NHS
University Hospitals of North Midlands
NHS Trust

AGENDA | Trust Board - Part 1 (in Public)

Meeting held on Wednesday 7th May 2025 at 9.30 am to 12.30 pm

Trust Boardroom, Third Floor, Springfield, RSUH

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
9:30	**PROCEDURAL ITEMS**					
20 mins	01	Patient Story	Information	Mrs AM Riley	Verbal	
5 mins	02	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal	
	03	Declarations of Interest	Information	Mr D Wakefield	Verbal	
	04	Minutes of the Meeting held 12th March 2025	Approval	Mr D Wakefield	Enclosure	
	05	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
10 mins	06	Chief Executive's Report – May 2025	Information	Dr S Constable	Enclosure	
10 mins	07	Board Assurance Framework – Quarter 4	Assurance	Mrs C Cotton	Enclosure	ALL
10 mins	08	Our Strategy	Approval	Ms H Ashley	Enclosure	ALL
10:25	**OUR PATIENTS: QUALITY, ACCESS & OUTCOMES**					
15 mins	09	Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update	Assurance	Mrs K Thorpe	Enclosure	1, 4
5 mins	10	Annual PLACE Inspection Findings	Assurance	Mrs L Whitehead	Enclosure	
10:45	**OUR PEOPLE**					
10 mins	11	Staff Survey Results 2024	Assurance	Mrs K Myatt	Enclosure	2
10 mins	12	Gender Pay Gap Report 2024-25	Assurance	Mrs K Myatt	Enclosure	2
11:05 – 11:15 COMFORT BREAK						
11:15	**FINANCE & EFFICIENCY**					
10 mins	13	Financial Plan 2025/26	Approval	Mr M Oldham	Enclosure	2
11:25	**PERFORMANCE**					
	14	Integrated Performance Report – Month 12 and Committee Assurance Reports:				
10 mins	14a	• Quality Governance Committee Assurance Report (03-04-25 & 29-04-25) • High Quality Dashboard	Assurance	Prof A Hassall Mrs AM Riley	Enclosure	1
25 mins	14b	• Performance & Finance Committee Assurance Report (31-03-25 & 28-04-25) • Responsive Dashboard • Resources Dashboard	Assurance	Ms T Bowen Mrs K Thorpe Mr M Oldham	Enclosure	4 7, 8
10 mins	14c	• People, Culture and Inclusion Committee Assurance Report (04-04-25) • People Dashboard	Assurance	Prof S Toor Mrs K Myatt	Enclosure	2
5 mins	14d	• Improving & Innovating Dashboard • System & Partners Dashboard	Assurance	Ms H Ashley	Enclosure	9 3
12:15	**GOVERNANCE**					
5 mins	15	Audit Committee Assurance Report (01-05-25)	Assurance	Mrs M Monckton	Enclosure	
5 mins	16	Fit and Proper Persons Annual Assurance Report	Assurance	Mrs C Cotton	Enclosure	
12:25	**CLOSING MATTERS**					
5 mins	17	Review of Meeting Effectiveness • Did the Board, via the agenda, papers and discussion, fulfil its objectives of supporting our communities, staff and stakeholders? • Was the balance of the agenda correct between strategy and performance?	Information	Mr D Wakefield	Verbal	
	18	Review of Business Cycle	Information	Mr D Wakefield	Enclosure	
	19	Questions from Members of the Public	Information	Mr D Wakefield	Verbal	
12:30	**DATE AND TIME OF NEXT MEETING**					
	20	**Wednesday 9th July 2025, 9.30 am, Trust Boardroom, Third Floor, Springfield, Royal Stoke**				

Questions from the Public - Please submit questions in relation to the agenda, by 9.00 am 6th May to nicola.hassall@uhnm.nhs.uk

Minutes of Meeting

Trust Board – Part 1 | 12th March 2025 9.30 am to 12.00 pm

Trust Boardroom, Third Floor, Springfield

University Hospitals of North Midlands NHS Trust

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

Apologies Received:		
Name	**Initials**	**Title**
Dr M Lewis	ML	Chief Medical Officer
Prof S Toor	ST	Non-Executive Director

In Attendance:		
Name	**Initials**	**Title**
Ms K Berger	KB	Chief Healthcare Scientist (item 1)
Mrs N Hassall	NH	Deputy Director of Governance (minutes)
Ms N Milazzo	NM	Advanced Practitioner – Skin (item 1)
Dr M Poulson	MP	Deputy Chief Medical Officer (representing Dr Lewis)
Mr N Wright	NW	Senior Radiotherapy Technician (item 1)
Mrs C Van-Luttmer	CVL	Urgent and Emergency Care (UEC) Recovery Director (item 9)

Members of Staff and Public: 4

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Staff Story**	
023/2025	Ms Milazzo, Mr Wright and Ms Berger were introduced to members of the Board. Mrs Haire explained that as part of Healthcare Scientist Week, the team had been invited to share the ingenious in-house solution they had identified in response to a national shortage of essential eye protection for radiotherapy patients. Ms Milazzo highlighted the following: • An issue had been identified where patients with cancer of the eye were not able to be treated with radiation for 16 months, due to a lack of eye shields • Once the existing stock had been used, the team collaborated with the Radiotherapy Technicians to identify a potential solution	

- An alternative eye shield was designed, which was more comfortable for patients and easier for staff to insert and remove

Mr Wright explained:

- The team used the opportunity to involve an apprentice to develop a new product. The radiotherapy team had developed their own apprenticeship programme and involving them in cross engineering the product, including considering the clinical aspects, provided them with additional experience and skills for the future
- Since the product had been designed, the team had been encouraged to involve engineers in other projects and trials, to utilise their problem-solving skills
- The team had to overcome some barriers to ensure the department had authority to use the new product, including mitigating and managing any risks and ensuring the appropriate governance process had been adhered to, to ensure the product was safe

Mr Wakefield queried whether the Trust had protected the design of the eye shields and Mr Wright stated that it had been protected but not patented, due to the costs involved. He added that other Trusts had also shown an interest in learning from them.

Ms Bowen queried whether there was a network of engineers across the NHS so that learning could be shared. Mr Wright stated that the team had been asked to speak at an event in London with other radiographers. In addition, there was a regional network in place, with discussions ongoing as to whether a national event could take place. Mr Wright added that the apprentices also had a networking forum in place.

Ms Berger stated that Healthcare Scientists was quite a new area although a network was starting to grow, which provided the opportunity to share best practice. She welcomed the collaboration between nursing and scientists, whereby they worked holistically to help solve the problem.

Mrs Riley referred to the evidence which had been provided by the team to the Quality and Safety Oversight Group as part of the approval process, the quality of which was excellent. She stated that the challenges experienced by the team in terms of the governance sign off process, were in place to ensure patient safety.

Professor Maddock queried how the Trust could help to facilitate similar innovation projects and Mr Wright stated that one of the difficulties was the inability to trial new products, therefore teams needed to be able to provide evidence on the safety of using alternatives. Ms Ashley added that the new Trust strategy considered innovation, and she accepted that the Trust process did not always enable innovation, as such work was required to reduce any barriers to this.

Mr Wakefield queried the patient reaction to the new shields and Ms Milazzo stated that the use of the eye shield was explained as part of the pre-procedure discussion and that patients were happy and did not feel anything when the shield was inserted.

Mr Wakefield welcomed the multidisciplinary approach taken to solve the problem, in addition to the way in which the department trained apprentices and involved them in the design of the product. He also noted that despite

	having to navigate the robust governance, the amount of evidence requested was to ensure the product was safe for use. Mr Wright, Ms Milazzo and Ms Berger left the meeting.	
2.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
024/2025	Mr Wakefield welcomed members to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.	
3.	**Declarations of Interest**	
025/2025	There were no declarations of interest raised.	
4.	**Minutes of the Meeting held 8th January 2025**	
026/2025	The minutes of the meeting held 8th January 2025 were approved as a true and accurate record.	
5.	**Matters Arising via the Post Meeting Action Log**	
027/2025	PTB/608 – Ms Ashley stated that the action would be addressed in the new financial year as part of the refreshed Integrated Performance Report (IPR) as part of the population health metrics. PTB/609 - Dr Poulson confirmed that this had been raised and discussed with the Integrated Care System. He stated that in terms of the number of patients being diverted from the Emergency Department, this was up to 100 patients a day. Mrs Thorpe added that this was also being considered as part of planning for 2025/26. PTB/610 – Ms Ashley stated that this action had yet to be completed. Mrs Cotton stated that this would be addressed within the revised version of the IPR.	
6.	**Chief Executive's Report – March 2025**	
028/2025	Ms Nicholson referred to the 'keeping well, keeping warm' campaign and queried if this was restricted to elderly patients. Mrs Whitehead stated that the project was applicable to all, although predominantly focussed on frail elderly. Ms Nicholson referred to the increase in respiratory disease within children which could be due to their living conditions and suggested that the project could be of benefit to those families and Mrs Whitehead explained that this had been considered. Mr Wakefield queried whether, due to the number of cases of Respiratory Syncytial Virus (RSV) during winter, particularly for children, the project would help as mitigation for 2025 winter planning. Dr Poulson referred to the initiative to help reduce RSV attendances, by giving vaccinations to pregnant women, and children younger than 5 years old, although their living conditions were a contributory factor to the illness. Ms Ashley stated that for 2025/26 winter planning, enhanced communication campaigns would be undertaken to promote the vaccine. Dr Constable also referred to the need to improve communications of the importance of the flu vaccination	

	campaign as part of winter planning. Mr Wakefield referred to planning for 2025/26 and the associated timeline for submission. He queried when the plan would be produced and signed off by the Board and Ms Ashley stated that the Trust's response to the national planning guidance would be agreed by the Integrated Care Board (ICB), although the component parts relating to UHNM would be considered at the Trust Board Seminar on 19th March. She added that there were a number of Board Assurance statements which would also require approval. **The Trust Board received and noted the report.**	
7.	**Board Assurance Framework – Quarter 3**	
	Mrs Cotton highlighted the following from her report: • The Board Assurance Framework (BAF) would be refreshed for 2025/26 to take into account the risks to delivering the refreshed strategy • The 2024/25 risks at Quarter 3 were presented for consideration, which had been discussed by Committees in January 2025 Mr Wakefield referred to BAF 1 and stated that whilst he understood the rationale for increasing the risk score to 20, he felt that the action plan was not accurate, in that it was rated as predominantly on track, but the actions did not seem to have had an impact on reducing the score. Mrs Riley stated that the increased score reflected the impact of the operational pressures and stated that whilst specific harm had not been identified, there continued to be the potential for harm. She added that further actions would be identified as part of the Urgent and Emergency Care (UEC) workstreams. Dr Constable stated that the risk focused on providing safe and effective care as opposed to being responsive and therefore the action plan focussed on staffing and training. He stated that in terms of outcomes associated with responsiveness this required further action. *029/2025* Professor Hassell stated that the challenge for the Quality Governance Committee (QGC) was that some of the associated measures were reported to Performance and Finance Committee (PAF). Dr Constable stated that the way in which access and performance metrics were be reported into the quality agenda were being considered to ensure the correct oversight and assurance was in place. Mr Wakefield referred to the previous discussions regarding the finance risk scores and stated that this needed further review. Mrs Cotton suggested building in a deep dive into the risks and their interlinkages as opposed to looking at each risk individually. Mr Wakefield referred to 50% of assurances being rated as partial assurance, with 30% of actions being delayed or problematic, which needed consideration in terms of how this was affecting the risk scores in addition to identifying the future actions required. Ms Bowen referred to BAF 2 and queried if the action plan was reflective of the actions required to address the hard to recruit to positions. Mrs Haire stated that whilst there were some fragile services, the BAF risk was reflective of the bigger retention and recruitment strategic risk. She stated that there would be a number of other linked risks in relation to this which	

	would reflect fragile services. **The Trust Board received and noted the report.**	
HIGH QUALITY		
8.	**Maternity and Neonatal Serious Incident Report – Quarter 3**	
030/2025	Mrs Riley highlighted that the detail of the report had been discussed by QGC and that 4 incidents had been reported during the quarter. Ms Bowen queried whether the number reported was comparable with peers and Mrs Riley agreed to obtain comparative data and take this to QGC. **The Trust Board received and noted the report.**	**AMR**
RESPONSIVE		
9.	**Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update**	
031/2025	Dr Constable highlighted the following: • The Trust had experienced a difficult few weeks, and after winter pressures started in October, this provided little headroom and resilience • The Trust had been challenged with the numbers of flu, covid and RSV patients in addition to norovirus • Actions were required to strengthen internal processes in particular addressing the number and length of ambulance holds • Week commencing 27th January, the Trust lost 1729 hours as a result of ambulance holds and on 24th February 1806 hours, which were two of the worst weeks the Trust had experienced. On 3rd March this had reduced to 936 which was the best figure since December, although this remained unacceptable • External advice and guidance had been provided which was informing future actions • The Trust continued to use corridor care and your next patient, and whilst the Trust would rather not use these mechanisms, it was doing so in order to mitigate the risk in the community Mrs Thorpe highlighted the following: • A number of tactical actions had been highlighted within the report in addition to the impact on the elective programme • Detail of UEC transformation had been included, the actions for which did not just sit with the Emergency Department (ED), but rather other parts of the organisation in terms of ensuring outflow of patients from the Department • The actions required to improve performance required a whole system UEC approach Mr Wakefield queried the percentage of problems which were in the Trust's gift to address although Dr Constable stated that it was not that simple as it required numerous actions at different times and was multifactorial. Mrs Thorpe stated that whilst partners could work on reducing attendances and supporting patients to leave in a timely manner, the Trust needed to consider what it could do to better support patients. She stated that the profile of attendances was different to the previous year, with higher acuity which provided a different balance.	

Mr Wakefield referred to team supporting extra discharges and queried why the numbers were so low at 3 to 4 a week. Mrs Riley stated that the issue was that the team was not in place every day and Ms Ashley added that the team provided support over and above the existing systems and processes. Mrs Riley commented that the team was small and worked in targeted areas and Dr Poulson referred to the targeted approach whereby the number of discharges were on top of the planned discharges. As such the learning from the team was important in terms of understanding why they had been able to facilitate the discharge.

Ms Bowen queried why the team could not be used on a daily basis and Mrs Thorpe stated that they worked three times a week due to those involved having other day to day duties which would affect the overall discharge profile if they were not in place. She stated that the team were experts in discharging patients and had been brought in to identify learning.

Professor Crowe stated that he felt that the core discharge process was not working effectively and therefore queried what discharge improvements were planned. Mrs Van-Luttmer referred to the need to get back to basics and ensure the maximum number of patients were discharged by midday. She stated that 20% of issues in relation to ambulance handover delays were within Eds gift to address. She added that the Trust had overcomplicated its systems which made it harder, and these needed to be stripped back with simple rules which were able to be enforced. She stated that the main aim was to simplify processes, and complete routine work extremely well.

Mr Wakefield referred a recent visit to ED and Acute Medical Unit (AMU) and stated that of the 56 beds only 14 were filled with acute medical patients, the remainder being non-medical patients and he queried the reason for this. Mrs Van-Luttmer stated that sometimes patients were in a bed which was not perfect, but the issue was that they were not moved to the right bed due to pressures. Dr Constable added that AMU had a small number of acute medicine patients, and the remainder would be waiting for specialty beds. He added that the whole flow through ED to other portals and specialty wards was too complicated.

Mrs Thorpe stated that the Trust needed to recognise that there were a lot of staff who were used to working in a certain way and given the changes required it would take some time to bring them onboard.

Professor Hassell recognised that it would take some time to implement the changes and as such queried how long it would be until there were improvements in performance. Mrs Van-Luttmer stated that whilst there were some quick fixes to be made, the Trust needed to be realistic in terms of how long it would take to make some of the more complex changes. She stated that normally it would take a year before any improvements were noted.

Mr Wakefield queried, given the current crisis with ambulances, whether the Trust would expect these to remain for a year. Mrs Van-Luttmer stated that to get to a stable position, it would take 12 months but there were some short-term quick wins which should take between 3 and 6 months.

Professor Crowe queried if the Trust had the capability to take the actions forward. He welcomed the support from the national team but stated that he was unsure as to the trajectory for improvement and the monitoring

	mechanisms and as such additional assurance was required on this. Mr Wakefield suggested that this should be discussed at PAF in terms of the outline trajectory of what could be delivered and by when. Dr Constable welcomed the discussion and challenge and agreed of the need to be clear of what was being done and how this could translate in improvements. Mrs Freeman referred to the need to hold our nerve during the period of changes, whilst recognising that it would be uncomfortable for people. Mr Wakefield summarised the nervousness felt by Board members given the previous projects which had been completed and added that he did not wish to get to October / November without seeing any impact. Mrs Van-Luttmer left the meeting. **The Trust Board received and noted the update.**	**KT**

HIGH QUALITY	RESPONSIVE	PEOPLE	IMPROVING & INNOVATING	SYSTEM & PARTNERS	RESPONSIVE

10.	**Quality Governance Committee Assurance Report (30-01-25 & 04-03-25)**	
032/2025	Mrs Monckton joined the meeting. Professor Hassell highlighted the following from January's meeting: • Partial assurance was provided for the Quarter 2 cancer 104 day harm reviews with the main challenges highlighted as consultant time and recognising the competing demands in seeing patients versus completing the reviews. • Acceptable assurance was provided on the Quarter 2 mortality assurance report, with one emerging issue being the rise in Hospital Standardised Mortality Ratio (HSMR) which had been stable and within the acceptable range for some time. He stated that the Healthcare Evaluation Data (HED) team stated that the rise was likely due to the result of not coding all patients and not being able to rely on the denominator. He added that crude mortality remained the same and mortality reviews had not identified any new themes or trends. • The hospital acquired infection report provided acceptable assurance, despite having the second highest number of flu cases. The improvements in c-difficile cases and MRSA cases were particularly noted Mr Oldham referred to the non-elective coding backlog and the prioritisation of coding elective cases due to that driving income. He stated that a paper was being prepared for PAF on what would be required to address the backlog. He added that four or five trainee coders were in place who were working under supervision but even once trained, capacity would not be in place to address the backlog, therefore other options needed to be explored. Professor Hassell highlighted the following from March's meeting: • Venous Thromboembolism (VTE) risk assessment completion remained below target, with an increase in hospital acquired thrombosis although this was within SPC limits. A review of these had been undertaken which established that no cases were preventable • There had been a further delay in implementing EPMA which was	

	estimated to begin in May as opposed to January • Partial assurance was agreed for the end of life annual report due to there being no clinical lead and no corporate lead for ReSPECT. Ms Ashley stated that as ReSPECT was now established, a clinical lead was not necessarily required. Dr Poulson stated that he had discussed this with Scott Summerfield and agreed to provide this support in the short term. Mrs Freeman added that in terms of technology the system was fully live and part of business as usual • The re-audit of consultant attendances at defined obstetric emergencies demonstrated good progress and the team were confident that the two outstanding areas would be addressed in the next quarter • Positive assurances were provided for a range of maternity and neonatal areas including hearing from the Maternity and Neonatal Voices Partnership (MNVP) chair at the meeting **The Trust Board received and noted the assurance report.**	
11.	**High Quality Dashboard**	
033/2025	Mrs Riley highlighted the following: • A number of maternity metrics continued to be met, including induction of labour and triage. In addition, the Trust had received confirmation that the Trust had met the conditions of the section 29 notice. A draft report was awaiting sign off from the Care Quality Commission confirming this • There were 4 falls with harm in month and focussed work had been undertaken to work on reducing the trajectory • 1 never event took place in relation to wrong placement of an NG tube and this was under investigation • An increase in hospital acquired pressure damage had been identified due to long delays in the Emergency Department and this continued to be monitored weekly. Mrs Thomson added that the charity had funded a number of new mattresses to help alleviate pressure damage • The Trust was on track to meet the target in relation to c-difficile **The Trust Board received and noted the report.**	
12.	**Performance & Finance Committee Assurance Report (28-01-25 & 03-03-25)**	
034/2025	Ms Bowen highlighted the following: • External assurance had been provided by the national UEC lead in terms of informing the improvement plan although it was recognised that assurance on effectiveness of the plan was required • The ED team had visited Addenbrookes to learn from them, in particular the way in which they had simplified their systems. She added that Addenbrookes had also implemented a trust-wide EPR with clear benefits noted • An extraordinary PAF meeting had approved to progress with procurement for an EPR with further board discussion to take place on learning from others in implementing the project and mitigating any risks • Partial assurance was provided on cost improvements and the financial outlook, with further review of the plan required to ensure this was realistic and deliverable • The annual plan had been received which was to be discussed further at the Board Seminar	

	• Positive assurance was provided in terms of holding the positive position on planned care • The Executive Infrastructure Group had highlighted the risk in relation to medical devices and the main limiting factor of funding • In terms of cross committee considerations, the Committee asked for analysis on the workforce profile to be considered by the People, Culture and Inclusion Committee (PCIC) **The Trust Board received and noted the assurance report.**	
13.	**Responsive Dashboard**	
035/2025	Mr Wakefield asked for questions on elective and cancer performance, given the UEC conversation earlier in the meeting. Mrs Thorpe referred to the recent tiering conversation and highlighted that it had been confirmed that the Trust would remain in tier 2 with continued weekly meetings. Ms Bowen welcomed the improvement in the long wait position and reducing those to consistently low levels which should be recognised. **The Trust Board received and noted the report.**	
14.	**Resources Dashboard**	
036/2025	Mr Oldham highlighted the following: • The position remained consistent with what had previously been reported, although the impact of reduced elective activity, and work around clinical coding remained outstanding • There had been a growth in non-elective admissions in year • Capital slippage stood at £6.1 m which was being closely tracked, and the Trust remained confident that the programme could still be delivered Mr Wakefield referred to the number of attendances which he felt were equal or lower than the previous year, although admissions had increased and the reason for this needed to be understood. Mr Oldham stated that the impact of the Clinical Decisions Unit could affect attendances. Mr Wakefield referred to the impact of the cash position given the potential deficit and Mr Oldham stated that an update on the cash forecast would be provided as part of the planning discussion at the Board Seminar. Mr Wakefield referred to the issue of cost improvement performance in that the Trust had only delivered 20% of what it had signed up to. Mr Oldham stated that the main concern was the non-recurrent element of the savings, as a lot had been covered by vacancies and turnover. He stated that as such the Trust needed to consider what it could do from 1 April to improve this. Ms Ashley stated that as the Trust came out of the covid pandemic and moved into operational recovery, the ability for divisions to recover, put in additional activities and take out recurrent expenditure had been challenging. She added that the Trust had been helped by NHS England in terms of identifying where further savings could be made. Dr Constable stated that the amount of cost improvements delivered in year, related to 20% recurrently. Ms Ashley stated that the programme for	

	2025/26 mirrored the NHS opportunities, and it had been made clear that only half of these were cash releasing and these did not match the size of the deficit. Professor Crowe referred to the cost improvement delivery in divisions which had been lower than it had been for several years, therefore the ability to be more efficient and effective remained challenged, in addition to not having the capacity to deliver the cost improvements. Mr Oldham put on record his thanks to Mr Tringham and Mrs Preston upon their retirement. He stated that they had both been influential and of support in landing the income and expenditure position, and capital programme. Mr Wakefield provided his thanks to them both in the support and expertise they had provided to the Trust. **The Trust Board received and noted the report.**	
15.	**People Dashboard**	
037/2025	Mrs Haire highlighted the following: • The most recent staff engagement score from the pulse survey was 6.48, a reduction from July 2024, although only 779 responses were received • Agency costs had decreased slightly Mr Wakefield welcomed the results on agency staffing which would help in terms of the 2025/26 position. **The Trust Board received and noted the report.**	
16.	**Strategy & Transformation Committee Assurance Report (29-01-25)**	
038/2025	Ms Bowen highlighted the following: • Three risks had been rated as extreme on the BAF in particular digital transformation, with digital debt being considered • Capacity at Royal Stoke and rightsizing was a challenge, and the need for a strategic long-term approach to this was recognised • The pace of the innovation programme was considered but actions were underway, in addition the Committee discussed the progress of the strategy delivery unit • A range of positive assurances were provided, including an update on the iPortal outages Professor Hassell queried the timescales for rightsizing. Ms Ashley stated that this was one of the strategic programmes for 2025/26 and the timescale for the project required revision as there were a number of phases i.e. urgent care village. **The Trust Board received and noted the assurance report.**	
17.	**Improving & Innovating Dashboard**	
039/2025	Mr Wakefield referred to the reduction in clinical trial participants than previously reported and queried the reason for this. Mrs Riley stated that the number of research active individuals related to other aspects of research not just clinical trials. Ms Ashley stated that a number of metrics were being tracked, one of which	

	was research active which did not necessarily mean research on patients. She agreed to review these metrics for April onwards. **The Trust Board received and noted the report.**	
18.	**System & Partners Dashboard**	
040/2025	**The Trust Board received and noted the report.**	
19.	**Audit Committee Assurance Report (31-01-25 & 06-03-25)**	
041/2025	Mrs Monckton highlighted the following: • Three internal audits were provided; 2 of which provided reasonable assurance and 1 with partial assurance. For all 3 the Committee was assured that management knew, understood and accepted, the actions required to improve. • The Committee had reviewed the external audit annual plan • G01 Development and Control of Policies and Procedures was approved • The draft annual internal audit opinion was provided which was adequate with some weaknesses identified, although this was not unusual • The Committee aimed to deep dive into some themes from internal audits in due course **The Trust Board received and noted the assurance report.**	
CLOSING MATTERS		
20.	**Review of Meeting Effectiveness**	
042/2025	There were no comments made.	
21.	**Review of Business Cycle**	
043/2025	There were no further comments on the business cycle.	
22.	**Questions from Members of the Public**	
044/2025	There were no questions provided by members of the public.	
DATE AND TIME OF NEXT MEETING		
23.	**Wednesday 7th May 2025, 9.30 am, Trust Boardroom, Third Floor, Springfield, Royal Stoke**	

Post Meeting Action Log

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/606	09/10/2024	Appraisal and Revalidation Annual Report	It was agreed to provide further information to the People, Culture and Inclusion (PCI) Committee, in terms of when the outstanding appraisals were due to be undertaken.	Matthew Lewis	18/12/2024		82% of doctors completed appraisals by year ending March 31st against the 100% target. The Trust's new Lead Appraiser is implementing initiatives to improve this rate, including recruitment drives and training sessions for appraisers, support for engagement in the appraisal process, and a system to evenly distribute appraisals throughout the year. The goal is to increase completion rates significantly next year by managing appraisal dates proactively.	A
PTB/608	09/10/2024	Integrated Performance Report	To agree where to report the breakdown of long wait patients by ethnicity and demographic after discussion with the Executive	Helen Ashley	08/01/2025	12/03/2025	Ms Ashley stated that the action would be addressed in the new financial year as part of the refreshed Integrated Performance Report as part of the population health metrics.	B
PTB/609	08/01/2025	Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update	To raise the issue of system / community capacity at the UEC Board to determine any further actions / review.	Matthew Lewis	12/03/2025	12/03/2025	Dr Poulson confirmed that this had been raised and discussed with the Integrated Care System. He stated that in terms of the number of patients being diverted from the Emergency Department, this was up to 100 patients a day. Mrs Thorpe added that this was also being considered as part of planning for 2025/26 as part of community provision.	B
PTB/610	08/01/2025	System & Partners Dashboard	To include further narrative to explain what was being measured on page 159	Helen Ashley	~~12/03/2025~~ 09/07/2025		Update provided to March's meeting. Ms Ashley stated that this action had yet to be completed. Mrs Cotton stated that this would be addressed within the revised version of the IPR.	A
PTB/612	12/03/2025	Maternity and Neonatal Serious Incident Report – Quarter 3	To obtain comparative data regarding the number of MNSI cases reported each quarter and take this to QGC.	Ann-Marie Riley	05/06/2025		Action not yet due	GB
PTB/613	12/03/2025	Urgent and Emergency Care Pressures, Ambulance Handover and Winter Update	To provide further assurance to PAF on the trajectory for improvement and monitoring mechanism associated with the UEC Improvement Plan.	Katy Thorpe	28/04/2025	30/04/2025	Update on UEC and Financial Recovery provided to PAF in April. Further updates scheduled for the Trust Board in May and June 2025.	B

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

Chief Executive's Report
Trust Board | 7th May 2025

University Hospitals of North Midlands NHS Trust

Part 1: Highlight Report

This report provides the Trust Board with an overview of a range of strategic and operational issues since the last public meeting on 12th March 2025, some of which are not covered elsewhere on the agenda for this meeting.

1. National and Regional Context

The focus on access targets and finances continue during the current planning round. We await the publication of the NHS 10-year plan. System and provider plans have been resubmitted across England. The Better Care Fund will continue in 2025/26, with a 1.7% increase in the NHS minimum contribution to adult social care, aimed at supporting timely discharge and integration of services.

Following the recent UK Supreme Court ruling on single-sex spaces, defining a woman by biological sex under the Equality Act 2010, the NHS is expected to revise its guidance on single-sex spaces in hospitals and GP surgeries.

2. CQC – Maternity Services now rated as Good

In March 2023 our Maternity Service was inspected by the CQC. At that time the service was issued with a Section 29a regulatory notice as we needed to make some urgent improvements, especially to our induction of labour and midwifery triage processes. We also saw a drop in our ratings in the two domains that were assessed (Safe and Well Led), and a drop in the overall service rating.

Since then, the whole team has worked incredibly hard to continually improve the service they provide and were keen to be able to showcase these improvements to the CQC when they conducted a reinspection of the service in November 2024. The team used quality improvement tools to review and improve performance in both induction of labour and midwifery triage and had sustained this improvement for over a year; there had also been a significant focus on ensuring we recruited, and retained, the correct number of staff. There was also significant investment in the service.

Following that inspection, we were pleased to hear that we had met the requirements of the S29a notice and are absolutely delighted to announce that we have also seen an improvement in our ratings. Safe has improved from Inadequate to Good, Well Led has improved from Requires Improvement to Good, and the overall service rating has improved from Requires Improvement to Good. This could not have been achieved without the hard work and perseverance of the whole team.

The CQC have said:

- "Women and people using these services now had a much safer and improved experience of their care and treatment. Behind this was an improvement in how well-led the service was which in turn supported staff to provide better care. Leaders now thoroughly reviewed incidents to identify improvements and shared learnings to reduce the risk of these happening again. They also held weekly risk meetings to help keep people admitted to the unit safe."
- "The trust was proactive in seeking feedback from people and their families about their experiences of care. The service had an open culture where people felt comfortable raising concerns.
- "Staff showed care and compassion when supporting families. Our inspection team spoke to a family member who described how staff were on hand to answer questions and provide reassurance during their pregnancy. Another mother talked about how staff had been confident, knowledgeable and kept her updated after the birth."
- "Overall, the maternity team at Royal Stoke University Hospital should be proud of the improvements our inspection found. We have identified some areas where they can make continued progress, and we look forward to seeing their plans develop."

Inspectors found:

- Staff knew how to identify and report safeguarding concerns and recorded concerns in people's care plans.
- The service worked closely with people and local organisations to plan and manage services, including the local maternity voices partnership.
- There was a strong culture of quality improvement, with staff leading projects to help provide people with a better experience.
- The service carried out regular audits and benchmarked their performance data with other hospitals nationally.
- The inspection team found that the service had a well-structured team of midwifery and health professionals.
- Staff were open and honest. They talked people through risks in procedures and provided a full transparent explanation when incidents happened.
- The service made sure that women had access to mental health support through their perinatal mental health service.
- Staff triaged people quickly and delays were kept to a minimum.
- Leaders had a good understanding of the demographics of their local area and how certain groups could face health inequalities and took action to reduce the impacts.
- Staff proactively recorded people's smoking status and provided support to help them stop smoking.
- The unit was clean, and medicines were securely stored and locked away.

As is often the case, some areas for improvement were identified (and we will work on these), including:

- Some staff didn't feel confident that leaders would act on the concerns they raised.
- The inspection team saw some instances where staffing was below recommended numbers due to cover needed in other areas.
- The unit lacked posters and resources in other languages for people whose first language wasn't English.

3. Our new strategic framework – the best joined-up care for *all*

At the beginning of April, we took the opportunity to bring together a number of our organisation's leaders and officially kick off the new financial year with the launch of our new ten-year strategy and vision. The Start the Year Conference will now become an annual fixture in the UHNM corporate calendar, alongside the Annual General Meeting, Staff Awards ceremony and a Trust-Wide Clinical Summit.

During the last six months, we have listened to staff views and those of our partners and patients about what is important to us all and what we want to achieve. Since joining in September, I have also witnessed so much to be proud of. However, there is so much more we could be doing to be where we want to be. We have much to do to improve outcomes, both clinical and financial. We must have the ambition to be a top performer in all domains.

At the launch, it was great to see and hear from so many people who were enthusiastic, ambitious and ready to take on the challenge to deliver our new vision and provide **the best joined-up care for *all***, while also recognising the environment in which we are currently operating.

We are one of the largest teaching trusts in the UK, with a huge team of over 13,000 people providing high quality, compassionate care and while the ambitions for clinical care and academic achievement described within our previous strategy, '2025 Vision' remain, the NHS landscape has changed. There is a much greater emphasis on partnership and collaboration and our response to challenges facing the NHS has shifted our focus and will require us to work differently.

Our ambition though, is to be a leader in health by harnessing innovation to drive transformational change.

We will continue to be dedicated to investing in our people, improving the health and wellbeing of our community, delivering safe and patient-centred care, and advancing services through research, innovation and education.

In the sections below, I will describe more on each of our priorities - **Our People, Our Patients, and Our Population** but I also introduce some of the major programmes of work that we will turn our attention to in all parts of UHNM and the wider system. These programmes describe the fundamental changes in the way we provide care as well as recognising there are some immediate areas for focus.

'Brilliant Basics' is about delivering on our standards and meeting our performance requirements, and this is key while also moving ahead with digitally enabled care transformation and schemes such as our Electronic Patient Record and using Artificial Intelligence. We will use research and innovation to shape how and where we deliver services in the future and finally our strategy confirms our commitment to being a strong and supportive partner to those, we work with in the delivery of our healthcare services. In an integrated care world, we are bound to work collaboratively as part of a health and care system, focussed on improving population health and delivering exceptional care to our patients.

We are committed to playing a key role within the Staffordshire and Stoke-on-Trent Integrated Care (ICS), which has partnership at its very core. Our strategy is our long-term aim but what is clear is that we all have the same goal – to transform and deliver the best health care for the benefit of all our population.

4. UHNM Strategy - Our Values

Our values matter to us. They represent the beliefs and guiding principles that shape our behaviour, culture and processes. They provide us with a sense of purpose, direction, and alignment with our vision. They promote a positive working environment where our people are recognised and feel valued.

As part of the development of our new strategy, I draw your attention to our new refreshed and simplified values. They recognise that the safety of our patients and our people is our number one priority and integral to everything we do.

While values form the foundation, culture is the living, breathing expression of those values. We take pride in what we do and strive for a culture that is outward-looking, aspirational and collaborative. We believe in the power of partnerships, both within our teams and across the broader healthcare community, to bring out the best in each of us.

Here at UHNM staff have said, and I have seen in action, that we are dedicated to making a positive difference in the lives of those we serve. And these actions are guided by our new core values of Kind, Excellent and Together.

4. UHNM Strategy - Our Patients

The NHS is facing significant challenges. Too many patients are waiting too long to receive the treatment they need. There are national staffing challenges. There continue to be high profile cases where the NHS has failed to ensure patients receive safe care and too many quality, safety and financial metrics are not being met.

Here at UHNM, we want to tackle those challenges head on and be one of the best trusts in the country. Our Strategy, specifically the actions behind our priorities and will help us achieve that and in order provide the best for Our Patients:

- We will continue our focus to ensure we have the right staff, with the right skills, in the right place, at the right time to ensure our patients are able to receive the high standards of care they need.
- We will reduce long waits to access care, both from an emergency and planned care perspective. We are very mindful of the subsequent impact delays in receiving care have on our population, UHNM, partner services, and our local economy.
- We will strive to reduce unwanted variation and deliver upper quartile performance, outcomes, and experience for our population and colleagues.

Our strategy will have shorter-term delivery plans that will support us to:

a. Develop and support our workforce to meet the future needs of our population
b. Drive continual improvement across delivery, access, quality, safety, and patient experience metrics
c. Transform how and where healthcare is delivered
d. Work closely with our patients and populations so we learn and improve from their experiences

e. Learn from best practice nationally and internationally
f. Increase partnerships across our system, local authorities, healthcare organisations, and support services to co-ordinate and deliver person centred care to our population
g. Change how we communicate and exchange information with our teams and the population, utilising digital technologies to increase safety, reduce variation and improve productivity
h. Create greater opportunities for our teams and our population to be involved in pioneering research.

During the last few years, we have embedded our culture of continual quality improvement and equipped staff with the skills and tools needed to collectively transform services to deliver seamless, person-centred care pathways that are closer to, or delivered in a person's home, where possible. This focus will continue and support us to excel in delivering excellent patient outcomes; learning from best practice, feedback, incidents and lived experience.

5. UHNM Strategy - Our People

In our new strategy, Our People was highlighted as one of our three key priorities for the next 10 years. By this we mean we will continually strive to improve the sustainability of our workforce and look to develop those who work for us, in any roles, from any nationality (of which we employ more than 100 nationalities) and who work on any contract. We recognise also our indirect workforce as essential to the delivery of our services such as our volunteers, contractors and agency workers and as part of our plans for the future we remain committed to engage them and continue to work in partnership.

We are a lead employing organisation in our Integrated Care System. At system level, we work collaboratively on people, culture and inclusion strategic priorities across the partner organisations. We do so in the context of the financial, operational and transformational challenges and opportunities experienced.

There are clearly very real financial challenge and the ways we are having to adapt are significant. Along with this there are many generational and external factors which will continue to impact our people over the next 10 years including:

1. Government policy and changes 10-year Health Plan, NHS long-term workforce plan, healthcare system transformation;
2. Career expectations and work-life balance, social media and public perceptions;
3. Digital transformation and the digital skills gap;
4. Employment legislative changes; and
5. Concerns about local and global health and wellbeing, and engagement in environmental sustainability.

Considering these external factors, our aim is and will always be to be the employer of choice. We will achieve this by prioritising the safety, health and wellbeing of our people – and ensuring there is equal access to opportunities and experiences. We have invested in our people, creating our own in-house bespoke development courses in Connects and Enable and we will build on these to ensure our staff become effective, values-led leaders, who understand and advance diversity and are equipped to take on the challenges that face us now and in the future.

As an anchor institution we will make sure we provide opportunities to all our population from school leavers, graduates, military, retirees and volunteers. We will continue to support our population and our people to live better through our already well-established well-being offers and staff networks which we will build further.

6. UHNM Strategy - Our Population

Finally, as a university teaching trust, we provide care to our local Stoke-on-Trent and Staffordshire population as well as specialised services to our much wider footprint of over a million people. Improving access and experience for all those we serve is important to us.

Our population is growing and demand for health and care services is increasing. Many illnesses we are seeing are preventable. Physical inactivity and excess weight, smoking and excess alcohol consumption are significant contributors to poor health. This results in increasing numbers of people living with cardiovascular disease, respiratory disease, musculoskeletal conditions and cancer. Groups who are

marginalised, live in deprived communities, and have other protected characteristics are at increased risk of preventable disease and premature death.

Our local population has a shorter life expectancy compared to other areas in England and spend between 16 and 22 years living in poor health. This is stark in Stoke-on-Trent where 53% of the local population lives in the 20% of the most deprived communities in England.

As a large acute trust serving both a local and regional population, there is a significant amount that we can do to influence the health of our population, both in terms of the services that we provide as well as the advice and guidance that we share with our patients

The 10 Year Health Plan, to be published later in the spring, will deliver the 3 big shifts our NHS needs to be fit for the future: from hospital to community, from analogue to digital, and from sickness to prevention.

Our ambition is to focus on preventing sickness, so that people live as much of their life as possible in good health and that, when care is needed, the best outcomes are experienced by all.

This means:

- Understanding the needs and inequalities in our population to inform targeted interventions. This is in addition to the national CORE20PLUS5 framework, which is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement; the ICS has its own local priorities which are to reduce infant mortality, cardiovascular disease, respiratory disease, cancer, liver disease and improve vaccination uptake.
- Collaborating more closely across geographical borders to tackle inequalities in specialist services.
- For patient voice - listening and learning to improve access, experience and outcomes for those who need it most, i.e. seldom heard communities, those experiencing poverty.
- Developing our hospitals as smoke-free and healthy lifestyle campuses; promoting health & wellbeing at every opportunity, for patients, families, carers & our people.
- Forming new relationships to personalise care to prevent complications from illness and emergency admissions in patients with frailty and long-term conditions.
- Strengthening local communities through creating pathways into employment, making best use of our estate, resources and procurement to improve the economy and environment.

We have described the benefits of being an Anchor Institution on “our people” – the same applies to our population. We have the ability to influence the wider determinants of health through the role that we play as a major employer/organisation in our local economy. Some of the programme areas where we plan to help more positively impact on the lives of our local population:

- Purchasing supplies and services from organisations that embed social value to make positive environmental, social and economic impacts.
- Widening access to community spaces, working with partners to support high-quality, affordable housing and supporting the local economy and regeneration.
- Taking action to reduce carbon emissions and consumption, reduce waste and protect and enhance the natural environment.
- Collaborating with communities to help address local priorities, build on their energy and skills; and work with other anchors and partners to increase and scale impact.

7. Executive Leadership Developments

Dr Matthew Lewis, Chief Medical Officer, left his role at UHNM at the end of March to take up a role with NHS Birmingham & Solihull ICB as Medical Director - Integrated Care. We are very grateful for all of Dr Lewis’ contributions in supporting UHNM over the last four years.

Following an internal expression of interest and interview process, and the subsequent necessary approval by the Nominations and Renumeration Committee of the Trust Board, Dr Diane Adamson will be taking up the Interim CMO post here at UHNM for a period of between 6 and 12 months. Originally qualifying as a nurse before retraining as a doctor, Di currently has most recently been the Divisional Medical Director for

Women's, Children's and Clinical Support Services. She has also held a number of other leadership roles here at UHNM. I am also grateful to the three Deputy Chief Medical Officers – Dr Mark Poulson, Dr Ann-Marie Morris and Dr Adrian Large – for their ongoing hard-work and support.

8. OPEL 4

In previous reports I have spoken much about the actions required to support operational pressure and help improve patient flow across both our hospitals. This is because we have been under continued operational pressure for many months now and have escalated to OPEL (Operational Pressures Escalation Level) 4 so many times.

There is a pattern of increased pressure over the weekend, and we have often begun the week in a poor position with significant numbers of ambulances holding outside A&E and a number of patients in beds who no longer need to be. This means that Tuesdays are often particularly challenging, and the following days are spent trying to recover, ending the week in a slightly better position. It is a cycle we need to break, and this can only be done if we follow the processes and procedures we have in place already.

Due to the increased pressure we have been in OPEL 4 - the highest level of internal escalation – on and off (mainly on) for many weeks over recent months. This allows us to be able to take additional steps to maintain safe services for our patients and help us cope with the significant and growing demand we are facing.

Operations Pressure Escalation Levels (OPEL) is a method used by the NHS to measure the stress, demand and pressure a hospital is under, with OPEL 4 representing the highest escalation level before we are tipped into a Critical Incident. OPEL 4 is declared when a hospital is 'unable to deliver comprehensive care' and patient safety is at risk and is not somewhere where we should be as regularly as we are. Most acute trusts operate in OPEL 2 or 3.

The safety of our patients and colleagues is vital; and the decision to declare OPEL 4 acknowledges that we are at a point where we cannot continue in the way we are due to the increased risk of harm. This risk is not just here in our hospitals, but in the community also, because we are compromising the ability of ambulances to respond to life-threatening emergencies.

Some of immediate actions taken by our teams and our partners, include:
Extended hours in other emergency portals

- Cancellation of elective procedures (we have continued to prioritise the most urgent and cancer)
- Outlying medical patients in ward 112
- Seeking support from NHS and social care community partners and other Integrated Care Board (ICB) systems
- Use of additional holding spaces and chair spaces for Your Next Patient both during the day and overnight
- Use of the ED Corridor (to maximum 15)
- Standing down meetings, training and other core activities
- Diverting ambulances who would normally attend Stoke site to County which shares the risk across our two hospital sites.

9. NHS Staff Survey 2024

The NHS Staff Survey is the biggest of its kind in the NHS, gathering views on your experience at work around key areas such as equality, diversity and inclusion; health and wellbeing; morale; quality of care and safe environment.

The 2024 survey was once again aligned to the seven elements of the national NHS People Promise, which are:

- we are compassionate and inclusive;
- we are recognised and rewarded;
- we each have a voice that counts;
- we are safe and healthy;
- we are always learning;

- we work flexibly;
- we are a team

The survey also asked questions on staff engagement, morale and for the second year in a row, our views on feeling safe.

Our response rate matched last year at 45% which means almost 5,680 people took time to tell us what it is like to work for UHNM, which is largely in line with other NHS organisations.

It was great to see that improvements have been made overall across three areas - “we work flexibly”, “we are a team”, and staff morale - and that we have sustained the improvements made in 2023 in all other areas, despite the operational pressures we have been under.

When comparing UHNM results from last year to 2024, there was also an improvement in the number of staff saying UHNM respects individual differences; provides opportunities for flexible working; as well as staff recommending UHNM as a place to work.

Inevitably there are areas where we need to improve, and these include staff saying they come to work despite not feeling well enough; not having adequate resources or supplies to do their job and not feeling valued following a personal development review.

During 2024 we focused on working flexibly and providing a compassionate and inclusive environment, so it is pleasing to see that survey results had made either year on year improvements or improvements had been maintained in these areas.

Over the coming year we will be building on the progress so far which includes continuing our focus on creating a work environment which is safe and healthy.

It is very disappointing that there were cases of staff recording unwanted behaviour of a sexual nature from members of the public (7.6%) and from colleagues (4.6%). Both of these numbers are too high, and we continue work hard on this agenda to ensure staff can come to work and feel safe.

In relation to Workforce Race Equality Standards all metrics have improved for ethnically diverse colleagues with notable improvements in colleague experience of harassment, bullying and abuse from patients and colleagues. There was also significant improvement in the number of colleagues saying they had a fair opportunity for career progression/promotion.

10. UHNM Brand Guidelines and Style Guide

If our values represent our beliefs and behaviours, and our culture is how we live and breathe those values, our brand is the outward expression of both these things. While branding encompasses everything from visual elements like logos and colour schemes, to the tone of voice used in our communications and even our social media posts, it goes beyond a logo and a catchy strapline. It is how we communicate who we are, what we stand for, and why we matter to our population.

This is why we have also recently taken the opportunity to refresh our corporate branding and style.

At UHNM we want to build on the trusted NHS identity and help people to respond positively to us. Our new core values and associated branding is a reflection of what staff have told us and who we are. Positive outcomes for staff and patients will all come when values, culture, and branding work in harmony.

Attention to detail, consistency and clear messaging is so important in creating trust. It is also necessary from an accessibility perspective, and NHS guidelines are clear about what we should and shouldn’t do in this respect. We now have a refreshed ‘brand’ being introduced and a gradual rollout across the majority of our internal and external communications. I have been pleased to see our Brand Guidelines and UHNM Style Guide being developed.

This was always intended to be an evolving process, not least because we wanted to ensure costs were kept to an absolute minimum (it's all been done in-house), but also to give us the opportunity to take any feedback on board.

11. CeNREE Third Anniversary

Our Centre for NMAHP Research and Education Excellence (CeNREE) was launched on 25 April 2022. Although originally envisioned to be a Centre of Excellence for nurses, midwives and AHPs (NMAHPs), as there is no established pathway for NMAHP engagement in research and clinical academia, we are seeing more inclusive and collaborative work between all professions come to fruition, which is of benefit to all, especially for our patients.

CeNREE provides an infrastructure to help NMAHP staff develop and lead research, signposting them to research expertise and to pursue academic development. One of the CeNREE priorities is to develop and support job planning to allow those staff with research in their job description to have protected research time. CeNREE also provides support to apply for funded research and development opportunities and we are working with local higher education institutions to develop a clinical academic career pathway. One of the main aims when we created CeNREE was to increase the visibility of research in everyday clinical practice at UHNM, and we know this is happening which is fantastic.

With the launch of the new UHNM strategy, focused on our people, our patients and our population, it is more evident than ever that CeNREE can underpin all three elements: we know that research active organisations have improved clinical outcomes for patients, so supporting staff to achieve a level of excellence in evidence-based practice is absolutely key. The team is becoming known to an increasing number of our colleagues.

Finally, here are just a few of the achievements CeNREE has supported over the past three years:

- >250 NMAHP contacts receiving support from CeNREE
- Five successful prestigious NIHR PCAF awards
- One successful NIHR DCAF award
- Two successful NIHR Senior Research Leader awards
- One successful NIHR pre-application support award
- One successful Cystic Fibrosis Trust fellowship award
- Two successful North Staffs Medical Institute Award
- One successful WM CRN Personal Development Award
- Three successful NHSE Clinical Leadership Fellows
- Two successful FoNS Inspire Improvement Fellows
- Successful graduate of Developing Aspirant Ethnic Minority Leaders (DAL) Programme
- 42 Chief Nurse Fellows
- Thriving Research Ambassador Programme
- Stepping Stone Award to UHNM nurse
- Three annual research showcases
- CATALYST event resulting in five active research groups
- Internship / Work Experience / Student research placements
- Developing collaborations e.g. deconditioning global project

12. Stoke-on-Trent District Energy Network

The Estates, Facilities and PFI division have been busily developing a close partnership with Stoke-on-Trent City Council and SSE Energy Solutions Ltd, a subsidiary of SSE plc, to investigate connecting our Royal Stoke site to the proposed Stoke-on-Trent District Energy Network (DEN). The innovative scheme would see our site receive both heat and power recovered from the planned new Energy Recovery Facility (incinerator) at Hanford.

Heat networks are at the heart of the UK's net-zero carbon strategy and as such, this major infrastructure scheme is backed by the government's Green Heat Network Fund, administered by the Department for Energy Security and Net Zero (DESNZ). As the biggest 'anchor' customer, UHNM would receive a resilient, low-carbon alternative to traditional heating and power systems—reducing emissions and protecting against energy market volatility. The scheme will also create local jobs and deliver social value for the residents of the city.

Heads of Terms that set out the key points and terms of the future heat and power contracts for the scheme, have been presented to the Trust Executive Team, and I am delighted to announce that these were well received, fully supported and now signed. This paves the way for the development of full contracts and a business case, that will be presented to Trust Board in July 2025 for consideration. If the business case is favourable and duly agreed, we will be working towards connection to the DEN around the end of this decade.

13. Employee and Team Recognition

i) UHNM Awards

Since my last Board report I have made the following UHNM awards:

Employee of the Month – April 2025: Jack Thornton

Last month I had the pleasure of surprising porter Jack Thornton with UHNM's Employee of the Month Award. Earlier in the year Jack discovered a patient on the floor of the Imaging Department toilets at County Hospital. After determining that he was stable, Jack sought the help of clinical colleagues from Imaging to transfer him to the Emergency Department where Jack made sure the patient and his relative were properly looked after.

It was wonderful to see Jack's colleagues and managers join us for the presentation, and it was obvious how proud they are of him, and after meeting Jack, it was easy to see why. Jack joined UHNM almost three years ago, moving from a career working in retail. He wanted to help people, and his compassion and modesty shone through.

Team of the Month – April 2025: PACS Refresh Team

This award recognised the PACS Refresh Team. The fact that this piece of work went almost unnoticed by the rest of the organisation is testament to the collective hard work in delivery. The picture archiving communications system (or PACS) is the central imaging database for UHNM and is home to some 11 million studies. As part of our PFI contract, every five years its hardware is in need of replacing, which sounds straightforward on the surface, however the complexity and number of systems used to operate UHNM's Imaging reporting and X-ray systems is vast and complex.

A project team was formed, led by managers from each specialist area including Imaging, our on-site PACS Team, Digital Services, Capital Projects and our PFI partners to ensure a project plan was mutually agreed and delivered. During the backdrop of a very turbulent December the system changeover was completed successfully within seven hours, with minimal impact to clinical activities.

Whilst the outcome of all this thankfully went unnoticed by most of us, the hard work and dedication of those involved didn't, and I was delighted to recognise those involved with a project 18 months in the making.

Chief Executive Award – April 2025: Soft FM and Recruitment Team

The deserving winners of my own Chief Executive Award have given a disadvantaged group of young people possibly the most important thing you can have at the very beginning of your career - an opportunity.

For context, Stoke-on-Trent has the highest number of children in local authority care of any other city in the UK. Rightly so then, it was successful in being selected as one of five pilot projects across the country to help support young people, who at some point in their lives have experienced the care environment, into entry-level roles in healthcare.

The project has been led by the Estates, Facilities and PFI's Soft Facilities Management (FM) team, and several recruitment events and much out-of-hours work, has led to 26 young people from across Stoke-on-Trent and Staffordshire being offered substantive positions within Soft FM across both our sites. However, none of this would have been possible without the full support of UHNM's Recruitment Team, in arranging and attending these recruitment days alongside the Soft FM Team.

This joint working is just the sort of thing we should be doing and does so much for our people and local population. The project has proven to be a fabulous opportunity to change the lives of these enthusiastic young people, supporting them in becoming independent and fulfilling their full potential.

Chief Executive Award – April 2025: County Hospital Maternity, Anaesthetics and Theatres
This award was made in recognition of the exceptional skill and teamwork that went into the management of a 35-week pregnant patient in March at County. The outcome for mother and baby was good. This positive outcome would not have been possible had it not been for a massive multi-disciplinary effort, that brought colleagues together to undertake something we ordinarily wouldn't do at County, but it was considered that there was no choice under the circumstances. I am very proud and grateful to everybody involved for what they did and can only imagine how difficult it was for those being faced with what can only be described as a very high-pressured situation. Fortunately, the right people were in place at the right time, making the right decision, supported with the right specialist advice.

UHNM Hero Award – April 2025: Ash Khalifa
Ashifa Khalifa, or 'Ash', as she is affectionately known by her colleagues in the Royal Stoke's Outpatient Department, is the latest recipient of a UHNM Hero Award. What makes these awards so special and meaningful is the nominations come directly from our patients and their loved ones, who have taken the time to share their heartfelt appreciation for the care they have received.

Ash, a Clinical Support Worker, was nominated following an intervention with a 90-year-old patient attending for an outpatient's appointment. She was described as "*an absolute breath of fresh air*."

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

- ED, Royal Stoke
- Bronwyn Cutler - Palliative Care Specialist Nurse
- Sophie Sinclair - Upper GI Support Nurse
- Betty Creighton - Volunteer
- PALS
- Dr Edward Parkes - ED, Royal Stoke
- Dr Adam Rahman - ED, Royal Stoke
- Jonathan Tringham - Director of Operational Finance
- Lesley Roberts - Head of Nursing and Operations, Acute Care at Home
- Louisa Fulbrook - Lead Librarian, Health Library
- Carol Williams - Staff Nurse, Interventional Radiology
- Mark Oldham - Chief Finance Officer
- Dr Mark Poulson, Deputy Chief Medical Officer
- Dr Ann-Marie Morris, Deputy Chief Medical Officer
- Dr Adrian Large, Deputy Chief Medical Officer
- Sarah Preston, Director of Strategic Finance

Part 2: Consultant Appointments

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

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant Neonatologist	Vacant post	Yes	TBC
Consultant Obstetrician & Gynaecologist	Vacant post	Yes	TBC
Consultant A&E	Newly created	Yes	TBC

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

Post Title	Reason for advertising	Start Date
Consultant Musculoskeletal Radiologist	Newly created	1.3.2025
Consultant Cardiothoracic Anaesthetist	Newly created	14.3.2025
Consultant Neurologist	Vacant post	5.3.2025
Consultant Fetal Medicine Obstetrician	Newly created	28.4.2025

No medical vacancies closed without applications / candidates during March and April 2025.

Medical Management Appointments

No medical management interviews have taken place during March and April 2025.

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

Post Title	Reason for advertising	Start Date
Clinical Lead - Trauma	Vacant post	1.4.2025
Deputy Clinical Director - Obstetrics	Vacant post	1.4.2025

No medical management vacancies closed without applications/candidates during March and April 2025.

Executive Summary

Trust Board | 7th May 2025

Board Assurance Framework - Q4

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**		**Assurance**	✓	**Agenda Item:**	7.
Author:	Nicola Hassall, Deputy Director of Governance & Executive Leads								
Lead:	Claire Cotton, Director of Governance								

Alignment with our Strategic Priorities		
	Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
	Our Patients We will provide timely, innovative and effective services to our patients	✓
	Our Population We will tackle inequality and improve the health of our population	✓

Risk Register Mapping
No associated risks

Executive Summary

Situation

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

Background

The strategic risks contained within the 2024/25 BAF were refreshed by the Executive Team and agreed by the Board in March 2024 in line with our annual review process.

Assessment

- The 'most threatened' of our Strategic Priorities is 'Quality', with all 9 Strategic Risks posing a threat to its achievement. This is followed by 'Responsive' and 'People', each with 8 Strategic Risks posing a threat.
- The most significant Strategic Risks are 'Delivering Responsive Patient Care', 'Digital Transformation', and Financial Sustainability, which have the highest risk score of Extreme 20, all of which are above their tolerance.
- 'Research & Innovation', and 'Financial Sustainability' have increased in risk score this Quarter.
- 'Delivering Positive Patient Outcomes has reduced slightly in Quarter to Extreme 16
- 'Financial In Year Delivery' is the only risk which has reduced to below its target (at Moderate 5). 'Improving the Health of our Population' has reduced in risk score to achieve its target of High 10 and Fit for Purpose Estate has continued to be in line with its risk tolerance score. All other remaining risks are above the tolerated risk appetite score.
- The number of linked risks in the quarter have increased for 6 / 9 risks, with the most linked risks continuing to be in relation to 'Delivering Positive Patient Outcomes'.
- 13 actions have moved to 'complete / BAU' during Quarter 4 with 8 / 9 risks having identified problematic actions and 7 / 9 risks having actions which have been delayed – these problematic and delayed actions are to be re-considered as part of the Quarter 1 2025/26 BAF. 1 new action has been identified during the quarter.
- There are a number of sources of assurance which have not been seen in line with business cycles and where possible, these are or have been rescheduled.

Key Recommendations

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

University Hospitals of North Midlands NHS Trust

Summary Board Assurance Framework

Quarter 4 2024/2025

Kind Excellent Together

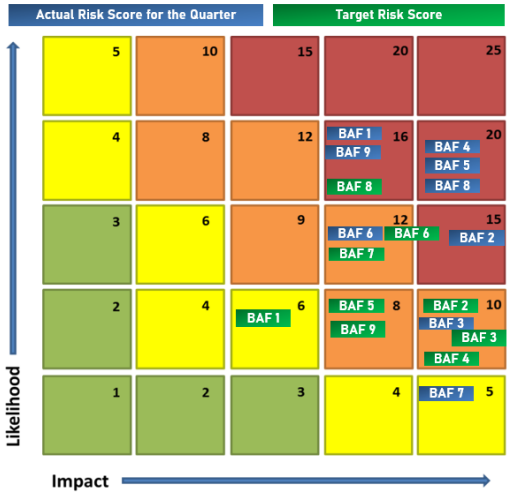
High Level Overview

NHS University Hospitals of North Midlands NHS Trust

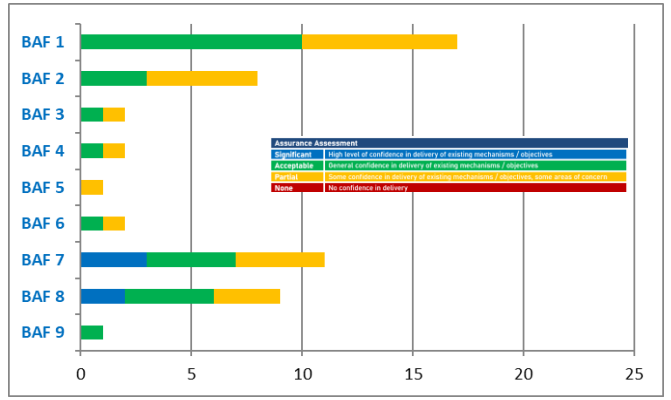
Strategic Risk Summary

Assurance Committee	BAF No.	BAF Risk Title	Risk Score and Assurance Assessment Q1	Q2	Q3	Q4	Target	Appetite / Tolerance	Linked Risks	Longer Term Risk Actual v Trajectory	Action BRAG
Quality Governance Committee	BAF 1	Delivering Positive Patient Outcomes	High 12	High 12	Ext 20	Ext 16	Mod 6	Minimal	202 ↑		
							31/03/26	Above Tolerance (4 - 6)			
People, Culture & Inclusion Committee	BAF 2	Improving Workforce Sustainability & Culture	Ext 16	Ext 15	Ext 15	Ext 15	High 10	Open	139 ↑		
							~~31/03/25~~ 31/03/26	Above Tolerance (8-12)			
Strategy & Transformation Committee	BAF 3	Improving the Health of our Population	Ext 15	Ext 15	Ext 15	High 10	High 10	Open	0 →		
							31/03/25	At Tolerance (8-12)	*Graph not available as no linked risks identified*		
	BAF 5	Digital Transformation	High 12	Ext 16	Ext 20	Ext 20	High 8	Open	94 ↑		
							~~31/03/25~~ 31/03/26	Above Tolerance (8-12)			
	BAF 9	Research & Innovation	High 12	High 12	High 12	Ext 16	High 8	Cautious	4 →		
							30/09/25	Above Tolerance (4 - 6)			
Performance & Finance Committee	BAF 4	Delivering Responsive Patient Care	Ext 20	Ext 15	Ext 20	Ext 20	High 10	Open	61 ↑		
							30/09/25	Above Tolerance (8-12)			
	BAF 6	Fit for Purpose Estate	High 12	High 12	High 12	High 12	High 12	Open	79 ↑		
							31/03/29	At Tolerance (8-12)			
	BAF 7	Financial In Year Delivery	Ext 16	Ext 16	High 12	Mod 5	High 12	Open	35 ↑		
							31/03/25	Below Tolerance (8-12)			
	BAF 8	Financial Sustainability	Ext 16	Ext 16	Ext 16	Ext 20	Ext 16	Open	4 →		
							31/03/25	Above Tolerance (8-12)			

Strategic Risk Heat Map



Assurance Outcomes Overview



Positive Assurances to Note

- 3 / 9 (↑) risks identified as providing acceptable assurance
- 9% (↑) assurances were rated as significant assurance and 47% (↑) as acceptable assurance
- 35% (↑) of actions have been completed with 8% (↓) on track
- 3 / 9 risks in line or below risk tolerance and target risk score

Matters of Concern

- 6 / 9 (↓) risks identified as providing partial assurance
- 16% (↑) of assurance were not seen during Q4
- 43% (↓) assurances were rated as partial assurance and 0% (→) identified as having no assurance
- 22% (→) of actions are delayed and 35% (↑) problematic
- 6 / 9 (↓) risk scores are above the tolerance

Kind Excellent Together

BAF 1: Delivering Positive Patient Outcomes

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

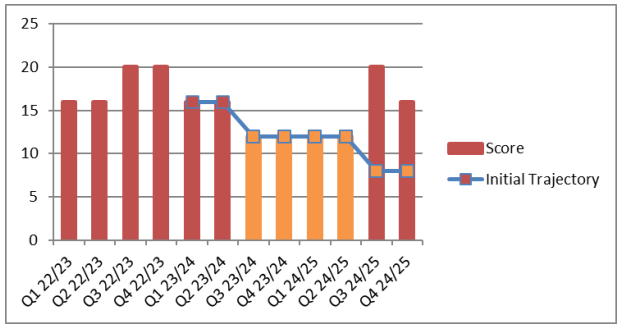
NHS University Hospitals of North Midlands NHS Trust

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

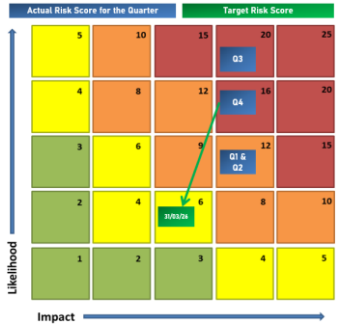
Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	Ext 20	Ext 16	Mod 6 31/3/26

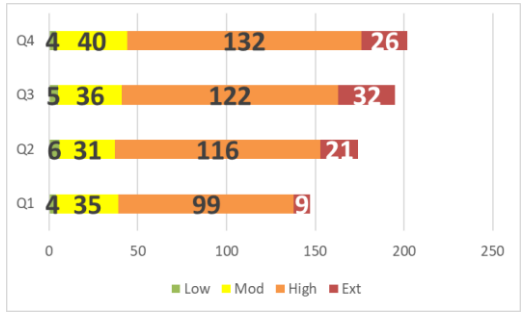
Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix



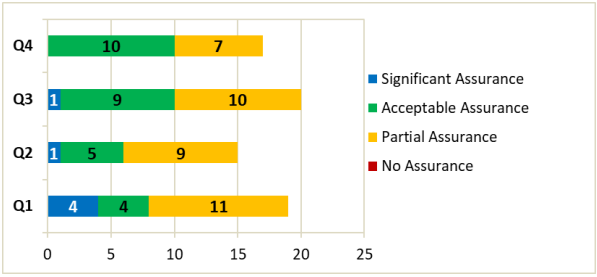
Linked Risks on Register



Rationale for Risk Level

The risk score has reduced in Q4, taking into account the outcome of the CQC review of maternity and an improved rating to Good, as well as reduction in infection rates. However, there remained ongoing pressures during the quarter, with declaration of critical incidents, continued use of Your Next Patient and negative impact on activity and waits, Gaps in control relate to the ability to maintain future workforce requirements with further assurance required on non-clinical workforce staffing.

Committee Assurance Outcomes

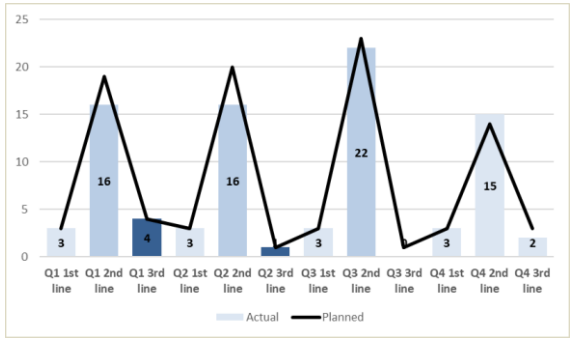


Summary of Controls

Overview

- Risk score reviewed and reduced but expected to be above agreed tolerance until 2026
- Continues to have the highest number of 'linked risks' on the risk register, and this has increased to 202 from 195 at Q3, although the number of linked risks rated as Extreme had reduced (26)
- 7 / 24 assurances for the quarter were rated as having partial assurance; 2 sources of assurance were not rated
- 19 / 24 assurances were seen as planned during the quarter
- Target dates for 4 actions have are not on track with their original target date, and these are to be reconsidered for 2025/26. 4 actions have been completed

2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Support delivery of Non-Elective Improvement Prog	New date TBC				
2	Enhance harm review process	New date TBC				
3	Reduce / eliminate CEF bronze rated areas	New date TBC				
4	Continue improvements in meeting S29a Notices	01/04/2025				
5	Embed clinical effectiveness processes	New date TBC				
6	Continue rollout of Improving Together	30/06/2025				
7	Understand root cause of increased HAI rates	31/03/2025				
8	Develop delivery plan for Oliver McGowan full day training	31/05/2025				
9	Implement Martha's Rule	31/03/2025				
10	Deliver ePMA programme	31/12/2025				
11	Improve complaints response times to target	01/09/2025	N/A			
12	Assess impact of iPortal downtime	31/03/2025	N/A	N/A		
13	Review visiting guidance in view of changes in legislation	30/09/2024				

BAF 2: Sustainable Workforce

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

University Hospitals of North Midlands NHS Trust

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

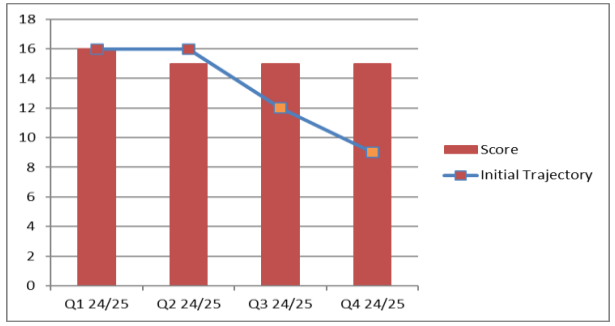
Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 16	Ext 15	Ext 15	Ext 15	High 10 31/03/26

Rationale for Risk Level

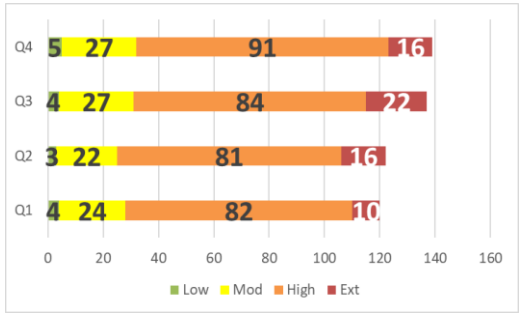
- The risk score has remained the same as Q3 despite some positive progress having been made. Key metrics of the People Plan such as staff engagement, apprenticeships, sickness absence, vacancy rates, staff turnover, training compliance, appraisals, and agency pay continue to be monitored.
- Gaps in control relate to demand outstripping capacity both within Divisions and the People Directorate. In addition, further assurance is required in relation to the workforce plan including the target for workforce reduction

Risk Movement and Risk Reduction Trajectory

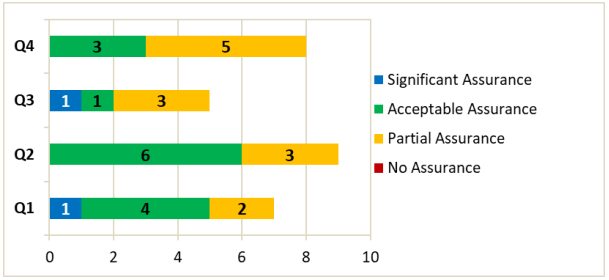


Heat Map Risk Matrix

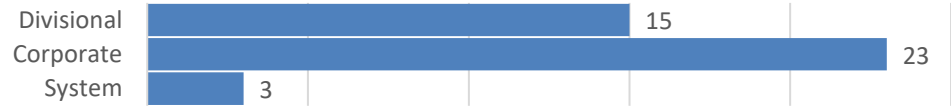
Linked Risks on Register



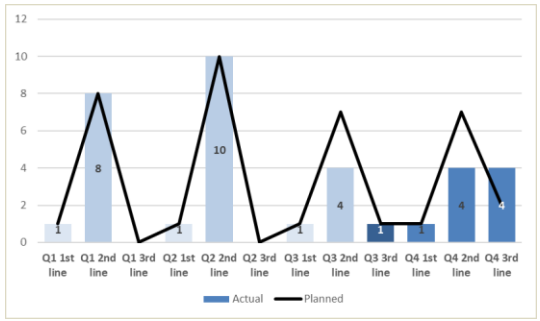
Committee Assurance Outcomes



Summary of Controls



2024 / 2025 Assurance Plan



Summary Action Plan

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

Overview

- Risk score higher than initial trajectory and is expected to be above the agreed tolerance until 2025/26
- Second highest number of 'linked risks' on the risk register at 139 an increase from 137 at Q3
- 5 / 12 assurances for the quarter were rated as having partial assurance and 1 source of assurance was not rated
- 9 / 12 assurances were seen as planned during the quarter
- Whilst progress has been made on actions these are to be reconsidered for the 2025/26 BAF

BAF 3: Improving the Health of our Population

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

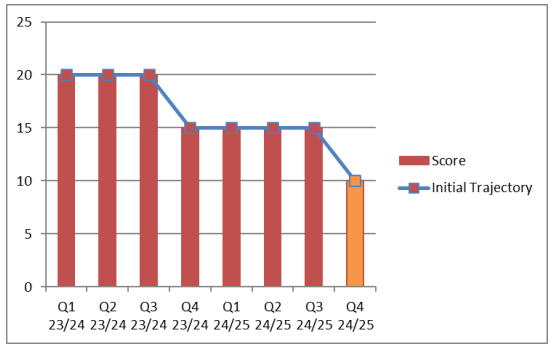
University Hospitals of North Midlands NHS Trust

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

Assurance, Risk Ratings & Target

Acceptable Assurance	Ext 15	Ext 15	Ext 15	High 10	High 10 31/03/26

Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix

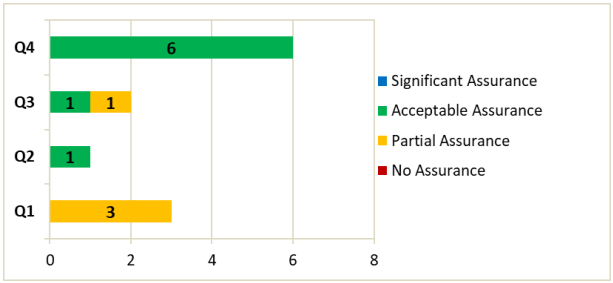
Linked Risks on Register

Graph not available as no linked risks identified

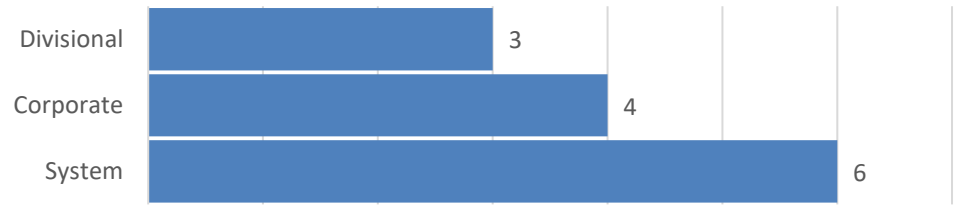
Rationale for Risk Level

- Risk score reduced and target achieved due to delivery against the outcomes framework being evidenced. Progress made in the quarter focussed forming a public health consultant alliance with the ICB. Funding has also been secured to continue the alcohol care team in 2025/26.
- Main gaps in assurance relate to sight of the strategic action plans which are to be completed by the end of Q1

Committee Assurance Outcomes



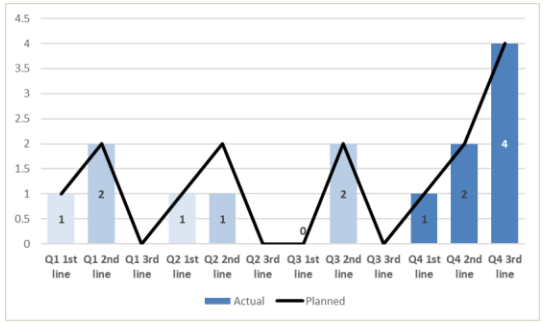
Summary of Controls



Overview

- Risk score has now achieved the target risk score and in line with the risk tolerance
- There continue to be no linked risks identified on the risk register
- Whilst there has been an increase in assurances identified, these remain low when compared to other risks, although third line assurance incorporated into the most recent population health and wellbeing strategy update which was rated as acceptable assurance.
- Both actions have now been completed

2024 / 2025 Assurance Plan



Summary Action Plan

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

BAF 4: Delivering Responsive Patient Care

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

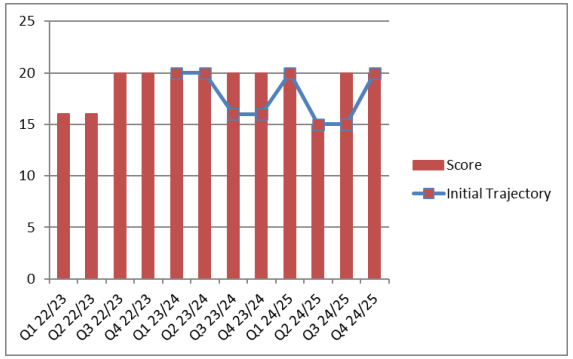
NHS University Hospitals of North Midlands NHS Trust

If we are unable to create sufficient capacity to deal with service demand, then we may be unable to treat patients in a timely manner, resulting in poor patient outcomes, potential patient harm, impact on staff wellbeing, continued regulatory control and negative impact on the financial position

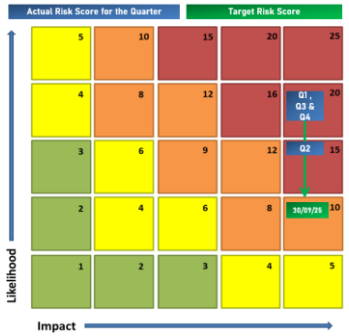
Assurance, Risk Ratings & Target

Partial Assurance	Ext 20	Ext 15	Ext 20	Ext 20	High 10 30/09/25

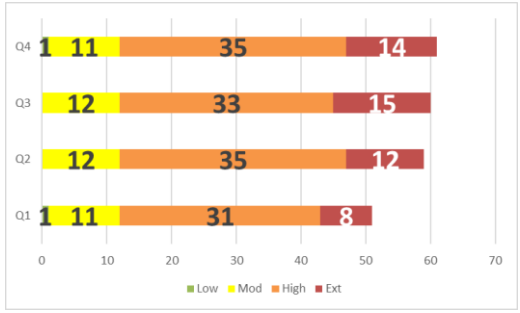
Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix



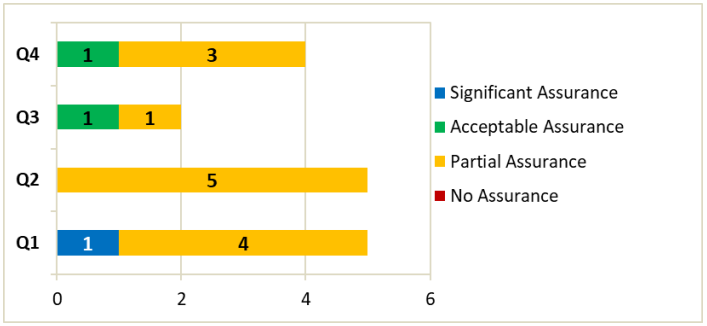
Linked Risks on Register



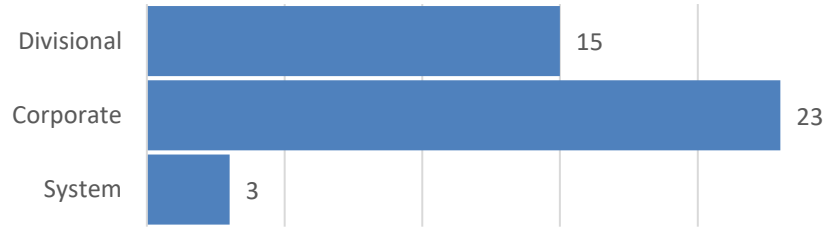
Rationale for Risk Level

- The risk score has remained the same due to continuing impact of winter pressures, challenges with timely ambulance handovers, higher volume of walk-ins, and challenges with the discharge profile.
- 4-hour performance targets continued to be missed although there were some improvements in planned care performance and RTT.
- Continued spikes in covid, norovirus, and flu a and b led to bed closures.
- Progress on UHNM winter plan schemes assessed and system winter washup to take place
- Main gaps in control relate to the ability to create additional capacity, and gaps in assurance relate to the discharge profile and reporting on urgent and emergency care recovery, to the newly formed Recovery Programme Board

Committee Assurance Outcomes



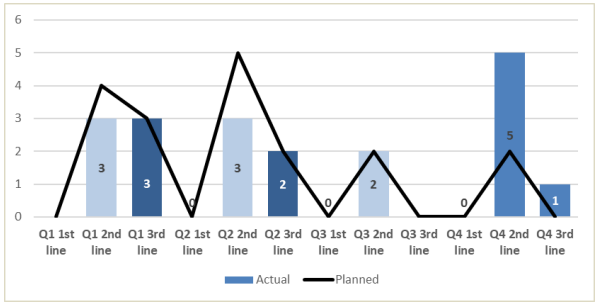
Summary of Controls



Overview

- The risk score continues to be above the initial trajectory and is expected to be above tolerance until September 2025
- 61 linked risks on the Risk Register, a slight increase 60 at Q3
- 3 / 6 assurances seen as planned and rated as partial assurance with 2 sources of assurance not rated
- 1 action has been completed in the quarter, with the remaining 7 being re-considered as part of the 2025/26 BAF

2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Increase capacity - County Hospital Elective Care Centre	New date TBC				
2	Explore/develop data and technology to support services	31/03/2025				
3	Deliver objectives in non-elective improvement programme	30/09/2025				
4	Deliver objectives in elective improvement programme	New date TBC				
5	Two phased rightsizing work looking at best use of capacity	New date TBC				
6	Harm review process for patients waiting for elective care	New date TBC				
7	Winter bed modelling to be reviewed and assessed	30/05/2025	N/A	N/A		
8	Large language data validation of waiting lists via MBI	31/07/2025	N/A	N/A		
9	Introduction of finance, activity and productivity meeting	01/05/2024				
10	Consideration of expanded capacity through ERF	30/07/2024				

BAF 5: Digital Transformation

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

University Hospitals of North Midlands NHS Trust

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

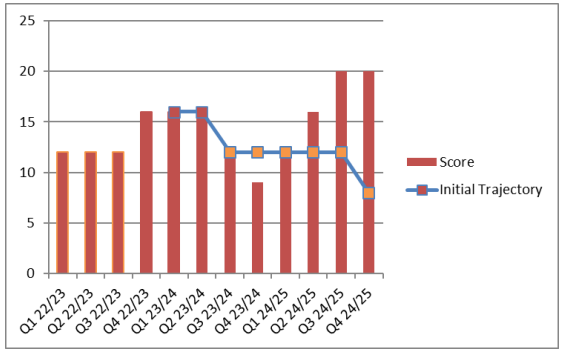
Assurance, Risk Ratings & Target

Partial Assurance	High 12	Ext 16	Ext 20	Ext 20	High 8 31/03/26

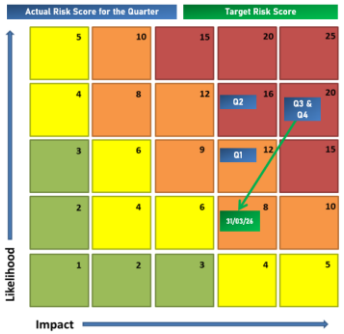
Rationale for Risk Level

- National funding for the Electronic Patient Record has in principle been agreed from 2026/27 to 2028/29 however this is subject to the outcome of the spending review. The Outline Business Case (OBC) has been approved at Trust Board and submitted to the region. Current performance of CareFlow is challenging and having an impact of the delivery of clinical services.
- NHS England 2024 Secondary Care EPR Usability Survey results have been received which evidences that UHNM staff are dissatisfied with the collection of digital clinical systems used to facilitate the delivery of care.
- Main gaps in control relate to continued lack in meeting nationally mandated standards and use of obsolete technology with main gaps in assurance relating to lack of data protection impact assessments and digital technology assessment criteria.

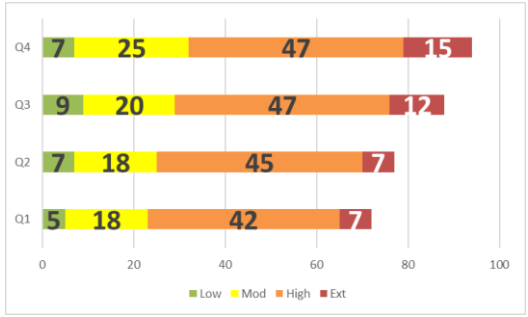
Risk Movement and Risk Reduction Trajectory



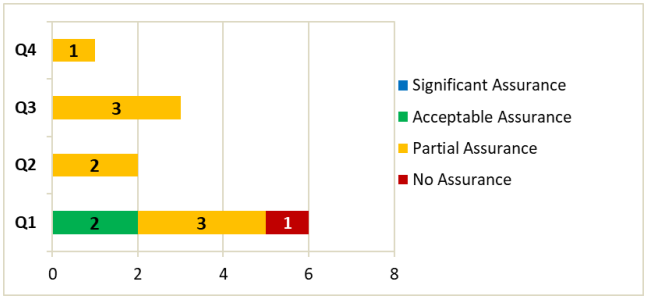
Heat Map Risk Matrix



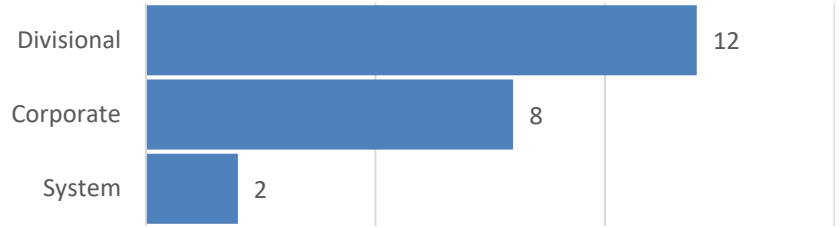
Linked Risks on Register



Committee Assurance Outcomes



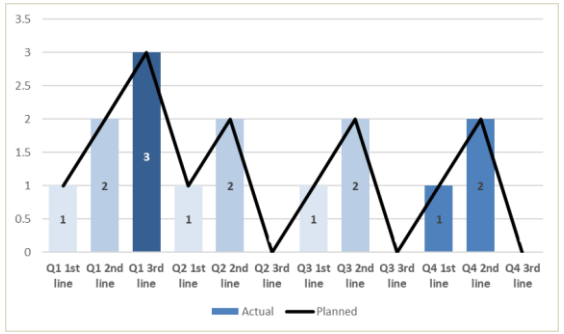
Summary of Controls



Overview

- Risk score has remained the same as Q3 and above the risk score tolerance whereby the target will not be achieved until March 2026.
- Number of linked risks on the Risk Register slightly increased to 94 from 88 at Q3
- 3 / 4 assurances seen as planned during the quarter, 1 of which received a rating of partial assurance and 2 which were not rated
- 4 actions have been completed in the quarter, with the remaining 2 being reconsidered for the 2025/26 BAF

2024 / 2025 Assurance Plan



Summary Action Plan

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

BAF 6: Fit for Purpose Estate

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

NHS University Hospitals of North Midlands NHS Trust

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

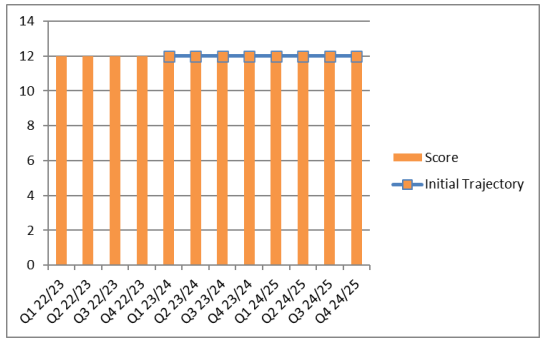
Assurance, Risk Ratings & Target

Acceptable Assurance	High 12	High 12	High 12	High 12	High 12 31/03/29

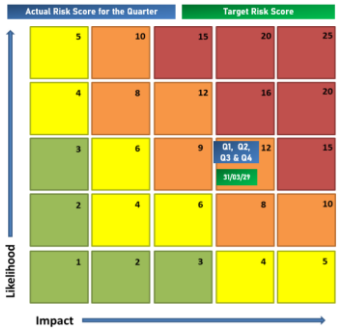
Rationale for Risk Level

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

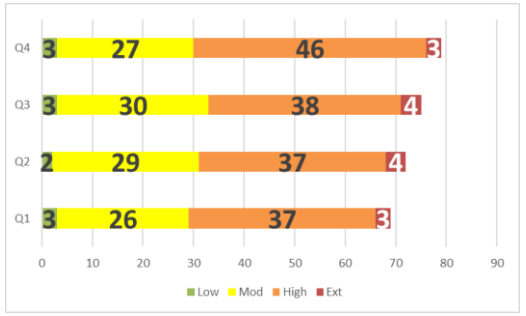
Risk Movement and Risk Reduction Trajectory



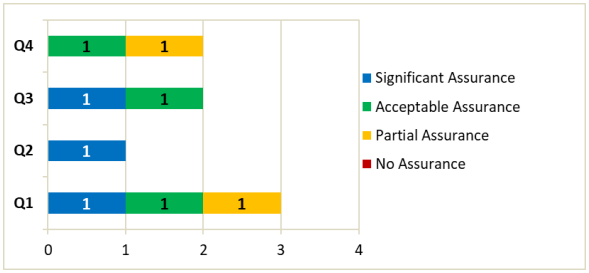
Heat Map Risk Matrix



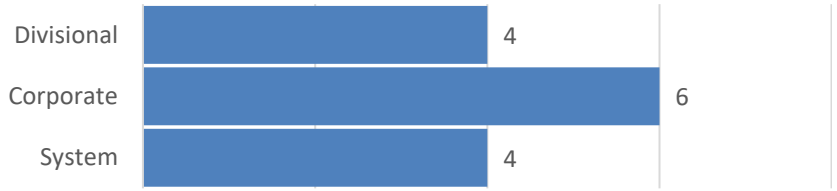
Linked Risks on Register



Committee Assurance Outcomes



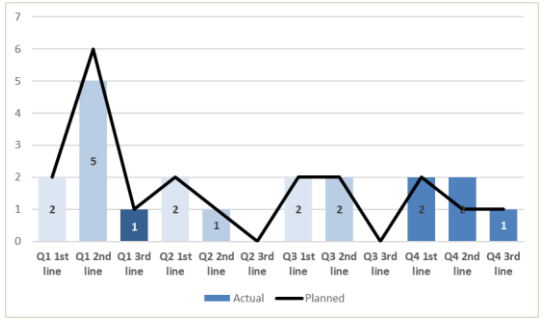
Summary of Controls



Overview

- Risk score remains in line with trajectory and in line with tolerance
- Number of linked risks on the Risk Register has increased slightly to 79 from 75 at Q3
- 5 / 6 assurances seen as planned; 1 of which was partial assurance, and 3 sources of assurance were not rated
- 1 action has been completed in quarter, with the remaining actions being reconsidered as part of 2025/26 BAF planning

2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Funding allocation	30/06/2025				
2	Strategy preparation for future bids	30/06/2025				
3	Supply chain partners	30/06/2025				
4	Adapting to a changing climate	31/03/2025				
5	Sustainability/net zero carbon	31/07/2025				
6	Workforce	30/07/2025				
7	PFI partners / lender issues	31/07/2025				

BAF 7: Financial In Year Delivery

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

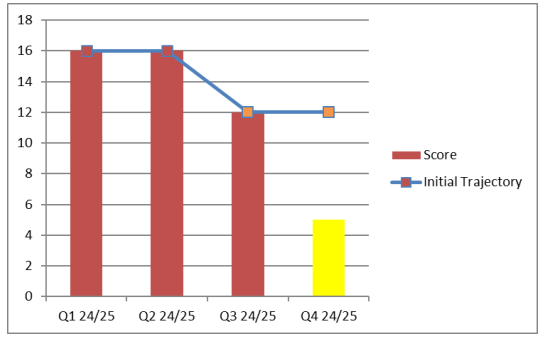
NHS University Hospitals of North Midlands NHS Trust

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

Assurance, Risk Ratings & Target

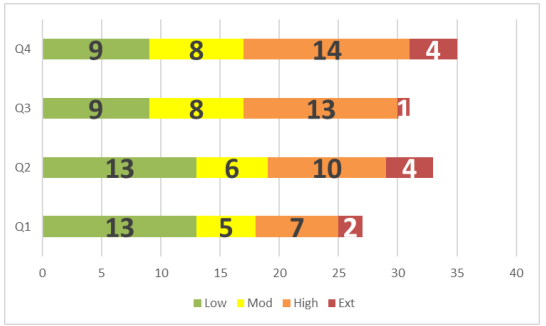
Acceptable Assurance	Ext 16	Ext 16	High 12	Mod 5	High 12 31/03/25

Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix

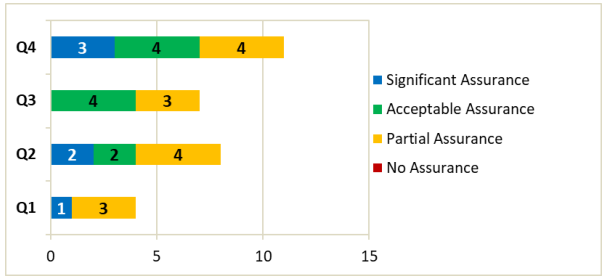
Linked Risks on Register



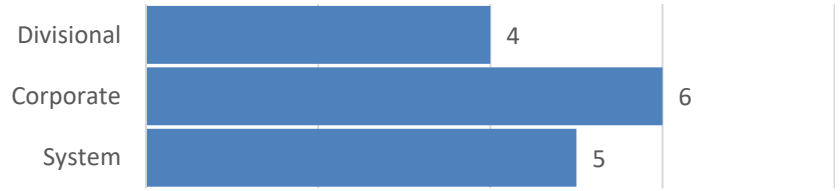
Rationale for Risk Level

- The financial plan has been signed off by the Board, and PAF receive a paper each month outlining the key assumptions and forecast for the year; at Month 11 unidentified mitigations totalling £18.1m are included within the forecast for the year which has now been agreed at £18.1M for the year.
- A review of initial month 12 position (subject to audit) indicates this forecast has been achieved
- Main gaps in control relate to a fully signed off CIP plan and the amount of recurrent versus non-recurrent savings

Committee Assurance Outcomes



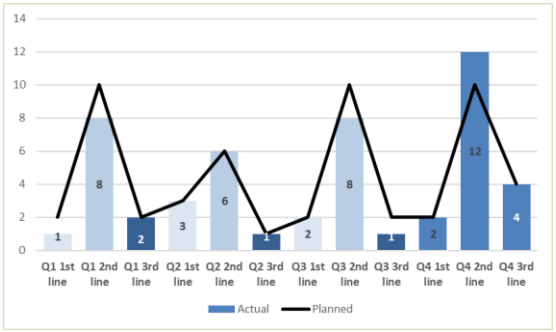
Summary of Controls



Overview

- Risk score reduced in quarter and below trajectory and tolerance level
- Linked risks on the Risk Register has increased slightly to 35 from 31 at Q3
- 18 / 18 assurances seen as planned; 4 of which were rated as partial assurance and 7 were not rated.
- One action completed in quarter with the remaining actions being reconsidered as part of 2025/26 BAF planning

2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Identification of recurrent CIP	New date TBC				
2	Ensure delivery of elective targets	30/04/2025				
3	Work with Recovery Director to identify further mitigations	28/02/2025	N/A			
4	Establish FRCGs to improve financial control	25/04/2025	N/A	N/A		
5	Complete external audit to get to unqualified position	30/06/2025	N/A	N/A	N/A	
6	Identification of non-recurrent mitigations to support the 2024/25 financial position	31/12/2025				

BAF 8: Financial Sustainability

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

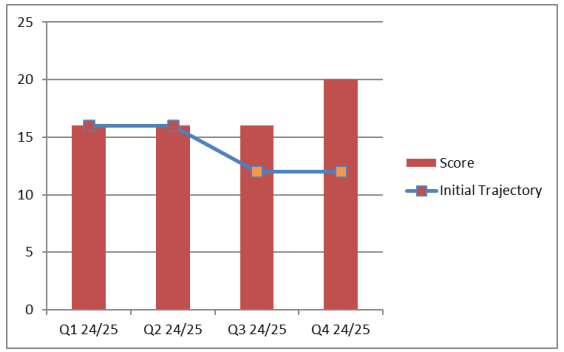
University Hospitals of North Midlands NHS Trust

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

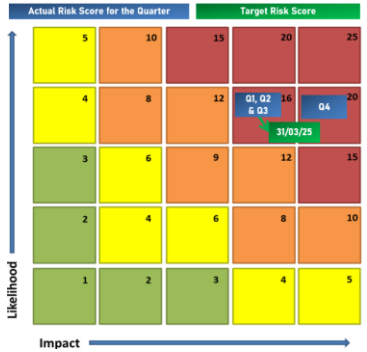
Assurance, Risk Ratings & Target

Partial Assurance	Ext 16	Ext 16	Ext 16	Ext 20	High 16 31/03/25

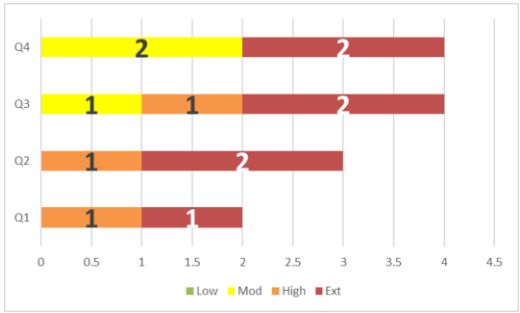
Risk Movement and Risk Reduction Trajectory



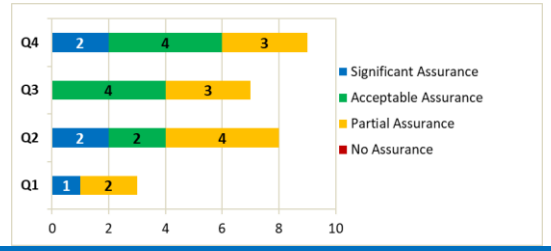
Heat Map Risk Matrix



Linked Risks on Register

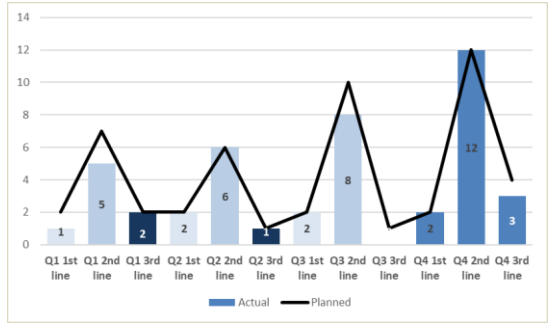


Committee Assurance Outcomes



Summary of Controls

2024 / 2025 Assurance Plan



Summary Action Plan

No	Summary Action	Due	Q1	Q2	Q3	Q4
1	Identification and delivery of in-year CIP target	31/05/2025				
2	Review the opportunity to recurrently increase elective activity targets	30/04/2025				
3	Establish FRCGs to improve financial control	25/04/2025	N/A	N/A		
4	Tough decisions	31/05/2025	N/A	N/A		

Rationale for Risk Level

- Risk score increased since last quarter to Extreme 20, reflecting the increased CIP requirement of £75m to get to a system breakeven position. At this stage the additional £30m stretch remains unidentified. Whilst enhanced vacancy control processes are in place this is unlikely to mitigate the risks of slippage on scheme development. Schemes need to be developed at pace and further mitigation needs to be identified.
- Main gaps in control relate to a fully signed off CIP plan and the amount of recurrent versus non-recurrent savings in addition to the contractual position not having been finalised. Gaps in assurance relate to the need to triangulate divisional planned activity versus income assumptions

Overview

- Risk score above trajectory and above tolerance
- Second lowest number of linked risks on the Risk Register (4)
- 17 / 16 assurances seen as planned; 3 of which were partial assurance and 8 were not rated
- All actions to be reconsidered as part of planning 2025/26 BAF

BAF 9: Research and Innovation

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

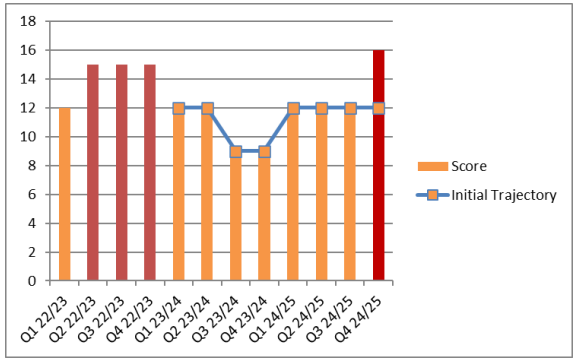
If we are unable to secure sufficient capacity, resource and skills needed, then we may be unable to deliver the Research and Innovation Strategy, resulting in a failure to maintain our reputation as a successful researching University Hospital, offer patients the opportunity to participate in research,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

University Hospitals of North Midlands NHS Trust

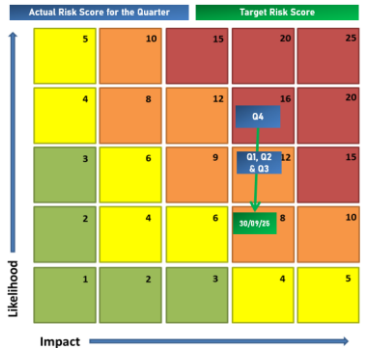
Assurance, Risk Ratings & Target

Partial Assurance	High 12	High 12	High 12	Ext 16	High 8 30/09/25

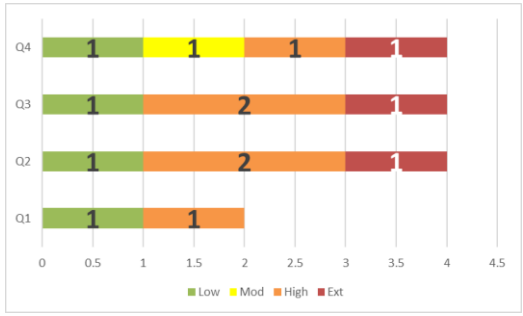
Risk Movement and Risk Reduction Trajectory



Heat Map Risk Matrix



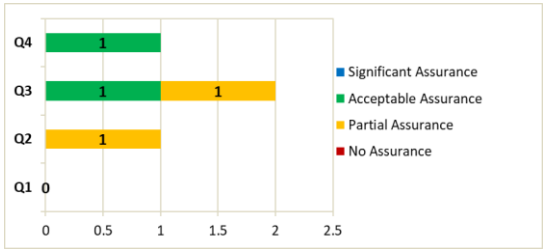
Linked Risks on Register



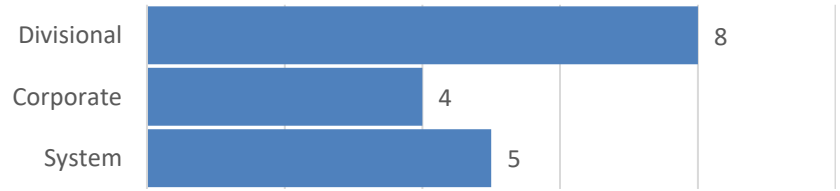
Rationale for Risk Level

- Risk score has increased in Q4 reflecting the financial challenges and in year cost savings required for Research & CeNREE.
- Main gaps in control relate to determining the criteria for assessing joint appointments and research active staff, lack of mandatory GCP training and no dedicated research facility. Gaps in assurance relate to lack of reporting into Committees

Committee Assurance Outcomes



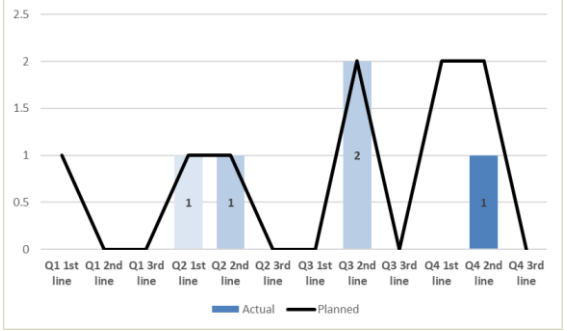
Summary of Controls



Overview

- Risk score above trajectory and tolerance until 2025/26
- Second lowest number of linked risks (4)
- Very few items of assurance identified within the assurance map and of 5 planned sources of assurance within the quarter, only 1 was received, which was rated as acceptable assurance..
- Target dates for all remaining actions to be reconsidered as part of 2025/26 BAF planning

2024 / 2025 Assurance Plan



Summary Action Plan

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

Executive Summary
Trust Board | 7th May 2025
Our Strategy

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**	✓	**Approval**		**Assurance**		**Agenda Item:**	8.
Author:	Chris Bird, Project Director & Helen Ashley, Director of Strategy							
Lead:	Helen Ashley, Director of Strategy							

Alignment with our Strategic Priorities	
Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
Our Patients We will provide timely, innovative and effective services to our patients	✓
Our Population We will tackle inequality and improve the health of our population	✓

Risk Register Mapping
No associated risks

Executive Summary

Situation

As previously discussed with the Trust Board, work has been underway since 2023 to develop, engage and consult upon our new 10 year strategy. Following discussion at the Trust Board Seminar in March 2025, it was presented to the Trust Board for approval in April 2025 and is being brought to Part 1 Trust Board for information.

Background

The current Trust 2025vision was approved by Trust Board in 2017. It was developed in response to the publication of the NHS five year forward view (2014); dissolution of the Mid Staffordshire NHS Trust resulting in a newly formed University Hospitals of the North Midlands (UHNM) in 2015; and the start of a more collaborative national approach through creation of Sustainability Transformation Programmes (STPs) in 2016.

Since this time, there have been significant external changes; these have enabled us to reconsider the Trusts strategic direction, and have shaped our new mission, vision and values.

Assessment

The attached strategy describes our strategic framework and Our Vision of 'the best joined-up care for *all'.* This is supported by three strategic priorities of Our People, Our Patients and Our Population, and four specific programmes to respond to the 10 year health plan (Brilliant Basics, Digitally Enabled Care Transformation, Our Future Hospital Services and Collaborations and Networks). Work remains ongoing to finalise the seven Strategic Plans, and these will be presented to Committees and the Board towards the end of Quarter 1.

Key Recommendations

The Trust Board is asked to approve Our Strategy, 2025-2035.

Kind Excellent Together

NHS
University Hospitals of North Midlands
NHS Trust

Our Strategy

2025 - 2035

The best joined-up care for *all*

Contents

Welcome

Welcome to our strategy, which we will be using to guide our priorities and decisions over the next ten years.

At University Hospitals of North Midlands (UHNM), we have a lot to be proud of. We are one of the largest teaching trusts in the UK, with a huge team of over 13,000 people providing high quality, compassionate care in modern facilities.

We provide a range of acute and specialist services for a population of approximately three million people and have around 1,450 beds across our two sites at Royal Stoke and County Hospital.

Our strategic context

Whilst the ambitions for clinical care and academic achievement described within our previous strategy, '2025 Vision' remain, the NHS landscape has changed. There is a much greater emphasis on partnership and collaboration and our response to challenges facing the NHS has shifted our focus and required us to work differently.

These changes have given us opportunity to reconsider our strategic direction and the future for our staff, and the services we provide for our patients and our population. However, we could not have done that without hearing their views and so our future plans have been shaped by the feedback we have received.

Our ambition is to be a leader in health by harnessing innovation to drive transformational change.

We are dedicated to investing in our people, improving the health and wellbeing of our community, delivering safe and patient-centred care, and advancing services through research, innovation and education.

Every day we will work together to make a positive difference to the lives that we serve.

We play a key role within the Staffordshire and Stoke-on-Trent Integrated Care System (ICS), which has partnership at its very core, as we work closely together to transform the way healthcare is delivered for the benefit of our population.

Our priorities

We will work together with our teams, partners and the system to embed this strategy and use it to help us shape our services and the way we work.

Our People

We will create an **inclusive** workplace where **everyone** learns, thrives, and makes a positive difference

Our Patients

We will provide **timely, innovative** and effective services to our **patients**

Our Population

We will **tackle inequality** and improve the health of our population

About UHNM

We are one of the largest teaching trusts in the country, primarily serving patients in Staffordshire & Stoke-on-Trent and acting as a tertiary centre to many more. We are proud to have a growing international reputation for the innovative treatments we provide and pioneer through our research, education and university partnerships.

We provide our services across two main sites in Stafford and Stoke-on-Trent at our County Hospital and Royal Stoke University Hospital. We also have our dedicated Staffordshire Children's Hospital at Royal Stoke.

Our Partnerships

Universities

We partner with Keele University and the University of Staffordshire to deliver world leading scientific research and pioneering teaching and technologies, providing our clinicians and our leaders with the skills and experiences they need to work in our increasingly complex health and social care environment. We have onsite teaching facilities, and our medical school is one of the best in the country.

Commercial

We work with many partners beyond Staffordshire and Stoke-on-Trent through a range of well-established partnerships that span several decades, this includes our PFI partners, where strong relationships are in place.

Our Networks

We play a leadership role, hosting and contributing to multiple regional and national clinical networks to deliver and improve specialist clinical services.

Our Integrated Care System

We work closely with health, social care and voluntary sector partners across and Staffordshire and Stoke-on-Trent to deliver joined up and integrated care for our population.

We also collaborate with many partners beyond the Staffordshire and Stoke-on-Trent system through a range of well-established relationships that span over a decade or more.

Our strategic framework

The core components of Our Strategy and plans to deliver it.

Our Vision
The best joined-up care for *all*

Our Values
Kind | Excellent | Together

Priorities and Metrics

Our People

We will create an **inclusive** workplace where **everyone** learns, thrives, and makes a positive difference

Staff Engagement Score

Our Patients

We will provide **timely, innovative** and effective services to our **patients**

Combined Hospital Score

Our Population

We will **tackle inequality** and improve the health of our population

Number of Years in Good Health

Our Programmes
Brilliant Basics: Standards and Performance | Digitally Enabled Care Transformation | Our Future Hospital Services | Collaborations & Networks

Our Strategic Plans
Quality, Access and Performance | People | Population Health | Digital | Research | Innovation | Estates and Facilities

Our changing environment

Across all our services and our wider health and care system, it is clear that things are changing.

Public expectations from healthcare services, patient experience and quality of care are changing. With a growing awareness of the need for care to be provided in the right place at the right time.

Demographic changes mean we have an ageing population. We have seen life expectancies increase but people are not always living longer in good health and people in our most deprived areas live with poor health for 12 years or more than those living in less deprived communities.

The opportunity exists to engage with our communities through health and wellbeing discussions, healthcare prevention and lifestyle choices, both in the delivery of existing care pathways as well as community outreach.

Demand for our services has grown and we have continued to see pressure on our emergency and elective pathways. Our patients are waiting longer than we want them to and it was made worse by the Covid-19 pandemic.

Attracting, training, supporting and retaining the right workforce is one of our biggest challenges and is a key challenge across the NHS, but one where we have had some success. The wellbeing, inclusion and development of our people is fundamental to the sustainability of our services.

Finances are a challenge, and we have a significant financial deficit within our system that must be balanced in future years without impacting on the quality of our services. Our infrastructure requires ongoing investment to continue to meet the needs of our services.

Digital technology, innovation and Artificial Intelligence (AI) are creating opportunities to radically transform how we deliver our services and in doing so make them more effective and efficient.

We have growing opportunities to collaborate with our health and social care partners within our system, our networks and beyond, to join up care, share learning and improve outcomes for patients our population.

Recognising the value of clinical research and innovation is crucial to us as we navigate the challenging and changing times we face within the NHS. Harnessing and translating the benefits of research and innovation is imperative in transforming service delivery to keep pace with medical, technological and social advancements.

The environmental impact of our service delivery, such as energy sources and consumption, waste management and sustainable procurement practices. We will continue to develop new approaches which recognise our responsibility to supporting the NHS to achieve net carbon zero targets'.

Our culture and values

Our values are at the heart of everything we do.

Our Values matter to us. They represent the beliefs and guiding principles that shape our behaviour, culture and processes. They provide us with a sense of purpose, direction, and alignment with our vision and promote a positive working environment where our people are recognised and feel valued.

We have listened to our people about what matters the most to them. We have refreshed, and simplified our values, recognising that the safety of our patients and our people is our number one priority and is integral in everything we do.

Our culture – the way we do things

We take pride in what we do and strive for a culture that is outward-looking, aspirational and collaborative. We believe in the power of partnerships, both within our teams and across the broader healthcare community, to bring out the best in each of us. We are dedicated to making a positive difference in the lives of those we serve, guided by our core values of Kind, Excellent and Together.

Kind

We believe in treating every individual with compassion and respect. Our actions are guided by empathy, ensuring that our patients, their families and our colleagues feel valued and supported at all times. We prioritise safety by creating a caring environment where everyone feels secure and protected.

Excellent

We strive for excellence in everything we do. Our dedication to continuous improvement and innovation ensures that we provide the best possible care and outcomes for our patients. We are committed to maintaining the highest standards of professionalism and integrity. Patient safety is at the forefront of our pursuit of excellence, with rigorous standards and proactive measures to prevent harm.

Together

We recognise the strength in unity. By working collaboratively, we harness the diverse skills and perspectives of our team to deliver the highest standards of care. Together, we create a supportive and inclusive environment where everyone can thrive. We are answerable for our actions, behaviour and performance. We are transparent, responsible and we take pride in our work.

What matters to us

Our strategy is a collective endeavour – it binds us together by setting out what is important to us and what we want to achieve together.

We need to change. The NHS is facing the biggest challenge in its history. Our services experience sustained pressure and demand is predicted to grow whilst supply will remain constrained.

Partnership working is crucial to our continued success. We are committed to being a strong and supportive partner to those we work with in the delivery of our healthcare services. In an integrated care world, we are bound to work collaboratively as part of a health and care eco-system, focussed on improving population health and delivering exceptional care to our patients.

Our strategic ambitions

Our long-term success is inextricably tied to the wellbeing of our populations. Through this strategy we will make an enduring commitment to positively influence the social, economic and environmental conditions to support healthy and prosperous communities.

Digital technology gives us the opportunity to accelerate transformation of our services during the lifetime of this strategy. We expect to see exponential growth in Artificial Intelligence (AI), which together with other advances, will deliver a health and bio-tech revolution in the future of healthcare.

The impact of global warming and climate change are increasingly evident. There is a growing evidence base to show the link between a climate crisis and a health crisis. We have a major role to play in the drive to net zero and we are committed to reducing our carbon footprint and impact on the environment – thereby improving population health.

Other factors, such as climate change, the cost of living and inequality also demand attention. It is a time of multiple threats but also one of great opportunity.

Our role is to meet these challenges and provide hope for the future. We must be bold and aspirational, by adopting a more proactive position in how we lead, shape and influence our local healthcare economy.

We will do this through a series of long-term commitments which will both advance health and wellbeing as well as establish us as a leader in system working, education, research and innovation.

We want these commitments to guide our inspiration for how we face the present and re-imagine the future.

Translating our commitments into guiding actions

Our strategic ambitions are mechanisms through which we will improve our connection to our communities, focus on prevention and the wellbeing of our population and enhance current service delivery. Here we explore how our ambitions can be translated into meaningful actions.

Shaping the health of our population

Work towards achieving a fairer society through focussing on prevention, early intervention and wider determinants.

Engage with local communities and partners to improve service delivery through tackling socio-economic issues.

Deliver the NHS commitment on 10 per cent social value weighting to improve procurement opportunities for local businesses.

Striving for excellence

Encourage the adoption of clinical best practice and the development of new models of care through evidence and research.

Improve our reputation for clinical excellence by promoting opportunities for learning within the organisation and across partners.

Promote a culture of continuously generating or adopting new ideas through an innovation framework.

High performing service delivery

Develop innovative approaches to sustainable models of care and patient pathways including transport, medicines and estates.

Reduce the environmental impact we have on local communities by working to decarbonise our infrastructure.

Harness the benefit of digital technology to enhance and improve healthcare delivery and patient experience.

Working in partnership

Strengthen collaborations with key partners across academia, business and industry to share best practice and adopt the latest innovations.

Harness the expertise and experience of subject matter specialists in partner organisations.

Work with system partners to achieve integrated models of care built around the patient.

Being outward focussed

Exploit opportunities for investment outside of traditional funding routes for reinvestment into supporting healthcare for patients.

Grow the discovery and development of new services that keep pace with advances in healthcare.

Develop both national and international personal and professional development beyond what is available within the organisation.

Our strategic objectives

Our People

We will create an **inclusive** workplace where **everyone** learns, thrives, and makes a positive difference

We will improve our work environments and wellbeing offers, actively champion diversity and support the health and wellbeing of our people.

We will offer exceptional learning and development opportunities, and establish clear, inclusive career pathways for our current and future workforce.

We will be a place where our offers and practices continue to improve the flexibility, adaptability and sustainability of our workforce.

Our Patients

We will provide **timely, innovative** and effective services to our **patients**

We will transform services to deliver seamless, person-centred care pathways that are closer to, or in a person's home, where possible.

We will embed a culture of continual improvement and innovation to deliver top quartile performance across national standards.

We will excel in delivering excellent patient outcomes; learning from best practice, feedback, incidents and lived experience.

Our Population

We will **tackle inequality** and improve the health of our population

We will tackle inequalities in access, experience and outcomes.

We will empower staff and patients to improve their health and wellbeing.

As a major employer we will use our resources to improve overall health of our local population.


hello my name is...
Daliya
Daliya Alam
Ward Manager
Safeguarding Champion

Our People

We will create an inclusive workplace where everyone learns, thrives, and makes a positive difference.

We are proud of and inspired by our people.

'Our people' are our current directly engaged workforce and our future workforce. We strive to continually improve the sustainability of our workforce and our organisational culture.

We employ more than13,000 people (of more than 100 nationalities, of whom 56 per cent are full-time, 90 per cent are on permanent contracts, 76 per cent are women, 69 per cent are white, and 70 per cent have less than 10 years' service at UHNM).

- Also, our active temporary / bank workers, trainees and apprentices are an essential part of our whole workforce
- Additionally, our engagement and partnership working with our indirect workforce is essential, e.g. our volunteers, contractors and agency workers.

We are a lead employing organisation in our Integrated Care System. At system level, we work collaboratively on people, culture and inclusion strategic priorities across the organisations. We do so in the context of the financial, operational and transformational challenges and opportunities experienced.

There are many generational and external factors which will impact our people over the next ten years such as;

- Government policy and changes,10-year Health Plan, NHS long-term workforce plan, healthcare system transformation
- Financial challenges, including the cost-of living
- Career expectations and work-life balance, social media and public perceptions
- Digital transformation and digital skills gap
- Employment legislative changes
- Concerns about local and global health and wellbeing, and engagement in environmental sustainability

We recognise that our people, our organisation, the NHS system we work within, and the world around us all experience constant change.

Our ambition

We aim to be the employer of choice by prioritising the health and wellbeing of our people, ensuring equity of opportunity and experiences, fostering effective leadership, understanding and advancing diversity, and offering flexible, tailored support. We will focus on life-long learning, efficient practices and a strong, adaptable workforce, playing a key role as an anchor institution in the community.

Our teams and individuals will work together to foster a culture where inclusive and values-led leadership is exemplified at all levels. They will embrace learning and development, collaborate with a shared purpose and innovate together, directly enhancing our ability to provide excellent patient care.

We aspire to create a workplace where everyone feels included, supported and has a strong sense of belonging. Flexible working, career mobility and a respectful, safe environment will be the norm. Our people will feel valued, rewarded, and recognised for their efforts, experiencing high levels of engagement and job satisfaction. Ultimately, we want our teams to thrive, to be proud to work with their colleagues and for the organisation, knowing that their contributions make a significant impact on patient care and the community.

Our People

We will create an **inclusive** workplace where **everyone** learns, thrives, and makes a positive difference

We will improve our work environments and wellbeing offers, actively champion diversity and support the health and wellbeing of our people

We will offer exceptional learning and development opportunities, and establish clear, inclusive career pathways for our current and future workforce

We will be a place where our offers, and practices continue to improve the flexibility, adaptability and sustainability of our workforce

Our People plan

We will create an inclusive workplace where everyone learns, thrives, and makes a positive difference

What we will do:	How we will do it:
We will improve our work environments and wellbeing offers, actively champion diversity and support the health and wellbeing of our people	We will support mental health, underpinned by social and psychological wellbeing. We will support physical and financial health and wellbeing. We will provide safe environments and workplaces with appropriate facilities to support everyone in performing their roles effectively. We will increase engagement and the sense of belonging; by continuing to improve our focus on equity, diversity, inclusion and hearing the voice of our people.
We will offer exceptional learning and development opportunities, and establish clear, inclusive career pathways for our current and future workforce	We will provide excellent learning, education and professional development opportunities to meet our people's diverse needs, including functional and digital skills. We will develop the capability and competency of our managers and leaders. We will establish and define career pathways, with fair pay, and ensure career equity and inclusion in career progression opportunities for our current and future workforce.
We will be a place where our offers and practices continue to improve the flexibility, adaptability and sustainability of our workforce	We will develop more flexible offers and targeted creative strategies to attract and recruit talent and support proactive succession planning. We will support teams to be flexible and agile, by improving how they work together to manage service demands, navigate change, adapt their mindset and behaviours. We will improve our people systems and processes to help colleagues identify, respond to and resolve problems early, fairly, consistently and compassionately.


hello my name is...
Aazia

Our Patients

We will provide timely, innovative and effective care to our patients.

The challenges facing the NHS are well documented. A number of high-profile reports highlight that despite NHS teams continuing to be passionate about delivering high quality care and working incredibly hard trying to deliver this, we have much work still to do in order to consistently deliver timely and effective care for those who need our services.

- We will continue our focus to ensure we have the right staff, with the right skills, in the right place, at the right time to ensure our patients are able to receive the high standards of care they need
- We will reduce long waits to access care, both from an emergency and planned care perspective. We are very mindful of the subsequent impact delays in receiving care has on our population, UHNM, partner services and our local economy
- We will strive to reduce unwanted variation and deliver upper quartile performance, outcomes and experience for our population and colleagues.

Our ambition

We aim to be amongst the best performing organisations in the NHS.
This means:

- Developing and supporting our workforce to meet the future needs of our population
- Driving continual improvement across delivery, access, quality, safety, and patient experience metrics
- Transforming how and where healthcare is delivered
- Working closely with our patients and populations so we learn and improve from their experiences
- Learning from best practice nationally and internationally
- Increasing partnerships across our system, local authorities, healthcare organisations and support services to co-ordinate and deliver person centred care to our population
- Changing how we communicate and exchange information with our teams and the population, utilising digital technologies to increase safety, reduce variation and improve productivity
- Creating greater opportunities for our teams and our population to be involved in pioneering research.

Our Patients

We will provide **timely, innovative** and effective services to our **patients**

We will transform services to deliver seamless, person centred care pathways that are closer to, or delivered in a person's home, where possible.

We will embed a culture of continual improvement and innovation to deliver top quartile performance across national standards.

We will excel in delivering excellent patient outcomes; learning from best practice, feedback, incidents and lived experience.

Our Patients plan

We will provide timely, innovative and effective care to our patients

What we will do:	How we will do it:
We will transform services to deliver seamless, person care pathways that are closer to, or in a person's home, where possible	In collaboration with system partners, we will transform end to end emergency care pathways to ensure patients get the right care, in the right place, as quickly as possible. We will develop timely, efficient, digitally enabled elective care pathways. We will deliver nationally recognised best practice discharge planning.
We will embed a culture of continual improvement and innovation to deliver top quartile performance across national standards	We will equip our staff with the knowledge and skills to adapt and improve, to create a person centred environment where staff feel confident to problem-solve and apply best practice approaches to improve patient outcomes, patient experience and staff experience. We will work collaboratively with patients, their families, carers, and our population to ensure we plan and deliver person centred services that deliver top quartile performance. We will develop outstanding leaders who use data to drive and inform continuous quality improvement, and who lead high performing and engaged teams.
We will excel in delivering excellent patient outcomes; learning from best practice, feedback, incidents and lived experience	We will maximise innovation, research and technology opportunities to inform transformation, reduce variation, and deliver consistently high standards of care. We will empower staff and patients to improve safety, encouraging open conversations where staff and patients can highlight successes, identify potential risks early, and contribute to continuous improvement. We will support our staff to learn, share ideas, and implement the most effective, productive and sustainable ways to care for patients.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Our Population

We will improve the health of our population and reduce inequality.

As a university teaching hospital, we provide care to our local Stoke-on-Trent and Staffordshire population as well as specialised services to our much wider footprint of over a million people. Improving access and experience for all those we serve is important to us.

Our population is growing and demand for health and care services is increasing. Many illnesses we are seeing are preventable. Physical inactivity and excess weight, smoking and excess alcohol consumption are significant contributors to poor health. This results in increasing numbers of people living with cardiovascular disease, respiratory disease, musculoskeletal conditions and cancer. Groups who are marginalised, live in deprived communities, and have other protected characteristics are at increased risk of preventable disease and premature death.

Our local population has a shorter life expectancy compared to other areas in England and spend between 16 and 22 years living in poor health. This is stark in Stoke-on-Trent where 53 per cent of the local population lives in the 20 per cent of the most deprived communities in England.

Our ambition

Our ambition is to focus on preventing sickness, so that people live as much of their life as possible in good health and that, when care is needed, the best outcomes are experienced by all.

This means:

- Understanding the needs and inequalities in our population to inform targeted interventions. In addition to the national CORE20PLUS5 framework, local priorities are to reduce infant mortality, cardiovascular disease, respiratory disease, cancer, liver disease and improve vaccination uptake
- Collaborating more closely across geographical borders to tackle inequalities in specialist services
- For patient voice. Listening and learning to improve access, experience and outcomes for those who need it most, i.e. seldom heard communities, those experiencing poverty

- Developing our hospitals as smoke-free & healthy lifestyle campuses; promoting health & wellbeing at every opportunity, for patients, families, carers & our people
- Forming new relationships to personalise care to prevent complications from illness and emergency admissions in patients with frailty and long-term conditions
- Strengthening local communities through creating pathways into employment, making best use of our estate, resources and procurement to improve the economy and environment.

Our Population

We will **tackle inequality** and improve the health of our population

We will tackle inequalities in access, experience and outcomes.

We will empower staff and patients to improve their health and wellbeing.

As a major employer we will use our influence to improve the overall health of our population.

Our Population plan

We will improve the health of our population and reduce inequality.

What we will do:	How we will do it:
We will tackle inequalities in access, experience and outcomes	Consistently collect the data needed to identify and understand health inequalities. Implementing the national CORE20PLUS5 framework to reduce health inequalities Using population health data to reduce infant mortality, cardiovascular disease, respiratory disease, cancer, liver disease and improve vaccination uptake.
We will empower staff and patients to improve their health and wellbeing	Use our 'making every contact count' approach to introduce prevention as core business. Targeted programmes for tobacco, alcohol and obesity. Establish our hospitals as Smoke Free healthy campuses. Develop personalised care to prevent complications for those living with major conditions.
As a major employer we will use our resource to improve the overall health of our population	Develop our pathways into employment for local people. Listening to involve communities in decisions and learning from those exposed to social and health inequality. Make best use of our estate and resources to improve local communities.


HULK
SPIDER-MAN

Our programmes

Responding to the 10 year health plan

There are some major programmes of work that we know we need all parts of the Trust and our system to focus on. These describe fundamental changes in the way we provide care as well as recognising there are some immediate areas for focus.

Our Programmes

Brilliant Basics: Standards and Performance | Digitally Enabled Care Transformation | Our Future Hospital Services | Collaborations and Networks

1. Brilliant Basics: standards and performance

We recognise that we need to continually improve the fundamentals – the quality of care we provide, our productivity and respond to the performance expectations of the NHS. This programme provides the focus on the immediate concerns facing our patients, including urgent and emergency care pathways, long wait times, personal experience and a lack of joined up care.

2. Digitally enabled care transformation

The transformation of care provided to our patients through the redesign and standardisation of care pathways and care processes, enabled by an Electronic Patient Record System, clinical decision support tools and patient self-serve functionality.

3. Our future hospital services

We recognise that healthcare services will continue to evolve rapidly over the lifetime of this strategy. This programme will help us drive research, innovation and technology to shape how and where we deliver our services in the future.

4. Collaborations and networks

Working in partnership across the whole patient pathway through both formal and informal relationships to ensure sustainable service delivery and effective interfaces between providers of care.

Developing our strategy

Listening to Our People, Our Patients and Our Population

To develop our strategy, we listened. We asked Our People, Our Patients and Our Population about what matters to them. We considered the wider local and national context and have aligned our ambitions with those of our partners including our Integrated Care Partnership, Health and Wellbeing Board, Place-based Partnerships and Provider Collaborative. We did this to ensure that our services are high quality, responsive, person-centred and planned to meet the needs of our population.

What we heard

Using an online survey, conversations, focus groups and workshops we were able to gather a wide variety of views about our future. We have translated these into broad themes which have formed the basis of our strategy and plans.

- A unified, respectful and efficient environment that prioritises both exceptional patient care and a supportive workplace for our staff
- A leading example and excellent reputation in both patient care and staff satisfaction, where staff are valued, developed and recognised for their contributions
- Enhanced digital capabilities, integrated and consolidated systems, improved infrastructure and better training and support to our staff, all while keeping patient needs and operational efficiency at the forefront
- A holistic approach to healthcare that combines prevention, staff support, community engagement and improved system efficiency
- A robust approach to research and innovation, improved support and development for staff and a focus on evidence-based practices.

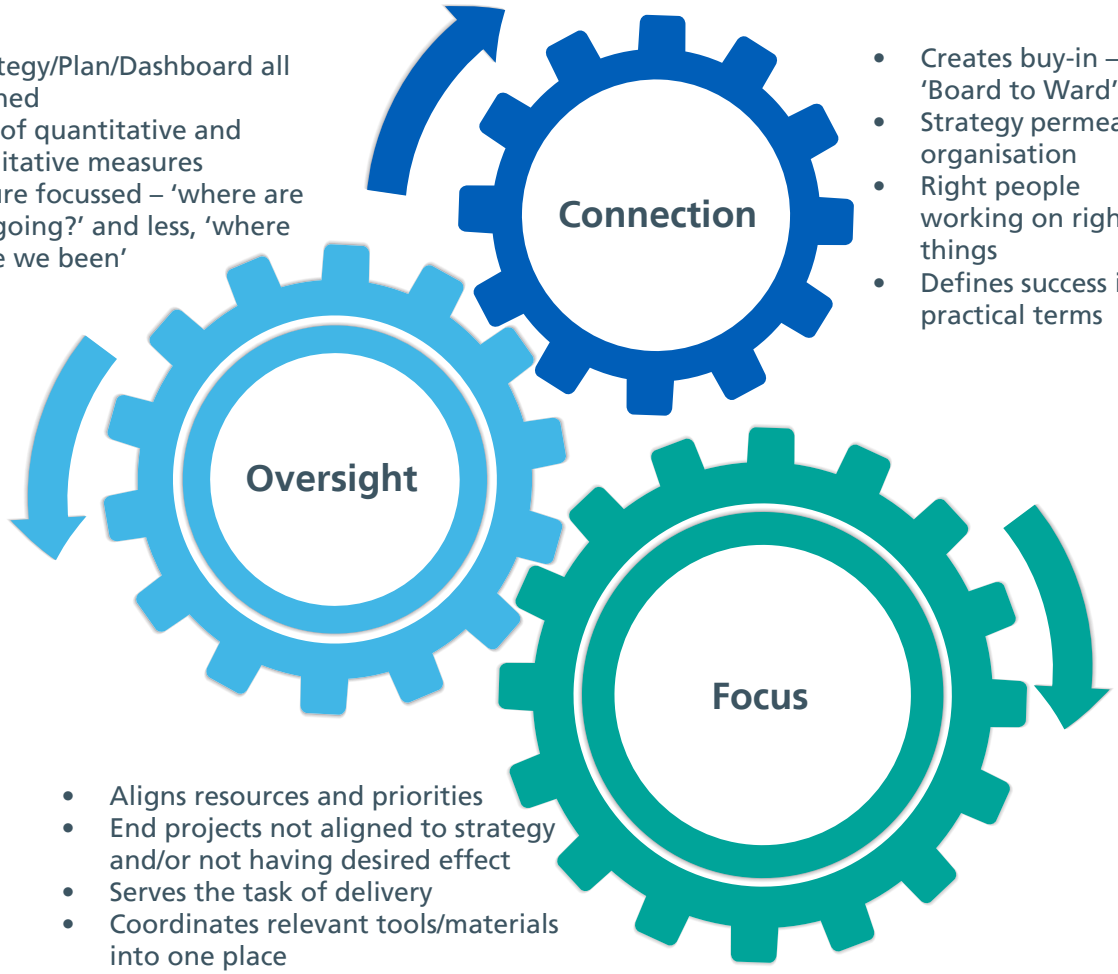
Delivering our strategy

Strategy Delivery Unit (SDU)

Delivering our ambitions will require a combination of capacity, capability and resource, which we recognise is limited. We will align our resources to ensure that they are co-ordinated around delivery of our strategy, working together to seamlessly achieve our goals. We cannot do this alone and will be working closely with our partners across our Integrated Care System and beyond to optimise available resource, ensuring that we achieve the best possible outcomes for Our People, Patients and Population.

The SDU core purpose generally covers three main aspects:

- Coordinating vehicle for the range of change management methodologies available across the Trust to deliver programmes that directly align to the Trust's strategic ambitions
- Brings together governance and oversight with the capability to deliver organisational change in a cohesive, compassionate and consistent way
- To be a centre of best practice for change management culture, approaches and tools across the Trust – the balance between 'art' of design and 'science' of delivery.



NHS

University Hospitals of North Midlands

NHS Trust

Executive Summary

Trust Board | 7th May 2025

Urgent and Emergency Care (UEC) Pressures and Ambulance Handover Update

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**		**Assurance**	✓	**Agenda Item:**	9
Author:	Katy Thorpe, Chief Operating Officer								
Lead:	Katy Thorpe, Chief Operating Officer / Ann-Marie Riley, Chief Nurse / Diane Adamson, Chief Medical Officer								

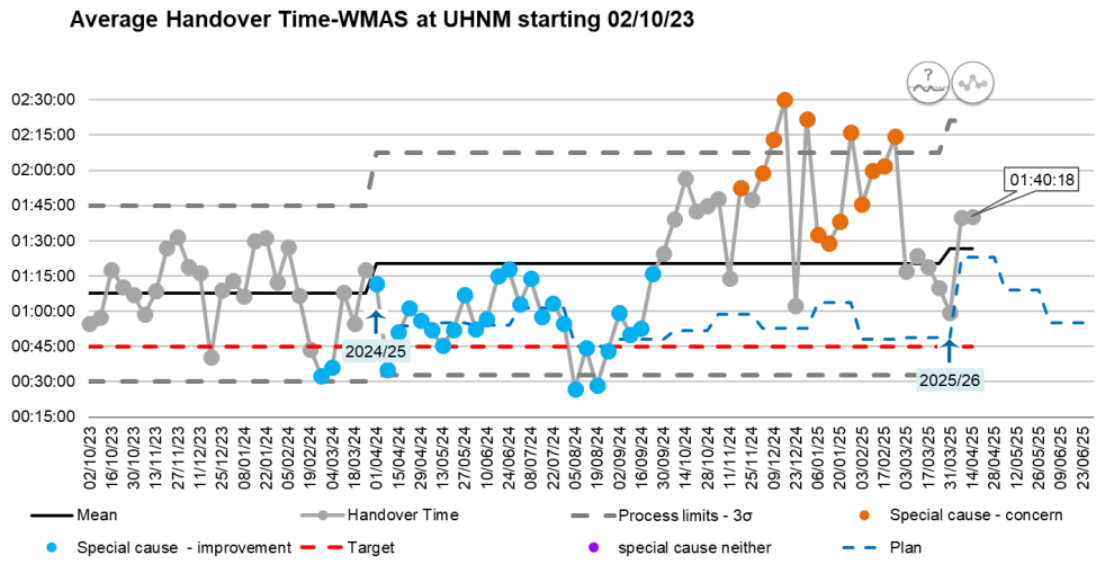
Alignment with our Strategic Priorities		
	Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
	Our Patients We will provide timely, innovative and effective services to our patients	✓
	Our Population We will tackle inequality and improve the health of our population	✓

Risk Register Mapping		
BAF 4	Delivering Responsive Patient Care	**Extreme 20**

Executive Summary

This paper aims to update board members on current UEC pressures and ambulance handover delays. This covers data up to the latest week reported which was 14th April 2025.

UEC Pressures, Ambulance Handover

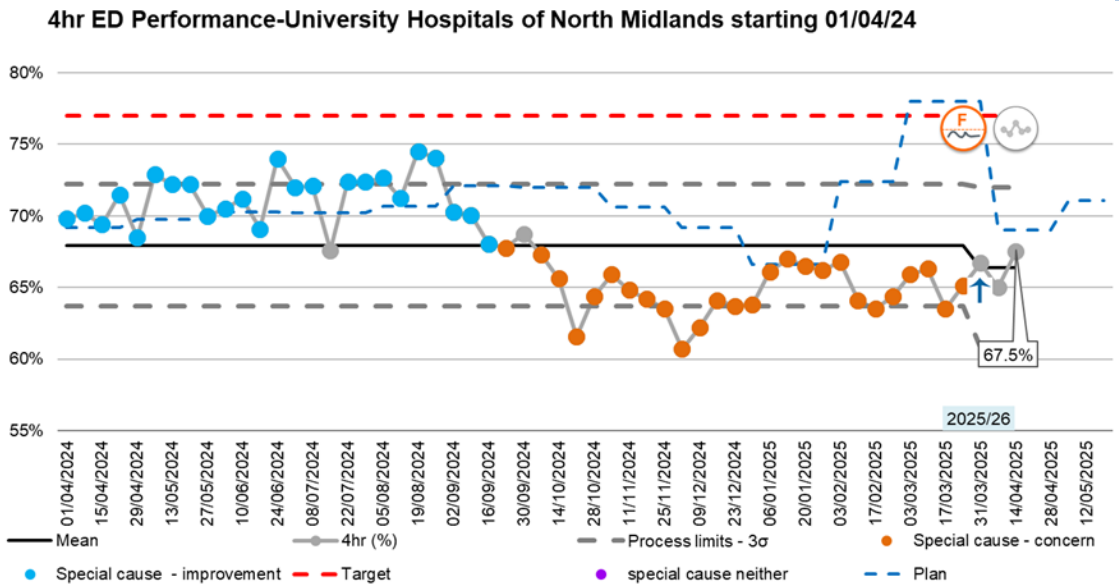


Average Handover Time

- Average handover time the week of the 14/04/25 increased by 30 seconds to 1 hr 40 mins 18 sec, 17¼ minutes above plan.
- Handover trajectory for latest week was 58.07%, up 4.4% on the previous week.
- Time lost (> 15 mins) due to handover delays fell to 1717 hours from 1802 hours.

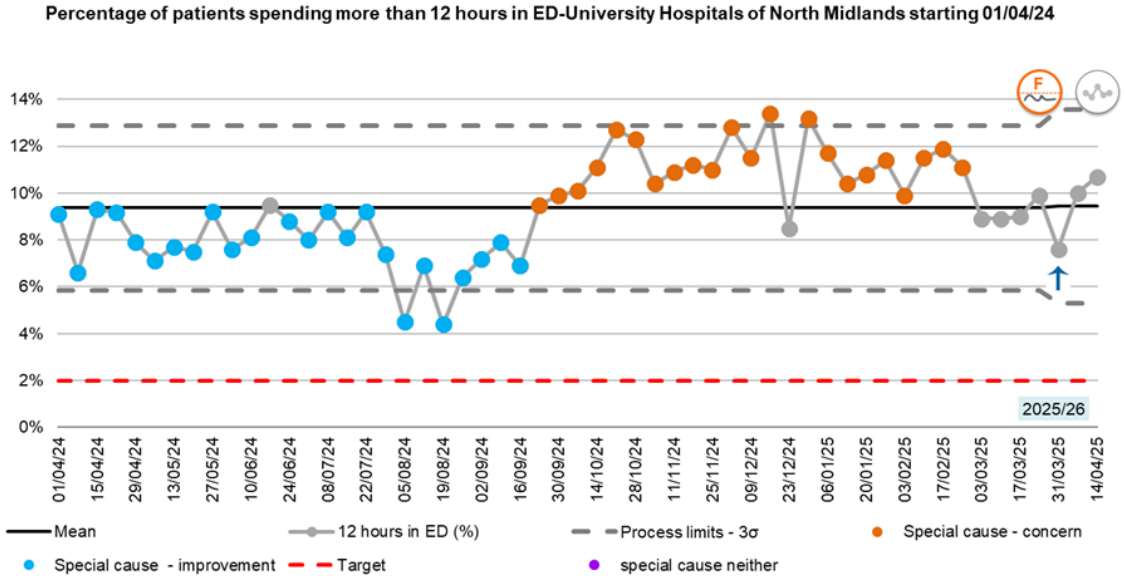
Category 2 Response Time

- Category 2 response time for the latest reported week (w/e 13th April 2025) was 26 min 23 sec, a rise of 4¼ minutes on the previous week, and a figure which saw the system placed 17th out of 42 nationally & 5th out of 11 regionally.



Four-Hour Performance

- The week of the 14/04/25 saw a 2.5% improvement in unvalidated 4-hour performance, up from 65% to 67.5%.
- April's current position of 66.6% is up 1.4% on March's position of 65.2%, but 2.4 points below the plan for the month.
- UHNM reported a 7.24% reduction in overall attendances last week with the reduction experienced between type 01, 02 and 03 departments.
- During 2024/25 UHNM saw a 6.2% growth in attendance numbers over 2023/24 with type 01 locations seeing growth of 10.1%
- 2024/25 reported up 0.6% on 23/24 with the full year position of 67.84%



Twelve-Hour Performance

- Unvalidated 12 hr performance for the 14/04/25 (6 out of 7 days) deteriorated further to 10.7% but dropped below the regional average for the Midlands of 11%.
- April is currently reporting as 9.6%, a rise of 0.7% over March 2025, but marginally below the regional average of 9.7%.
- 2024/25 FYE reported as 9.35%, up from 8.51% during 23/24.

Tactical Mitigating Actions

There are a number of mitigating actions in place which are a continuation of last month's report including:

ICC

- Long term ICC recurrent investment requirements confirmed and shared.
- Adastra procurement underway to facilitate referrals from NHS111, funding to be addressed alongside wider system recurrent funding requirements. Work continues with Director of Strategy lead and 111 to update directory of services and implement email referral in the interim.
- Engagement with GPs ongoing and further visits being planned.
- Participated in Single Point of Access (SPoA) regional audit.
- Urgent Community Response (UCR) clinical lead (Advanced Clinical Practitioner) supporting with sessions to identify opportunities for further redirection of cases.

Hospital Ambulance Liaison Officer (HALO) Model

- Recruitment commenced for role with interview taking place 28th April and training commenced 1st May 2025.
- Anticipated to have full coverage in place by mid/late May.

Reducing Ambulance Handover

- Continuation of system workstream in place with daily tracker monitored via system control centre
- Implementation of 24/7 HALO model as per update above.
- Continue to balance activity across UHNM sites where clinically appropriate and on risk-based approach.
- Support from Queens Hospital Birmingham via divert as required utilised intermittently during the week.
- General
- Appointment of UHNM Interim Chief Medical Officer undertaken and has commenced in post.

Front Door

- Co-located Urgent Treatment Centre (UTC) - work continues to take place to support pathway development and modelling. Feasibility study for building extension has been completed. Preferred option confirmed by 30th April 2025.

Clinical & Frailty Pathways

- County ward moves completed to support reconfiguration and pathway development including Medical Receiving Unit (MRU) and Frail Elderly Assessment Unit (FEAU). Currently embedding and supporting any learning from the process.
- Royal Stoke - Initial frailty and acute medicine changes on track for delivery during May. Wider acute medicine pathway planning and criteria setting ongoing – aiming for mid June go live.

Ward Process & Discharge

- Ongoing engagement workshops across teams to inform planning and support vision setting.
- Kick off session on 23rd April 2025 with Integrated Discharge Hub (IDH) team to focus on in-pathway productivity gains.
- Clinical audit of missed opportunities for IDH patients redirected from ED has identified opportunities for both admission avoidance and discharge. Presented to Integrated Discharge Steering Group (14.04.2025) and scheduled for discussion at UEC board in May
- System HIT – support continues to be extended out into discharge to assess and community hospitals, Early feedback has identified areas for improvement in flow that are being incorporated into action plans.

Bed & Site Management

- Revised clinical operational flow policy and escalation cards circulated deadline for final comments 2nd May 2025.
- Escalation test of change planned for the 6th May 2025 and go live plans are currently being finalised.
- Workstream metrics are being developed in line with SHREWD reporting
- Subgroups identified, and full programme plan remains in development.

UEC Transformation

Our UEC improvement plan is now in place following the visits in January where we invited in the NHSE national team to support with a review of our UEC pathways and advise on areas for improvements and best practice comparisons. We now have in place a UEC Recovery Director to support in making these

changes reporting directly to Chief Operating Officer for cross organisational change. We have also started the process to pull ED and Acute Medicine out of our Medical Division with an improvement leadership team reporting directly to our executive triumvirate to support specifically front door changes while more time is then given to our Medical Division to support ward improvement. This will be for a period of 6-12 months.

Our improvement programme across UEC is now in place and detailed below. This has a governance structure which seen fortnightly accountability meetings, this reports to our CEO led 'Executive Recovery Oversight Meeting'.

Workstream 1
Front Door Process

Establishing a UTC	
Estates	01.10.25
Clinical staffing model development/approval	30.06.25
Staffing model engagement	08.05.25
MOC existing EhPC staff	01.05.25
Business Case development	22.04.25
Business Case approval	07.05.25
UTC mobilisation plan	31.07.25
Post UTC review	16.03.26
Development of Standard Work	
Automated ED huddle & review	12.05.25
Review of front door process (navigation & triage)	30.06.25
ED Staffing Review	
Align medical staffing to demand	09.05.25

Workstream 2
Frailty

Development of Assessment Area in FEAU	
Review of data	01.05.25
Develop clinical model • SOPs • Criteria	01.05.25
Review / identify any additional estate work in prep for implementation	05.05.25
Review of Frailty Services across both sites	
Review current model	TBC
Develop overall model (including invest to save)	TBC
Develop an integrated community model	
Review data	TBC
Scoping to define aims, objectives & key milestones	TBC

Workstream 3
Clinical Pathways

Clinical Pathway Strategic Plan	
Brief recovery plan post publication	09.05.25
Develop strategic plan that links to the clinical pathways	01.06.25
Acute Medicine Assessment Area Review	
Performance data review	09.05.25
Review of current pathways	
Review of proposal (RD/CP)	16.05.25
Implementation plan post agreement	TBC
Divisional Assessment Area Reviews	
Performance data review	09.05.25
Meet with triumvirate leads	16.05.25
Scoping exercise	23.05.25
Implementation plan post agreement	TBC

Workstream 4
Bed & Site Management

Site Workforce Development	
Business case to enhance infrastructure within operations	06.05.25
Test of Change	30.05.25
Evaluation & rollout	13.06.25
Escalation Process Review	
Capacity meetings -define roles & responsibilities and attendance	07.05.25
Clinical flow policy & OPEL level updates & rollout	12.05.25
Review of effectiveness	30.06.25
Discharge Lounge Redesign	
Review of current function	06.06.25
Design model & estate	30.06.25
Implementation	07.07.25
Hospital at Night Centralisation	
Scope, review roles day/night	09.06.25
Complete & circulate comms	27.06.25

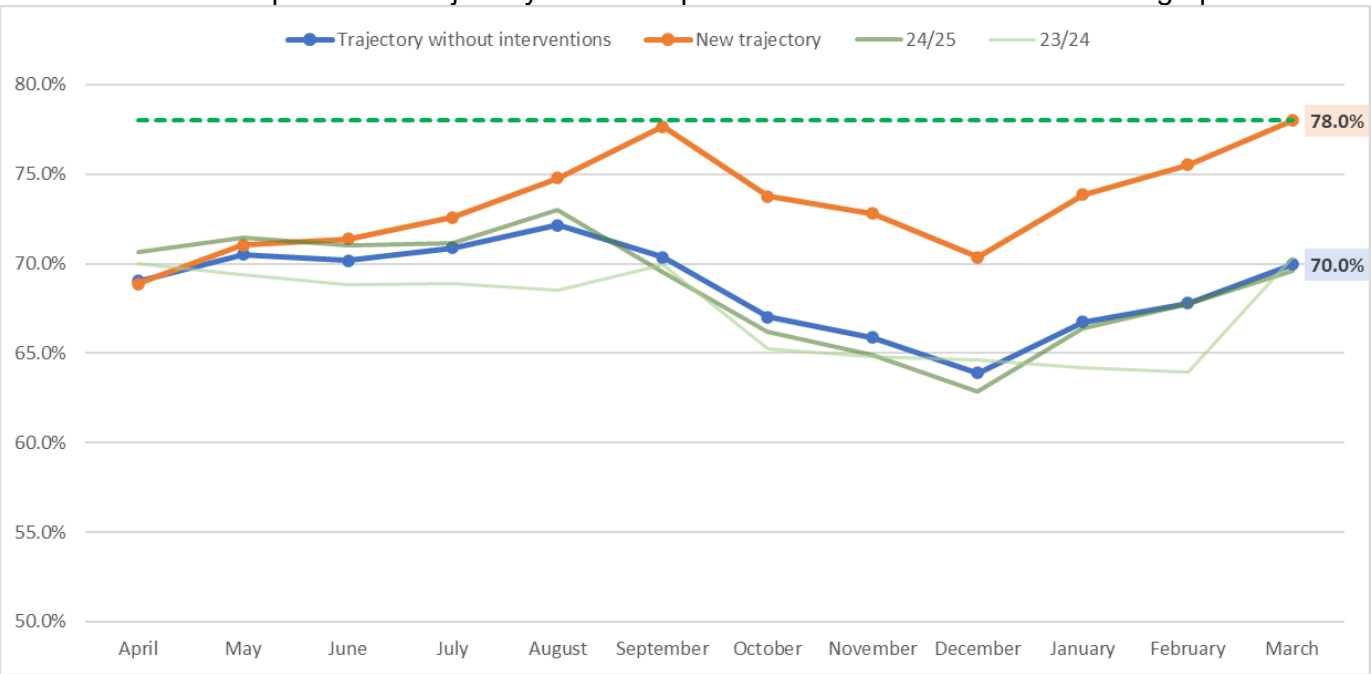
Workstream 5
Ward Processes

Ward/Board Round Standardisation	
Scoping & develop standard work	23.05.25
Implement & evaluate process	TBC
24/7 Review of Ward/MDT Processes	
Scope & define shift tasks day/night	TBC
Ward leadership development review, design & implementation	27.06.25
Review & develop criteria led discharge	TBC
Review availability of diagnostics 24/7	TBC
WIS review & completion to support flow	TBC
Develop Discharge Standard Work	
Campaign to promote 'home for lunch	23.05.25
DF development programme	30.09.25
Digital Enablement	
ToC review & automation	TBC

<u>Expected Impact</u>

The impact of the recovery programme has been built into our planned improvement trajectories for 2025/26.

These result in an improvement trajectory for 4 hour performance which is detailed in the graph below:



UHNM's A&E submission of achieving 78% in March 2026 is based on the assumptions that the interventions detailed in the table below will be delivered. It should be noted that not all interventions/actions are within UHNM's remit but has been built with the support of the ICB in conjunction with partner organisations.

Intervention that will impact performance		Number of 4 hour breaches saved											
Intervention/Action		April	May	June	July	August	Septembe	October	Novembe	Decembe	January	February	March
Improved flow due to improvement plan (Frailty)	Type 1			100	150	250	300	300	300	300	300	300	300
Improved flow due to improvement plan (AMU/SDEC)	Type 1			50	75	125	150	150	150	150	150	150	150
UTC @ Ryoal Stoke	Type 1						839	839	839	839	839	839	839
UTC @ Ryoal Stoke	Type 3						-839	-839	-839	-839	-839	-839	-839
UTC @ County	Type 1						1240	1240	1240	1240	1240	1240	1240
UTC @ County	Type 3						-1240	-1240	-1240	-1240	-1240	-1240	-1240
ICC	Type 1		400	550	700	900	1147	1147	1147	1147	1147	1147	1147
Community Transformation	Type 1						574	574	574	574	574	574	574
WMAS	Type 1							40	40	40	40	40	40
stretch	Type 1												243
Total		0	400	700	925	1275	2171	2211	2211	2211	2211	2211	2454

Conclusion

This report notes the current performance for our UEC pathways which we acknowledge is not the performance we want for our patients or population. Tactical actions are taking place to mitigate patient risk while the full UEC programme is underway.

New leadership has been put into our UEC pathway to create capacity to transform and in support of the actions required.

This has been built into our improvement plan for 2025/26, which requires UHNM working together with partner organisations to deliver improvement both in hospital, but also pre and post discharge to support our patient being treated closer to home wherever possible.

Key Recommendations

The Trust Board is asked to receive the update regarding UEC and note the actions being taken

Executive Summary
Trust Board | 7th May 2025
UHNM PLACE Results 2024

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**		**Assurance**	✓	**Agenda Item:**	10
Author:	Nan Sharp, Head of Governance & Compliance, EFP Division / Teresa Platt, Deputy Head of Governance & Compliance, EFP Division.							
Executive Lead:	Lorraine Whitehead, Director of Estates, Facilities & PFI							

Alignment with our Strategic Priorities		
	Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
	Our Patients We will provide timely, innovative and effective services to our patients	✓
	Our Population We will tackle inequality and improve the health of our population	✓

Risk Register Mapping		
BAF 6	Fit for Purpose Estate	**High 12**

Executive Summary

Situation
The purpose of this paper is to inform the Trust Board of the 2024 Patient-Led Assessment of the Care Environment (PLACE) results achieved at UHNM Royal Stoke and County Hospitals. The results of the PLACE inspections were published on Thursday 20th February 2025 and this report provides summary of findings from the inspections that took place at UHNM in October and November 2024.

Background
PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors.

Our patient assessors were welcomed back to our County and Royal Stoke sites over a series of inspection dates during October and November 2024 to visually inspect our hospital environment. The inspection team assessed how the environment supports the provision of clinical care, inspecting things such as cleanliness, food, general building maintenance, privacy and dignity and the specific needs of our patients with dementia or a disability. The results are from data published by NHSE in February 2025.

Assessment
UHNM achieved above the national average across all of the Domains and County cleaning was 100% for the 2nd year running. County Hospital also scored 100% on the Ward Food domain. These scores recognise that good environments and services that respond to the needs of our patients really do matter.

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

Rationale

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Estates, Facilities and PFI Division ensure that areas that need attention are addressed where possible at the time of the inspection and an action plan is produced to highlight and monitor areas of concern post inspection by the Divisional Management Board and this information is communicated to the wards and departments concerned.

Key Recommendations
To receive and note the contents of this report and its findings following PLACE inspections undertaken during October and November 2024 and to support the implementation of actions identified to improve the patient environment and experience.

UHNM PLACE Results 2024

February 2025

University Hospitals of North Midlands NHS Trust

1. Introduction

April 2013 saw the introduction of Patient Led Assessments of the Care Environment (PLACE), which is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments primarily apply to hospitals and hospices providing NHS-funded care in both the NHS and private/independent sectors, but others are also encouraged and helped to participate in the programme.

Good environments matter and every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be drawn to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

The assessments involve local people who use the services or have had experiences of it (known as patient assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness, and general building maintenance and, more recently, the extent to which the environment can support the care of those with dementia or with a disability.

The assessments take place every year, and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. Note that PLACE assessments focus exclusively on the environment in which care is delivered and do not cover clinical care provision or how well staff are doing their job.

This report provides a description of the process and summarises the scores achieved for the full UHNM PLACE inspection undertaken in 2024.

2. PLACE Process

PLACE assessments are a voluntary annual appraisal of the non-clinical aspects of NHS and Independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The team must include a minimum of 2 patient assessors, making up at least 50% of the group. In 2022, the criteria for staff to patient assessor ratio was enforced and assessments not meeting this standard are excluded from the national results.

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facilities cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or a disability. Questions score towards one or more of the following non-clinical domains:

- Cleanliness.
- Food/Hydration.
- Privacy, Dignity and Wellbeing.
- Condition, Appearance and Maintenance.
- Dementia.
- Disability.

NHS Digital manages the data collection, validation, and publication of results from assessments and provides guidance within which inspections must take place. The inspections cover a range of compulsory areas and those that the patient assessors can choose these are attached in Appendix 1. A&E, food tasting, outpatient areas are included as compulsory areas and the number of wards to be

inspected is determined on the size of the overall site. Patient Assessors choose on the day of inspection where they would like to inspect from the non-compulsory options.

Trusts were notified that the dates for the 2024 collection was planned to run for 12 weeks from Monday 2nd September to Friday 22nd November 2024. Inspection dates were coordinated with the availability of patient assessors, relevant Trust staff with representatives from Estates, Facilities and PFI in line with guidance. The inspections were supported by External Verifiers including an EFP Matron from Manchester and Manager from Tameside and Glossop NHS Trust.

The collection assessment forms and guidance documents are available for information at https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place#assessment-forms-place-2024

The deadline for data submission was extended to 6th December 2024 and UHNM successfully submitted its data in advance of this date.

3. PLACE Scores and Patient Assessor Comments

PLACE scores were published nationally on 20th February 2025 and are recorded in the table below. Scores are generated by the national database system based on the information submitted from the inspections. Scores are not generated by Trusts and are in the public domain at the link above.

Nationally a total 1,107 of assessments were undertaken in 2024 compared to 1,106 in 2023. There were 12 assessments that were excluded due to insufficient number of patient assessor numbers and two further sites were excluded as they had not been fully completed. The findings were based on the 1,093 remaining assessments.

The table below outlines the site scores for Royal Stoke University Hospital and County Hospital plus the overall UHNM Trust organisation score for 2024.

UHNM achieved above the national average for all domains.

PLACE Scores 2024:

Site Name	CLEANING Score %	FOOD Combined Score %	Ward Food %	Organisational Food	PRIVACY, DIGNITY & WELLBEING Score %	CONDITION & MAINTENANCE Score %	DEMENTIA Score %	DISABILITY Score %
THE ROYAL STOKE UNIVERSITY HOSPITAL	99.08	96.59	96.13	98.44	94.65	99.72	91.08	94.06
THE COUNTY HOSPITAL	100	97.36	100	93.40	93.86	99.88	91.69	90.33
UHNM TRUST SCORE	**99.83**	**96.69**	**96.63**	**97.79**	**94.55**	**99.75**	**91.16**	**93.58**
NATIONAL AVERAGE	**98.31**	**91.32**	**N/A**	**N/A**	**88.22**	**96.36**	**83.66**	**85.20**

Patient Representative Comments

In addition to completing score sheets on a pass, fail or qualified pass basis, patient assessors are encouraged to provide any supporting comments that the Trust may take on board. Below is a summary of some of the comments received for each site: -

County Hospital:

"It was obvious that staff cared and were dedicated in the area".

"Considering the amount of footfall, the hospital is maintained to an excellent standard".

"The staff in all areas visited were amazing, they were committed and patient centred".

"County catering is always good".

Royal Stoke Hospital: -

"Very clean and welcoming spaces".

General areas looked very clean, and focus was on the patients".

"Very quiet and calm environment".

"Busy but well organised".

"Staff working well together and seemed happy in their roles".

"Appeared to be well led".

4. Conclusions

The PLACE scores achieved in 2024 for UHNM, and its sites Royal Stoke and County Hospitals demonstrate that the hospital environment for patients from a non-clinical perspective at UHNM continues to provide a positive experience for our patients. Trusts are encouraged not to compare scores with previous year's inspections due to different areas being inspected and different patient assessors undertaking the inspections, inspections are based on what is seen on that particular day. Changes to questions made each year to improve upon feedback regarding the inspections also makes comparing previous year's data difficult.

Good environments and services that respond to the needs of our patients really do matter and thanks go to all staff for their continued hard work and commitment in this area. Special recognition goes to our Estates, Facilities and PFI Division for the vital part they play every day in continuing to maintain an excellent care environment and impacting positively on our patient and staff experience.

An action plan has been developed and presented to the Quality Governance Committee which provided more detail on the comments received and areas where action is necessary to make further improvements. This will be monitored by the Estates, Facilities and PFI Divisional Board.

5. Recommendations

To receive and note the contents of this paper and the scores achieved for PLACE 2024 and to support in delivering the actions outlined across the organisation.

Inspection Requirements: 14 Wards, 14 Outpatients, 14 Public Areas, 5 Meal Services, Emergency Dept, External Area

PFI Wards	Lyme Building Wards	Outpatient Departments	Outpatients Departments Cont
210	~~100~~	Outpatients 1	~~202 Day Case~~
215	~~101~~	~~Outpatients 2~~	Early Pregnancy unit
216	102	Outpatients 3	~~Maternity Assessment unit~~
~~217~~	103	~~Eye Clinic~~	Radiotherapy
~~218~~	104	Discharge Lounge (Part of ward 120)	Chemotherapy suite
~~220~~	105	Poswillo	Haemodialysis
221	~~106~~	PreAms	Fracture Clinic
222	~~107~~	REHAB	Kidney Unit
223	108	Cath Labs	~~Ambulatory Emergency Centre (AEC)~~
~~225~~	109	~~Children's Outpatients Clinic~~	**West Building Wards**
~~226~~	110	Cardiac Clinic	~~76A~~
227	111	~~Endoscopy~~	~~76B~~
228	112	~~Neurophysiology Clinic~~	78
230	113	~~Heart and Lung Clinic~~	79
231	117	~~Ear Nose Throat~~	80
232	ITU Pod 6	~~Oral orthodontic Clinic~~	81
233	SSCU	~~Nuclear Medicine~~	**Maternity Wards**
CCU	**Trent Building**	Shine Clinic	205
Critical Care Unit	~~122~~	Breast clinic	206
~~AMRAU~~	123	~~Hearing & Balance~~	~~Maternity Birthing Centre~~
Compulsory Areas	~~124~~	Gastro Liver Unit	Delivery Suite
~~External Area~~	126	Transitional Discharge Lounge	**Cancer Centre Ward**
~~Emergency Dept~~	127	EHPC (Out of hours emergency GP)	~~201~~
	128		

Team 1 – 2 PFI Wards including public Areas, 3 Outpatient Areas	**Team 2 –** 2 PFI wards including public areas, 3 Outpatient areas, 1 Meal Service
Team 3 – ED, 1 External Area, 2 Trent Wards including public areas, 1 Meal Service	**Team 4 –** 2 Lyme wards including public areas, 3 Outpatient Areas, 1 meal service
Team 5 – 2 West Build Wards, 1 Maternity Ward, 1 Cancer Centre Ward including public areas, 2 Outpatient Areas and 1 meal service	**Team 6 –** 2 PFI Wards including public areas, 3 Outpatient areas, 1 Meal Service

PLACE 2023 - County	Compulsory Area	Ward	Outpatient	Communal Area	External Area
Ground Floor					
Shine/clinical Investigations			X		
Renal			X		
Physiotherapy			X		
Endoscopy			X		
Outpatients Area			X		
Outpatients Garden					X
Chemotherapy Unit			X		
Chemotherapy Garden					X
Remembrance Garden			X		X
Dermatology				X	
Stairwells				X	
Toilets				X	
Main Reception				X	
MRU			X		
X - Ray			X		
CT Unit			X		
A&E	X				
STS			X		
1st Floor					
Ward 8		X			
Ward 7		**X**			
Ward 1		X			
AMU			X		
Breast Care Unit			X		
Elective Orthopaedic Unit		X			
Chapel				X	
Nightingales				X	
2nd Floor					
Ward 12		X			
Ward 14		X			
Ward 15		X			
Neurological Unit			X		
Women's Health			X		

Executive Summary
Trust Board | 7 May 2025
NHS Staff Survey 2024 Results

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**		**Assurance**	✓	**Agenda Item:**	11
Author:	Laura Smoult, Senior OD Consultant							
Executive Lead:	Jane Haire, Chief People Officer							

Alignment with our Strategic Priorities	
Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
Our Patients We will provide timely, innovative and effective services to our patients	
Our Population We will tackle inequality and improve the health of our population	

Risk Register Mapping		
BAF 2	Improving our Workforce Sustainability and Organisational Culture	**Ext 15**

Executive Summary

Introduction
The NHS Staff Survey 2024 Results provides a comprehensive overview of the survey results and their implications for the Trust. Below are the key points:

- **Purpose**: The report aims to inform, seek approval, and provide assurance to the Trust Board.
- **Response Rate**: 5,680 colleagues participated, representing a 45% response rate, which is consistent with the previous year but below the benchmarking group's median of 49%

Key Findings
- **Overall Performance**: The Trust maintained its position despite operational and financial pressures over the past year. The results are generally average, with one People Promise/Theme slightly above the benchmarking group average, six slightly below, and two equal to the average.
- **Morale**: The Trust scored above the benchmarking group average for morale, reflecting the increased focus on colleague support and wellbeing.
- **Staff Engagement**: The Trust's overall Staff Engagement score is 6.84, equal to the benchmarking group average. Scores for Motivation are equal, Involvement is below, and Advocacy is above the benchmarking group average.

Areas of Improvement
- **Inclusion**: Declines were noted in colleagues feeling valued by their team and experiencing understanding and kindness from colleagues.
- **Safety and Health**: Concerns were raised about meeting conflicting demands, adequate materials, and increased work-related stress and physical violence.
- **Learning and Development**: Declines were observed in career development opportunities and access to learning and development resources.

Key Successes
- **Flexible Working**: Significant improvement in the score for 'We work flexibly,' reflecting the Trust's efforts through the Flex Focus Campaign.
- **Teamwork**: Improvements in team effectiveness and managerial support, attributed to the Trust's Leadership programmes.

Corporate Areas of Focus for 2025/26
- **Health and Wellbeing**: Addressing burnout, sexual misconduct, violence, aggression, and promoting anti-racism.
- **Learning and Development**: Enhancing Performance Development Review (PDR) effectiveness, managerial capability, and career pathways.
- **Flexibility and Adaptability**: Continuing the Flex Focus Campaign and supporting flexible and agile team working.
- **Teamwork**: Ensuring effective team working, psychological safety, and reducing silo working.

Next Steps

- **Monitoring and Support**: The OD Culture and Inclusion team will monitor the delivery of corporate areas of focus and support divisions in maximising insights from the survey.
- **Communication**: A communication and engagement plan is in place to widely share the survey results and actions being taken.

Conclusion

The Trust is pleased with the progress and sustained improvements from the 2023 survey results but acknowledges the need for further improvement compared to the benchmarking group average.

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

Rationale

The rationale for this rating is that there is a general confidence in the delivery of the relevant actions and interventions relating to the NHS Staff Survey, including listening to colleague feedback, understanding the results and ensuring action plans and priorities are in place.

Key Recommendations

The Trust Board is recommended to consider and note the information contained within the report. This summary captures the essential points of the NHS Staff Survey 2024 Results and highlights the Trust's commitment to improving staff experience and organisational culture.

NHS Staff Survey 2024 Results

7 May 2025

University Hospitals of North Midlands NHS Trust

1. Introduction

1.1 UHNM has maintained its position in the 2024 NHS Staff Survey which in the recent climate of the past 12 months with operational and financial pressures is positive overall.

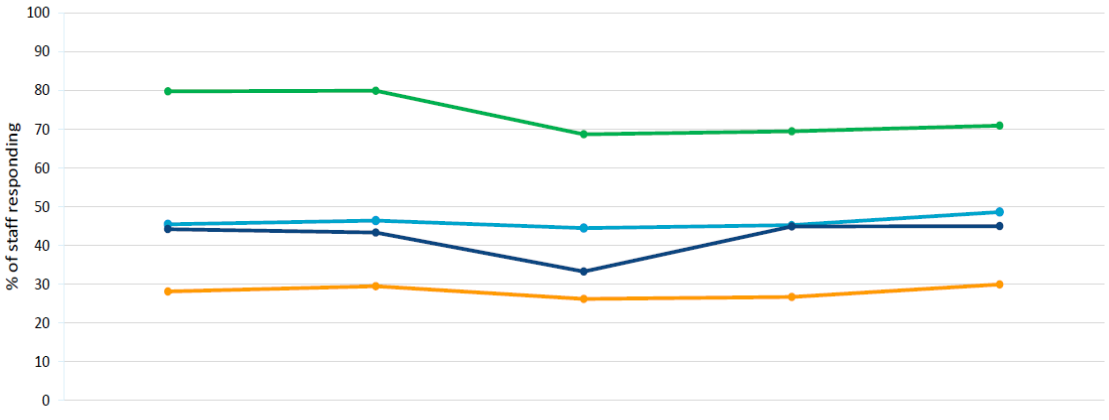
1.2 This report provides a high-level overview of the Trust's 2024 NHS Staff Survey results. A total of 5,680 colleagues took part in the survey from a headcount of 12,632 colleagues, which equated to a 45% response rate (equal to last year). Our results are overall average with one People Promise / Theme slightly above our benchmarking group average, six People Promises (PP's) / Themes which are slightly below our benchmarking group average and two People Promise / Themes where the Trust is equal to the benchmarking group average.

1.3 Maintaining our position is a testament to the work taking place at all levels across the organisation to continually improve our organisational culture and staff experience. Actions being implemented from March 2025 onwards will have an emphasis on celebrating the results obtained, noting the actions that have been taken over the past 12 months and communicating our areas of focus looking ahead for the next 12 months. It is important that we thank colleagues for their hard work and look at ways to further engage with colleagues to help the Trust become an even greater place to work for all.

2. Response Rate

2.1 Overall, 5,680 colleagues took part in the survey from a headcount of 12,632 colleagues, which equated to a 45% response rate. Our response rate of 45% is below the median response rate average for our benchmarking group of 49%. The national picture is slightly improved. We have equalled our response rate to 2023 despite having more colleagues eligible and more colleagues complete the survey in 2024. **Figure One** below shows the Trust's response rates compared to the benchmarking group average over the past five years.

Figure One – Response Rates

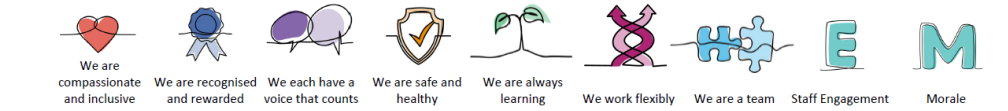


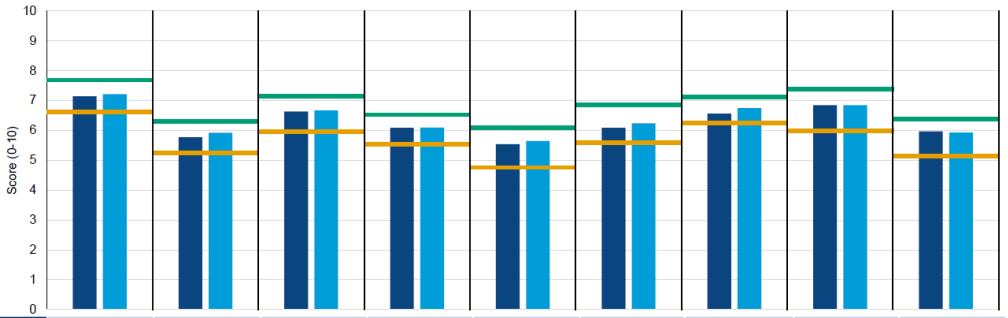
	2020	2021	2022	2023	2024
Your org	44.20%	43.30%	33.24%	44.87%	44.97%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	4699	4749	3685	5337	5680

3. Key Survey Findings – National Position (in comparison with our Benchmarking Group of Acute and Acute & Community Trusts)

3.1 When looking at the Trust's People Promise elements / themes scores, the Trust is slightly above the benchmarking group average for morale, and in line with the benchmarking group for 'We are safe and healthy' and staff engagement. Despite improvements, the Trust's scores remain lower than those of the benchmarking group across the remaining six of the People Promise elements / themes. This is shown in **Figure Two** below.

Figure Two – UHNM People Promise elements / themes scores





	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.14	5.77	6.63	6.09	5.54	6.09	6.56	6.84	5.97
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	5660	5657	5592	5618	5423	5607	5647	5658	5666

3.2 The full benchmark report can be found online here where the results of the 2024 NHS Staff Survey are measured against the seven People Promise elements and against the two themes of staff engagement and morale. The reporting also includes sub-scores, which feed into the People Promise elements / themes. It is positive to see that the Trust is above the benchmarking group average for morale and evidences the increased focus the Trust has given to support colleagues and their wellbeing throughout difficult operational pressures over the last 12 months.

4. Key Survey Findings – Trust position compared to 2023 NHS Staff Survey results

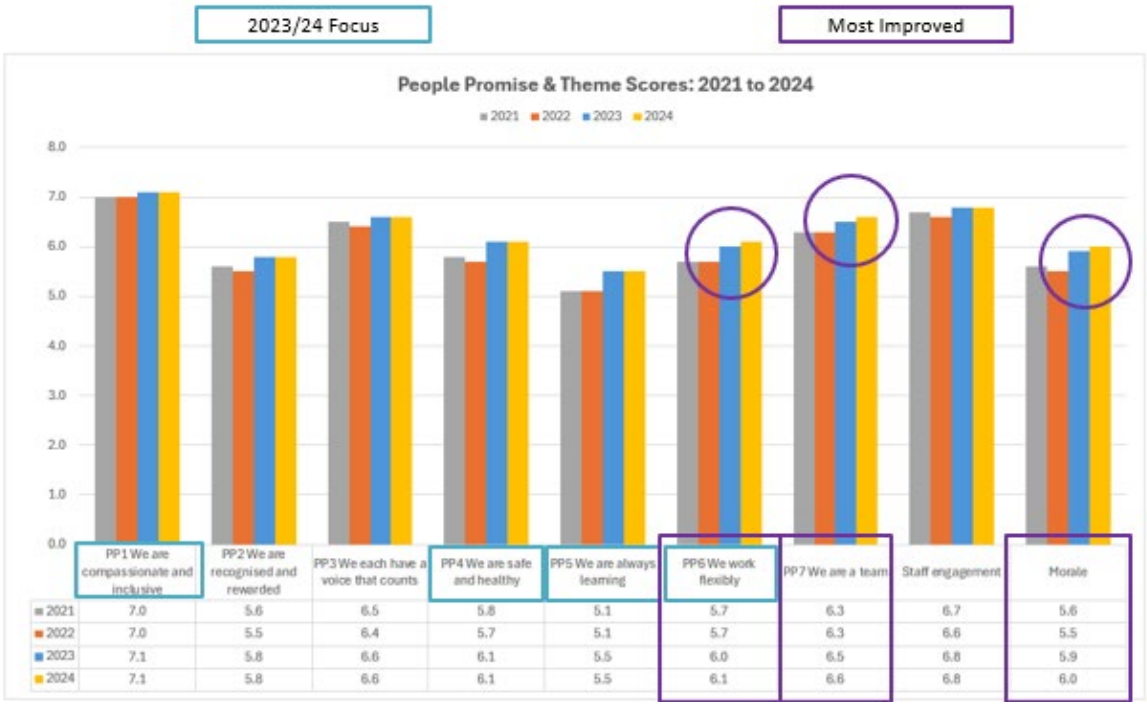
4.1 Whilst we are below the benchmarking group average for six of the People Promises, it is positive to see that we have generally sustained our results when compared to the Trust's results in the 2023 NHS Staff Survey. Although the Trust's score is below the benchmarking group average for 'We work flexibly,' we have achieved a statistically significant higher score for this People Promise element. This can be seen in **Figure Three** below. Whilst the remaining People Promise elements / themes haven't seen statistically significant movements either way; it is important to note that the significant improvement achieved in 2023 has been sustained.

Figure Three: People Promise elements / themes – Trust's 2023 scores compared with Trust's 2024 scores

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.12	5321	7.14	5660	Not significant
We are recognised and rewarded	5.74	5326	5.77	5657	Not significant
We each have a voice that counts	6.59	5261	6.63	5592	Not significant
We are safe and healthy	6.07	5290	6.09	5618	Not significant
We are always learning	5.51	5079	5.54	5423	Not significant
We work flexibly	5.98	5285	6.09	5607	Significantly higher
We are a team	6.52	5307	6.56	5647	Not significant
Themes					
Staff Engagement	6.83	5325	6.84	5658	Not significant
Morale	5.92	5327	5.97	5666	Not significant

4.2 When looking at the Trust's People Promise elements / themes scores over the past four years, it is generally taking two years to embed changes and turn the dial to improve People Promise elements / themes scores. This is shown in **Figure Four** below where the improvements made in 2023 have been sustained, as well as 'We work flexibly,' 'We are a team,' and morale showing small increases.

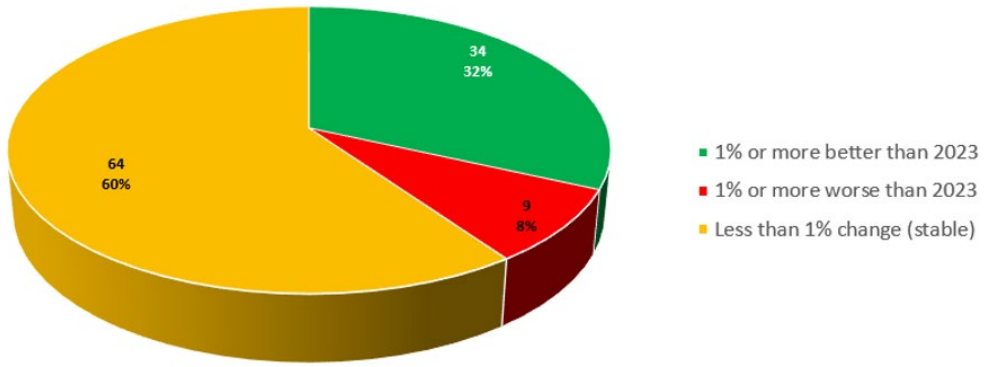
Figure Four: UHNM People Promise elements / themes scores from 2021 to 2024 ***(scores shown are scored out of ten)***



	PP1 We are compassionate and inclusive	PP2 We are recognised and rewarded	PP3 We each have a voice that counts	PP4 We are safe and healthy	PP5 We are always learning	PP6 We work flexibly	PP7 We are a team	Staff engagement	Morale
2021	7.0	5.6	6.5	5.8	5.1	5.7	6.3	6.7	5.6
2022	7.0	5.5	6.4	5.7	5.1	5.7	6.3	6.6	5.5
2023	7.1	5.8	6.6	6.1	5.5	6.0	6.5	6.8	5.9
2024	7.1	5.8	6.6	6.1	5.5	6.1	6.6	6.8	6.0

4.3 When looking at the Trust's individual question scores, we have seen no change in 60% of question scores, 32% of questions have scored 1% or more better than 2023 and in only 8% of questions has the Trust scored 1% or more worse than 2023. This is shown in **Figure Five** below.

Figure Five: UHNM Individual Question Scores – Trust's 2024 results compared with Trust's 2023 results



4.4 The Trust's most improved question when compared to the 2023 NHS Staff Survey results is colleagues thinking that the organisation respects individual differences which is great to see an improvement in as there has been a lot of focus on the Trust's approach to Equality, Diversity and Inclusion over the past 12 months.

4.5 It is also positive to see an improvement in the question score for colleagues recommending the organisation as a place to work, which is an important metric towards the Trust's Staff Engagement score, measured quarterly via either the Staff Voice or NHS Staff Survey.

4.6 In terms of what our NHS Staff Survey results are telling us more broadly, the three areas most improved and the three areas most declined are expanded on in more detail below.

5. Key successes to celebrate

Morale

5.1 Morale is one of the Trust's most improved scores when compared to the 2023 NHS Staff Survey results as it has increased from a score of 5.92 in 2023 to 5.97 in 2024. It also sits above the benchmarking group average score of 5.93. Colleagues feeling that there are enough staff at the Trust for them to do their job properly has improved. Scores regarding relationships at work being strained and colleagues feeling that their immediate manager encourages them at work have also improved. The Trust has invested in Leadership programmes to encourage positive working relationships and exemplary leadership from those in management positions.

PP6 – We work flexibly

5.2 The Trust's score for 'We work flexibly' is the only statistically significant change achieved by the Trust, improving from a score of 5.98 in the 2023 NHS Staff Survey to a score of 6.09 in the 2024 NHS Staff Survey. It should be noted however that this score is still below the benchmarking group average of 6.24. All questions scores improved in this People Promise, with notably two of the questions being two of the Trust's most improved question scores. These relate to colleagues feeling satisfied with the opportunities for flexible working patterns and agreeing that the Trust is committed to helping them balance their work and home life. This is a testament to the focused efforts on the Trust's Flex Focus Campaign.

PP7 – We are a team

5.3 The score for this People Promise has also improved from the 2023 NHS Staff Survey from a score of 6.52 to 6.56. Colleagues feeling that their team meets often to discuss the team's effectiveness has improved as well as feeling that that their team has enough freedom in how to do its work. The line management question scores have also improved in this People Promise, with colleagues feeling that their immediate manager gives clear feedback on their work, asks for their opinion before making decisions that affect their work and takes a positive interest in their health and wellbeing. This is great to see as a result of the Leadership programmes that the Trust has in place to support managers to be compassionate and supportive leaders.

6. Key areas for improvement

PP1 – We are compassionate and inclusive: Inclusion

6.1 All of the question scores which contribute to the sub-score for Inclusion have seen a decline from the 2023 NHS Staff Survey. These include a decline in colleagues feeling valued by their team and feeling a strong personal attachment to their team. Also of concern is a decline in colleagues feeling the people that they work with are understanding and kind to one another and that the people they work with are polite and treat each other with respect. There is more that the Trust can focus on to ensure inclusive leadership at all levels, embedding the new Trust values and to enable colleagues to feel a strong understanding of team purpose and feel valued in their work.

PP4 – We are safe and healthy

6.2 There is some decline in questions relating to colleagues being able to meet all of the conflicting demands on their time at work and not having adequate materials, supplies and equipment to do their work. Perhaps of more concern are the questions which contribute to the sub-score for Negative Experiences where colleagues have experienced an increase in musculoskeletal problems, work related stress and colleagues have come into work despite not feeling well enough to perform their duties. There are also some increases in colleagues experiencing physical violence and it is hoped that the recent launch of the 'We're People Too' campaign will help to tackle this.

PP5 – We are always learning

6.3 Some questions which contribute to the sub-score for Development have seen a decline from the 2023 NHS Staff Survey. These include a decline in colleagues feeling that there are opportunities for them to develop their career in the organisation and being able to access the right learning and development opportunities when they need to. Some question scores relating to Appraisals have slightly improved however colleagues feeling that their Appraisal left them feeling that their work is valued by the Trust was one of the Trust's most declined question scores. This People Promise will be a key focus area for the Trust to ensure that our learning and development and talent and succession planning offers are agile and meaningful for colleagues.

7. Looking back – 2024/25

7.1 Following the 2023 NHS Staff Survey results, the Trust focused on the following four areas to drive improvement:

- PP1: We are compassionate and inclusive
- PP4: We are safe and healthy
- PP5: We are always learning
- PP6: We work flexibly

7.2 Whilst the Trust sustained the improvements made in PP1, PP4 and PP5, the Trust achieved an increase in the PP6 score for 'We work flexibly.'

7.3 In relation to **PP 1 – We are compassionate and inclusive**, we continued to focus on improving culture via our Enable Leadership Programme. We also invested in:

- Continued focus on living our Being Kind Compact and embedding the Being Kind approach to the early and lasting resolution of issues.
- Improving culture through the launch of our anti-racist statement; new awards for Inclusion as part of National Inclusion Week and campaigns such as our violence and aggression campaign 'We're People Too' and 'leading with compassion and kindness.'
- Led on some key campaigns to raise awareness including Race Equality Week, Show Racism the Red Card Day and Black History Month.
- Appointed new WRES Champions.
- Iftar Gathering & Eid Celebrations.

7.4 In relation to **PP4 – We are safe and healthy**, colleague wellbeing has continued to be our priority during the past 12 months, and we invested in:

- Supporting colleagues through engagement events and on-site counselling, which have been received well.
- Focusing on burnout prevention we also increased on-site presence and promotion of the Staff Psychology and Wellbeing Hub.
- Demonstrated our commitment to a sexually safe culture and commissioned LimeCulture to work with us to help identify areas for improvements in line with the NHS Sexual Safety Charter and Worker Protection Act 2023. These actions continue to be worked through, and it is hoped further improvements in this area will be recognised during the next 12 months.
- Launched a new Women's Network with guest speakers and wellbeing walks regularly taking place.
- Launched our Menstrual Health Project and Period Poverty support drop-ins.
- Raised awareness via key campaigns throughout the year including 'Wear it Green Day' for mental health awareness.

7.5 In relation to **PP5 – We are always learning**, we have continued to offer opportunities for colleagues to develop their skills and learn throughout the past 12 months. We have invested in:

- Establishing our Admin and Clerical Academy to support the creation of career maps; provide clear progression routes and enhance support for people who want to develop.
- 12 senior colleagues have committed to mentoring roles, which will help build a sustainable culture of support and development.

- We continued to work with local education providers and have hosted a number of placements for T-Level students and increased the number of apprentices in clinical and non-clinical roles.

7.6 Lastly, in relation to **PP6 – We work flexibly**, much effort has been made during the year to understand arrangements for flexible and agile working. We have:

- Launched a new Flexible Working Policy.
- Launched our Flex Focus campaign with myth-busting information and resource materials.
- Used Flex Friday to highlight real colleague stories to further promote flexibility and work life balance.

8. Looking forward – Corporate Areas of Focus 2025/26

8.1 Based on the review of the 2024 NHS Staff Survey results detailed above and to align with our new Trust Strategy and Trust People Plan, there will be a focus at a corporate / Trust-wide level on the following four areas shown in **Figure Six** below.

Figure Six: Trust Corporate Areas of Focus for 2025/26

People Promise 4 **We are safe and healthy***	**People Promise 5** **We are always learning***
Corporate actions to include going back to basics, addressing colleague burnout, morale and ensuring the Trust wellbeing offer supports mental, physical and financial wellbeing. There will be a particular focus on: • Burnout • Sexual Misconduct • Violence & Aggression • Bullying & Harassment • Anti-Racism **mapped to Trust's People Plan Priority 1: Health & Wellbeing*	Corporate actions to include increasing the effectiveness of PDRs, developing the capability of our managers and leaders and establishing and defining career pathways. There will be a particular focus on: • Ability to make suggestions for improvement • Conduct effective appraisals to support colleagues in their roles • Equitable access to opportunities for learning and development **mapped to Trust's People Plan Priority 2: Learning & Development*
People Promise 6 **We work flexibly**	**People Promise 7** **We are a team***
Corporate actions to include consistent and continued rollout of our Flex Focus Campaign, sharing of staff stories and manager training programmes. There will be a particular focus on: • Supporting teams to be flexible and agile by improving how they work together to manage service demands and navigate change • Achievement of work life balance **mapped to Trust's People Plan Priority 3: Flexibility & Adaptability*	Corporate actions to include ensuring effective team working and supporting our leaders to effectively lead their teams. There will be a particular focus on: • Psychological Safety • Autonomy, Belonging & Contribution • Reducing silo working • Value & Recognition • Open, honest, regular communication and feedback **our worst performing People Promise when benchmarked nationally*

8.2 Running as a golden thread throughout these four corporate areas of focus will be Equality, Diversity and Inclusion and Staff Engagement. In respect of **Equality, Diversity and Inclusion**, the Trust has performed well when looking at the WRES and WDES metrics in the 2024 NHS Staff Survey results. Although there is improvement when comparing our results to the previous year, the Trust is not yet fully in line with our benchmarking group average. We will continue to engage with our Staff Networks to analyse the 2024 NHS Staff Survey results and help to drive forward relevant actions relating to this important agenda.

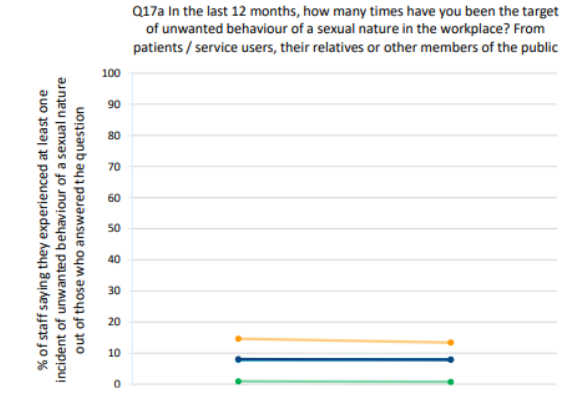
8.3 In respect of **Staff Engagement**, the overall Staff Engagement score for the organisation is **6.84** which is equal to the score for the benchmarking group average. The sub-scores which contribute to the Trust's overall Staff Engagement score is a mixed picture, with scores for Motivation being equal to

the benchmarking group average, scores for Involvement being below the benchmarking group average and scores for Advocacy being above the benchmarking group average. Within the Advocacy sub-score, the Trust remains above average for colleagues being happy with the standard of care and continues a three-year trend of improvement for the other two questions: recommending the organisation as a place to work, and care being the organisation's top priority. The latter is now above the benchmarking group average.

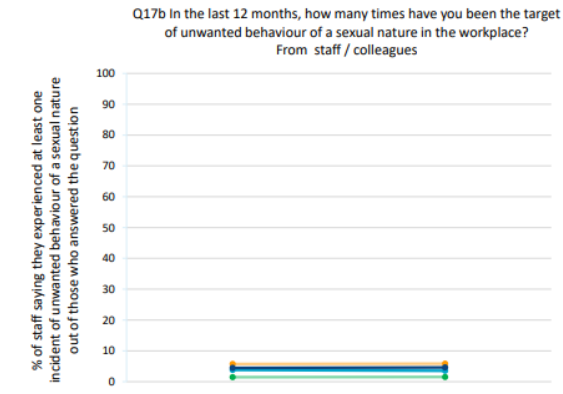
8.4 We will continue to ensure that we drive staff engagement through our quarterly surveys, ensuring we have an employee voice roadmap to capture feedback outside of these quarterly surveys and undertaking a review our corporate induction offer.

8.5 The Trust's **Sexual Safety** agenda has been and will continue to be a key priority for the Trust. The 2024 NHS Staff Survey included two questions about sexual safety that ask about the experience of unwanted behaviour of a sexual nature from the public and / or another colleague. The Trust has seen minimal change in the data since the last survey. **Figure Seven** below shows the responses to these two questions asked.

Figure Seven: Sexual Safety: NHS Staff Survey results



	2023	2024
Your org	8.04%	7.87%
Best result	0.94%	0.76%
Average result	7.82%	7.98%
Worst result	14.61%	13.39%
Responses	5311	5647



	2023	2024
Your org	4.47%	4.61%
Best result	1.46%	1.52%
Average result	3.81%	3.53%
Worst result	5.74%	5.85%
Responses	5300	5632

8.6 LimeCulture (LC) were commissioned as experts on this agenda to support the Trust. LC have undertaken a rapid review of the Trust's response to sexual misconduct and its progress towards implementing the commitments under the NHS Sexual Safety Charter and to address requirements under the Worker Protection Act 2023. LC has produced an in-depth report with detailed findings from the review identifying recommendations for action. LC noted significant activity underway within the Trust since signing up to the Charter.

9. Next Steps

9.1 The OD Culture and Inclusion team will be monitoring the delivery of the corporate areas of focus. The ODCI team is supporting divisions to maximise the insights gained from the 2024 NHS Staff Survey at a local level. It is intended for the corporate areas of focus to set the overall direction of travel with the Divisional action plans complementing and picking up the nuances within the Divisions for appropriate areas of focus needed for their teams.

9.2 The Divisional action plans will be monitored and reported on at July's Executive Workforce Assurance Group meeting. The ODCI team will support our divisional leaders to close the feedback loop with the results received and we will encourage teams to discuss the results and share what actions are being taken, or just as importantly, what actions are not being undertaken and why.

9.3 The ODCI team will review the free text comments to gain a further understanding of the areas of success and areas for focus and will undertake a thematic analysis of the comments utilising Artificial Intelligence.

9.4 The ODCI team will analyse the Bank Staff Survey results for any key focus areas for action in relation to our bank only workers at the Trust. Only 133 (8.1%) bank workers responded to the 2024 NHS Staff Survey compared to 197 (12.0%) in the previous year. This suggests that further work is needed to promote the NHS Staff Survey with this group of colleagues.

9.5 A communication and engagement plan is in place, with Staff Briefings already having taken place and Divisions having received their local breakdown of the results, a guidance document and an action plan template. The ODCI team will continue to communicate the 2024 NHS Staff Survey results widely across the Trust, issuing important 'You Said, We Did' messages as well as 'You Said, We Will Focus' messages for the most recent results and supporting Divisions with similar messaging.

10. Conclusions

10.1 We are pleased overall with the Trust's progress and sustaining the gains achieved in the 2023 NHS Staff Survey results in this year's results. We acknowledge that we have still further to go in comparison to our benchmarking group average.

10.2 We will continue to ensure delivery of the key programmes of work within the corporate areas of focus. Through our collective work at a corporate and a divisional level we aim to continue to build on our successes, learn where things can be even better and most importantly take action as a result of colleague feedback to ensure that the Trust is a great place to work, and we continue to improve patient outcomes.

11. Recommendations

11.1 It is recommended that the Trust Board consider and note the information contained within this report.

Executive Summary
Trust Board | 7th May 2025
Gender Pay Gap Report 2024-25

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**		**Assurance**	✓	**Agenda Item:**	12
Author:	Charlotte Lees, OD, Culture and Inclusion Business Partner							
Executive Lead:	Jane Haire, Chief People Officer							

Alignment with our Strategic Priorities		
	Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
	Our Patients We will provide timely, innovative and effective services to our patients	
	Our Population We will tackle inequality and improve the health of our population	

Risk Register Mapping		
BAF 2	Improving Workforce Sustainability & Culture	Ext 15

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. 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 colleagues 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 2024 Gender Pay Gap shows continued improvement in the metrics. There has been a 1.2% reduction in the median pay gap and a 1.3% reduction in the mean pay gap.

The main factor in our gender pay gap is that there is a higher proportion of males in higher pay quartile roles. Females represent 76% of the UHNM workforce and yet represent only 64% of the upper pay quartile. Men represent 24% of the workforce but are over-represented in the upper pay quartile at 36%.
On the basis of the above, our proposed assurance assessment is:

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

Key Recommendations
The Trust Board is asked to note the improved gender pay metrics and the actions identified for the coming year to continue reducing the gender pay gap at UHNM.

Gender Pay Gap

2024-25

University Hospitals of North Midlands NHS Trust

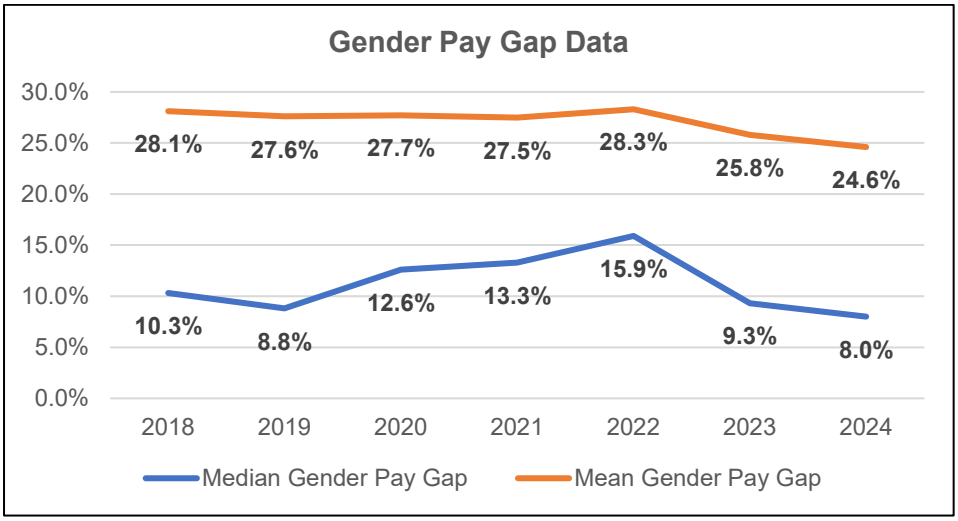
1. Introduction

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. The gender pay gap is different to equal pay, which relates to men and women performing equal work and must receive equal pay, as set out in the Equality Act 2010. This report fulfils the Trust's reporting requirements to publish information relating to six measures and explains why we have a gender pay gap. The six measures are:

Median gender pay gap	Difference between the median hourly rate of pay for female and male employees. Median is the middle value in a sorted list of values such that 50% of employees earn more than the median and 50% earn less than the median.
Mean gender pay gap	Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.
Median bonus gender pay gap	Difference between the median bonus pay for female and male employees. Median is the middle value in a sorted list of values such that 50% of employees earn more than the median and 50% earn less than the median.
Mean bonus gender pay gap	Difference between the mean bonus pay paid to female and male employees. Mean is the sum of the values divided by the number of values.
Proportion of males and females receiving a bonus	The proportions of male and female employees paid a bonus payment. For UHNM this refers to local and national clinical excellence awards.
Proportion of males and females in each quartile	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

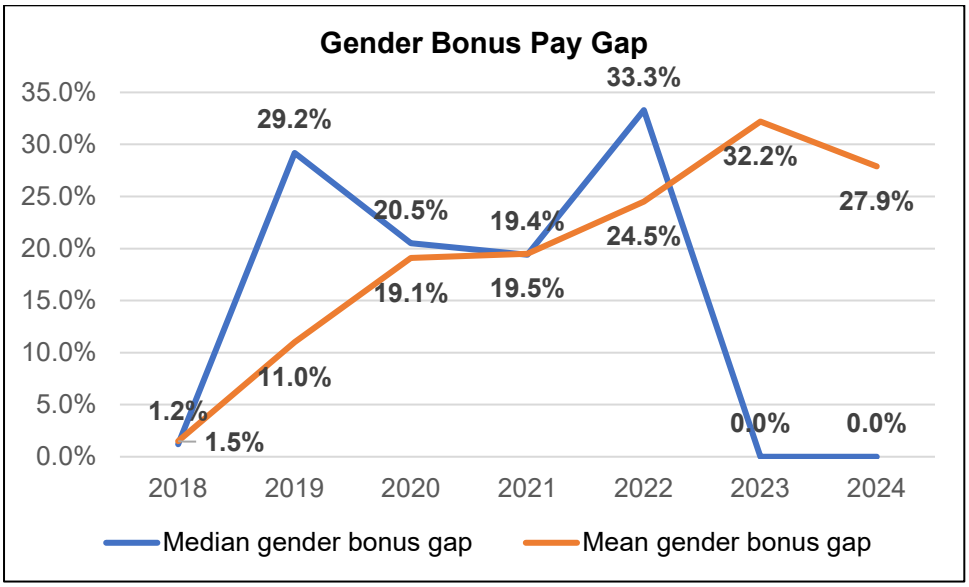
The gender pay data is a snapshot of pay taken on 31st March each year:



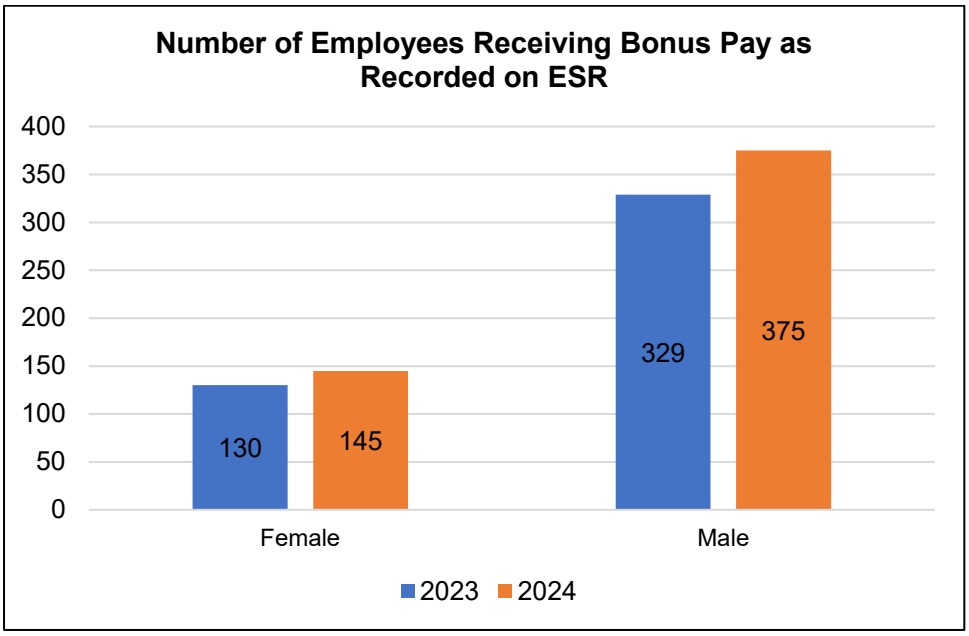
The Mean and Median pay gaps have improved in 2024 with a positive downward trend.

This is driven by an increase in male representation in the lower and lower middle pay quartiles.

From a statistical perspective the median is considered to be a more accurate measure as it is not skewed by very low or very high hourly pay.



The Median bonus pay gap has remained at 0.0%. This means that the median (middle in the ranked list of individuals receiving bonus pay) woman and the median man in receipt of a bonus (CEA) have both received exactly the same amount of £3,875. The Mean bonus payment for men is £8,203 and for women it is £5,911.



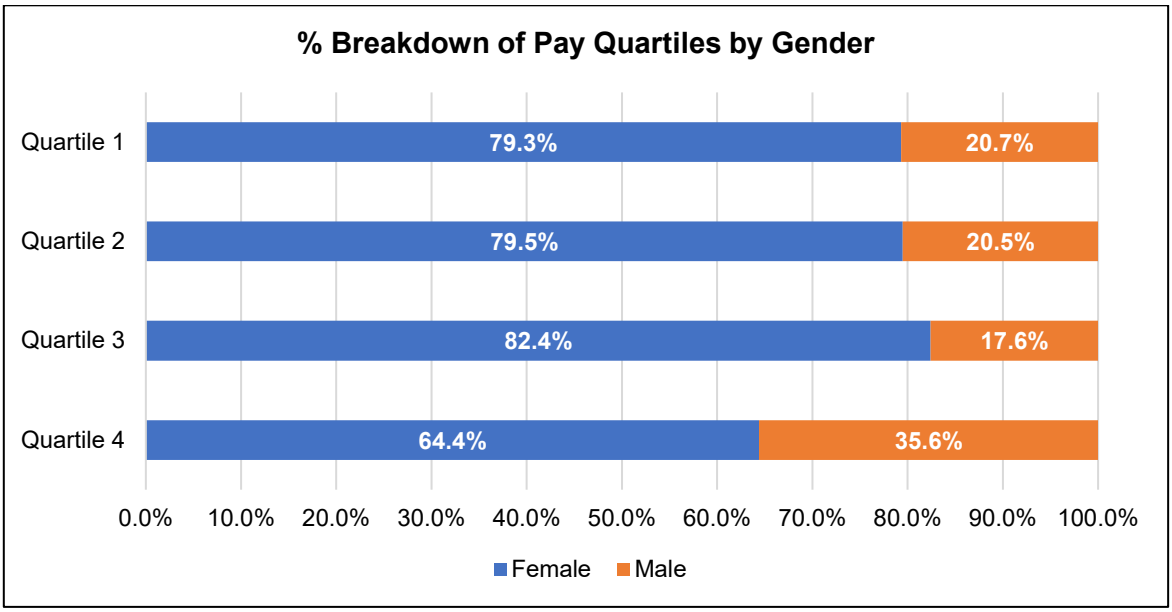
1.32% of <u>all</u> female employees in the organisation are in receipt of bonus pay, compared to 10.87% of all male employees in the organisation. 100% of all eligible consultants received an internal CEA regardless of gender, however there are more men employed in the Medical and Dental professional group compared to women. The number of men and women in receipt of a CEA has increased on last year.

The publication of Mend the Gap – the independent review into gender pay gaps in medicine in England in December 2020 found that CEAs, both national and local, are a contributory factor of the overall gender pay gap in medicine. The Department of Health & Social Care has modernised the national awards this year to improve access for women and black, Asian and minority ethnic groups. The changes take account of new ways of working, including improved recognition of those who are working less than full time (LTFT), and recognise and reward excellence across a broader range of clinical, academic and leadership contributions.

The proportion of male and female workforce in each pay quartile at 31st March 2023:

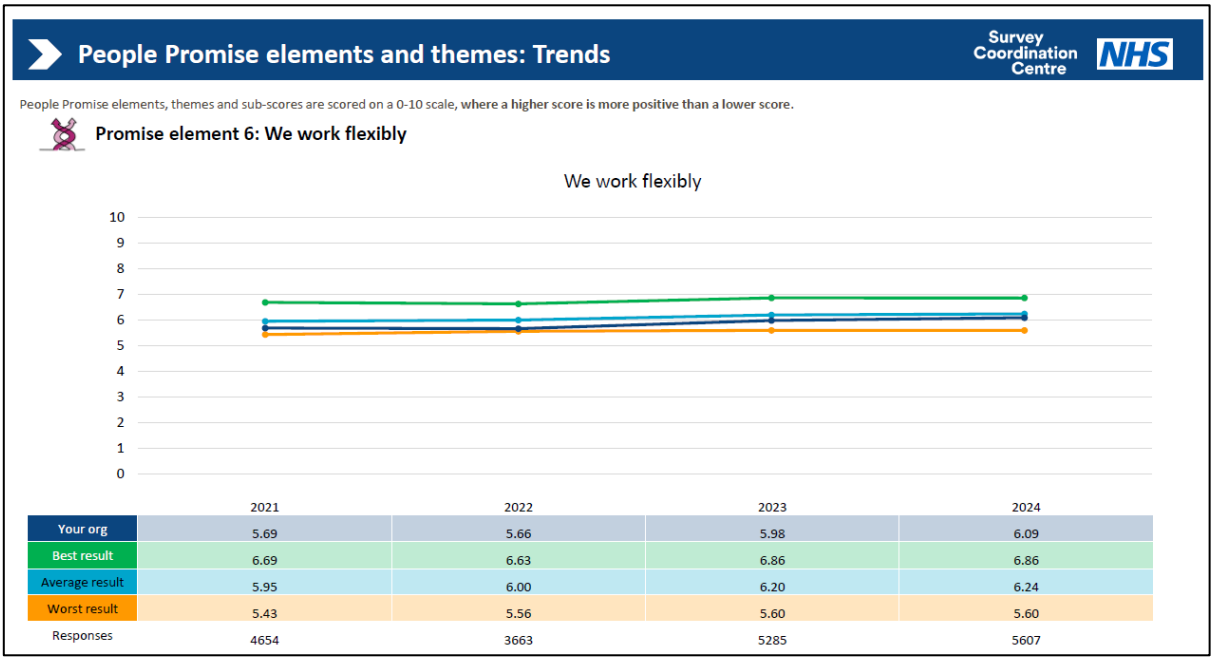
Quartile 1: Percentage of employees in the lower pay quartile
Quartile 2: Percentage of employees in the lower middle pay quartile
Quartile 3: Percentage of employees in the upper middle pay quartile
Quartile 4: Percentage of employees in the upper pay quartile

This data shows that a greater proportion of the male workforce continues to be employed in the upper pay quartiles, which drives our gender pay gap. There has been an increase in male representation in the lower and lower middle pay quartiles, which has positively impacted this year's mean and median pay gaps.

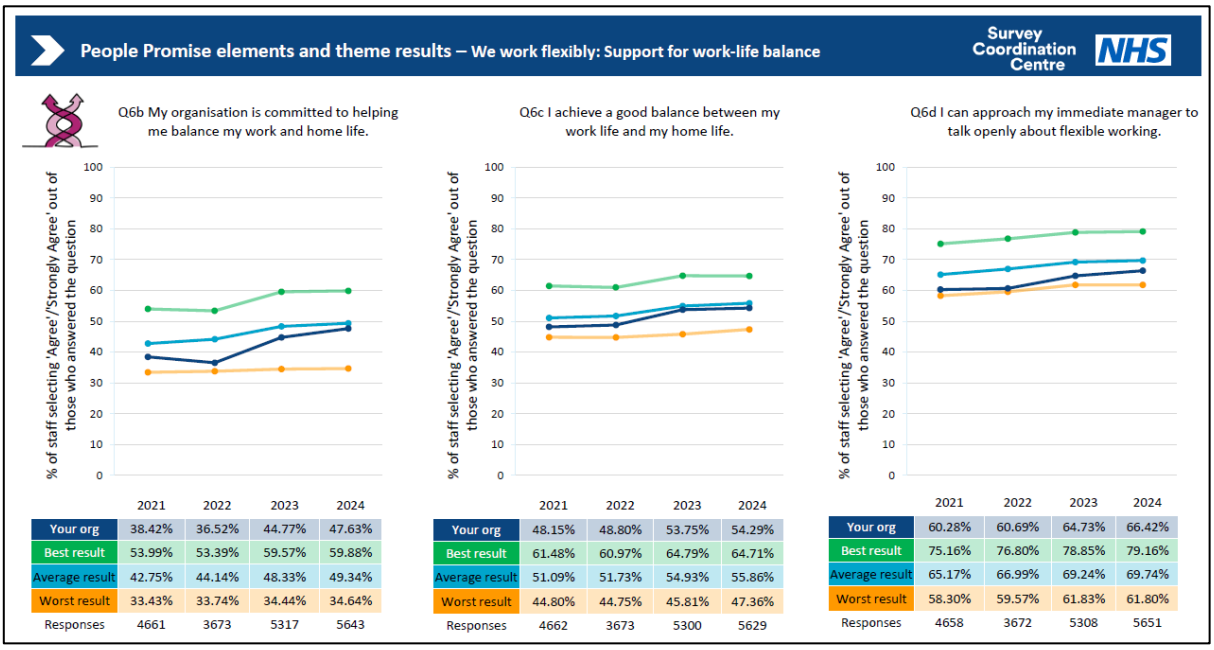


What is our Staff Survey telling us?

The following information demonstrates UHNM responses to the People Promise element – we work flexibly and the work-life balance questions in the NHS National Staff Survey 2024. It tells us that there has been a continued positive upward trend and a notable improvement on each of the questions compared to the previous year's survey. It also tells us that there is no significant difference between the responses of women and men in our organisation, but that UHNM positive scores are below the comparator average.



	2021	2022	2023	2024
Your org	5.69	5.66	5.98	6.09
Best result	6.69	6.63	6.86	6.86
Average result	5.95	6.00	6.20	6.24
Worst result	5.43	5.56	5.60	5.60
Responses	4654	3663	5285	5607



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

NSS Question	UHNM			Female			Male		
	2022	2023	2024	2022	2023	2024	2022	2023	2024
Achieve a good balance between work and home life	49.0%	53.8%	54.0%	49.7%	54.8%	54.9%	47.8%	53.1%	52.2%
Can approach immediate manager to talk openly about flexible working	60.0%	65.1%	66.6%	61.2%	65.8%	66.8%	61.3%	65.6%	67.0%
Organisation acts fairly: career progression	55.6%	56.1%	56.8%	57.4%	57.9%	57.5%	53.4%	53.4%	56.7%

Data extracted from raw unweighted NSS report

Update on the actions we set ourselves in our 2023 Gender Pay Gap Report:

Action / Recommendation	Owner	Time scale	Desired Outcome/ success criteria	Update
Analyse our staff survey data from a gender perspective by comparing the experiences of our male and female staff, particularly around the themes of equality, diversity and inclusion, line management and appraisals.	EDI Lead	Q1	Identify areas of good practice, and areas where targeted action may be required.	NSS reviewed by gender. In general no significant differentials, some areas for improvement relating to People Promise Themes of morale, burnout, negative experiences (particularly feeling pressurised to come into work, and working when not feeling well enough) and health and safety climate. UHNM Women's Health Group established with a range of informative and supportive sessions and podcasts to tackle stigma about women specific conditions.
Monitor our progress against the NHS ESI Improvement Plan High Impact Action 3 – 'Eliminate Pay Gaps'.	EDI Lead	Q1	Year on year reduction in the gender pay gap.	On track. Median and Mean Gender Pay Gaps have continued to improve in 2024. Ethnicity Pay Gap Report (baseline) undertaken in 2025.
Extend the Scope for Growth career conversation tool for personal development following the System pilot.	Assist. Direc of OD	Q2	Colleagues receive a tailored conversation about career aspirations and create a development plan. Measured by improvement in the NSS metrics relating to appraisal and fair opportunities for career progression	Talent management work programme is underway, commencing with tiers 1 – 3. Revised Performance Development Review (appraisal) designed to support career conversations, conversations about wellbeing and flexible working has been introduced. NSS metrics indicate a greater belief from women for fair relating fair opportunities for career progression. This and appraisal impact require further focus and are priority areas of focus for 2025-26
Continue with the Flexible Working Task & Finish Group including analysing the flexible working project outputs and make recommendations.	Head of ER	Q4	Implementation of recommendations from the Task & Finish Group with evaluation through year on year improvement on the flexible working metrics of the NSS.	Revised Policy implemented. New recording process on ESR to enable analysis of uptake. Line manager training created and launched All flexible working metrics have improved in the 2024 NSS. Notably, Question 6b 'my organisation is committed to helping me balance my work and home life" has improved by 2.86%

Action / Recommendation	Owner	Time scale	Desired Outcome/ success criteria	Update
Take forward the recommendations from the UHNM's Women's Network sub-group into the gender pay gap in medicine once they have been made.	EDI Lead	Q4	Co-creation of actions designed to balance gender representation in medicine across all pay bands and clinical excellence awards.	Session held as part of Women's Network. Internal CEA's temporary arrangements have been made permanent. National Clinical Impact Awards have been overhauled to increase diverse applications. Flexible working masterclass delivered as part of the Clinical Leadership & Management Fundamentals Programme, to equip medical managers in creating cultures that enable flexibility as the norm.
Continue with the work around sexual safety, led by the UHNM Sexual Safety Task & Finish Group	CPO	Q4	UHNM colleagues feel safe from sexual misconduct at work, measured by improvement of the NSS questions	T&F group programme of work, including Lime Culture rapid review and recommendations being taken forward. NSS question 'in the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff or other colleagues? Has slightly increased by 0.14% to 4.61%. However this increase can be linked to the high-profile sexual safety campaign delivered by the Trust to raise awareness of inappropriate behaviours in the workplace.

Actions for the next 12 months:

Our actions are to build on our current activity to maximise gender equality. This includes:

Action / Recommendation	Owner	Time scale	Desired Outcome/ success criteria
Corporate areas of focus arising from the 2024 National Staff Survey data as defined within the People Domain of the UHNM Strategy. These People Promises are: **We are safe and healthy** Corporate actions to include going back to basics, addressing colleague burnout, morale and ensuring the Trust wellbeing offer supports mental, physical and financial wellbeing.	Chief People Officer	2025-26	Target of 6.3 for the People Promise 'we are safe and healthy' by 2027
We work flexibly Corporate actions to include consistent and continued roll out of our FlexFocus Campaign, sharing of staff stories and manager training programmes. We will support teams to be flexible and agile by improving how they work together to manage service demands and navigate change.	Chief People Officer	May 2026	Target of 6.9 for the People Promise 'we work flexibly' in accordance with our NHSE flexible working action plan

Action / Recommendation	Owner	Time scale	Desired Outcome/ success criteria
We are always learning Corporate actions to include increasing the effectiveness of PDRs and developing and increase awareness and understanding of inclusive Career Roadmaps per staff group and functions). For 2025-26 will involve key workstreams relating to Nursing and Midwifery job roles and career pathways.	Chief People Officer	March 2026	Target of 5.8 for the People Promise 'we are always learning' by 2027
Creating a sexually safe environment We will Implement the recommendations from the independent review of sexual safety by Lime Culture	Deputy CPO	2025-26	Year on year reduction in % of colleagues reporting experience of inappropriate conduct of a sexual nature from other colleagues
Governance We will develop and embed an improved EDI governance framework, using EDI dashboards to monitor progress and the influence of our staff networks, staff stories and survey feedback to better inform actions.	EDI Lead	June 2025	Divisional EDI framework and dashboard presented to teams and monitored via workforce assurance
Focus on intersectionality Extend our pay gap reporting by ethnicity and disability to gain a better understanding of the difference in pay and impact of intersectionality	EDI Lead	Sept. 2025	Produce baseline ethnicity and disability pay gap reports

This report must be published on the UHNM website, and the data reported on a designated government website at www.gov.uk/genderpaygap by 30th March 2025.

Appendix 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 working in the upper pay quartile compared to middle and lower quartiles and;
- A greater proportion of female employees in the lower and middle 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%*

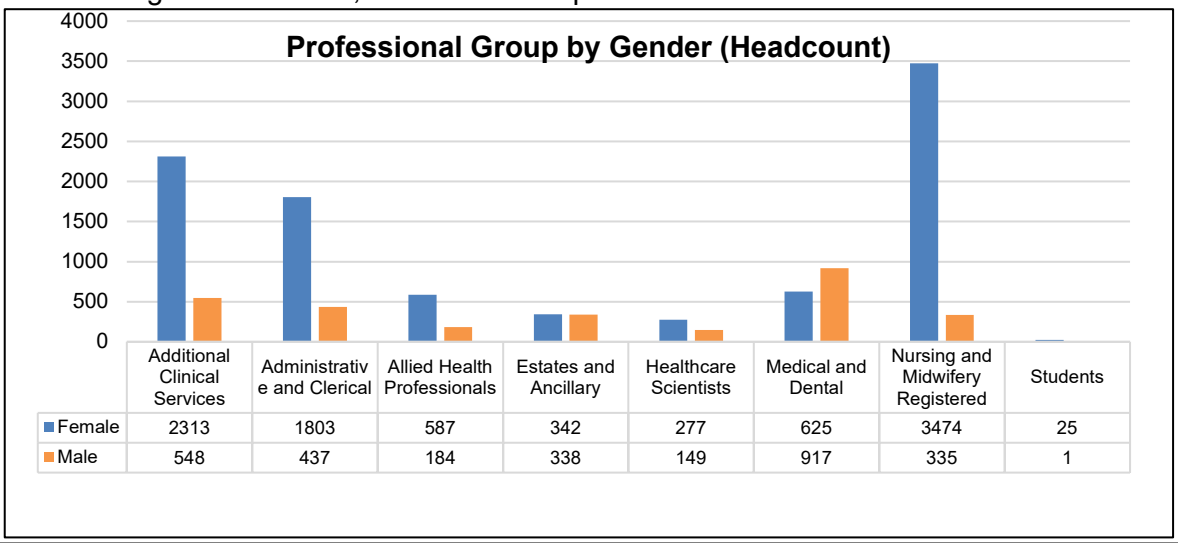
How our workforce was made up (as at 31st March 2024)

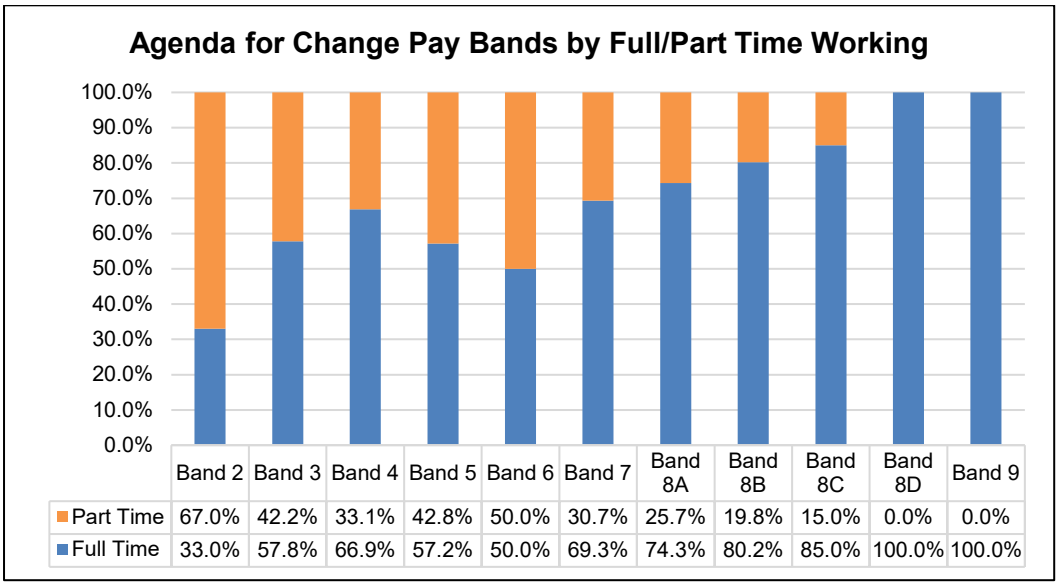
UHNM is typical of any NHS Trust in that it has a higher number of females than males in its workforce. 77% of our workforce are female compared to 23% men. This is the same as the previous year.

Professional Group	Female	Male
Additional Clinical Services	80.8%	19.2%
Administrative and Clerical	80.5%	19.5%
Allied Health Professionals	76.1%	23.9%
Estates and Ancillary	50.3%	49.7%
Healthcare Scientists	65.0%	35.0%
Medical and Dental	40.5%	59.5%
Nursing and Midwifery Registered	91.2%	8.8%
Students	96.2%	3.8%
Total	**77.0%**	**23.0%**

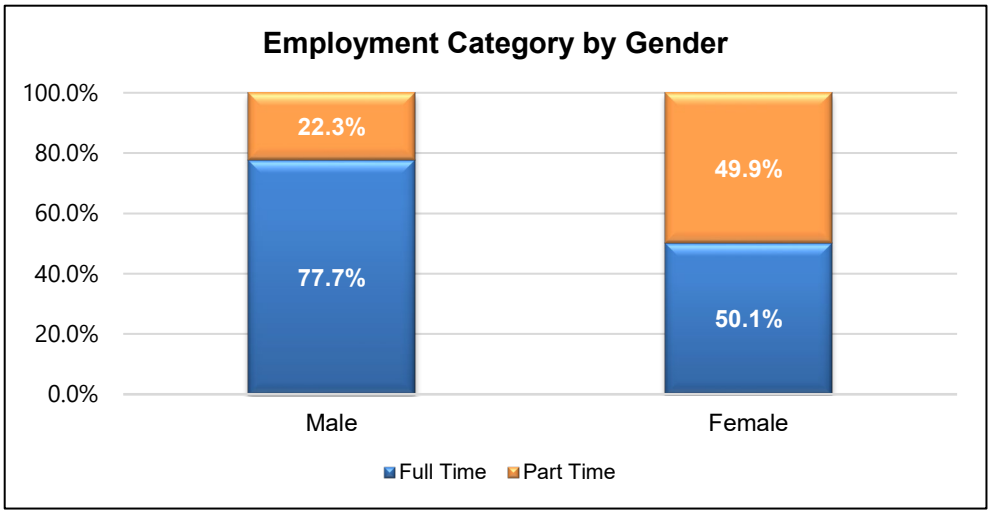
AfC Pay Band	Female	Male
Band 2	77.2%	22.8%
Band 3	83.9%	16.1%
Band 4	82.1%	17.9%
Band 5	86.7%	13.3%
Band 6	83.9%	16.1%
Band 7	80.6%	19.4%
Band 8 - Range A	74.6%	25.4%
Band 8 - Range B	66.7%	33.3%
Band 8 - Range C	65.0%	35.0%
Band 8 - Range D	45.8%	54.2%
Band 9	78.6%	21.4%

The percentage of women in the medical and dental staff group has increased by 2.1%, on top of a 4.4% increase the previous year. However, whilst overall numbers of women in this professional group have increased, they are under-represented at consultant level, at just 29%. Male representation has increased in Agenda for Change Bands 2 to 5, whilst female representation has increased in Bands 7 and above.

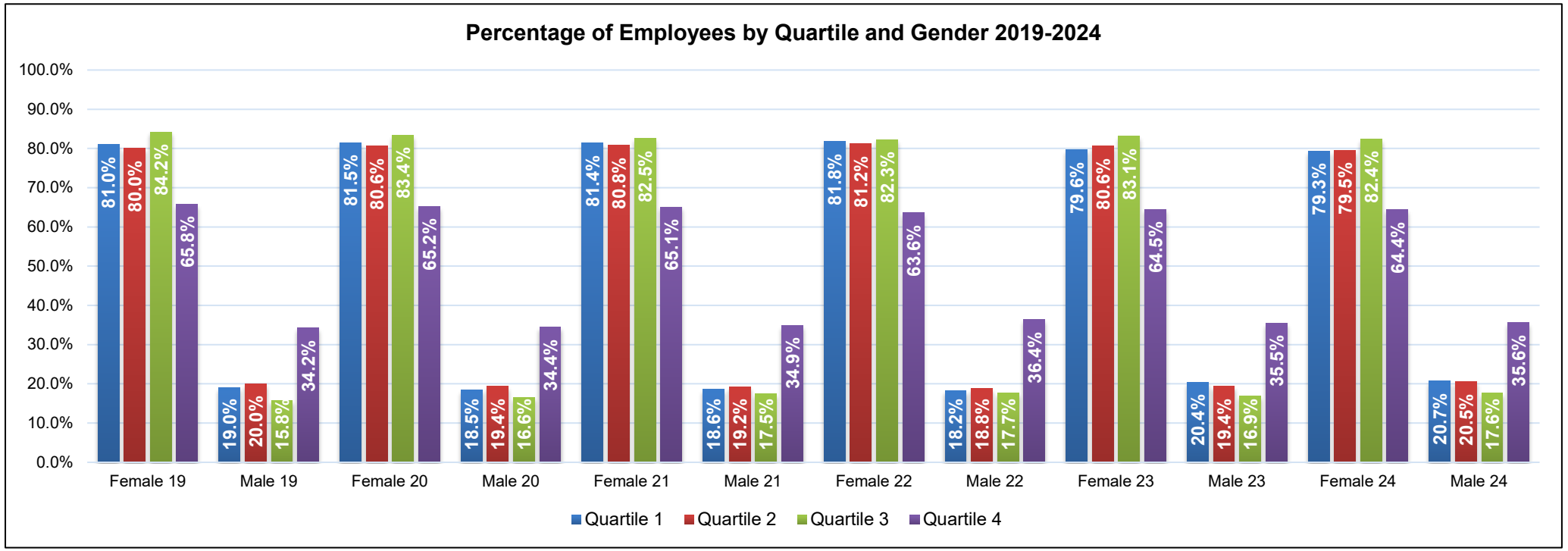




The proportion of colleagues working part time decreases as pay bands increase. 14.2% of doctors work less than full time (18.4% of female doctors and 11.3% of male doctors) an increase on the previous year. 17% of consultants are working less than full time (20% of women and 15.8% of men)



A greater proportion of women are in part time roles, which in comparison with full time jobs, tend to have a lower hourly median pay.


Percentage of Employees by Quartile and Gender 2019-2024
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
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%
79.6% 80.6% 83.1% 64.5%
20.4% 19.4% 16.9% 35.5%
79.3% 79.5% 82.4% 64.4%
20.7% 20.5% 17.6% 35.6%
Female 19
Male 19
Female 20
Male 20
Female 21
Male 21
Female 22
Male 22
Female 23
Male 23
Female 24
Male 24
Quartile 1
Quartile 2
Quartile 3
Quartile 4

How do we compare with other similar organisations?

Model Hospital enables us to compare our performance against our peer organisations, and the national average for NHS institutions in England. This data is from the 2023 reporting period.

Pay Gap Metrics	Data period	Provider value	Peer average	National value	National value method	Chart
Average gender hourly pay gap	2023/24	25.8%	21.0%	19.4%	Provider median	
Median gender hourly pay gap	2023/24	9.3%	9.3%	8.6%	Provider median	
Proportion of males in lower quartile of hourly pay	2023/24	20.4%	16.5%	20.0%	Provider median	
Proportion of females in lower quartile of hourly pay	2023/24	79.6%	83.5%	80.0%	Provider median	
Proportion of males in top quartile of hourly pay	2023/24	35.5%	29.0%	31.5%	Provider median	
Proportion of females in top quartile of hourly pay	2023/24	64.5%	71.0%	68.5%	Provider median	

Rate of Change Metrics	Data period	Provider value	Peer average	National value	National value method	Chart
Average gender hourly pay gap - change from previous year (in percentage points)	2023/24	-2.5	-1.6	-1.0	Provider median	
Median gender hourly pay gap - change from previous year (in percentage points)	2023/24	-6.6	-1.5	-1.1	Provider median	
Proportion of males in lower quartile of hourly pay - change from previous year (in percentage points)	2023/24	2.2	0.4	0.3	Provider median	
Proportion of females in lower quartile of hourly pay - change from previous year (in percentage points)	2023/24	-2.2	-0.4	-0.3	Provider median	
Proportion of males in top quartile of hourly pay - change from previous year (in percentage points)	2023/24	-0.9	-0.4	-0.2	Provider median	
Proportion of females in top quartile of hourly pay - change from previous year (in percentage points)	2023/24	0.9	0.4	0.2	Provider median	

Executive Summary
Trust Board | 7th May 2025
Financial Plan 2025/26

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**	✓	**Assurance**		**Agenda Item:** 13.
Author:	Sally Proffitt, Deputy Chief Finance Officer						
Executive Lead:	Mark Oldham, Chief Finance Officer						

Alignment with our Strategic Priorities		
	Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
	Our Patients We will provide timely, innovative and effective services to our patients	✓
	Our Population We will tackle inequality and improve the health of our population	✓

Risk Register Mapping		
BAF 7	Financial In Year Delivery	**Mod 5**
BAF 8	Financial Sustainability	**Ext 20**

Executive Summary

The final financial plan for 2025/26 was submitted on 30 April 2025 with a breakeven position. This is part of a system wide breakeven plan with the ICB planning a breakeven position.

Key points to note are:

The Trust submitted a draft financial plan on 13 February 2025, projecting an £83.7m deficit as part of a system-wide deficit of £98.6m (after the receipt of £95.0m deficit support funding). This plan was presented to the Performance and Finance Committee (PAF) on 3 March 2025.

Following the draft submission, a confirm and challenge meeting was held with NHSE, it was made clear that the only acceptable position was breakeven. The Trust submitted a revised plan on 27 March 2025 with a reduced deficit of £37.2m, as part of the system-wide position of breakeven.

Discussions have continued with the ICB around the deficit support and on 30 April 2025 the Trust submitted a breakeven plan with an assumed share of £37.2 m for deficit support.

A total CIP requirement of £74.8m is included within the financial plan, of which £25.0m is non-recurrent.

The net impact on inflation is £29.7m. Costs pressures within the plan are £11.5m.

The financial plan includes £61.8m of Elective Recovery Fund (ERF) income. The cap for ERF has been removed and if the Trust does overperform there will be an opportunity to maximise contribution.

The activity plan is based on capacity and demand and has been agreed with all clinical areas.

The workforce plans have been prepared alongside the financial plan; they have been adjusted for investment in business cases and the CIP programme.

The capital plan has been set at £90.8m; however, there are a number of capital bids that are currently being reviewed by the ICB and NHSE. If these are all approved, the capital plan will increase to £103.6m.

Risks have been identified within the plan and are included in the paper. Mitigations are in place for these and will be monitored carefully throughout the financial year.

Key Recommendations

The Board is asked to approve the 2025/26 financial plan

Financial Plan
2025/26

University Hospitals of North Midlands NHS Trust

1. Introduction

The Trust submitted a draft financial plan on 13 February 2025, projecting an £83.7m deficit as part of a systemwide deficit of £98.6m (after the receipt of £95.0m deficit support funding). This plan was presented to the Performance and Finance Committee (PAF) on 3 March 2025. **Table 1** provide the construct of the 2025/26 plan presented to PAF.

Table 1 Draft Plan

Exit Run Rate 2024/25	**(85.9)**
Growth	1.3
Net Inflation	(29.7)
Cost Pressures	(11.4)
Recurrent CIP	29.8
Non-recurrent CIP	15.0
Convergence	(2.8)
Draft Plan Feb 2025	**(83.7)**

Following the draft submission, a confirm and challenge meeting was held with NHSE, it was made clear that the only acceptable position was breakeven.

System level discussion and negotiations have resulted in a breakeven plan being submitted on 27 March 2025. The movements from the £98.6m deficit to breakeven are summarised in **Table 2** below.

Table 2: Summary movements from a system deficit of £98.6m to a breakeven position

	ICB	UHNM	MPFT	Combined	Total
	£m	£m	£m	£m	£m
Draft Plan	**0.0**	**(83.7)**	**(14.9)**	**0.0**	**(98.6)**
Additional efficiencies	53.7	15.0	14.9		83.6
Non-recurrent funding for NEL growth	(10.8)	10.8			0.0
Non-recurrent other deficit support	(5.7)	5.7			0.0
Initial Position	**37.2**	**(52.2)**	**0.0**	**0.0**	**(15.0)**
Further additional efficiencies		15.0			15.0
Assumed shared of deficit support	(37.2)	37.2			0.0
Breakeven plan	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

The ICB, UHNM and MPFT committed to a level of additional efficiencies that improved the position by £83.6m. For UHNM the efficiencies of £15.0m related to additional workforce reductions (recurrent impact £30m), this equates to a reduction of 567 WTE. These savings will come from transformation of services both front line and support functions; it has been flagged (although not included in the financial plan) that circa £25.0m will be required for redundancies costs to enable this reduction to be delivered.

The ICB agreed to transact to UHNM, £10.8m of non-recurrent funding in recognition of pressures in the urgent care system and an additional £5.7m for local deficit support in recognition of mental health pressures in UHNM.

The transactions above resulted in an initial deficit position of £15.0m across the system, As the other organisations were breakeven or in surplus, they were not prepared to make further improvements, therefore, UHNM was required to improve its position. This was done by making the following assumptions:

- A further additional non-recurrent efficiency (£15m) linked to establishment reviews
- The deficit support available to the system for 2025/26 is £95m with UHNM assuming a share of £37.2m funding to cover the deficit position, discussions are ongoing to finalise this agreement.

The Trust is working with the ICB and NHSE to agree a final contract position for 2025/26 and the recurrent impact going forward.

2. Income and expenditure

In 2024/25 the Trust had a financial plan for breakeven with an underlying deficit £58.7m. At the PAF Committee in October 2024 an update was provided.

This update detailed three significant financial challenges that the Trust faced during the year:

- its ability to meet its challenging recurrent CIP target for the year.
- pay costs above funded establishment to respond to service pressures and patient acuity within Medical and Support to Clinical staff groups mainly in non-ERF funded services.
- increased non pay pressures due to both price increases above inflation and growth in activity areas that are not supported by additional income.

These three pressures resulted in a worsening underlying position as summarised in **Table 3** below.

Table 3: Movement in the Trust's underlying position during 2024/25.

	£m
Expected underlying deficit 2024/25	**(58.7)**
Non delivery of recurrent CIP	(13.5)
Pay and non-pay pressures	(13.7)
Revised underlying deficit 2024/25	**(85.9)**

The recurrent CIP under delivery was against all Divisional CIP targets.

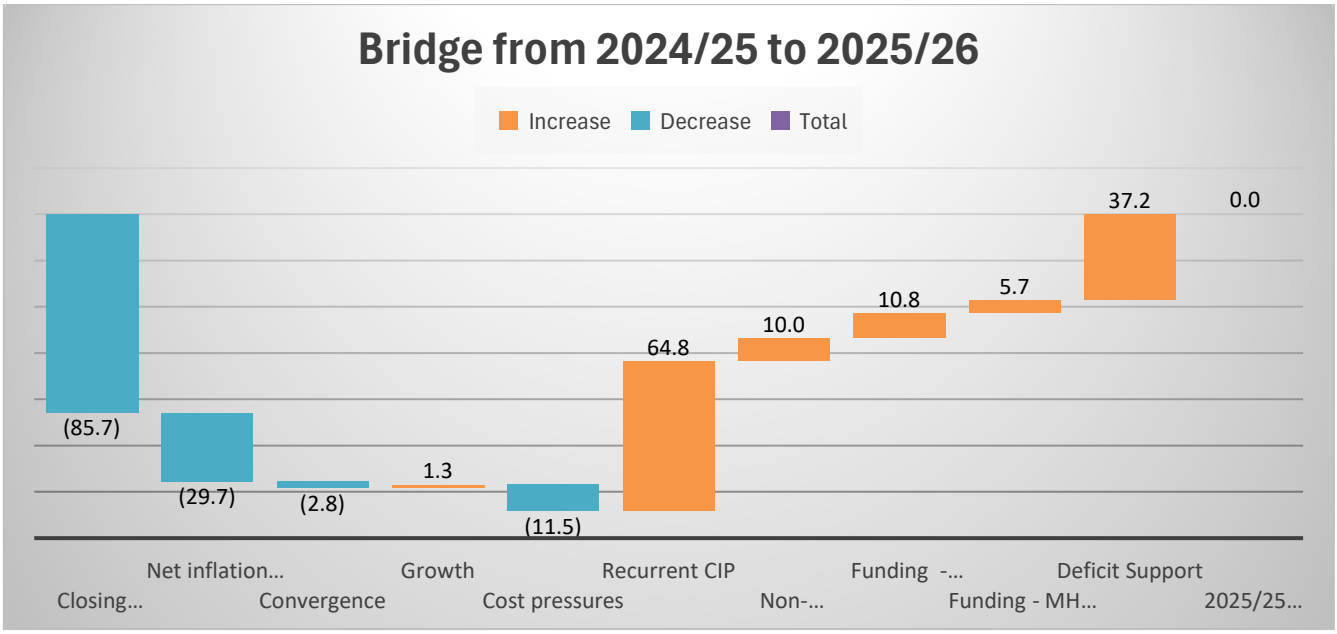
The £13.7m pay and non-pay pressures relate to the following items:

- pay costs above funded establishment to respond to service pressures and patient acuity within Medical and Support to Clinical staff groups.
- an increase in the non-pay costs of external reporting mainly in Radiology and Pathology.

The pay and non-pay pressures related to growth in non-ERF services where the Trust has not received additional funding.

The underlying position above was subject to review and scrutiny by ICS colleagues and it was agreed and recognised as the start point for financial planning for 2025/26. **Chart 1** provides a bridge on the movements from the 2024/25 underlying deficit to the 2025/26 plan.

Chart 1: Movements from 2024/25 underlying deficit to the 2025/26 breakeven plan



Note 1 – Inflation

The Trust has modelled the cost of inflation based on national planning assumptions and local intelligence; the national planning assumptions are shown in **Table 4** below.

Table 4: Inflation assumptions

Cost	Inflation	Cost Weight	Weighted Estimate	£m
Pay	4.72%	70.45%	3.33%	37.0
Drugs	0.83%	2.34%	0.02%	0.3
Capital	2.39%	7.35%	0.18%	0.9
Unallocated CNST	0.31%	2.09%	0.01%	0.1
Other	3.51%	17.76%	0.62%	10.4
Revised underlying deficit 2024/25			**4.15%**	**48.7**

The Trust has reviewed the local impact of inflation and identified the following two areas where inflation is more than the national assumptions above:

- CNST Contributions – notification of the actual changed in subscriptions for 2025/26 have been received and these have increased by £2.5m which is £2.6m more than National planning assumption.
- PFI Inflation – the PFI contract is increased each year in line with changes in the RPI, based on the latest indices this would indicate an increase of £1.1m more than National planning assumptions.

An amount of £3.7m has therefore been included in the plan although it should be noted that this amount has not been funded by Commissioner.

Inflation on income has been assumed at £22.7m, therefore the net impact on inflationary pressure is £29.7m.

Note 2 – Convergence

Staffordshire ICB receives 2.44% more than its fair share of NHS funding. A national pace of change policy moves ICBs to their target allocation by reducing the amount of growth available each year; for 2025/26 this reduction was 0.48% and was applied to the Trusts contract value, which totals £2.8m.

Note 3 – Growth

Growth funding relates to the balance of the uplift to the ICB's Resource Limit after accounting for Inflation and Convergence.

Note 4 – Cost Pressures

In line with systemwide assumptions 0.5% of income has been included to cover general cost pressures. The Trust has also provided for 2 specific cost pressures as shown in **Table 5** below.

Table 5: Cost pressures included within the financial plan

	£m
Loss of Welsh income	1.9
Recurrent band 2 to 3	3.2
Cost pressures agreed to fund	6.4
Total	**11.5**

The cost pressures funded were presented to the PAF Committee in March 2025.

Note 5 – CIP

A draft CIP for 2025/26 has been agreed by the Executive Team and forms the basis of the final plan submission. **Table 6** provides a breakdown of the CIP schemes by recurrent and non-recurrent.

Table 6: Draft CIP plan 2025/26

Recurrent Schemes	**2025/26 £m**	**2026/27 £m**
NEL Improvement Programme - Ward Based	4.0	6.0
NEL Improvement Programme - Front door	2.7	4.7
Endoscopy Business Case	3.5	3.5
EL Improvement Programme - Theatres	1.0	1.5
Imaging in/outsourcing	1.3	2.0
Workforce Controls - Overtime to bank	1.0	1.0
Workforce Controls - Nurse rate bank	0.6	0.6
Workforce Controls - Nurse Agency	0.8	1.0
Workforce Controls - Off cap bookings	0.8	1.0
Workforce Controls - Extra shift payments	2.3	2.7
Workforce Controls - Ward spend	2.1	2.8
Drug Switches	1.0	1.1
Loan kit	2.3	3.0
Procurement work plan	1.8	2.0
Other productivity (TBC)	4.6	4.6
Pay underspend	5.0	5.0
Establishment reviews	15.0	30.0
Total Recurrent Schemes	**49.8**	**72.4**
Non Recurrent Schemes		
Non-Recurrent mitigation for establishment reviews	15.0	0.0
Investment slippage	5.0	0.0
Other flexibilities	5.0	0.0
Total Non Recurrent Schemes	**25.0**	**72.4**
Total CIP Schemes	**74.8**	**72.4**

The CIPs have been rated based on the current maturity of the scheme. **Table 7** provides the status.

Table 7 CIP Risk Status 2025/26

Status	£m
High	45.9
Medium	9.4
Low	19.5
Total	74.8

Based on the level of risk within the CIPs a Financial Recovery Board is being set up to support, oversee delivery and hold services to account for non-delivery. **Table 8** provides the best, worse and likely position on the financial position for 2025/26 based on the level of risk within CIPs and ERF.

Table 8 Scenario planning financial position 2025/26

	Best £m	Worse £m	Likely £m
Planned Deficit	0.0	0.0	0.0
Non Delivery CIP	0.0	(55.3)	(13.8)
Non Delivery ERF	0.0	(10.0)	(1.0)
Do not receive deficit support	0.0	(37.2)	0.0
Revised Deficit	**0.0**	**(102.5)**	**(14.8)**

The table above is based on the risk related to the status of the CIP Programme and delivery of the ERF. For the CIP, the worst assumes the high-risk schemes (£45.9m) and the medium risk (£9.4m) will not deliver and will not receive the deficit support. The likely is based on 30% of the high risks schemes not delivering.

For ERF the worst case is based on receiving a reduction on ERF funding due to winter pressures slowing elective work and affordability issues with the ICB. The likely is based on receiving all within the plan bar a reduction of £1.0m in specialised commissioning, however discussions are ongoing to try and secure the additional funding within the contract.

3. Elective Recovery Fund

The financial plan includes £61.8m of Elective Recovery Fund (ERF) income which is summarised in **Table 9** below.

Table 9: ERF income included in the financial plan 2025/26

Commissioner	Baseline £m	Additional Funding £m	Total £m
Staffordshire and Stoke ICB	21.8	25.4	47.2
NHS England (Secondary Dental service)	0.9	0.0	0.9
NHS Specialised Commissioning	7.6	4.1	11.7
Associate ICBs	2.0	0.0	2.0
Total	**32.3**	**29.5**	**61.8**

The baseline funding is assumed to be recurrent and is supporting the Trusts underlying position.

The additional funding is £25.5m is supporting £26.4m of recurrent service developments, there is £3.1m left with reserves to be allocated. **Table 10** below lists the services that have been funded via this funding.

Table 10: Service developments funded through ERF

Service	£m
Endoscopy Capacity	7.6
ICB ERF Investment ENT business case	1.7
ICB ERF Investment - Other	1.3
Pre-Ams Management Service for CYP	0.4
STS Phase 2 (full year effect)	1.5
County Elective Hub (full year effect)	11.1
Plastic/skin business case (full year effect)	0.8
RTT improvement: specialised medicine phase 2 - diabetes/Endocrinology	0.1
Neurology/Neurophysiology extremal support	0.6
RTT improvement: Specialised Medicine phase 2	0.4
Cardiology TAVI BC	1.0
Reserves	3.1
Total	**29.5**

4. Activity

The activity plan has been prepared based on capacity and demand. The activity has been signed off by each clinical area and was submitted to NHSE on 30 April 2025. The plan will be closely monitored, and any deterioration will be escalated the Financial Recovery Board for review. **Table 11** provides a breakdown by point of delivery.

Table 11 2025/26 Activity Plan by point of delivery

Point of Delivery	Medical	Network	Pathology	Surgical	WCCS	Central Functions	Unknown	Grand Total
Day case	26,663	48,785	0	24,323	5,077	0	0	104,848
Elective	946	6,060	0	5,443	2,252	0	0	14,701
New Outpatient	64,143	95,316	325	117,813	49,032	4,672	0	331,301
Follow-up Outpatient	72,519	196,470	1,283	111,468	50,476	9,762	0	441,977
Outpatient Procedure - New	8,237	12,291	0	13,107	4,455	0	0	38,090
Outpatient Procedure - Follow-up	1,144	18,538	0	63,012	8,272	0	0	90,966
Non-Elective (acute activity) 0 day	13,274	5,195	0	1,691	7,453	0	21	27,634
Non-Elective (acute activity) 1+ day	31,851	12,261	0	9,301	6,956	0	31	60,400
Grand Total	**218,777**	**394,916**	**1,608**	**346,158**	**133,973**	**14,434**	**52**	**1,109,917**

5. Capital

The capital plan has been set at £90.8m, however there are several capital bids that are currently being reviewed by the ICB and NHSE, if these are all approved the capital plan will increase to £103.6m. Details of the funding for both options is provided in **Table 12** Details of the capital expenditure plan for both programmes are shown in **Appendix 1.**

Table 12 Capital Funding

Funding 2025/26	Submitted Plan £m	Best Case Model £m
ICB CDEL	20.4	21.1
PFI/IFRS	28.9	28.9
PDC	28.1	40.1
Charitable Funds	0.5	0.5
Disposals	11.0	11.0
Revenue transfer	0.4	0.4
VAT/Accruals	1.5	1.5
Total Funding	**90.8**	**103.6**

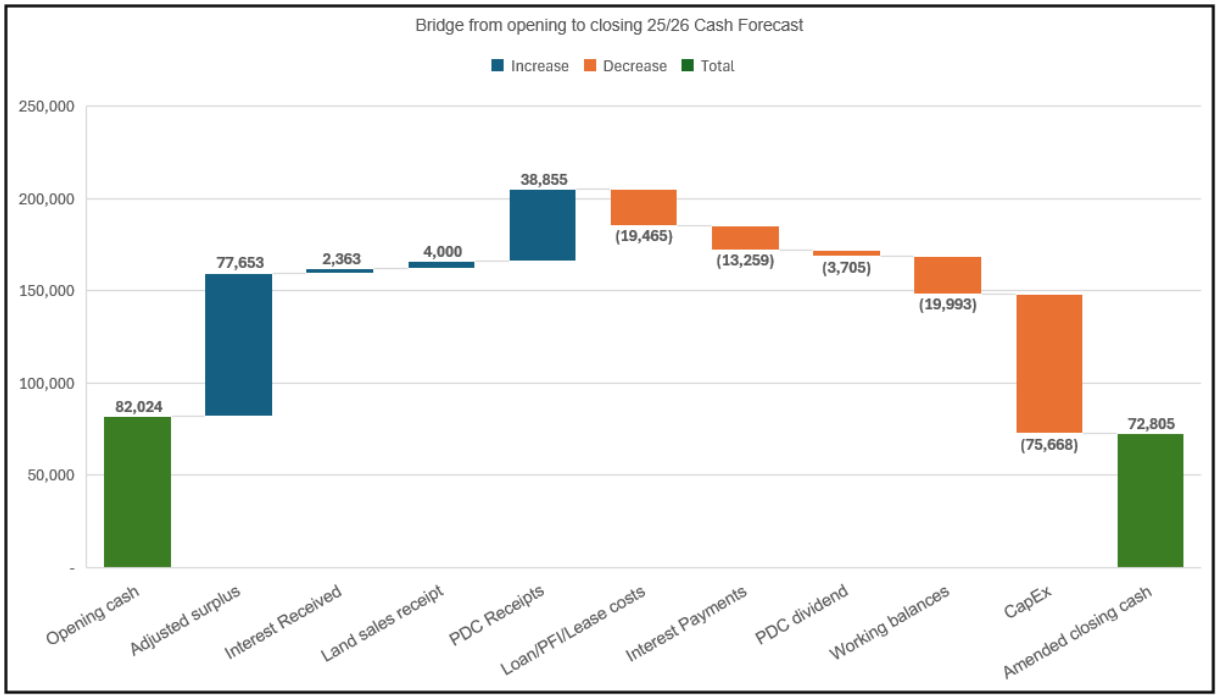
The disposals relate to the sale of the UHNM COPD and RI sites.

Once the Trust receives confirmation on the submitted bids, the updated programme will be brought to PAF for approval.

6. Cash

The cash plan will reduce in 2025/26 by £49.5m to £32.5m, details of the drivers for the cash movement is shown in **Chart 2**. This is based on submitted plan, clearly with the worst case scenario this would worsen by circa £66m and would lead to shortfall in cash during the year.

Chart 2 Cash Movements 2025/26



Cashflow monitoring on a rolling thirteen-week period is in place to monitor cash closely. The Trust will maximise cash resources by investing surplus cash in the government bank National Loans Fund, where the Trust will receive higher interest rates in the invested cash.

A detailed cashflow is shown in **Appendix 2**.

7. Workforce Plan

The workforce has been prepared and submitted for 2025/26. **Table 13** provide a breakdown on the 2025/26 plan against the 2024/25 outturn position.

Table 13 2025/26 Workforce Plan

Annual Workforce Plan 2025/26	Baseline		Plan	
	Staff in post outturn	Establishment	Staff in post outturn	Establishment
	Year End (31-Mar-25)		Year End (31-Mar-26)	
	Total WTE	Total WTE	Total WTE	Total WTE
Total Workforce (WTE)	13,157.14	12,795.47	12,286.50	12,289.68
Total Substantive	11,788.32	12,795.47	11,389.19	12,289.68
Total Bank	1,149.33		801.5	
Total Agency	219.49		95.81	

The workforce plan factors additional WTE's for any new business cases signed off, retraction of WTE's for non-recurrent work in 2024/25, a reduction of 162 WTE's for bank and agency in line with the required decrease in targets a reduction in 567 WTE's from October 2025 for the CIP programme.

Detail of the draft workforce plan by area is provided in **Appendix 3.**

8. Risks

The financial plan contains the following risks that have been identified and will continued to be monitored and mitigated if required throughout 2025/26.

1. Shortfall against CIP plans, high risk £49.2 and medium risk £7.1m
2. **Mitigation**: CIP targets have been issued to Divisions and PMO are working with Divisions to identify and develop CIP schemes. A Financial Recovery Board is being put in place to oversee progress and delivery of CIPs.
3. Activity levels are lower than required to meet ERF income targets due to urgent care pressures.
   Mitigation: Each Division is signed up to their activity plan. A Financial Recovery Board is being put in place where under performance will be escalated.
4. Additional capacity maybe required to meet Elective performance targets not funded through ERF.
   Mitigation: Each Division is signed up to their activity plan. A Financial Recovery Board is being put in place where under performance will be escalated.
5. Additional unfunded capacity required to meet urgent care pressures
   Mitigation: Each Division is signed up to their activity plan. A Financial Recovery Board is being put in place where under performance will be escalated.
6. Sale of RI and COPD Land may not occur in 2025/26 which is required to fund part of the capital programme.
   Mitigation: The Trust is working with a Savills to deliver the sale within the financial year. If there are any unforeseen delays the capital programme will be managed to ensure it remains in line with funding
7. The capital programme may slip during 2025/26 due the large programme.
   Mitigation: The capital programme is monitored monthly via the capital investment Group.

9. Conclusion

The current revenue plan is breakeven, with several risks to delivery based on achievement of ERF, agreement of deficit support and delivering CIP plan. Additionally emerging cost pressures will need to be identified and mitigated swiftly. Additional oversight to delivery of the financial plan will via the Financial Recovery Board.

The Trust is working closely with the ICB and NHSE to resolve the contract dispute and an update will be provided to the Board on the progress of the resolution.

The capital plan has been set at £90.8m, however there are several capital bids that are currently being reviewed by the ICB and NHSE, if these are all approved the capital plan will increase to £103.6m.

10. Recommendation

The Board is asked to approve the 2025/26 financial plan.

Appendix 1 Capital Programme

UHNM Capital Expenditure Plan - interim 25/26	Submitted Plan £m	Best Case Model £m
Pre-committed items - PFI and Loans		
PFI re-payment of liability	14.9	14.9
PFI lifecycle commitments	2.5	2.5
PFI PACS refresh - increase to PFI liability	0.2	0.2
PFI MES - increase to PFI liability TBC	7.1	7.1
Repayment of IFRS16 leases	4.2	4.2
Total PFI and IFRS16 lease repayments commitments	**28.9**	**28.9**
Investment items		
PFI enabling costs	0.2	0.2
Network & Comms BC525	0.0	0.7
LED lighting BC546	0.0	0.4
Pharmacy Robot BC487 - BC to be updated	0.0	1.5
IM&T computer hardware refresh BC569	0.0	2.1
EPMA	0.1	0.1
Investment funding for new business cases 25/26	0.0	0.4
Central Contingency & risk	0.0	0.3
Project Star - RI remedial work	0.01	0.01
ED ambulance off - enabling ward moves	0.3	0.3
Endoscopy works 7th room - PDC ICB allocation TBC	0.4	0.4
Omnicell Cabinet for AMU - BC yet to be approved	0.0	0.6
Managing H&S risk register - BC562 (from £500k)	0.04	0.04
Bowel screening year 4 BC yet to be approved	0.0	0.1
Endoscopy BC GI PHYS BC583	0.0	0.2
Low temperature Hot Water Pipework - details TBC	0.0	0.2
Royal Stoke high voltage upgrade BC required	0.0	0.8
Theatre stock management system BC required	0.0	0.2
Printer lease refresh BC591	0.6	0.6
PDC brokerage/re-badging	(0.7)	(3.5)
Total Pre committed Investment items	**0.9**	**5.6**
Capital sub-group (ICB allocation)		
IMT Sub Group Total Funding	3.6	5.0
IM&T lap top top-slice	0.0	(1.1)
Medical Devices Sub Group	3.6	4.0
Medical devices fleet replacement	0.0	0.0
Estates Sub Group Total Funding	3.6	5.0
Health & Safety compliance	0.2	0.2
Net zero carbon (sustainability) initiatives	0.1	0.1
Total Sub Groups	**11.1**	**13.1**
New IFRS16 leases (previously classified as operating leases and charged to revenue)		
Lease liability re-measurement	0.2	0.2
IFRS16 Guy Hilton	0.02	0.02
IFRS 16 New Vehicles lease	0.0	0.2
IFRS16 Sports Medicine (Arthrex)	0.0	0.0
IFRS16 Leighton and Macclesfield Path Beckman ext Sep 25 onwards (3 yrs) BC required	0.8	0.8
IFRS16 Macclesfield track upgrade contingency	0.0	0.5
IFRS16 Endoscopic Equipment - Aquilant lease	1.7	1.7
IFRS16 Stoke and County Pathology (Siemens lease ext Sep 26) BC required	0.5	0.5

UHNM Capital Expenditure Plan - interim 25/26	Submitted Plan £m	Best Case Model £m
IFRS16 Payroll offices lease renewal (2 yrs)	0.1	0.1
IFRS16 Fresenius equipment lease renewal	0.0	0.7
Total IFRS 16 leases	**3.3**	**4.6**
Total Internal Capital Expenditure programme	**44.1**	**52.3**
Additional CRL / Externally Funded PDC		
CDC phase 1 medical equipment	1.8	1.8
CDC IM&T	0.2	0.2
CDC phase 1 estates enabling	23.0	23.0
CDC phase 1 cost pressure - BC will be required for approval	1.0	1.0
CDC endoscopy expansion - BC required by NHSE	3.1	3.1
TIF 2 PDC (Breast Unit)	8.2	8.2
PDC UHNM Urgent Treatment Centre BC required by NHSE	7.0	7.0
PDC imaging and MRI - ICB bid submission to NHSE	0.0	0.1
PDC Equipment for Physiological Science - ICB bid submission to NHSE	0.0	0.6
PDC County Discharge Lounge BC required	0.0	0.4
PDC SDEC/SAU BC required	0.0	2.0
PDC Elective equipment - approval of o/s required	0.0	0.4
PDC CT scanner replacement - BC required	0.0	1.2
Digital - EPR PDC funded 2024/25	1.8	1.8
Charitable funded expenditure	0.5	0.5
Total Additional CRL / PDC Funded expenditure	**46.7**	**51.3**
Total Capital Expenditure	**90.8**	**103.6**

Appendix 2 Cashflow Forecast 2025/26

	Plan 30/04/2025 Month 1 £'000	Plan 31/05/2025 Month 2 £'000	Plan 30/06/2025 Month 3 £'000	Plan 31/07/2025 Month 4 £'000	Plan 31/08/2025 Month 5 £'000	Plan 30/09/2025 Month 6 £'000	Plan 31/10/2025 Month 7 £'000	Plan 30/11/2025 Month 8 £'000	Plan 31/12/2025 Month 9 £'000	Plan 31/01/2026 Month 10 £'000	Plan 28/02/2026 Month 11 £'000	Plan 31/03/2026 Month 12 £'000	Plan 31/03/2026 Year Ending £'000
Cash flows from operating activities													
Operating surplus/(deficit)	(389)	(59)	558	1,834	2,138	2,286	5,856	5,411	5,233	4,942	5,200	5,719	**38,729**
Non-cash income and expense:													
Depreciation and amortisation	3,472	3,451	3,467	3,500	3,457	3,467	3,548	3,510	3,510	3,518	3,517	3,528	**41,945**
Income recognised in respect of capital donations (cash and non-cash)	(217)	(217)	(217)	(217)	(217)	(217)	(217)	(217)	(217)	(217)	(217)	(213)	**(2,600)**
(Increase)/decrease in inventories	(1,000)	0	0	0	0	0	0	0	0	0	0	0	**(1,000)**
Increase/(decrease) in trade and other payables	(18,713)	(12,791)	1,088	(306)	(2,139)	1,184	(1,201)	(1,510)	1,190	(1,668)	2,123	13,969	**(18,774)**
Increase/(decrease) in other liabilities	20,000	0	0	0	0	0	0	0	0	0	0	(20,000)	**0**
Net cash generated from/(used in) operations	**8,159**	**(1,514)**	**2,999**	**2,135**	**564**	**4,045**	**3,978**	**3,185**	**5,708**	**2,566**	**6,616**	**(1,072)**	**58,300**
Cash flows from investing activities													
Interest received	197	197	197	197	197	197	197	197	197	197	197	196	**2,363**
Purchase of property, plant and equipment and investment property	(1,125)	(2,150)	(6,640)	(5,650)	(3,800)	(7,100)	(4,650)	(4,350)	(10,230)	(6,550)	(8,240)	(15,183)	**(75,668)**
Proceeds from sales of property, plant and equipment and investment property	0	0	0	0	0	0	0	0	0	0	0	4,000	**4,000**
Net cash generated from/(used in) investing activities	**(928)**	**(1,953)**	**(6,443)**	**(5,453)**	**(3,603)**	**(6,903)**	**(4,453)**	**(4,153)**	**(10,033)**	**(6,353)**	**(8,043)**	**(10,987)**	**(69,305)**
Cash flows from financing activities													
Public dividend capital received	325	1,350	1,955	2,325	2,350	2,315	2,200	2,250	5,430	4,600	2,500	11,255	**38,855**
Capital element of lease liability repayments	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	(384)	**(4,608)**
Capital element of PFI, LIFT and other service concession payments	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,238)	(1,311)	**(14,929)**
Interest element of lease liability repayments	(36)	(36)	(35)	(35)	(35)	(35)	(35)	(34)	(34)	(34)	(34)	(33)	**(416)**
Interest element of PFI, LIFT and other service concession obligations	(1,075)	(1,076)	(1,075)	(1,076)	(1,075)	(1,076)	(1,075)	(1,076)	(1,075)	(1,076)	(1,075)	(1,075)	**(12,905)**
PDC dividend (paid)/refunded	(351)	(351)	(351)	(351)	(351)	(350)	(351)	(351)	(351)	(351)	(350)	(352)	**(4,211)**
Net cash generated from/(used in) financing activities	**(2,712)**	**(1,687)**	**(1,081)**	**(711)**	**(686)**	**(721)**	**(836)**	**(785)**	**2,395**	**1,565**	**(535)**	**8,220**	**1,786**
Increase/(decrease) in cash and cash equivalents	**4,519**	**(5,154)**	**(4,525)**	**(4,029)**	**(3,725)**	**(3,579)**	**(1,311)**	**(1,753)**	**(1,930)**	**(2,222)**	**(1,962)**	**(3,839)**	**(9,219)**
Cash and cash equivalents at start of period	82,024	81,490	68,186	65,511	64,110	63,013	62,062	64,712	66,920	68,951	70,690	72,689	**82,024**
Cash and cash equivalents at end of period	81,490	68,186	65,511	64,110	63,013	62,062	64,712	66,920	68,951	70,690	72,689	72,805	**72,805**

	Baseline		Planned Staff in Post (SIP)												Plan
	SIP Outturn	Establishment													Establishment
	Year End Mar - 25	Year End Mar-25	Month End Apr-25	Month end May-25	Month End Jun-25	Month End Jul-25	Month End Aug-25	Month End Sep-25	Month End Oct-25	Month End Nov-25	Month End Dec-25	Month End Jan-26	Month End Feb-26	Year End Mar-26	Year End Mar - 26
Total Workforce	**13,157.14**	**12,795.47**	**12,827.16**	**12,837.48**	**12,795.47**	**12,737.25**	**12,715.72**	**12,719.72**	**12,166.71**	**12,202.92**	**12,203.92**	**12,209.92**	**12,229.62**	**12,286.50**	**12,289.68**
Medical and Dental	**1,851.80**	**1,821.67**	**1,828.30**	**1,829.30**	**1,830.30**	**1,830.50**	**1,807.97**	**1,809.97**	**1,783.64**	**1,794.05**	**1,795.05**	**1,795.05**	**1,794.55**	**1,800.42**	**1,787.60**
Consultant	636.51	663.85	607.65	608.65	609.65	609.85	603.84	605.84	583.51	590.59	590.59	590.59	590.09	593.09	651.61
Non-Consultant Career Grades (excl Resident Drs)	471.68	465.19	450.67	450.67	450.67	450.67	449.10	449.10	449.54	451.64	452.64	452.64	452.64	445.20	446.83
Resident Doctors (excluding Foundation)	491.76	419.63	518.13	518.13	518.13	518.13	503.18	503.18	498.74	499.97	499.97	499.97	499.97	510.21	415.23
Foundation Trainees	251.85	273.00	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.92	273.93
Registered nursing, midwifery and health visiting staff	**4,257.23**	**3,911.09**	**4,063.66**	**4,059.48**	**4,038.66**	**3,971.84**	**3,971.84**	**3,972.84**	**3,792.84**	**3,806.84**	**3,806.84**	**3,807.84**	**3,810.54**	**3,811.23**	**3,640.75**
Registered nursing, midwifery and health visiting staff	4,257.23	3,911.09	4,063.66	4,059.48	4,038.66	3,971.84	3,971.84	3,972.84	3,792.84	3,806.84	3,806.84	3,807.84	3,810.54	3,811.23	3,640.75
Registered scientific, therapeutic and technical staff	**1,476.61**	**1,580.99**	**1,442.51**	**1,443.51**	**1,443.51**	**1,444.51**	**1,445.51**	**1,445.51**	**1,370.71**	**1,374.71**	**1,374.71**	**1,374.71**	**1,375.71**	**1,400.44**	**1,529.52**
Allied Health Profess'nals (excl. Paramedics)	756.52	826.75	757.80	758.80	758.80	759.80	760.80	760.80	721.19	724.19	724.19	724.19	724.19	741.91	784.98
Paramedics	4.14	7.50	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	2.50
Other S, T & T	319.04	290.57	283.54	283.54	283.54	283.54	283.54	283.54	253.35	253.35	253.35	253.35	253.35	253.35	277.70
Healthcare Scientists	396.91	456.17	397.03	397.03	397.03	397.03	397.03	397.03	392.03	393.03	393.03	393.03	394.03	401.03	464.34
Support to clinical staff	**3,099.68**	**3,064.57**	**3,078.78**	**3,086.78**	**3,064.09**	**3,067.09**	**3,067.09**	**3,067.09**	**2,939.09**	**2,944.49**	**2,944.49**	**2,944.49**	**2,944.49**	**2,969.09**	**2,988.72**
Support to Nursing	2,265.66	2,206.72	2,255.89	2,263.89	2,241.20	2,244.20	2,244.20	2,244.20	2,156.49	2,158.89	2,158.89	2,158.89	2,158.89	2,159.50	2,155.54
Support to Allied Health Professionals	271.79	282.36	275.45	275.45	275.45	275.45	275.45	275.45	269.45	272.45	272.45	272.45	272.45	284.95	286.48
Support to other S, T & T	135.14	120.59	124.23	124.23	124.23	124.23	124.23	124.23	89.94	89.94	89.94	89.94	89.94	92.94	126.09
Support to Health Care Scientists	427.08	454.90	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	431.70	420.61
Total NHS infrastructure support	**2,462.81**	**2,408.15**	**2,404.90**	**2,409.40**	**2,409.90**	**2,414.30**	**2,414.30**	**2,415.30**	**2,271.42**	**2,273.82**	**2,273.82**	**2,278.82**	**2,295.32**	**2,296.32**	**2,334.09**
Any other staff	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**

Total Substantive	**11,788.32**	**12,795.47**	**11,784.62**	**11,820.72**	**11,836.52**	**11,848.12**	**11,849.12**	**11,853.12**	**11,299.61**	**11,305.11**	**11,306.11**	**11,312.11**	**11,332.31**	**11,389.19**	**12,289.68**
Medical and Dental	**1,637.78**	**1,821.67**	**1,637.78**	**1,638.78**	**1,639.78**	**1,639.98**	**1,639.98**	**1,641.98**	**1,615.15**	**1,616.15**	**1,617.15**	**1,617.15**	**1,617.15**	**1,623.02**	**1,787.60**
Consultant	568.70	663.85	568.70	569.70	570.70	570.90	570.90	572.90	550.07	551.07	551.07	551.07	551.07	554.07	651.61
Non-Consultant Career Grades (excl Resident Drs)	437.29	465.19	437.29	437.29	437.29	437.29	437.29	437.29	437.73	437.73	438.73	438.73	438.73	431.29	446.83
Resident Doctors (excluding Foundation)	379.94	419.63	379.94	379.94	379.94	379.94	379.94	379.94	375.50	375.50	375.50	375.50	375.50	385.74	415.23
Foundation Trainees	251.85	273.00	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.85	251.92	273.93
Registered nursing, midwifery and health visiting staff	**3,646.49**	**3,911.09**	**3,642.39**	**3,663.99**	**3,670.99**	**3,673.99**	**3,673.99**	**3,674.99**	**3,494.99**	**3,497.49**	**3,497.49**	**3,498.49**	**3,501.19**	**3,501.88**	**3,640.75**
Registered nursing, midwifery and health visiting staff	3,646.49	3,911.09	3,642.39	3,663.99	3,670.99	3,673.99	3,673.99	3,674.99	3,494.99	3,497.49	3,497.49	3,498.49	3,501.19	3,501.88	3,640.75
Registered scientific, therapeutic and technical staff	**1,409.65**	**1,580.99**	**1,410.05**	**1,411.05**	**1,411.05**	**1,412.05**	**1,413.05**	**1,413.05**	**1,338.25**	**1,339.25**	**1,339.25**	**1,339.25**	**1,340.25**	**1,364.98**	**1,529.52**
Allied Health Profess'nals (excl. Paramedics)	737.47	826.75	737.47	738.47	738.47	739.47	740.47	740.47	700.86	700.86	700.86	700.86	700.86	718.58	784.98
Paramedics	4.14	7.50	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	2.50
Other S, T & T	271.41	290.57	271.41	271.41	271.41	271.41	271.41	271.41	241.22	241.22	241.22	241.22	241.22	241.22	277.70
Healthcare Scientists	396.63	456.17	397.03	397.03	397.03	397.03	397.03	397.03	392.03	393.03	393.03	393.03	394.03	401.03	464.34
Support to clinical staff	**2,735.05**	**3,064.57**	**2,736.05**	**2,744.05**	**2,751.35**	**2,754.35**	**2,754.35**	**2,754.35**	**2,626.35**	**2,627.35**	**2,627.35**	**2,627.35**	**2,627.35**	**2,651.95**	**2,988.72**
Support to Nursing	1,928.74	2,206.72	1,929.74	1,937.74	1,945.04	1,948.04	1,948.04	1,948.04	1,860.33	1,861.33	1,861.33	1,861.33	1,861.33	1,861.94	2,155.54
Support to Allied Health Professionals	262.59	282.36	262.59	262.59	262.59	262.59	262.59	262.59	256.59	256.59	256.59	256.59	256.59	269.09	286.48
Support to other S, T & T	120.51	120.59	120.51	120.51	120.51	120.51	120.51	120.51	86.22	86.22	86.22	86.22	86.22	89.22	126.09
Support to Health Care Scientists	423.20	454.90	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	423.20	431.70	420.61
Total NHS infrastructure support	**2,350.34**	**2,408.15**	**2,349.34**	**2,353.84**	**2,354.34**	**2,358.74**	**2,358.74**	**2,359.74**	**2,215.86**	**2,215.86**	**2,215.86**	**2,220.86**	**2,237.36**	**2,238.36**	**2,334.09**
Any other staff	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**	**9.00**

Total Bank	**1,149.33**		**911.74**	**911.74**	**853.93**	**784.11**	**770.79**	**770.79**	**771.29**	**802.00**	**802.00**	**802.00**	**801.50**	**801.50**
Medical and Dental	**165.54**		**162.66**	**162.66**	**162.66**	**162.66**	**149.34**	**149.34**	**149.84**	**159.25**	**159.25**	**159.25**	**158.75**	**158.75**
Consultant	49.28		23.79	23.79	23.79	23.79	21.57	21.57	22.07	28.15	28.15	28.15	27.65	27.65
Non-Consultant Career Grades (excl Resident Drs)	26.22		12.55	12.55	12.55	12.55	11.47	11.47	11.47	13.57	13.57	13.57	13.57	13.57
Resident Doctors (excluding Foundation)	90.04		126.32	126.32	126.32	126.32	116.30	116.30	116.30	117.53	117.53	117.53	117.53	117.53
Registered nursing, midwifery and health visiting staff	**504.11**		**354.76**	**354.76**	**326.94**	**257.12**	**257.12**	**257.12**	**257.12**	**268.62**	**268.62**	**268.62**	**268.62**	**268.62**
Registered nursing, midwifery and health visiting staff	504.11		354.76	354.76	326.94	257.12	257.12	257.12	257.12	268.62	268.62	268.62	268.62	268.62
Registered scientific, therapeutic and technical staff	**27.11**		**13.33**	**13.33**	**13.33**	**13.33**	**13.33**	**13.33**	**13.33**	**16.33**	**16.33**	**16.33**	**16.33**	**16.33**
Allied Health Profess'nals (excl. Paramedics)	14.47		13.33	13.33	13.33	13.33	13.33	13.33	13.33	16.33	16.33	16.33	16.33	16.33
Paramedics	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other S, T & T	12.36		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Healthcare Scientists	0.28		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support to clinical staff	**360.75**		**337.01**	**337.01**	**307.02**	**307.02**	**307.02**	**307.02**	**307.02**	**311.42**	**311.42**	**311.42**	**311.42**	**311.42**
Support to Nursing	336.92		326.15	326.15	296.16	296.16	296.16	296.16	296.16	297.56	297.56	297.56	297.56	297.56
Support to Allied Health Professionals	9.20		10.86	10.86	10.86	10.86	10.86	10.86	10.86	13.86	13.86	13.86	13.86	13.86
Support to other S, T & T	14.63		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support to Health Care Scientists	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total NHS infrastructure support	**91.82**		**43.98**	**43.98**	**43.98**	**43.98**	**43.98**	**43.98**	**43.98**	**46.38**	**46.38**	**46.38**	**46.38**	**46.38**
Any other staff	**0.00**		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Total Agency	**219.49**		**130.80**	**105.02**	**105.02**	**105.02**	**95.81**	**95.81**	**95.81**	**95.81**	**95.81**	**95.81**	**95.81**	**95.81**
Medical and Dental	**48.48**		**27.86**	**27.86**	**27.86**	**27.86**	**18.65**	**18.65**	**18.65**	**18.65**	**18.65**	**18.65**	**18.65**	**18.65**
Consultant	18.53		15.16	15.16	15.16	15.16	11.37	11.37	11.37	11.37	11.37	11.37	11.37	11.37
Non-Consultant Career Grades (excl Resident Drs)	8.17		0.83	0.83	0.83	0.83	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34
Resident Doctors (excluding Foundation)	21.78		11.87	11.87	11.87	11.87	6.94	6.94	6.94	6.94	6.94	6.94	6.94	6.94
Registered nursing, midwifery and health visiting staff	**106.63**		**66.51**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**	**40.73**
Registered nursing, midwifery and health visiting staff	106.63		66.51	40.73	40.73	40.73	40.73	40.73	40.73	40.73	40.73	40.73	40.73	40.73
Registered scientific, therapeutic and technical staff	**39.85**		**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**	**19.13**
Allied Health Profess'nals (excl. Paramedics)	4.58		7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Paramedics	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other S, T & T	35.27		12.13	12.13	12.13	12.13	12.13	12.13	12.13	12.13	12.13	12.13	12.13	12.13
Healthcare Scientists	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support to clinical staff	**3.88**		**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**	**5.72**
Support to Nursing	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support to Allied Health Professionals	0.00		2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Support to other S, T & T	0.00		3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72
Support to Health Care Scientists	3.88		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total NHS infrastructure support	**20.65**		**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**	**11.58**
Any other staff	**0.00**		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Highlight Report

QUALITY GOVERNANCE COMMITTEE | 3rd April 2025

University Hospitals of North Midlands NHS Trust

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
• **Q3 Patient Experience Report** provided **partial assurance**, although the Committee noted the national urgent and emergency care survey results, where the Trust did not score lower than expected in any questions, and better than expected in 3 questions. • An issue was also highlighted in the **Patient Experience Report** of the upheld Parliamentary and Health Service Ombudsman (PHSO) complaints due to the Trust not providing ex-gratia payments. A paper regarding this was to be considered by the Executive. • Key risk in relation to Dalteparin as a result of supply chain fragility, was highlighted within the **Q3 Medicines Optimisation and Safety** report although mitigation was being actively considered in terms of moving to Enoxaparin, with changes to clinical guidelines to be made. The paper provided **partial assurance** due to ongoing risks in relation to delays in implementing Electronic Prescribing and Medicines Administration (ePMA) system, issues in terms of medical gas cylinders and the requirement to identify a new chair for the Medicines Optimisation and Safety Group, with mitigating actions being considered by the Executive • **Partial assurance** was provided in relation to the **Care Excellence Framework (CEF)** report, whereby 8 adult inpatient wards had been identified as requiring additional monitoring in Q3, all of which were positively engaging with the support team. Additional Safety Harm Free Educations had also been introduced to assist with education to staff and auditing. • **Q3 Mortality Report** provided **partial assurance** due to the ongoing issues in relation to clinical coding and the impact on the Trust's mortality indices, in addition to improving completion of Structured Judgement Reviews (SJRs). The Committee also noted the impact of long waits in the Emergency Department which had been reviewed, the majority of which had been rated as good or excellent care. However, a theme from SJRs had been highlighted in terms of the impact of poor patient flow, inappropriate transfers of patients and delays in investigations / interventions, as a result of winter pressures • The Committee noted that the challenge of continuing to use disjointed digital systems had been highlighted by the coroner, within prevention of future deaths, which further supported the case for an integrated **Electronic Patient Record** • **Readmissions analysis** provided **partial assurance** as a result of a continued increase in standardised readmission rates with 3 specific diagnosis groups and specialties being reviewed to establish whether patients had been readmitted with the same condition or for a separate reason • A summary of the **patient waiting list backlog** was provided and **partial assurance** was provided due to a small number of cases being retrospectively reviewed, in addition to challenges with identifying a potential electronic solution and lack of an automatic 'flag' on the system. The Committee noted that patients on the waiting list were being contacted every 12 weeks, via Patient Knows Best and, in the meantime, manual harm reviews were being undertaken by clinicians via paper systems • An increase in patient safety incidents with moderate harm was noted in February, with a thematic review being undertaken to identify any themes and actions required, the output of which would be included in future **Quality Performance** reports	• Executives to consider how further assurance could be provided in terms of how the Trust was reflecting on inappropriate behaviours and attitudes highlighted by **complaints** • To expand on future **CEF** reports to include the number of visits undertaken in the last 2 years, compared to the total number of areas, and the outcomes of these • A verbal update was provided on the work undertaken by the **Equality Diversity and Inclusion midwife** and a presentation summarising this was to be shared with the Committee or Trust Board as a staff story • To provide further assurance to the Committee of the actions taken as a result of the **Prevention of Future Death** cases and whether audits were taking place to assess the implementation of any changes in process • Further assurance to be provided on the reasons for **readmission** following further analysis • Due to the increase in **hospital acquired pressure damage**, a review was being undertaken the outcome of which would be presented to the Committee.

Positive Assurances to Provide	Decisions Made
• The Internal Audit into **Clinical Effectiveness** concluded with **reasonable assurance** with 5 recommendations made, work on which had already commenced • **Maternity Dashboard** provided **acceptable assurance**, with the majority of metrics on target although 1.8 WTE retirements had been made which had affected planned versus actual staffing. A discrepancy with national benchmarking on 3rd degree tears had been identified, with actions being taken to understand the reason for this. The Committee also welcomed the confirmation of achieving the 10 safety standards for CNST in addition to the receipt of the Care Quality Commission report confirming that the maternity service has improved its overall rating to 'good'.	• The Committee supported the launch of the revised **Complaints Policy** with triaged timeframes and robust escalation process

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• The Committee welcomed the discussion held and the well-balanced agenda	• Outstanding cross-committee consideration with the Performance and Finance Committee in relation to clinical coding and the impact on HSMR

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Executive Quality & Safety Oversight Group Highlight Report: March 2025	1	Ext 16	Not rated	Assurance	9.	Mortality Assurance Report Q3 2024/25	1	Ext 16	Partial	Assurance
2.	Internal Audit Report: Clinical Effectiveness	1	Ext 16	Reasonable	Assurance	10.	Readmissions Analysis	1	Ext 16	Partial	Assurance
3.	Medicines Optimisation and Safety Quarter 3 2024/25	1	35190 35039 34491 32551 34941 17952 35057	Partial	Assurance	11.	Patient Waiting List Backlog Update	1, 4	Ext 16 / Ext 20	Partial	Assurance
4.	Care Excellence Framework (CEF) Summary and Staffing Quality Q3 2024/25	1, 2	Ext 16 / Ext 15	Partial	Assurance	12.	Patient Experience Report Q3 24/25	1	Ext 16	Partial	Assurance
5.	Maternity Dashboard: January 2025	1	Ext 16	Acceptable	Assurance	13.	Quality Performance Report - Month 11 24/25	1	Ext 16	Partial	Assurance

Highlight Report

QUALITY GOVERNANCE COMMITTEE | 29th April 2025

University Hospitals of North Midlands NHS Trust

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
• **Quality and Safety Oversight Group** highlighted an issue from the Child Safeguarding Group in that there was no designated doctor for child safeguarding within Staffordshire and Stoke on Trent ICB, although this post had since been recruited to • **Month 12 Quality Performance Report** highlighted continued challenges in meeting the required target for written duty of candour, falls with harm, venous thromboembolism (VTE) assessments, single sex accommodation breaches within critical care, friends and family test within Emergency Department (ED) and Maternity and the reporting of two never events. The Committee therefore concluded with a rating of partial assurance. • **Quarter 4 Infection Prevention** report highlighted one MRSA bacteraemia in February which had been deemed avoidable and was to be picked up as a learning alert, as such the Committee concluded with a rating of partial assurance • It was noted that the Trust had experienced the worst winter in the last 5 years for cases of **norovirus and flu** and the learning from this was to be considered as part of the 'winter washup'. However, it was noted that whilst the West Midlands had some of the highest numbers of flu and norovirus when compared nationally, the Trust had successfully mitigated the number of beds closed due to infection prevention measures, as well as successfully isolating and discharging potential diarrhoea and vomiting cases within ED • A gap analysis into the recommendations from the **Fuller Inquiry** was presented, which demonstrated ongoing work in relation to formalising the governance structure, the need for assurance on DBS checks for contractors and a decision regarding CCTV within post-mortem areas. The Committee concluded with a rating of partial assurance • 2 incidents of moderate harm were highlighted by the February **Maternity Dashboard,** both of which had been referred to the Maternity and Newborn Safety Investigation (MNSI) team. In addition there had been 2 neonatal deaths both of which would be reviewed by the Perinatal Mortality Review Tool process	• Ongoing actions being taken to strengthen the current **Quality Impact Assessment** review process • **Nurse Establishment Review** to include the outcome of and evaluation of the pilot of 'Stay in the Bay' • Timeline for the development of a **child safeguarding** supervision plan to be provided to the Committee • To provide assurance of the timeline to address the **Patient Safety Alert** in relation to medical beds, trollies, bed rails etc given the delay in meeting the deadline of 1st March 2024 • Further assurance to be provided to the Committee in relation **VTE risk assessment** completion and links to **hospital associated thrombosis** rates • Planning for the 2025/26 **flu and covid vaccination** campaign commenced • To provide an update on closing down the **Fuller Inquiry** gap analysis at a future meeting • To provide additional metrics within the **Maternity Dashboard** regarding the work being completed by the Equality, Diversity and Inclusion Midwife • To summarise the proposed **access** items to be considered by the Committee as part of the revised Governance Structure in addition to considering how reports were to be provided on access related items i.e. the use of highlight reports • To contact the **Hospital User Group** to obtain suggestions of how the patient voice could feature in future Committee agendas

Positive Assurances to Provide	Decisions Made
• **Board Assurance Framework** risk 1 in relation to delivering positive patient outcomes had decreased in quarter, due to the positive assurance provided by the Care Quality Commission as a result of the maternity inspection and continued good progress in relation to infection prevention • Positive progress highlighted by the **Clinical Effectiveness Group** in terms of enhanced reporting from clinical divisions and engagement • **Infection prevention** report highlighted that c-difficile cases remained under target and e-coli on target, although due to the ICB being one of the highest in the country for cases of e-coli, research was being undertaken to understand the reasons for this. • **Maternity Dashboard** highlighted induction of labour and midwifery triage performance remained above trajectory and medical assessment within the Maternity Assessment Unit had risen to 72%. 9.55 WTE midwifery vacancies were reported, although 30 maternity students had expressed their interest in applying for roles at the Trust once their training had been completed. The Committee concluded with a rating of acceptable assurance • Significant assurance was provided by the annual **Patient-Led Assessment of the Care Environment (PLACE)** visits which took place in October and November 2024, following which the Trust scored above the national average for all domains • **Patient Safety Incident and Investigation (PSII)** report for Q4 highlighted 10 cases reported in the quarter in addition to 18 cases having been considered by the Trust's Risk Management Panel, 6 of which were being received for approval. Further assurance was also provided on the actions taken in response to the never events in relation to wrong site / lesions. The Committee concluded with the assurance rating of acceptable assurance	• The Committee approved the **Clinical Audit Programme** for 2025/26 • The Committee approved the revised **Terms of Reference** for the Committee, subject to further changes required as a result of the revised Corporate Governance Structure

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• Committee members welcomed the opportunity to meet face to face and welcomed the attendance from the Chief Operating Officer	• No cross committee considerations identified

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Board Assurance Framework Q4 2024/2025	ALL		Not Applicable	Approval	7.	Maternity Dashboard: February 2025	1	Ext 16	Acceptable	Assurance
2.	Executive Quality and Safety Oversight group Highlight report April 2025	1	Ext 16	Not rated	Assurance	8.	UHNM Place results 2024	1, 6	16 12	Significant	Assurance
3.	Executive Clinical Effectiveness Group Highlight Report: April 2025	1	Ext 16	Not rated	Assurance	9.	PSII Report Q4 2024/2025	1	Ext 16	Acceptable	Assurance
4.	Quality Performance Report – Month 12 2024/2025	1	Ext 16	Partial	Assurance	10.	Clinical Audit Programme 2025/2026	1	ID 26887 ID 8877	Not Applicable	Approval
5.	Infection Prevention Report Q4 2024/2025	1	Ext 16	Partial	Assurance	11.	Committee Effectiveness Review 2024/2025	-	-	Not Applicable	Approval
6.	Fuller Inquiry Gap Analysis	1 / 6	16 12	Partial	Assurance						

University Hospitals of North Midlands NHS Trust

Integrated Performance Report - High Quality

Month 12 Performance

2024/25

Kind

Excellent

Together

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

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

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?

Sign Off & Validation

Timely & Complete

Audit & Accuracy

Robust Systems & Data Capture

The best joined-up care for *all*

RAG Rating Key:

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

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

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

Kind Excellent Together

Assurance Grid

University Hospitals of North Midlands NHS Trust

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Failing

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

Worsening

The best joined-up care for *all*

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High Quality | Overview

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Nurse and Chief Medical Officer

How are we doing against our trajectories and expected standards?

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

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

We failed to meet the required target for DOC written, falls with harm, VTE assessments, single sex accommodation breaches (all in critical care), FFT in ED and maternity. We are reporting 2 Never Events within this report.

Due to this inconsistency, there is limited assurance.

The CQC inspection report for Maternity has been received and has been rated as Good.

What is driving this?

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

There have been two never events, relating to wrong site surgery (Chest drain) and NG tube placement, which are under investigation

There has been continued poor performance in relation to VTE assessments

High Quality | Overview

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Nurse and Chief Medical Officer

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

Our work continues with all services across the Trust in our education and implementation of the National PSIRF methodologies and principles for incident responses and learning.

Intensive and specific corporate support to Bronze CEF wards continues and is proving impactful.

Call for Concern (Martha's Rule) has now been implemented across RSUH. We are working to co-design our solution to component 3 (daily feedback from patients/families/carers) Designed with Patient involvement and Digital Support for ease for staff.

EPMA project continues –there is likely to be further delays to rollout meaning the pilot is now likely to start late Spring. This has been escalated.

Focused project work commenced for our Non-Medical Prescribers database and maturity matrix, Work ongoing in ensuring this is robust.

To 31st March 2025, we have trained 1950 members of UHNM patient facing staff in the Oliver McGowan Face to Face Training for LD&A commended by the Region and ICB. Tier 1 Training to start in June 2025.

What can we expect in future reports?

We are working with Wigan Hospital Trust to enhance our awareness and approach to addressing Poor Behaviours within our EDI work and share an approach to our anti-racism work.

We are focusing on a thematic review around patients who abscond from ED to source learning and further understanding.

The CN is SRO to develop a regional nursing and midwifery excellence accreditation framework. The task and finish group is formed and have started meeting with the regional team. We will share more information with the committee as that work progresses.

CQC reviewed our Nuclear Medicine Department, we have commenced the data request submissions, future report to be shared with committee.

Assurance Grid

Failing

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
?	P	F
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
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

Aiming Here

February 2024	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail
Variance: Special Cause - Improvement		Avoidable MRSA All ED portals Screening	
Variance: Common Cause	Maternity Triage Induction of Labour Medication incident % moderate harm + Inpatient Sepsis Screening Inpatients Sepsis IVAB in 1 hour Rolling 12-month SHMI	PSI rate per 1000 bed days PSI rate Moderate Harm and above Falls rate per 1000 bed days Falls with harm rate per 1000 bed days Medication Incidents per 1000 bed days PU's rate per 1000 bed days Never Events Lapses in care PU per 1000 bed days DoC compliance formal verbal & written HAI and COHA cases of C Diff toxin HAI E Coli Bacteraemias Friends and Family Inpatient & Maternity Hospital Associated Thrombosis Rate Complaints Rate All Emergency Portals IV Abx in 1 hour Children's Sepsis Screening All Maternity sepsis screening All Maternity IVAB in 1 hour Single Sex Breaches	Timely Observations
Variance: Special Cause - Concern (Worsening)		VTE Risk Assessment Rolling 12-month HSMR	All Children's IVAB in 1 hour Family and Friends ED

Patients will receive a variable experience

High Quality | Dashboard

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

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

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

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

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

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

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

Related Strategy and Board Assurance Framework (BAF)

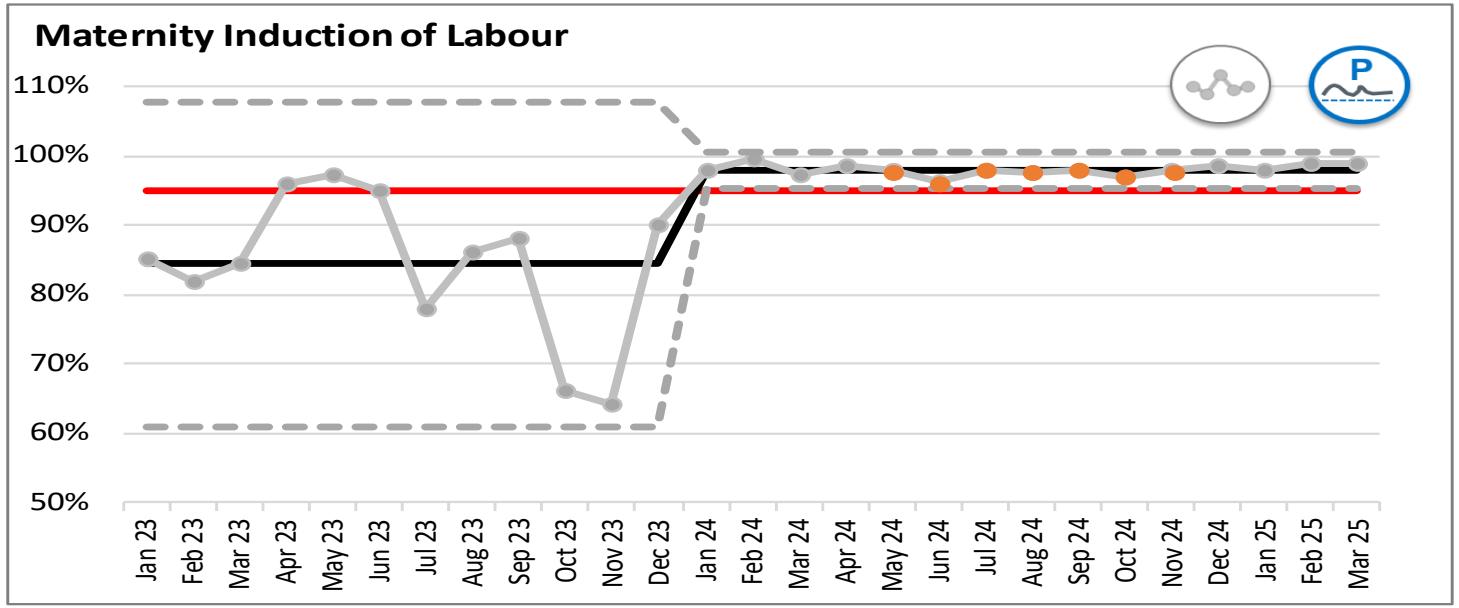
Quality Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 1: Delivering Positive Patient Outcomes	High 12	Partial	High 12	Partial	Ext 20	Partial	High 16	Partial

High Quality | [Induction of Labour]

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust



What is the data telling us?

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

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

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

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

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

Consultant lead for IOL supports multi disciplinary working.

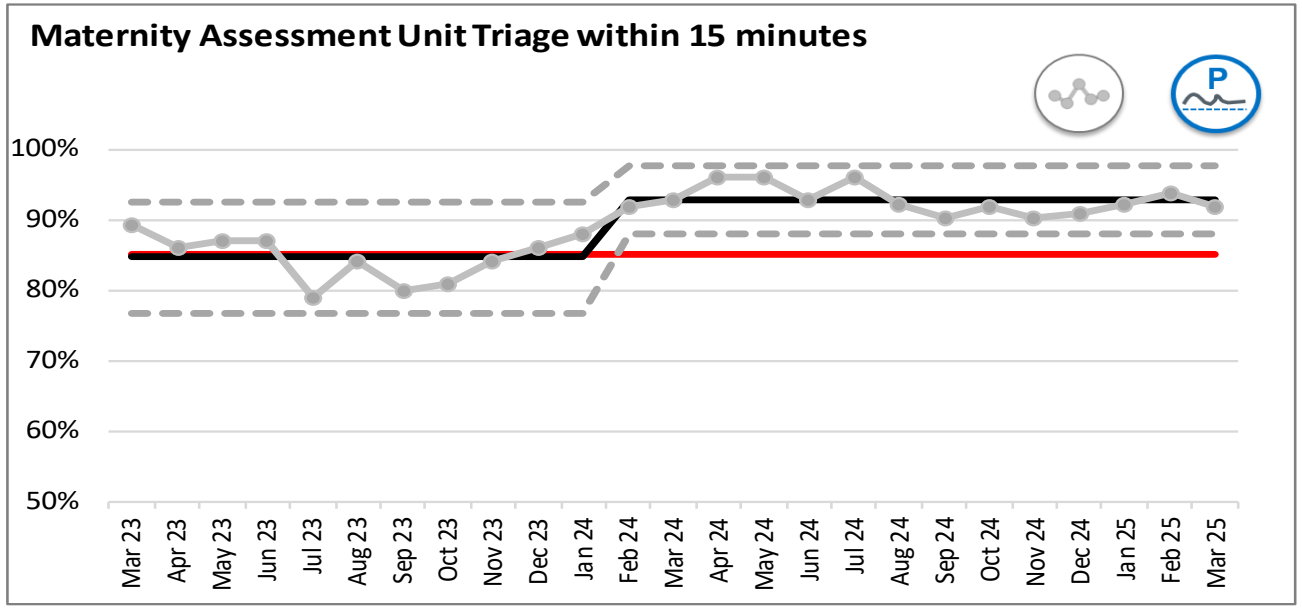
What are we doing about it?

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

High Quality | [Maternity Triage]

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust



What is the data telling us?

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

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

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

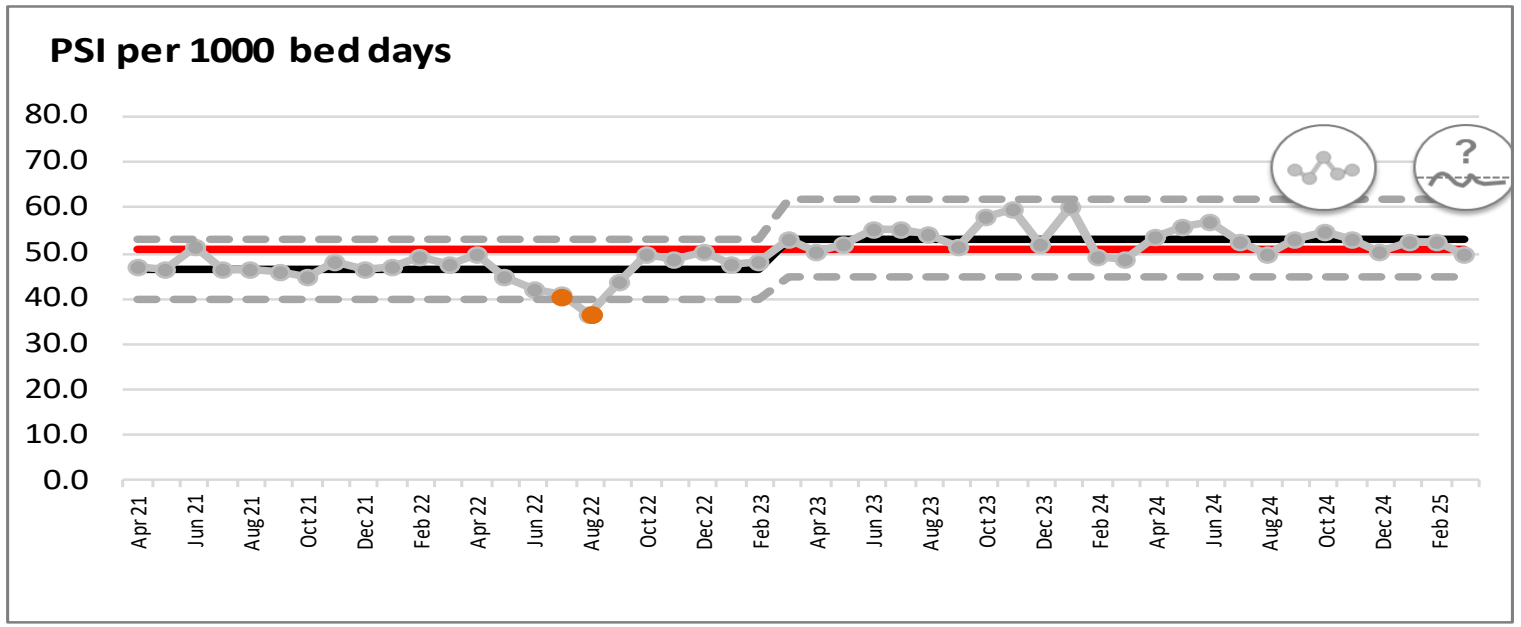
What are we doing about it?

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

High Quality | [PSIs per 1000bed days]

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust



What is the data telling us?

The reporting levels within the Trust have stayed impressively consistent, preserving the enhancements and higher average rates established since October 2022. The introduction of LFPSE reporting and the extra questions required by NHSE in February 2024 did not affect the stability of reporting rates when compared to the same months of 2023.

At present, there are no notable fluctuations in reporting rates, with the average slightly surpassing the previously documented NRLS average for Acute Trusts (the new national LFPSE data release is expected soon).

What are we doing about it?

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

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

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

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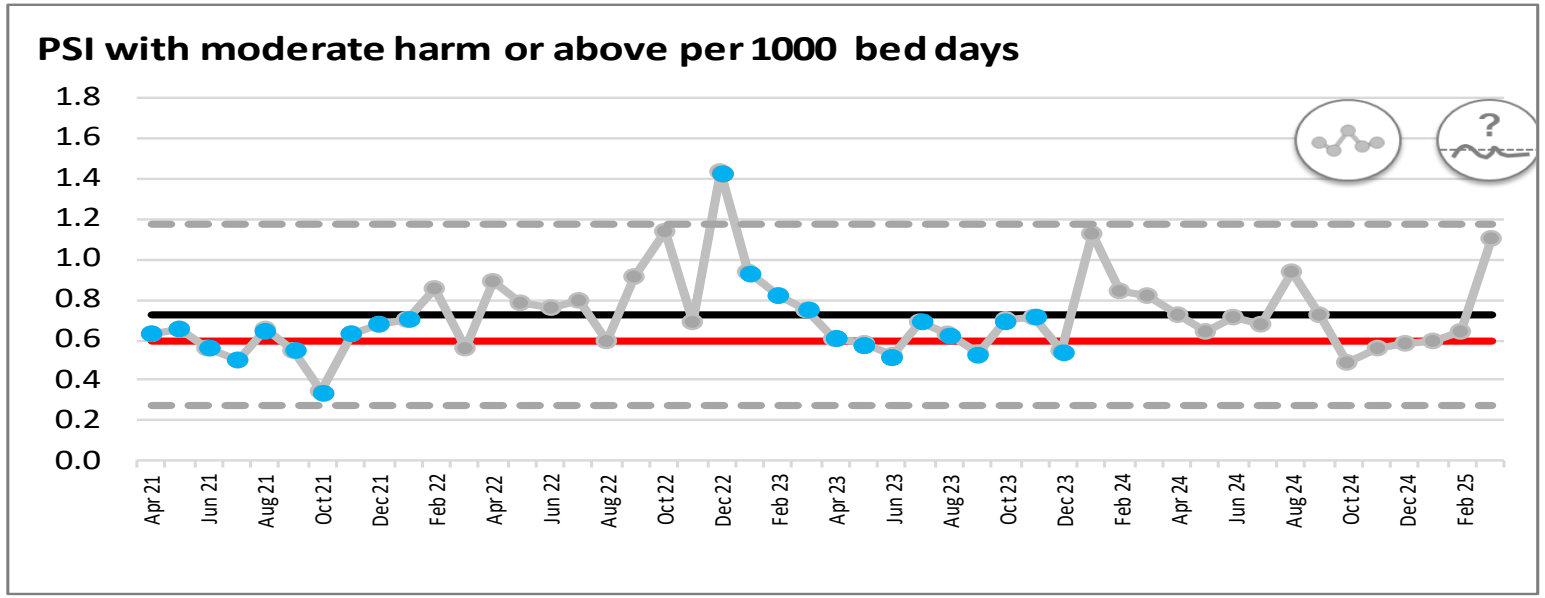

What is the data telling us?

In March 2025, the frequency of PSIs that resulted in moderate harm or greater has risen, although it remains below the upper control limit. The earlier increase observed in February 2025 has reduced after the completion of incident reviews and updates to the harm levels.

What are we doing about it?

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

To support PSIRF principles we are reviewing learning and proportionate responses to incident reviews templates.

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

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

High Quality | [Patient Falls per 1000 bed days]

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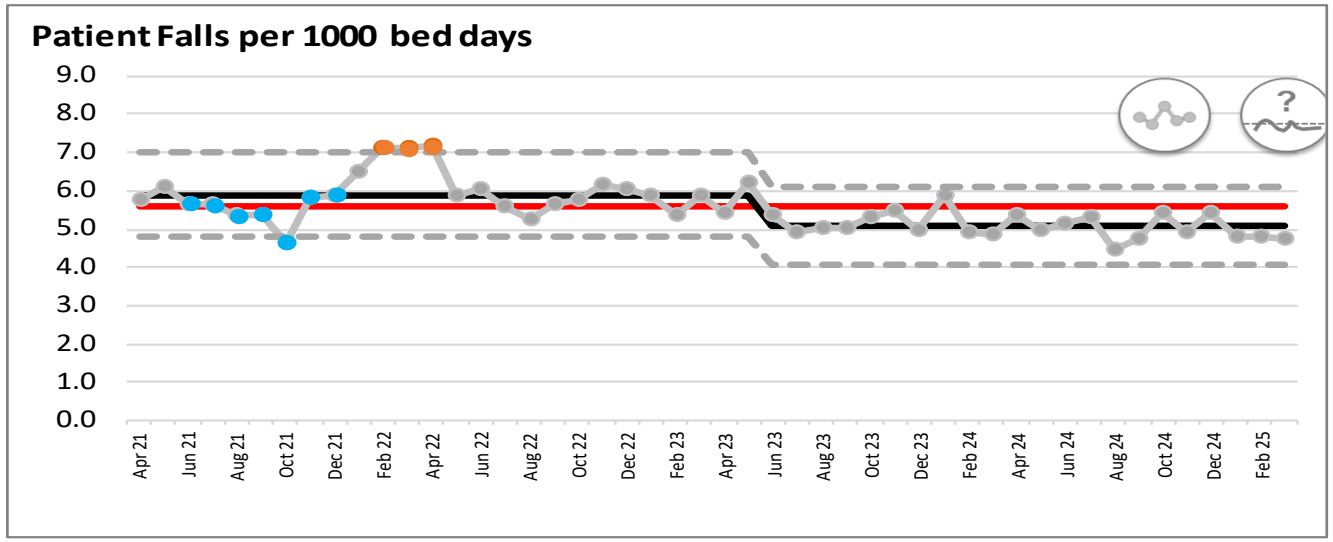

What is the data telling us?

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

The areas reporting the highest numbers of falls in Mar 2025 were:
Royal Stoke AMU – 17 falls, Royal Stoke ED – 15 falls, Ward 221 – 10 falls, Ward 126 – 9 falls

While some of these areas are often among the top reporters, only Ward 221 had significantly above average numbers in March.

What are we doing about it?

From the 51 falls across the 4 areas there were 2 injuries reported on AMU and ward 221. These were a nasal and orbital fracture, the patients had conservative management for the fractures and both patients have since been discharged. These 2 incidents may be considered low harm. Actions and assurances were discussed at the time of completing the toolkit.

Royal Stoke AMU and ECC continue to be in the highest reporting areas. Both areas receive a high volume and turnover of patients daily compared to other areas of the trust. The Quality & Safety team continue to work with the areas to discuss initiatives to reduce falls. Although the numbers of falls are reported as the highest, the numbers of patients that have fallen in these areas remains stable.

Data on the Safe In Our Hands dashboard shows there was a similar rise in the reporting of pressure areas for this month on ward 221. Today's information is showing that the unregistered fill rate is below expected and possibly this may be a continuation from March as to why the falls rate had increased in March. There had been no concerns expressed when discussing with the ward.

A recent discussion has taken place for the harm free educators to complete upcoming visits on Royal Stoke ECC, AMU and ward 221. The harm free educators have recently visited ward 15 and are due to re-audit in May.

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

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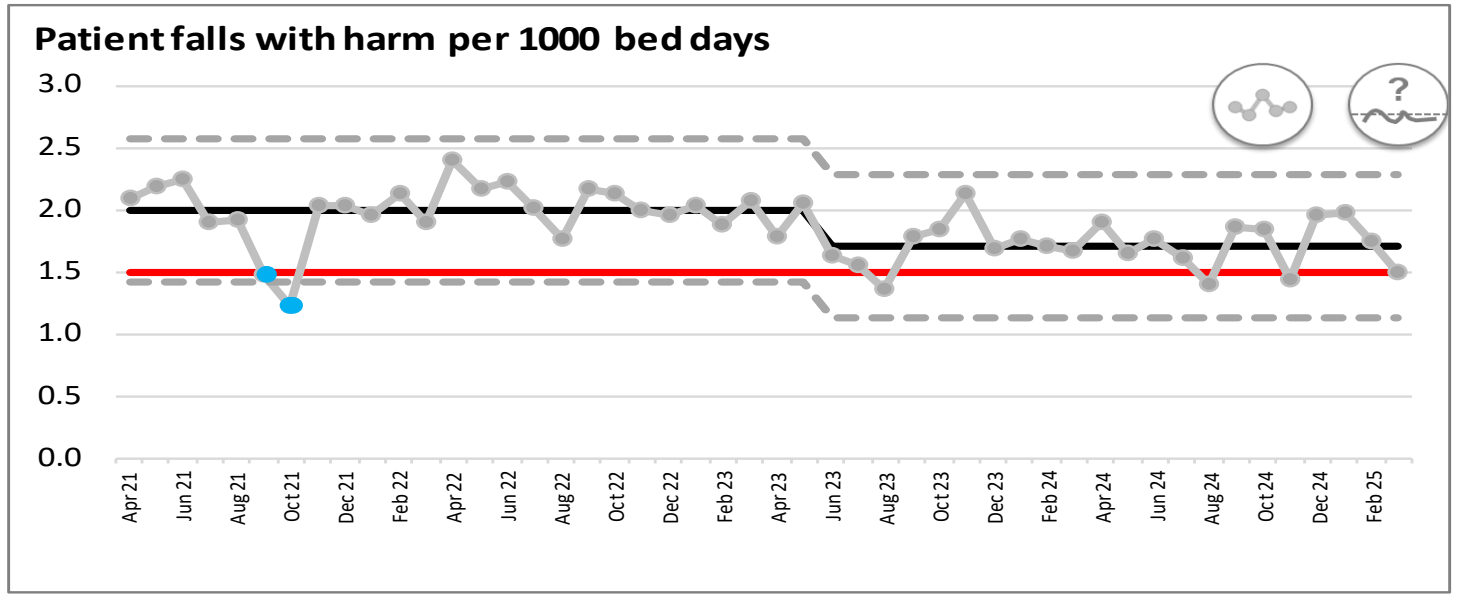

What is the data telling us?

The incidence of patient falls resulting in harm has remained consistent since June 2023, falling within the anticipated range in March 2025.

The wards that reported falls leading to serious injuries in March include:
Royal Stoke AMU, FEAU, Ward 15, Ward 120, Ward 123, Ward 221, Ward 230.

It is important to note that a fall resulting in serious injury does not automatically raise red flags for any particular ward. Each incident is investigated to determine whether adequate precautions were implemented, and the findings are summarised in the box next to this text.

What are we doing about it?

Actions from the annual audit of bed rails has been shared with the wards.

Falls Tendable audit questions changed to focus on the most common themes.

Multiple fallers continue to be reviewed to to ensure all relevant documentation has been completed and preventative measures have been put into place.

Falls audits continue to take place on the top falls reporting areas and those areas where injuries have occurred.

Training to the new intake of nursing assistants continues.

Information is shared with the wards from the results from the clinical audit team. These are audits such as compliance with a vision risk assessment that could have an impact on patients with falls risk factors.

Awaiting confirmation bed rail training can be placed back on to ESR.

High Quality | [Medication Incidents per 1000 bed days]

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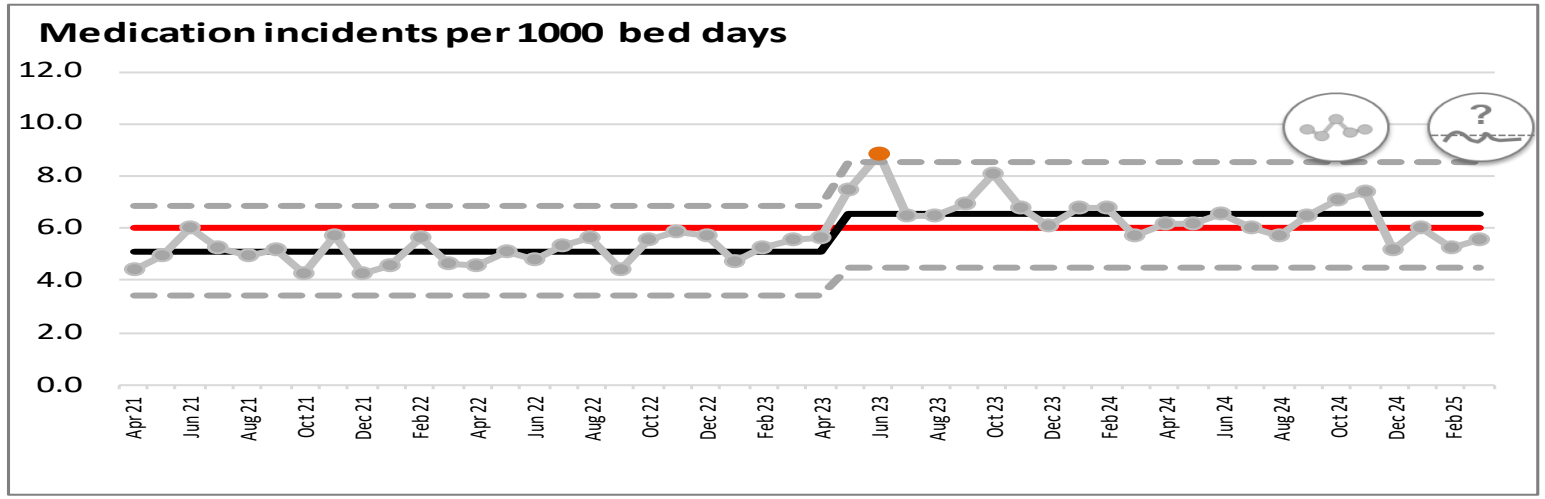

What is the data telling us?

The rate of reported medication-related incidents remains within the anticipated range; nonetheless, recent months show a declining trend, although this shift is not statistically significant.

What are we doing about it?

Missed doses themes identified:

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

Safe use of Intravenous Paracetamol in adults:

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

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

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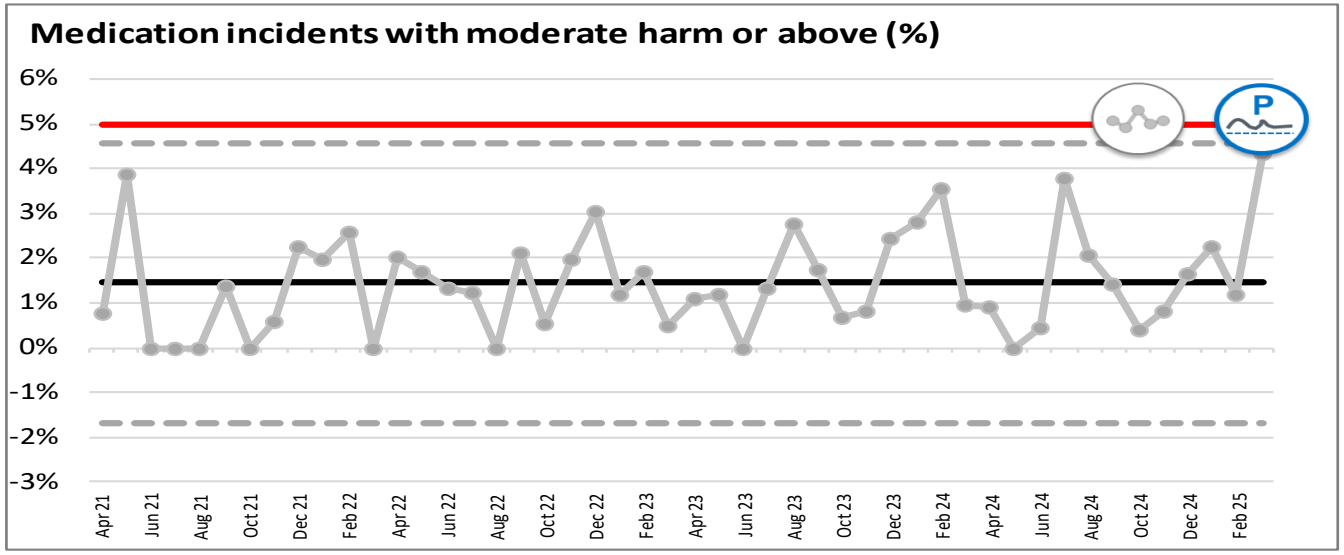

What is the data telling us?

In March 2025, seven incidents were reported that resulted in moderate harm, which falls within the expected monthly variation and remains consistently below the benchmark rate, offering positive reassurance that this standard is being met.

These incidents were not concentrated in any specific area or type of medication.

Two of these incidents were associated with factors external to UHNM and have been forwarded to the Community Pharmacy and GP Practice for further review and follow-up regarding anticoagulants.

What are we doing about it?

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

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

High Quality | [Never Events per month]

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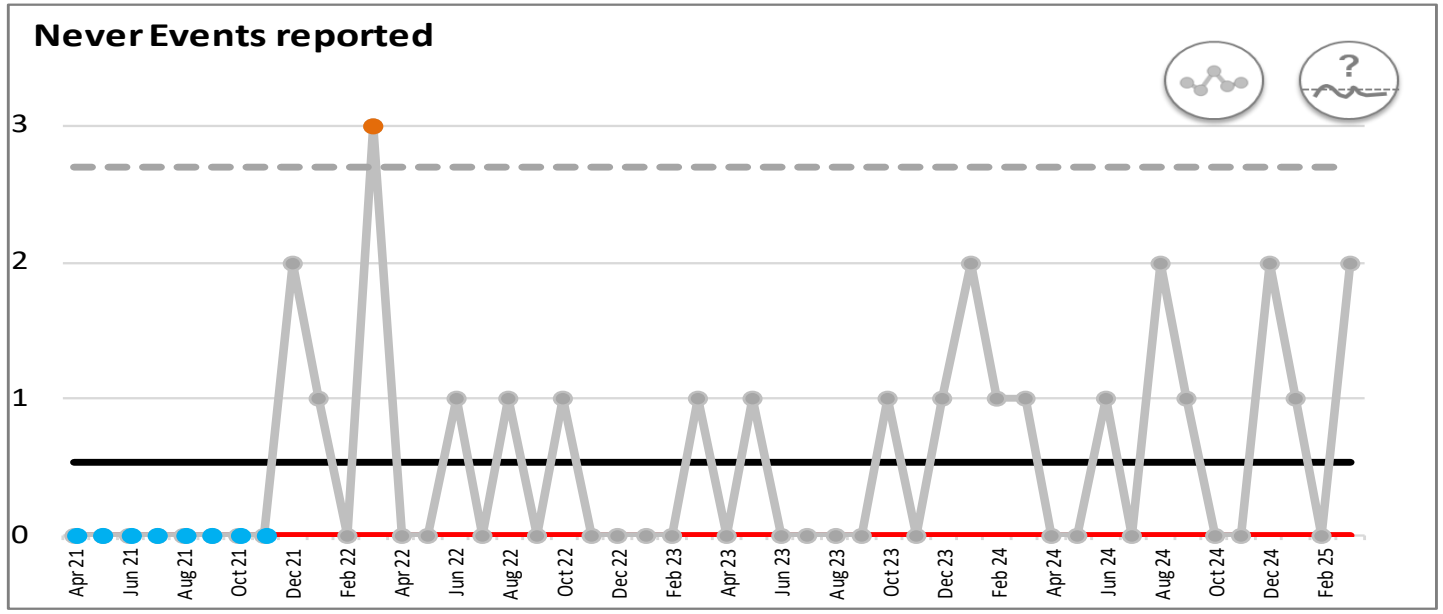

What is the data telling us?

There have been 2 reported Never Events during March 2025.

What are we doing about it?

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

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

High Quality | [PSIIs per month]

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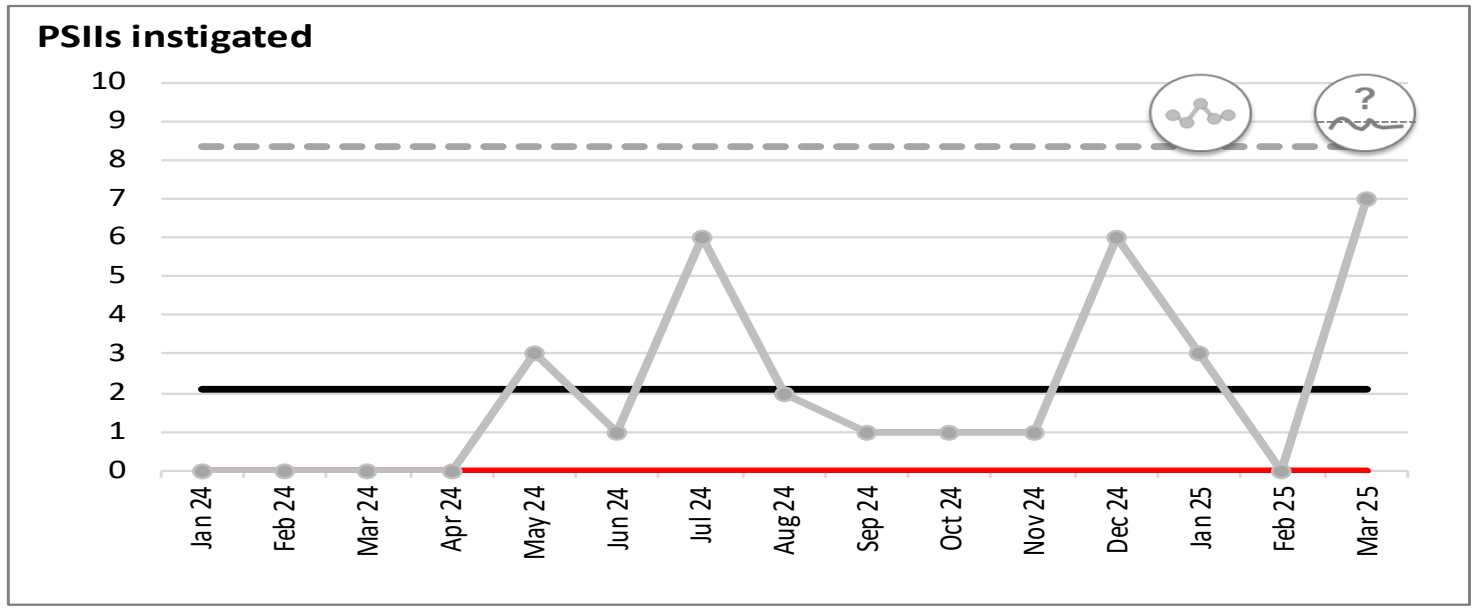

What is the data telling us?

We have reported 7 new PSIIs being undertaken, and reported on STEIS as agreed with ICB, during March 2025. These include the 2 Never Events

What are we doing about it?

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

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

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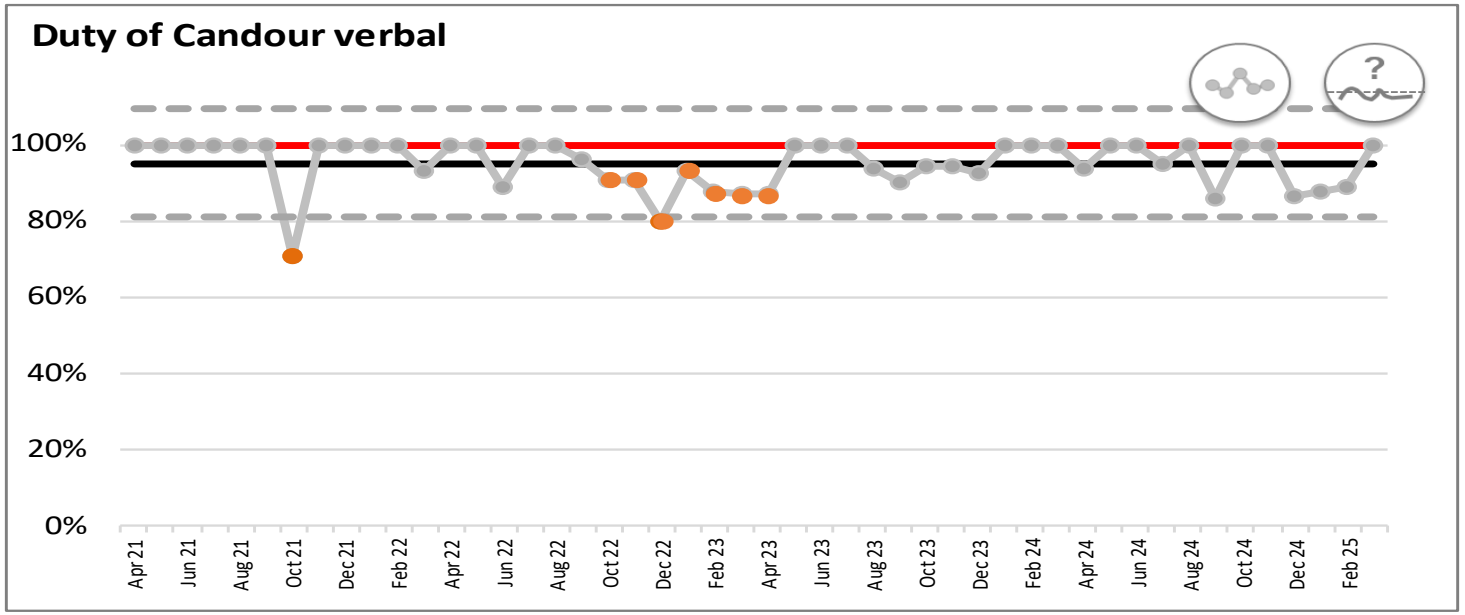

What is the data telling us?

The implementation of the verbal Duty of Candour has not been consistently reflected in the Datix records.

In March 2025, there were 19 instances that formally activated the Duty of Candour; however, one case could not be finalised due to the absence of an identified next of kin for the patient.

What are we doing about it?

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

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

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

High Quality | [Duty of Candour – written notification]

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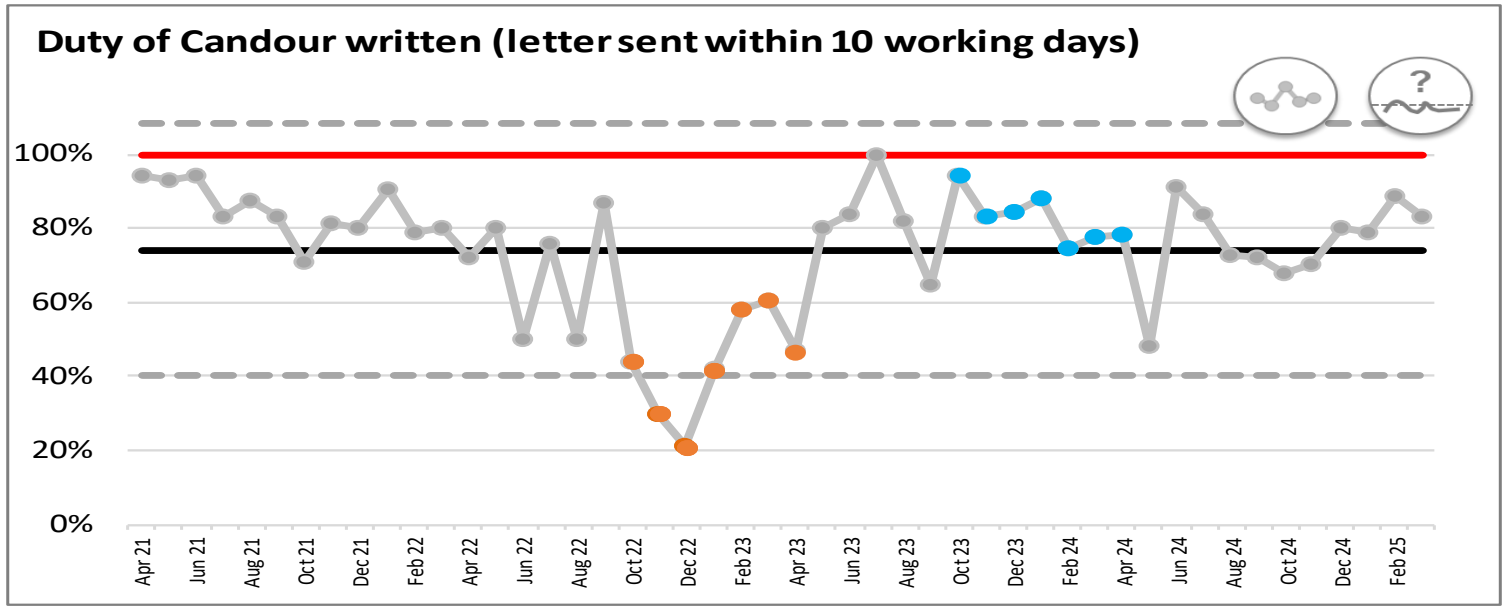

What is the data telling us?

Although we have yet to reach the goal of providing 100% of Duty of Candour letters to patients and/or their relatives within 10 working days of identifying an incident, there has been a noticeable improvement in performance during recent months, which exceeds the long-term average rate.

It is important to highlight that while some cases are logged as exceeding the 10-working day target, they do complete the process and ultimately provide written notifications to the patients and/or their relatives.

Out of 18 cases, 3 did not meet the 10-working day target; 2 of these were from the Medicine Division, while the third was from WCCSS. Nevertheless, all three cases have successfully issued written notifications, albeit beyond the 10-working day timeframe.

What are we doing about it?

Divisions are reviewing the cases of noncompliance and following up with respective areas to work on improving the timely completion and evidencing that letters have been sent out.

The newly agreed WCCSS Division the Duty of Candour Escalation SOP has been implemented and there is now weekly escalation to the Division Triumverate Team and monitoring with Divisional Management team where cases are displayed/escalated.

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

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

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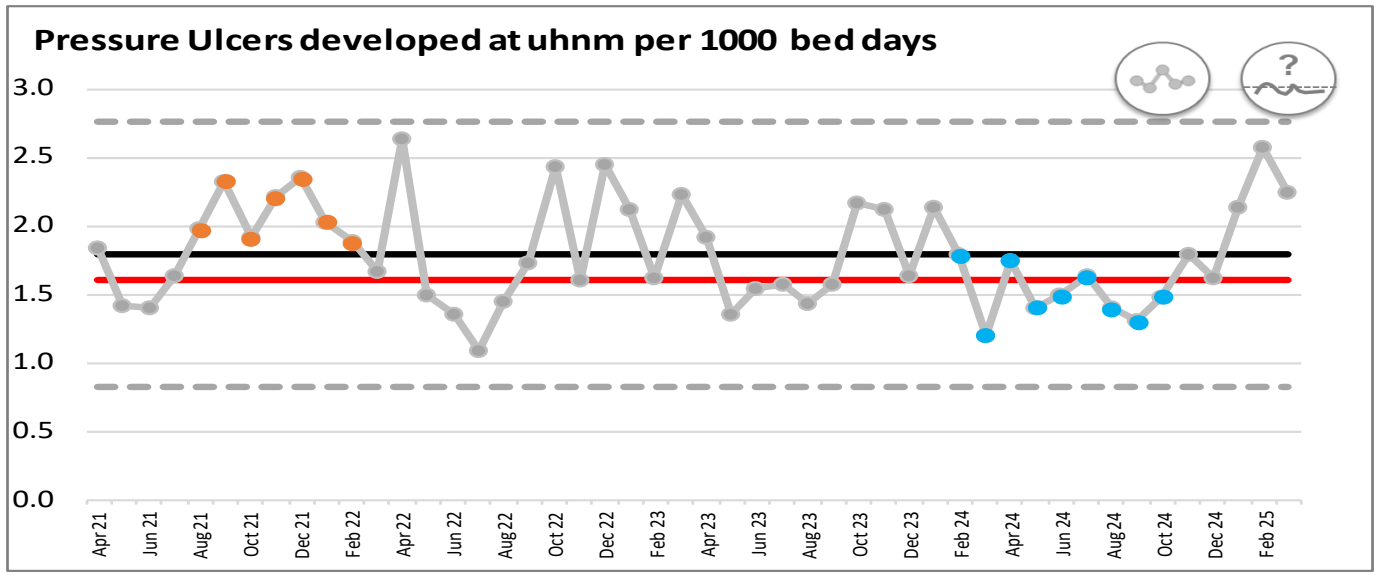

What is the data telling us?

During February 2025, the reported incidence of pressure ulcers associated with UHNM care was considerably above the average, based on the data snapshot taken on 3rd March. However, following a validation process, the chart now shows that the figures are within the expected range.

Each specific category of injury also aligns with anticipated limits.

In March 2025, there were 7 reported cases of urethral splits, of which 3 were noted to have lapses in care, with one lapse pending confirmation. This number adheres to the expected thresholds.

What are we doing about it?

Champions education commenced in March starting with pressure prevention.
ESR package to be completed and sent to Statutory and Mandatory Training group.
Harm free care educators have completed education on 7 areas within the month of March.
Prompt cards are being printed which will include supporting pressure prevention, categorisation, and appropriate pathways
Skin Health booklet now available to order. Video will be created to support staff with completing the booklet.
Consultant Connect trial completed on AMU. Now looking at options to roll this out wider or potentially use another app.
New chairs to be delivered to ED Stoke in April. Improved mattresses have been chased.
Changes to ED documentation going to governance meeting to improve documentation including assessments, surface, and categorisation
The annual audit will focus on Purpose T and the skin bundle
The 72 hour risk assessments are now in place within emergency portals which includes Purpose T.

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

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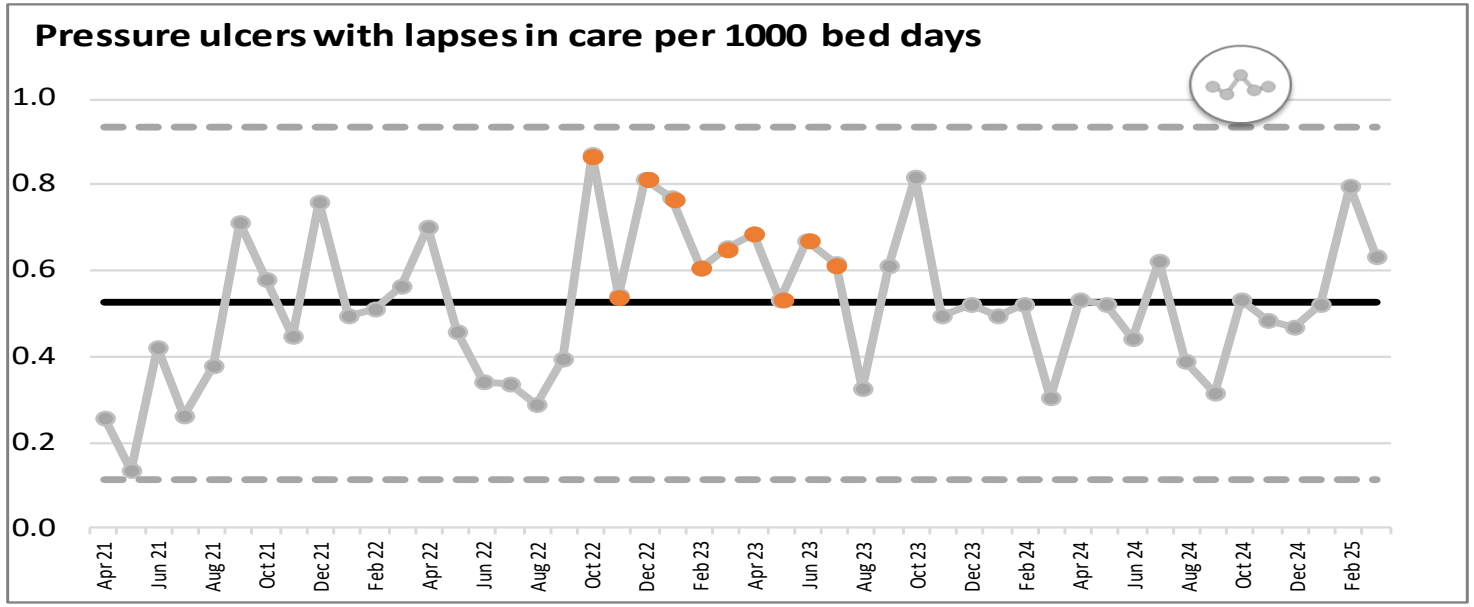

Type of Lapses - Mar 2025	Total
Management of repositioning	20
Management of heel offloading	7
Management of device	1

What is the data telling us?

In March, the incidence of pressure ulcers linked to lapses in care was within the anticipated range, based on cases validated as of the 3rd of the month. The table above right illustrates the most frequently observed lapses in care.

The wards with more than one case identified for March are as follows:
Stoke ED (8), Stoke AMU (2), Critical Care Pods 1-2 (2), Short Stay Unit (2), Ward 108 (2), and Ward 222 (2).

On average, approximately 30% of the pressure ulcers reported as developing under UHNM care, where lapses in care have been noted, have been observed since April 2022.

What are we doing about it?

PSIRF toolkit and action plan completed to gain assurances of improvements.
Emergency medicine looking at alternative ways for learning from incidents, as current number of toolkits and actions plans are not achievable.
Multiple reporters will have weekly visits from Quality and Safety to support improvements
Multiple reporting areas attend steering group to give assurances on improvements and share learning
Tendable audits to be completed in April for all inpatient areas to gain a baseline and support improvements
Immediate interventions have been created for areas reporting category 2 and DTI's so actions can be embedded prior to validation from Tissue Viability.
A deep dive is to be completed into pressure ulcers due to the sudden increase

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

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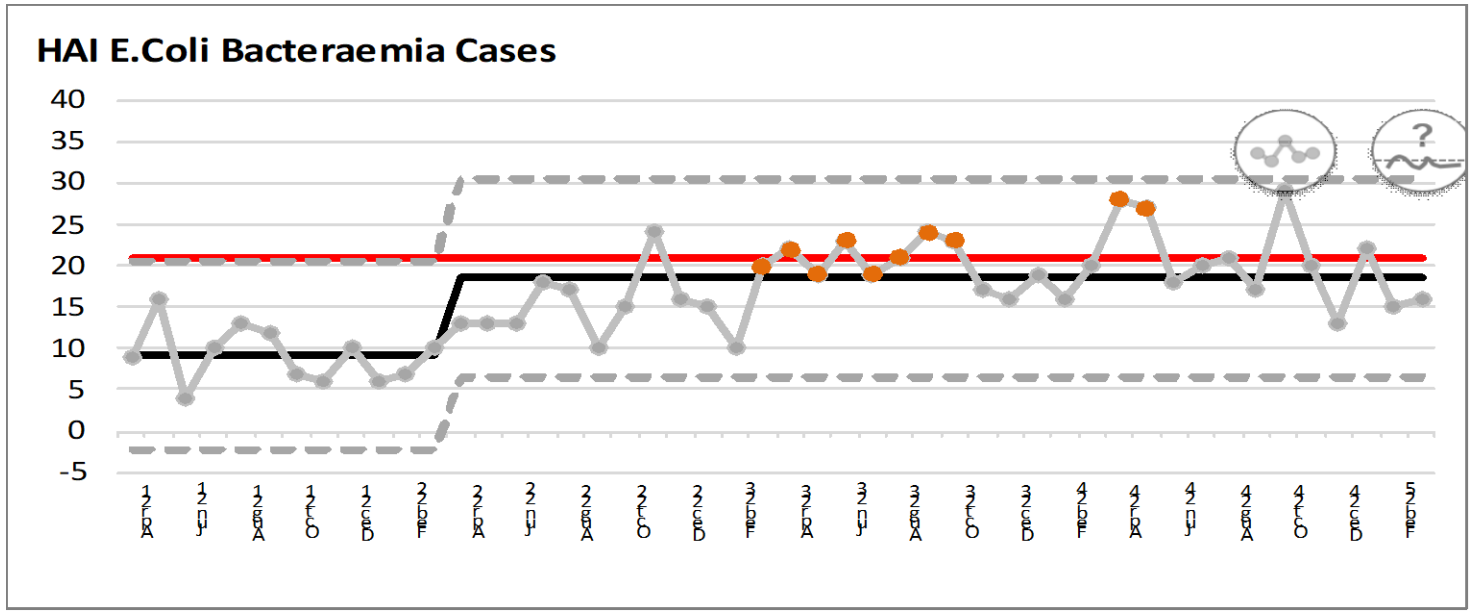

What is the data telling us?

In recent months, there has been a decrease in E.coli cases. Although the current figures are below both the target and the long-term average, normal fluctuations are expected, and no consistent trend has emerged thus far.

The target trajectory for 2024/25 has been provided by NHSE, setting a maximum monthly average of 21 cases. As in previous years, this figure encompasses both Hospital-Acquired Infections (HAI) and Community-Onset Healthcare-Associated Infections (COHA).

What are we doing about it?

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

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

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

High Quality | [Avoidable MRSA Bacteraemia cases per month]

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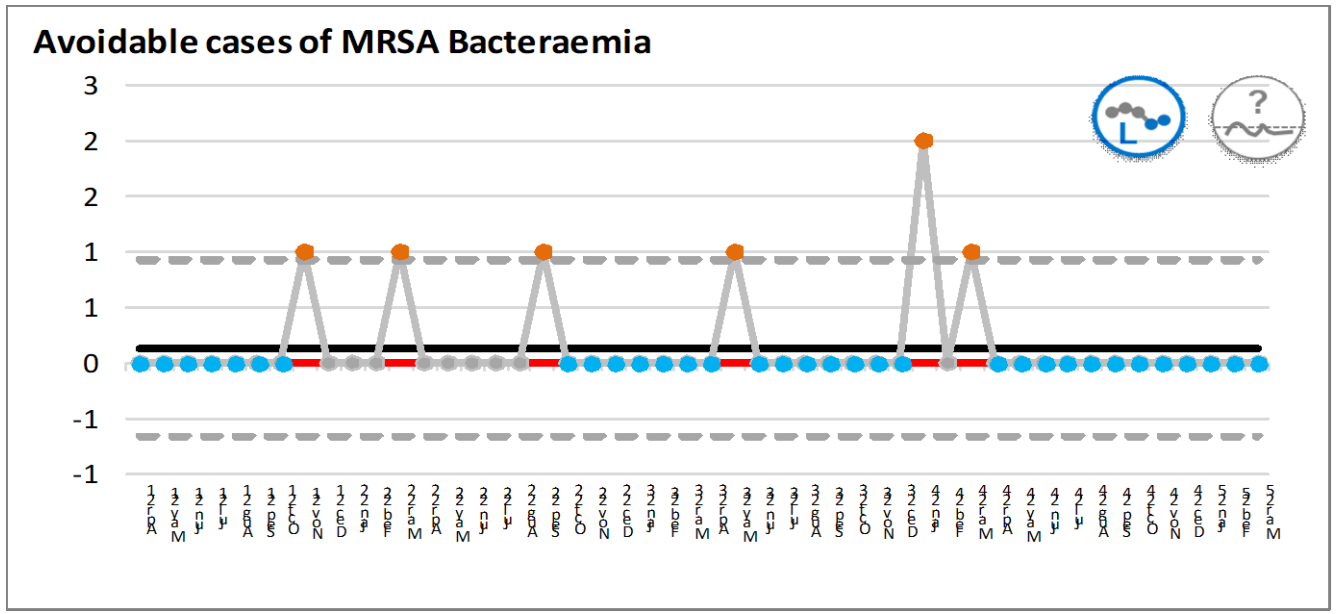

What is the data telling us?

Zero avoidable cases since March 2024

What are we doing about it?

MRSA screening education continues.

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

High Quality | [Reported C Diff cases per month]

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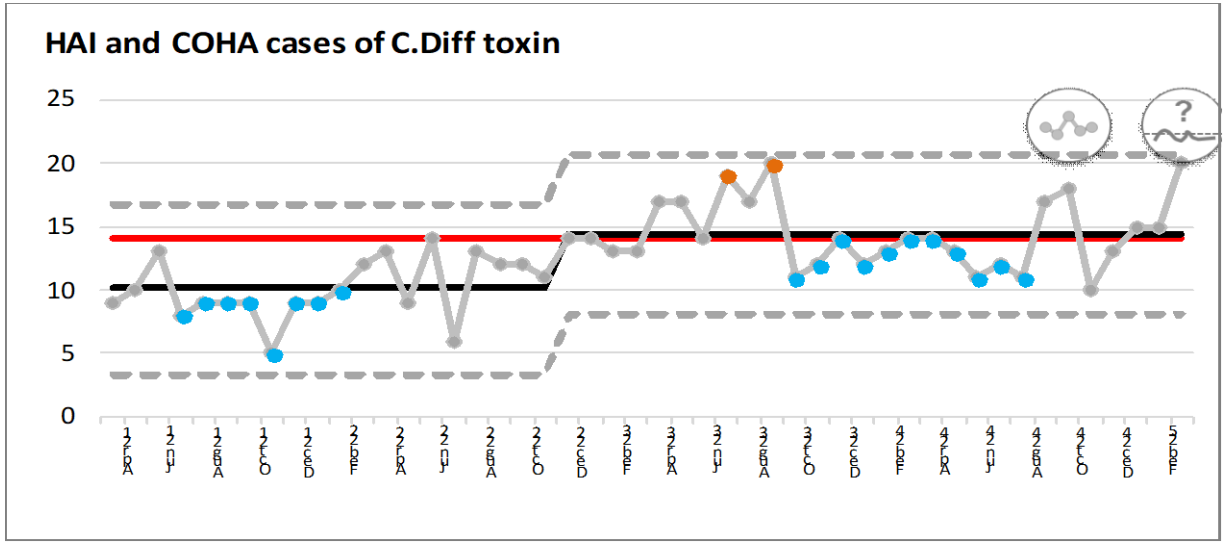

What is the data telling us?

There have been 15 reported C diff cases in January 2025.

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

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

What are we doing about it?

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

High Quality | [NPSA Alerts received and overdue]

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New Alerts received:

Year	Alert Type	CAS Status	Alert Reference Number	Alert Title	Date Issued	Date Completed	Deadline Date
2025	Nat/PSA	**Open**	Nat/PSA 2025 001 DHSC	Discontinuation of Promixin (colistimethate) 1-million-unit powder for nebuliser solution unit dose vials	17/03/25		30/04/25

Overdue Alerts:

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

What is the data telling us?

In March 2025, UHNM received one new alert. At present, there are two other CAS alerts that remain open and overdue. The overdue alerts have been completely addressed, and actions are ongoing to ensure that the necessary requirements of the alerts are being effectively implemented.

What are we doing about it?

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

High Quality | [Friends & Family Test - Inpatients]

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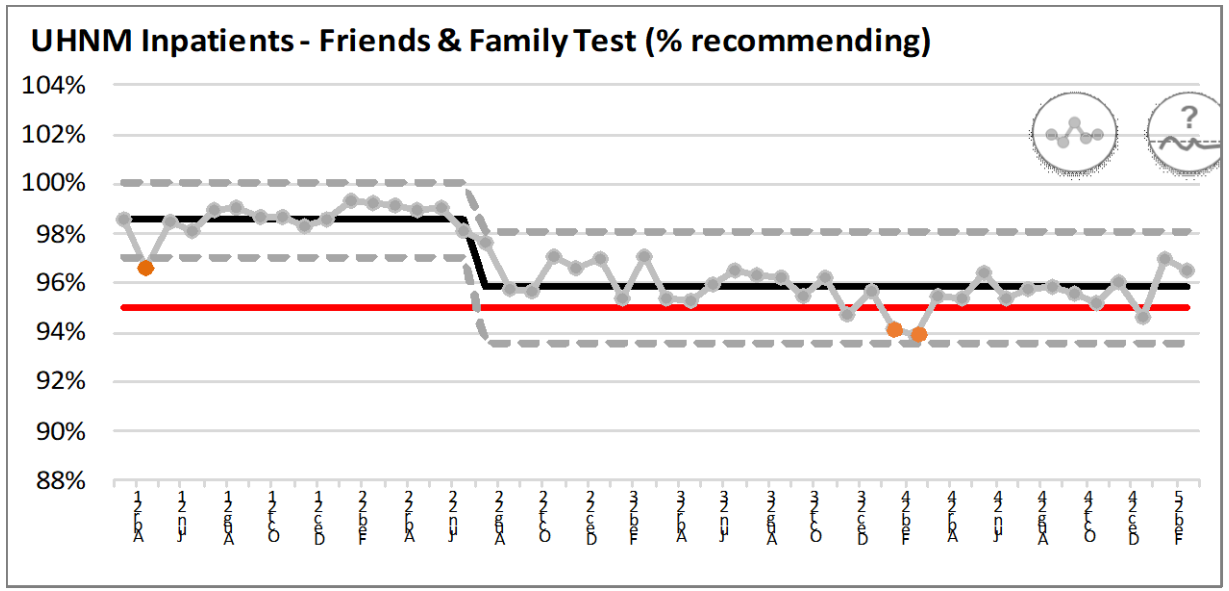

What is the data telling us?

The monthly satisfaction rate for inpatient areas was 96% in March 2025, which is within expected limits. The average rate remains above the national average of 95% (Jan 2025 NHS England).

In March 2025, a total of 2771 responses were collected from 67 inpatient and day case areas equating to a 26% return rate, which is close to the 25% average.
Average Divisional Scores are as follows:

- Network- 25% response rate 97% satisfaction score
- Surgery- 32% response rate 96% satisfaction score
- Medicine- 25% response rate 96% satisfaction score
- CWCSS (excluding Maternity, see separate slide)- 13% response rate 99% satisfaction score

All Divisional response rates and satisfaction scores were within expected limits.

What are we doing about it?

The digital system is not able to support more than one submission point each survey as each submission would then become a new survey. Therefore, to simplify, a trial period commenced from Feb 25 with the "Inpatient Survey" now only containing the mandatory "Overall, how was your experience of our service?" with the 6 response options ("very good" through to "very poor" or "don't know". This is RAG rated and shared monthly.
We have included Recommendation Rates on our Quality Dial of The Day Dashboard.
We will begin a programme of work, of working with ward managers and matrons and provide a link to the database for areas to access their scores anytime and these scores will feed the live data feed of the Dials of The Day,
Continue to focus on Medicine and Surgery to increase response rate.
Work continues around a suite of patient priorities based on patient feedback:
Timely medications- a new task & finish group has been started to include Patient Rep and PSP
Pain management
Involvement in care and decision making
Improving the experience of our oncology patients

High Quality | [Friends & Family Test - ED]

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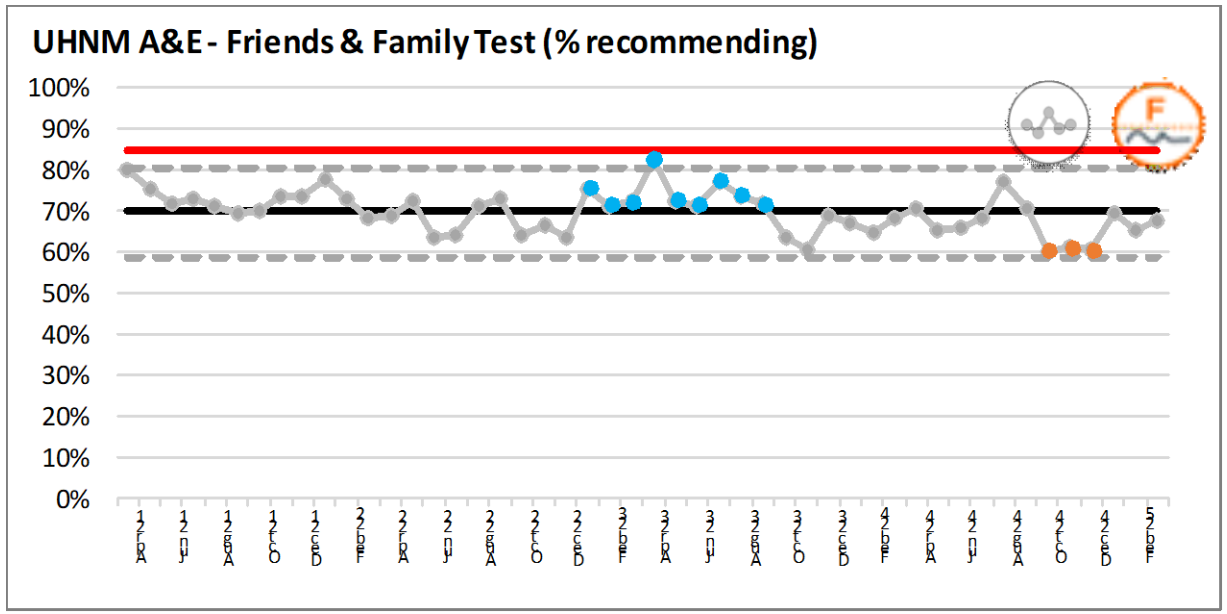

What is the data telling us?

The Trust received 921 responses in March 2025 - a 9% response rate which is close to the 8% average. The average satisfaction rate of 68% remains somewhat below the national average of 80% (NHS England Jan 2025).

UHNM is 37th out of 124 Trusts for the number of responses in ED and 98th out of 124 Trusts for the percentage positive results (NHS England Jan 2025).

NHS111 data is no longer being records due to the shortened survey being used. Key themes for improvement from March 2025 continue to be long waits for both sites, with patients highlighting the number of ambulances waiting at Stoke. Feeling dismissed was a common theme from Stoke Site, while County Site received more positive than negative comments.

What are we doing about it?

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

High Quality | [Friends & Family Test - Maternity]

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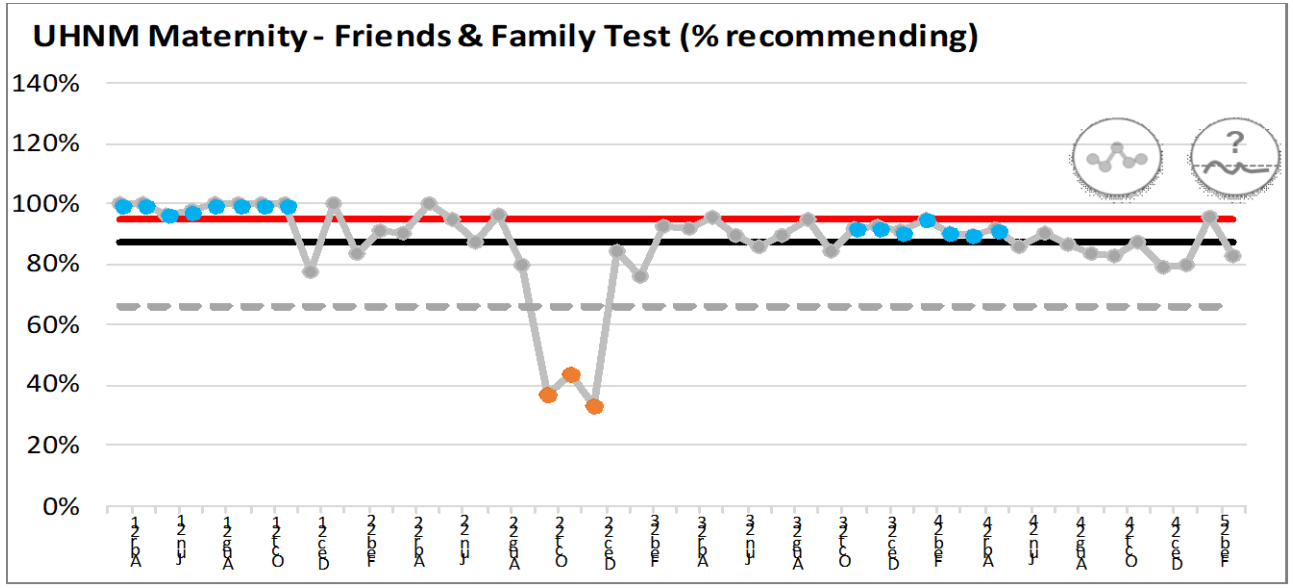

What is the data telling us?

The average % recommending has remained around 90% since 2023, a little below the 95% target. Nationally, the overall recommend rate is 92% (Dec 2024 NHS E).

There were a total of 112 surveys received in March 2025 across all 4 touch-points (ante-natal, birth, post-natal ward; post-natal community) with 37 of these being collected for the "Birth" touch-point, which was 7% with the average response rate being 9%. The average satisfaction scores are Ante-natal: 81%, Birth: 78% and Post-natal ward: 88%. No Post-natal community surveys have been received since October 2024. All satisfaction scores remain stable.

Compared to the latest national data available (Dec 24- latest Maternity data) out of 110 reporting Trusts, UHNM were 33rd for number of responses for antenatal & 105th for percentage positive; 67th for number of responses for birth & 81st for percentage positive, 50th for post-natal ward & 108th for percentage positive.

What are we doing about it?

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

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

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

High Quality | [Complaints Response Time]

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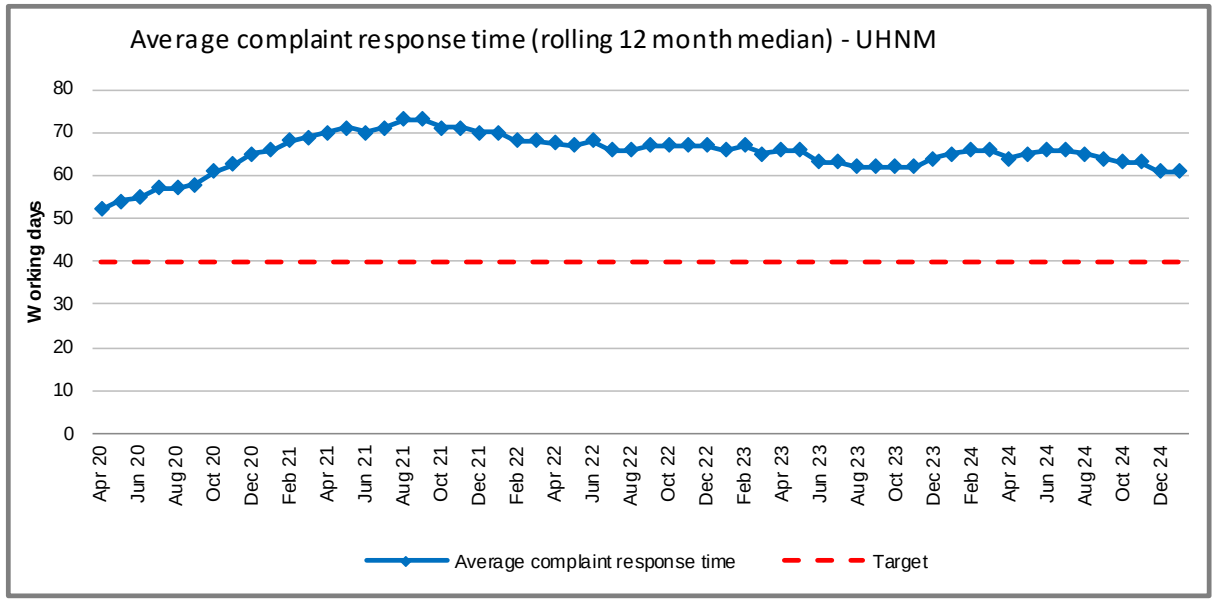

What is the data telling us?

51 complaints were closed in March 2025, with a median average response time of 66 working days.

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

179 complaints were open at the end of March 2025, of which:

- 3 had been open longer than 12 months
- 12 had been open 6 – 12 months
- 32 had been open 3 – 6 months

What are we doing about it?

An updated reporting structure has been implemented to more accurately capture at what stage open complaints are within the formal process.
New Complaints Policy includes complaint response times triage.
Formal Escalation process enacted to support with response times.

Since November 2024 complaints received have been assigned a target resolution time of 25/40/60 working days, and as of the first week of April:

- 19% of complaints opened in November 2024 were closed within target (11/58)
- 30% for December (14/46)
- 37% for January (24/65)
- Performance for February to date stood at 12%, with 24 complaints still open and within target

High Quality | [Timely Observations]

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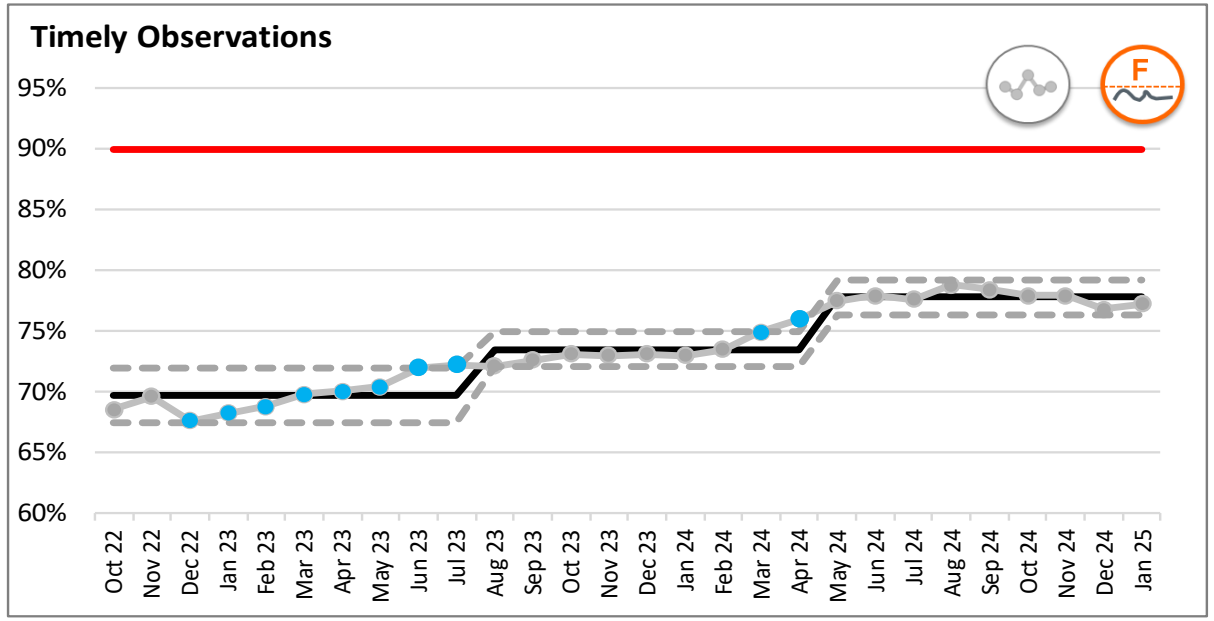

What is the data telling us?

The proportion of observations recorded as timely in March 2025 was 80%, a record high by a small margin but still some way below the 90% target.

The significant improvements made in the Cardiac Directorate in February 2025 have been sustained in March 2025, and Wards 227 & 228 both achieved 87% compliance in March which is significantly higher than previously seen.

What are we doing about it?

Individual Wards and Departments continue to be reviewed and monitored as part of the monthly Performance Review process and actions are identified to improve compliance. In August we experienced a huge problem with our Careflow and Iportal EPRs, which impacted the data collection.

Medicine, Surgery and Network Divisions have timely observations as a driver metric and there is a corporate A3 Improvement Project underway considering additional actions required to improve overall compliance/performance.

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

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

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

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

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

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

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

High Quality | [Single Sex Breaches]

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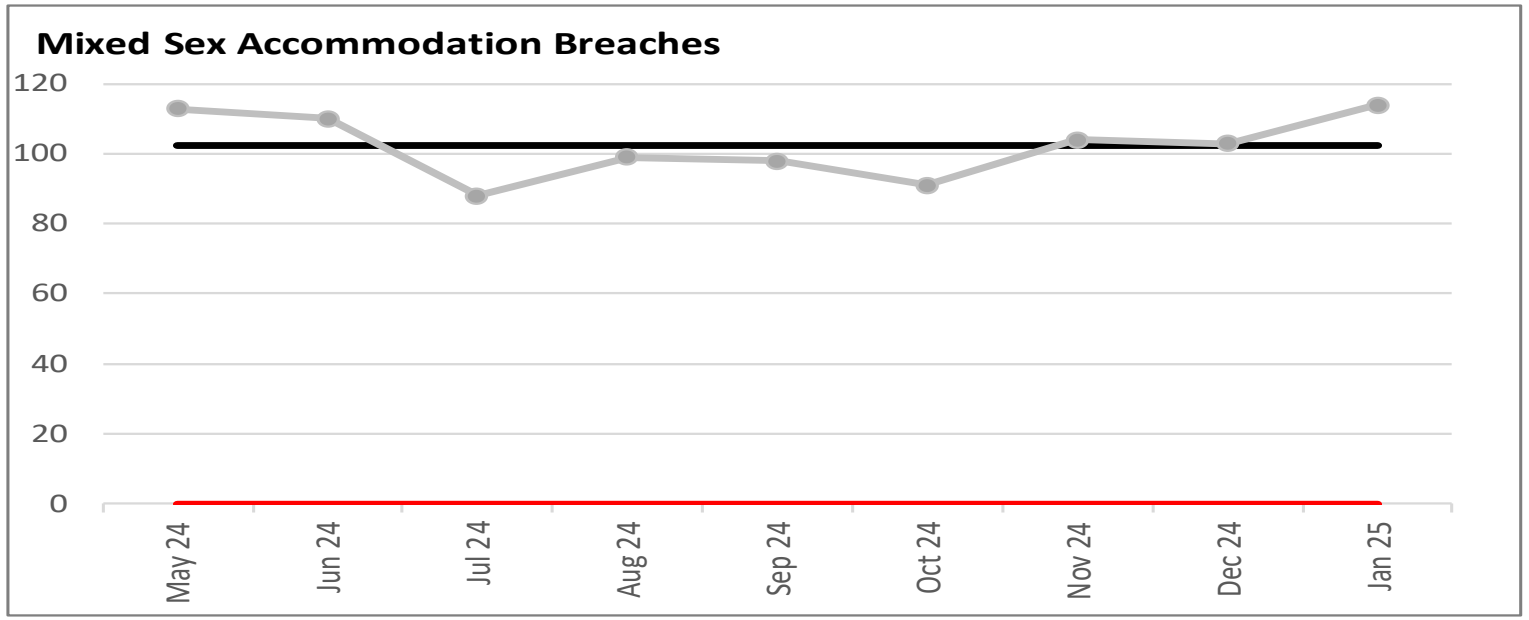

What is the data telling us?

As of March 2025, the figures have risen and continue to stay above the monthly average derived from the first nine months of data collection. At present, SPC calculations cannot be performed since a minimum of 12 consecutive data points is necessary to determine the upper and lower control limits.

All identified breaches occurred within the SSCU or Critical Care settings.

What are we doing about it?

An improvement plan is being created to ensure a plan approach to the reduction of breaches. This will include a review of policy and SOPs relating to Single Sex Accommodation, tracking of breach incidents, including reasons and review of patient feedback/complaints, inclusion of step-down needs into site/bed and escalation SOPs. This will form part of the UED workstreams commenced in Spring 2025.

Continued incident reporting via Datix will be completed for each week of breaches in critical care/SSCU with individual incident reports for any ward-based breaches.

Regular summaries of breaches to be shared with senior divisional and operational teams to highlight risk and potential harm.

High Quality | [VTE Risk Assessment Completion]

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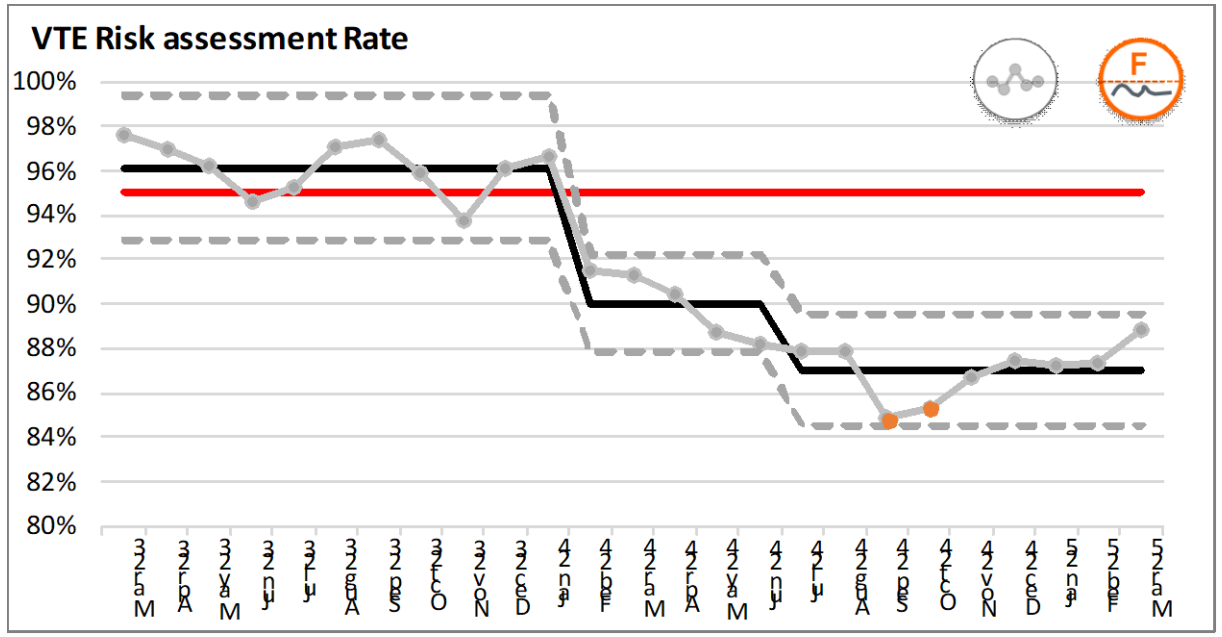

What is the data telling us?

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

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

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

What are we doing about it?

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

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

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

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

High Quality | [Hospital Associated Thrombosis rate]

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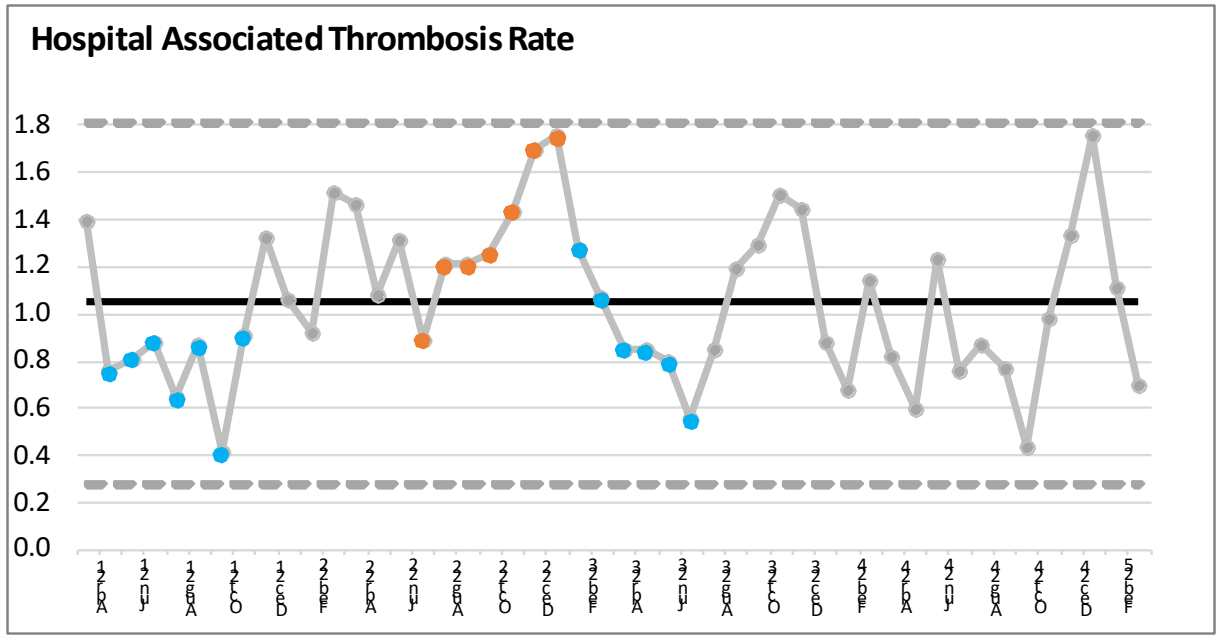

What is the data telling us?

The incidence of Hospital Associated Thrombosis shows variability while still staying within anticipated control thresholds. Seasonal patterns seem to emerge, with observed rises in December and January over the last three years.

It is crucial to highlight that the decreased compliance in completing VTE Risk assessments reported in the past year does not seem to correlate with a notable rise in the rate of Hospital Associated Thrombosis.

What are we doing about it?

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

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

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

A recent deep dive has been completed following an increase during the winter months in HATs-both PE's and DVT's. During this period 107 HATs were identified and themes found included missed doses and incomplete risk assessments.

Numbers are since on a downward trend, coinciding with a reduction of viral illnesses.
Education continues to be provided to junior Doctors at their induction and ad hoc divisionally.

High Quality | [HSMR / SHMI]

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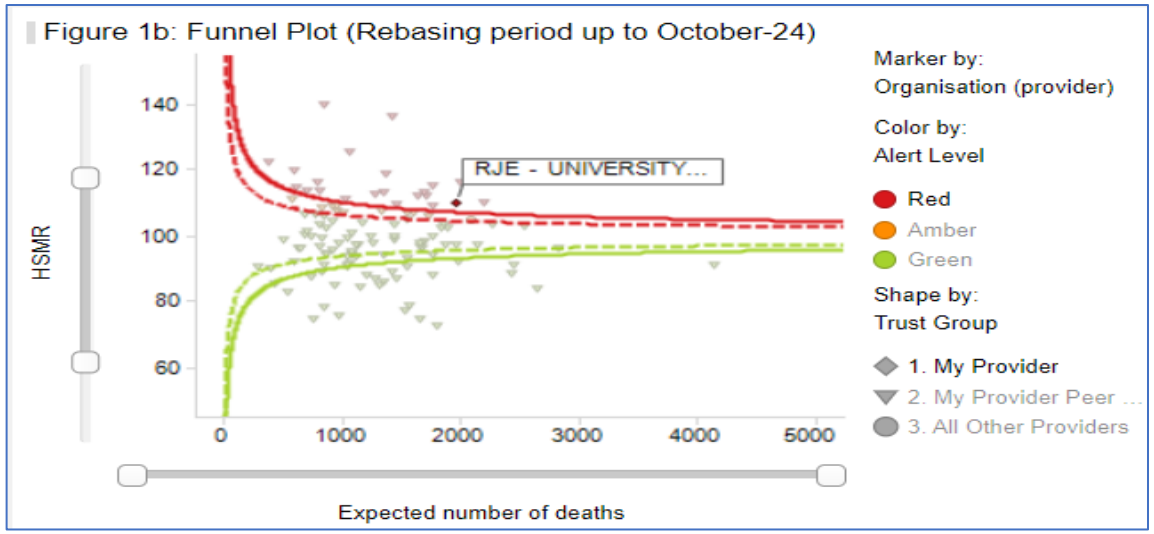

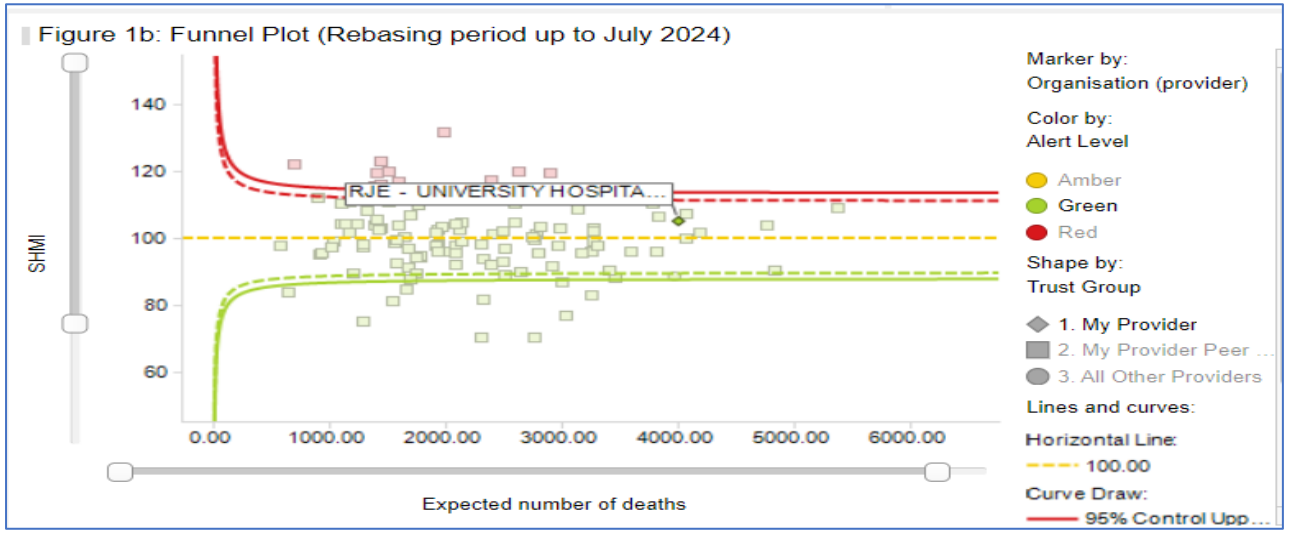

What is the data telling us?

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

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

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

What are we doing about it?

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

High Quality | [Sepsis – Adult Inpatient]

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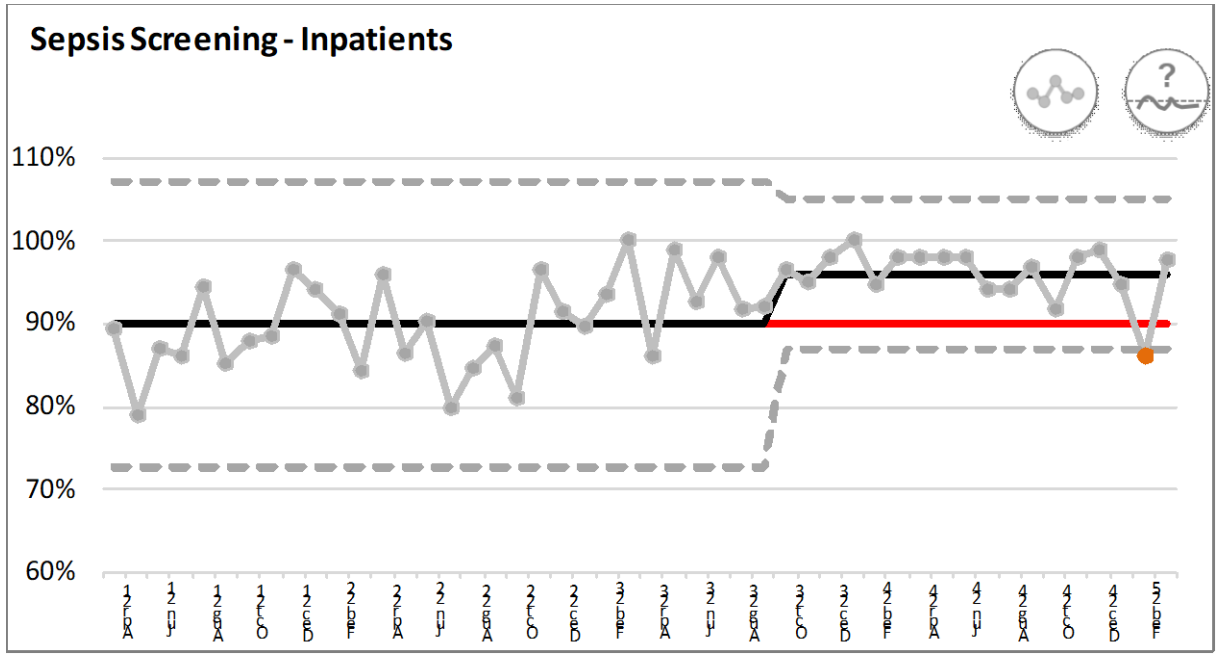

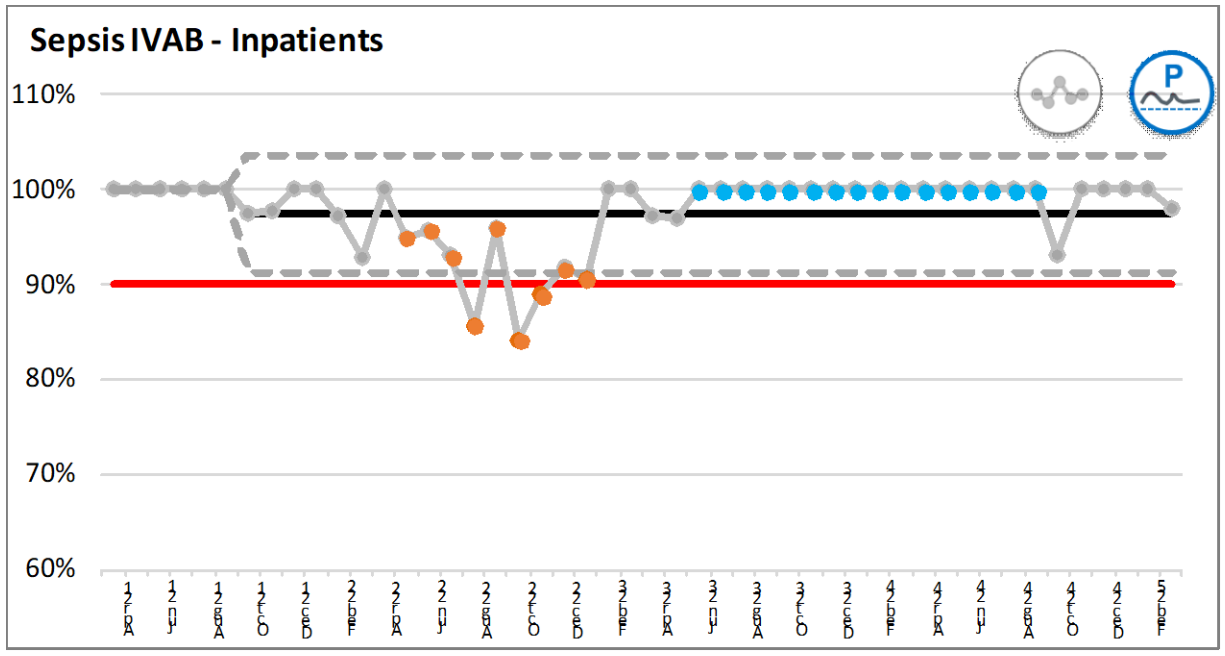

What is the data telling us?

In March 2025, inpatient departments met the target for screening and IVAB administration within one hour.

A total of 131 cases were reviewed, revealing 6 missed screenings. Among these, 97 cases were identified as red flag sepsis, with 42 receiving alternative diagnoses. Additionally, 52 patients were already undergoing IVAB treatment.

One patient was administered antibiotics beyond the one-hour timeframe.

What are we doing about it?

Band 3 sepsis training delivered during January..

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

High Quality | [Sepsis – Emergency Portals]

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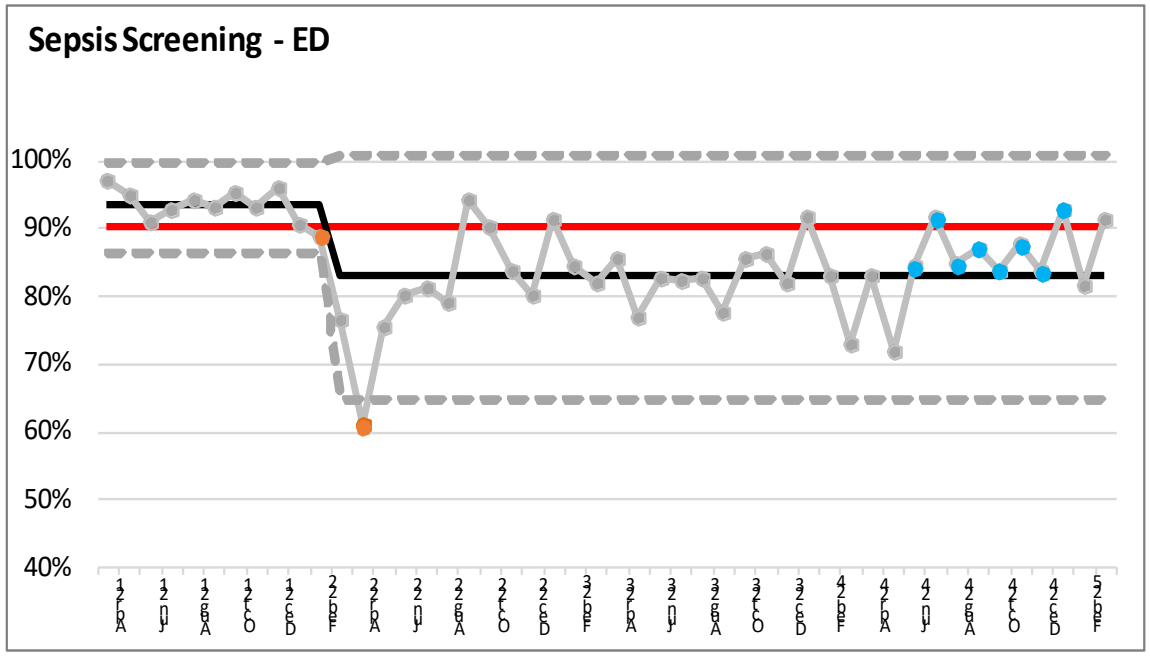

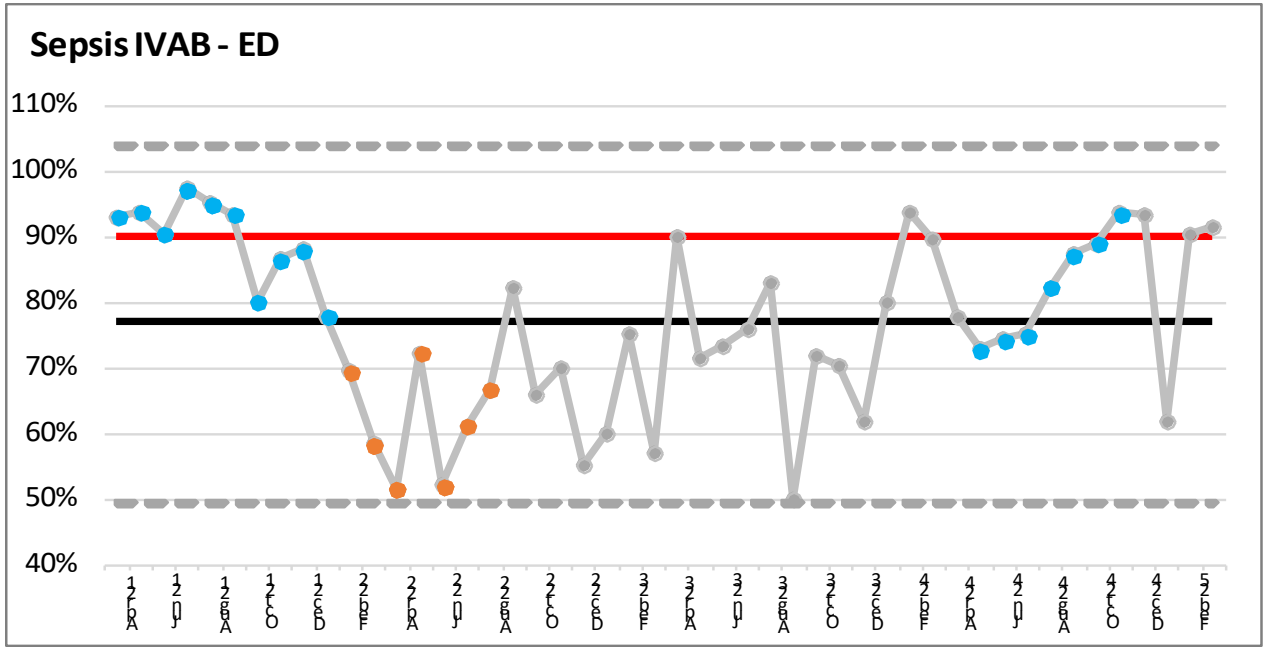

What is the data telling us?

Adult Emergency portals screening has failed to meet the target most months since February 2022. . 61 cases were audited in March and 4 had not been screened.

IVAB within 1 Hr has been significantly better since January 2024 and has improved in March to 78.6%

Out of cases there were 61 red flag sepsis in which 5 patients were already on IVAB. 38 patients had an alternative diagnosis leaving 9 newly identified sepsis 3 patients received IVAB outside the target 1 hour window and all 3 received IVAB greater than 2 hours.

What are we doing about it?

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

High Quality | [Sepsis – Children]

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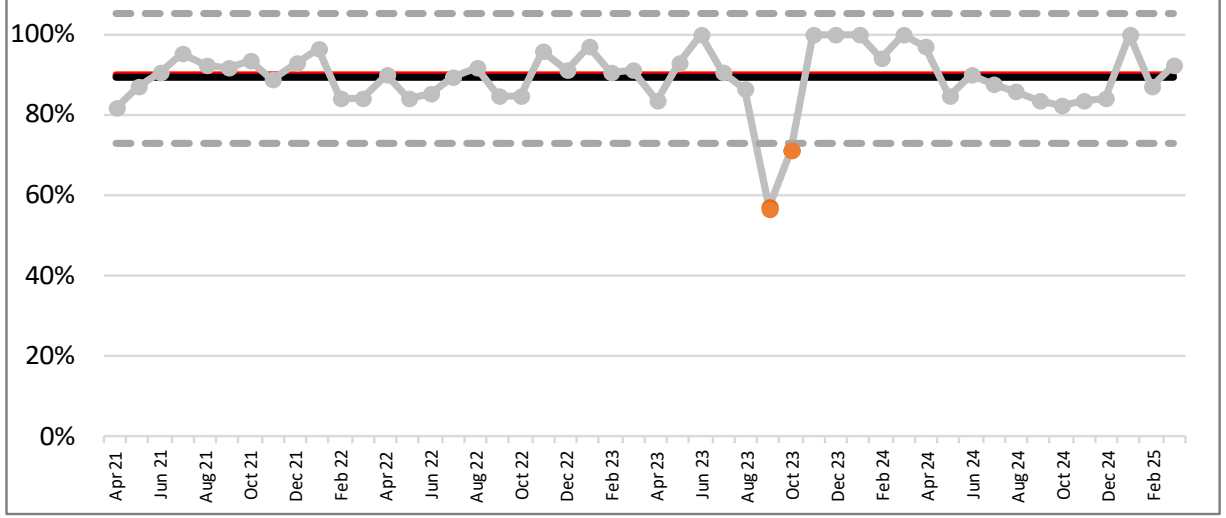
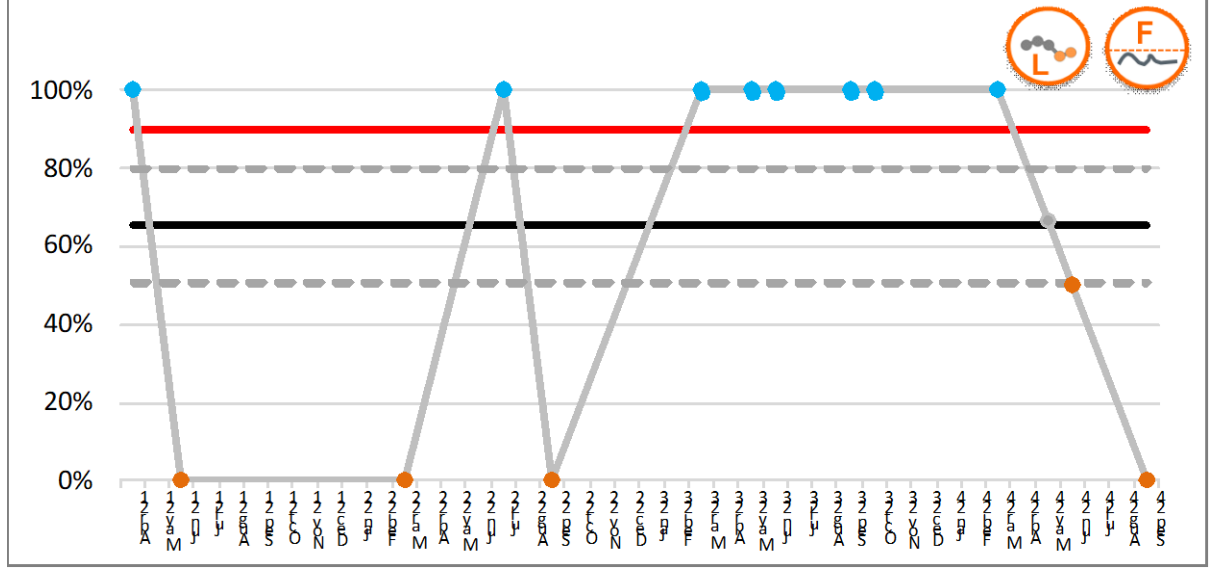
Sepsis Screening - Childrens



Sepsis IVAB - Childrens



What is the data telling us?

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

There were 11 cases audited for emergency portals with 1 missed screening.
No true red flag sepsis was identified from the randomised audits in the emergency portals or inpatients.

What are we doing about it?

The sepsis team has continued to adjust the audit process in emergency portals to take smaller samples over a wider range of dates to give a more comprehensive perspective.

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

High Quality | [Sepsis – Maternity]

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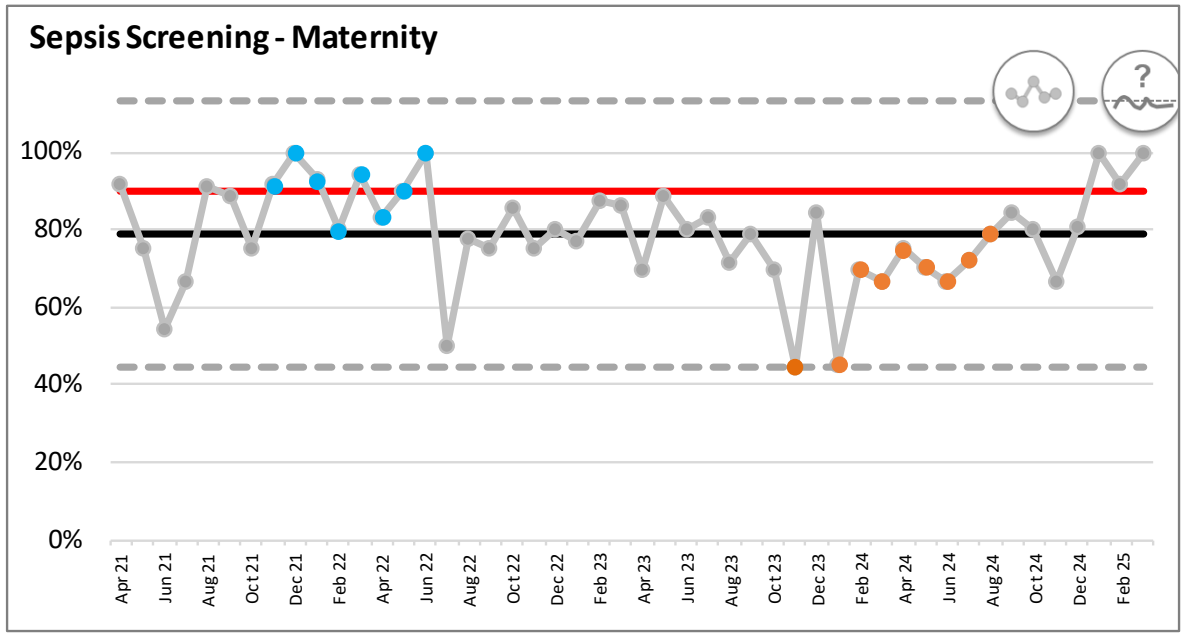

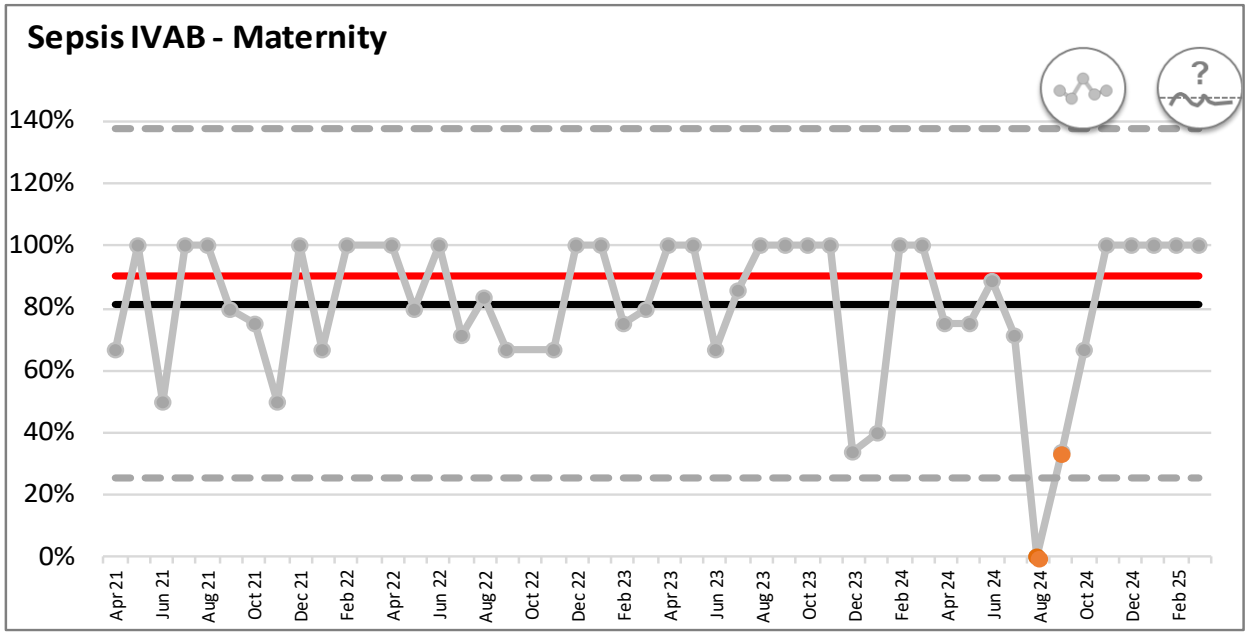

What is the data telling us?

Maternity audits regarding screening compliance have met the target over the past two months, although it continues to fall within the expected variation.

The compliance target for administering IVAB within one hour for both inpatient and emergency portals was also established. However, IVAB compliance is assessed using a limited number of cases.

A total of 9 cases were audited from the emergency portal MAU, and there were no missed screenings.

What are we doing about it?

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

Sepsis sessions will focus and highlight the importance of screening documentation.

The sepsis team will create further awareness and plan collaborative work with maternity educators and senior team.

High Quality | [Clinical Effectiveness]

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

- A3 project group currently reviewing the Divisional structures, meetings and resource to ensure optimal support for CE priorities.
- Collaborative work underway with the PMO to establish current SPA allocation for CE.
- Divisional Clinical Audit programmes to be developed in 2025 to provide assurance against external and internal guidance - Clinical Effectiveness Team to work with Clinical Teams to ascertain clinical effectiveness priorities for inclusion.
- Clinical Effectiveness Delivery Plans to be split by Specialty to improve oversight and ownership at local level.
- 24 pieces of NICE guidance outstanding for more than 12 months. Plans in place to work with the Specialties to complete the gap analysis.
- 0 External Inspections undertaken during November 2024. Action plan have been signed off and are currently being implemented.
- 4 GIRFT action plans currently being implemented.
- 4 National Audits published.

What is the data telling us?

It has been agreed that the Clinical Effectiveness slide will be updated quarterly

What are we doing about it?

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

Divisional & Directorate scoreca4rds are being developed

Highlight Report

PERFORMANCE & FINANCE COMMITTEE | 31st March 2025

University Hospitals of North Midlands NHS Trust

Matters of Concern / Key Risks to Escalate

- The Committee were **partially assured** in respect of **cost improvement programme** (CIP) performance for Month 11 2024/25 which had delivered £37 m to date (a £14.3 m shortfall), with opportunities continuing to be identified for 2025/26
- **Operational performance** had started to stabilise in the past 3 weeks resulting in reduced waits outside of the Emergency Department, although this was not where it needed to be. In addition, there had been a reduction in the number of patients waiting over 12 hours, but this had deteriorated 4 hour performance. There had also been slight improvements due to changes in infection prevention restrictions and elective programmes at both sites were back up and running.
- There continued to be issues with **non-obstetric ultrasound** and this was being considered as part of tier 2 conversations
- In terms of the **65 week** position, it was expected that the numbers waiting would reduce below 200 for March and the Trust was not expected to be an outlier in this respect
- **Partial assurance** was provided in relation to **business case reviews** due to divisional performance in undertaking reviews in a timely manner. In addition, existing cases were being considered as to the ongoing viability of these based on performance. It was agreed to take an action to reflect on the way in which these were reviewed and reported to the Committee

Major Actions Commissioned / Work Underway

- In terms of additional workforce resources for **Operation Anzu**, additional assurance was required to be provided to clarify the workforce required to deliver the project including existing obligations and future expectations.
- 12 month **cash flow** profile to be provided to the Committee in addition to confirmation of the **budget**
- Ongoing discussions with the Integrated Care Board (ICB) regarding the 2025/26 **financial plan**
- Committee to be advised of the revised governance arrangements for **financial and operational recovery**
- Further assurance of the management of the **waiting list** including ethnicity to be provided to the Committee, in addition to the management of **children's services**
- Further assurance to be provided in relation to any changes to **tiering** in addition to the actions being taken
- Update on **winter** to be brought to the Committee in May 2025
- Update on progressing the actions identified as a result of the **internal audit into transformation and major change** to be provided in due course
- Ongoing actions being taken within the **North Midlands and Black Country Procurement Group** to expand this, in addition to developing a Commercial Contract Management Function

Positive Assurances to Provide

- The Committee was **acceptably assured** that the Trust was on track to deliver a £18.1 m **financial** deficit, an improvement from plan
- The Committee received an update on **productivity**, which highlighted that the Trust benchmarked well against national peers in terms of opportunities available. **Acceptable assurance** was agreed in that there was a growing understanding of the data, but clarity was required as to how this could effectively be used to identify savings for 2025/26
- The **procurement** update highlighted full year savings £11.3 m, representing 7.28% of influenceable spend and the Committee were **significantly assured** of the progress being made in this area

Decisions Made

- The Committee approved **BC-0592 Expansion of Ear, Nose & Throat (ENT) Service – Royal Stoke University Hospital Site** which would be taken to the Trust Board
- The Committee approved the interim **capital expenditure plan** totalling £90.785 m
- The Committee agreed to receive updates on the **Urgent and Emergency Care Improvement Programme** via highlight reports from elective and non-elective programmes
- The Committee approved the following **e-REAFs;** Rowlands - Outpatient Service for Royal Stoke Hospital - Dispensing (e-REAF 15989), Outsourcing of Radiology Reporting (e-REAF 15824), Outsourcing of External Printing and Mailing (e-REAF 15801), Supply of Haemofiltration Fluids and Consumables (e-REAF 15747), Radiometer Blood Gas Consumables (e-REAF 16004), AHP/HSS Master Vendor Contract (e-REAF 16013), Leasing of Mobile CT Scanner for Lung Cancer Screening (e-REAF 15663), Insulin Pumps and Consumables – Medtronic (e-REAF 15986), Insulin Pumps and Consumables – Insulet (e-REAF 15984), Ankle Consumables (e-REAF 14179) and Lease of MRI Mobile Unit to support CDC Delivery (e-REAF 15977)

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• The Committee considered the way in which it needed to manage future agendas in order to receive assurance in relation to financial and operational performance given the planning challenges for 2025/26	• No cross-committee considerations were made

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	BC-0592 Expansion of Ear, Nose & Throat (ENT) Service – Royal Stoke University Hospital Site	4	ID 25470	Not Applicable	Approval	8.	Performance Report – Month 11 2024/25	4	Ext 20	Partial	Assurance
2.	BC-0596 Operation Anzu Workforce Resources	-	ID32260 ID22917 ID34147 ID23759 ID25682	Not Applicable	Approval	9.	Internal Audit Reports: • Planned Care Framework • Transformation and Capital Project Management	4 7 8	Ext 20 Mod 5 Ext 20	Partial	Assurance
3.	Finance Report – Month 11 2024/25 • I&I Update	7 8	Mod 5 Ext 20	Acceptable	Assurance	10.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure	-	-	Not Applicable	Approval
4.	CIP Report	7	Mod 5	Partial	Assurance	11.	Procurement Update Report	7	Mod 5	Significant	Assurance
5.	Productivity Update	8	Ext 20	Acceptable	Assurance	12.	Business Case Review Update	-		Partial	Assurance
6.	Interim Capital Expenditure Plan 2025/26	8	Ext 20	Not applicable	Approval	13.	Executive Infrastructure Group Highlight Report	6	High 12	Not rated	Assurance
7.	Revenue Plan Update	8	Ext 20	Not Applicable	Information						

Highlight Report

PERFORMANCE & FINANCE COMMITTEE | 28th April 2025 / 2nd May 2025

University Hospitals of North Midlands NHS Trust

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
• **Quarter 4 Board Assurance Framework** (BAF) highlighted the risk in relation to financial sustainability (BAF 8) had increased reflecting the 2025/26 plan and cost improvement requirement • **Cost improvement** savings for the year delivered £43.3 m, which was £13.3 m less than plan and the majority were non-recurrent savings. The Committee therefore concluded with a rating of **partial assurance** • The Trust's **financial plan** for 2025/26 identified a deficit position of £37.2 m. Discussions were ongoing in relation to activity growth and the impact on overall cost base which would inform the 2026/27 position. In terms of the Elective Recovery Fund the cap had been removed but an activity plan was required to be submitted • £74.8 m **cost improvement** savings required for 2025/26 with a full year effect of £87.4 m; the way in which assurance was provided to the Committee in relation to cost improvement was to be considered and confirmed in due course • **Urgent and Emergency Care (UEC) performance** demonstrated stabilised 4 hour performance with a slight improvement in category 2 ambulance handover time • Improvements **in RTT performance** were highlighted whereby the number of long wait patients had continued to reduce • **Diagnostic DM01 performance** continued to be challenged due to non-obstetric ultrasound	• Planning of the **2025/26 BAF** to take place, identifying the strategic risks for 2025/26, in particular bearing in mind the risks in relation to increased workforce controls and requirement for cost savings. Particular focus to be paid in identifying accurate target risk scores, trajectories and recovery dates, documentation of key controls and assurances in addition to strengthening action planning and mitigation given the delay in completing some of the actions identified for 2024/25. • Further discussion regarding the **Financial Plan**, cost improvement savings and associated governance in relation to financial recovery to take place at the Trust Board • Trajectory for improvement in **non-obstetric ultrasound performance** to be provided • Confirmation to be provided of the **operational performance metrics** to be used in future reporting

Positive Assurances to Provide	Decisions Made
• **Quarter 4 BAF** highlighted the risk in relation to financial in year delivery had reduced to below target, due to the anticipated achievement of the plan and agreement of a revised control total • The month 12 **financial** position demonstrated delivery of £18.1 m, in line with forecast (a £5 m improvement) and due to this the Committee agreed with an assurance rating of **acceptable assurance**. In addition, the Trust had achieved the capital plan in line with the Capital Resource Limit • An update on the **Community Diagnostic Centre (CDC)** highlighted a final forecast capital cost of £38.6 m, a shortfall of £0.7 m which had been included within the 2025/26 capital programme. As a result of the initial delays the revenue position had also been re-profiled, and activity was due to be mobilised in March 2026 • **Acceptable assurance** was provided by the **medicines finance, procurement and supplies** report recognising the successful novation of the contract for outpatient dispensing, and other positive assurances in relation to replacement of automated dispensing and work on reducing the cost of medicines	• The Committee approved the **Quarter 4 Board Assurance Framework** • The Committee approved the **business case** for the expansion of digital pathology scanning capacity in cellular pathology for the N8 network • The Committee endorsed the variation to the **2025/26 Financial Plan,** from that which had been presented to the Trust Board, and delegated authority to the Executive Team to approve non-recurrent investments to provide additional capacity where these were to be funded via additional ERF income • The Committee supported the provision of the additional £0.7 m capital for the **Community Diagnostic Centre** • The Committee approved the following **Request for Executive Authorisation** (e-REAF); Provision of Taxi services to UHNM Trust: Pathology (e-REAF 16167), EMIS - Hospital Pharmacy - Annual Pharmacy Licence and Support (e-REAF 15947), Supply of IV Fluids (MPSU Supplies) (e-REAF 15746), Microbiology: BioMérieux Managed Service Contract (e-REAF 16148) and Cytotoxic Dose Banded - Chemo, Immunotherapy and Monoclonal Medicines (e-REAF 16234) • The Committee approved the revised **Terms of Reference** for the Committee subject to any further changes required as a result of the revised Corporate Governance Structure

	An extraordinary committee that took place on 2nd May 2025 approved: • **Capital requests** in relation to the Urgent Treatment Centre, CDC, Physiology equipment, CT and MRI scanner upgrades, Cardiology and Respiratory Systems and Elective hub equipment. • The commitment of £1.3m against prioritised **Elective Recovery Fund** bids

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• No further comments were made	• To provide clarity of the way in which major programmes are having an impact on operational performance and how this is reported versus reporting of delivery of programmes per se

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Board Assurance Framework Q4 2024/2025	ALL	-	Not applicable	Approval	7.	New reporting requirements	-	-	Not applicable	Information
2.	BC-0601 Expansion of Digital Pathology Scanning Capacity	-	-	Not Applicable	Approval	8.	CDC Business case update	4 / 6	20 12	Acceptable	Assurance
3.	Finance Report – Month 12 2024/2025	7 / 8	5 20	Acceptable	Assurance	9.	Pharmacy Directorate Medicines Finance Procurement and Supplies Report Q3-4, 2024-2025	7	35190 35039 34491	Acceptable	Assurance
4.	CIP report	7 / 8	5 20	Partial	Assurance	10.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure	-	-	Not Applicable	Approval
5.	Financial Plan 2025/2026	7 / 8	5 20	Not Applicable	Approval	11.	Committee Effectiveness Review	-	-	Not Applicable	Approval
6.	Performance Report – Month 12 2024/2025	4	Ext 20	Partial	Assurance						

Appendix 1 - Contract Awards and Approvals

Since 14th February to 14th April 2025, 4 contract awards over £1.5 m were made, as follows:

- **National Blood Services Contract,** supplied by NHS Blood and Transplant Service, for the period 01.04.25 -31.03,26, at a total cost of £5,830,000, approved on 13th March 2025
- **Energy Management Procurement Services,** supplied by EIC, for the period 01.04.25 -31.03.27, at a total cost of £19,870,400, approved on 26th February 2025
- **Rowlands - Outpatient Service for Royal Stoke Hospital - Drug Costs,** supplied by Rowlands Pharmacy, for the period 31.03,25 - 30.03.28, at a total cost of £24,000,000, approved on 13th March 2025
- **Services of Junior Doctors via Health Education England Contract with Mersey & West Lancashire NHS Trust,** supplied by Mersey & West Lancashire Trust, for the period 01.04.25 - 31.03.26, at a total cost of £3,860,000, approved on 13th March 2025

University Hospitals of North Midlands NHS Trust

Integrated Performance Report - Responsive

Month 12 Performance

2024/25

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Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

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

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?

Sign Off & Validation

Timely & Complete

Audit & Accuracy

Robust Systems & Data Capture

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RAG Rating Key:

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

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

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

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Assurance Grid

University Hospitals of North Midlands NHS Trust

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Failing

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

Worsening

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Responsive | Overview

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University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

How are we doing against our trajectories and expected standards?

Non-Elective

4 hour Validated Performance is 64.6% for March which has remained static since last month at 64.5%. The submitted improvement trajectory against the 4hr standard set for March was under target by 13.4% (target 78% vs Actual 64.6%). An improvement trajectory against the target has been agreed as part of the planning cycle and recovery plan has been agreed.

In March 2334 patients waited longer than 12-hour in our ED compared with 2450 patients in February, which is an improvement of 4.74%.

The data provided by West Midlands Ambulance Service (WMAS) is provided a month in arrears, however no validated data has been made available for February.

Average handover time for Cat 2 only in January was recorded at 27m 43s and demonstrated an improvement from 44m 43s in December. The unvalidated data for February shows an increase handover time to 48m 12s

The Medicine Division specifically, has continued to be impacted significantly by IP restrictions through predominately Norovirus, which has resulted in continued ward/bay restrictions and bed losses.

Elective

The Trust continues to be in Tier 2 for Planned Care, Cancer and Diagnostics.

Recent operational pressures and periods of critical incident have resulted in the need to pause some of our elective care work to ensure we had the resources available to maintain patient safety, reduce our time for ambulance handover and the time patients were waiting in our ED for a bed. Whilst some patients have experienced a delay to undergoing their surgery our clinical and operational teams have worked to ensure that patients with the greatest clinical need were not impacted. As we get back to our normal operating rhythm, there is a backlog of elective patients who would have been treated during this period, effectively doing some of January-March's work in April.

The combined faster diagnosis standard performance has demonstrated improvement over the past year. Our performance in March, although unvalidated currently is 77.7% which is now above the national standard of 75% and above our trajectory. The 31-day combined cancer treatment standard February 2025 final position showed the highest achievement against 31 day in twelve months – 94.5%; a 5 % improvement against January. The combined 62-day performance is currently unvalidated at 68.1%.

March DM01 data is unvalidated at time of writing this report however current performance was at 59.8% against the 95% six-week standard. Non-Obstetric Ultrasound is the majority contributor for overall DM01 performance variance with performance at 37.6%.

The volume of patients waiting 65 weeks decreased to 193 in February. The rate of reduction of patients waiting over 65 week has slowed from late November through December and January due to pressures within urgent and emergency care (UEC) pathways. The cumulative position of lost capacity means the predicted number of breaches for April is 202, but it is expected validation will likely improve this.

There has been a significant reduction in the number of patients waiting over 52 weeks in the last 12 months, with 68% of patients now seen. 5016 patients were waiting in March 2024, which has now reduced to 1463 at the end of March 25.

Responsive | Overview

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Overview from the Chief Operating Officer

What is driving this?

Non-Elective

4-hour performance is out with the trajectory but with a slight improvement both at Royal Stoke and County Hospital for March.

Attendance activity out turned at 25,417 for March verses 21,858 in February, which is a 14% increase. This is a normal seasonal variation in terms of attendances and one that has been consistent in terms of planning. Flow for our patients from our Emergency Departments into inpatient bed base remains challenging due to the continuation of winter viruses and the discharge profiles, this is demonstrated by the number of patients held in ED with a decision to admit daily.

The number of patients waiting an aggregated time of arrival greater than 12 hours decreased by 116 patients in March (2334 patients compared with 2450 patients in February). The availability of medical and portal inpatient beds, timeliness of accessing and a high side room demand has continued to be the primary issue. Capacity issues were also bee noted within the Division of Surgery and Networks. The expectation and standard associated with Clinically Ready to Proceed is within 60 minutes of final intervention by the emergency department and is set at 95%. The compliance data for March suggests a marginal improvement against this standard but not consistently so.

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

March continued to experience high side room demand, ward access restrictions and a loss of bed capacity due to Infectious disease issues.. Influenza and norovirus were the largest cause of this in March. To note, this has been acknowledged as a significant contributor to loss of beds in the Medicine Division. Adherence to IP support and guidance has required additional monitoring and caution.

Elective

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

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

Non obstetric ultrasound performance is at 37.6% and has improved by 2%. There are 9,183 patients waiting over 6 weeks for their scan; an improvement of 500 patients in the backlog from previous month. The transfer of 200 patients per week to the Cannock CDC, will help reduce backlogs further. Programme of work has now commenced with Siemens Health, and they have identified significant opportunities to reduce demand from the primary care sector by demonstrating alignment, referrers and PCNs whose referral volumes significantly exceed those of neighbouring referrers and PCNs. Siemens are proposing engagement with these referrers to determine the cause of high referral volumes.

Responsive | Overview

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University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

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

Non-Elective

Additional support of National experts to undertake a full diagnostic of our UEC pathway took place in December 2024 and January 2025. The appointment of a UEC Recovery Director has been secured and a full review and 'reset' of the previous Improvement Programme was agreed. This programme of work now details 5 workstreams each lead by a dedicated Senior Responsible Officer (SRO) with the Chief Operating Officer as the Executive Director Accountable Officer.

Whilst the revised and addition workstreams are activated and embedded, there remain patients' immediate actions which are currently being undertaken, and onward monitoring is in place with daily check and challenge.

At Hospital:

- Consistent application, & accountability monitoring of 5 key organisational policies (Rapid Handover/IPS/Ward Standard Work/YNP/Home Care is Best Care)
- Internal escalation process in place for all excessive ambulance waits
- Frailty ACP going into ambulances at RSUH to support early identification alternative pathways
- Scoping an additional senior medic based in Ambulance assessment to support RAT function 24/7
- Collating evidence / examples of inappropriate conveyances/attends to inform pre-hospital development
- Elective capacity has been taken down to support UEC pressure .
- UEC recovery director now in place and a re-invigorated UEC Improvement is in place.

Pre-Hospital Actions:

- Call before convey levels have started to increase and an overnight offer is now in place.
- NHS 111 ED SMS issue –NHSE supporting resolution / linking with Black Country.
- Focus on Frailty. Boost CRIS resource to improve UCR capacity –Introduce a greater skill mix

Discharge Actions:

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

Elective

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

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

The digital and operational teams have worked with external partners to develop a process to validate the majority of our c700,000 patients on our waiting lists; MBI ROVA Artificial Intelligence validation business case has now been signed off by execs and validation has commenced, with configuration and testing now underway. There has been an improved approach to RTT training with currently c99% of staff trained. MBI ROVA and manual validation will be tracked weekly with updates reported to Tier 2 pack to show progress

Responsive | Overview

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University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

What can we expect in future reports?

Non-Elective

We have experienced a continued underperformance in our UEC trajectories, but with the revised UEC Improvement Programme under the direction and leadership of the recently appointed Improvement Programme Director, it is expected that this will begin to resolve our UEC performance – this will need to be systematic and prioritised. We expected April to be challenged as we see the impact of continued IP restrictions and the Easter holiday period which in previous years has seen increases in trauma demand.

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

The revised OPEL indicators for 2024/2026 have gone live and now include 10 indicators as opposed to 8. This revision has been driven nationally.

Elective

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

For RTT / Planned Care we should expect to see an increase in the number of patients waiting longer than 65 weeks in April with a forecast of 202 patients breaching at month end due to the ceasing of some ERF-funded additionality until procurement processes are worked though.

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

County Elective Hub went live on the 7th April. Notably the procedure numbers increased significantly across County Theatres from 572 to 694. Activity increase to be tracked against delivery, specifically for Orthopaedics / General Surgery / Gynaecology

Responsive | Dashboard

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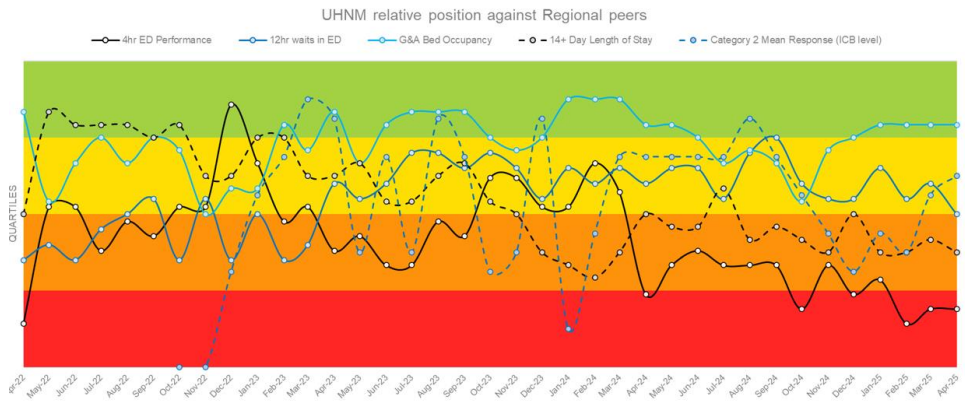
Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
UEC 4 Hour Target	76%	64.5%	64.6%						
Over 12 hours in ED	0	2,450	2,334						
UEC Cat 2 Handover Average Time	00:18:00	00:27:43	#N/A						
Cancer 28 Day FDS	75%	76.8%	77.7%						
Cancer 31 Day Combined	96%	94.7%	92.4%						
Cancer 62 Day Combined	85%	68.1%	57.5%						
Diagnostics DM01 Performance	99%	64.5%	59.8%						
RTT No. of Patients Waiting >52 Weeks	0	1,797	1,463						
RTT No. of Patients Waiting >65 Weeks	0	215	193						
RTT No. of Patients Waiting >78 Weeks	0	7	7						
RTT No. of Patients Waiting >104 Weeks	0	3	0						
Treating patients in a timely manner (Hospital Combined Performance Score)	7,000	4,071	4,089						

Relative position against Midlands Trusts

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



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

Related Strategy and Board Assurance Framework (BAF)

Quality Strategy

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

Responsive | UEC 4 hour Target

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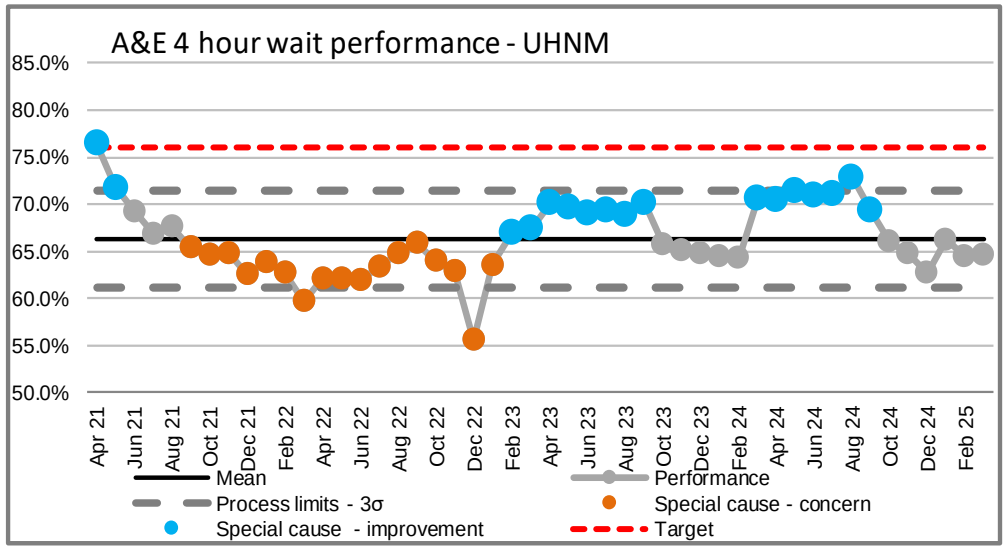
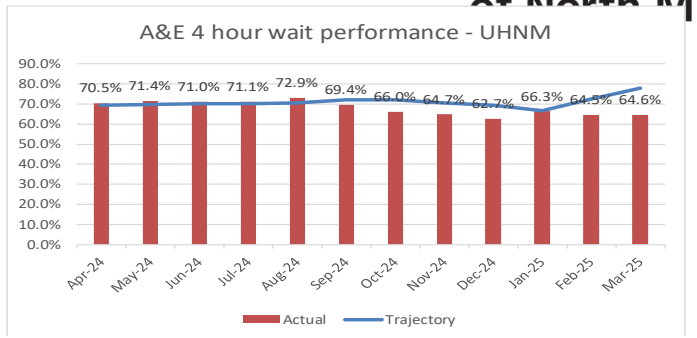


Variation	Assurance
	F

Target	Jan 25	Feb 25	Mar 25
76%	66.3%	64.5%	64.6%

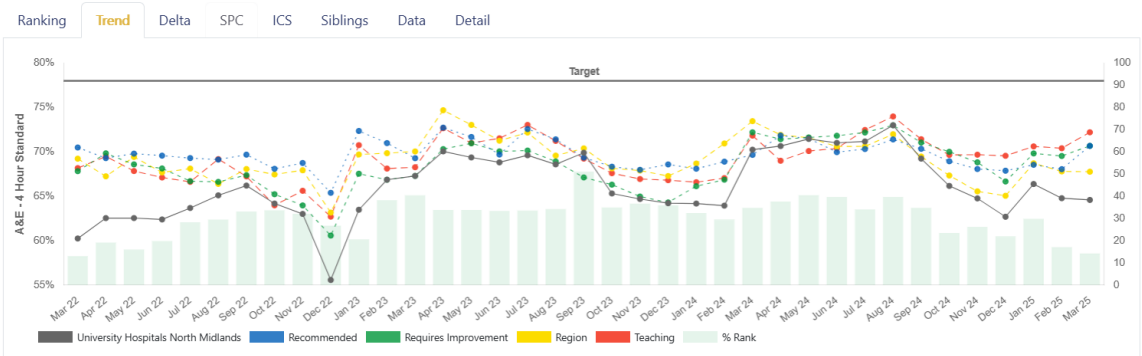
Background

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



A&E - 4 Hour Standard

Mar 25 Performance: 64.58% | Rank: 122nd of 142



What is the data telling us?

Validated Performance is 64.6% for March which has remained static since last month at 64.5%.
The submitted improvement trajectory against the 4hr standard set for March was under target by 13.4% (target 78% vs Actual 64.6%), note; national target for March onwards is 78%.

The teams ongoing work to improve this performance metric is evidenced in the increase from March – end August albeit it a steady reduction since September due to winter pressures. January 2025 was the only moth that saw an increase in performance since September 2024.

Type 1 4hr performance for Royal Stoke was 37.9% which has remained static since last month at 37.3%. Performance over the last 12 months has been an average of 41.09%.
Type 1 4hr performance for County was 67.4% which has increased since last month by 10.2% (last month's performance of 57.2%). Performance over the last 12 months has been an average of 65.1%

We are ranked as 122nd out of 142 trusts which is a deterioration of 4 Ranking places since February 2025.

What are we doing about it?

- The UEC Improvement Programme has now been refreshed and is supported by 5 workstreams designed to recovery, sustainability and delivery resilience.
- Development of co-located UTCs County and Royal sites
- Develop clinical model delivery model for UTCs
- ED Staffing review – align to the demand profile and the future UTC model
- Review of current standard work and development of medical and nursing standard work plan.
- Enhancement of the frailty front door model
- High Risk of Delayed Transfer of Care prediction tool trial commenced on 2nd December to support deflections from the ED and work continues with teams to refine the process. Staffing was funded through winter and therefore needs a sustainable case.

Responsive | Over 12 hours in ED From Arrival

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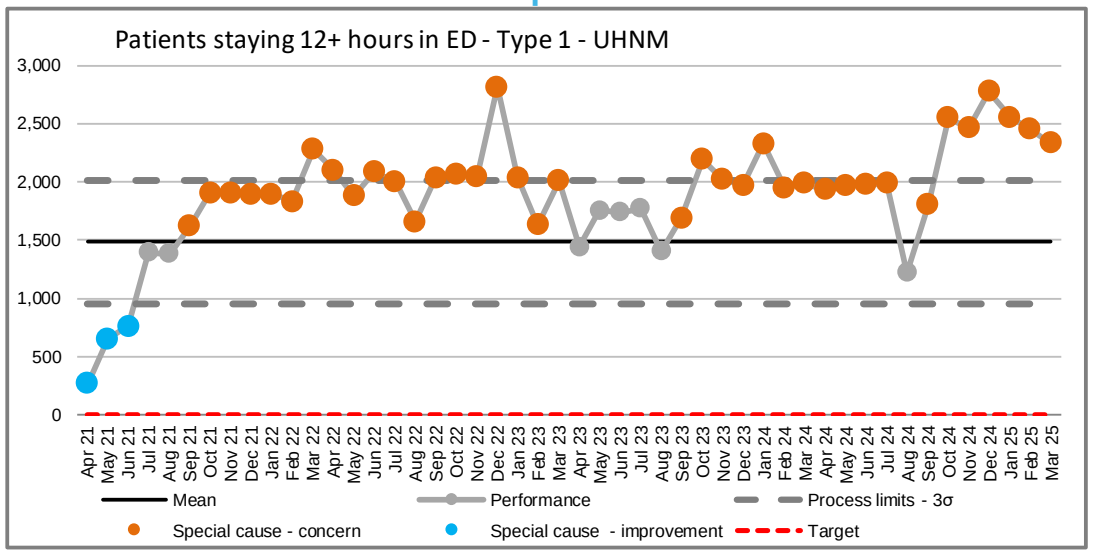
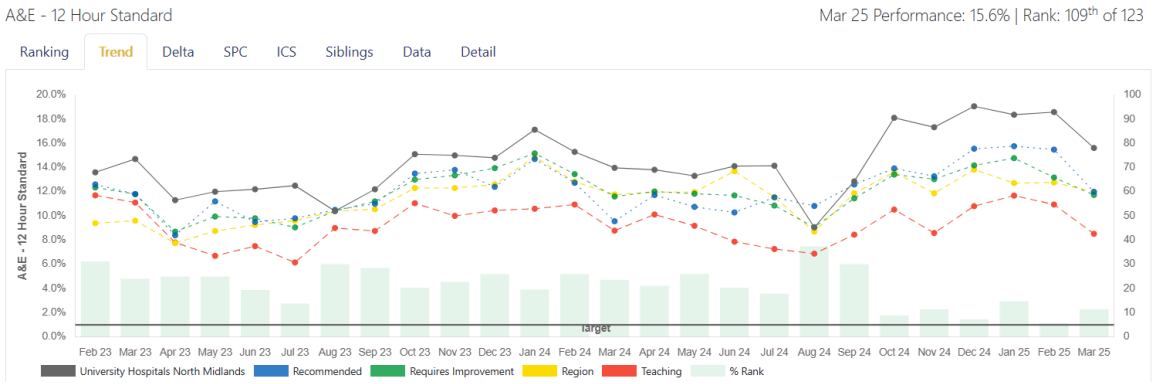
University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Jan 25	Feb 25	Mar 25
0	2553	2450	2334



What is the data telling us?

In March 2334 patients waited longer than 12-hour in our ED compared with 2450 patients in February, which an improvement of 4.74%. Since January there has been a decreasing trend in the number of patients waiting over 12 hours.

We are ranked 109th out of 123 Trusts which is a positive shift of 7 places since February 2025.

What are we doing about it?

- The UEC Improvement Programme has now been refreshed and is supported by 5 workstreams designed to recovery, sustainability and delivery resilience.
- Clinical & Frailty Pathways
  - Review of demand and capacity across all portals with a view to streamlining access and developing a 'push' model.
  - Current service provision review
  - Benchmark against best practice models
  - Following the positive impact of the implementation of a Frailty Assessment Unit (FAU) at the County site over winter this unit will continue.
- Ward Standard Work
  - Review of standard work on wards – workshops with ward managers scheduled
- HRD
  - High Risk of Delayed Transfer of Care prediction tool trial commenced on 2nd December to support deflections from the ED and work continues with teams to develop further pathways using the tool. Recent pathway development include Palliative and COPD.

Responsive | UEC Cat 2 Handover Average

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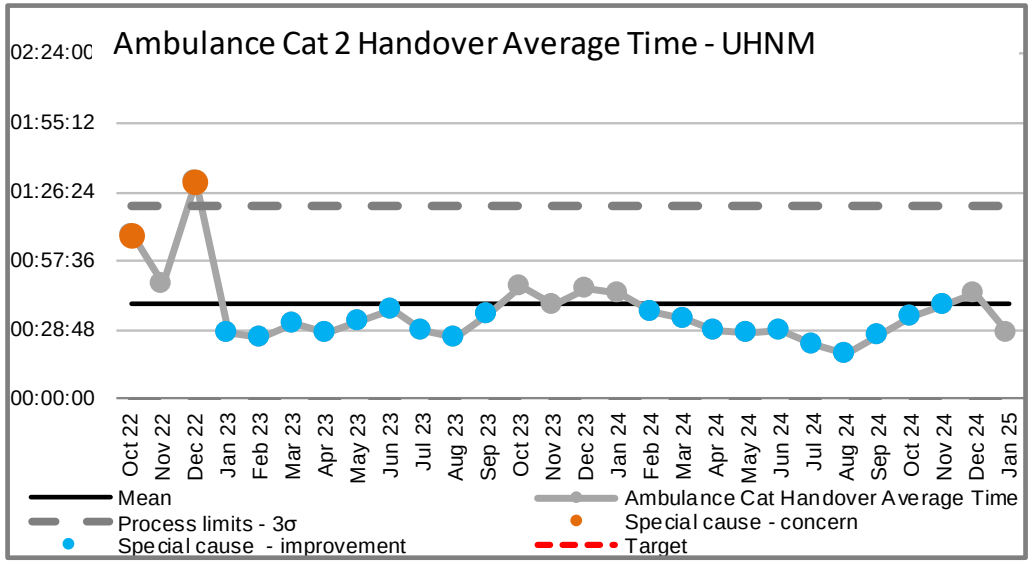
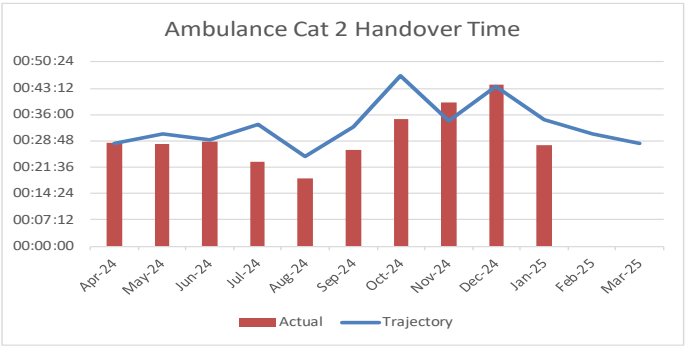


Variation	Assurance
	

Target	Nov 24	Dec 24	Jan 25
00:00:00	00:39:16	00:44:08	00:27:43

Background

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



What is the data telling us?

The data provided by West Midlands Ambulance Service (WMAS) is provided a month in arrears. No validated data has been received for February.

Average handover time for Cat 2 only in January was recorded at 27m 43s and demonstrated an improvement from 44m 43s in December. The unvalidated data for February shows an increase handover time to 48m 12s.

We continue to work with colleagues at WMAS on overall ambulance handover aligned to a 45 mins.

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

What are we doing about it?

- The UEC Improvement Programme has now been refreshed and is supported by 5 workstreams designed to recovery, sustainability and delivery resilience.
- Bed & Sitemanagement workstream in development
  - Site management function review
  - enhance infrastructure within operations
  - Review of hospital at night and Discharge Lounge functions
  - Review of patient flow resource
  - Standardisation of processes including escalation levels – test of change planned in May
- A review of escalation and triggers to support reduction in ambulance handover delays in partnership with WMAS is in train to replicate the London Ambulance Service model of no greater than 45minutes to offload. .
  The corridor in the emergency department is utilised to support the risk of reducing the waiting ambulances.
- A revised HALO provision to cover 24/7 has been approved by The Urgent and Emergency Care Board and formal notification of funding has been received from the ICB. The new specification has been agreed and the timescale for implementation has been suggested end of May so as to allow recruitment and selection of the required workforce.
- 'Regular daily contact with WMAS is in place to ensure confidence in actions taken and where possible deflects or diverts to County or Burton are agreed to support timely ambulance release.

Responsive | Cancer 28 Day FDS

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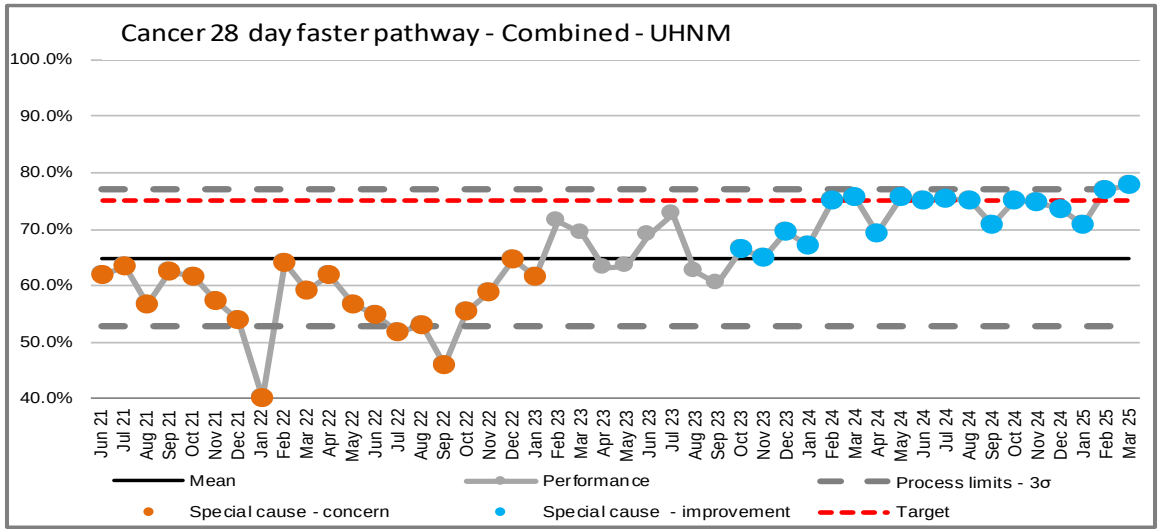
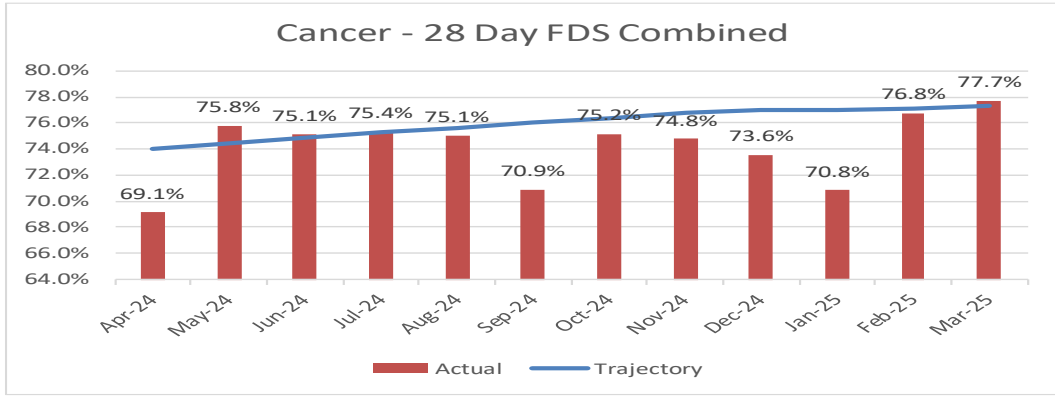
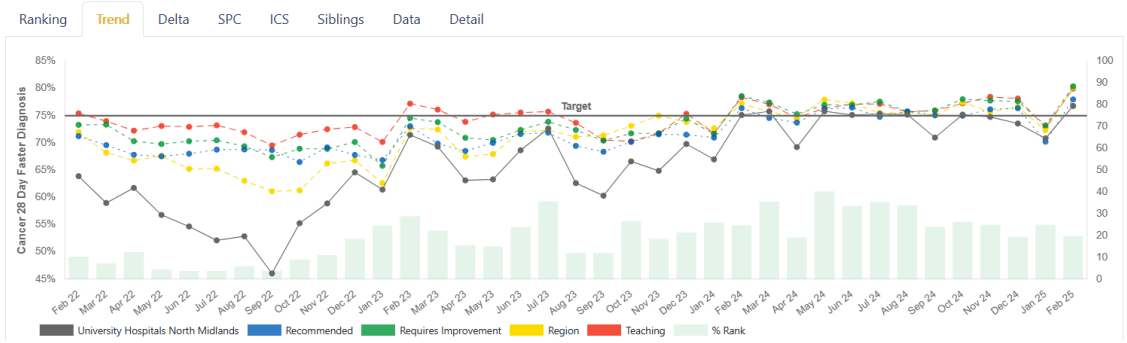
University Hospitals of North Midlands NHS Trust





Cancer 28 Day Faster Diagnosis

Feb 25 Performance: 76.8% | Rank: 107th of 133



What is the data telling us?

- March 2025 while unvalidated shows an improvement in performance to 77.7%, this is in line with our trajectory
- When broken down at tumour site level, some pathways perform better than others; Upper GI and Skin being consistent high achievers. Breast, Lung and H&N currently forecast to achieve over 75%
- Pathways that require a higher number of investigations such as Colorectal, Gynaecology, Haematology and Urology perform lower than the standard
- Regionally, UHNM rank 19 out of 23 Trusts for January 2025 (taken from most recently published regional data)

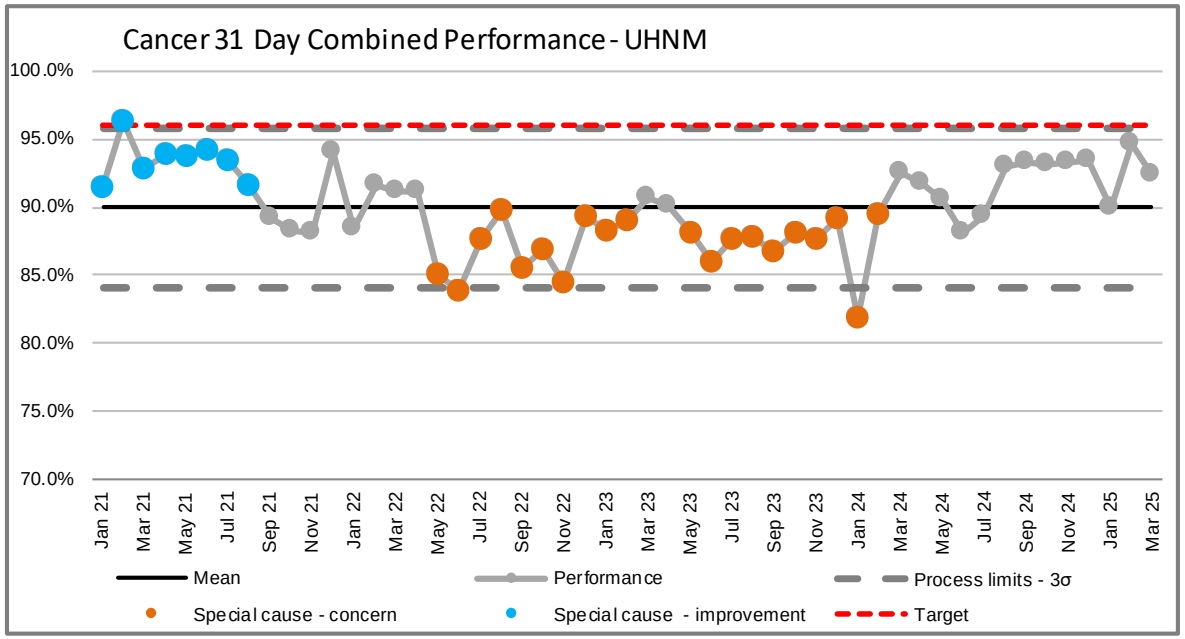
What are we doing about it?

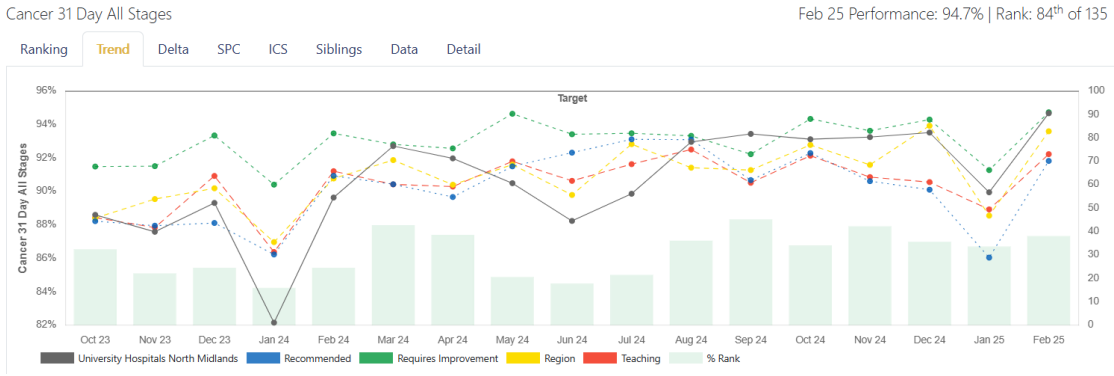
- Newly established monthly Cancer Delivery Group meetings now brings focus on operational delivery for improvement plans and adherence to agreed trajectories for 25/26
- Improved administrative process for sending of template letters for Colorectal pathways
- Dedicated personnel within services to monitor 28 Day PTL daily and act accordingly
- High level escalations sent weekly as part of all cancer PTL escalations for senior oversight
- WMCA funding bids put forward with a focus on increased ANP and navigator workforce

Responsive | Cancer 31 Day Combined

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust





What is the data telling us?

- February 2025 final position showed the highest achievement against 31 day in twelve months – 94.5%
- March 2025 unvalidated position shows performance at 92.36%
- Surgical capacity continues to contribute to delays across all surgical specialities
- Chemotherapy delays in Breast and Colorectal due to Consultant Oncologist vacancy
- Regionally, UHNM rank 10 out of 23 Trusts for January 2025 (taken from most recently published regional data)

What are we doing about it?

- Access to robotic procedures are prioritised through the oversight group
- Radiotherapy mutual aid ended 31/03/25 which has released additional planning time for UHNM patients.
- Locum Oncologist due to start w/c 14/04 to support Colorectal
- Cancer Services currently undergoing recruitment for Data Quality Lead that will focus on validations and modelling best practice from performing sites
- Newly established monthly Cancer Delivery Group meetings to focus on operational delivery of improvement plans, with special focus on Oncology

Responsive | Cancer 62 Day Combined

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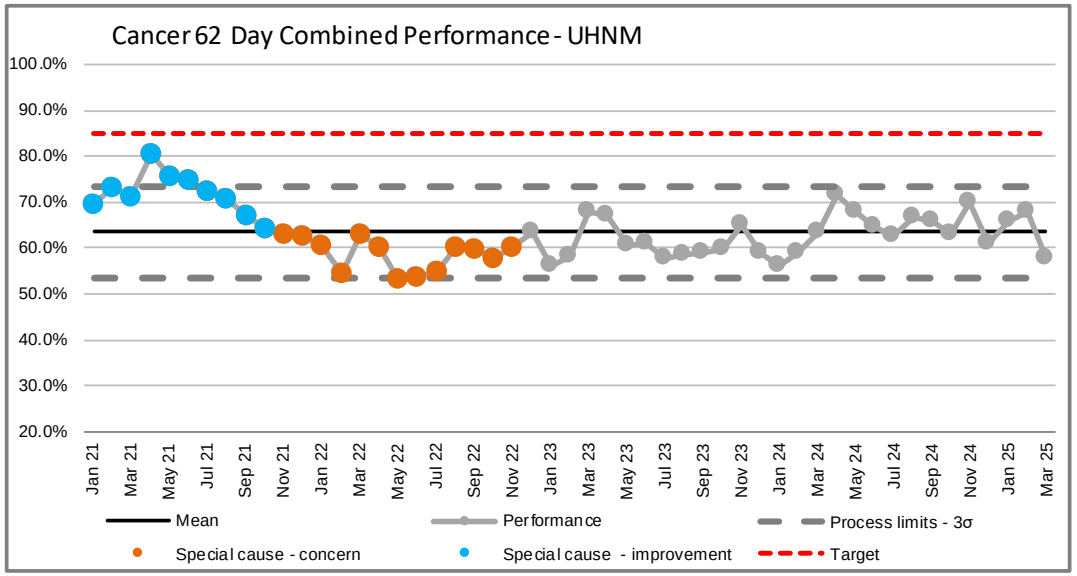
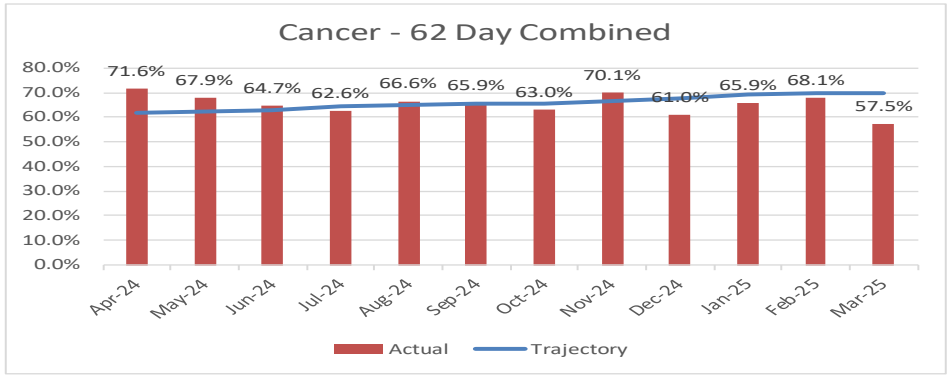
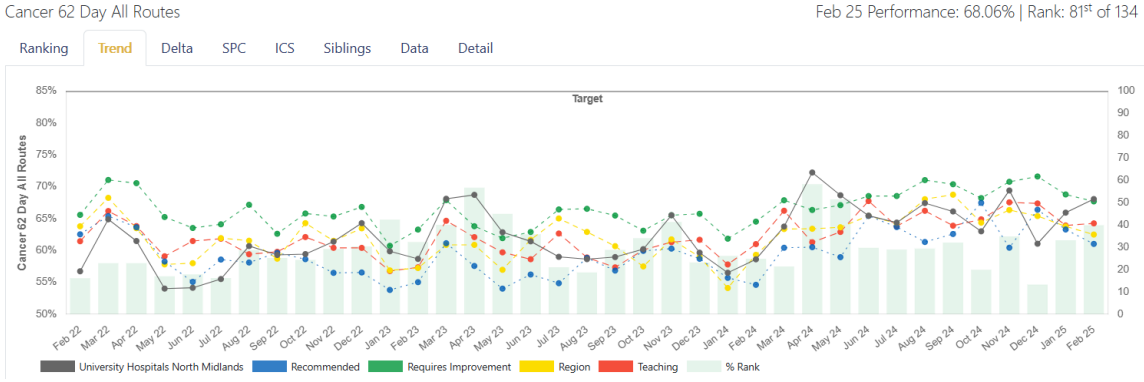






What is the data telling us?

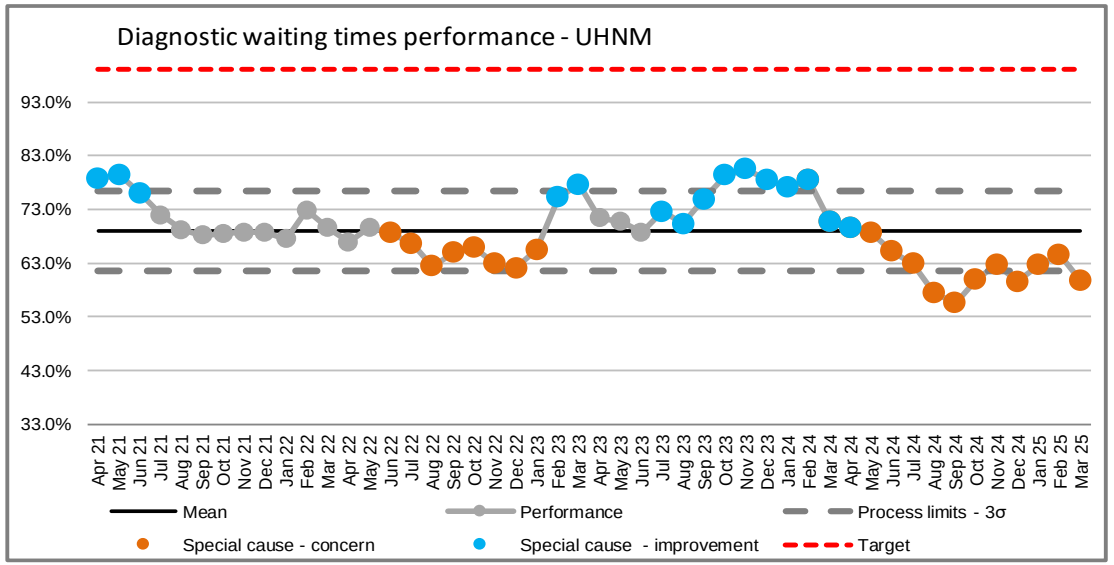
- Final February 2025 data showed performance of 68.1% against trajectory of 69.7%
- Unvalidated March 2025 position is showing an achieve of 57.5%
- Areas of concern for March 2025, pre-validation are:
  - Colorectal – 46.39%
  - Gynae – 20.69%
  - H&N – 30.00%
  - Upper GI – 50.00%
- Regionally, UHNM rank 10 out of 23 Trusts for January 2025 (taken from most recent published regional data)

What are we doing about it?

- Newly established monthly Cancer Delivery Group (CDG) meetings to focus on operational delivery of improvement plans and adherence to agreed trajectories
- Increased oversight and adherence to improvement plans for support services such as pathology and radiology to bring down TAT in the diagnostic phase of challenged pathways, managed through CDG
- Longest breaching pathways are being analysed with clinical input
- PMO style pathway reviews being undertaken for Urology, Gynae, Lung and Colorectal
- Validation work to ensure Cancer Waiting Times guidance is being applied appropriately is planned 4 weeks ahead of upload to ensure an accurate position is reported – recruitment underway for Cancer Services hosted Data Quality Lead to enable more timely validation work
- Theatre utilisation and access to the robot being discussed regularly at EOG

Responsive | Diagnostics DM01 Performance

Provide efficient and responsive services

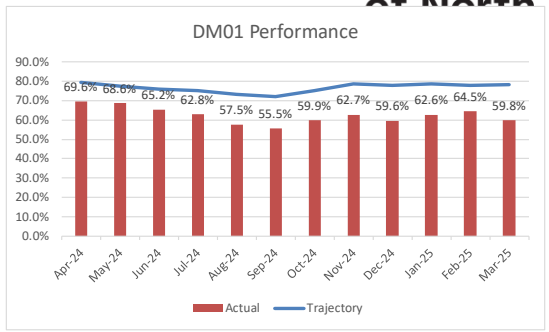


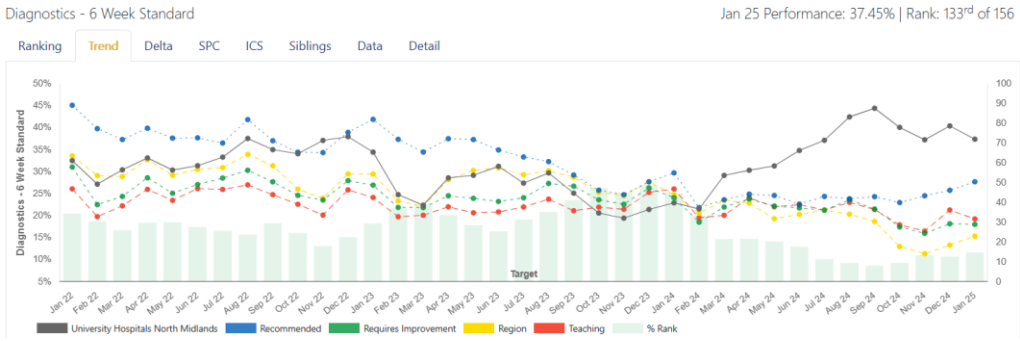
Variation	Assurance
L	F

Target	Jan 25	Feb 25	Mar 25
99%	62.6%	64.5%	59.8%

Background

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





What is the data telling us?

March DM01 data is unvalidated at time of writing this report however current performance was at 59.8% against the 95% six week standard. Non-Obstetric Ultrasound is the majority contributor for overall DM01 performance variance. National ranking shows a deterioration from 136th out 156 to 133rd out of 156 Trusts.

There is now only one modality that is impacting on DM01 performance:

- Non obstetric ultrasound performance has improved by 2% to 37.6%, and there are 9,183 patients waiting over 6 weeks for their scan; an improvement of 500 patients in the backlog

Significant improvement for Echocardiogram and Endoscopy performance:

- Echocardiogram performance is now at 97.1%; an improvement of 12% from last month. A particular focus on patients over 13 week with now 6 patients left over 13 weeks, all through patient choice
- Endoscopy now performing at approx. 96% against DM01. Breached backlog size in April 2024 was 1720 and is currently at 40. Only 15 of these are undated and that's due to patient choice. ERF paper submitted to ensure that capacity continues to meet demand prior to CDC go-live.

What are we doing about it?

- Non obstetric Ultrasound
- RWT are now delivering activity for UHNM. These have a higher-than-expected DNA rate amongst the transferred cohort, current sitting at 44%. This can be factored into any future activity transferred to RWT once there is assurance that this is a sustained and consistent DNA rate
- Following discussions with RWT, a new validation process had commenced on the entire backlog to revalidate against the most recently BMUS guidance. The backlog has reduced by 300 patient in the last week – the largest in week reduction since in-sourcing support finished
- New capacity delivered by the Midland Training Academy has commenced and is delivering over 100 additional patient appointments per week
- Meetings with ICB, Siemens and UHNM have been diarised to commence the demand management work with Primary care
- MSK pathway review still in progress with Trauma and Orthopaedics team. Agreement to close referral routes for MSK US and MRI from primary care. Communication being drafted to provide notice to primary care referrers
- New partial booking process being developed to support with new referrals coming into the department. RWT indicated this reduced demand by approximately 20% when they implemented similar processes.

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Responsive | RTT No. of Patients Waiting Over 52 Weeks

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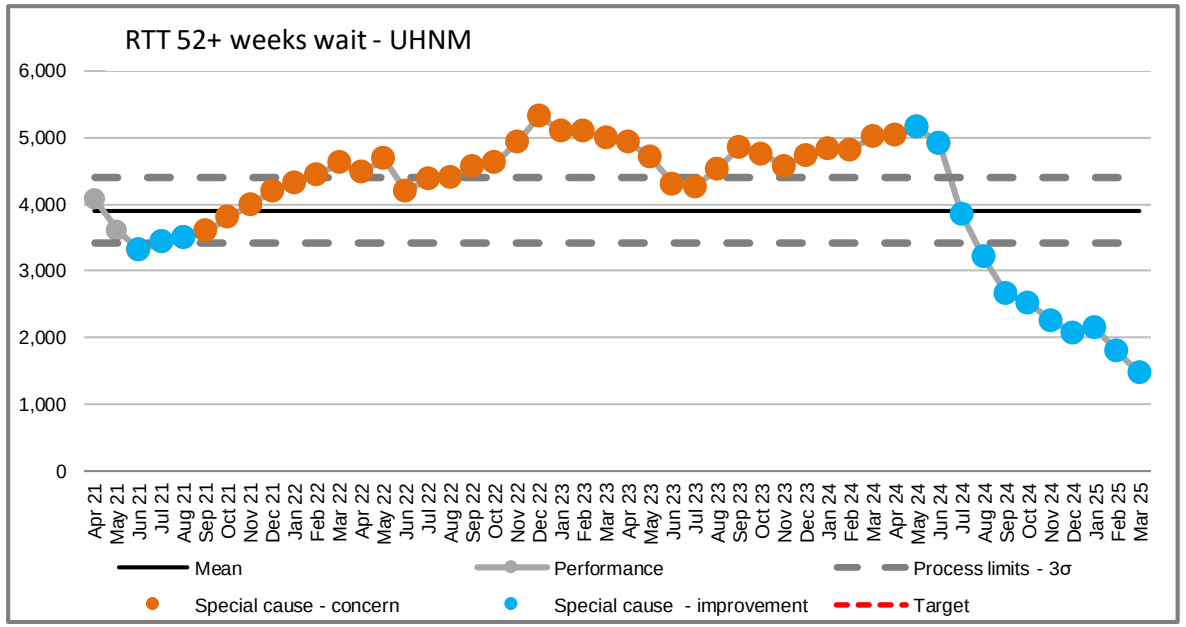
University Hospitals of North Midlands NHS Trust

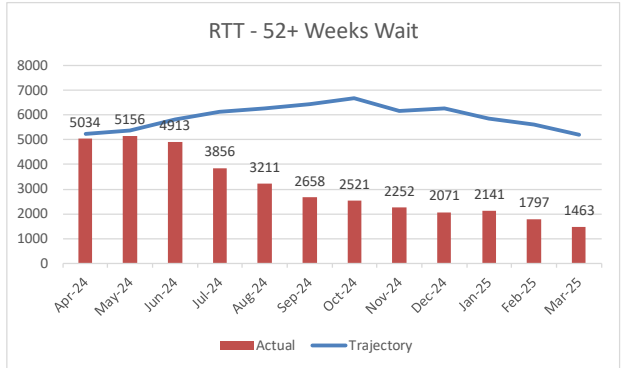


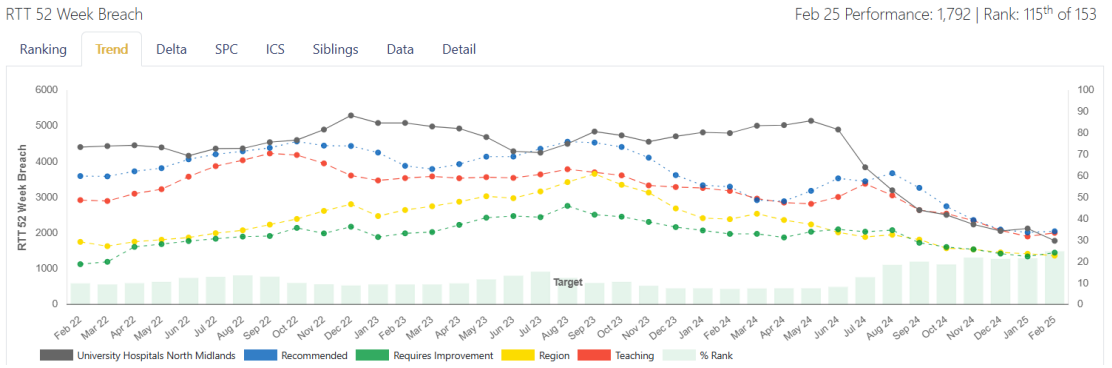
Variation	Assurance
L	F

Target	Jan 25	Feb 25	Mar 25
0	2141	1797	1463

Background

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





What is the data telling us?

- There has been a significant reduction in 52+ week waits due to a targeted validation exercise undertaken largely by the Trust Patient Access Team. The largest reductions have been seen in Respiratory & Gastroenterology
- MBI are now in to commence the NHSE-funded Validation Sprint, which is expected to reduce this position further
- Our overall ranking has improved from 120th out of 153 reporting Trust to 115th out of 153 reporting Trusts

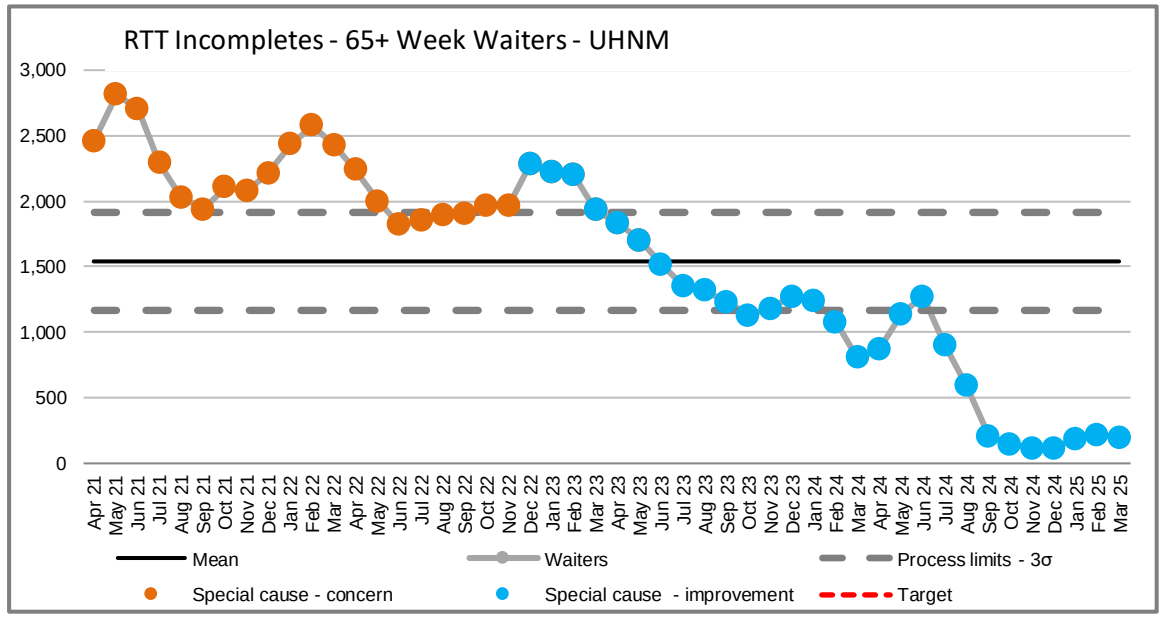
What are we doing about it?

- MBI ROVA Artificial Intelligence validation tool being taken as business case to execs has now been signed off. Validation has commenced, with configuration and testing now underway
- MBI ROVA and manual validation will be tracked weekly with updates reported to Tier 2 pack to show progress
- Revamped RTT & Planned Care training offering now available, including Intermediate Training. RTT training performance will be monitored through Planned Care Board
- Further Patient Validation Texts have been sent, with 66% response rate and 13,068 patients overall wishing to be removed from the waiting list
- Divisions supported with tracking and admin process improvements where resource allows

Responsive | RTT No. of Patients Waiting Over 65 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

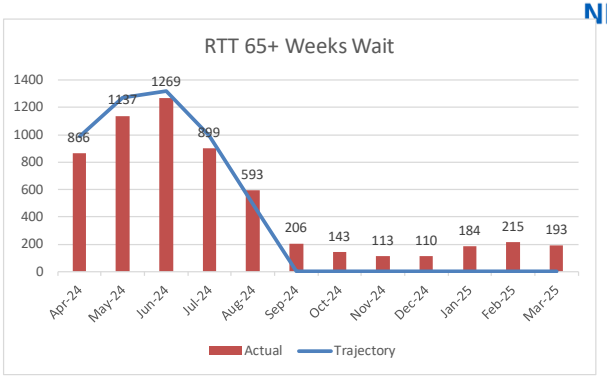


Variation	Assurance
L	F

Target	Jan 25	Feb 25	Mar 25
0	184	215	193

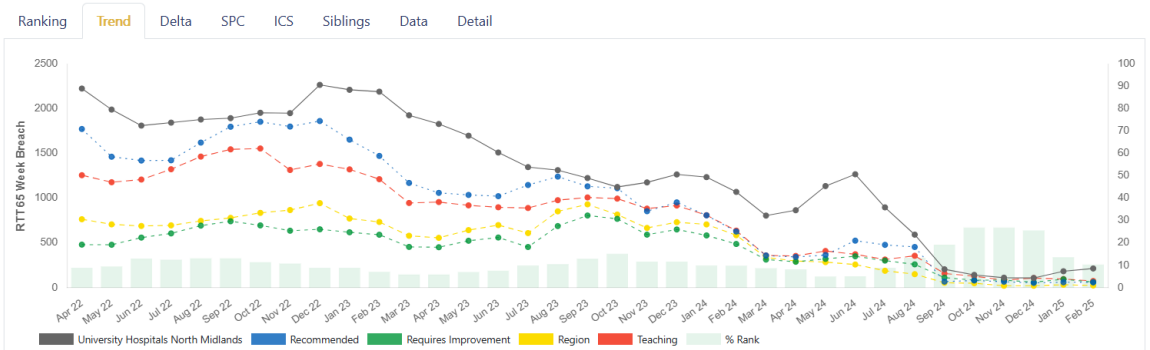
Background

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



RTT 65 Week Breach

Feb 25 Performance: 215 | Rank: 139th of 155



What is the data telling us?

- UEC pressures knock on effect throughout the last 12 weeks has meant this performance has slipped behind schedule specifically; namely Ortho / ENT / OMFS
- Previously on track for delivery of a sustained zero position by end of May 2025
- April cohort is 31 lower than March, 3 weeks out
- April cohort is predicted to be 202 as elective work resumes following winter
- We have seen a negative ranking shift from 134th out of 157 reporting Trusts to 139th out of 157 reporting Trusts.

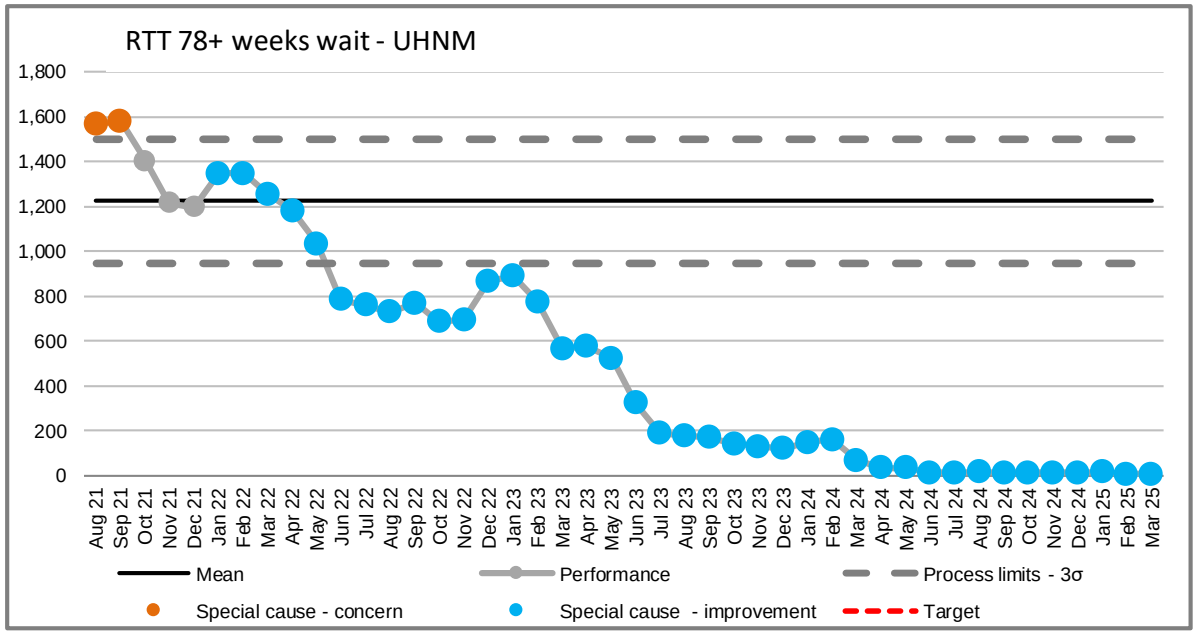
What are we doing about it?

- Focus on utilisation and productivity in theatres and outpatients
- Detailed plans and trajectories to illustrate the route to 65weeks have been developed and are formally monitored weekly through Elective Oversight Group and PTL meetings
- ENT Mitigation for inability to outsource or MA parathyroid cohort being actioned and a business case has been approved for a sustainable ENT solution.
- Gynae have additional theatres for Saturday and evening with a new consultant starting
- Targeted validation on Respiratory, Gastro & ENT pathways
- GI Phys provider started 03/03

Responsive | RTT No. of Patients Waiting Over 78 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

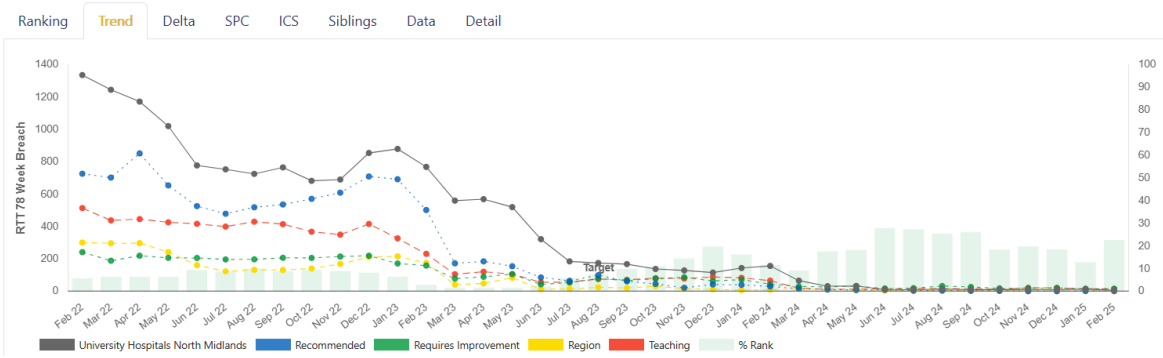
Target	Jan 25	Feb 25	Mar 25
0	15	7	7

Background

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

RTT 78 Week Breach

Feb 25 Performance: 7 | Rank: 120th of 155



What is the data telling us?

- There were 7 patients that waited >78weeks in February across Surgery, WCCSS and Network Divisions
- These breaches were a variation of validation of the patients' RTT pathways where issues were identified and corrected / Orthopaedic impact from the loss of EOU elective ward / diagnostic specialist studies that are undertaken at Salford
- We have seen a minimal negative shift in ranking having increased from 11 patients to 15pts reported.

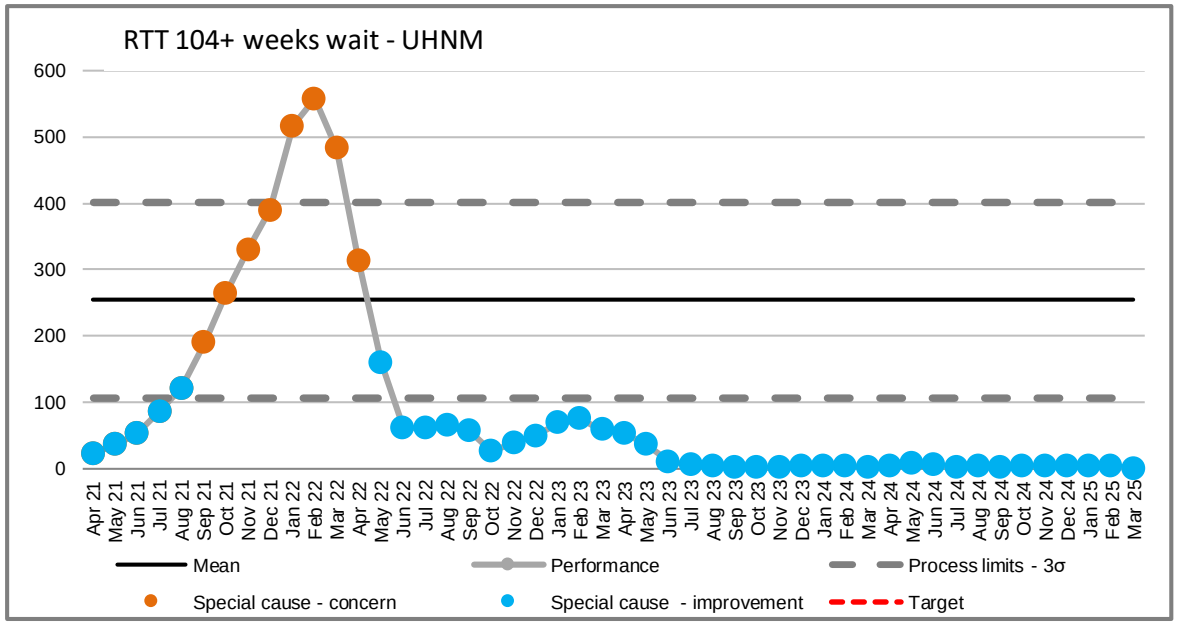
What are we doing about it?

- Cohort for April made up of 31 patients:
- 24 admitted across Orthopaedics, Spinal, ENT & Gynae. 5 dated in April, 1 dated in May (complex ortho pt not suitable for transfer)
- 7 non-admitted patients. 1 ortho has OPA in April, 1 ophth pt choice, 1 ENT pt choice, 1 gastro unable to tolerate LA proc 8/10, to be rbkd in Apr, 2 UGI f/up bkd Apr following Salford diagnostics, 1 colorectal /up bkd Apr following diagnostics
- 5 breaches predicted for April
- 0 breaches predicted for May

Responsive | RTT No. of Patients Waiting Over 104 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

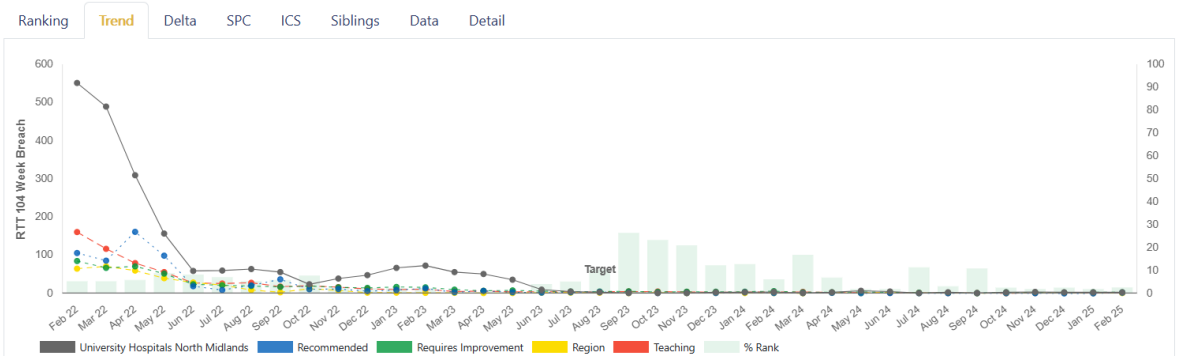
Target	Jan 25	Feb 25	Mar 25
0	3	3	0

Background

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

RTT 104 Week Breach

Feb 25 Performance: 3 | Rank: 151st of 155



What is the data telling us?

- The Trust reported 0 104 week breaches for March
- 0 104 weeks are expected in April

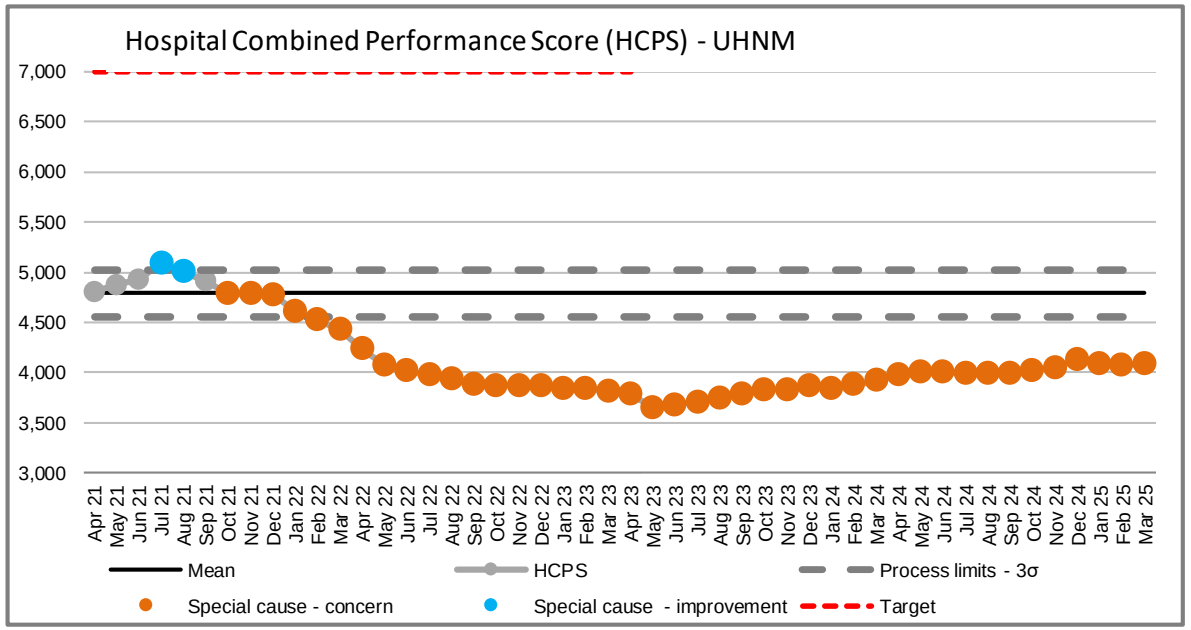
What are we doing about it?

- An RTT training plan has been approved at Planned Care Board to ensure all relevant staff are up to date with training

Responsive | Treating Patients in a Timely Manner (HCPS)

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

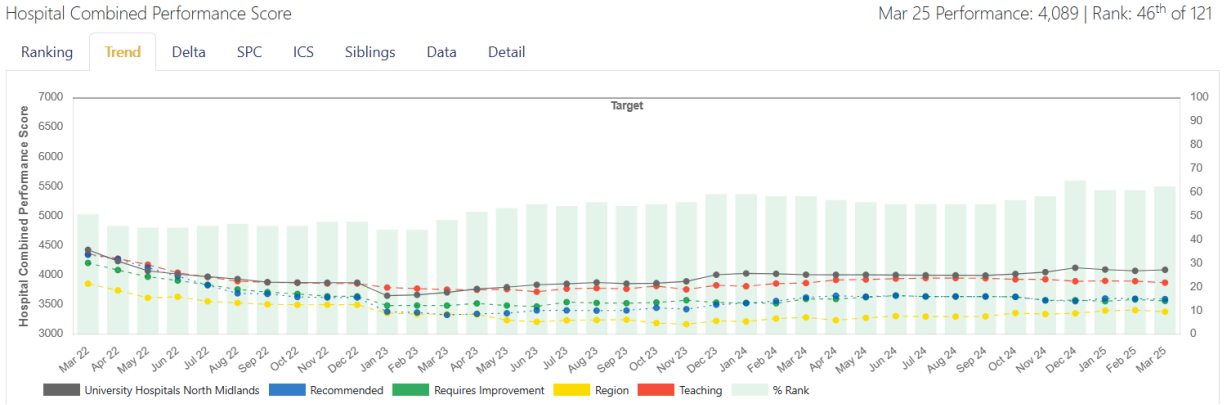


Variation	Assurance
L	F

Target	Jan 25	Feb 25	Mar 25
7000	4093	4071	4089

What is the data telling us?

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



What is the data telling us?

The Hospital Combined Performance Score improved in March.

Top contributors for this improvement were Cancer 31 day, Cancer 62 day and RTT 18 Week performance.
Most deteriorated contributor was DTA to admission >4 hours.

What are we doing about it?

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

University Hospitals of North Midlands NHS Trust

Integrated Performance Report - Resources

Month 12 Performance

2024/25

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Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

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

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?

Sign Off & Validation

Timely & Complete

Audit & Accuracy

Robust Systems & Data Capture

The best joined-up care for *all*

RAG Rating Key:

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

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

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

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Assurance Grid

University Hospitals of North Midlands NHS Trust

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Failing

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

Worsening

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Resources | Overview

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

University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

How are we doing against our trajectories and expected standards?

Non – elective

Non-elective activity continues at high levels although below plan. This continues the general growth over the last 12 months. Plans for 2024/2025 incorporate a rebased position incorporating growth in the use of Clinical Decision Unit and a continued review is in place. These patients who otherwise would wait for excessive periods of time in ED can be seen and treated in a timelier manner, however, when staffing pressures present, the Clinical Decisions Unit cannot always be brought online. A review has been undertaken collaboratively with UHNM and the ICB to assess whether an increase in 'walk-ins' can be demonstrated. However, this review has not demonstrated a statistically significant difference in March although an overall increase has been seen. Higher than planned and a higher-than-expected infection presentations in the Emergency Departments has impacted on both performance and flow due to inpatient ward restrictions, this is particularly noticeable with diarrhoea and vomiting.

The HRD Tool was launched at Royal Stoke on 2nd December and will feature in onward reporting as the tool matures. HRD features in all the revised UEC Improvement workstreams.

Elective

March activity

Day case 107.4%

Elective 85.8%

First OP Proc 103.3%

First Outpatient 96.3%

Follow up 98.8%

Freedom of information (FOI) requests are not being completed against the nationally mandated standard. Although the new FOI system is live and there has been some improvement from 55% to 57% completion rate this does not meet the national standard.

Subject Access Requests response times have improved and now stand at 97%.

The Trust again had 0 ICO reportable data security breaches.

Although there are no targets for projects 2 were completed in the last period.

What is driving this?

Non – elective

Although demand management schemes have been in place over winter and with some now agreed to be extended past the Easter period this has not necessarily seen a reduction in admissions, however a formal analytical review is complete and can be demonstrated through our internal Winter Plan and supported by the submitted System Surge Plan. A UHNM 'Winter Wash Up', took place on 9th April 2025 to examine benefit, impact and onward consideration – not all of these will be affordable. The final document is being finalised. A System Review is planned for 13th May 2025

The result of an inconsistent use of the Clinical Decision Unit at Stoke has resulted in several patients waiting in ED for 24hours+ receiving treatment in an inappropriate environment. The ability to fully utilise CDU at County Hospital can still be problematic. The Frailty service at County Hospital continues to have notable positive impact and from April 2025 has located to a larger footprint.

Elective

Day case year to date continues to run above plan v. actual (107.4%). Endoscopy will be a major contributor to this overperformance.

Elective year to date is below plan at 85.8%; reduction in electives is reflective of bed pressures and Critical Incidents which have resulted in cancellation and cessation of adult non-urgent elective inpatients.

A high volume of complex requests continue to be a challenge as well as managing these following the recent switchover to the new FOI system. The team responsible for the co-ordination of responses is working with direct users to getting timely responses and improve the flow within the system.

There remains a significant number of projects in progress or not started due to limited resources and complexity of the projects with competing priorities.

Resources | Overview

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

University Hospitals of North Midlands NHS Trust

Overview from the Chief Operating Officer

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

Non – elective

Historically, the System Demand Management Collaborative was tasked with identifying schemes to reduce demand. The original format, instruction, impact and delivery by this group is being re-assessed. The new concept of the ,content and expectations are currently being considered.

The Trust, System Partners and the ICB have reviewed all services, schemes and initiatives that should have influenced this as we prepared for our winter planning and resilience. External and internal additional funding was agreed but not all plans were fully mobilised. Those not fully mobilised have mitigations to described the reasons why. These will be evaluated in the UHNM. System Partners and ICB 'Winter Wash Up' sessions taking place on 13th May 2025.

Elective

There are now monthly executive led meetings with all divisions to review their activity outputs. This sits alongside Outpatient and Theatre improvement workstreams to support improvements in utilisation. County Elective Hub Group is focusing on the utilisation and development of work across County theatres and its STS facilities; County Elective Hub went live on the 7th April. Notably the procedure numbers increased significantly across County Theatres from 572 to 694.

To improve the position on meeting the FOI standards the systems team are reviewing the FOI system functionality to ensure it supports direct users and timely updates and approvals.

The Digital Services Senior Management Team are to review the 25-26 Digital delivery plan, capital plan and programme list to ensure there is a balance to meet strategic needs with the resources available.

What can we expect in future reports?

Non – elective

Impact and outputs will be made available regarding the schemes funded to reduced non-elective admissions. This assessment, alongside a challenge and confirm exercise will be discussed on 13th May. A report will be made available for the May PAF report.

The newly agreed improvement and recovery trajectories set against the 4hr standard and Cat2 mean will be featured more prominently but work is still ongoing in respect of this.

The way in which we provide additional compliance data and performance monitoring will change and will be become more responsive.

Elective

As part of the planning rounds, any ERF for 25/26 that is allocated shall be tracked against activity plan as additional. Divisions shall be held to account through monthly exec led meetings for activity outputs.

County Elective Hub went live 07/04; activity increase to be tracked against delivery, specifically for Orthopaedics / General Surgery / Gynaecology

Ongoing steady improvement in the FOI performance.

A reviewed programme/project list will be presented that has an overall reduction in the number of projects being managed by Digital Services that are being reported and managed via a PMO tool, so that teams can improve on the delivery and completion rate.

Resources | Overview

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

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Daycase / Elective Activity	7,900	9,704	10,314						
Non-Elective Activity	variable	7,993	8,934						
Outpatients' 1st	27,430	30,058	29,679						
Outpatients' Follow Up	41,048	43,720	45,986						
Freedom of Information Performance	90.0%	55.0%	57.0%						
Subject Access Request Performance	100.0%	97.0%	97.0%						
Data Security Breaches	0.0	0.0	0.0						

Related Strategy and Board Assurance Framework (BAF)

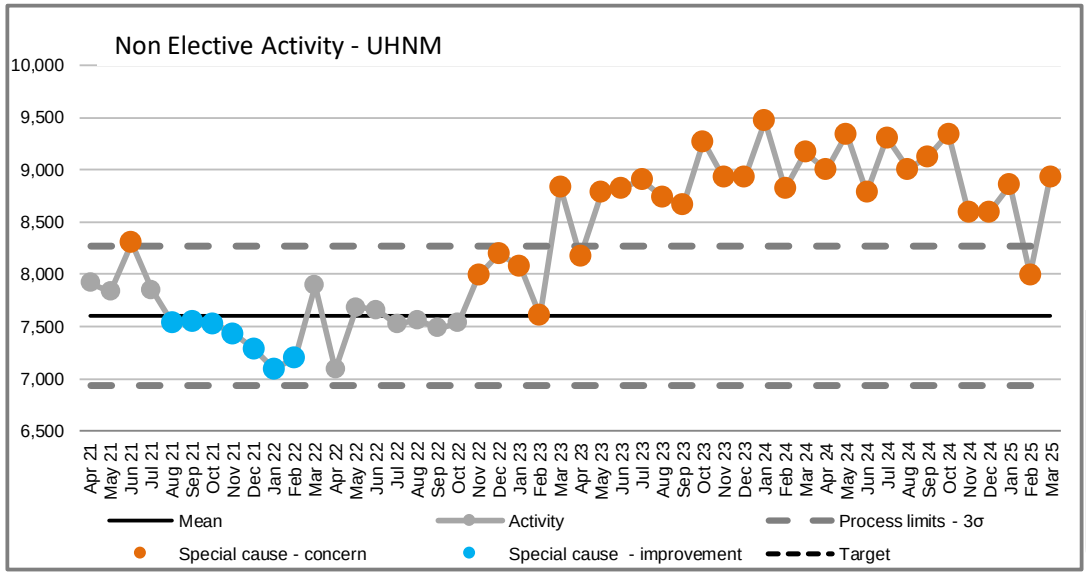
Digital Strategy

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

Resources | Non elective Activity

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

University Hospitals of North Midlands NHS Trust

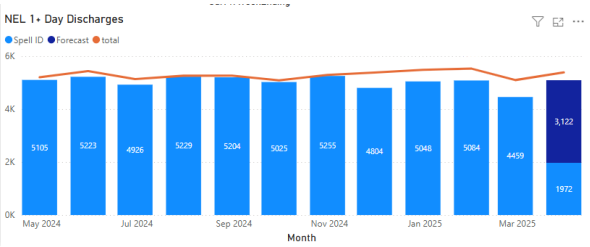


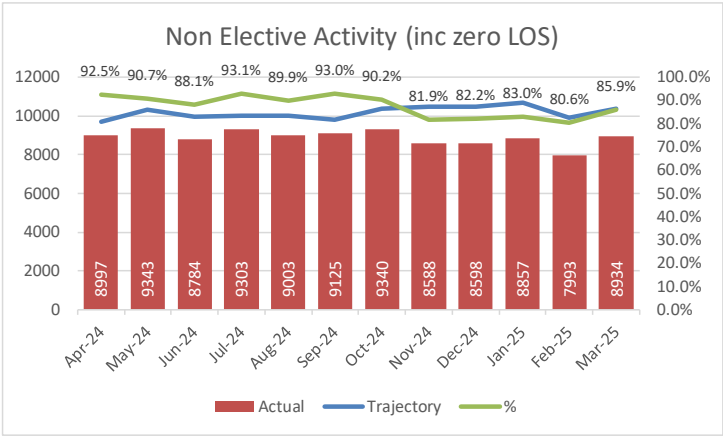
Variation	Assurance
H	P

Target	Jan 25	Feb 25	Mar 25
variable	8,857	7,993	8,934

Background

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





What is the data telling us?

March experienced a higher demand in respect of our non-elective activity . March saw an increases in both NEL zero and NEL + 1 activity verses plan. Combined, NEL Activity out turned at 85.9%, 14.1% below plan.

In March, NEL zero performed at 76.5% against plan and NEL+1 performed at 94.5% against plan.

Activity verse plan for NEL 0, Year to Date – the plan was 58,512 patients but actual was 46,440 patients equating to 79.4% plan verses actual.
NEL+1 activity verse plan, Year to Date – the plan was 63,589 patients verses actual outturn of 60,418, which equates to 95% plan verses actual.

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

What are we doing about it?

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

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

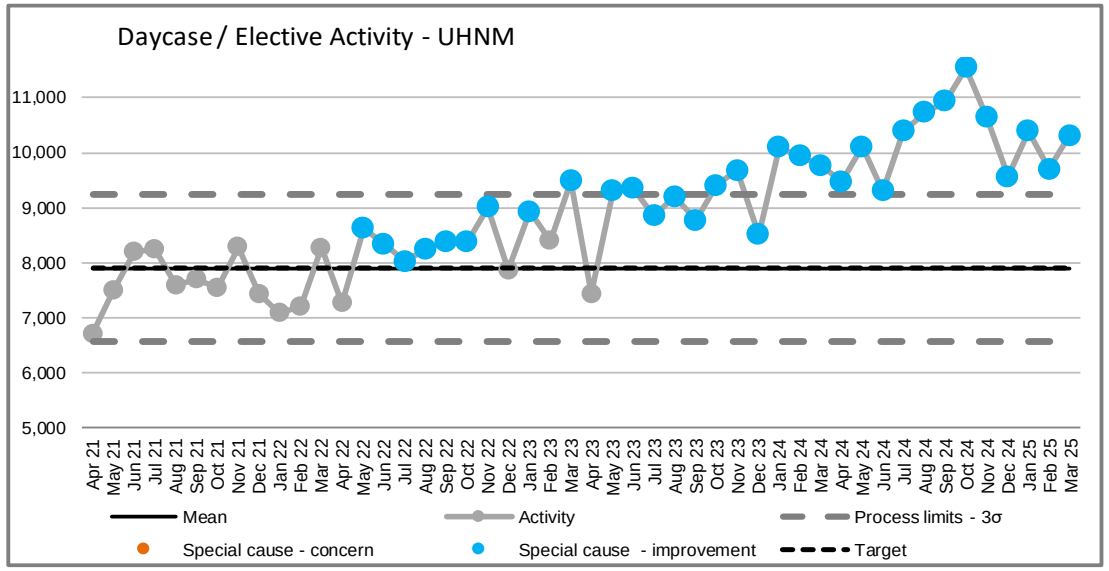
Renewed focus through Acute Care at Home (ACaH), has positively impacted on the utilisation of 'virtual ward' capacity. 2 in reach practitioners are in post to support a 'pull' model. This is more successful at Royal Stoke. County Hospital is not yet maximising the use of this service. Additional education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

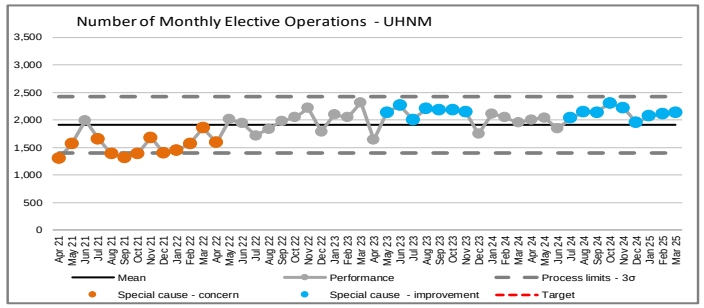
A 'Call before Convey' does not yet yield the benefit anticipated but is demonstrating month on month improvement. Through collaboration with key system partners, this agreed process should prevent attend and admission, and work is in train to explore how we maximise this process and fully exploit access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

Resources | Daycase/Elective Activity

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

University Hospitals of North Midlands NHS Trust



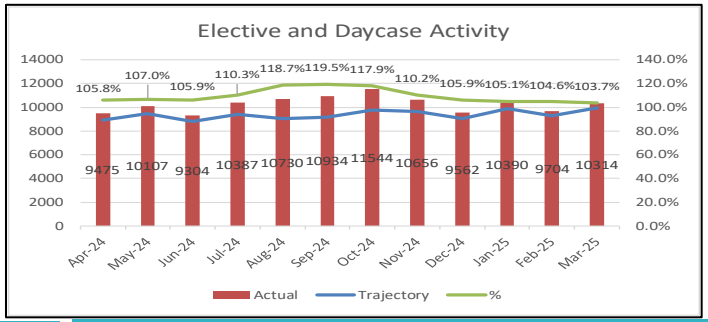


Variation	Assurance
	

Target	Jan 25	Feb 25	Mar 25
variable	10,390	9,704	10,314

Background

Daycase and overnight elective activity provided by the Trust each month



Variation	Assurance
	

Target	01/01/25	01/02/25	01/03/25
N/A	2070	2109	2132

Background

The total number of elective operations during the month.

What is the data telling us?

What is the data telling us?

Day case and elective activity saw an improvement in the month raising to 10,314. This remains down on the peak in October 2024 and reflective of ongoing operational pressures. Theatre procedures increased slightly (by 23) in March to 2132. Notably activity at County rose by 21% in month from 572 procedures to 694

Theatres:
County Elective Hub - Notably the procedure numbers increased significantly across County Theatres from 572 to 694

Capped utilisation remains unchanged at 74.1% however MH reporting showed above 80% for 2 weeks in March.

Last minute Cancelled operations decreased further to it's lowest in 12months of 187 representing 8.1% of the total.

Session uptake across theatres rose slightly again to 92.4%

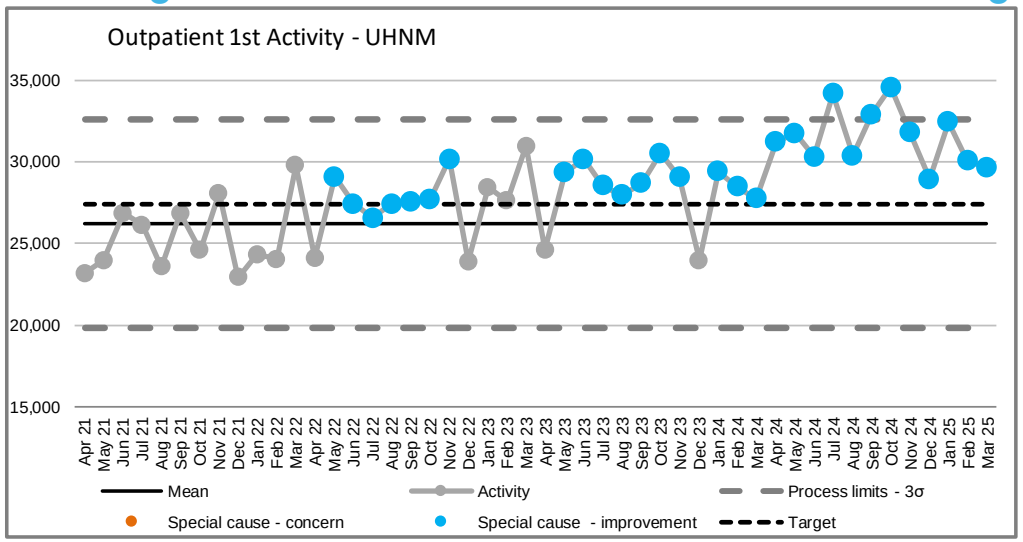
What are we doing about it?

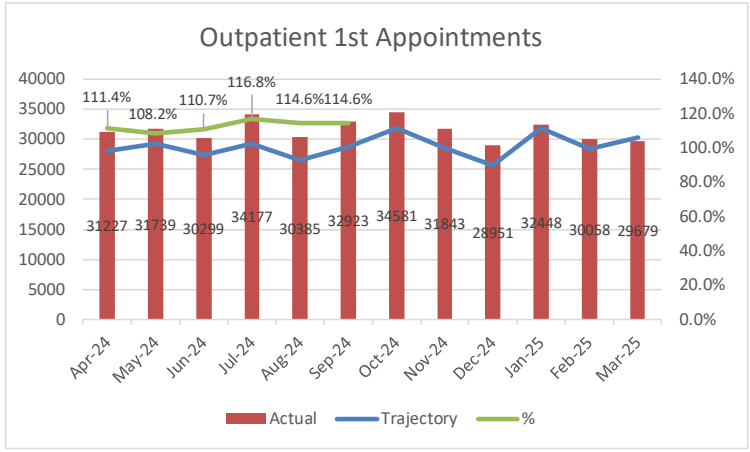
- Adult P3 & P4 inpatient Elective activity Cancellations continued for periods throughout March 2025.
- Managing the Impact of premium spend reductions on workforce capacity,
- Theatre Nursing and Anaesthetic Workforce models reviewed against budgets
- List allocation process supplementing 6,4,2 supporting maximised session uptake
- County elective Hub & STS 2 timetable commenced 31st March - Phased increase in activity
- List allocation process well embedded with good results against working pressures
- Perioperative Medicine Pathway Transformation – Pilot of end-to-end pathway to now encompass Urology as well as Vascular surgery but deferred to 1st May 2025 as waiting governance approval

Resources | Outpatient First Appt

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

University Hospitals of North Midlands





Variation	Assurance

Target	Jan 25	Feb 25	Mar 25
variable	32,448	30,058	29,679

Background

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

What is the data telling us?

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

Whilst not specifying follow ups with/without procedure, the firsts and follow ups position implies an improvement vs the 24/25 OP National Guidance metric: % of all outpatients that are firsts, and follow ups with a procedure.

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

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

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

What are we doing about it?

Advice & Guidance (A&G) Effective engagement with A&G prior to referral to ensure patients are effectively optimised. Links with system around clinical triage SOPs being clarified.

Missed Appointments: 2 Way Messaging Full roll out completed January 2025, monitoring volume and action status linked to cancellation and booking requests.
Health Inequalities Audits – dashboard developed, aligning with wider health inequalities approach, closely linking with public health consultant. Pilot completed July 2024, wider recommendations shared. Approach shared at regional events. Currently completing another pilot in another specialty, contacting a specific patient cohort before their appointment.

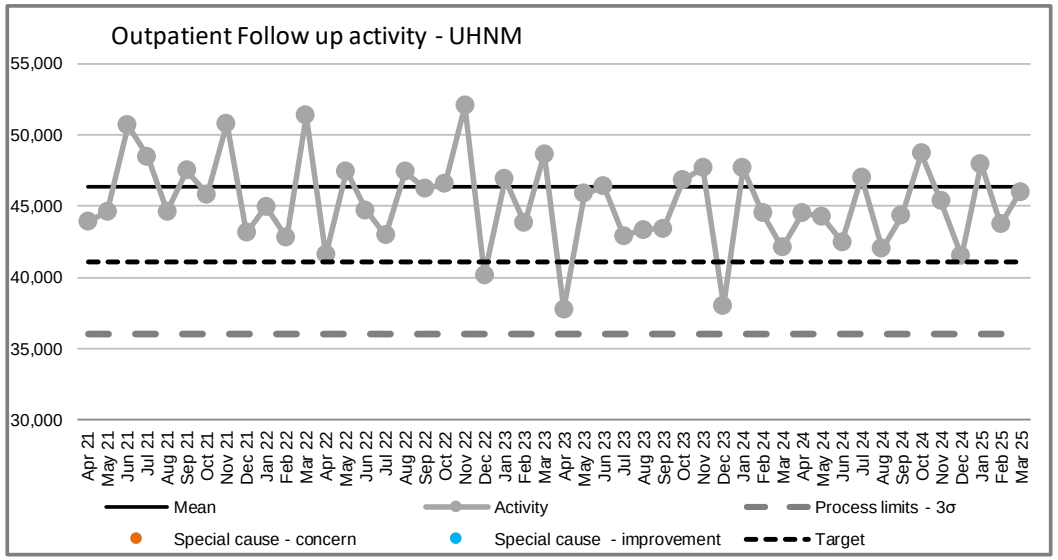
Results Waiting List review: Targeted validation by Divisions for overdue patients starting with the longest overdue. Reporting reviewed, first draft incorporated in regular weekly view, further development required. Further Improving Together sessions held monthly from October to February – Further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

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

Resources | Outpatient Follow Up Appt

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

University Hospitals of North Midlands NHS Trust

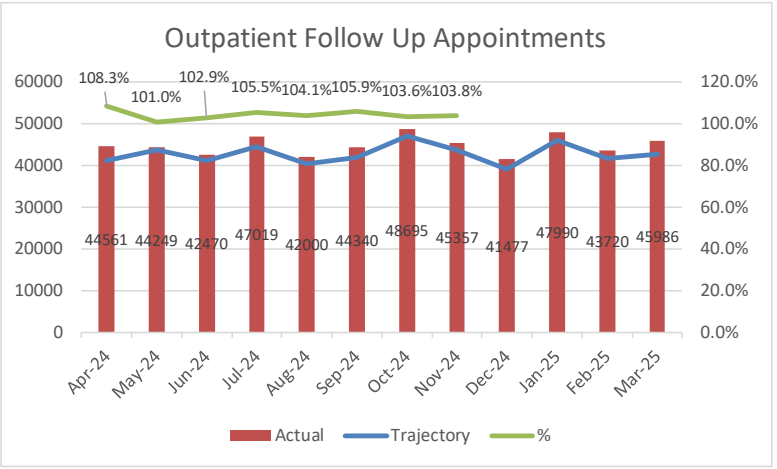


Variation	Assurance

Target	Jan 25	Feb 25	Mar 25
variable	47,990	43,720	45,986

Background

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



What is the data telling us?

No significant change at this level; however from Feb '24 to Mar '25 12 points of 14 below mean.

Whilst not specifying follow ups with/without procedure, the firsts and follow ups position implies an improvement vs the 24/25 OP National Guidance metric: % of all outpatients that are firsts and follow ups with a procedure.

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

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

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

What are we doing about it?

Patient initiated Follow Ups (PIFU):

Consistently above 5% with >30 Clinical specialities actively deploying PIFU. Approach shared at regional events.

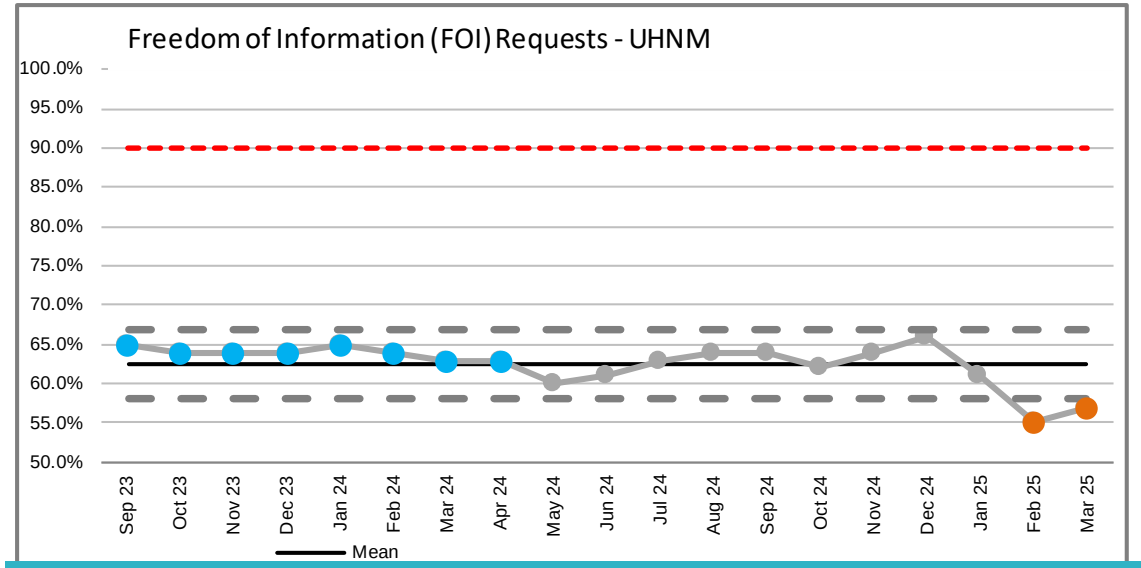
Currently 10 specialties live with Robotic Process Automation of discharge from PIFU lists, with additional specialties being scoped.

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

Resources | Freedom of Information Performance

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

University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	F

Target	Jan 25	Feb 25	Mar 25
90%	61%	55%	57%

Background

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

What is the data telling us?

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

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

The data shows a slight increase in performance this month.

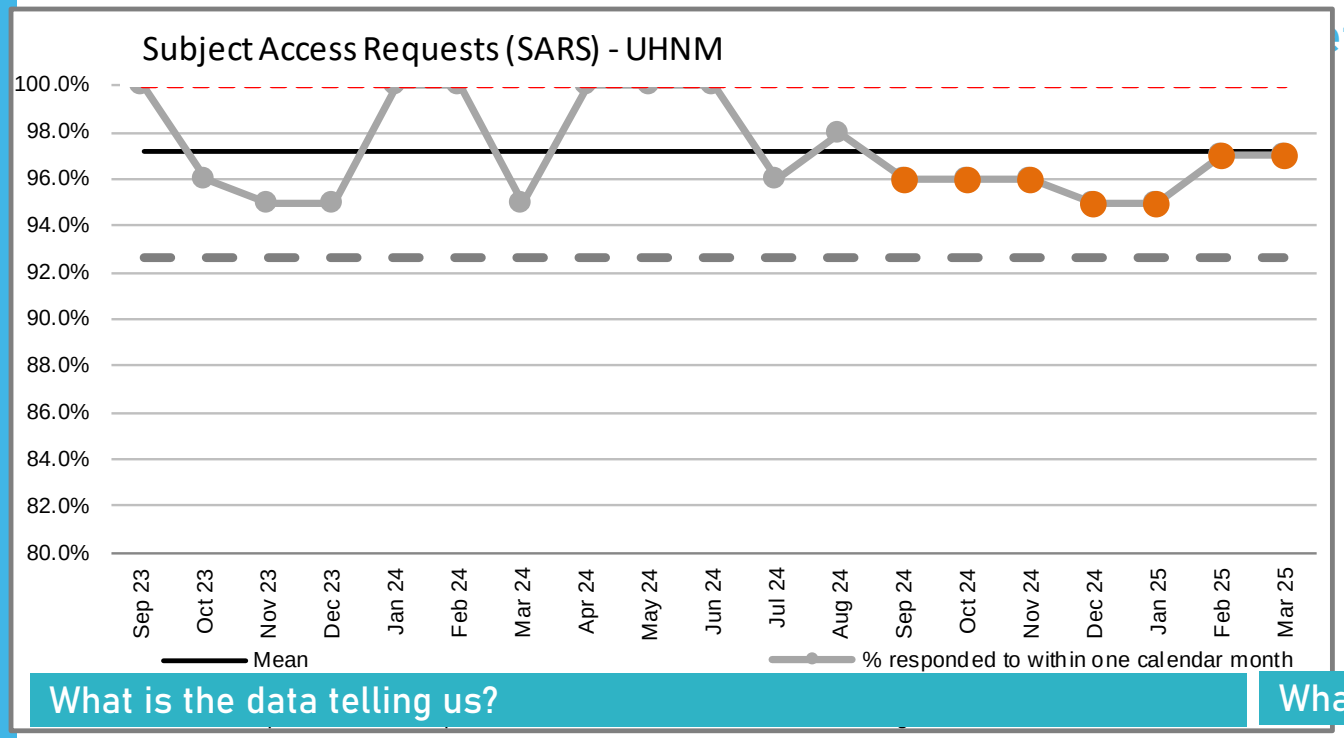
What are we doing about it?

- The digital system is now live and in use across the Trust.
- The portal and disclosure log are live, allowing requestors to submit their requests via this route.
- A dedicated Teams channel provides updates to system users.
- A working group has been established to monitor progress and identify areas for further improvement.

Resources | Subject Access Request Performance

ts and money

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Jan 25	Feb 25	Mar 25
100.0%	95.0%	97.0%	97.0%

Background

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

What is the data telling us?

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

There has been an improvement from January figures, holding steady at 97%.

What are we doing about it?

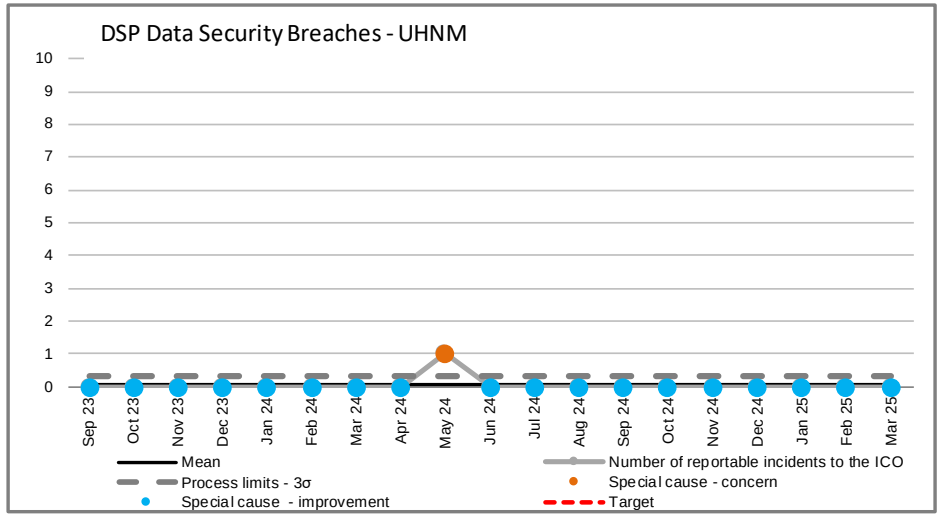
The Data, Security & Protection (DSP) team have implemented a digital system for Freedom of Information Requests. This will also support the management of SARs. The People Directorate have agreed to move to the digital solution. This will facilitate a review of practice across DSP/Health Records and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

It must be noted that additional support is still in place, to support the Ministries Team in managing the increase in subject access requests. The benefits of this resource can be seen with the improvement in the figures for February and March.

Resources | Data Security Breaches

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

University Hospitals of North Midlands NHS Trust



Variation	Assurance
L	?

Target	Jan 25	Feb 25	Mar 25
0	0	0	0

Background

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

What is the data telling us?

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

No serious breaches have been reported this month.

What are we doing about it?

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

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

Resources | Digital Project Delivery Lifecycle

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

University Hospitals of North Midlands NHS Trust

	Progress Status						
Project Priority	COMPLETE	IN PROGRESS	MOVED TO BAU	NOT STARTED	ON HOLD	MOVED TO 25_26	Grand Total
Essential		12	1	2	1		**16**
Essential – Proof of Concept (PoC)			1	1		2	**4**
Mandated	1	17	2	8	7	5	**39**
Other - High Priority	1	2		6	2	2	**12**
Other - Medium Priority		9		3	2	2	**17**
Other - Low Priority			1	2		9	**13**
Parked						1	**1**
PoC						1	**1**
TBC							
Grand Total	**2**	**40**	**5**	**22**	**12**	**22**	**103**

Variation		Assurance	
Target	Jan 25	Feb 25	Mar 25
N/A	79	76	74

Background

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

What is the data telling us?

There are currently 40 digital projects that are in progress (a decrease of 4 from last month). 2 projects have been completed during March 2025 with a total of 44 projects completed during 2024_25 financial year. 34 projects have either not started or are currently on hold (a decrease of 1 from last month). As noted throughout this financial year, there have been a significant number of projects with 34% of all requested projects completing during 2024_25. Discussions are ongoing in terms of the planning and prioritisation of projects required moving into 25_26.

What are we doing about it?

To ensure that projects are prioritised correctly, Digital Services will periodically undertake a review of priorities utilising a defined scoring mechanism based on criteria such as alignment to national/local strategy, benefits and risk reduction. The new request process continues to work well and the kick-off meeting has been held with regards to the new Project Management tool (based on Microsoft Project for the Web) which will provide a centralised view and oversight of digital projects in addition to associated standardised project management processes. The implementation of this tool will take circa 2 months. A full review and prioritisation exercise has been planned in relation to projects for 2025_26.

Resources | Financial Summary

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

University Hospitals of North Midlands NHS Trust

This report presents the financial performance of the Trust for March 2025 (Month 12).

- Key elements of the financial performance for the year to date are:
- For the 2024/25 financial year, the Trust has delivered a year end deficit of £18.1m against a planned breakeven position; this adverse variance of £18.1m is primarily driven by an underperformance against the Trust's in year CIP, overspends within purchase of healthcare relating to Radiology and Pathology and under recovery of the Elective Recovery Fund (ERF), which has been impacted by winter pressures.
- The Trust had a CIP target of £56.6m in 2024/25. The Trust has validated £43.3m of CIP savings to Month 12. Of the £43.3m saving delivered, £32.6m are non-recurrent.
- There has been £107.28m of capital expenditure to Month 12. This is £1.4m below planned expenditure to Month 12.
- The cash balance was £84.2m, which is £22.2m higher than the plan of £62.0m. The underlying cash position at Month 12 shows a cash position of £63.4m after taking into account NHS working balances of accrued income, prepayments and deferred income and cash to be reimbursed to the Trust from the Charity in relation to work on the Holistic Centre development.

Resources | Income and Expenditure

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

University Hospitals of North Midlands NHS Trust

The Trust has delivered an £18.1m deficit for the year ending 31 March 2025, which is £18.1m above the planned breakeven position. The table below summarises the I&E position at Month 12.

Income & Expenditure Summary Month 12 2024/25	Annual Budget £m	In Month			Year to Date		
		Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Income From Patient Activities	1,163.6	138.6	148.38	9.7	1,163.6	1,186.2	22.6
Other Operating Income	98.2	8.3	8.74	0.5	98.2	99.1	0.9
Total Income	1,261.8	146.9	157.1	10.2	1,261.8	1,285.3	23.6
Pay Expenditure	(787.0)	(106.7)	(109.5)	(2.8)	(787.0)	(787.3)	(0.3)
Non Pay Expenditure	(441.6)	(36.4)	(46.9)	(10.5)	(441.6)	(482.9)	(41.3)
Total Operational Costs	(1,228.6)	(143.1)	(156.4)	(13.3)	(1,228.6)	(1,270.2)	(41.6)
EBITDA	33.2	3.7	0.7	(3.1)	33.2	15.1	(18.1)
Interest Receivable	4.0	0.3	0.4	0.1	4.0	6.1	2.1
PDC	(2.0)	(0.2)	(0.6)	(0.4)	(2.0)	(3.9)	(1.9)
Finance Cost	(35.2)	(2.9)	(2.9)	(0.0)	(35.2)	(35.4)	(0.2)
Other Gains or Losses	0.0	0.0	(0.0)	(0.0)	0.0	0.1	0.1
Surplus / (Deficit)	(0.0)	1.0	(2.4)	(3.4)	(0.0)	(18.1)	(18.1)
Plan phasing adjustment	0.0	(1.8)	0.0	1.8	0.0	0.0	0.0
Surplus / (Deficit) reported to NHSE	(0.0)	(0.8)	(2.4)	(1.6)	(0.0)	(18.1)	(18.1)

Income is over-recovered by £23.6m, mainly due to additional surge funding received and additional excluded drugs and devices income; this is offset by non-pay overspends.

The year-to-date adverse variance of £18.1m is mainly driven by an under-achievement against CIP targets, overspends in the purchase of healthcare from other bodies (mainly relating to external reporting in Radiology and Pathology) and under recovery of the Elective Recovery Fund (ERF), which has been impacted by winter pressures...

Resources | CIP

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

University Hospitals of North Midlands NHS Trust

The Trust has a £56.6m CIP target for 2024/25. To Month 12, the Trust is reporting £43.3m savings in year, of which £32.6m relates to non-recurrent schemes.

The table below summarises the Month 12 position:

CIP Savings Month 12 2024/25	Annual Target	In Month			Year to Date		
		Budget	Actual	Variance	Budget	Actual	Variance
Divisional position							
Medicine & Urgent care	3.9	0.3	0.2	(0.1)	3.9	0.8	(3.0)
Surgery, Theatres & Critical Care	3.6	0.3	1.2	0.9	3.6	1.8	(1.8)
Network services	2.8	0.2	0.7	0.5	2.8	2.4	(0.4)
Womens, Childrens & Clinical Support Services	2.6	0.2	0.2	(0.0)	2.6	1.0	(1.6)
Central functions	1.6	0.1	0.2	0.0	1.6	0.8	(0.8)
Estates, Facilities & PFI	1.0	0.1	0.2	0.2	1.0	1.3	0.3
North Midlands & Cheshire Pathology Services	1.2	0.1	0.1	(0.0)	1.2	0.9	(0.3)
Recovery actions - divisional CIP to be identified							
Divisional CIP	16.6	1.4	2.8	1.5	16.6	9.1	(7.6)
Pay Underspend	6.0	0.5	0.5	-	6.0	6.0	-
Bank interest	2.0	0.2	0.2	0.1	2.0	4.1	2.1
Energy savings	3.2	0.3	0.3	0.0	3.2	3.2	0.0
Investment slippage	5.0	0.1	0.1	0.0	5.0	5.0	(0.0)
Other non recurrent	7.3	0.6	0.7	0.1	7.3	6.1	(1.2)
Additional CIP to 4% of cost base	6.3	0.5	0.5	-	6.3	6.3	-
Additional CIP to achieve breakeven	10.2	1.7		(1.7)	10.2		(10.2)
Recovery action - non recurrent mitigation							-
Recovery actions - balance sheet		1.2	1.2	-		3.6	3.6
Recovery actions - discretionary expenditure							
Recovery action - pay controls							
Total CIP	56.6	6.5	6.4	(0.1)	56.6	43.3	(13.3)

Kind Excellent Together

Resources | Capital

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

University Hospitals of North Midlands NHS Trust

UHNM Capital Plan	2024/25 Plan £000	2024/25 Forecast £000	YTD Forecast M12 £000	YTD Actual M12 £000	Variance M12 £000
Capital funding					
PFI & Loan Commitments	31.5	32.1	32.1	32.1	-
Base STP allocation	22.1	22.1	22.1	22.1	-
ICB fair share reduction	(0.5)	(0.5)	(0.5)	(0.5)	-
ICB brokerage	(3.1)	(3.1)	(3.1)	(3.1)	-
ICB IFRS16 CDC lease funding	5.0	5.0	5.0	5.0	-
ICB IFRS16 incremental increase allocation	4.4	4.4	4.4	4.4	-
Public Dividend Capital funding	40.9	41.0	41.0	41.0	-
Donated, granted other capital funding	7.0	6.1	6.1	6.0	(0.1)
Internal funding source (including capital receipts)	1.8	1.3	1.3	-	(1.3)
Total Capital funding	109.2	108.6	108.6	107.2	(1.4)
Capital expenditure					
PFI & Loan Commitments	(31.5)	(32.1)	(32.1)	(32.1)	-
Investment items (ICB allocation)					
PFI enabling costs	(0.2)	(0.2)	(0.2)	(0.3)	(0.0)
Network & Comms BC525	(1.3)	(1.3)	(1.3)	(1.4)	(0.0)
IM&T computer hardware refresh programme	(5.2)	(2.3)	(2.3)	(2.7)	(0.4)
LED lighting BC546	(0.2)	(0.2)	(0.2)	(0.2)	(0.0)
Pharmacy Robot BC487 -	(0.0)	(0.0)	(0.0)	-	0.0
Investment funding	(0.5)	(0.6)	(0.6)	(0.5)	0.1
Central Contingency & risk	(0.3)	-	-	-	-
Project Star - car park completion/RI remedial work	(0.7)	(0.7)	(0.7)	(0.9)	(0.1)
Emergency Department (restatement costs)	(0.2)	(0.2)	(0.2)	(0.2)	0.0
Air heat boiler replacement Trust Contribution	(0.8)	(0.8)	(0.8)	(0.8)	0.0
EPMA (Electronic Prescribing) BC	(0.4)	(0.5)	(0.5)	(0.5)	(0.0)
Patient Portal roll out costs (BC 462)	(0.1)	(0.1)	(0.1)	(0.1)	0.0
ED ambulance off - enabling ward moves	(0.3)	(0.1)	(0.1)	(0.1)	0.0
Endoscopy works 7th room - PDC ICB allocation	(0.4)	(0.0)	(0.0)	-	0.0
County theatre holding bay	(0.3)	(0.3)	(0.3)	(0.2)	0.1
Omnicell Cabinet for AMU	(0.3)	-	-	-	-
Car park barriers BC550	(0.8)	(0.8)	(0.8)	(0.8)	0.0
Electronic Patients records BC/specification	(0.1)	-	-	(0.1)	(0.1)
Approved minor investments CIG SON	(0.2)	(0.8)	(0.8)	(1.3)	(0.5)
Purchase of County Medical Records building	-	(1.3)	(1.3)	(1.3)	-
Spinal Navigation BC	-	(0.8)	(0.8)	(0.8)	(0.0)
Omnicell Cabinet replacement ED	-	(0.2)	(0.2)	(0.2)	0.0
County CTS2 Equipment	-	(0.4)	(0.4)	(0.4)	0.0
County mammography equipment (brought fwd)	-	(0.7)	(0.7)	(0.7)	0.0
Medical devices additional allocation	-	(3.5)	(3.5)	(3.4)	0.1
I-portal server replacement	-	(0.6)	(0.6)	(0.6)	(0.0)
Funding to be (allocated)/shortfall	(2.5)	-	-	-	-
Total Pre committed Investment items	(14.6)	(16.5)	(16.5)	(17.2)	(0.7)
IMT Sub Group Funding	(3.5)	(1.9)	(1.9)	(1.5)	0.4
IM&T lap top replacement top-slice	1.3	-	-	-	-
Medical Devices Sub Group Total Funding	(3.6)	(3.6)	(3.6)	(3.6)	0.0
Medical Devices Sub Group brought forward	-	(1.0)	(1.0)	(1.0)	-
Estates Sub Group Total Funding	(4.3)	(4.3)	(4.3)	(4.2)	0.1
Health & Safety compliance	(0.2)	(0.2)	(0.2)	(0.1)	0.0
Net zero carbon (sustainability) initiatives	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
Total Sub Groups	(10.3)	(11.1)	(11.1)	(10.6)	0.4
Lease liability re-measurement	(0.4)	0.2	0.2	0.1	(0.1)
IFRS16 - lap top extension	(0.1)	(0.5)	(0.5)	(0.5)	-
IFRS16 CDC building lease	(5.0)	(4.1)	(4.1)	(4.1)	(0.0)
IFRS16 - hardware refresh	-	(3.0)	(3.0)	(2.9)	0.1
IFRS16 - pathology extension	-	(0.3)	(0.3)	(0.5)	(0.2)
IFRS16 - Bentilee health centre	-	(0.6)	(0.6)	(0.6)	0.0
IFRS16 new lease/lease extension	(0.5)	(1.2)	(1.2)	(0.6)	0.6
IFRS16 efficiency requirement	0.9	-	-	-	-
Total IFRS16 leases	(5.1)	(9.5)	(9.514)	(9.052)	0.5
Total Internal Capital Expenditure programme	(61.5)	(69.2)	(69.2)	(69.0)	0.2
Additional CRL/External funded PDC					
CDC phase 2 endoscopy - 24/25 PDC	(6.2)	(6.6)	(6.6)	(6.3)	0.2
CDC phase 2 endoscopy - 24/25 IM&T	(0.5)	(0.5)	(0.5)	(0.5)	(0.0)
CDC phase 1 estates enabling - 24/25	(14.5)	(4.4)	(4.4)	(5.4)	(1.0)
ICB brokerage allocated to CDC slippage	3.1	-	-	-	-
TIF 2 PDC (Breast care unit)	(7.5)	(4.5)	(4.5)	(3.6)	0.9
TIF 2 PDC (Day Case Unit) -	(8.7)	(8.1)	(8.1)	(7.5)	0.6
PDC - UEC modular build (AMRA) 23/24 PDC	(2.9)	(3.0)	(3.0)	(2.7)	0.3
Digital - EPR 2023/24 PDC	(2.1)	(1.9)	(1.9)	(1.7)	0.2
Digital - EPR 2024/25 PDC	(1.4)	(1.4)	(1.4)	(1.4)	0.0
Pathology cancer reporting PDC	-	(0.4)	(0.4)	(0.4)	0.0
Mobile breast screening PDC	-	(0.4)	(0.4)	(0.4)	0.1
PDC - Critical risk infrastructure	-	(0.9)	(0.9)	(0.9)	-
PDC - Cyber security	-	(0.2)	(0.2)	(0.1)	0.0
PDC - Endoscopy equipment (NCA transfer)	-	(0.8)	(0.8)	(0.8)	-
PDC - Mechanical thrombectomy	-	(0.3)	(0.3)	(0.3)	-
Air heat boiler replacement PSDS Grant BC 510	(2.5)	(2.5)	(2.5)	(2.4)	0.1
Equipment - endoscopy (see PDC above)	(1.0)	-	-	-	-
Charitable funded expenditure	(3.5)	(3.4)	(3.4)	(3.6)	(0.2)
Total Additional CRL / PDC Funded expenditure	(47.8)	(39.4)	(39.4)	(38.2)	1.2
Total Capital Expenditure	(109.2)	(108.6)	(108.6)	(107.2)	1.4
Planned under/(over) spend	(0.0)	0.0	0.0	0.0	(0.0)

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

At the year end capital funding and capital expenditure are both £1.4m lower than plan and therefore overall, there is no under or overspend to report to the ICB or NHSE. Capital funding is £1.4m lower than plan as the Trust has not been required to utilise the sources of internal funding in-year to match capital expenditure, this funding will be available to fund the 2025/26 capital plan.

Of the £107.2m expenditure, £32.1m relates to pre-committed items for the repayment of PFI and IFRS16 lease liabilities and PFI lifecycle expenditure. The main variances from the forecast are detailed below.

- Investment items are £0.7m above forecast due to increased expenditure on the IM&T hardware refresh programme (£0.4m) which is offset by the lower than forecast spend on the IM&T sub-group. Approved minor investments were £0.5m higher than forecast due to approval of further statement of need to ensure all capital funds were spent in year and included replacement operating tables of £0.3m.

- IFRS16 leases were £0.5m below forecast due to external revenue funding not been received to progress the digital pathology scheme earlier in 2025/26.

- The PDC schemes for CDC enabling was £1.0m higher than forecast and the County Breast Unit £0.9m lower than forecast. This is due to delays being anticipated on the County Breast scheme and additional work planned on CDC enabling to offset the underspend.

- The Day Case Unit building works have been completed however due to all equipment not being received the outturn is £0.6m lower than forecast. This will have an impact on the 2025/26 capital plan as some equipment has been ordered but not yet delivered and the operational team are working to resolve the remaining equipment required and for funding to be approved.

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

Resources | Balance Sheet

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

University Hospitals of North Midlands NHS Trust

Balance sheet as at Month 12	31/03/2024	31/03/2025			
	Actual £m	Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	686.3	720.0	717.6	(2.4)	Note 1
Right of Use Assets	18.1	23.7	23.0	(0.7)	
Intangible Assets	16.3	15.4	15.9	0.4	
Trade and other Receivables	1.1	1.1	1.1	0.0	
Total Non Current Assets	721.7	760.2	757.6	(2.6)	
Inventories	17.7	17.7	19.2	1.5	Note 2
Trade and other Receivables	44.4	54.4	43.5	(10.8)	Note 3
Cash and Cash Equivalents	82.0	62.0	84.2	22.2	Note 4
Total Current Assets	144.1	134.1	147.0	12.9	
Trade and other payables	(125.6)	(102.0)	(129.3)	(27.3)	Note 5
Borrowings	(25.7)	(27.2)	(27.2)	(0.0)	
Provisions	(5.7)	(5.7)	(8.6)	(3.0)	Note 6
Total Current Liabilities	(156.9)	(134.9)	(165.2)	(30.3)	
Borrowings	(477.1)	(481.6)	(483.3)	(1.7)	Note 7
Provisions	(2.3)	(2.3)	(2.8)	(0.5)	
Total Non Current Liabilities	(479.4)	(483.9)	(486.1)	(2.2)	
Total Assets Employed	229.5	275.5	253.3	(22.3)	
Financed By:				-	
Public Dividend Capital	693.9	734.8	734.9	0.1	
Retained Earnings	(669.1)	(664.0)	(680.8)	(16.9)	Note 8
Revaluation Reserve	204.7	204.7	199.2	(5.5)	Note 1
Total Taxpayers Equity	229.5	275.5	253.3	(22.2)	

The balance sheet plan reflects the forecast included within the 2024/25 Financial Plan submitted to NHSE. Variances to the plan at month 12 are explained below:

Note 1. Property, plant and equipment is £2.4m lower than plan at the year end. This is mainly due to the impact of the external valuation of land and buildings at 31 March 2025. The valuation resulted in an overall increase in value compared to 31 March 2024 however a reduction in value of £5.5m compared to the carrying value prior to the valuation. The valuation covered significant capital expenditure on the UEC modular build, the elective hub, Holistic Centre expansion and the air heat boiler replacement schemes and as a result a level of impairment can be expected.

Note 2. Inventories are £1.5m higher than the year-end value. The main areas of movement compared to 31 March 2024 are pharmacy stock £0.7m, pacemakers £0.3m, biochemistry £0.25m and TAVI's £0.2m.

Note 3. Trade and other receivables are £10.8m lower than plan. This is mainly due to NHS accrued income being lower than plan due to cash received in month 12 relating to surge funding and Elective ERF funding. At the year end NHS accrued income of £5.7m is significantly lower than in previous months and the balance at 31 March 2024.

Note 4. At 31 March 2025 the Trust cash balance was £84.2m, which is £22.2m higher than the plan of £62.0m. The underlying cash position at the year-end shows an underlying cash position of £63.4m after taking into account the impact of balance sheet movements compared to the plan at 31 March 2025. The underlying cash position shows a variance of £1.4m compared to the planned cash balance of £62.0m. Further details are included in the cash section of this report.

Note 5. Trade and other payables are £27.3m higher than plan. This is mainly due to higher than plan levels of deferred income £8.3m, the annual leave accrual of £8.6m and capital payables £9.3m.

Deferred income of £20.8m at 31 March 2025 includes £8.4m with Staffordshire and Stoke ICB, of which £5.2m relates to the CDC. Other significant deferred income balances relate to high cost devices £6.2m and digital pathology £1.3m.

Capital payables are higher than plan which reflects the level of capital expenditure in month 12 which was significantly higher than in previous years and as a proportion of the overall capital programme."

Note 6. Provisions are £3.0m higher than planned at the year end. As previously reported the £3.6m relating to the previous band 2 to band 3 provision was released over months 10-12 with a revised estimate provided for in month 12 as a new provision.

Note 7. Borrowing is £1.7m higher than plan at the year end. This reflects the impact on the PFI liability of the replacement of PACS equipment during 2024/25 under the contract extension.

Note 8. Retained earnings are showing a £16.8m variance from plan which reflects the year end financial performance deficit of £18.1m and adjustments relating to;
- donated income and donated depreciation £4.3m;
- adjust PFI revenue costs to a UK GAAP basis £2.4m.

Resources | Conclusion

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

University Hospitals of North Midlands NHS Trust

The Trust has delivered a year end financial deficit of £18.1m against a planned breakeven position; this adverse variance of £18.1m is primarily driven by underperformance against the Trust's in year CIP, the purchase of healthcare from external bodies and under delivery of ERF, the later being substantially impacted by winter pressures.

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The year end position is £18.1m is in line with Trust's forecast to deliver a £18.1m deficit for the year.

Capital expenditure for the year was £107.2m, this was £1.4m less than original plan, however capital funding is £1.4m lower than plan as the Trust has not been required to utilise the sources of internal funding in-year to match capital expenditure, this funding will be available to fund the 2025/26 capital plan.

The cash balance is £84.2m as at 31 March 2025.

Highlight Report

PEOPLE, CULTURE & INCLUSION COMMITTEE | 4th April 2025

University Hospitals of North Midlands NHS Trust

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
• 'We are a team' is the lowest performing area identified within the **Staff Survey** and key improvement focus, specific concerns regarding sexual safety highlighted, significant work programme underway • Rate of progress to address issues highlighted through the **Staff Survey**, as well as the response rate which remained unchanged from the previous year – **Partial Assurance** overall determined • **Partial Assurance** for 'We will grow and develop our workforce for the future' within the Chief People Officer's report, based on challenges with uptake to the **Apprenticeship Levy** • Divisions have escalated training compliance, sickness absence, operational pressures, appraisal as key areas of risk. • **Partial Assurance** for Gender Pay Gap as there is a high proportion of males in high pay quartile roles, although improvement is being seen • **Partial Assurance** for the Ethnicity Pay Gap report baseline position, given the complexity of data and need to make improvements specifically in relation to medical and dental staff • **Partial Assurance** for **Employee Relations Casework Trends,** given high case volume and associated impact on quality, time taken to resolve (11% against 28-day target) and number with 'no case to answer' outcomes. Network Services Division are seeing a high volume of cases comparative to the size and data security breaches continue to be a concerning theme. Concern of 'no assurance'. • **Partial Assurance** in relation to Health & Safety, as whilst progress has been made to address the HSE letter of contravention, there have been some delays although plans are in place. • **Partial Assurance** from the Guardian of Safe Working report due to exception reportions not being fully reviewed and fines levied for the period being high, however some positive impact of the work underway was being seen. There was 1 immediate safety report in Q2 (relating to 46 minutes of overtime) which has been acted upon. An increase has been seen in exception reporting.	• Areas of focus in relation to the **Staff Survey** are 'We are safe and healthy', which includes sexual safety, 'We are always learning', We work Flexibly' and 'We are a team' – all mapped to the new People Plan and Divisional action plans also being developed • Consideration of peer review of the areas of focus of the **Staff Survey**, as well as adoption of best practice from high performing organisations • A review of the **Wellbeing Offer** having the desired impact to be undertaken • Workforce Assurance Group is moving to a quarterly Strategic Workforce Group with the metrics and performance management through the Performance Management arrangements – this aligns with the refreshed governance structure • A plan of actions to improve performance with employee relations cases, including Artificial Intelligence is to be developed and brought back to the Committee • Progress made with the HSE letter of contravention specifically in relation to auditing, with plans in place for training in place. • Consideration being given to the introduction of **Health and Safety** metrics into performance management arrangements. • A system is being introduced for Guardian of Safe Working reports which is anticipated will improve the review arrangements although new rules are being introduced.

Positive Assurances to Provide	Decisions Made
• Staff morale has increased above average in the latest **Staff Survey** and is the highest performing area of the survey • Good progress made with delivery of the **People Plan; Acceptable Assurance** identified against 3 / 4 domains; however, work is to be undertaken to ensure that the actions being taken are the right actions and are making a positive impact • Positive trend being seen in reducing **Gender Pay Gaps** (however this remains below average) • Overall, the **Ethnic Pay Gap** report demonstrates that there is not a gap overall, however when broken down by different roles, this becomes more complex • NHS England have rated 'good progress' for our high impact improvement plan associated with **Equality, Diversity and Inclusion** • All **Health and Safety Policies** have now been updated in line with latest guidance. • **Acceptable Assurance** in relation to Pharmacy workforce, which highlighted that a number of risks had been de-escalated although there remain matters to be addressed in relation to recruitment to vacancies, flexibility and training • **Reasonable Assurance** concluded for nurse e-rostering and medical staff e-rostering	There were no items requiring decision.

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• Good opportunity to spend time on particular topics, in particular the Staff Survey and Pharmacy Workforce • Some items on the business cycle which need to be taken to the Medical Workforce Group, the nurse staffing establishment review has been delayed although is imminent	None to note.

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	NHS Staff Survey 2024 Results	2	Ext 15	Partial	Assurance	7.	Gender Pay Gap Report – Final Report	2	Ext 15	Partial	Assurance
2.	Chief People Officer Report	2	Ext 15	Acceptable Partial	Assurance	8.	UHNM Ethnicity Pay Gap Report 2024-25	2	Ext 15	Partial	Assurance
3.	Executive Workforce Assurance Group Highlight Reports (16-01-25 & 20-03-25)	2	Ext 15	Not rated	Assurance	9.	Health and Safety Report, Q3 2024/25	2	18673 22876	Partial	Assurance
4.	Guardian of Safe Working Report Q2 2024/25	2	Ext 15	Partial	Assurance	10.	Executive Health & Safety Group Highlight Reports (17-01-25 & 21-03-25)	-	-	Not rated	Assurance
5.	Internal Audit Reports: • Nurse E-Rostering • Medical Staff E-Rostering	2 1	Ext 15 Ext 16	Reasonable	Assurance	11.	Chief Pharmacist Workforce Report	2	35057 35009 21719 25152	Acceptable	Assurance
6.	Employee Relations Casework Trends Q3 & Q4 2024/25	2	Ext 15	Partial	Assurance						

University Hospitals of North Midlands NHS Trust

Integrated Performance Report - People

Month 12 Performance

2024/25

Kind

Excellent

Together

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

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

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?

Sign Off & Validation

Timely & Complete

Audit & Accuracy

Robust Systems & Data Capture

The best joined-up care for *all*

RAG Rating Key:

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

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

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

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Assurance Grid

University Hospitals of North Midlands NHS Trust

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Failing

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

Worsening

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People | Overview

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

Overview from the Chief People Officer

How are we doing against our trajectories and expected standards?

Our most recent *Staff Engagement* score was 6.48 for January 2025, down from the score of 6.6 for July 2024, against a target of 7.2. The Staff Voice Survey is now collected quarterly, meaning the next scoring will not occur until April 2025. A total of 716 bank staff have signed up for the Wagestream solution, (685 in February 2025) with a further 22 enrolling. There has been a total of 6,730 streams, totalling £1M in advances, since Wagestream's launch.

Sickness absence remains above our expected standard of 3.39%. In month we have seen a decrease to 4.90%, while the 12-month cumulative rate reduced slightly to 5.29%, from 5.3% in February 2025. The main driver of this continues to be stress and anxiety, followed by Gastrointestinal and other musculoskeletal problems as the second and third most common reasons.

Turnover and *vacancy* metrics continue to perform well against our expected standards. The turnover rate in March 2025 remained extremely low, at 6.8%, which remains consistently below our 11% target, for more than 2 Years. Vacancies decreased to 7.8% (8.2% in February 2025). The main drivers of this were increases across Registered Nursing (+21.44), ST&T (+6.68), Support to Clinical Staff (+18.38), Infrastructure (+13.67) with Medical & Dental reducing (-7.08). These overall increases were counter-balanced by a 6.09 fte uplift in the total budgeted establishment.

Agency costs decreased to 1.39%, in March 2025, from 1.43% in February 2025, which is below the threshold set by NHS England. In real-terms, overall agency usage increased to 219.49 WTE in March 2025 from 95.07 WTE in February 2025, which remains below the overall 3.2% threshold.

What is driving this?

Sickness absence is driven by many factors, including stress and anxiety and seasonal changes such as colds, cough and chest & respiratory problems. March saw a noticeable in-month reduction in sickness absence, influenced by decreases in the usual seasonal changes, and especially Cold, Cough, Flu – Influenza problems which saw an 3.5% decrease in March 2025.

Agency expenditure was 10.25 WTE above plan, driven by the continued need for escalation capacity, additional work related to the elective recovery programme and an increased demand in theatres and endoscopy services. However, the additional scrutiny at executive and divisional level appears to be having the desired affect in reducing overall agency spend, with some agency activity being converted to bank expenditure, as well.

People | Overview

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

Overview from the Chief People Officer

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

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

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

Agency Expenditure remains subject to continued scrutiny through the Divisional Performance Reviews and the Medical Workforce Assurance Group. There is also regular focus at ICB level on workforce numbers, agency spend and controls. Additional data sources are being provided to allow for more granular discussions, including the recent launch of a new temporary staffing dashboard, which is updated on a weekly basis.

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

What can we expect in future reports?

As the weather continues to improve, we may see some further reductions in sickness absence rates.

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

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

People | Dashboard

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Employee Engagement	7.2	6.5	6.5						
Sickness Absence (In Month)	3.40%	5.17%	4.90%						
Vacancy Rate	8.00%	8.24%	7.80%						
Turnover Rate	11.00%	7.21%	6.83%						
Appraisal Rate	95.00%	85.10%	84.64%						
Agency Utilisation	3.20%	1.43%	1.39%						

Related Strategy and Board Assurance Framework (BAF)

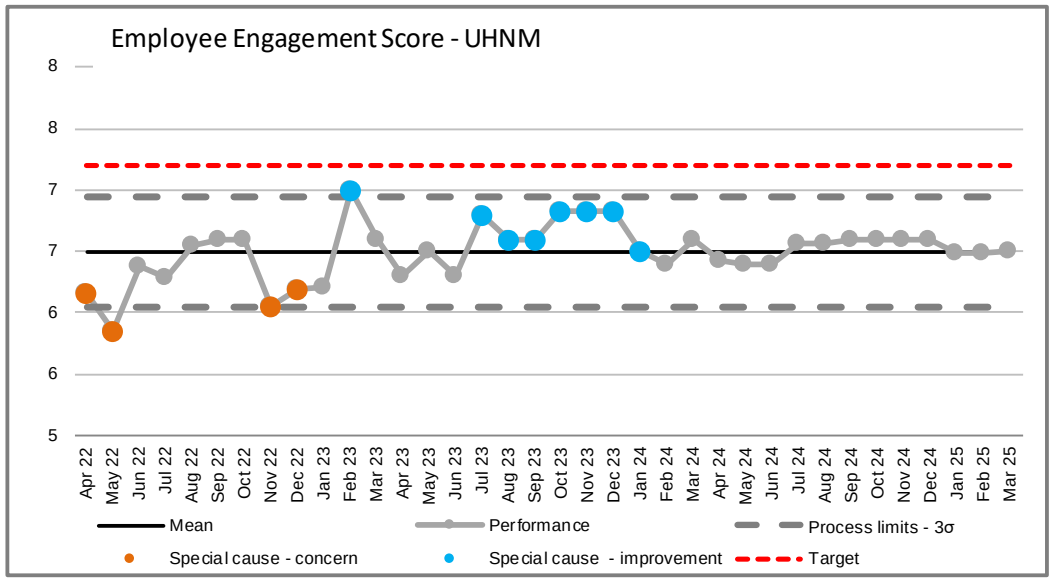
People Strategy

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

People | Employee Engagement

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	F

Target	Jan 25	Feb 25	Mar 25
7.2	6.5	6.5	6.5

Background

What is the data telling us?

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

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

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

What are we doing about it?

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

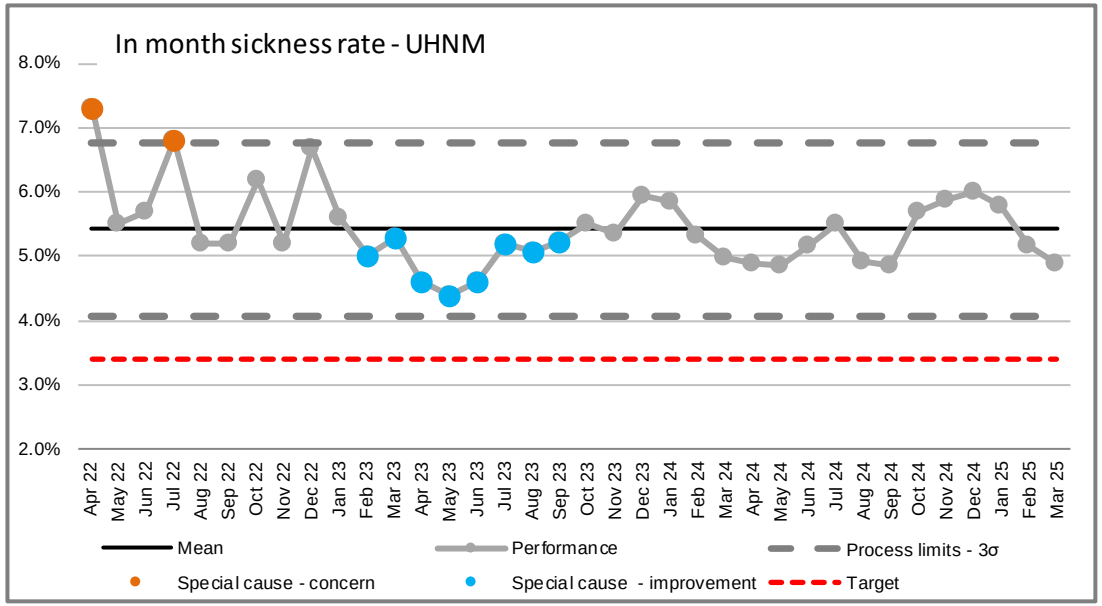
Sustained operational pressures continue to impact on overall employee engagement.

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

People | Sickness Absence in Month

Creating a great place to work for everyone

University Hospitals of North Midlands



Variation	Assurance
	

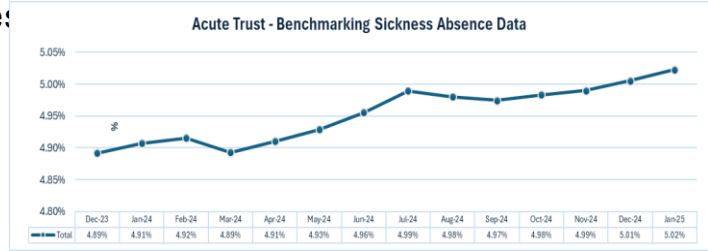
Target	Jan 25	Feb 25	Mar 25
3.4%	5.8%	5.2%	4.9%

Background

Percentage of days lost to staff sickness

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

(Benchmarking data effective January 2025)



What is the data telling us?

The rolling 12-month average sickness absence rate reduced slightly to 5.29% (5.30% in February 2025) against the target of 3.4%.

The in-month sickness absence decreased to 4.90% in March (5.17% in February 2025) with Anxiety/stress/depression/other psychiatric illnesses seeing the biggest increase of 2.3%, followed by a 1.2% increase in Gastrointestinal problems.

In rank order (highest first), the top 3 reasons for absences during March were: (1) Anxiety/stress/depression/other psychiatric illnesses, (2) Gastrointestinal problems and (3) Other musculoskeletal problems, which saw Cold, Cough, Flu – influenza dropping to the 4th most common reason.

What are we doing about it?

Medicine Division - sickness absence continues to be monitored at directorate performance reviews. Areas with over 8% or of concern are supported by the People Advisor focusing on long term sickness cases.

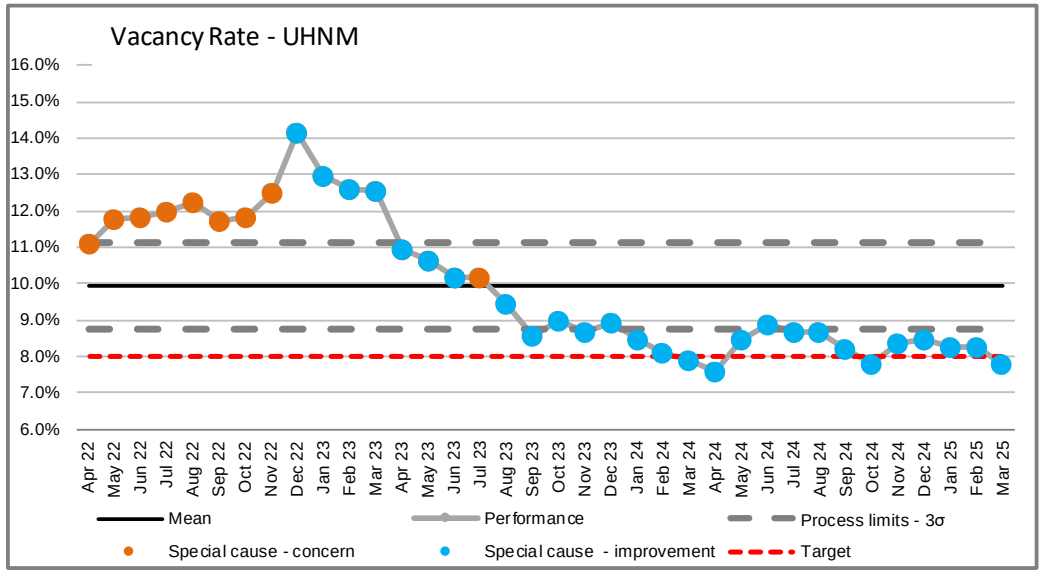
Surgery Division – assessment of hotspot areas for long and short term absences to provide targeted support including re-training.

Network Division - commenced sickness assurance meetings.

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

People | Vacancy Rate

Creating a great place to work for everyone



University Hospitals of North Midlands NHS Trust

Variation	Assurance
L	F

Target	Jan 25	Feb 25	Mar 25
8%	8.3%	8.2%	7.8%

Background

Based on Full Establishment (Substantive, Bank & Agency)

Vacancies at 31-03-25	Budgeted Establishment	Staff In Post fte	Vacancies	Vacancy %	Previous Month
Medical and Dental	1,814.47	1,598.84	215.63	11.88%	11.45%
Registered Nursing	3865.11	3649.49	215.62	5.58%	6.22%
All other Staff Groups	7073.19	6509.95	563.24	7.96%	8.52%
Total	12,752.77	11,758.28	994.49	7.80%	8.24%

What is the data telling us?

The summary of vacancies, by staff groupings, saw a 0.44% decrease in the overall vacancy rate. The reasons for this are explained below.

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

Colleagues in post increased in March 2025 by 62.14 fte, across Registered Nursing (+21.44), ST&T (+6.68), Support to Clinical Staff (+18.38), Infrastructure (+13.67) with Medical & Dental reducing (-7.08). Budgeted establishment increased by 6.09 fte, which decreased the vacancy fte by -56.05 fte overall.

[*Note: the Staff in Post fte is a snapshot at a point in time, so may not be the final figure for 31/03/25]

What are we doing about it?

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

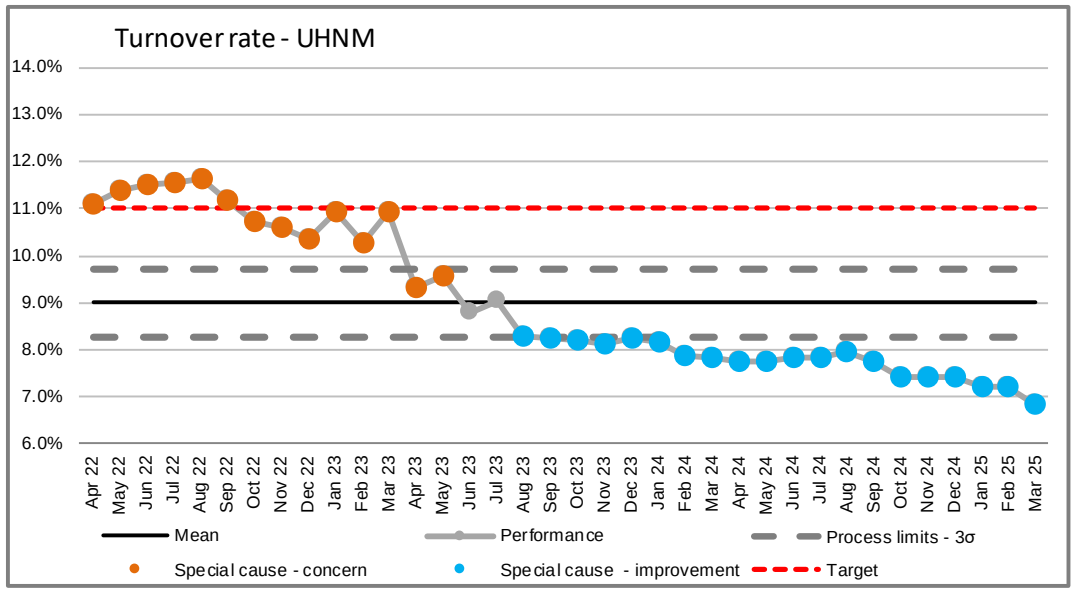
Targeted social media campaigns continue, advertising that our organisation is a great place to work.

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

People | Turnover Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

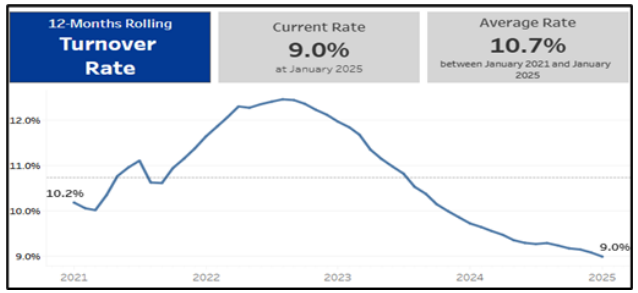
Target	Jan 25	Feb 25	Mar 25
11.0%	7.2%	7.2%	6.8%

Background

Turnover rate.

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

(Benchmarking data effective January 2025)



What is the data telling us?

The turnover rate in March 2025 remains extremely low, at 6.8% (7.2% in February 2025), which is consistently below the Trust's 11% target, for more than two years.

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

What are we doing about it?

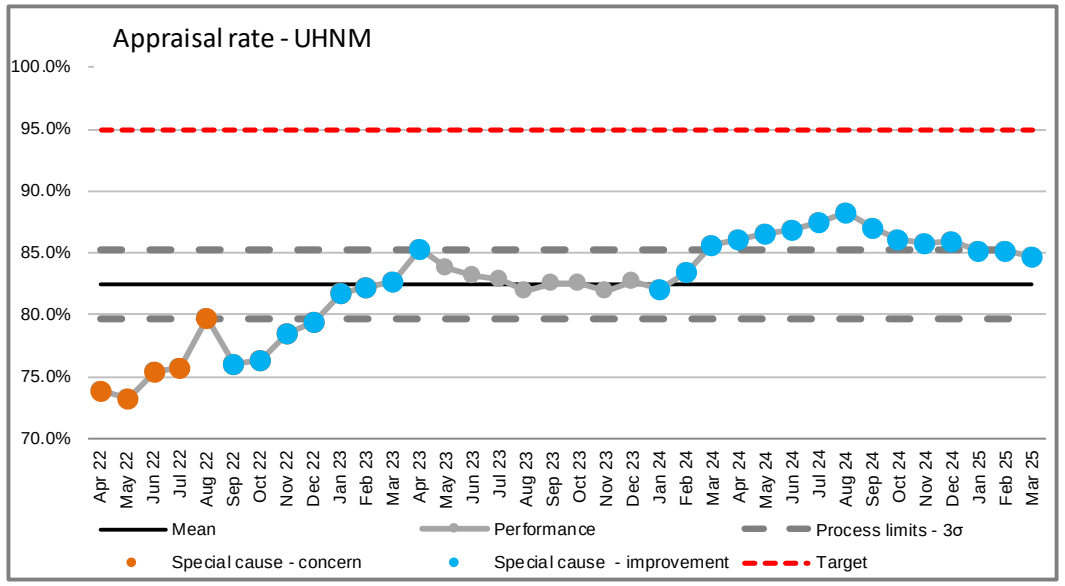
Turnover continues to perform well against our expected standards, reflecting our programmes of work which make this a great place to work. Some recent examples include :

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

People | Appraisal Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance
H	F

Target	Jan 25	Feb 25	Mar 25
95%	85.2%	85.1%	84.6%

Background

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

What is the data telling us?

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

March's appraisal rates decreased for the second consecutive month to 84.6% (85.1% in February 2025).

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

What are we doing about it?

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

Network Division - Weekly PDR compliance hotspot and assurance meetings.

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

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

WCCSS – Weekly performance reports and assurance meetings.

People | Agency Utilisation

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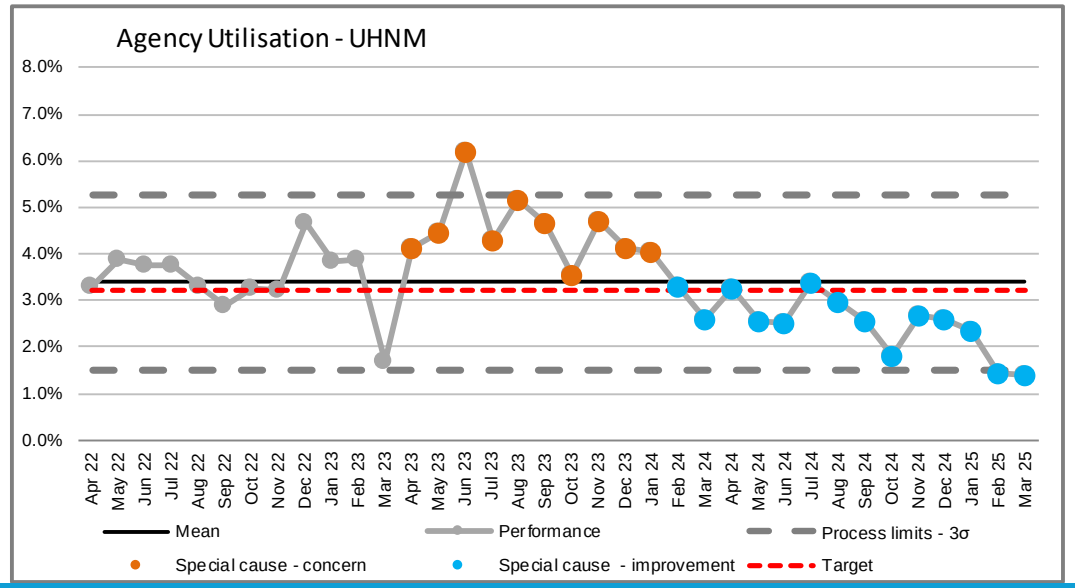
University Hospitals of North Midlands NHS Trust



Variation	Assurance
	

Target	Jan 25	Feb 25	Mar 25
3.2%	2.3%	1.4%	1.4%

Background

Agency cost as a percentage of total pay cost

What is the data telling us?

Agency cost is calculated as a percentage of the total Pay Costs, which decreased to 1.39% in March 2025, (1.43% in February 2025), which remains below the threshold set by NHS England.

In real-terms, overall agency usage increased to 219.49 WTE in March from 95.07 WTE in February 2025, which is 10.25 WTE above plan.

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

What are we doing about it?

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

University Hospitals of North Midlands NHS Trust

Integrated Performance Report - Improving & Innovating

Month 12 Performance

2024/25

Kind Excellent Together

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

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

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?

Sign Off & Validation

Timely & Complete

Audit & Accuracy

Robust Systems & Data Capture

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RAG Rating Key:

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

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

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

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Assurance Grid

University Hospitals of North Midlands NHS Trust

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Failing

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

Worsening

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Improving & Innovating | Overview

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Overview from the Chief Medical Officer and Chief Nurse

How are we doing against our trajectories and expected standards?

Metric 1: Increasing clinical trial participants:.
Research Participants:
2023/24 Apr-February = 1823
2024/25 Apr-February = 2038
Positive increase on 23/24, through a month on month sustained increase. NIHR Commercial Research Delivery Centre awarded to UHNM. This £3.2m infrastructure award will see an increase in commercial research from April 2025 onwards.

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

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

What is driving this?

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

Metric 2: The A3 has shown that we do not collect this data in a systematic way. This number therefore remains unchanged from last month; however, we now have an agreed plan to start collecting this data from the 2025/26 financial year.

. Metric 3: The A3 has shown that we do not collect this data in a systematic way; however, we now have an agreed plan to start collecting this data from the 2025/26 financial year. The estimated number has increased from 466 to 499 since the last report.

Improving & Innovating | Dashboard

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Increase Clinical Trial Participation	208.0	216.0	207.0						
Increase Clinical Academic Posts/Honorary Contracts	-		15.0						
Increase Research Active Employees	-		499.0						

Related Strategy and Board Assurance Framework (BAF)

Quality Strategy

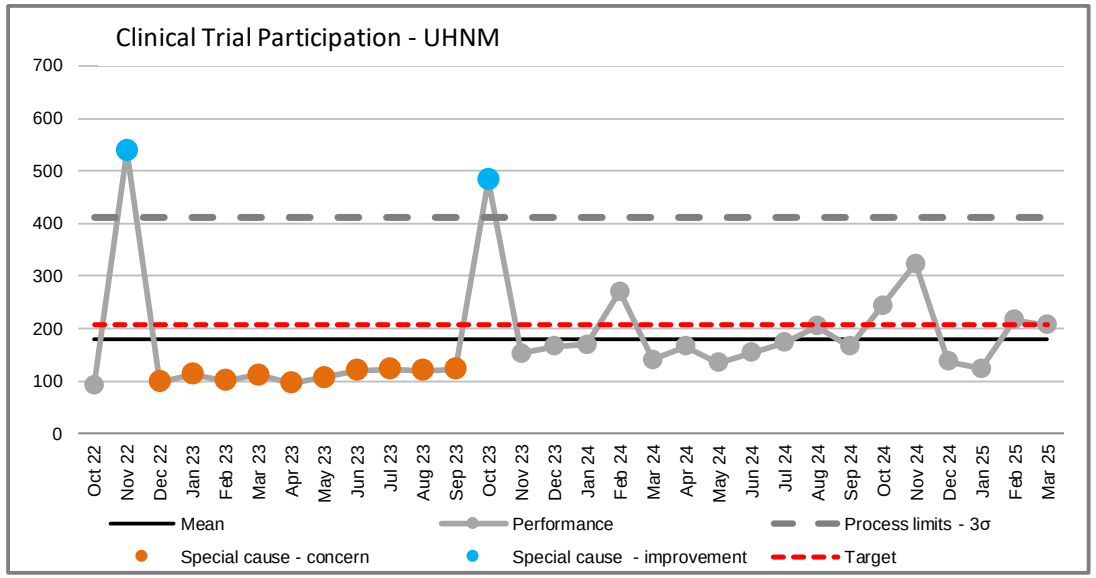
Research Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 9: Research Innovation	High 12	Partial	High 12	Partial	High 12	Partial	Ext 16	Partial

Improving & Innovating | Clinical Trial Participation

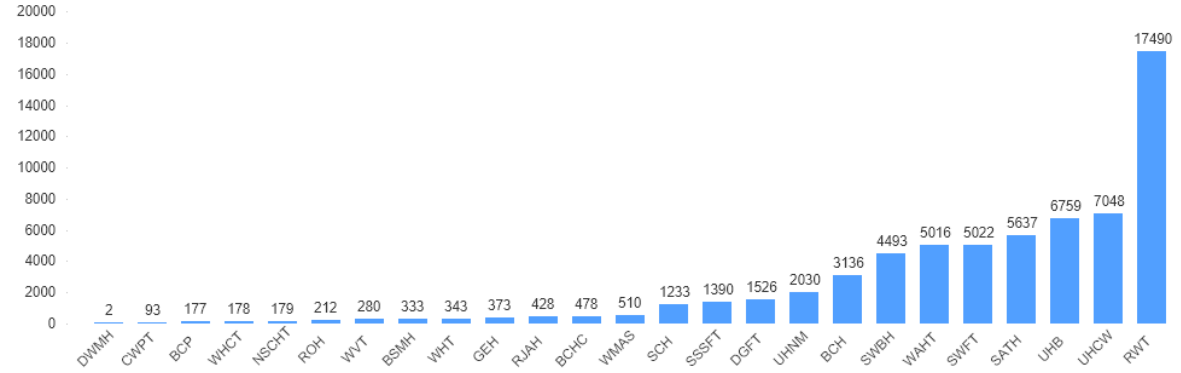
University Hospitals of North Midlands NHS Trust

Excellence in development and research



Variation	Assurance
	

Target	Jan 25	Feb 25	Mar 25
208	124	216	207



What is the data telling us?

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

Additionally, the data highlights our standing within the region in terms of portfolio recruitment.

What are we doing about it?

The new Clinical Research Matron will bring both capacity to the team and expertise in research delivery. We are mindful of the need to maintain a balanced portfolio, encompassing a range of studies from questionnaire-based research to full clinical trials. This portfolio is being developed progressively over time

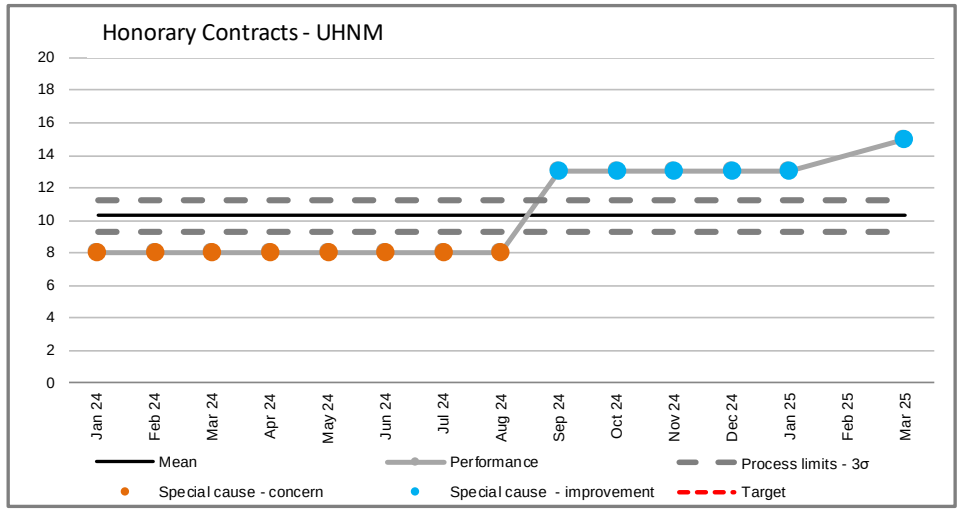
We also see our position within the region and are looking at the facilities and resources offered by the top recruiters to inform our investment direction.

Approval for additional recruitment of research nurses and practitioners required clear demonstration on return on investment, due to current financial constraints.

Improving & Innovating | Clinical Academic Posts/Honorary Contracts

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Jan 25	#N/A	Mar 25
N/A	13	#N/A	15

Background

The number of UHNM staff with clinical academic or honorary appointments.

What is the data telling us?

We do not currently have a process for collecting this data, so this number remains smaller than anticipated.

This status will change following a Trust-wide census planned for the beginning of the 2025/26 financial year.

What are we doing about it?

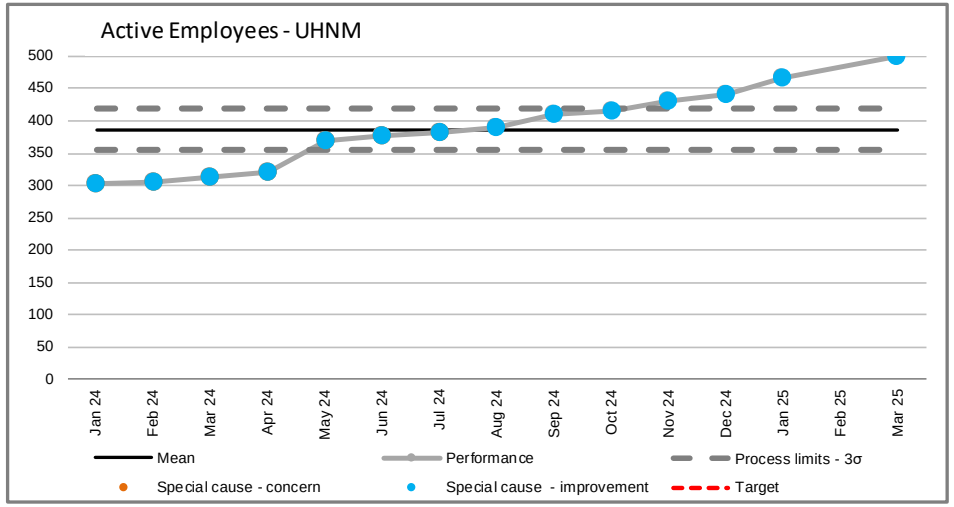
We agreed a suggested definition of type of contract with stakeholders and this was agreed by selected members of the Executive R&I Group on 29th November 2024. A census questionnaire is under development and will be circulated following a pilot to conduct a Trust wide baseline census in April/|May 2025, once UHNM Strategy and restructure discussions are complete. This will be followed by a quarterly census via Divisional leads, to obtain more detailed and follow up data. This will indicate where we need to prioritise our negotiations with Higher Education Institutions (HEIs) and other stakeholders. MoU discussion meetings are taking place between UHNM and local HEIs.

We have held a discussion with our ESR team regarding how data can be collected routinely as the census process is not sustainable long term. They are looking at potential options.

Improving & Innovating | Research Active Employees

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Jan 25	#N/A	Mar 25
N/A	466	#N/A	499

Background

The number of research active employees in UHNM.

What is the data telling us?

We did not have a confirmed definition of 'research-active' until 29th November 2024, or a process for collecting this data, so this number remains smaller than anticipated.

The data shows us that this number is increasing; however, this claim is made with caution as, while we are finding out about research activity, some may not be new activity.

This status will change following a Trust-wide census planned for the 2025/26 financial year.

What are we doing about it?

We agreed a definition with stakeholders on 18th September which gained approval from the Executive R&I Group on 29th November 2024. A census questionnaire in under development, which will be piloted and then circulated to conduct a Trust wide census to collect accurate data. This will be followed up with a quarterly census via Divisional Leads. This will highlight the areas where there is a shortfall in research activity where we can focus our attentions for development and support. A meeting was held with the ESR team to consider how to collect this data routinely in the longer term and potential options are being considered..

Divisional research lead posts (1 PA) have been agreed and remain open for applications.

CeNREE are steadily increasing the number of Research Ambassadors across UHNM divisions, clinical areas and professions to signpost staff to research support.

University Hospitals of North Midlands NHS Trust

Integrated Performance Report - System & Partners

Month 12 Performance

2024/25

Kind

Excellent

Together

Data Quality & Statistical Process Control

University Hospitals of North Midlands NHS Trust

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

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

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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?

Sign Off & Validation

Timely & Complete

Audit & Accuracy

Robust Systems & Data Capture

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RAG Rating Key:

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

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

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

Kind Excellent Together

Assurance Grid

University Hospitals of North Midlands NHS Trust

Strategic Priority Domain Metrics Key

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

Assurance / Variation Key

Assurance		
Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

Failing

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

Worsening

The best joined-up care for *all*

Kind Excellent Together

System & Partners | Overview

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

Overview from the Director of Strategy & Transformation

How are we doing against our trajectories and expected standards?

UHNM continues to demonstrate good performance in both alcohol care and tobacco dependency teams with expansion in activity delivered by these teams.

Now we have better established infrastructure for these services there is an opportunity to strengthen deliver through partnership across the Trust, working with our clinical workforce to improve identification of eligible patients in Trust settings, offer of smoking cessation of alcohol care and referral. A strengthened MECC approach will enable patient facing staff to deliver this effectively in support of these teams.

Both prevention services are working with patient knows best – via the NHS app to improve the patient support in improving their health in a sustainable way.

What is driving this?

This work is being led by our Population Health and Wellbeing Strategy (approved in 2024), but is currently being reviewed in line with the new Trust Strategy. It is informed by the national CORE20PLUS5 framework and the five national priorities to support reductions in health inequality.
Priority 1. restoring NHS services inclusively
Priority 2. mitigating against digital exclusion
Priority 3. ensuring datasets are complete and timely
Priority 4. accelerating preventative programmes
Priority 5. strengthening leadership and accountability.

We are undertaking engagement in the Trust and with ICS partners to inform future development and expansion of Trust Population Health programme, further increasing our impact.

System & Partners | Overview

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University Hospitals of North Midlands NHS Trust

Overview from the Director of Strategy & Transformation

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

It is important to note that the funding allocated to systems and trusts for tobacco dependency is currently insufficient meet the national ambition of providing support for all patients and Trust leads are engaging with both the ICB and Councils to ensure Trust provision and funding to deliver ambitions is reflected in ICS plans for smoking cessation. Funding is now in place for 2025/26 and we will work to provide a sustainable route for provision (this is a national issue)

The tobacco dependency service has been restructured to provide additional capacity and resilience across both sites. This is being monitored through our MECC programme and provides a more joined up service for our patients as services are now aligned with local authority provision.

Work is underway with ICB colleague plan future development of interfaces with other services in alcohol pathways and improve screening, brief interventions for alcohol and referral for alcohol care across key Trust emergency and inpatient settings. This is an exciting piece of work.

What can we expect in future reports?

This report will be aligned with new strategic reporting. As the Trust MECC and Prevention programme expands we will incorporate reporting on weight management and other programmes of work delivered to support prevention in Trust settings.

System & Partners | Dashboard

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Alcohol Dependency	-	0.70%	#N/A						
Tobacco Dependency (Inpatients)	-	232.00	305.00						
Tobacco Dependency (Maternity)	-	181.00	197.00						
Anchor Maturity Assessment									

Related Strategy and Board Assurance Framework (BAF)

Health & Wellbeing Strategy

The best joined-up care for *all*

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 3: Improving the Health of our Population	Ext 15	Partial	Ext 15	Partial	Ext 15	Partial	High 10	Acceptable

System & Partners | Alcohol Dependency

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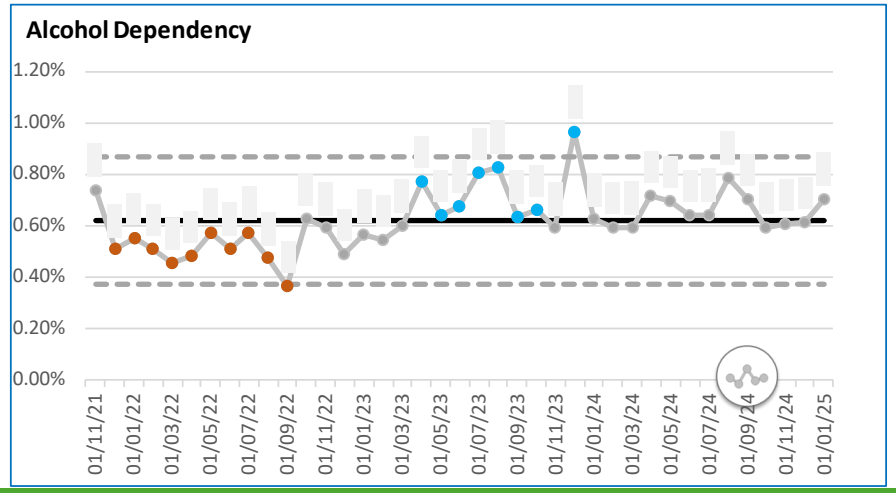
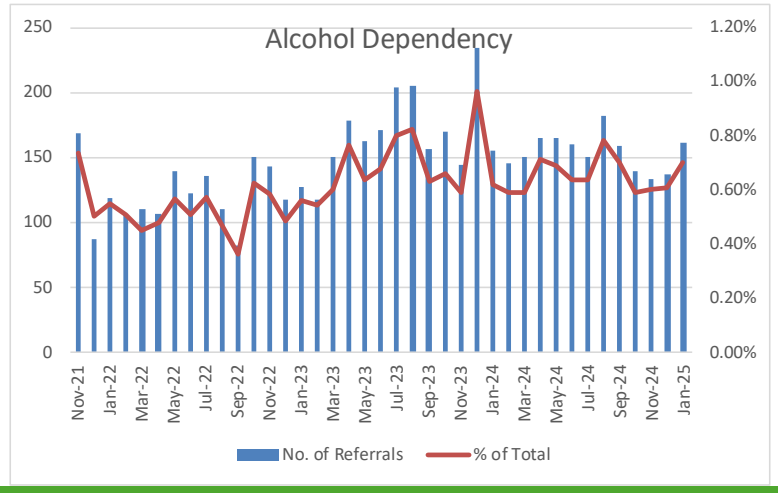
University Hospitals of North Midlands NHS Trust





What is the data telling us?

Public health evaluation of the ACT service has confirmed the UHNM patient length of stay is 5.02 days (against a national average of 5.7 days) for this patient group. This compares well to other Trusts in the West Midlands.

The ACT has mitigated growth in alcohol specific admissions to the Trust and performs well in preventing avoidable admissions due to alcohol dependency.

This contributes to system efforts to identify and provide effective care to people with alcohol use disorder and the ACT is the major referrer for alcohol treatment in the local area. In a context of increasing numbers of people with harmful alcohol consumption ACT and screening and brief interventions are key for identification and appropriate care for eligible patients at hospital.

What are we doing about it?

Continuity in funding for the service is being sought as NHSE budgets are adjusted in 2025/6. Work is underway with ICB colleagues to agree funding.

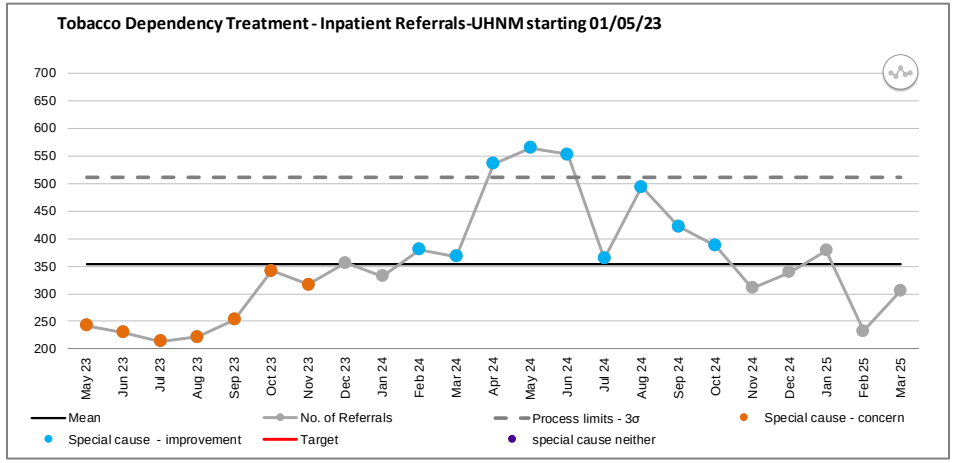
We have asked our ICB to support a system-wide review of alcohol related services (across local authority, ICB and mental health/community services)

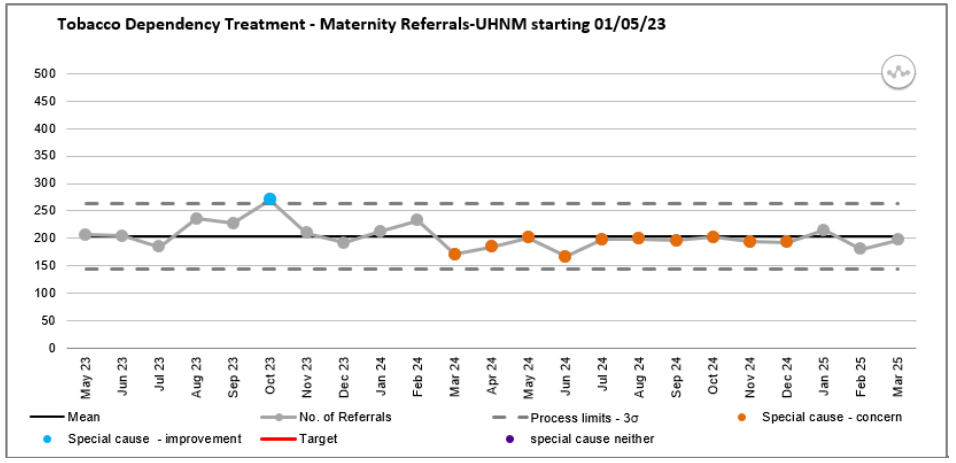
The ACT are starting to utilise Patient Knows Best via the NHS app and deliver training to other clinical staff in the Trust to improve screening of patients in the Trust for alcohol use disorder. This is critical for improved identification and advice and increased referrals for care by ACT.

System & Partners | Tobacco Dependency Treatment

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust





What is the data telling us?

There are around 8,500-9,000 admissions per month across both sites. With improved capacity and processes for identification of eligible smokers in Trust inpatients we are seeing increasing referrals for smoking cessation.

For maternity, recording of smoking status for booking is embedded and has been 97-98% since October 2024.

What are we doing about it?

The Trust is contributing to smoking strategy for Stoke on Trent to ensure the Trust delivery of smoking cessation across Trust departments is supported in future plans for the City. This will strengthen the current integrated smoking cessation model and address quality challenges in maternity smoking cessation offer from Reed.
We have finished the old contract which was costly and commenced our new contract with 'Every One Health' to provide a better offer to our patients. We now also have a staff offer.
Our working group is established as we work towards becoming 'Smoke Free' by 2026.

Outpatient provision of smoking cessation is being implemented, the clinical code is being developed. We feel excited about having progressed the roll out of Varenicline and Cystine with our pharmaceutical department, this will only stand to support our patients quit journeys.

Tobacco dependency teams are working with Patient Knows Best via the NHS app to improve information available for patients and working with improving the use of structured notes to improve the quality of referrals

System & Partners | Anchor Maturity Assessment

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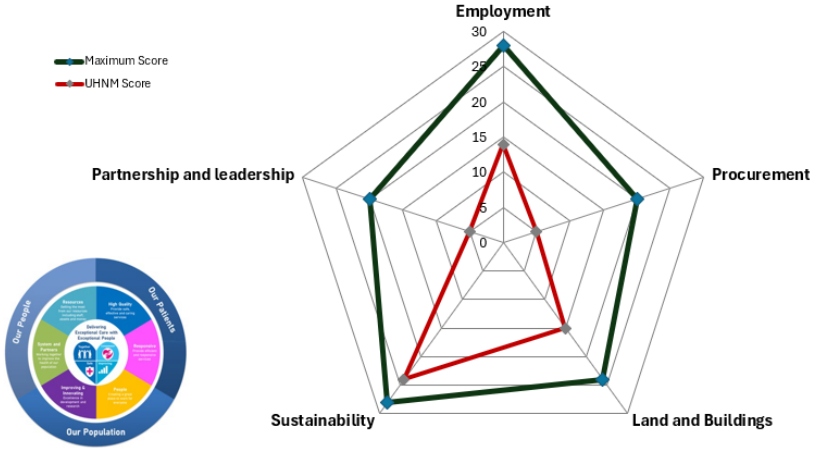

Our maturity score: 63
Maximum score: 120

Key areas for focus
1. Employment
2. Partnership and Leadership

What is the data telling us?

This is a new programme of work for the Trust and the maturity assessment will inform priorities and the delivery plan. Please note – the assessment tool is a strategic approach and will not show immediate month by month change.

There are internal initiatives supporting the Trust as a good employer locally and offer pathways to employment. This is a priority focus for the anchor programme, strengthening links with communities and ICS partners to better promote the Trust as a good employer, pathways to employment.

There are further opportunities to strengthen plans for how the Trust delivers anchor functions in a way that delivers social value and improves wider determinants of health in communities.

What are we doing about it?

Our procurement team has reviewed the spend profile within the local area to act as a baseline for future action.

The anchor group is focusing on plans to build the workforce and widening participation unemployment, with strengthened partnership with ICS People Programme who undertake engagement in communities and outreach work for NHS employment.

Promoting existing sustainability initiatives and exploring opportunities to work with system partners on the warmer homes/beat the cold programme with the Keep Warm Keep Well intervention, NHS netzero agenda and ICS climate adaptation plan.

Data analysis to understand inequalities in the Trust workforce, impact on health and wellbeing outcomes to inform improved targeted of health and wellbeing offer.

Highlight Report
AUDIT COMMITTEE | 1st MAY 2025

University Hospitals of North Midlands NHS Trust

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
• **Cyber Security** assurance report provided **partial assurance**, with key actions being taken to mitigate the risk of using shadow IT, improving statutory and mandatory training compliance and the assessment of technical debt. In addition, the Trust awaited the outcome of the Cyber Assessment Framework review. • **Partial assurance** was provided by the **internal audit recommendation** tracker reflecting the number of delayed and problematic actions, with additional oversight of the completion of actions to be undertaken by the Executive Team • The **Corporate Governance** report highlighted 76% returns for declaration of interests. In terms of out of date policies it was agreed that given the number of policies which were significantly out of date, respective Executive Leads would be invited to attend future Committees to provide assurance of the actions being taken to ratify these, as such **partial assurance** was agreed	• Grip and control **internal audit** into medical and nursing staff activity controls to be presented to the next Committee • Deep dive into previous **internal audit recommendations** to be undertaken, focussing on those which had identified potential governance weaknesses • Further assurance to be provided within future **Cyber Security** reports, including a particular update on shadow IT and the actions being taken to improve statutory and mandatory training compliance • Specific assurance to be provided to future meetings on the actions being taken to address the delayed and problematic, high and medium **internal audit recommendations**. In addition, it was agreed to review any outstanding low recommendations to identify those which could be de-prioritised (whilst ensuring no negative impact on the BAF) with any alternative proposals to be provided to the Committee

Positive Assurances to Provide	Decisions Made
• Two **internal audits** were presented to the Committee; Maternity and Neonatal Action plans: Single Delivery Plan Framework which concluded with **reasonable assurance** and Board Assurance Framework (BAF) which concluded with **substantial assurance** • Positive 'above the line' opinion identified within the draft **Internal Audit Opinion** confirming that the Trust had an adequate and effective framework for risk management, governance and internal control • **Substantial assurance** was provided by the Quarter 4 **BAF** in terms of the process followed to the update the BAF; the actions being taken to inform the planning of the 2025/26 BAF were also noted • An overall green rating was provided by the Counter Fraud Functional Standard Return as highlighted by the **Counter Fraud Annual Report** for 2024/25 • Draft 2024/25 **annual accounts** had been provided to the Department of Health and External Audit in line with associated timelines with assurance provided in respect of the Trusts breakeven duty, the capital spend which was in line with the capital resource limit and achieving the better payment practice code target • **Acceptable assurance** was provided in relation to 7 **single tender waivers (STW)** and 109 **standing financial instruction (SFI)** breaches, with actions being taken to review any STWs which related to not using the NHS Supply Chain framework • **Significant assurance** was provided in relation to **salary overpayments** as a result of late terminations which had reduced in value compared to 2023/24 • **Acceptable assurance** was provided by the **losses and special payments** update which identified that total losses for 2024/25 equated to £2,176,147	• The Committee approved the draft **Internal Audit Plan and Strategy** for 2025/26 although noted that further work was to be completed to identify the specific scopes for Cost Improvement and the assurance required in relation to the Risk Management Oversight Committee • The Committee approved the revised **Terms of Reference** • The Committee approved the 2025/26 **Counter Fraud Workplan**

Comments on the Effectiveness of the Meeting	Cross Committee Considerations
• No further comments were made	• Further assurance to be provided to the Risk Management Oversight Committee as part of the internal audit plan 2025/26 in terms of completion of improvement actions

Summary Agenda

No.	Agenda Item	BAF Mapping			Purpose	No.	Agenda Item	BAF Mapping			Purpose
		BAF No.	Risk	Assurance				BAF No.	Risk	Assurance	
1.	Internal Audit Progress Report • Maternity & Neonatal Action plans: Single Delivery Plan (SDP) Framework	1	Ext 16	Reasonable	Assurance	8.	Committee Effectiveness Review 2024/2025	-	-	Not Applicable	Approval
	• Board Assurance Framework	All		Substantial							
2.	Draft Internal Audit Annual Report 2024/2025	All		Positive	Assurance	9.	LCFS 2024/2025 Annual Report		ID10836	Positive	Assurance
3.	Draft Internal Audit Strategy 2025/2026	-	-	Not Applicable	Approval	10.	LCFS 2025/2026 Work Plan		ID10836	Not Applicable	Approval
4.	H2 Cyber Security Report 2024/2025	5	Ext 20	Partial	Assurance	11.	Draft Accounts	7	Mod 5	Significant	Assurance
5.	Quarter 4, 2024/2025 Board Assurance Framework (BAF) / Summary BAF	All		Significant	Approval	12.	SFI Breaches relating to Procurement processes and Single Tender Waivers Q4 2024/2025	7	Mod 5	Acceptable	Assurance
6.	Internal Audit Action Tracker	All		Partial	Assurance	13.	SFI Breaches related to Late Termination and Change Forms – Q4 2024/2025	7	Mod 5	Significant	Assurance
7.	Corporate Governance Report	-	-	Partial	Assurance	14.	Losses and Special Payments Update Q4 2024/2025	7	Mod 5	Acceptable	Assurance

Executive Summary

Trust Board | 7th May 2025

Fit and Proper Persons Annual Assurance 2024/25

University Hospitals of North Midlands NHS Trust

Purpose:	**Information**		**Approval**		**Assurance**	✓	**Agenda Item:**	16
Author:	Nicola Hassall, Deputy Director of Governance							
Lead:	David Wakefield, Chair / Simon Constable, Chief Executive							

Alignment with our Strategic Priorities		
	Our People We will create an inclusive environment where everyone learns, thrives and makes a positive difference	✓
	Our Patients We will provide timely, innovative and effective services to our patients	✓
	Our Population We will tackle inequality and improve the health of our population	✓

Risk Register Mapping
No associated risks

Executive Summary

Situation

This paper provides the Board with assurance in respect of the actions undertaken to complete fit and proper persons checks for Board members, in line with the revised NHS England Fit and Proper Person Test Framework (2023) and requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report is being presented to the Trust Board in accordance with the guidance, whereby it is suggested that the results are considered in the public domain, on an annual basis, for information.

Background

As per Trust Policy G27 Fit and Proper Persons (FPPT), FPPT checks are undertaken for all Board Members (substantive, interim and those on secondment to other organisations) on an annual, and on appointment, basis. In addition, for any Board Members leaving the Trust, Board Member References are completed.

Assessment

The annual process to undertake all relevant checks in line the Fit and Proper Person Guidance commenced in February 2025, which incorporated all Board Members completing the Fit and Proper Persons Test Self-Attestation. Additional checks were subsequently undertaken by Gatenby Sanderson and reviewed by the Deputy Director of Governance. A summary paper outlining the checks undertaken and the outcomes was provided to the Nomination and Remuneration Committee in March 2025, following which the checks for each Board member were reviewed and signed off by the Chair (for the Chief Executive and Non-Executives), Chief Executive (for Executives) and Senior Independent Director (for the Chair).

During 2024/25 annual checks were undertaken for 16 board members and 4 checks were undertaken on appointment (for 3 Non-Executive Directors and the incoming Chief Executive). The outcomes of the checks were also included on the Electronic Staff Record (ESR). In addition, 6 board member references were also completed during the year.

In conclusion, the Chair has determined that 20 / 20 Board Members have met all the requirements of the Fit and Proper Persons Test Framework.

<u>Disclosure and Barring Service (DBS) Checks</u>

At the meeting in January 2025, the Nomination and Remuneration Committee considered whether any changes were required in relation to DBS checks, in particular whether enhanced checks should be requested for all board members (as opposed to enhanced checks being limited to the Chief Executive, Chief Operating Officer, Chief Nurse and Chief Medical Officer). As such local and national benchmarking was undertaken and shared with the Committee in March 2025, and although it was noted that there was variability in the approach taken, the Committee suggested that enhanced checks should be undertaken for all board members.

Key Recommendations:

The Trust Board is asked to note the contents of the paper and record that the Fit and Proper Persons Test checks have been conducted for the period 2024/25 and that 20 / 20 Board members satisfy the requirements. As such the annual return will be provided to NHS England before the deadline of 30th June 2025.

The Trust Board is also asked to consider the recommendation from the Nomination and Remuneration Committee in that enhanced DBS checks are undertaken for all board members, and that these should be completed within the next 12 months.

Fit and Proper Persons Annual Assurance Report 2024/25

April 2025

University Hospitals of North Midlands NHS Trust

1. Background

As per Trust Policy G27 Fit and Proper Persons (FPPT), FPPT checks are undertaken for all Board Members (substantive, interim and those on secondment to other organisations) on an annual, and on appointment, basis. In addition, for any Board Members leaving the Trust, Board Member References are completed.

2. Annual Assurance Checks

The following checks are undertaken on an annual basis, and these were undertaken between January and April 2025.

The Deputy Director of Governance obtained the following for each board member:

- Fit and Proper Person Signed Self-Attestation
- DBS Disclosure (undertaken every 3 years)
- Confirmation of any Disciplinary Findings or Grievances (outstanding, upheld or discontinued in relation to gross misconduct, serious misconduct or mismanagement)
- Confirmation of any Whistleblowing Claims
- Confirmation of Last Appraisal
- Confirmation of annual training and development (Executives only)

In addition, following agreement by the Nomination and Remuneration Committee in 2024, an external provider was utilised to complete the following checks:

Good Character

- Social Media Check: covering content created by the subject on LinkedIn, X, Facebook, Instagram, TikTok and YouTube, as well as any other profiles identified on the surface web. Checks covered 8 core behavioural risk categories and identified anything adverse that may be of concern in a candidate's profile or associated commentary, such as illegal activity, hate or discriminatory comments, extremism, or content of a sexual or violent nature.
- Disqualified Director Check: Check of UK Disqualified Director Register of Companies House including details of directors disqualified by the courts, the Insolvency Service and the Competition and Markets Authority
- Charity Commission's Register: Search conducted on the candidate's name in the UK Charity Commission Removed Trustees register.

Financial Soundness

- Individual Insolvency Register: Candidate checked in UK Insolvency databases including current Bankruptcies, Debt Relief Orders, and Individual Voluntary Arrangements.
- UK Civil Litigation: Covers civil litigation decisions in the UK including employment tribunals, County and High Court judgements, using name and current addresses.

Professional Registration

- GMC, NMC and Chartered Accountancy registration checks, where applicable

The outcome of the above checks was provided to the Chair (for the Chief Executive and Non-Executives, the Chief Executive (for Executives) and the Senior Independent Director (for the Chair). In addition, they were asked to confirm whether they were aware of any behaviours which were not in accordance with organisational values and behaviours or related local policies and to confirm knowledge of any previous settlement agreements.

3. On Appointment Checks

The following checks are undertaken prior to a Board member commencing in post, and these were completed for 3 Non-Executive Directors and the incoming Chief Executive:

- Standard employment checks including application form, curriculum vitae (including career history of at least 6 years, covering at least two roles, stating organisations/ departments, dates and role descriptions and gaps in employment, job description and person specification, interview and selection pack, conditional offer and acceptance letters and copies of qualifications, medical clearance, verified evidence of right to work in the UK, working time regulations opt out and contract
- References requested via the Board Member Reference Template
- Declaration of Interest Form
- Signed Fit and Proper Person Self-Attestation
- DBS Disclosure
- Professional Register Check (if applicable - Executives only)
- Confirmation of Checks: Insolvency, CCJ, Disqualified Directors Register, Disqualification from being a Charity Trustee & Employment Tribunal Judgement
- Social Media Check

4. Outcome of the Annual Fit and Proper Persons Checks

Following completion of the above, 20 / 20 Board members were confirmed as fit and proper by the Chair (for the Chief Executive and Non-Executives), Chief Executive (for Executives) and Senior Independent Director (for the Chair).

The results of the checks and subsequent agreement with the Chair have also been confirmed on the Electronic Staff Record (ESR) and relevant information / evidence saved within each personnel file.

5. Disclosure and Barring Service Checks

At the meeting in January 2025, the Nomination and Remuneration Committee considered whether any changes were required in relation to DBS checks, in particular whether enhanced checks should be requested for all board members (as opposed to enhanced checks being limited to the Chief Executive, Chief Operating Officer, Chief Nurse and Chief Medical Officer). As such local and national benchmarking was undertaken and shared with the Committee in March 2025, and although it was noted that there was variability in the approach taken, the Committee suggested that enhanced checks should be undertaken for all board members.

6. Conclusion

20 / 20 Board Members of the Trust Board satisfy the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.

7. Recommendations

The Trust Board is asked to note the contents of the paper and record that the Fit and Proper Persons Test checks have been conducted for the period 2024/25 and that 20 / 20 Board members satisfy the requirements. As such the annual return will be provided to NHS England before the deadline of 30th June 2025.

The Trust Board is also asked to consider the recommendation from the Nomination and Remuneration Committee in that enhanced DBS checks are undertaken for all board members, and that these should be completed within the next 12 months

Trust Board

2025/26 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	May 7	July 9	Oct 8	Dec 10	Feb 11	Notes
PROCEDURAL ITEMS							
Patient / Staff Story	Chief Nurse / Chief People Officer	Pt	Staff	Pt	Staff	Pt	
Chief Executives Report	Chief Executive						
Board Assurance Framework	Director of Governance	Q4		Q1	Q2	Q3	
OUR PATIENTS: QUALITY, ACCESS & OUTCOMES							
Quality, Access & Outcomes Committee Assurance Report	Director of Governance						
Care Quality Commission Action Plan	Chief Nurse						
Maternity Serious Incident Report	Chief Nurse						
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI						
Bi Annual Nurse Staffing Assurance Report	Chief Nurse						
Quality Account	Chief Nurse						
Winter Plan	Chief Operating Officer						
NHS Resolution Maternity Incentive Scheme	Chief Nurse						
Quality, Access & Performance Strategic Plan Update	Chief Nurse / Chief Medical Officer / Chief Operating Officer						TBC
Integrated Performance Report	Various						
OUR PEOPLE							
People Committee Assurance Report	Director of Governance						
Staff Survey Report	Chief People Officer						
Gender Pay Gap Report	Chief People Officer						
Raising Concerns Report	Director of Governance						
Revalidation	Medical Director						
Workforce Disability Equality Report	Chief People Officer						
Workforce Race Equality Standards Report	Chief People Officer						
People Strategic Plan Update	Chief People Officer						TBC
Bi-Annual Establishment Review (Other Professions)	Chief People Officer						TBC
OUR POPULATION							
Population Health Strategic Plan Update	Director of Strategy						TBC
FINANCE AND EFFICIENCY							
Finance & Efficiency Committee Assurance Report	Director of Governance						
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,500,001 and above	Director of Strategy						
Going Concern	Chief Finance Officer						
Annual Plan	Director of Strategy						Considered at Board Seminar
Financial Plan including Capital Programme	Chief Finance Officer						
Standing Financial Instructions	Chief Finance Officer						Next due for review February 2026
Scheme of Reservation and Delegation of Powers	Chief Finance Officer						Next due for review February 2026
OUR STRATEGIC PLANS							
Digital Strategic Plan Update	Chief Digital Information Officer						TBC

Title of Paper	Executive Lead	May	July	Oct	Dec	Feb	Notes
		7	9	8	10	11	
Research Strategic Plan Update	Chief Medical Officer						TBC
Innovation Strategic Plan Update	Director of Strategy						TBC
Estates & Facilities Strategic Plan Update	Director of Estates, Facilities & PFI						TBC
GOVERNANCE							
Audit Committee Assurance Report	Director of Governance						
Fit and Proper Persons Annual Assurance Report	Director of Governance						
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer						
Annual Evaluation of the Board and its Committees	Director of Governance						
Annual Review of the Rules of Procedure	Director of Governance						
Board Development Programme	Director of Governance						
Well-Led Self Assessment	Director of Governance						Next annual review - July 2025
Risk Management Policy	Director of Governance						Next due for review February 2027
Complaints Policy	Chief Nurse						Next due for review November 2027