the DQSM is supporting Emergency Medicine with weekly attendance to support upload and follow up of duty of candour letters. Compliance is included in Divisional reports for discussion and action.

Reported C Diff Cases per month



Variation	Assurance

Target	Nov 22	Dec 22	Jan 23
8	11	14	14

Background

Number of HAI + COHA cases reported by month

What do these results tell us?

Number of C Diff cases are within SPC limits and normal variation .

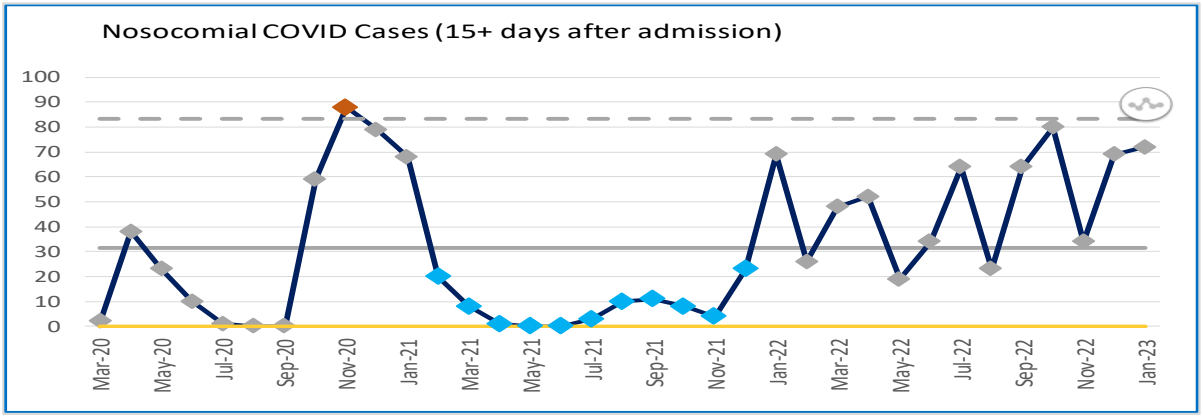
There have been 14 reported C diff cases in January 2023 with 12 being Hospital Associated Infection (HAI) cases and 2 COHA cases. The top 3 areas for C Diff during January 20233 were AMU, Ward 201 and Ward 103

HAI: cases that are detected in the hospital three or more days after admission (day 1 is the day of admission)
COHA: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks
There has been one clinical area that has had more than one Clostridium *difficile* case in a 28 day period. Ribotyping results have not been reported on cases involved to date.

Actions:

- Continue surveillance for HAI C diff with continued immediate implementation of control measures to prevent transmission
- In all cases control measures are instigated immediately
- Each in-patient is reviewed by the C *difficile* nurse and forms part of a multi-disciplinary review
- Routine ribotyping of samples continues

HAI Nosocomial COVID Cases per Month



What do these results tell us?

- Increase in cases throughout January 2023 with 72 definite Healthcare Acquired COVID -19 cases.
- Monthly total is within normal variation
- Follows national profile for increasing cases within the community during January 2023
- COVID screening guidance changed 14/09/2022. Patients only swabbed on admission if being admitted to high risk area, immunocompromised or symptomatic for COVID. Otherwise patients are now not routinely screened. Asymptomatic cases are being identified when screening patients as part of an outbreak but currently we are not routinely screening asymptomatic admissions.

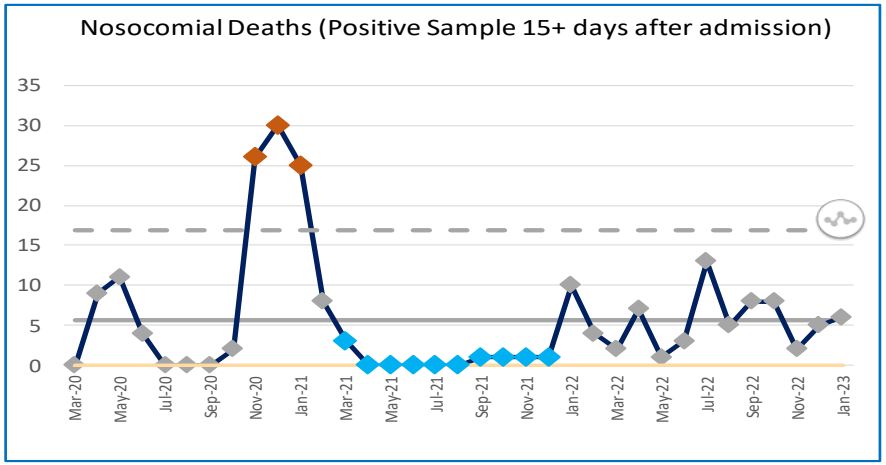
Actions :

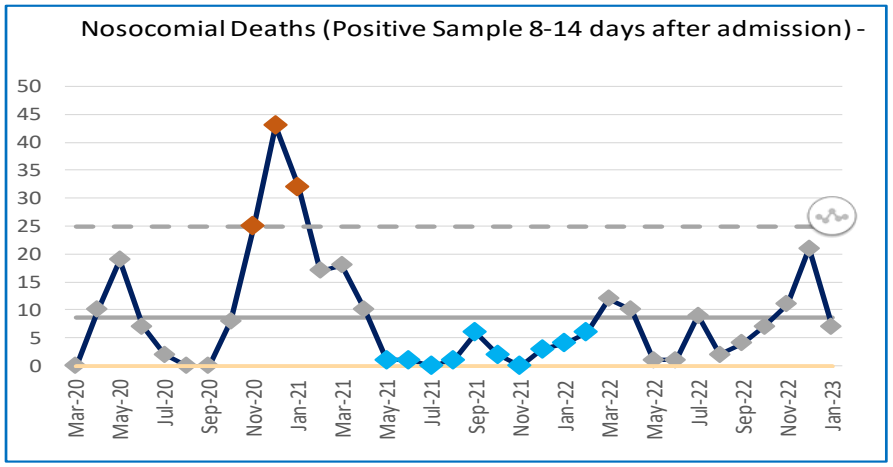
- UHNM COVID screening changed in line with National guidance 14th September.
- No routine asymptomatic admission screening for COVID
- Screening for symptomatic, admission to high risk areas and immunocompromised patients
- In addition close patient contacts of a COVID case are also screened and patients who develop symptoms during their hospital stay
- COVID 19 themes report provided to IPCC
- UHNM Guidance on Testing and re-testing for COVID 19 plus step down of suspected/positive cases
- Isolate suspected patients on identification of symptoms
- Process for patients identified as a contact with positive patients
- Process in place for outbreak management and reporting

	UHNM		
	Total Admissions	COVID cases	
		Prob	Def
Jan 21	14255	128	68
Feb 21	14101	31	20
Mar 21	17105	12	8
Apr 21	16554	3	1
May-21	17273	0	0
Jun-21	18527	0	0
Jul-21	18168	4	3
Aug-21	17160	14	10
Sep-21	17327	11	10
Oct-21	17055	8	8
Nov-21	17700	4	4
Dec-21	16688	13	23
Jan-22	16109	67	69
Feb-22	16278	39	26
Mar-22	18518	71	48
Apr-22	16538	72	52
May-22	18484	14	19
Jun-22	18380	34	34
Jul-22	17983	45	64
Aug-22	18247	16	24
Sep-22	18279	58	64
Oct-22	18351	81	80
Nov-22	19607	29	34
Dec-22	18240	78	69
Jan-23		81	72

Nosocomial COVID-19 Deaths per month (with 1st positive result 15 days or more after admission)

University Hospitals of North Midlands NHS Trust





What do these results tell us?

Increase in monthly total but within normal variation limits

The criteria for the Definite Hospital acquired/Nosocomial COVID-19 is that the patient had **first positive** COVID-19 swab result 15 days or more following admission to UHNM.

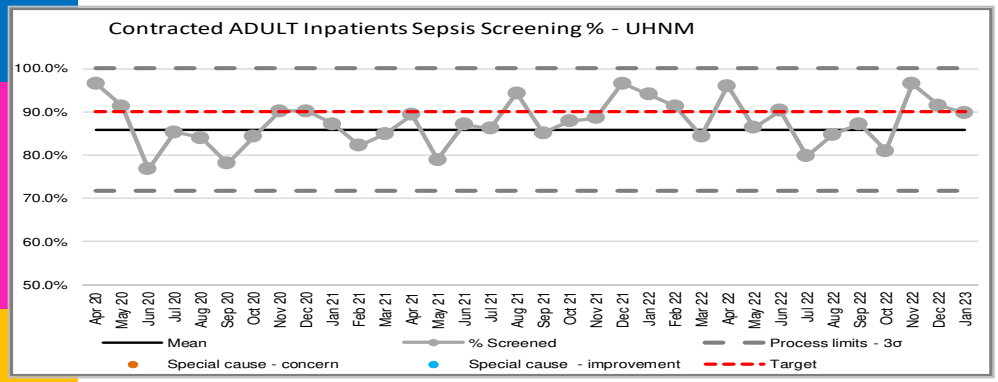
- 6 recorded definite hospital onset COVID-19 deaths in January 2023
- Total 294 hospital acquired COVID-19 deaths with 1st positive results 15 days or more following admission recorded since 1st March 2020 up to 31st January 2023
- 59 Definite Hospital acquired COVID-19 deaths during 2022/23 YTD
- The mean number of deaths per month since March 2020 is 6 for Definite Hospital acquired and 9 per month for Probable Hospital acquired

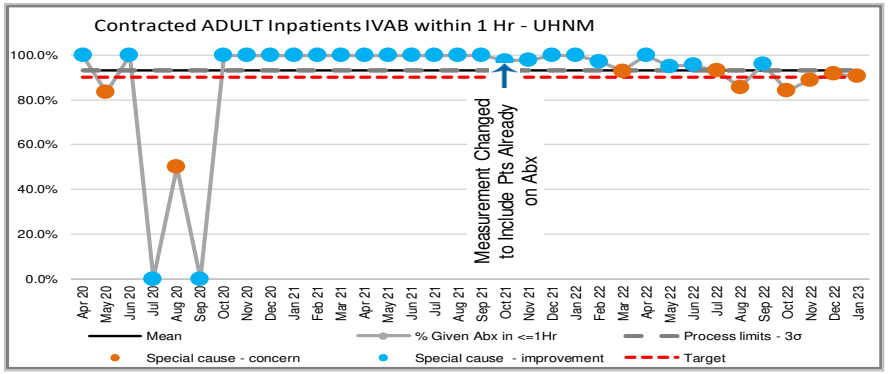
Actions :

Nosocomial COVID-19 deaths are continuing to be reviewed as part of Trust mortality review processes.

Sepsis Screening Compliance (Inpatients Contract)

NHS University Hospitals of North Midlands NHS Trust





Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
90%	96.5%	91.5%	89.7%

Background

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

Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
90%	88.9%	91.7%	90.6%

Background

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

What is the data telling us:

Inpatient areas failed to achieve the screening but did achieve the IVAB within 1 hour target in January 2023. There were 116 cases audited with 12 missed screening from different ward areas or divisions. Out of 116 cases audited, 70 cases were identified as red flags sepsis with 38 cases having alternative diagnosis and 32 cases were true red flags. Out of 32 true red flag cases, 29 were already on IVAB treatment, 2 delayed treatment in which given above two hours (both from Medicine Division).

Actions:

- The Sepsis team have continued to focus on providing ward based sepsis drop in session/kiosks on targeted clinical areas and division: on-going
- The Sepsis team regularly identify areas of poor compliance and prioritise those areas for more focused sepsis re-enforcement: on-going
- The Sepsis team continued to work closely with the VitalPac team in order to address issues in timely manner: on-going
- Continued focus and support provided to all divisions to maintain and sustain compliance: on-going
- The Sepsis Team continue to raise awareness of importance of sepsis screening by being involved in HCA, students and new nursing staff induction programmes
- The Sepsis team will continue to promote sepsis awareness in both sites and will prioritise areas to visit with the clinical lead consultant

Sepsis Screening Compliance (Emergency Portals Contract)

NHS
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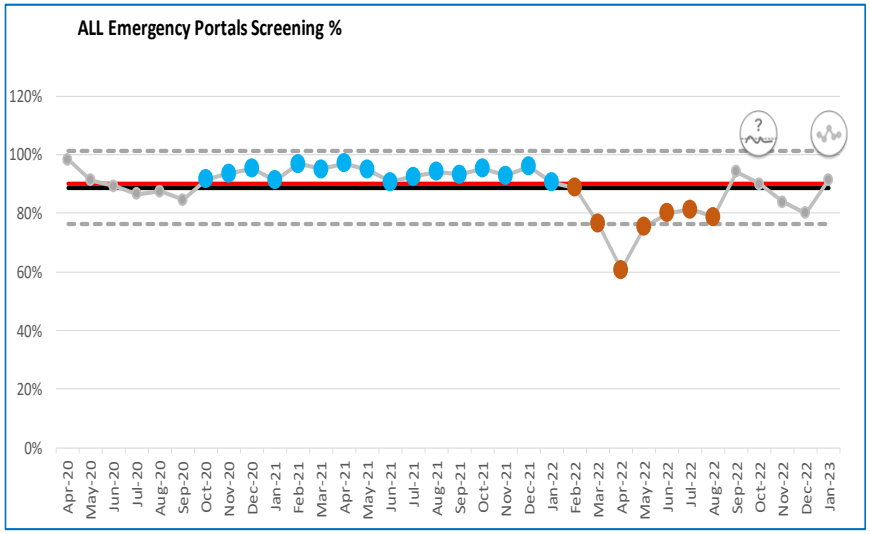
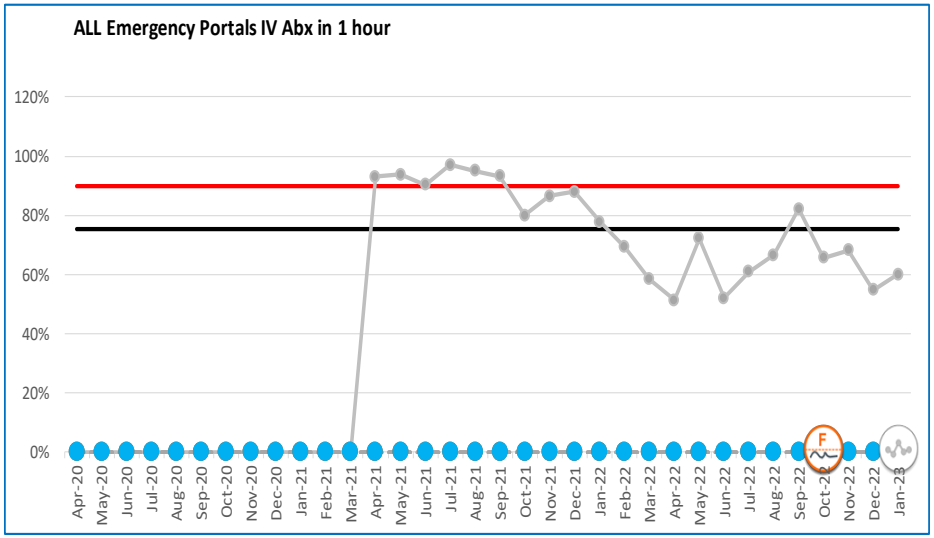
NHS Trust





What is the data telling us:

Adult Emergency Portals screening met the target for January 2023. There were 76 cases audited with 7 missed screening in total from the 6 emergency portals audited.

The performance for IVAB within 1hr below target rate in January 2023 is at 57%. Out of 76 cases, there were only 65 red flags sepsis in which the 10 cases already on IVAB, 36 cases were newly identified sepsis and 19 cases have alternative diagnosis. There were 20 delayed IVAB with 16 cases delayed within 2 hours and 4 cases above 2 hours. Delayed IVAB within 1 hour and screening, mainly contributed by both ED Royal Stoke and County for this month.

Actions:

- The Sepsis team continued to closely monitor compliance by visiting and auditing A&E regularly. Provide sepsis session when staffing and acuity allows
- The Sepsis team is working collaboratively with the A&E Quality nurses, sepsis champions, senior team and A&E sepsis clinical lead to provide support with late IVAB incidents and missed screens. Issue with holding ambulances remain a challenge.
- Face to face A&E sepsis induction for new nursing staff, nursing assistant and medical staff will recommence once capacity pressure/flow improve in the department
- Regular meeting with A&E senior team reinstated to review current robust actions in place
- Monitoring impact of long ambulance waits on timely assessment and treatment of sepsis

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

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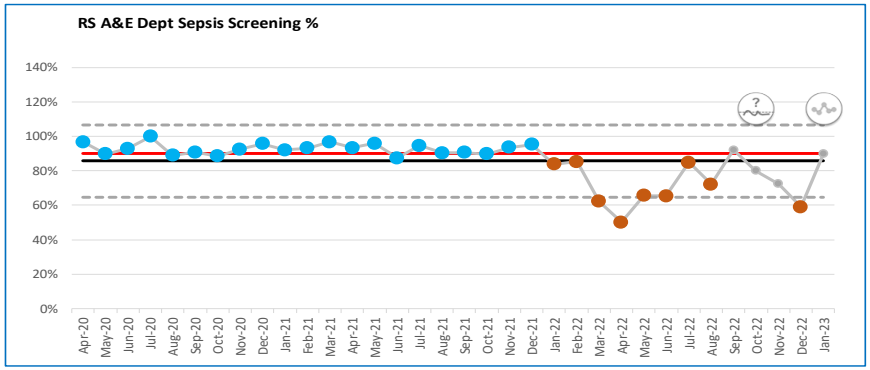
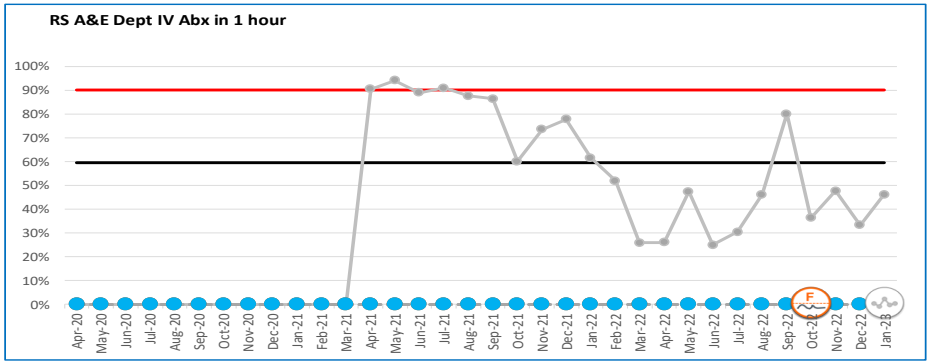
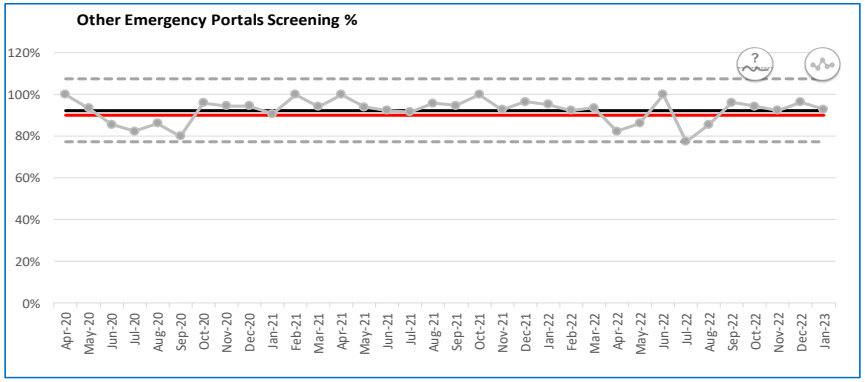
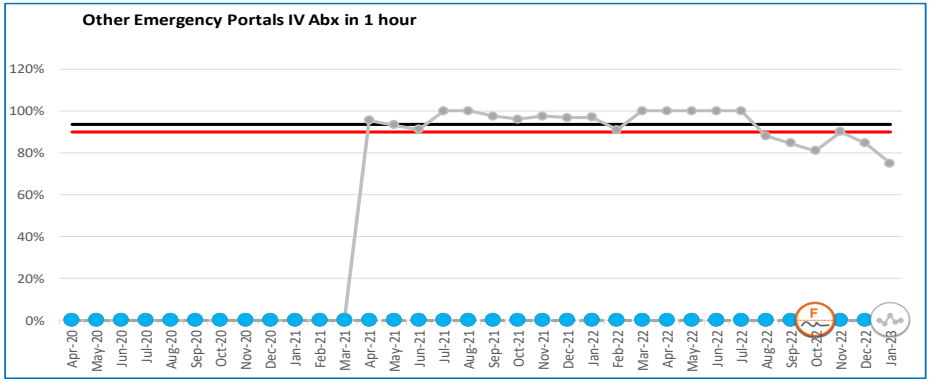
NHS Trust









What is the data telling us:

RSUH Emergency Department performance since February 2022 has been below target rate and compliance is significantly lower than control limits. The RSUH ED is driving the overall Emergency Portals performance as other emergency portals are achieving Screening compliance but slightly below target for IVAB in hour target. During January 2023 there have been improvements at RSUH but still below targets.

Actions:

- CAS card has been updated to reflect the sepsis pathway and to ensure all staff are following the correct guidance
- Directorate to devise a SOP for nursing staff to advise of agreed actions of Ambulance assessment nurse to escalate NEWS and sepsis trigger to the Resus Consultant between the hours of 8am-12midnight, EPIC 12midnight to 8am using the vocera call system. This will enable accurate and safe assessment of the patients sepsis trigger and to ensure correct urgent antibiotic prescription and administration.

Sepsis Screening Compliance ALL Maternity

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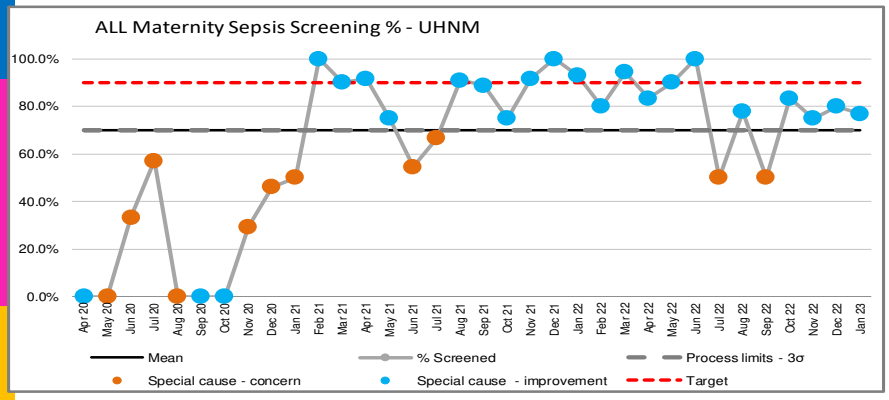

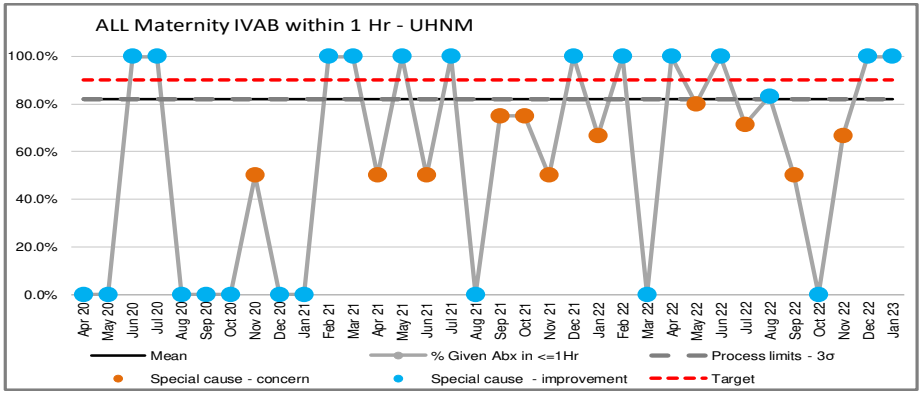

Variation	Assurance
H	F

Target	Nov 22	Dec 22	Jan 23
90%	75.0%	80.0%	76.9%

Background

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

Variation	Assurance
H	F

Target	Nov 22	Dec 22	Jan 23
90%	67%	100%	100%

Background

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

What is the data telling us:

Maternity audits in screening compliance is below the target at 77% but IVAB within 1 hour is reported at 100% during January 2023. This compliance score is based on a very small number, however a regular spot checks audit is being conducted monthly.

There were only a total of 13 cases audited from emergency portal (MAU) and inpatients with 3 missed screening. There were 3 true red flags identified from the randomise audits, 1 is already on IVAB treatment and 2 cases received IVAB within 1 hour.

Actions:

- Maternity have already developed and awaiting finalisation of their antibiotic PGD: on-going
- Maternity educator is supporting the sepsis team by conducting independent / in-depth sepsis audits in the whole Maternity department , staff who had missed the screening documentation will be given constructive feedback and offered support/ training: on-going
- Future plan for Maternity 5 hour sepsis CPD champion training remain in the pipeline however, has been temporarily put on-hold due to current operational pressures: on-going
- Plan of delivering sepsis awareness in each clinical areas in September-October with the support of the clinical educator

Sepsis Screening Compliance ALL Children

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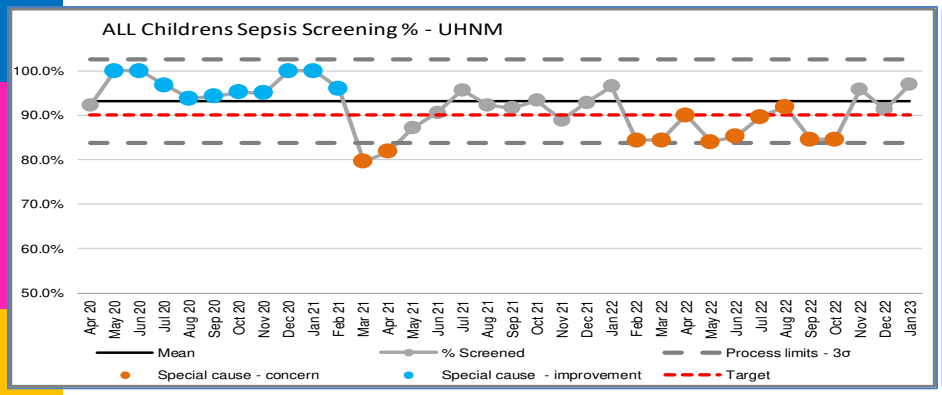

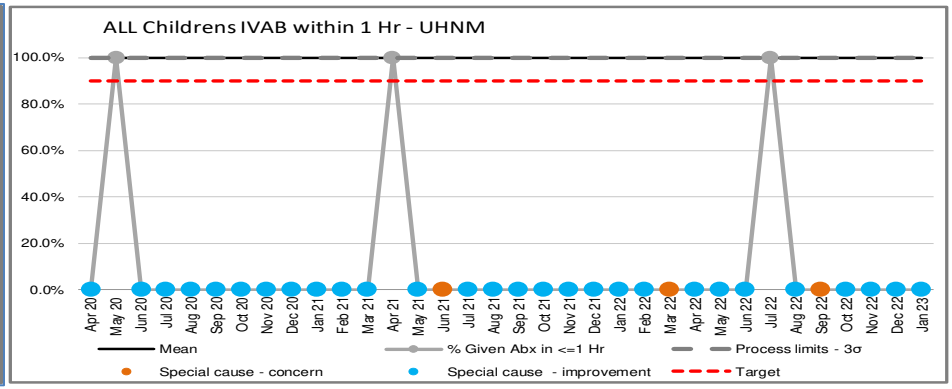

Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
90%	95.8%	91.2%	97.0%

Background

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

Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
90%	N/A	N/A	N/A

Background

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

What is the data telling us:

Children's Services show normal variation and higher than target of 90%. Still seen small numbers of children trigger with PEWS > 5 & above in Inpatients areas.

Most inpatients Paediatrics are already on oral antibiotics or IV antibiotics prior to trigger of PEWS >5 (this is both of moderate and high risks).

There were 33 cases audited for emergency portals with 1 missed screening (from CAU). No red flags were identified from the randomise audits. None was identified trigger with PEWS 5> in Inpatients areas during audits.

Actions:

- The Sepsis Team will continue to deliver sepsis drop in session (ward base training) as well as providing sepsis Induction session for newly qualified staff
- The Sepsis Team has continued to adjust the audit process in emergency portals to take smaller samples over a wider range of dates to give a more comprehensive perspective; on-going
- Plan of collaborative work with Children education lead and aiming to deliver 3-5 hour Sepsis CPD champion training and ward based sessions: on- hold but plan to reinstate in the next few months

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Operational Performance

2025 Vision "Achieve NHS Constitutional patient access standards"

Spotlight Report from Chief Operating Officer

NHS University Hospitals of North Midlands NHS Trust

Urgent & Emergency Care

- January saw an improvement in the majority of the Urgent & Emergency Care metrics against a backdrop of reduced attendances and significantly fewer IP restrictions. Industrial Action has been on-going with several days of action taking place within the month.
    - Four Hour performance was back up to 64% from 55%
    - 12 Hour Trolley Waits in the ED decreased from approximately 1300 to 1000
    - ED WTBS decreased from 143 minutes in December to 100 minutes in January
    - Ambulance Handovers were improved with those over 60 minutes decreasing from 1298 to 774

Cancer

- Trust overall 2WW Performance achieved 97% in December – the first time this standard has been achieved in over 2 years.
- The Trust also predicted to achieve the 2WW in January, which is currently at 97%. This sustained improvement is as a result of schemes such as the Lower GI Community Referral hub and Community Teledermatology pathways being successfully implemented. Breast symptomatic (where cancer is not suspected) is expected to 91% achieve in January.
- The 62 Day Standard is predicted to land at 39% in January. This is an un-validated and incomplete position that is expected to change as pathology confirms or excludes cancer for treated patients. Contributing factors include capacity, with robust plans in place to tackle the most challenged specialties (Skin & LGI) over the next quarter.
- The 31 Day Standard is predicted to land at 86% for January and the 31 day Subsequent Anti Cancer Drugs standard is expected to achieve 96% in January, Subsequent Radiotherapy is expected to achieve 92% in January.
- The 28 Day Faster Diagnosis Standard for 2WW referrals was reported at 64.7% in December – the highest performance so far this year.
- The 28 Day Faster Diagnosis Standard for 2WW referrals in January is currently at 60% - this is subject to change as histology reports confirm or exclude cancer.
- The 28 Day Faster Diagnosis Standard for Breast and Gynae Screening is predicted to achieve the FDS in January.
- Suspected Breast Cancer, Skin and Lower GI continue to book 2WW referrals within 7 days, for first appointments.
- The backlog has reduced since last month and total PTLs in Skin and LGI has significantly reduced.
- In August the PTL was over 6000 – this has now **reduced by around 2500** patients to around 3500 in total.

Spotlight Report from Chief Operating Officer

NHS
University Hospitals of North Midlands
NHS Trust

Planned Care

The focus of activities for Planned Care has been as follows:

- Day Case activity and Elective Activity have moved from delivering 92% and 93% in December to **99% and 101% respectively for January**. This is starting to move towards the national ask of 110%/108%. This is against a backdrop of increase cancelations. There is a real focus on the reintroduction of 6-5-4 with support from the regional theatres team. **Day case as a % of all elective work is currently 88.3%.**

- The focus has moved to 78 week waiters with an Annual Plan to reduce them to below 300 patients by March 2023. The major change will be managing the non-admitted (Outpatient) patients to ensure they get a decision to treat or discharge well before March so any treatment can be carried out to meet the 78 week standard.

RTT

- The overall Referral To Treatment (RTT) Waiting has increased from 77,727 in December to 77991 January.
- The number of patients > 52 weeks continues to increase – 5389 in January. 4377 in August, 4,569 in September, 4628 in October, 4979 in November, 5318 in December.
- At the end of January the numbers of >104 patients was 63. An increase of 13 from the end of November (albeit largely different patients).
- The Trust has continued to achieve the national standard of all eliminating all 104 week waits purely due to capacity, there is considerable work now on the Trusts route to zero for 104 week waiting patients, with challenges around complex pathways, patient choice and fitness for treatment.

Diagnostics Summary

- During January the Diagnostic activity improved on the December position and increased above 100% when compared with 19/20 BAU at 104%.
- DM01 performance was 66% overall, with key areas of underperformance in non-obstetric ultrasound and Endoscopy

Histology position – this is a slightly improved position from last month:

- Urgent (diagnostic cancer and other very urgent biopsy specimens): 95% reported at Day 32 (previously Day 19), 80% reported by Day 11
- Accelerated (include all Cancer Resections): 95% reported at Day 46 (previously Day 35), with 80% reported by Day 37 (previously Day 27)
- Routine (all Specimens not in above categories): 95% reported at Day 57 (previously Day 39),
- 80% of cases reported by Day 45 (Previously day 31)

Radiology reporting backlog:

- High risk relating to 'routine / non cancer reporting' due to reporting capacity and delays in diagnosis Risk 25512 remains at score - 20

Endoscopy:

- Improvement plan being developed and there are now weekly performance meeting for this service

Section 1: Urgent Care

Headline Metrics

Urgent Care – monthly *(context)*

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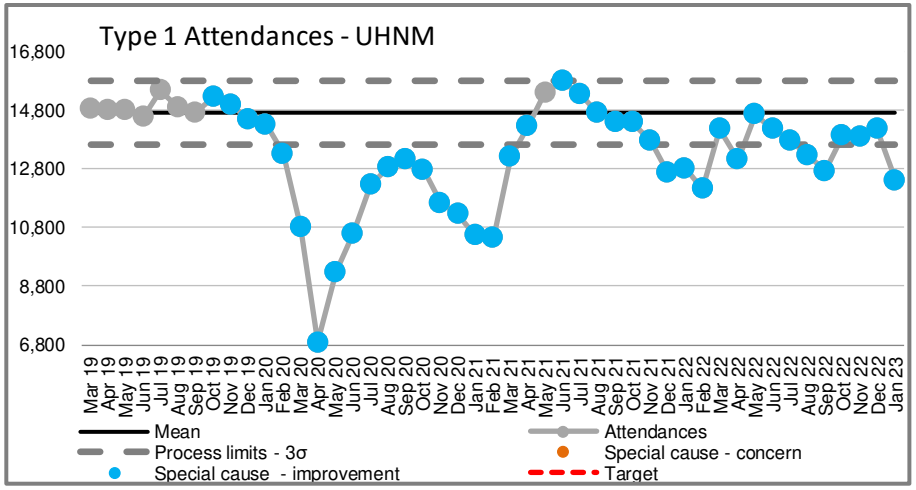
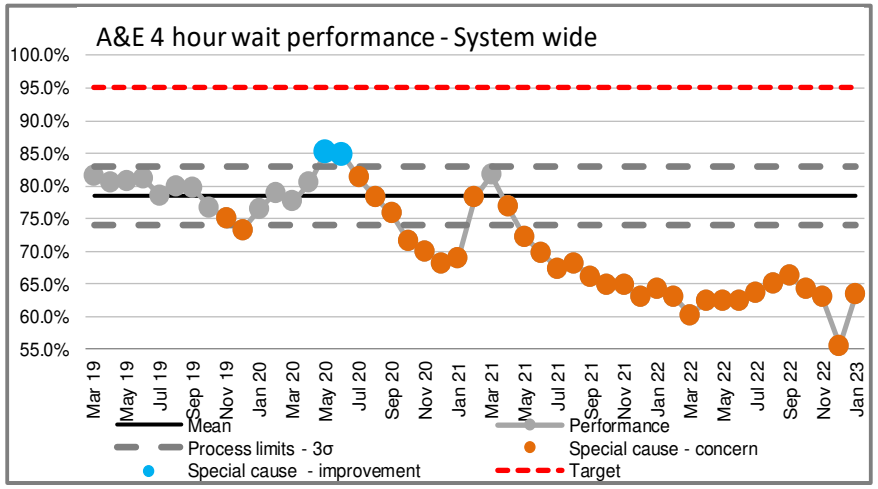
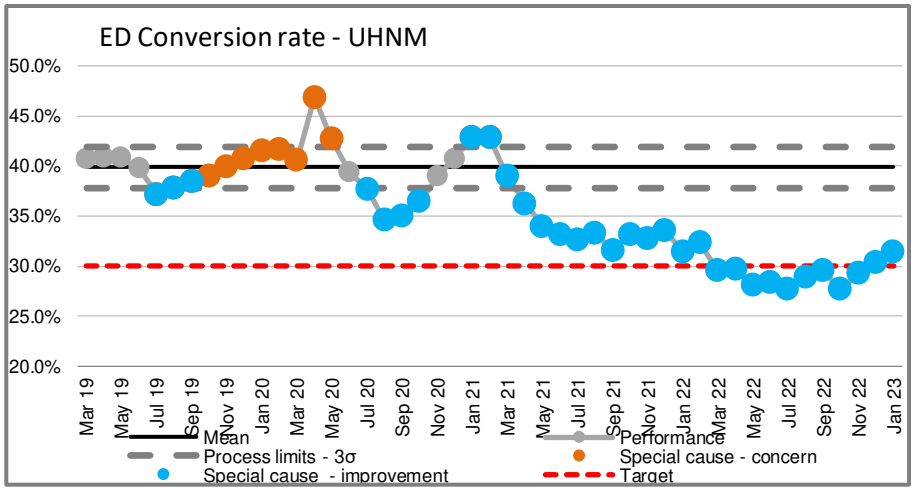
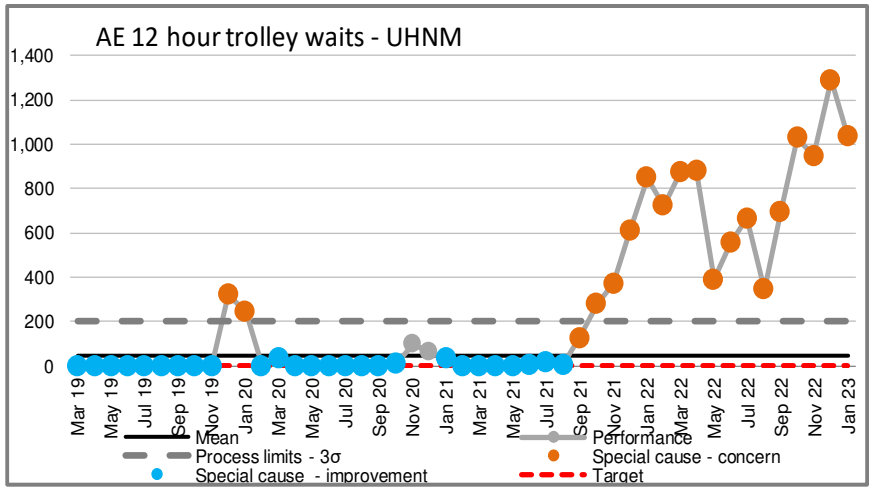
NHS Trust

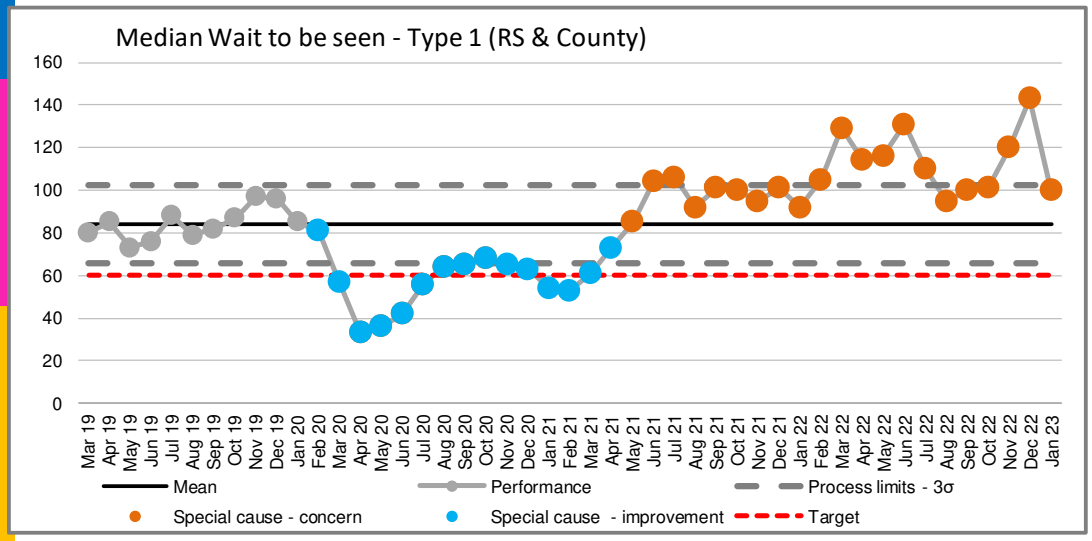








WTBS & 12 Hour in department



Variation	Assurance
H	F

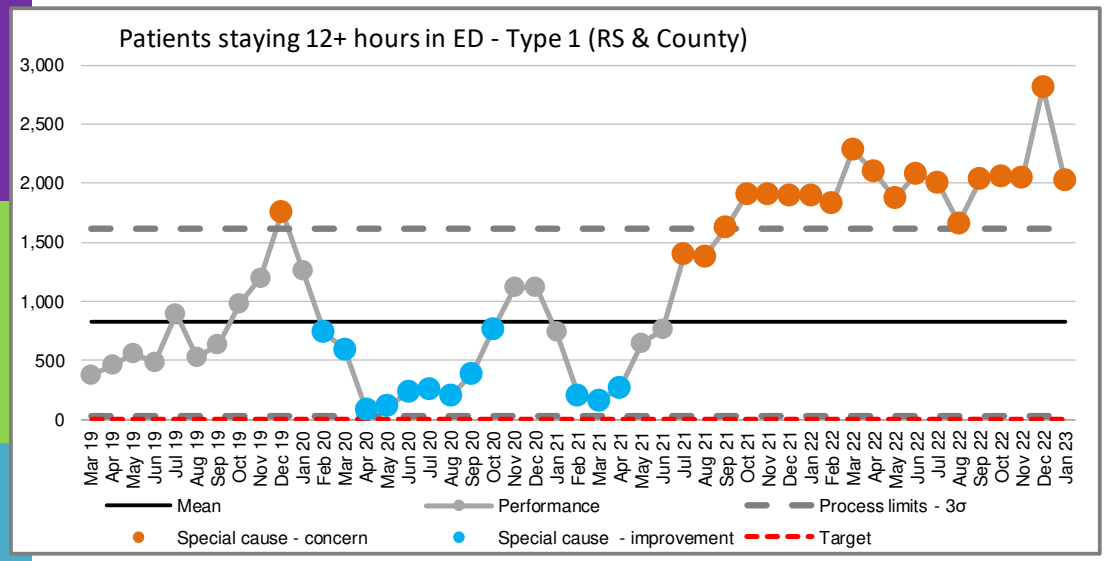
Target	Nov 22	Dec 22	Jan 23
60	120	143	100

Background

The average (median) time in minutes for a patient to be first seen

What is the data telling us?

Median wait to be seen has reduced down to within the upper control limit.



Variation	Assurance
H	F

Target	Nov 22	Dec 22	Jan 23
0	2043	2810	2027

Background

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

What is the data telling us?

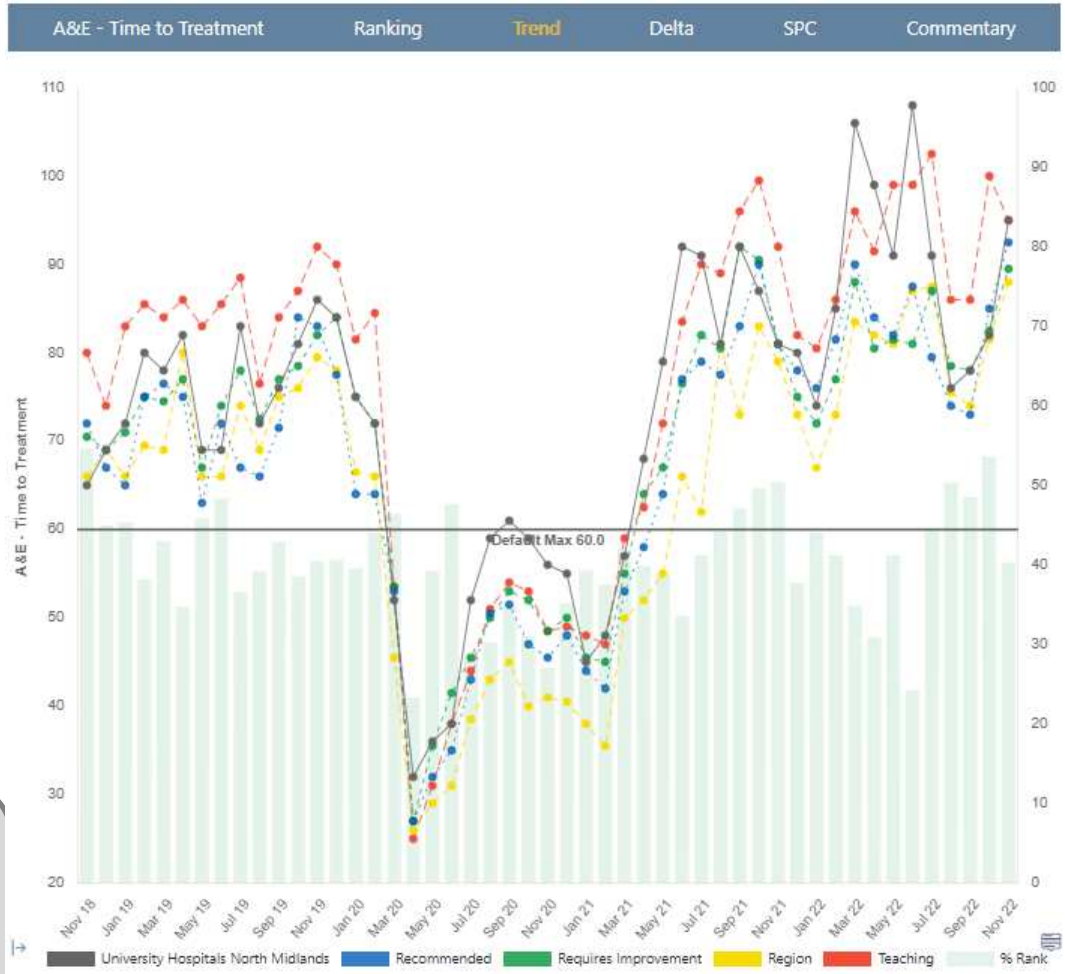
Following the spike in December of patients waiting over 12 hours, January has returned to levels seen in during 2022.

Urgent Care – Time to Treatment

NHS
University Hospitals of North Midlands
NHS Trust

Key Performance Indicator

Key Performance Indicator	Period	Target		SPC	
A&E - 4 Hour Standard	Dec 22	95.00%	55.6%	L	27
A&E - 4 Hour Standard (Type 1)	Dec 22	95.0%	36.4%	L	7
A&E - 4 Hour Standard (Type 2...	Dec 22	95.0%	83.3%	L	19
A&E - Conversion Rate	Dec 22	25.0%	22.0%	L	30
A&E - DTA to Admission >12 H...	Dec 22	0.0%	24.4%	H	27
A&E - DTA to Admission >12 H...	Dec 22	0.0	1,289.0	H	3
A&E - DTA to Admission >4 Ho...	Dec 22	10.00%	39.6%	H	63
A&E - Left Without Being Seen	Nov 22	5.00%	7.1%	C	29
A&E - Reattendance Rate	Nov 22	5.0%	9.3%	H	21
A&E - Time to Initial Assessment	Nov 22	15.0	9.0	C	58
A&E - Time to Treatment	Nov 22	60.0	95.0	H	40
A&E - Total Time in A&E	Nov 22	160.0	196.0	H	62
A&E - Total Time in A&E (Admi...	Nov 22	180.0	402.0	C	56
A&E - Total Time in A&E (Non-...	Nov 22	140.0	175.0	C	63



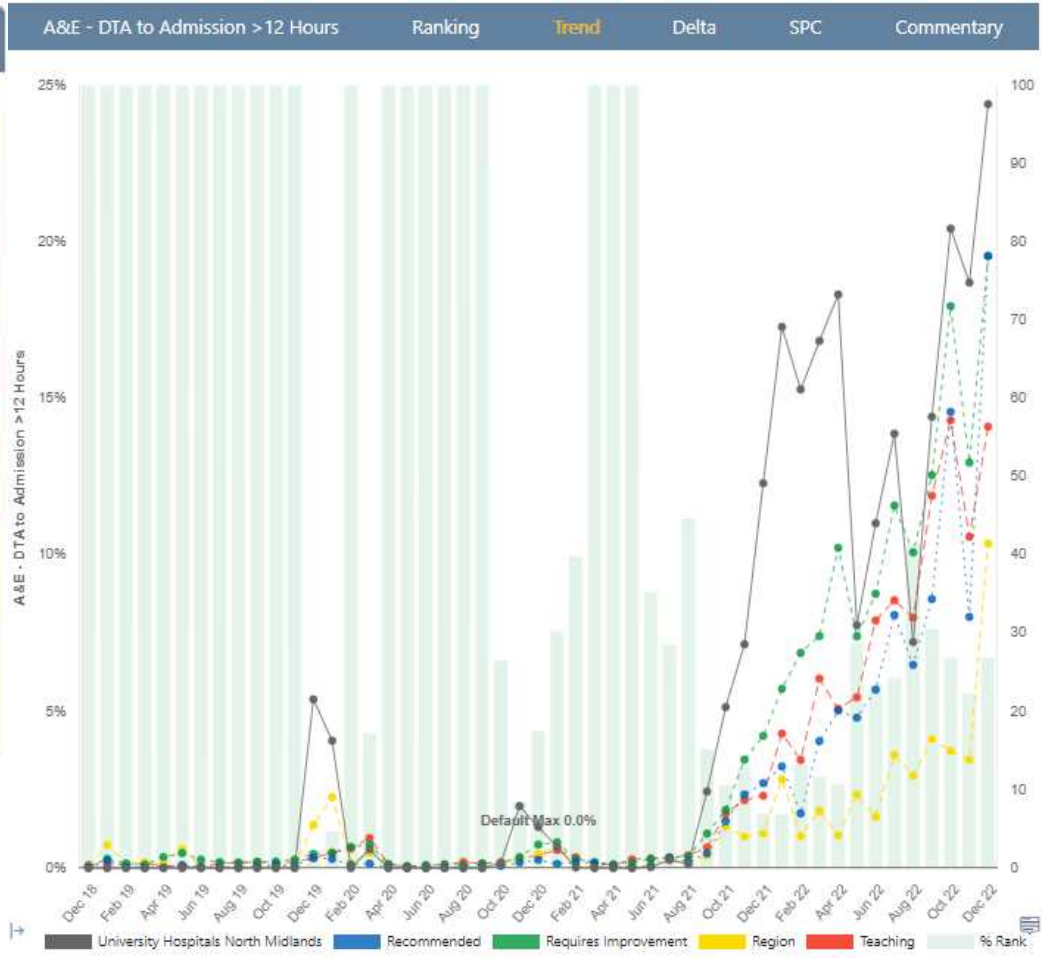
- Time to treatment pre pandemic was in line with peers
- In recent months UHNM have been more in line with peers than summer months.

Urgent Care – DTA waits over 12 hours

NHS
University Hospitals of North Midlands
NHS Trust

Key Performance Indicator

Key Performance Indicator	Period	Target		SPC	
A&E - 4 Hour Standard	Dec 22	95.00%	55.6%		27
A&E - 4 Hour Standard (Type 1)	Dec 22	95.0%	36.4%		7
A&E - 4 Hour Standard (Type 2...	Dec 22	95.0%	83.3%		19
A&E - Conversion Rate	Dec 22	25.0%	22.0%		30
A&E - DTA to Admission >12 H...	Dec 22	0.0%	24.4%		27
A&E - DTA to Admission >12 H...	Dec 22	0.0	1,289.0		3
A&E - DTA to Admission >4 Ho...	Dec 22	10.00%	39.6%		63
A&E - Left Without Being Seen	Nov 22	5.00%	7.1%		29
A&E - Reattendance Rate	Nov 22	5.0%	9.3%		21
A&E - Time to Initial Assessment	Nov 22	15.0	9.0		58
A&E - Time to Treatment	Nov 22	60.0	95.0		40
A&E - Total Time in A&E	Nov 22	160.0	196.0		62
A&E - Total Time in A&E (Admi...	Nov 22	180.0	402.0		56
A&E - Total Time in A&E (Non-...	Nov 22	140.0	175.0		63



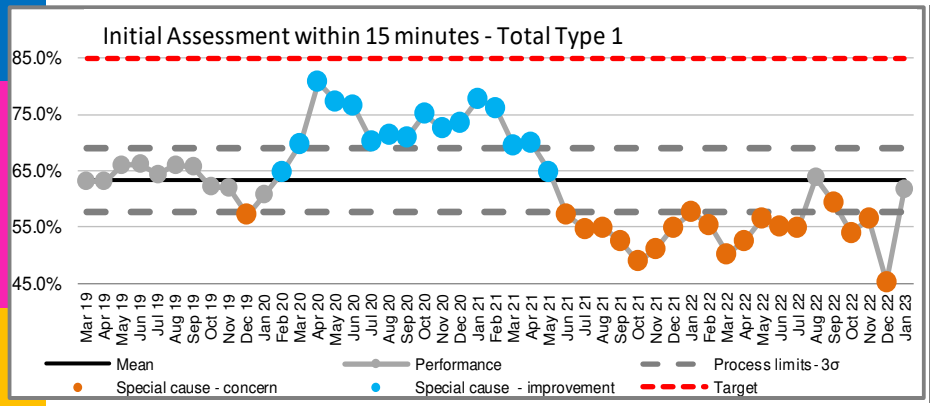
- The percentage of patients waiting over 12 hours from the point of DTA has been much higher than peers since September 21.
- During the middle of 2022 this improved, however since September 22 UHNM remain above all peers.

Section 1: Urgent Care

Workstream 1; Acute Front Door

Time To Triage, Ambulance Handover, & Non admitted average time

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

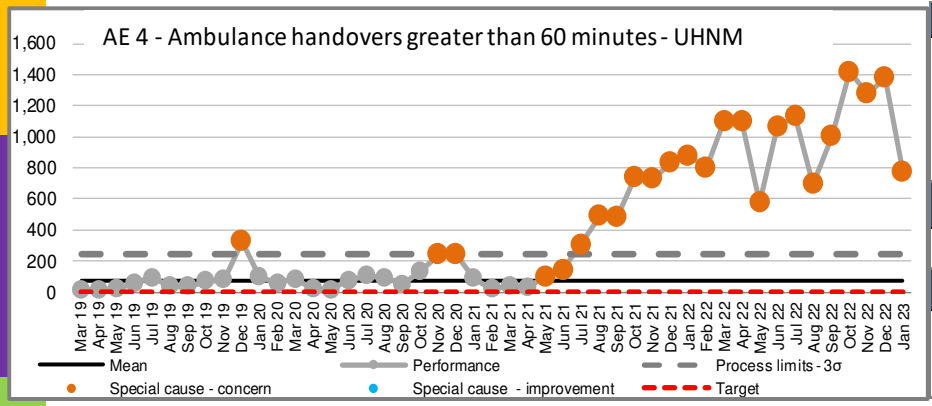
Target	Nov 22	Dec 22	Jan 23
85%	56.4%	45.2%	61.6%

Background

The Percentage of patients attending Type 1 A&E, triaged within 15 minutes of arrival

What is the Data telling us?

Performance has recovered in January back to the mean of the last two years.



Variation	Assurance
H	?

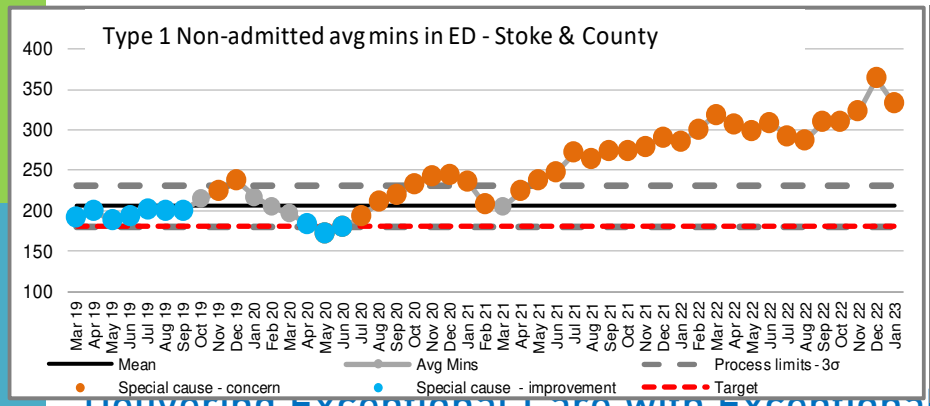
Target	Nov 22	Dec 22	Jan 23
0	1279	1379	774

Background

The number of ambulance handovers greater than 60 mins

What is the Data telling us?

Handover delays over 1 hour have improved in January, seeing the lowest since August 2022. still significantly above pre pandemic levels.



Variation	Assurance
H	?

Target	Nov 22	Dec 22	Jan 23
180	323	364	332

Background

The mean time spent in A&E department for patients not admitted to an inpatient bed

What is the Data telling us?

Mean time in department has also seen an improvement in January, but still higher than any month prior to December 2002.

Time To Triage, Ambulance Handover, & Treatment

University Hospitals of North Midlands NHS Trust

Summary

- Time to Initial Assessment improved to 61.6% in January from 45.2% in December. County Hospital triage performance was at the highest it has been in over 13 months at 52% for January.
- Ambulance Handovers remain a challenge but those over 60 minutes reduced to 774 in January from a high of nearly 1400 in December. YNP continued as well as corridor care in ED which have both supported the reduce ambulance holds.
- The Non-Admitted Average Time In ED reduced from 365 minutes in December to 332 minutes in January. While this represents an improvement further work is required as this is well above target levels.

Actions

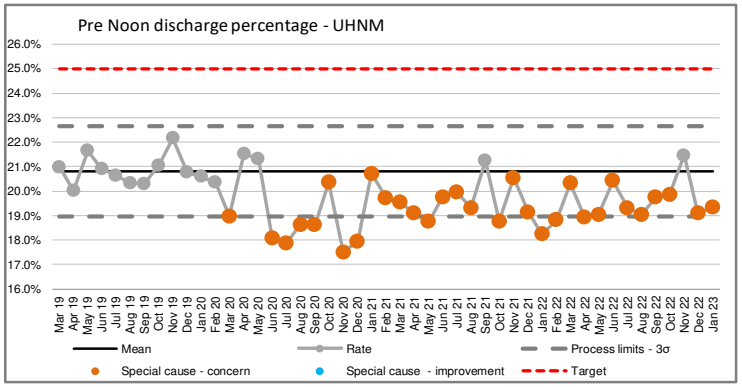
- Workstream 1 meetings were diarised again in January but were stood down when coinciding with Industrial Action dates. However, informal meetings have taken place to update the Workstream 1 A3 and support identification of the next tranche of counter measures.
- Work has begun under the leadership of the ED Clinical Lead on the non-admitted Four Hour Standard with a particular focus on overnight performance.
- The Emergency Department corridor has remained in place as required. Data continues to support that this is used to provide flexible surge capacity which is then quickly deescalated. This monitoring will be incorporated in BAU process going forward.
- Conversations are on going with Totally (Vocare) to relocate the GPOOH service alongside EhPC from the CDC building. The date for this move has now been set for 22/03/23.

Section 1: Urgent Care

Workstream 2; Acute Patient Flow

Pre-Noon, Simple & Timely, & Occupancy

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

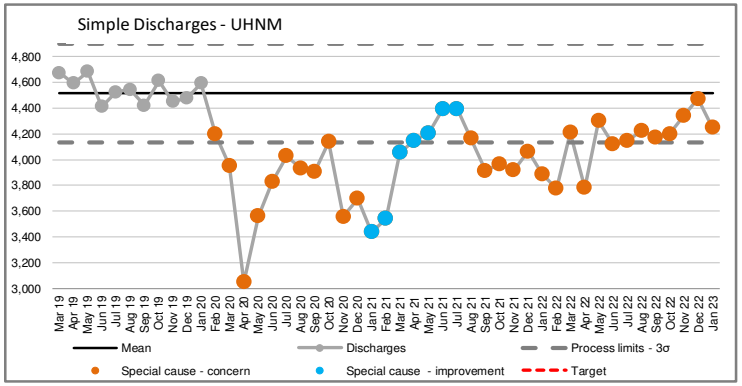
Target	Nov 22	Dec 22	Jan 23
25%	21.5%	19.1%	19.4%

Background

The percentage of discharges complete before 12 noon.

What is the data telling us?

Pre noon discharges continue to be within the lower control limits, with little improvement seen in January, when compared to December.



Variation	Assurance
L	

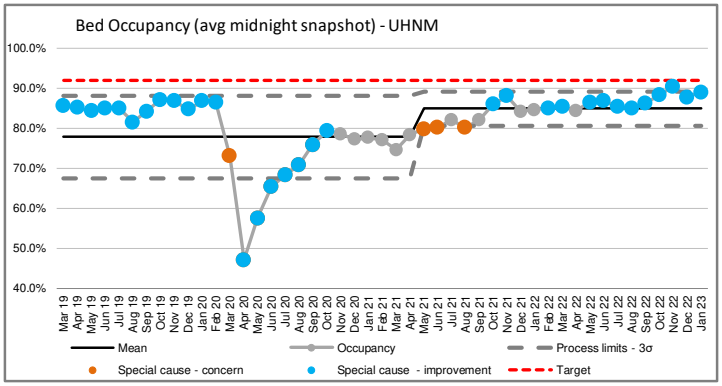
Target	Nov 22	Dec 22	Jan 23
N/A	4344	4475	4250

Background

Patients discharged without complex needs

What is the data telling us?

Following the improving trend during October-December, January saw a drop in volume.



Variation	Assurance
H	F

Target	Nov 22	Dec 22	Jan 23
92%	90.4%	87.7%	89.0%

Background

The percentage of general and acute beds occupied overnight at UHNM

What is the data telling us?

COVID had a significant impact on bed occupancy. Occupancy levels are back to 19/20 rates.

Pre-Noon, Simple & Timely, & Occupancy

NHS
University Hospitals of North Midlands
NHS Trust

Summary

- Pre-Noon Discharges improved slightly from 19.1% in December to 19.4% in January, but still remained well below both baseline and target.
- The number of Simple & Timely discharges deteriorated from 4475 in December to 4250 in January and likely follows a return to operating outside of Business Continuity and Critical Incidents. While this performance is above target works is required to ensure consistency across a weekly and even daily basis to ensure appropriate flow through the Trust.
- There was a slight deterioration in the Bed Occupancy of RSUH from 87.7% in December to 89.0% in January.

Actions

- Following the release of the UEC Recovery Plan the final release of the Workstream 2 A3 was slightly postponed in order to make sure that KPI were reflective of areas of national focus and scrutiny.
- The Regional Productivity Team who are supporting a benchmarking exercise now focussed on frailty pathways have confirmed their continued support. We are now awaiting the follow up report and next meeting to confirm the details of a data driven action plan.
- The 7 ICS UEC Priorities have now been agreed and signed off. This list features UHNM non-elective improvements, as well as the frailty work previously described, but also encompasses S&T discharge optimisation. Data suggests that too many patients follow complex instead of simple pathways and flow would improve if this outlying KPI could be brought back within expected limits. Now that this has been confirmed a robust plan and subsequent actions are required.

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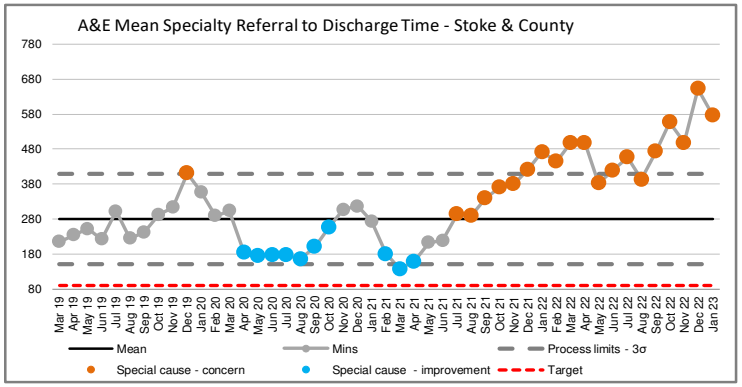
NHS Trust

Section 1: Urgent Care

Workstream 3; Delivering UEC Standards

CRPT+1, SDEC Utilisation, & Mean Time In ED

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

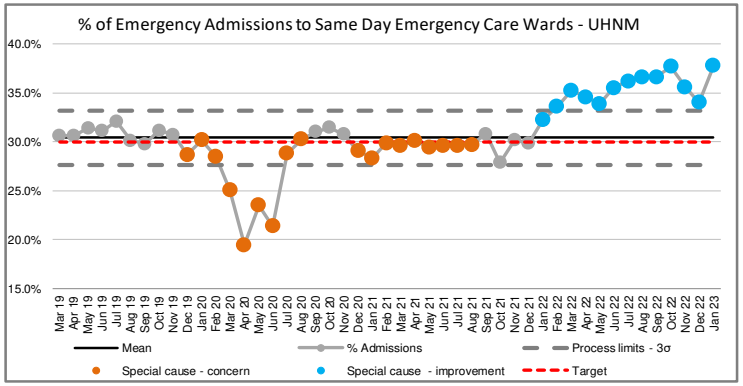
Target	Nov 22	Dec 22	Jan 23
90	498	653	577

Background

The average time from the ED referral to a specialty to discharge from the ED

What is the data telling us?

The average time from referral to discharge continues to see an upward trend, despite an improvement in January.



Variation	Assurance
H	?

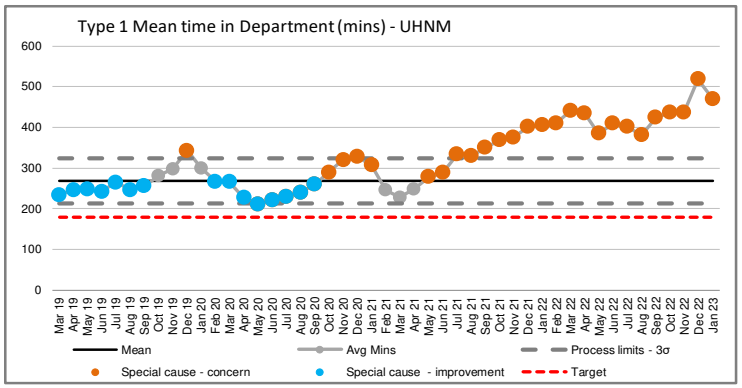
Target	Nov 22	Dec 22	Jan 23
30%	35.6%	34.0%	37.8%

Background

% of emergency admissions that are admitted to the Trust's SDEC wards, and discharged within 24 hours

What is the data telling us?

The Trust has been consistently above the upper control limits for the last 12 months.



Variation	Assurance
H	F

Target	Nov 22	Dec 22	Jan 23
180	437	518	470

Background

The mean time (in minutes) spent in the A&E department

What is the data telling us?

Total time in department continues to see an upward trend, despite an improvement in January.

CRTP+1, SDEC Utilisation, & Mean Time In ED

NHS
University Hospitals of North Midlands
NHS Trust

Summary

- The average time from Specialty Referral to Discharge improved from 653 minutes in December to 577 minutes in January. Throughout Industrial Actions escalation to specialty teams to attend the Emergency Department has been anecdotally more timely and this has undoubtedly contributed to this reduction.
- SDEC Utilisation increased from 34.0% to 37.8% back up to the higher levels seen over the previous summer and autumn periods.
- The Mean Time in ED for all patients also decreased from 519 minutes in December to 470 minutes in January. This was on the back of reduced IP issues across the bed base and an reduction in MFFD numbers meaning improved flow throughout the Trust.

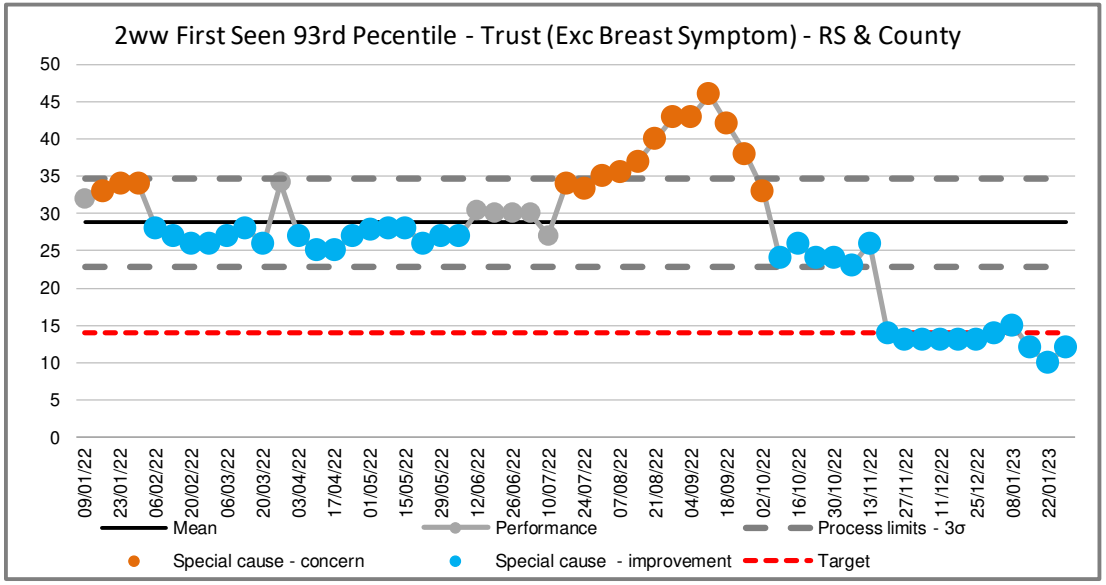
Actions

- There still remains the need for continued intensive education and engagement with the ED Consultant body in order to ensure the portal push model of patients and timely escalations is adhered to as there remain exceptions to the now well established Referral & Admission SOP.
- The Front Door Reconfiguration was completed on the 23/01/23. SDU has moved to its new footprint in W126 but requires 12 weeks of works to provide the full footprint of the portal. Engagement with medical leadership as to how the potential of this space can be maximised has commenced and updates will be tracked through Workstream 3.
- WMAS direct access to Trust wide portals and SDEC areas is under review as part of Workstream 3 to ensure appropriate and highly utilised access.

Section 2: ELECTIVE CARE

Cancer – Headline metrics

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

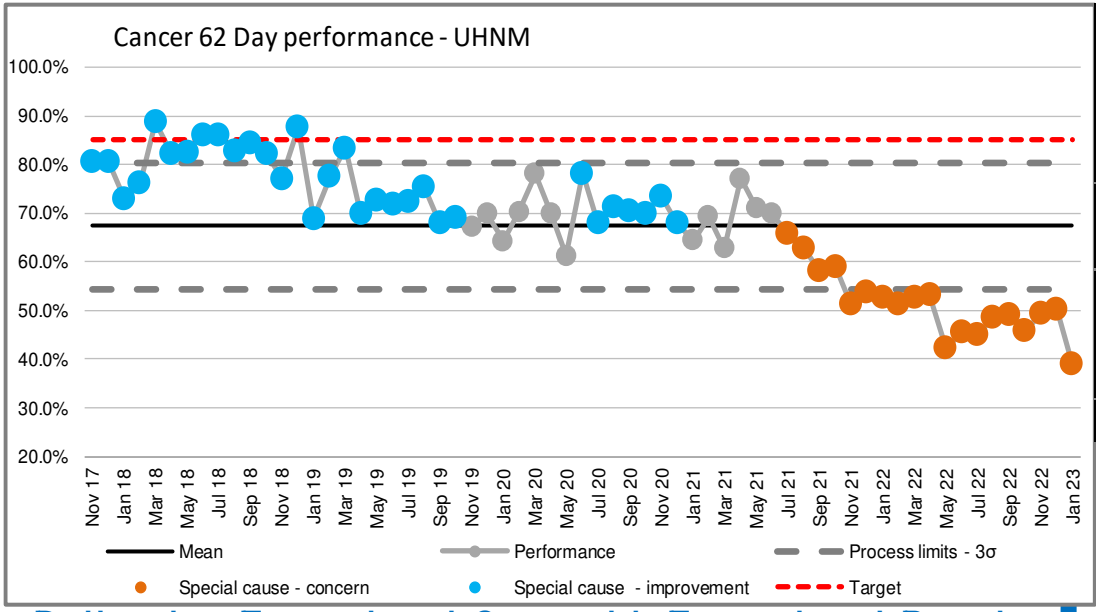
Target	15/01/2023	22/01/2023	29/01/2023
14	12	10	12

Background

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

What is the data telling us?

Trust wide – all suspected cancer 2WW referrals. Excluding Breast symptomatic referrals where cancer is not suspected.
93 % of patients first seen for the last week in December had a 14 day clock stop within day 12 of the pathway.
.



Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
85%	49.4%	50.2%	39.0%

Background

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

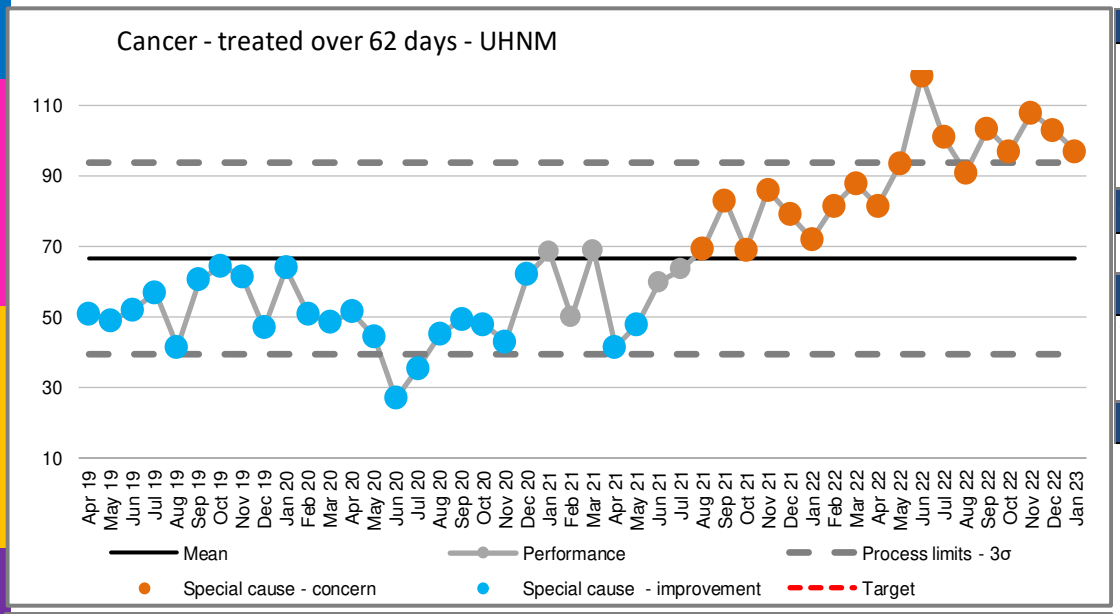
What is the data telling us?

Performance significantly challenged and below standard for the past 12 months with a steep decline in May and predicted at for 39% for January – position still to be validated

Delivering Exceptional Care with Exceptional People

Cancer - Headline metrics

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	

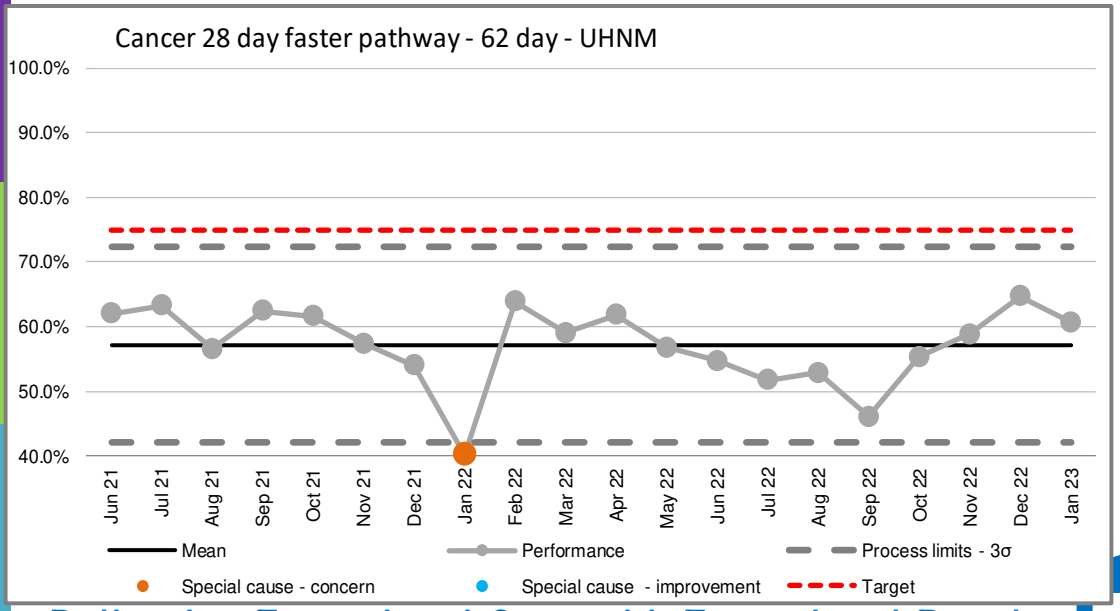
Target	Nov 22	Dec 22	Jan 23
N/A	108.0	103.0	97.0

Background

The number of patients treated over 62 days

What is the data telling us?

Demonstrates total volume of patients who have been treated beyond day 62 is a cause for concern and has been rising over the past 12 months. As the trust clears and treats the backlog of patients waiting, this metric is expected to further decline before improving.



Variation	Assurance
	F

Target	Nov 22	Dec 22	Jan 23
75%	58.8%	64.7%	60.7%

Background

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

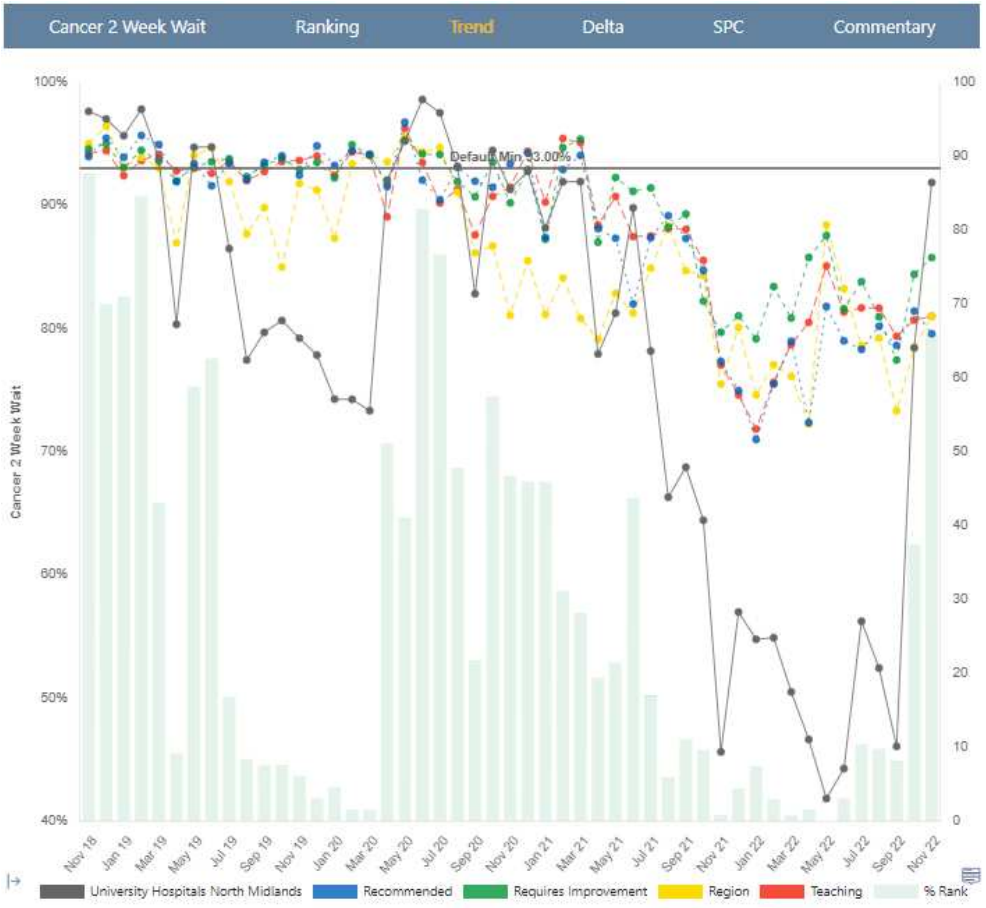
What is the data telling us?

The FDS performance remains stable with pockets of good practice. E.g. Breast, Lung and Upper GI all achieve the standard in December 22. The January position is yet to be finalised and is currently at 60% however is still going through validation as pathology results are available.

Cancer – benchmarked

Key Performance Indicator

Key Performance Indicator	Period	Target		SPC	
Cancer 2 Week Wait	Nov 22	93.00%	91.8%	C	66
Cancer 2 Week Wait Breast Sym...	Nov 22	93.0%	93.7%	C	63
Cancer 31 Day First Treatment	Nov 22	96.00%	82.4%	L	9
Cancer 31 Day Subsequent Trea...	Nov 22	96.0%	87.8%	L	22
Cancer 62 Day All Sources	Nov 22	85.00%	60.4%	L	28
Cancer 62 Day Consultant Upgr...	Nov 22	85.0%	76.9%	L	45
Cancer 62 Day Screening	Nov 22	90.0%	84.2%	C	75
Cancer Sub Treat Drugs	Nov 22	96.0%	97.8%	C	16
Cancer Sub Treat Radiotherapy	Nov 22	96.0%	90.3%	C	34



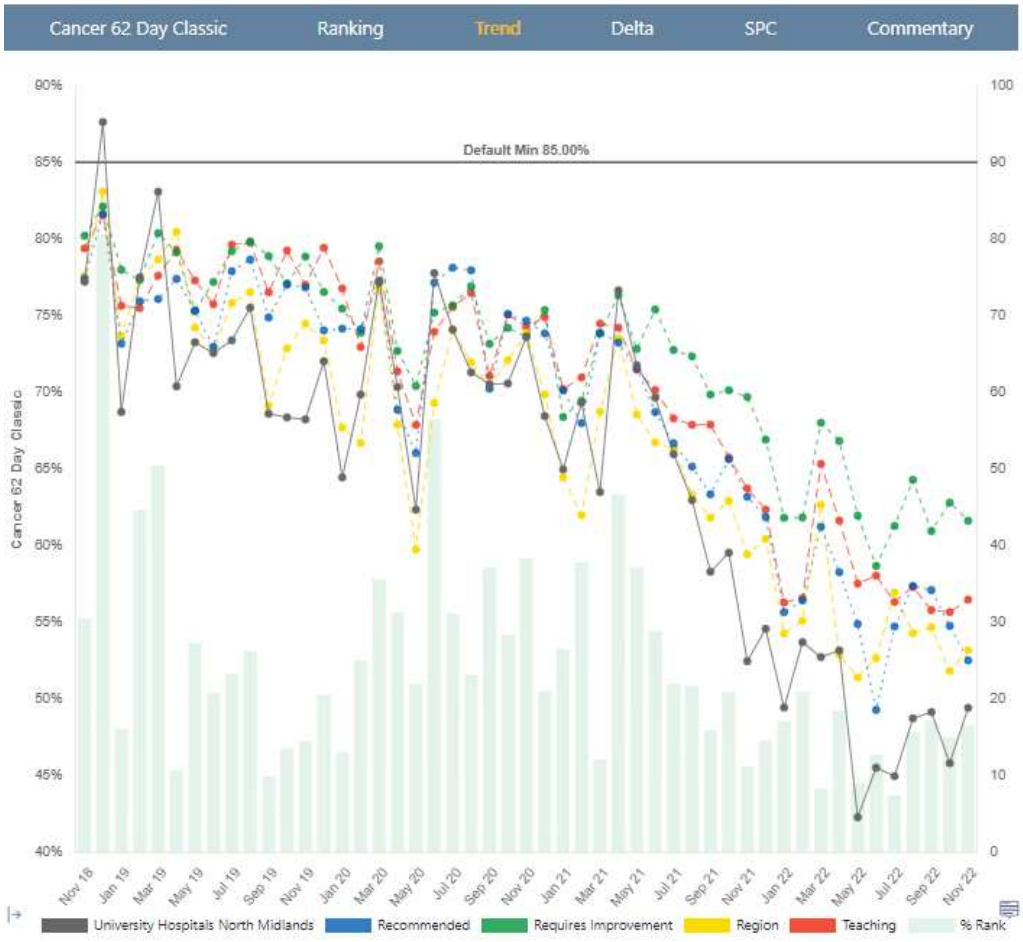
- UHNM saw 14 day performance deteriorate around July 2021, however October and November 2022 saw performance return to in line and above peer

Cancer - Benchmarked

NHS
University Hospitals of North Midlands
NHS Trust

Key Performance Indicator

Key Performance Indicator	Period	Target	SPC	
Breast Cancer	Nov 22	85.00%	75.8%	54
Cancer 62 Day Classic	Nov 22	85.00%	49.4%	17
Lower Gastrointestinal Cancer	Nov 22	85.00%	25.7%	24
Lung Cancer	Nov 22	85.00%	46.2%	38
Other Cancer	Nov 22	85.00%	31.8%	12
Skin Cancer	Nov 22	85.00%	38.9%	9
Urological Cancer	Nov 22	85.00%	65.0%	55



- Deterioration has been seen across all peer groups since August 2021 with UHNM seeing this more dramatically.
- Improvements have been made since May 22, however UHNM remain in the lowest quartile for the 62 day performance.

Cancer

Key Performance Indicator

Key Performance Indicator	Period	Target		SPC	
Cancer - 28 Day Faster Diagnosis	Nov 22	75.0%	58.6%		10
FDS Acute Leukaemia	Nov 22	75.0%	-		-
FDS Brain Tumours	Nov 22	75.0%	-		-
FDS Breast Cancer	Nov 22	75.0%	94.8%		61
FDS Breast Symptoms	Nov 22	75.0%	98.9%		85
FDS Children's Cancer	Nov 22	75.0%	60.9%		7
FDS Gynaecological Cancer	Nov 22	75.0%	53.4%		29
FDS Haematological Malignanci...	Nov 22	75.0%	56.3%		56
FDS Head & Neck Cancer	Nov 22	75.0%	71.8%		37
FDS Lower Gastrointestinal Can...	Nov 22	75.0%	34.4%		17
FDS Lung Cancer	Nov 22	75.0%	61.9%		17
FDS Missing or Invalid	Nov 22	75.0%	-		-
FDS Other Cancer	Nov 22	75.0%	-		-
FDS Sarcoma	Nov 22	75.0%	25.0%		20
FDS Skin Cancer	Nov 22	75.0%	54.5%		11
FDS Testicular Cancer	Nov 22	75.0%	100%		100
FDS Upper Gastrointestinal Can...	Nov 22	75.0%	91.3%		98
FDS Urological Malignancies	Nov 22	75.0%	50.6%		39

- The 28 Day Faster Diagnosis position for all peers has seen a drop over the last 12 months.
- UHNM affected more than peers and remains in the lowest quartile nationally
- November is the second month of improvement following a similar trend as the 14 day standard.

Cancer Trajectories

University Hospitals of North Midlands NHS Trust

Provider Level					April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	E.B.32	Count	The number of cancer 62-day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 63 days or more after an urgent suspected cancer referral excluding non-site specific symptoms	462	440	420	400	380	360	340	320	300	280	250	191
				UHNM snap-shot PTL position	579	632	639	815	1041	894	887	730	558	477		

National planning guidance 22/ 23 set out the ambition to return the number of patients waiting over 62 days on the live PTL to the levels seen pre-pandemic. The PTL Backlog trajectory for UHNM is set out above; the actuals shown above are a snap shot in time of the PTL position. This is for the week ending last full week of the month per PAF report.

For the month of January 2022, the backlog position was 477 - this includes patients with a decision to treat and a future treatment date scheduled. The majority of the backlog is attributable to Skin and Colorectal. High proportion of patients waiting over 62 days in both tumour sites have future scheduled treatment dates. A further improvement continues into the early weeks of February.

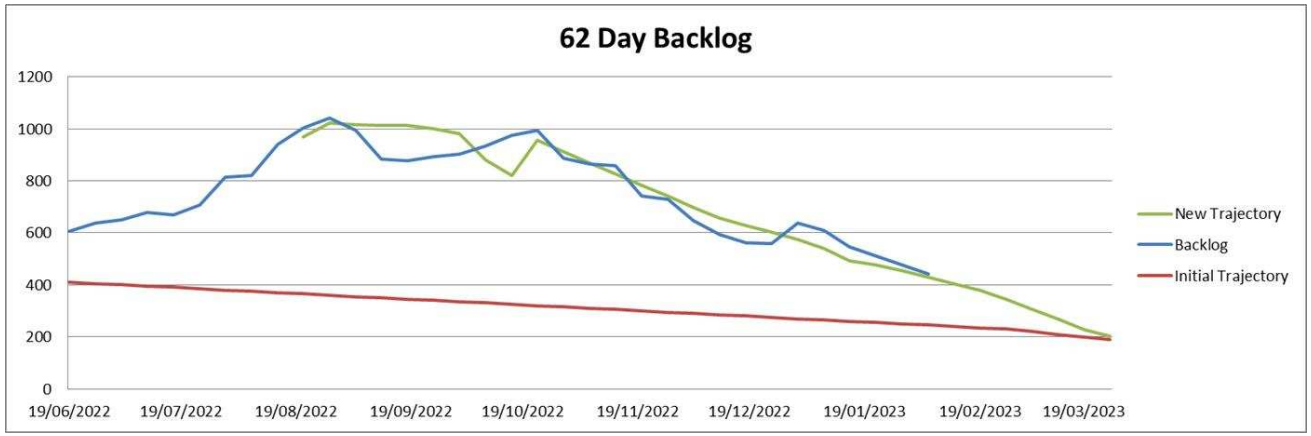
There are multiple contributing factors include delays to diagnostic reporting in pathology and imaging, urology robotic surgery capacity, oncology capacity, complex pathways, increasing element of patient choice and outstanding clinical reviews.

All Divisions are focusing on the backlog and discharge patients where appropriate. Pathway plans are detailed overleaf – there is a concentration on the first appointments and diagnostics and treatments including Surgical and Oncology. All diagnostic modalities have submitted plans for a reduction in waiting times which includes additional staffing, insourcing and outsourcing and building additional capacity through CDC's.
Intensive exec level support is being provided to Skin and Colorectal pathways, which are the main drivers for the backlog position.

Cancer

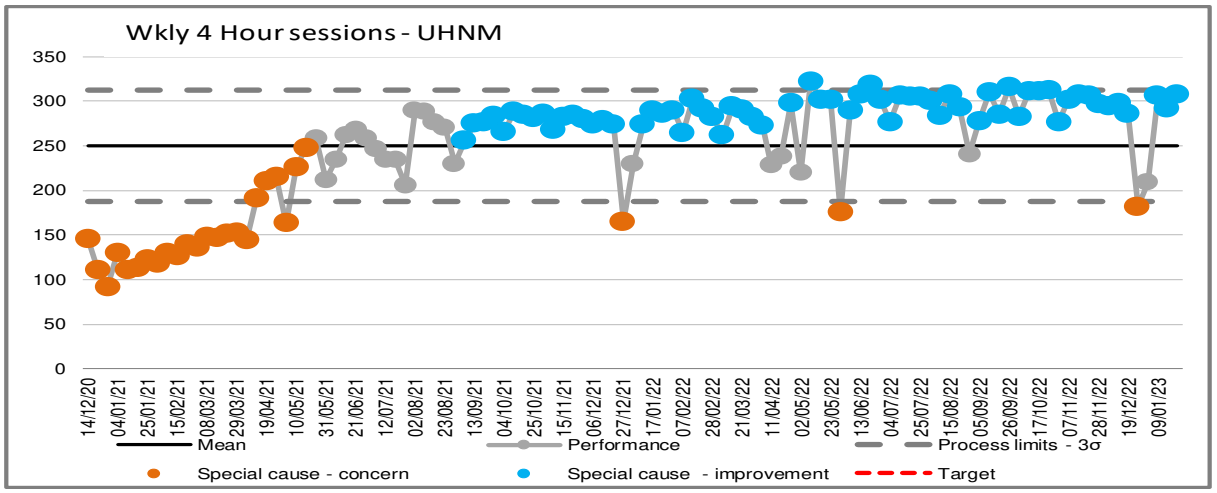
Actions

- The backlog has reduced – UHNM provide assurance to the regional NHSEI team, with detailed plans, on a weekly basis.

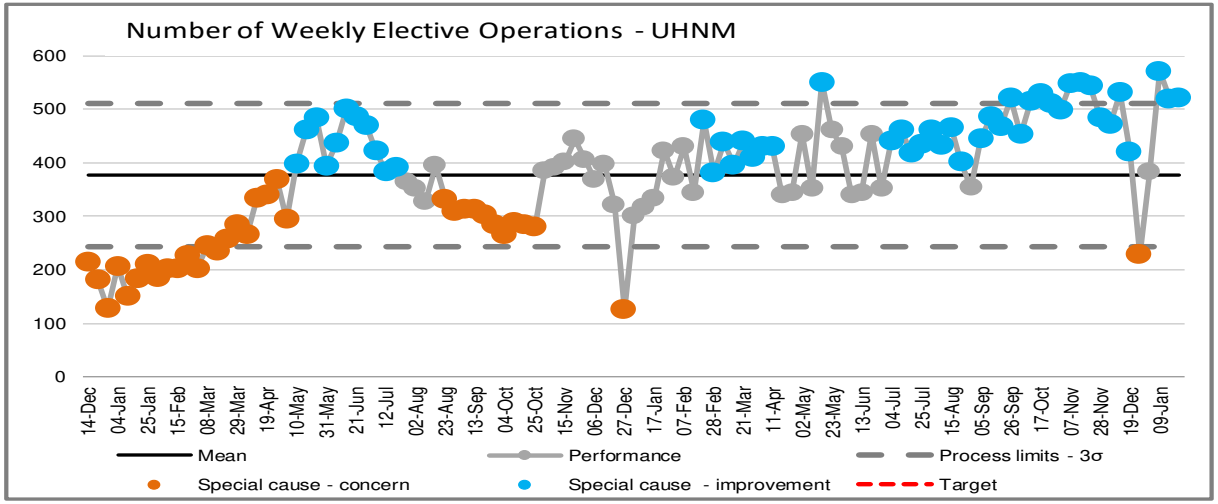


- The incremental decrease of the Skin and Colorectal backlogs have been modelled up to 05/03/23, where the new trajectory meets the initial trajectory submitted in 22/23 operational plans. Both specialties have enacted recovery plans and reducing the number of patients waiting beyond 62 days on the pathway.
- UHNM is still recording a high number of first treatments.
- The 62 day backlog has reduced by 599 patients since August - from 1041 to a current position for WE 12.02.23 of 405.
- The overall PTL is down to levels seen 6 months ago.
- In August the PTL was over 6000 – this has now **reduced by around 2500** patients to around 3500.
- Improvements have mainly been in the overall Skin PTL – which was at 2259 in Aug and has **reduced by 1574 patients to 685** currently.
- As the backlog is cleared there has been a dip in FDS performance in September = 46% however this has improved in October to 55% and in November to 58%. The December position has been finalised at 64.7%.
- Recovery schemes continue to be successful – with the LGI hub optimising referrals, and the community Teldermatology service contributing to a huge reduction in wait times for patients on a skin cancer pathway. The system is working towards next steps for the optimal Lower GI pathway – by expediting alternative pathways for FIT negative patients.
- The day by which 93% of patient receive a 2WW 14 day Clock Stop on the LGI pathway has reduced by over 45 days since September – to a current position of within 12 days.

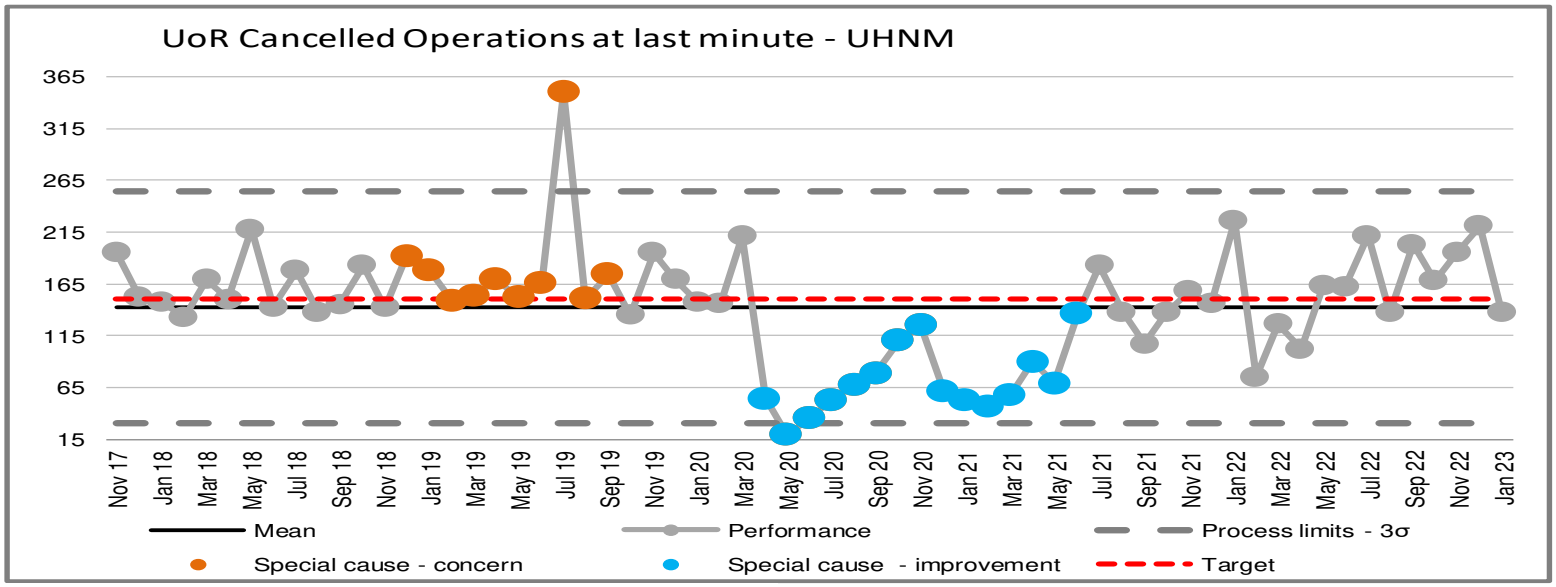
Planned care – *Inpatient Activity*



The number of 4 hour sessions taking place had remained fairly consistent, This dipped w/c 19/12/22 due to critical incident, however this is now back up to a consistent level.
The number of elective operations is now back to a consistent level and is being held at delivery over 500 a week.



Planned care – *Inpatient Activity*



Row Labels	Count of COMMENTS
Consultant - Cancelled for an Emergency	25
Consultant - Cancelled for more Urgent Case	31
Hospital Cancelled Admin Error	25
Hospital COVID-19	2
No Anaesthetist Available	7
No Consultant Available	30
No Equipment Available - Equipment Faulty/Failed	4
No Equipment Available - Equipment Not Booked	5
No ITU/HDU Beds Available	9
No Nursing Staff Available	19
No Suitable Beds Available	31
No Theatre Staff Available	3
No Theatre Time Available	16
No Theatre Time Available - List Overbooked	1
No Theatre Time Available - List Overrun	14
Grand Total	**222**

The numbers of patients cancelled remains higher than targets, largely due to consultant availability on the day, a more urgent case or bed suitability. Hospital cancelations due to admin error are usually where the patient has not attended and the TCI has been and administratively created error.

Planned care - *Inpatients*

University Hospitals of North Midlands NHS Trust

Elective inpatients Summary

- Day Case and Elective Activity delivered 99% and 101% respectively for January 22 against the national ask of 110%/108%. Day case as a % of all elective work is currently 88.3%.
- There is a real focus on 104w cases, many of whom were complex and required whole/half lists. As this number is being driven down the focus is moving to our 78week+ patients.
- At the end of January the numbers of > 104 weeks was 63. The Trust has continues to achieve the national standard of all eliminating all 104 week waits purely due to capacity. This has increased by 11 due to a National directive around the recording or corneal transplant patients.
- Insourcing arrangements at weekends continue and have been bolstered to provide more weekend capacity in T&O through County Hospital. This is planned to continue through to the end of the financial year.
- The IS have agreed to take all T&O patients at risk of breaching 78 weeks by end of March who are clinically suitable.
- During week commencing the 27th February there is a focused theatre piece of work on theatre start times and forward loading of lists to continue the focus on theatre.

Actions

- The Trust is currently at 81.7% of all pathways over 52 weeks having ben validated within the last 12weeks.
- Trust wide revamp of validation & training underway, focusing on tracking long waiters, exposing and addressing bottlenecks in pathways. Phase 1 to deep dive training needs analysis complete. Phase 2 underway – RTT Bitesize training now available to divisions., focused on key areas requiring improvement.
- Active reporting focus on ensuring the right patients (urgent and longest waiters) are the patients booked into all available capacity so that the limited resource available continues to be used for the right patients by clinical need
- Patient by patient monitoring by each specialty and by the corporate team on the small number of patients at risk of the breaching 104 weeks by end of month, combined with forecasting for January and onwards. This monitoring has now been extended to 78 weeks also.
- Key enablers to the continued focus on long waiting patients are ring fencing of beds for Orthopaedics as RSUH, modular theatre at County and improvement in theatre utilisation and booking.
- Increased focus on non-admitted patients and increasing outpatient & diagnostic capacity, improving utilisation and business processes to move patients to a decision to admit. This will be supported by the IST RTT training programme which takes place in February and March.
- Roll-out of Palantir's Foundry platform underway, with working group to be up and running with plans for initial rollout end Jan subject to technical testing.

Planned care – *RTT Trajectories*

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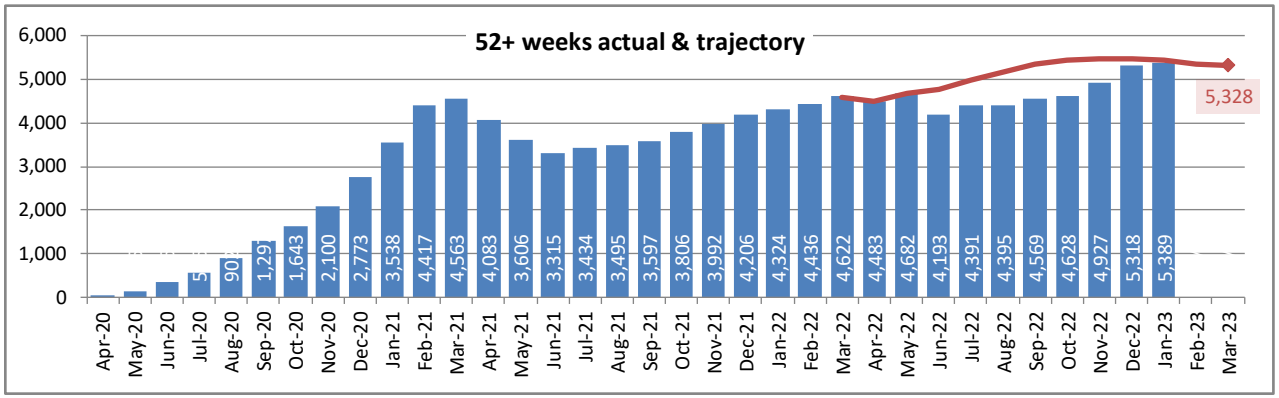
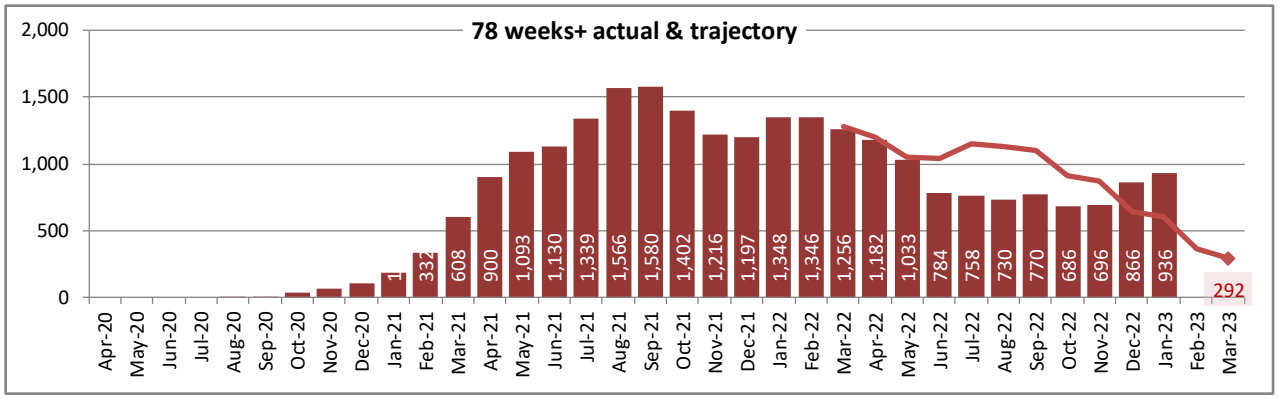
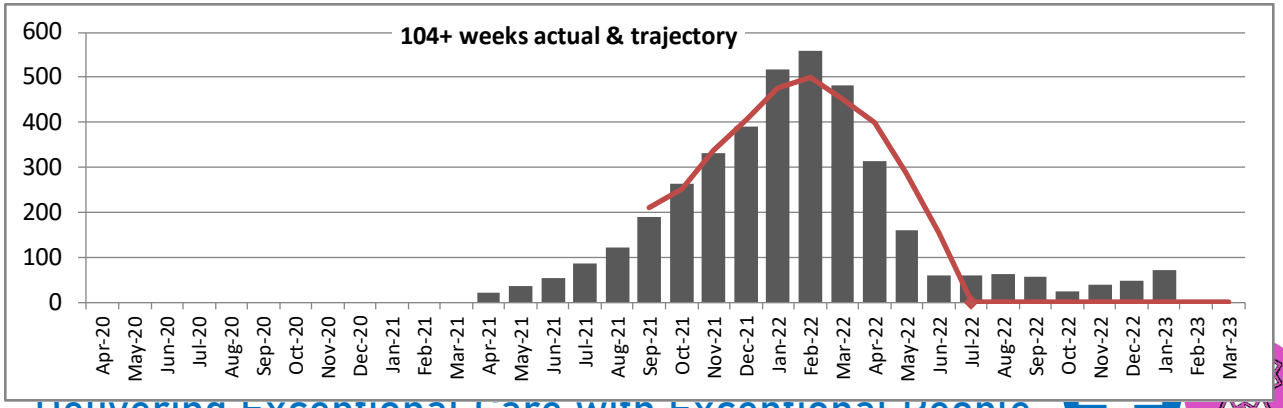


52 Week Waits have been gradually growing since June 21. December data is unvalidated.



78 Week Waits have been reducing for the last 9 months. December data is unvalidated.

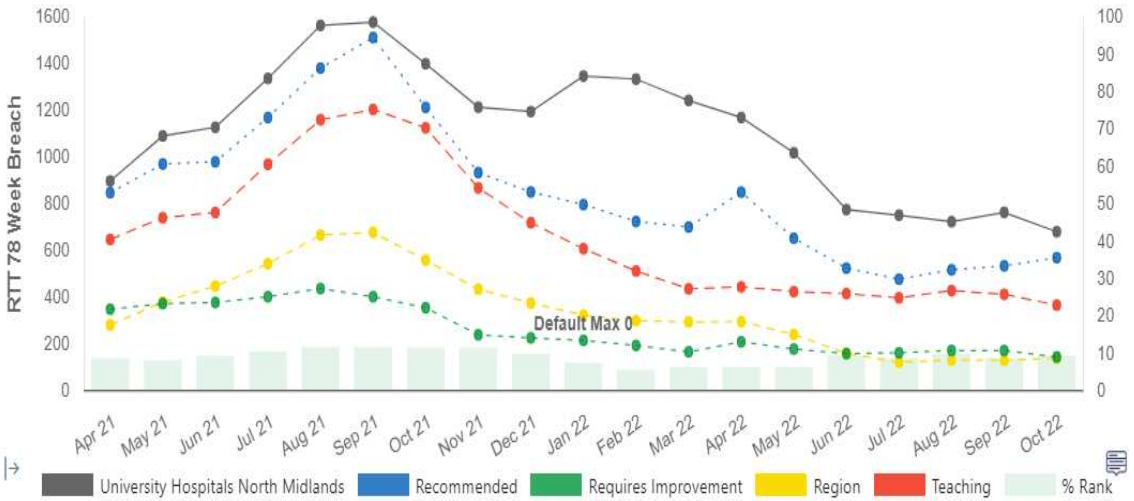


104 Week Waits have been continually decreasing since early March, however the last three months have seen a slight increase each month (December data is unvalidated). This is made up of patient choice, patients presenting unwell or complex pathways.

RTT - Benchmarked

Key Performance Indicator	Period	Target		SPC	
RTT 104 Week Breach	Oct 22	0	24	L	8
RTT 52 Week Breach	Oct 22	0	4,612	H	10
RTT 78 Week Breach	Oct 22	0	683	L	10
RTT 95th Percentile Admitted W...	Oct 22	18.0	82.2	H	9
RTT 95th Percentile Non-Admitt...	Oct 22	18.0	54.1	H	24
RTT Admitted Treatment Within...	Oct 22	90.0%	55.0%	L	35
RTT Average (Median) Admitte...	Oct 22	9.0	15.4	H	34
RTT Average (Median) Non-Ad...	Oct 22	5.0	8.2	H	60
RTT Average Wait for Incomplete	Oct 22	7.00	16.4	H	16
RTT Incomplete 92nd Percentile	Oct 22	-	48.1	H	25
RTT Incomplete Pathways With ...	Oct 22	25.0%	14.6%	H	46
RTT Non-Admitted Treatment ...	Oct 22	95.0%	71.7%	L	50
RTT Total Clock Starts	Oct 22	-	14,999	C	81
RTT Total Clock Stops	Oct 22	-	13,111	C	85
RTT Total Incompletes	Oct 22	-	77,721	H	11

RTT 78 Week Breach | Ranking | Trend | Delta | SPC | Commentary



- 78 Week waits are seeing a slight reduction compared to last month across all peer groups except “Recommended”, where this has increased.
- UHNM have seen the same slight reduction.
- UHNM remain in the lowest quartile

Planned care

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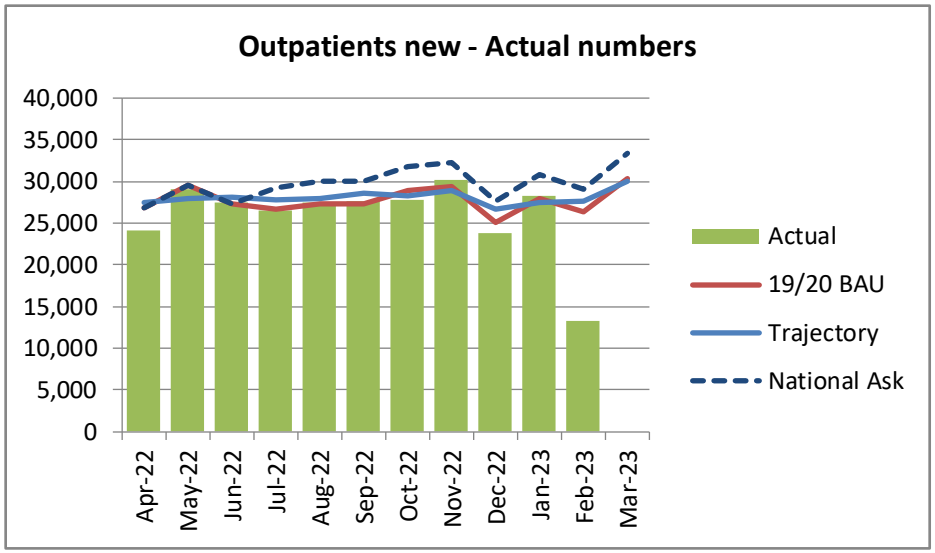
Summary

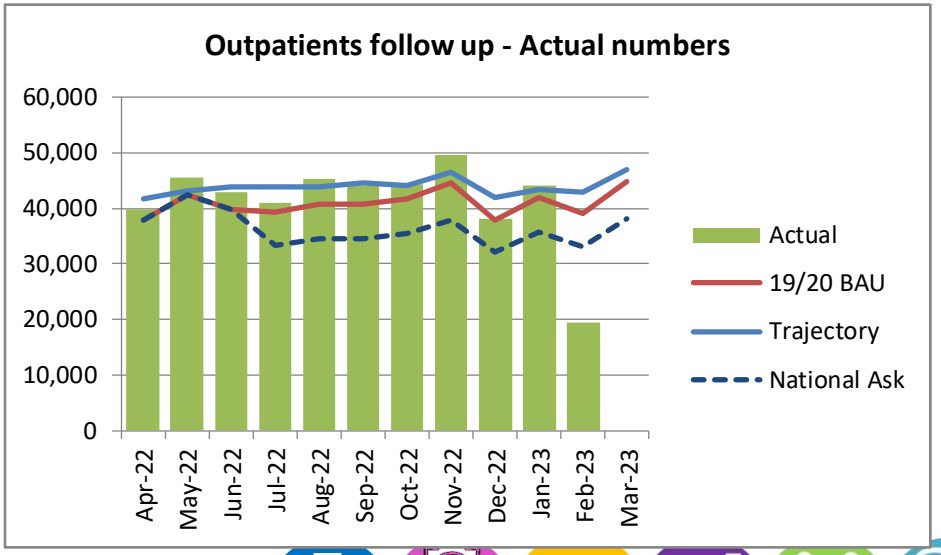
- 52+ week patients increased in January to 5,389
- 78+ patients have been gradually reducing, but had reached a plateau in November at 725. This has increased in December to 863, due to winter pressures in combination with industrial action and in January sits at 936. The trust is no longer on trajectory to eliminate 78 weeks waits by end of March 2023. Plans are in place to minimise the number of breaches, so that only patients who choose not to be treated before end of March or who have a highly complex case are still waiting at 78+ weeks.
- At the end of January the numbers of > 104 weeks was 63. The Trust has continues to achieve the national standard of all eliminating all 104 week waits purely due to capacity. This has increased by 11 due to a National directive around the recording or corneal transplant patients.
- The overall Referral To Treatment (RTT) Waiting list has started to show signs of stabilisation. April was 76,023, May 75,858, June 75,538 , July 77,242 and August 76,838, September 77,985, October 77,546, November 77,727. Whilst this did decrease over the festive period, the (un-validated) list now sits at 77,991 (as at end Jan)

RTT

- Validation has increased with extra resource. This will provide an accurate picture of the resource required in the medium term to reduce the list.
- Performance sits at 51.2% for January
- Work plans around long wait patient validation and treatment tracking are in progress to support the Data Quality Strategy & Audit requirements.

Planned care – *Outpatient activity & RTT*





Planned care – *Outpatients*

NHS University Hospitals of North Midlands NHS Trust

Actions

- **OP Cell Programme Structure** & TOR 22/23 reflecting Elective Recovery Planning Guidance. Linking with Business Planning re 23/24 plans.
- **Work stream 1 Outpatient Service Delivery & Performance**

  Utilisation; OP Cell Dashboard revised to support focus, booking & DNA Divisional / UHNM target & trajectories, utilisation Jan 83.4% vs 84.0% Corporate action: link with 'Action on DNAs' NHSE initiative (see 2 Way Messaging below), plus Divisions have identified specialty-specific actions.

  Unoutcomed; From 08/02 Data Quality leading on outcomes prior to previous month (reduction 50% vs Jan). Divisions to focus on timely processes.
- **Work stream 2 Outpatient Transformation**

  OP GIRFT: issued Nov/Dec, aimed at clinicians & operational teams in 15 specialties. UHNM baseline assessment complete based on current position statements vs customised maturity model. Next steps: meet with general surgery, gynaecology & cardiology, and confirm approach to the following cross-cutting themes; System Pathways, Latest Clinically Appropriate Date (LCAD) & Waiting List Validation.

  PIFU; on track for trajectory to meet 5% in March 2023. Jan 4.5% vs 4.0% plan. Benchmarking vs national median Dec 2022- UHNM: 20th of 142 providers (4.4% vs 1.7%). Clarifying requirements for new CDS from April 2023. Additional PIFU pathway opportunities from OP GIRFT guidance.

  Enhanced Advice & Guidance ICS Referral Optimisation Steering Group set up (now termed Demand Management Steering Group).

  Virtual Care >25%; SUS submission 'fix' implemented from Nov 2021 (with BI); longer term, alignment of clinic booking and media type outcomes. NHS Remote Monitoring Toolkit issued early December, baseline assessment submitted 19th December.

  Digital Enablers

  - **2 Way Messaging; Waiting List Validation (OP/IP) -** Netcall module solution proposed as interim ahead of PKB functionality & coverage: improvement on current Netcall SMS approach (see below), quick to implement, simple patient interface, customisable options, worklist for effective action & governance, plus reporting tool. 19K quote, business case being prepared.
  - **2 Way Messaging; DNA reduction / Short Notice Booking** - Extension of current Netcall reminder functionality to 2 way messaging; confirm / cancel appointments, and worklist to support short notice booking,. Awaiting quote.
  - **SMS via Netcall to Waiting List**., Partial Booking module used to contact follow ups in top 14 backlog specs. Gastro, Urology, Gynae & Skin have run campaigns. 7K patients contacted; response rate nearly 50%, 7% of contacted (>450) no longer need appointment. Next neuro, paeds.
  - **Robotic Process Automation (RPA); Outpatient Outcomes -** All OP outcomes captured by a clinician on iportal / paper forms need completing on Careflow. Circa 200K attendances annually with 'simple' outcomes eg discharge, could be completed via RPA. UHNM BI progressing
  - **RPA; PIFU Discharge Letters (at Review Date) -** Scoping with UHNM BI (where pre-agreed by specialties), to pilot with Neuro & Urology.
  - **Patient Portal**; IM&T invited to OP Cell for updates. Director of Digital Transformation attended OP Cell in October to share Digital Vision. Patient Portal live in January, invites from February 2023 by letter or SMS to register for PKB via the NHSApp. Able to view appts & test results initially.

Risks

- Deteriorated waiting list position vs pre-covid; volume of patients requiring DQ and clinical validation very challenging, on Divisional Risk Registers.
- Clinical Validation requirement; risk of achieving vs resources available.
- Lack of pace on schemes linked to System Partners, escalated at Planned Care Improvement Board.

Diagnostic Activity

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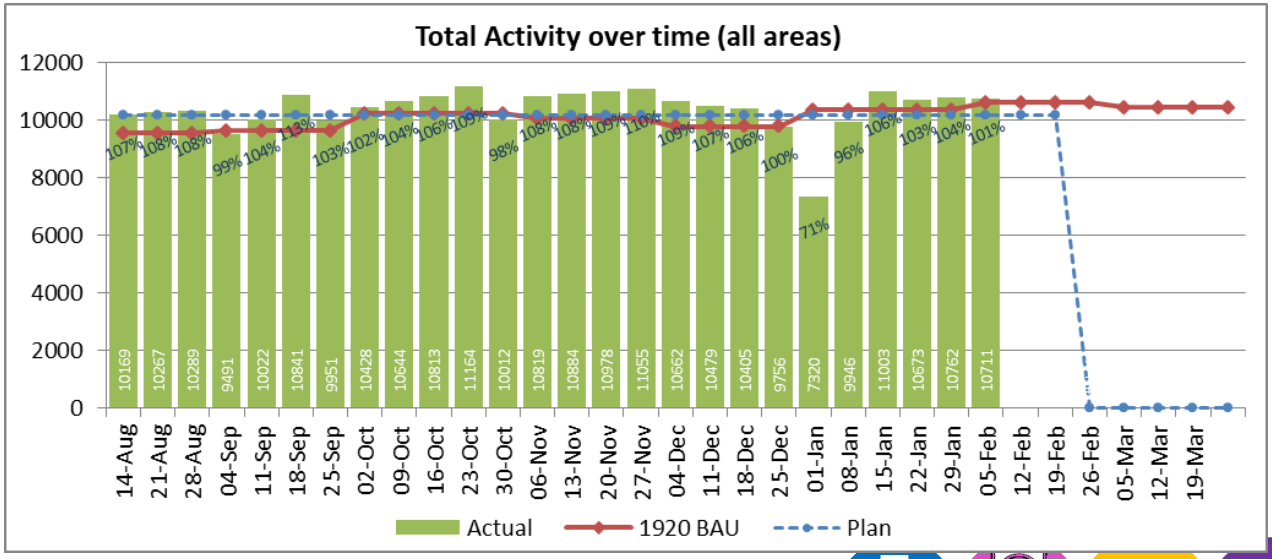
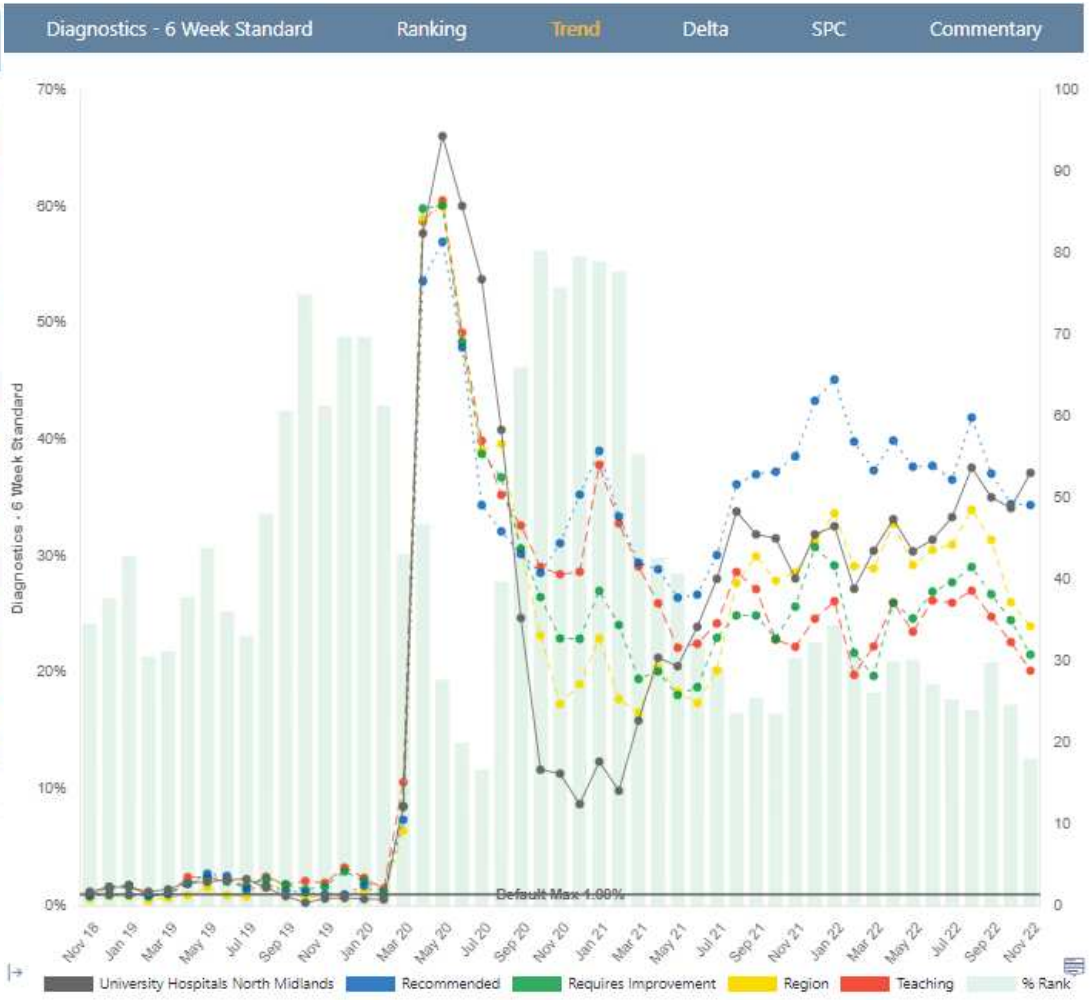
		Nov-22				Dec-22				PROVISIONAL DATA Jan-23			
Area	DM01 Test	Total WL	6+	%	Activity	Total WL	6+	%	Activity	Total WL	6+	%	Activity
Imaging	Magnetic Resonance Imaging	4,722	1,052	77.7%	3,726	4,267	959	77.5%	3,348	3,968	831	79.1%	3,770
	Computed Tomography	3,731	26	99.3%	8,641	3,633	86	97.6%	8,072	3,711	44	98.8%	8,532
	Non-obstetric ultrasound	10,841	6,205	42.8%	5,325	9,667	5,597	42.1%	5,087	8,357	4,187	49.9%	6,582
	Barium Enema								0	0	0		0
	DEXA Scan												
Physiological Measurement	Audiology - Audiology Assessments	264	0	100.0%	328	274	3	98.9%	284	297	4	98.7%	313
	Cardiology - echocardiography	2,374	730	69.3%	1,399	2,502	862	65.5%	1,047	2,491	1,087	56.4%	1,195
	Cardiology - electrophysiology	0	0		4	1	0	100.0%	1	0	0		2
	Neurophysiology - peripheral neurophys	311	0	100.0%	277	292	0	100.0%	233	243	0	100.0%	317
	Respiratory physiology - sleep studies	444	84	81.1%	334	456	48	89.5%	210	472	64	86.4%	274
	Urodynamics - pressures & flows	0	0		0	0	0		0	0	0		0
Endoscopy	Colonoscopy	911	493	45.9%	369	919	571	37.9%	256	911	620	31.9%	224
	Flexi sigmoidoscopy	559	274	51.0%	69	554	351	36.6%	50	542	341	37.1%	41
	Cystoscopy	143	17	88.1%	226	179	20	88.8%	171	125	14	88.8%	266
	Gastroscopy	828	450	45.7%	674	679	402	40.8%	607	689	328	52.4%	476
	Totals	25,128	9,331	63%	21,372	23,423	8,899	62%	19,366	21,806	7,520	66%	21,992



Diagnostics - benchmarked

Key Performance Indicator	Period	Target		SPC	
Audiology	Nov 22	1.00%	0.0%	L	100
Colonoscopy	Nov 22	1.00%	54.1%	H	19
Computed Tomography	Nov 22	1.00%	0.7%	L	63
Cystoscopy	Nov 22	1.00%	12.0%	C	62
DM01 Waiting <13 Weeks	Nov 22	100.00%	89.9%	L	36
Diagnostics - 6 Week Standard	Nov 22	1.00%	37.2%	H	18
Diagnostics - 6 Week Standard ...	Nov 22	99.00%	62.8%	L	18
Echocardiography	Nov 22	1.00%	30.7%	H	41
Electrophysiology	Nov 22	1.00%	-	C	-
Flexi Sigmoidoscopy	Nov 22	1.00%	49.0%	H	19
Gastroscopy	Nov 22	1.00%	54.4%	H	10
Magnetic Resonance Imaging	Nov 22	1.00%	22.3%	H	26
Neurophysiology	Nov 22	1.00%	0.0%	L	100
Non-obstetric Ultrasound	Nov 22	1.00%	57.2%	H	4
Sleep Studies	Nov 22	1.00%	18.9%	C	50
Urodynamics	Nov 22	1.00%	-	C	-



- Performance at UHNM is showing the same trend as all other peers and in line with the "Recommended" group.
- UHNM remains in the bottom quartile nationally.

Planned care - *Diagnostics*

NHS University Hospitals of North Midlands NHS Trust

Diagnostics Summary

- During January the Diagnostic activity improved on the December position and increased above 100% when compared with 19/20 BAU at 104%.
- DM01 performance was 66% overall, with key areas of underperformance in non-obstetric ultrasound and Endoscopy

Histology position – this is a slightly improved position from last month:

- Urgent (diagnostic cancer and other very urgent biopsy specimens): 95% reported at Day 32 (previously Day 19), with 80% reported by Day 11
- Accelerated (include all Cancer Resections): 95% reported at Day 46 (previously Day 35), with 80% reported by Day 37 (previously Day 27)
- Routine (all Specimens not in above categories): 95% reported at Day 57 (previously Day 39),
- 80% of cases reported by Day 45 (Previously day 31)

There has been a significant rise in activity during January. The average number of requests over the past 6 months has been 5665 requests per month. 7840 were requested in January which is a 38% increase, this is likely to be related to additional lists being run across the 3 Trusts to support the R+R plans.

Actions

Top 6 contributors for DM01 performance have developed recovery plans, and have been requested to refresh these plans in line with National timescales for recovery (March 23). To be monitored once complete by Planned Care Group.

DM01 performance 66%: 7,520 patients waiting 6 weeks+;

Top Contributors – in order of highest breach %

1.	Colonoscopy (31.9%)	620 breaches of 911 patients
2.	Flexi Sigmoidoscopy (37.1%)	341 breaches of 542 patients
3.	Non-Obstetric Ultrasound (49.9%)	4187 breaches of 8357 patients (total waiting list size reduced by 1310 patients in month)
4.	Gastroscopy (52.4%)	328 breaches of 689 patients
5.	Echo (56.4%)	1087 breaches of 2491 patients

Radiology reporting backlogs;

- Radiology workforce business case part approved – approval to recruit to 10wte radiology consultants; 2 Locum radiologists have been recruited and started in post.
- Weekly Radiology backlog risk management meetings are now in place with the speciality clinical leads, divisional and directorate management representatives with specialty specific action plans and individual risk register entries
- Price per scan TI payment model approved until Dec 2023 to support an increase in reporting and outsourcing remains in place
- Risk 25512 remains at score - 20
- Current no of radiology reports in the backlog is: 15266, this has reduced from last months position of 16500
- **Non – obs Ultrasound capacity for routine patients** New outsourced provider procured & reflected in boost in activity. Trajectory to meet DM01 by March ’23
- **Endoscopy;** Fluctuating cancer referral demand against lack of scopist availability. Full recovery plan in negotiation, this remains of concern

Inpatient and Outpatient Decile & Ethnicity

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

Inpatient IMD Decile	1	2	3	4	5	6	7	8	9	10	Unknown
Weeks Waited- >104	10.42%	8.81%	9.28%	7.48%	7.62%	11.40%	12.62%	10.34%	14.01%	7.42%	0.61%
Weeks Waited- 78-104	14.84%	12.87%	9.84%	7.21%	6.07%	10.16%	10.25%	8.69%	13.61%	4.92%	1.56%
Weeks Waited- 52-77	14.04%	11.76%	8.90%	8.94%	7.00%	11.91%	11.09%	8.78%	11.88%	4.63%	1.08%
Weeks Waited- Under 52	13.84%	11.87%	10.42%	9.16%	7.49%	10.78%	10.31%	8.81%	10.97%	5.18%	1.19%

Outpatient IMD Decile	1	2	3	4	5	6	7	8	9	10	Unknown
Weeks Waited- >104	11.02%	10.25%	9.30%	8.83%	7.82%	11.27%	11.33%	10.27%	12.33%	6.50%	1.06%
Weeks Waited- 78-104	12.99%	11.08%	9.65%	8.87%	7.70%	10.81%	10.75%	8.87%	11.88%	6.23%	1.17%
Weeks Waited- 52-77	12.57%	11.17%	9.70%	9.24%	7.78%	10.93%	10.48%	8.94%	11.69%	6.28%	1.22%
Weeks Waited- Under 52	13.39%	11.34%	10.10%	8.92%	7.53%	10.65%	10.58%	9.06%	11.29%	5.93%	1.22%

Inpatient Ethnicity	African	Any Other Asian Background	Any Other Black Background	Any other ethnic group	Any Other Mixed Background	Any other White background	Bangladeshi	Caribbean	Chinese	Indian	Pakistani	White & Asian	White & Black African	White & Black Caribbean	White British	White Irish	Not Specified	Not Stated	Unknown
Weeks Waited- >104	0.17%	0.42%	0.08%	0.36%	0.36%	0.61%	0.06%	0.06%	0.19%	0.39%	0.44%	0.22%	0.06%	0.03%	93.25%	0.36%	0.72%	1.86%	0.36%
Weeks Waited- 78-104	0.33%	0.49%	0.08%	0.41%	0.16%	1.15%	0.08%	0.25%	0.33%	0.41%	1.15%	0.08%	#N/A	0.08%	90.16%	0.25%	2.05%	1.48%	1.07%
Weeks Waited- 52-77	0.38%	0.60%	0.25%	0.60%	0.57%	1.05%	0.13%	0.10%	0.13%	0.73%	1.62%	0.10%	0.19%	0.13%	87.74%	0.29%	2.03%	1.77%	#N/A
Weeks Waited- Under 52	0.42%	0.66%	0.28%	0.68%	0.60%	1.23%	0.13%	0.18%	0.17%	0.51%	1.62%	0.27%	0.12%	0.23%	84.27%	0.28%	2.67%	2.59%	3.08%

Outpatient Ethnicity	African	Any Other Asian Background	Any Other Black Background	Any other ethnic group	Any Other Mixed Background	Any other White background	Bangladeshi	Caribbean	Chinese	Indian	Pakistani	White & Asian	White & Black African	White & Black Caribbean	White British	White Irish	Not Specified	Not Stated	Unknown
Weeks Waited- >104	0.25%	0.50%	0.22%	0.51%	0.47%	0.86%	0.14%	0.17%	0.11%	0.47%	1.35%	0.20%	0.13%	0.14%	88.14%	0.35%	2.57%	1.97%	1.45%
Weeks Waited- 78-104	0.36%	0.64%	0.14%	0.49%	0.47%	0.95%	0.11%	0.14%	0.09%	0.57%	1.93%	0.33%	0.17%	0.20%	86.79%	0.25%	2.38%	2.17%	1.82%
Weeks Waited- 52-77	0.38%	0.63%	0.20%	0.67%	0.56%	1.21%	0.10%	0.18%	0.19%	0.60%	1.67%	0.25%	0.16%	0.21%	84.64%	0.32%	2.97%	2.45%	2.60%
Weeks Waited- Under 52	0.47%	0.65%	0.20%	0.63%	0.58%	1.26%	0.14%	0.17%	0.14%	0.59%	1.81%	0.33%	0.17%	0.23%	82.71%	0.29%	3.26%	2.77%	#N/A

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APPENDIX 1

Operational Performance

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Constitutional standards

	Metric	Target	Latest	Variation	Assurance	DQAI
A&E	Percentage of Ambulance Handovers within 15 minutes	0%	59.89%			
	Ambulance handovers greater than 60 minutes	0	774	H	?	
	Time to Initial Assessment - percentage within 15 minutes	85%	61.57%		F	
	Average (mean) time in Department - non-admitted patients	180	332	H	?	
	Average (mean) time in Department - admitted patients	180	470	H	F	
	Clinically Ready to Proceed	90	577	H	F	
	12 Hour Trolley Waits	0	1039	H	?	
	Patients spending more than 12 hours in A&E	0	2027	H	F	
	Median Wait to be seen - Type 1	60	100	H	F	
	Bed Occupancy	92%	88.98%			
Cancer Care	Cancer 28 day faster pathway	75%	60.68%		F	
	Cancer 62 GP ref	85%	38.99%	L	F	
	Cancer 62 day Screening	90%	85.71%		?	
	31 day First Treatment	96%	86.02%	L	?	
	2WW First Seen (exc Breast Symptom)	93%	97.47%	H	?	

	Metric	Target	Latest	Variation	Assurance	DQAI
Use of Resources	DNA rate	7%	7.4%		?	
	Cancelled Ops	150	138		?	
	Theatre Utilisation	85%	78.2%			
Inpatient / Discharge	Same Day Emergency Care	30%	38%	H	?	
	Super Stranded	183	201		?	
	MFFD	100	88	L	F	
	Discharges before Midday	25%	19.4%	L	F	
	Emergency Readmission rate	8%	8.5%	L	F	
Elective waits	RTT incomplete performance	92%	51.22%	L	F	
	RTT 52+ week waits	0	5389	H	F	
	Diagnostics	99%	63.85%	L	F	

Delivering Exceptional Care with Exceptional People

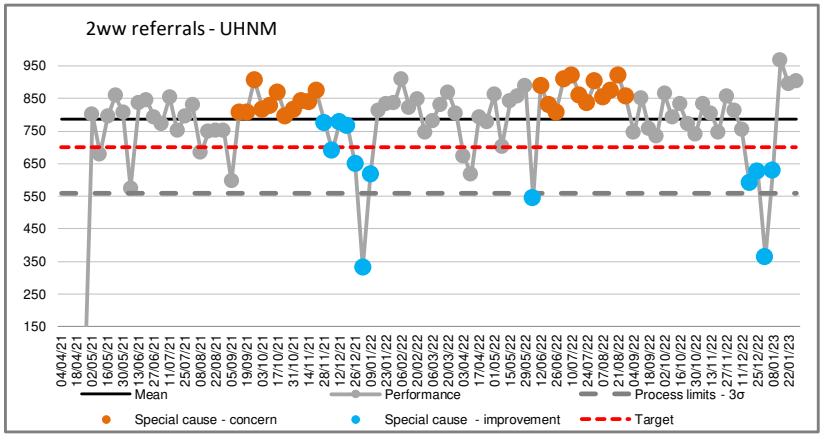
Cancer – 62 Day

NHS University Hospitals of North Midlands NHS Trust

Target	Nov 22	Dec 22	Jan 23
700	968	896	902

Background

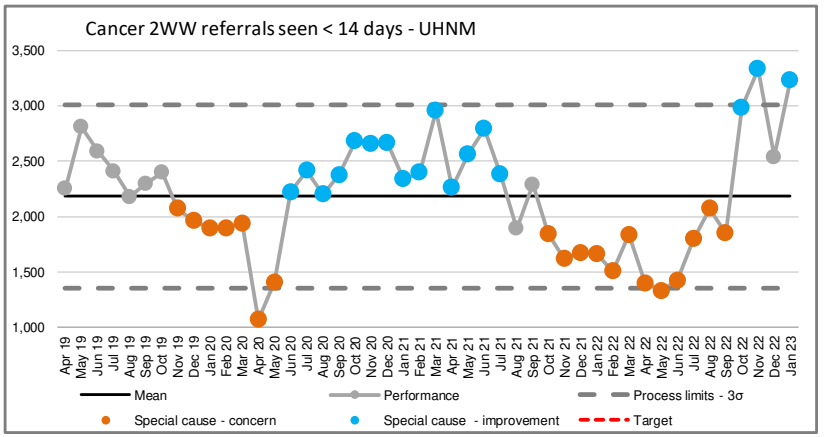
The number of patients referred on a cancer 2ww pathway.



Target	Nov 22	Dec 22	Jan 23
N/A	3332.0	2541.0	3235.0

Background

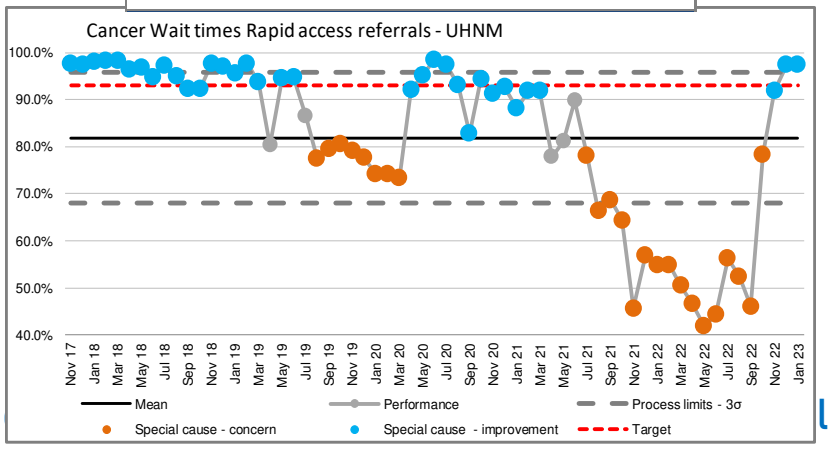
The percentage of patients waiting over 18 weeks for treatment since their referral.



Target	Nov 22	Dec 22	Jan 23
93%	91.8%	97.5%	97.5%

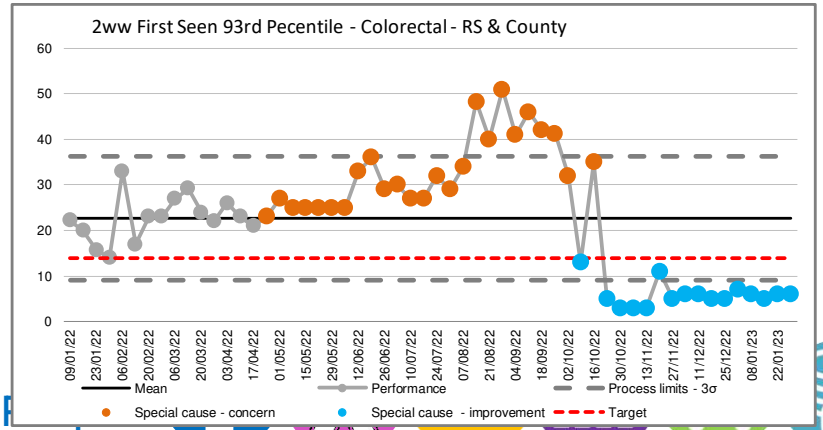
Background

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

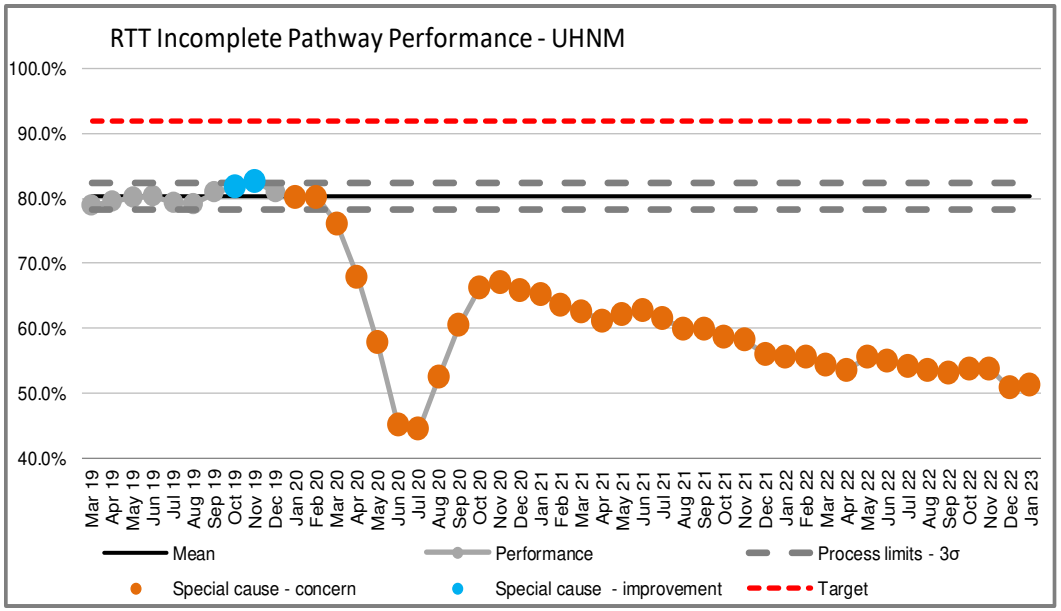


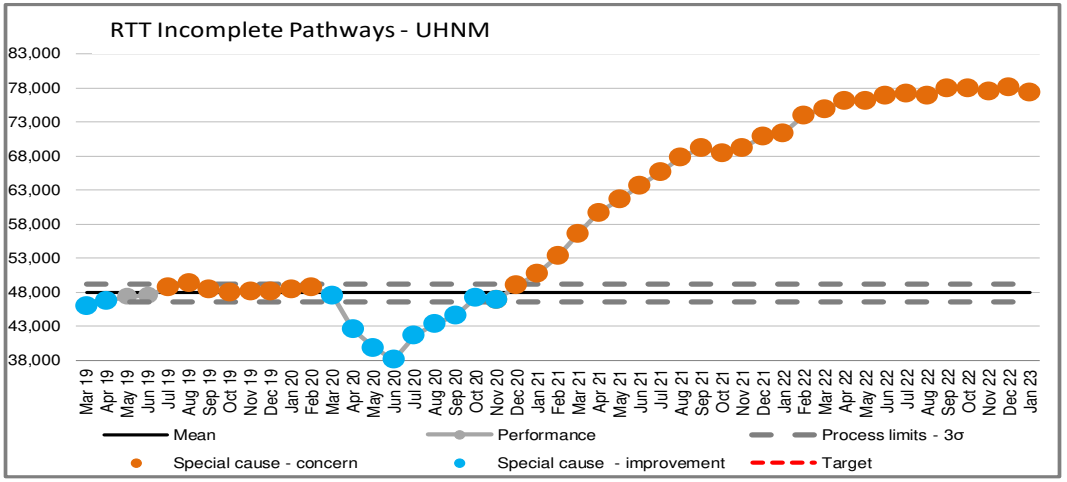
Variation	Assurance
	

Target	Jan 23	Jan 23	Jan 23
14	5	6	6



Referral To Treatment





Variation	Assurance
	

Target	Nov 22	Dec 22	Jan 23
92%	53.7%	50.7%	51.2%

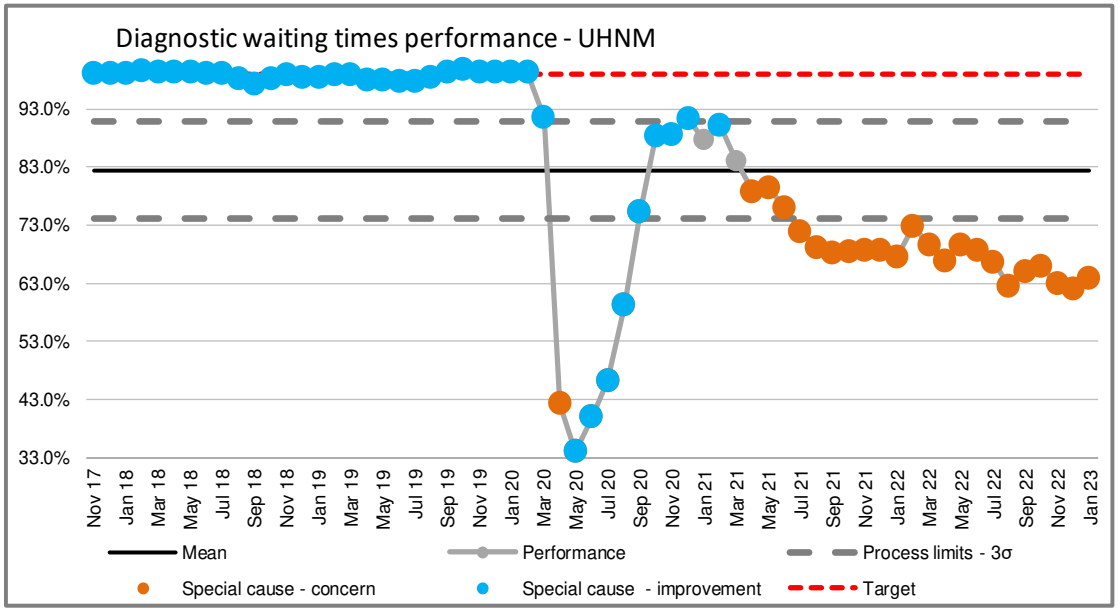
Background

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

What is the data telling us?

Steady decline in performance since the pandemic began.

Diagnostic Standards



Variation	Assurance
	

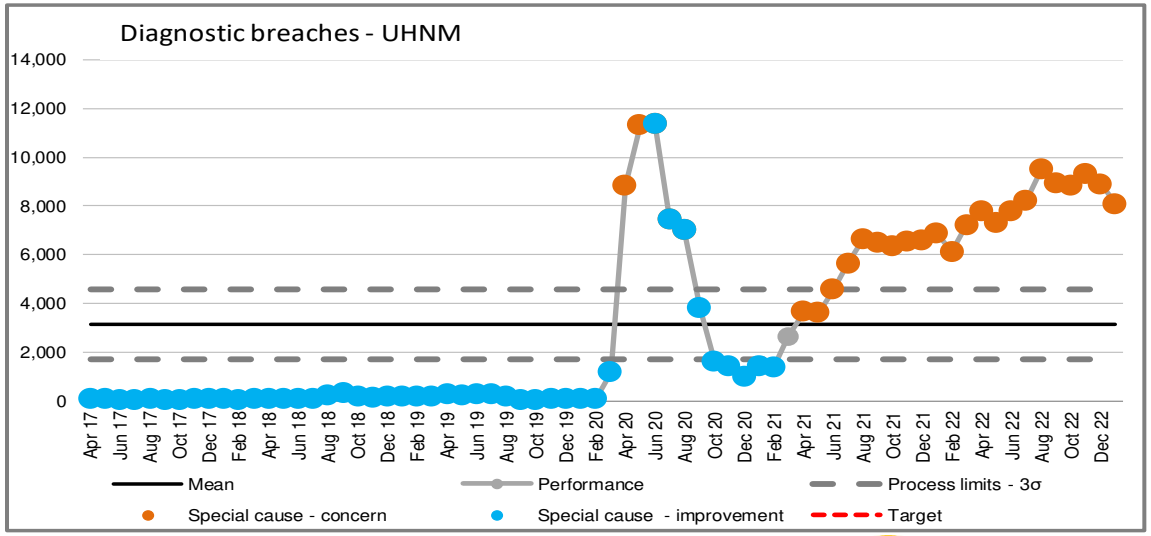
Target	Nov 22	Dec 22	Jan 23
99%	62.9%	62.0%	63.9%

Background

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

What is the data telling us?

The diagnostic performance has shown normal variation up until March 2020. Waiting times performance continues to reduce, with the number of patients waiting longer than 6 weeks for their test continues to increase.



Workforce

NHS
University Hospitals of North Midlands
NHS Trust

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

Delivering Exceptional Care with Exceptional People

Workforce Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key messages

The Trust's People Strategy 2022-2025 sets identifies the workforce priorities required to support delivery of the Trust's strategic ambitions, vision and objectives whilst demonstrating our values in all that we do. To deliver this four key domains of focus have been identified within the strategy.

- We will look after our people
- We will create a sense of belonging
- We will grow and develop our workforce for the future
- We will develop our people practices and systems

Overall, the level of workforce risk remains at ext16 due to the cultural issues highlighted by the brap report, high sickness levels and the impact on workforce availability. There are measures in place to mitigate risks including a recruitment pipeline

The Cultural Improvement Plan has been updated following a monthly review of progress.

- A paper was presented to Execs in November and approved mandating as core for all staff of their Being Kind e-learning. The eLearning was approved as mandated by EWAG for all staff in January 2023.
- The OD, Culture and Inclusion team will under go Train the Trainer in the Being Kind methodology to enable them to undertake deeper-dive sessions in areas which require this dedicated support.

Chest and respiratory (which includes Covid) remains top of reasons for sickness absence at 24.1%, closely followed by Anxiety and Stress at 22.0%. Focusing specifically on Covid related absence by 29th January 2023 covid-related absences stood at 64, which was 9.9% of the 646 open absences. This is 2.2.% decrease on same time the previous month

The National Staff Survey 2022 closed November, and the final response rate was 33.24% putting the trust under average response for an acute setting of 45.55%. Work has been on-going reviewing early data sets by colleagues from the OD, Culture and inclusion team to identify key themes.

The Staff Voice trust survey for January 2023 received a total of 169 submissions providing an overall engagement score of 6.40.

The Oliver McGowan Mandatory Training on Learning Disability & Autism was made live in January 2023 and The Be Kind eLearning was approved as mandated for all staff in January 2023.

At 31 January 2023, the PDR Rate increased 2.1% by to 81.6.% (79.5% at 31 December 2022). The current PDR policy is under review and meetings are taking place with key stakeholders to understand what improvements can be built into the process to drive compliance.

Internal measures to monitor reduction is agency expenditure continue. Divisional targets for agency ceilings have been calculated. As part of the monitoring divisions were asked to present an update on their action plan to reduce expenditure to Executive Workforce Assurance Group (EWAG). New targets for the upcoming year will be provided based on 3.75% of total wage bill.

BMA ballot for industrial action by junior doctors has now been received with industrial action planned from 13-15th March 2023.

Engagement meetings with two of our Further Education Colleges and Higher Education Institutions has taken place this month to support with developing our partnerships further in pursuit of our future workforce supply.

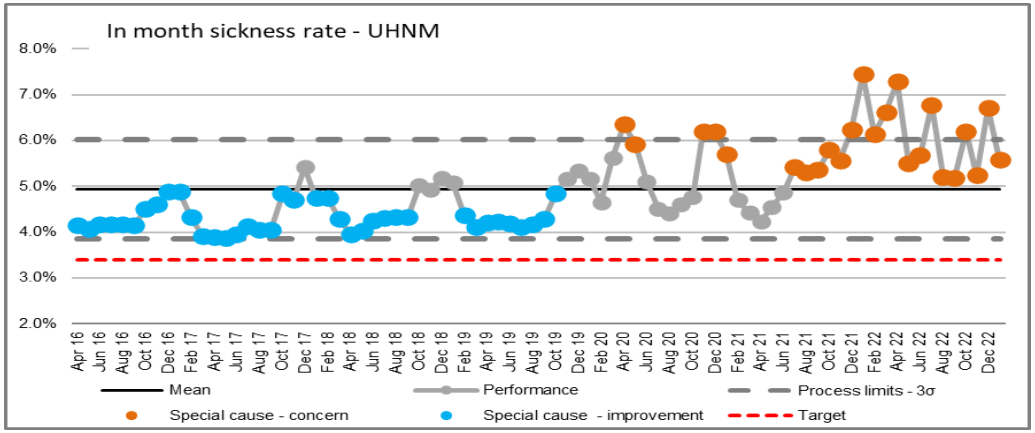
Workforce Dashboard

NHS
University Hospitals of North Midlands
NHS Trust

Metric	Target	Latest	Variation	Assurance
Staff Sickness	3.4%	5.58%		
Staff Turnover	11%	10.93%		
Statutory and Mandatory Training rate	95%	93.03%		
Appraisal rate	95%	81.67%		
Agency Cost	N/A	3.85%		

Sickness Absence

University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Nov 22	Dec 22	Jan 23
3.4%	5.2%	6.7%	5.6%

Background

Percentage of days lost to staff sickness

What is the data telling us?

Sickness rate is consistently above the target of 3.4%.

Summary

(12m cumulative Absence FTE %)

Org L2	Divisional Trajectory - March 2023	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Trajectory
205 Central Functions	3.39%	3.83%	3.89%	4.13%	4.13%	4.11%	4.19%	4.21%	4.20%	3.74%	3.71%	3.85%	3.79%	↓
205 Women's, Children's & Clinical Support Services	5.25%	5.29%	5.53%	5.88%	5.94%	5.97%	6.03%	6.07%	6.25%	6.35%	6.29%	6.32%	6.22%	↓
205 Estates, Facilities and PFI Division	5.25%	5.26%	5.56%	5.81%	5.75%	5.76%	5.85%	5.98%	6.04%	6.20%	6.22%	6.15%	6.02%	↓
205 Medicine and Urgent Care	5.25%	6.14%	6.33%	6.56%	6.64%	6.67%	6.76%	6.82%	6.85%	6.94%	6.86%	6.90%	6.55%	↓
205 Division of Network Services	5.25%	4.78%	4.96%	5.32%	5.47%	5.69%	5.89%	5.81%	5.78%	5.73%	5.75%	5.80%	5.59%	↓
205 Division of Surgery, Theatres and Critical Care	4.50%	6.57%	6.75%	7.02%	7.18%	7.30%	7.45%	7.39%	7.31%	7.30%	7.20%	7.12%	6.94%	↓
205 North Midlands & Cheshire Pathology Service (NMCPS)	5.25%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5.57%	5.61%	5.64%	5.65%	↑

For M10, the in-month sickness rate decreased by 1.1% to 5.58% (6.71% in December 2022).

Chest and respiratory (which includes Covid) remains top at 24.1%, closely followed by Anxiety and Stress at 22.0%.

Divisional trajectories for achieving a reduction in Sickness Absence can be seen in the table above. Almost all of the Divisions saw a decrease sickness against the previous month.

Focusing specifically on Covid related absence by 29th January 2023 covid-related absences stood at 64, which was 9.9% of the 646 open absences. This is 2.2.% decrease on same time the previous month.

Actions

The focus remains on managing areas of high sickness, and continued daily monitoring of sickness absence rates:

For the Medicine division Sickness absence continues to be monitored at monthly directorate performance reviews. and are having targeted support and input from People advisor on long term sickness cases

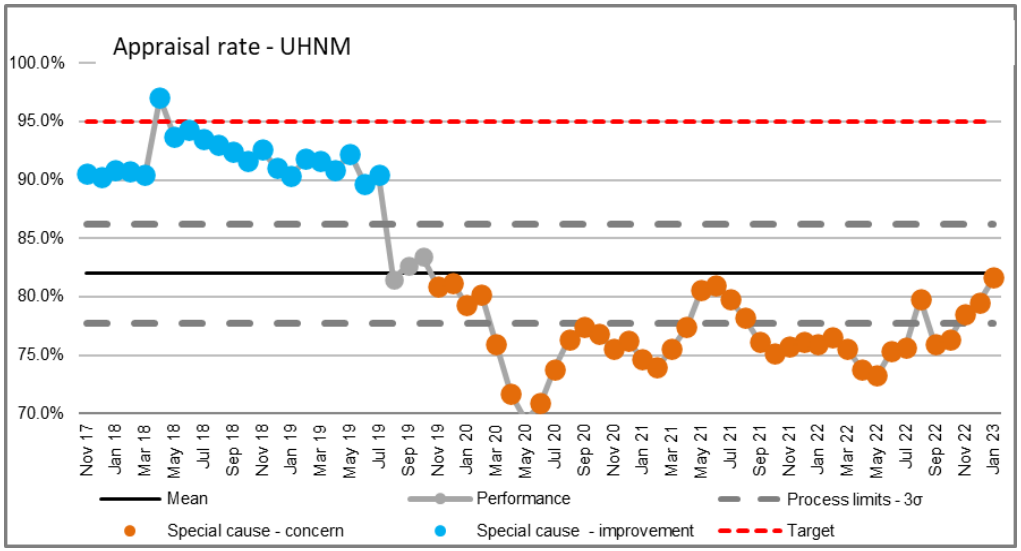
Surgery Division reviewing top 5 ST/LT absence and deep dive of short term sickness absence management.

Network Division have commenced sickness assurance meetings.

Women's Children's and Clinical Division. Will be undertaking a deep dive into specific areas of high absence. Alongside sickness surgeries to support managers.

Appraisal (PDR)

University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

Target	Nov 22	Dec 22	Jan 23
95.0%	78.5%	79.5%	81.7%

Background

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

What is the data telling us?

The appraisal rate is consistently below the target of 95%.

Note: Completion of PDRs was suspended during covid-19 unless there was capacity to complete them.

Summary

At 31 January 2023, the PDR Rate increased 2.1% by to 81.6.% (79.5% at 31 December 2022).

This is the 3rd month that has shown a upward trend and the biggest increase to date; however, this figure still sits below the overall target and divisions have been asked to review key issues and actions to work towards meeting target. Indicative trajectories have been provided.

The current PDR policy is under review and meetings are taking place with key stakeholders to understand what improvements can be built into the process to drive compliance and also making the process enhance employee experience.

Actions

The focus on ensuring completion of PDRs is continuing with:

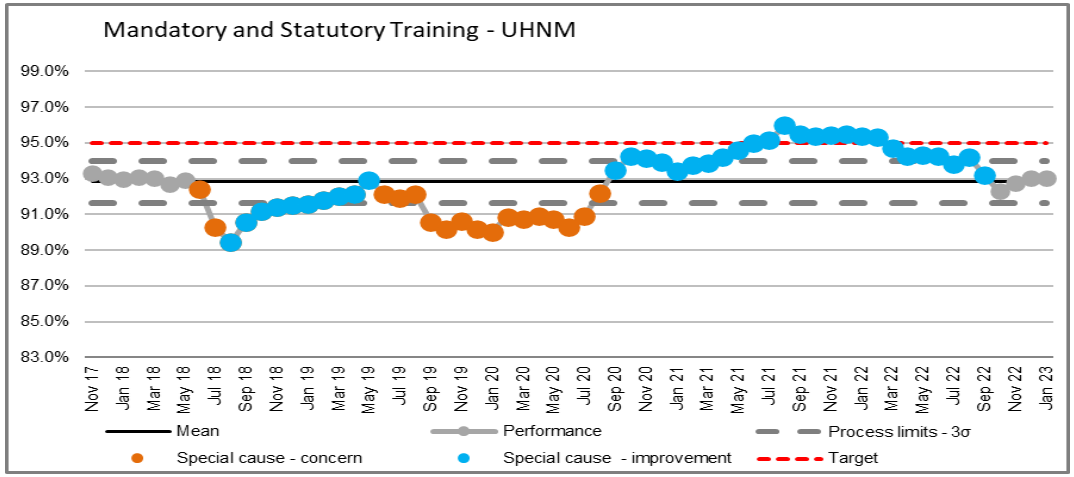
Medicine Division are having weekly updates reports on compliance. With focused assistance on those areas with the lowest compliance.

Surgery Division are undertaking a review of PDRs per reviewer and review of ESR upload errors.

Network Division a dedicated weekly PDR compliance hotspot and assurance meeting is being held. Continuing go, look, learn approach to support on ESR upload.

Women's Children's and Clinical Division clarity about accountability for PDR confirmed. Weekly people metric meeting put in place. All Divisions are arranging for proxy access to be setup as a support mechanism for uploading completed PDRs on ESR.

Statutory and Mandatory Training



Variation	Assurance
	F

Target	Nov 22	Dec 22	Jan 23
95.0%	92.8%	93.0%	93.0%

Background

Training compliance

What is the data telling us?

At 93%, the Statutory and Mandatory Training rate is just below the Trust target for the core training modules

Summary

The Statutory and Mandatory training rate on 31 January 2023 was 93.0% (93.0% at 31 December 2022) and has remained static month on month. This compliance rate is for the 6 'Core for All' subjects only.

Competence Name	Assignment Count	Required	Achieved	Compliance %
205|MAND|Security Awareness - 3 Years|	11076	11076	10310	93.08%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	11076	11076	10317	93.15%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	11076	11076	10349	93.44%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	11076	11076	10316	93.14%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	11076	11076	10359	93.53%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years|	11076	11076	10176	91.87%

Compliance rates for the Annual competence requirements were as follows:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Fire Safety - 1 Year|	11076	11076	9751	88.04%
NHS|CSTF|Information Governance and Data Security - 1 Year|	11076	11076	9779	88.29%

Actions

We continue to raise the issue of compliance with Divisions and communicate to staff the need to complete statutory and mandatory training.

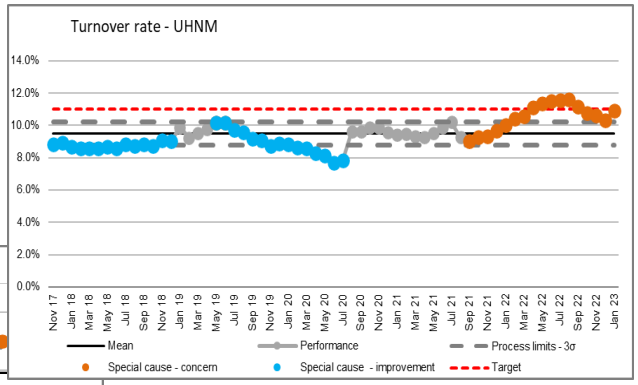
Compliance is monitored and raised via the Divisional performance review process.

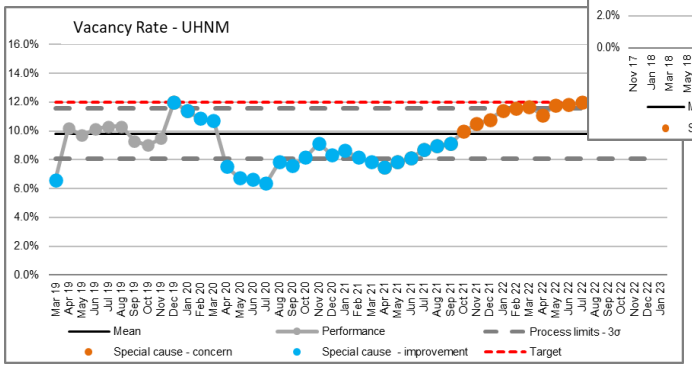
The Oliver McGowan Mandatory Training on Learning Disability & Autism is now live and will be reported separately for 12 months.

Workforce Turnover

University Hospitals of North Midlands NHS Trust

The SPC chart shows the rolling 12m cumulative turnover rate.





Variation	Assurance
H	P

Target	Nov 22	Dec 22	Jan 23
11.0%	10.6%	10.3%	10.9%

Background

Turnover rate

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

What is the data telling us?

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

Vacancy rate has decreased from 14.17% last month to 12.96% due to decreases in budgeted establishment and increases in staff in post

Summary

The 12m Turnover rate in January 2023 sat at 10.9% and this the 4th month that this figure has sat below the trust target of 11%.

The summary of vacancies by staff groupings highlight a small increase in the vacancy rate over the previous month.

Vacancies at 31-01-23	Budgeted Establishment	Staff In Post fte	Vacancies	Vacancy %	Previous month %
Medical and Dental	1,569.33	1,333.79	235.54	15.01%	15.35%
Registered Nursing	3,549.98	3,001.03	548.95	15.46%	17.69%
All other Staff Groups	6,738.86	5,986.30	752.56	11.17%	12.00%
Total	11,858.17	10,321.11	1,537.06	12.96%	14.17%

The M10 figure of 12.96% highlights a decrease in the overall vacancy rate over the previous month. The staff in post increased in January 2023 by 85.63 FTE, and the budgeted establishment decreased by 66.81 fte, which decreased the vacancy fte by 152.44 FTE overall [*Note: the Staff in Post fte is a snapshot at a point in time, so may not be the final figure for 31/01/23]

Actions

Women's Children's and Clinical Division are reviewing post specific recruitment campaigns

Networks Services are reviewing temporary workforce requests per clinical areas and undertaking a Go, look Learn of all the different recruitment stages.

Finance

2025 Vision "Ensure efficient use of resources"

Finance Spotlight Report

NHS
University Hospitals of North Midlands
NHS Trust

Key elements of the financial performance year to date are:

- For the year to date the Trust has delivered an actual surplus of £0.3m against a planned surplus of £1.9m; this adverse variance is primarily driven by underperformance against the Trust's in year CIP target.
- The Trust incurred £0.5m of costs relating to COVID-19 in month; with £0.3m of this being chargeable for COVID-19 testing costs. The Trust has overspent by £3.1m against its original in envelope allocation due to the in envelope funding allocation ceasing after Month 2.
- To date the trust has validated £10.1m CIP savings in year; these schemes have a full year impact of £5.3m which presents a considerable variance to the Trust's recurrent target of £13.6m. This variance was reflected in the revised underlying position presented to the Committee in December.
- Capital expenditure in Month 10 is £35.2m which is 7.2m behind the plan of £42.3m. Of the expenditure to date £11.9m is the pre-committed repayment of the PFI and IFRS16 lease liabilities.
- The cash balance at Month 10 is £87.0m, which is £16.0m higher than plan. Cash received is above plan due to Capacity and Virtual Ward income received from the ICB.
- The Trust's forecast for the year continues to improve with the actual position at Month 10 being £2.1m better than the forecast carried out at Month 8; the Trust is confident that it will deliver a breakeven position for the year although this is heavily reliant on non-recurrent mitigations.

Finance Dashboard

	Metric	Target	Latest	Variation	Assurance
I&E	TOTAL Income	variable	80.1		
	Expenditure - Pay	variable	49.6		
	Expenditure - Non Pay	variable	30.4		
Activity	Daycase/Elective Activity	variable	8,348		
	Non Elective Activity	variable	9,680		
	Outpatients 1st	variable	26,655		
	Outpatients Follow Up	variable	41,830		

Income & Expenditure

Income & Expenditure Summary Month 10 2022/23	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	916.0	77.3	76.9	(0.3)	761.9	763.0	1.2
Other Operating Income	89.3	9.3	7.7	(1.5)	74.4	75.0	0.6
Total Income	1,005.3	86.5	84.6	(1.9)	836.3	838.1	1.8
Pay Expenditure	(609.5)	(54.5)	(49.6)	4.9	(504.6)	(487.2)	17.5
Non Pay Expenditure	(335.3)	(28.4)	(30.9)	(2.5)	(279.4)	(302.1)	(22.7)
Total Operational Costs	(944.9)	(82.9)	(80.5)	2.4	(784.1)	(789.3)	(5.2)
EBITDA	60.4	3.6	4.1	0.5	52.2	48.8	(3.4)
Depreciation & Amortisation	(33.6)	(2.8)	(2.7)	0.1	(28.0)	(28.0)	(0.0)
Interest Receivable	0.3	0.0	0.3	0.3	0.2	1.4	1.2
PDC	(9.0)	(0.8)	(0.7)	0.0	(7.5)	(7.4)	0.0
Finance Cost	(18.1)	(1.5)	(1.5)	(0.0)	(15.1)	(15.0)	0.1
Other Gains or Losses	0.0	0.0	0.1	0.1	0.0	0.2	0.2
Surplus / (Deficit)	0.0	(1.5)	(0.5)	1.0	1.9	(0.1)	(1.9)
DHSC PPE adjustment	0.0	0.0	0.0	0.0	0.0	0.3	0.3
Total	0.0	(1.5)	(0.5)	1.0	1.9	0.3	(1.6)

The main variances for the year to date are:

- Income from patient activities is £1.2m above plan due to additional income in respect of pass through devices and drugs for which corresponding additional costs have been noted with non-pay.
- Pay is underspent year to date by £17.5m which is impacted by the £3.1m release of the premium element of the annual leave accrual in Month 3. The remaining variance is driven by underspends across registered nursing and NHS Infrastructure.
- Non-pay is overspent for the year to date by £22.7m; key points to note within this position are:

  The non-delivery of recurrent CIP continues to impact the position by £6.1m.

  There is a cost pressure of £1.2m relating to in-envelope COVID-19 costs as funding was only available for Months 1& 2

  Pass through drugs and devices are overspent by £1.4m for the year to date (for which we have noted additional income above).

  The Pathology network hosted by the Trust is overspent against its non-pay budgets by £4.3m; this represents the gross overspend for the service with UHNM's share being £3.0m. Income is assumed from other members the network in accordance with the agreed risk share governance.

  The Trust has £5.3m of recurrent funding for excess non-pay inflation received in 2022/23 which was used to improve the bottom line rather than fund additional costs; this funding is however available on a recurrent basis to support expenditure budgets.

Capital Spend

NHS University Hospitals of North Midlands NHS Trust

Capital Expenditure as at Month 10 2022/23 £m	2022/23 Plan June PAF	2022/23 Forecast Revised/ plan M10	In Month			Year to Date		
	Plan	Actual	Plan	Actual	Variance	Plan	Actual	Variance
PFI lease liability repayment	(10.5)	(10.5)	(0.9)	(0.9)	-	(8.8)	(8.8)	-
Repayment of IFRS16 leases	(3.7)	(3.7)	(0.3)	(0.3)	-	(3.1)	(3.1)	-
Pre-committed items	(14.3)	(14.3)	(1.2)	(1.2)	-	(11.9)	(11.9)	-
PFI lifecycle and equipment replacement (MES/PAC	(3.5)	(3.5)	(0.2)	(0.2)	(0.0)	(2.4)	(1.8)	0.6
PFI enabling cost	(0.3)	(0.0)	-	-	-	-	(0.0)	(0.0)
PFI related costs	(3.8)	(3.5)	(0.2)	(0.2)	(0.0)	(2.4)	(1.8)	0.6
Wave 4b Funding - Lower Trent Wards	(5.2)	(5.1)	(0.1)	(0.4)	(0.3)	(4.9)	(4.8)	0.1
Project STAR multi-storey car park	(6.8)	(7.3)	(1.0)	(0.7)	0.3	(3.4)	(3.6)	(0.2)
TIF 2 PDC (CTS Phase 1)	(3.9)	(4.6)	(2.3)	(0.3)	1.9	(3.9)	(1.5)	2.4
TIF 2 PDC (Day case unit)	(0.4)	(0.1)	(0.1)	(0.0)	0.1	(0.2)	(0.0)	0.2
TIF 2 PDC (Women's Hospital)	(0.6)	(0.1)	-	-	-	-	-	-
TIF 2 PDC (CTS Phase 2)	(0.1)	-	-	-	-	-	-	-
Emergency Department (restatement costs)	-	-	-	-	-	-	-	-
Home reporting breast care - PDC	-	(0.2)	-	-	-	(0.2)	(0.2)	0.0
MRI acceleration upgrades	-	(0.2)	-	-	-	-	-	-
Endoscopy equipment and works - PDC ICB allocatic	-	(0.4)	-	-	-	-	-	-
CT9 enabling and equipment - PDC	-	(1.2)	-	-	-	(0.1)	(0.0)	0.0
Frontline digitalisation equipment/ EPR - PDC	-	(1.2)	-	-	-	-	-	-
Diagnostic funding - CT8 and ultrasound	(1.4)	(1.5)	-	-	-	-	-	-
PDC - iRefer CDS	-	(0.2)	-	-	-	-	-	-
PDC - Cyber security	-	(0.1)	-	-	-	-	-	-
Schemes funded by PDC and Trust funding	(18.4)	(22.1)	(3.5)	(1.5)	2.0	(12.7)	(10.1)	2.5
LIMS (Laboratory Information Management System	(0.3)	(0.6)	(0.0)	(0.0)	0.0	(0.3)	(0.3)	0.0
EPMA (Electronic Prescribing)	(0.6)	(0.6)	(0.0)	(0.0)	0.0	(0.4)	(0.4)	0.0
CT7 enabling works (BC 415)	(1.1)	(1.1)	-	(0.2)	(0.2)	(1.1)	(0.6)	0.5
Patient Portal roll out costs (BC 462)	(0.5)	(0.4)	(0.1)	(0.0)	0.1	(0.3)	(0.1)	0.3
Pharmacy Dispensary	(0.3)	(0.3)	-	-	-	(0.3)	(0.3)	0.0
Anaesthetic medical records (Nasstar) (BC 444)	(0.1)	(0.2)	(0.0)	(0.1)	(0.1)	(0.2)	(0.1)	0.0
Home reporting implementation costs (BC 453)	(0.1)	(0.1)	-	-	-	(0.1)	(0.1)	0.0
Market testing refresh - CRIS/PACS/MRI	(0.5)	-	-	-	-	-	-	-
ED ambulance offload - enabling ward moves	-	(0.7)	-	(0.0)	(0.0)	(0.4)	(0.4)	(0.0)
Schemes with costs in more than 1 financial year	(3.6)	(4.1)	(0.1)	(0.4)	(0.3)	(3.0)	(2.3)	0.7
2022/23 schemes	(11.9)	(14.9)	(2.2)	(2.5)	(0.3)	(9.0)	(7.8)	1.2
IFRS 16 New Vehicles lease	(0.1)	(0.1)	-	-	-	-	(0.0)	(0.0)
IFRS 16 County Theatres TIF1 (IFRS16)	(2.1)	(2.1)	-	-	-	(2.1)	-	2.1
IFRS16 lease additions (incremental impact of IFRS1	-	(0.7)	-	-	-	-	-	-
Lease liability re-measurement	(0.1)	(0.1)	-	-	-	(0.1)	(0.1)	(0.0)
IFRS16 funded schemes	(2.3)	(3.0)	-	-	-	(2.2)	(0.2)	2.0
Donated/Charitable funds expenditure	(4.7)	(4.6)	(0.1)	(0.1)	-	(1.1)	(1.1)	-
Charity funded expenditure	(4.7)	(4.6)	(0.1)	(0.1)	-	(1.1)	(1.1)	-
Overall capital expenditure	(59.0)	(66.5)	(7.2)	(5.8)	1.5	(42.3)	(35.2)	7.2

Key variances at Month 10 are:

- PFI lifecycle and equipment replacement is £0.6m behind plan at Month 10 due to no refreshes of MES or PACS equipment having taken place in the year to date.
- The TIF County CTS scheme is £2.6m behind schedule at Month 10 with slippage to the scheme in to April 2023.
- The enabling works for CT7 are £0.5m behind plan at Month 10 and the completion of the scheme and installation of the equipment has slipped to March 2023 due to delays, it is anticipated that this will be complete by the year end.
- Within 22/23 schemes the IM&T infrastructure sub-group has a £0.7m underspend at Month 10 with slippage on a number of schemes, including the server and SQL upgrade; data centre utility refresh; firewall deployment; and the diamond linac, the estates sub-group has a £0.4m underspend at Month 10 due to slippage on a number of individual schemes however this has reduced in comparison to previous months, Medical Equipment is £0.7m ahead of plan at Month 10 due to the delivery of the monitor fleet replacement programme ahead of schedule and the bi-plane equipment and enabling scheme is £0.4m behind plan at Month 10 due to delays on agreement on the scope and costing of the enabling work, this work will now be undertaken in 2023/24.
- The County Theatres TIF1 (IFRS16) scheme is £2.1m behind plan due to delays in the process and enabling works for the modular theatre. The modular building and lease are expected to be in place in sufficient time to enable the asset and lease to be recognised at the year end, and to be operational early in 2023/24.

Balance sheet

NHS University Hospitals of North Midlands NHS Trust

Balance sheet as at Month 10	31/03/2022	31/01/2023			
	Actual £m	Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	576.4	581.7	575.2	(6.4)	Note 1
Right of Use Assets	-	16.5	16.5	(0.0)	
Intangible Assets	20.7	16.5	15.8	(0.7)	Note 1
Trade and other Receivables	1.4	1.4	1.4	-	
Total Non Current Assets	598.6	616.2	609.1	(7.1)	
Inventories	16.3	15.8	16.7	0.9	Note 2
Trade and other Receivables	41.6	39.8	40.6	0.9	Note 3
Cash and Cash Equivalents	87.6	71.0	87.0	16.0	Note 4
Total Current Assets	145.5	126.5	144.3	17.8	
Trade and other payables	(116.6)	(109.8)	(120.8)	(11.0)	Note 5
Borrowings	(10.7)	(13.6)	(13.5)	0.0	
Provisions	(2.5)	(2.5)	(3.2)	(0.7)	Note 6
Total Current Liabilities	(129.8)	(125.9)	(137.6)	(11.7)	
Borrowings	(257.8)	(258.1)	(257.9)	0.2	
Provisions	(3.9)	(3.9)	(3.8)	0.1	
Total Non Current Liabilities	(261.6)	(262.0)	(261.7)	0.3	
Total Assets Employed	352.6	354.8	354.1	(0.7)	
Financed By:				-	
Public Dividend Capital	648.2	648.2	648.2	0.0	
Retained Earnings	(437.0)	(434.8)	(435.4)	(0.6)	Note 7
Revaluation Reserve	141.4	141.4	141.3	(0.1)	
Total Taxpayers Equity	352.6	354.8	354.1	(0.7)	

Key variance at Month 10 include:

Note 1. slippage of £7.2m in capital expenditure in the revised year to date capital plan and the timing of PFI equipment replacement as part of the managed equipment scheme, which is funded through the PFI unitary payment in 2021/**Note 2.** Stock balances are higher at month 10 compared to 31st March 2022, mainly relating to the interventional radiology department (£0.7m). This increase is partly due to the replacement of high cost devices that were previously held at nil cost due to the funding arrangements.

Note 3. This is mainly due to an increase in the level of pre-payments in month 10, with the most significant increases relating to payments for the Roche and Beckman Coulter managed service contracts.

Note 4. Cash received in the year to date is £8m higher than plan. This is mainly due to cash funding received from ICB's which is £7.2m ahead of plan in the year to date across a number of areas. Cash received from Health Education England is also higher than plan and relates to year to date training income and full year funding relating to Nursing CPD and staff placements. This is offset by PDC capital funding in relation to the Lower Trent ward development not being drawn down until February 2023 on completion of the scheme. Payments are £8m behind plan at Month 10 and reflect lower than expected levels of payments for general payables, capital expenditure and payments to NHS Supply Chain.

Note 5. Deferred income is higher than plan partly as a result of £3.9m cash received from Staffordshire and Stoke on Trent ICB for a number of schemes. The deferred income balance also includes significant balances relating to Health Education England training (£2.5m); digital pathology (£2.2m); and high cost devices (£4.5m).

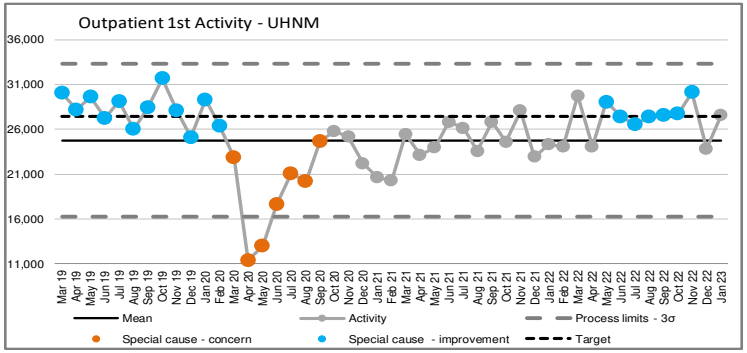
Note 6. Provisions are £0.7m higher than plan due to unforeseen new provisions arising in 2022/23. A case has arisen relating to a staffing issue which has a total potential cost to the Trust of £0.2m. A £0.6m provision is also required for a potential fine from the Care Quality Commission (CQC) relating to an on-going investigation.

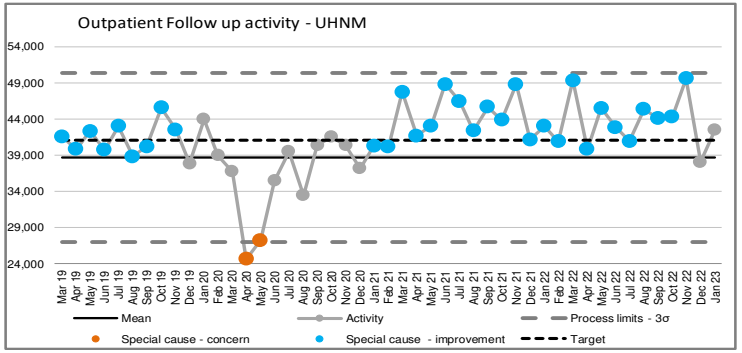
Note 7. Retained earnings show a £0.6m variance from plan and reflect the income and expenditure position at Month 10. This variance reflects the surplus/deficit position as would be reported in the Statement of Comprehensive Income within the Trust's annual accounts. Financial performance shows a variance of £1.6m from plan. This excludes the impact of donated income, depreciation and DHSC consumables which show a variance of £1m to plan at Month 10. h

Activity

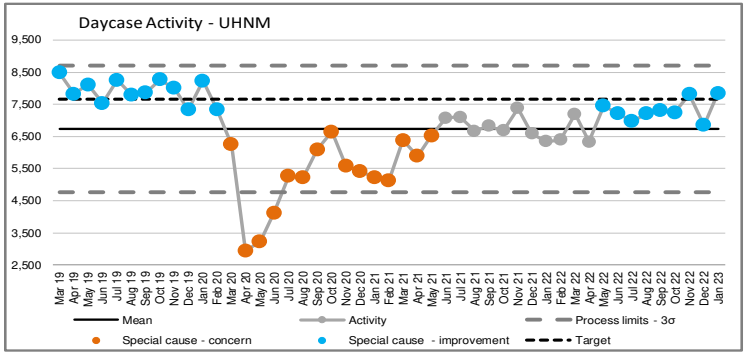
NHS
University Hospitals of North Midlands
NHS Trust

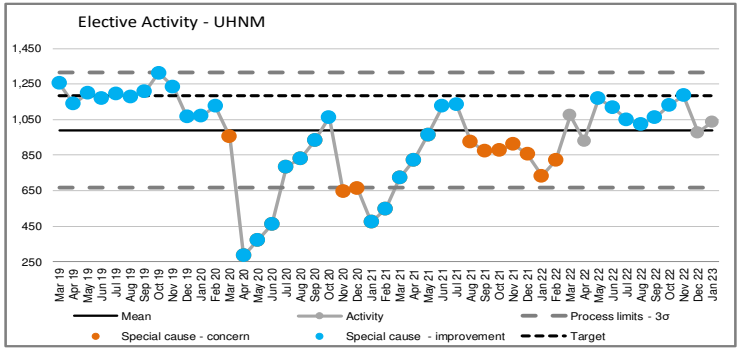
Planned care Outpatient



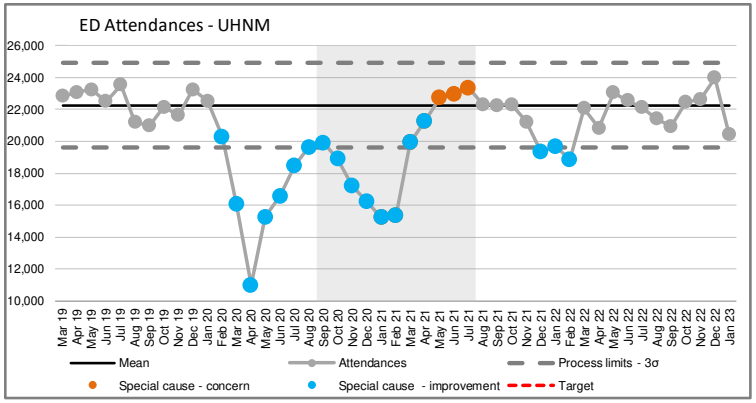


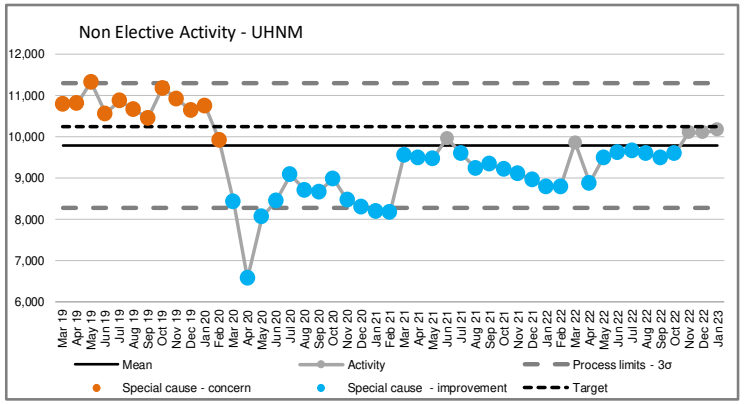
Planned care Inpatient





Urgent Care





Delivering Exceptional Care with Exceptional People

Trust Board

2022/23 BUSINESS CYCLE

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

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		6	4	8	6	3	7	5	9	7	11	8	8	
HIGH QUALITY														
Chief Executives Report	Chief Executive													
Patient Story	Chief Nurse					Staff		Staff		Staff		N/A	Staff	
Quality Governance Committee Assurance Report	Associate Director of Corporate Governance													
Quality Strategy Update	Chief Nurse													
Clinical Strategy	Director of Strategy													To be provided to TAP before being brought to Board
Care Quality Commission Action Plan	Chief Nurse													
Bi Annual Nurse Staffing Assurance Report	Chief Nurse						→							Next due April 2023
Quality Account	Chief Nurse													
7 Day Services Board Assurance Report	Medical Director													Update provided via QGC Highlight Report Feb 2023
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													TBC
Infection Prevention Board Assurance Framework	Chief Nurse													Moved to Quarterly from Dec 22 Q4 due April 2023
RESPONSIVE														
Integrated Performance Report	Various	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer													
PEOPLE														
Transformation and People Committee Assurance Report	Associate Director of Corporate Governance													
Gender Pay Gap Report	Chief People Officer													
People Strategy Update	Chief People Officer													
Revalidation	Medical Director													
Workforce Disability Equality Report	Chief People Officer													
Workforce Race Equality Standards Report	Chief People Officer													
Staff Survey Report	Chief People Officer													
Raising Concerns Report	Associate Director of Corporate Governance		Q4			Q1			Q2			Q3		
IMPROVING AND INNOVATING														
Research Strategy	Medical Director				→									Taken to TAP in April. Final version to be presented to Board in September (due to annual leave during August)
SYSTEM AND PARTNERS														
System Working Update	Chief Executive / Director of Strategy													
RESOURCES														
Performance and Finance Committee Assurance Report	Associate Director of Corporate Governance													
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,000,001 and above	Director of Strategy		N/A									N/A		
Digital Strategy Update	Director of Digital Transformation													
Going Concern	Chief Finance Officer													Taken to Audit Committee
Estates Strategy Update	Director of Estates, Facilities & PFI													Date to be confirmed

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Notes
		6	4	8	6	3	7	5	9	7	11	8	8	
Annual Plan	Director of Strategy													Sign off Trust Annual Plan at Board April 2023
Board Approval of Financial Plan	Chief Finance Officer													Sign off Trust Annual Plan at Board April 2023
Activity and Narrative Plans	Director of Strategy													Guidance received end of Dec 22 and being reviewed
Final Plan Sign Off - Narrative/Workforce/Activity/Finance														Sign off Trust Annual Plan at Board April 2023
Capital Programme 2022/23	Chief Finance Officer													Taken to PAF
GOVERNANCE														
Nomination and Remuneration Committee Assurance Report	Associate Director of Corporate Governance													Only 1 item discussed in January 23 and to be discussed again in March
Audit Committee Assurance Report	Associate Director of Corporate Governance													
Board Assurance Framework	Associate Director of Corporate Governance		Q4			Q1			Q2			Q3		
Accountability Framework	Associate Director of Corporate Governance													
Annual Evaluation of the Board and its Committees	Associate Director of Corporate Governance													
Annual Review of the Rules of Procedure	Associate Director of Corporate Governance													
G6 Self-Certification	Chief Executive													
FT4 Self-Certification	Chief Executive													
Board Development Programme	Associate Director of Corporate Governance													Deferred from Nov. due to number of items on the agenda. Deferred from March to April to enable further information to be included within the programme.
Well-Led Self Assessment	Associate Director of Corporate Governance													