University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 10th July 2024 at 9.30 am to 12.15 pm
Via MS Teams

AGENDA

Time	No.	Agenda Item	Purpose	Lead	Format	BAF Link
9:30	**PROCEDURAL ITEMS**					
20 mins	**1.**	Patient Story	Information	Mrs AM Riley	Verbal	
5 mins	**2.**	Chair's Welcome, Apologies and Confirmation of Quoracy	Information	Mr D Wakefield	Verbal	
	3.	Declarations of Interest	Information	Mr D Wakefield	Verbal	
	4.	Minutes of the Meeting held 5th & 24th June 2024	Approval	Mr D Wakefield	Enclosure	
	5.	Matters Arising via the Post Meeting Action Log	Assurance	Mr D Wakefield	Enclosure	
20 mins	**6.**	Chief Executive's Report - June 2024	Information	Ms H Ashley	Enclosure	
10 mins	**7.**	Clinical Strategy Update	Assurance	Ms H Ashley	Enclosure	
10:25		**HIGH QUALITY**				
5 mins	**8.**	Maternity Quality Governance Committee Assurance Report (06-06-24)	Assurance	Prof S Toor	Enclosure	1
5 mins	**9.**	Quality Governance Committee Assurance Report (04-07-24)	Assurance	Prof A Hassell	Enclosure	1
10 mins	**10.**	Bi-Annual Nurse Staffing Assurance Report	Assurance	Mrs AM Riley	Enclosure	1
10:45		**PEOPLE**				
5 mins	**11.**	People, Culture and Inclusion Committee Assurance Report (03-07-24)	Assurance	Prof G Crowe	Enclosure	2
10 mins	**12.**	People Strategy Update	Assurance	Mrs J Haire	Enclosure	2
11:00 – 11:15 COMFORT BREAK						
11:15		**RESOURCES**				
5 mins	**13.**	Performance and Finance Committee Assurance Report (01-07-24)	Assurance	Prof G Crowe	Enclosure	8
11:20		**RESPONSIVE**				
45 mins	**14.**	Integrated Performance Report – Month 3	Assurance	Mrs AM Riley Mr S Evans Mrs J Haire Mr M Lewis Ms H Ashley Mrs A Freeman Mr M Oldham	Enclosure	ALL
12:05	**CLOSING MATTERS**					
10 mins	**15.**	Review of Meeting Effectiveness and Review of Business Cycle	Information	Mr D Wakefield	Enclosure	
	16.	Questions from the Public **Please submit questions in relation to the agenda, by 9.00 am 8th July to** nicola.hassall@uhnm.nhs.uk	Discussion	Mr D Wakefield	Verbal	
12:15	**DATE AND TIME OF NEXT MEETING**					
	17.	**Wednesday 7th August 2024, 9.30 am, Trust Boardroom, Third Floor, Springfield**				

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Wednesday 5th June 2024 at 9.30 am to 12.15 pm
Via MS Teams

MINUTES OF MEETING

Attended | Apologies / Deputy Sent | Apologies

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

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

In Attendance:

Mrs N Hassall	Deputy Associate Director of Corporate Governance (minutes)
Mrs D Brayford	Deputy Director of Midwifery – Governance (items 7 and 8)
Mrs K Leek	Tissue Viability Nurse (item 1)
Mrs R Pilling	Head of Patient Experience (item 1)
Mrs T Wright	Patient (item 1)

Members of Staff and Public: 3

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Patient Story**	
085/2024	Mrs Leek described the long-term condition Hidradenitis Suppurativa (HS) which affected the skin, and she highlighted the way in which this can negatively impact a patients quality of life. She explained that Mrs Wright had trialled a new way of dressing her wounds and Mrs Pilling played a video of Mrs Wright's, interview with Mrs Leek.	

Mrs Wright explained that she was diagnosed over 20 years ago at the age of 18/19. She described how painful the condition was as well as embarrassing. She explained that she was not involved with any support groups and prior to the trial she was using Hibiscrub which was painful as well as using salt water. She explained that she also had to rely on her husband to help her to dress her wounds which she found embarrassing.

Mrs Wright explained that using the adhesive dressings affected her condition and made it flare up. She explained that using the HidraWear had helped due to the softness of the material which did not irritate her skin and that she was able to manage the dressings without relying on her husband. She added that it also helped to ease the pain.

Mrs Wright explained that the dressings also helped to heal some of her ulcers quicker and they did not need to be changed as often which made her feel cleaner. She explained that the trial had improved her quality of life and had helped her to retain her dignity.

Mr Wakefield queried how she had heard of the new dressing and Mrs Wright explained that this had been via Mrs Leek.

Ms Bowen queried the cost of the HidraWear and Mrs Wright highlighted that the products provided as part of the trial were free, although despite being available via prescription her GP would not prescribe it due to the cost. Mrs Leek highlighted that she was working with primary care to increase awareness of the products and benefits. She added that the garments were washable and last for up to 6 months.

Dr Griffin referred to the previous lack of clinical support and queried if this had been addressed. He also asked what needed to happen to make the dressings more available. Mrs Leek stated that as the Trust operates as a satellite centre for HS patients, the products could be stocked in dermatology, therefore the first garment could potentially be provided free of charge and subsequent garments would need to be prescribed by the GP. Mrs Wright explained that she was receiving support from the Tissue Viability team and she had also been referred to dermatology.

Mrs Thomson agreed to work with Mrs Leek, Mrs Wright and Mrs Pilling to raise the profile of HS with the aim of developing a support network.

Mrs Bullock noted the support required was less clinical treatment and more around emotional, practical support and praised Mrs Leek input and also welcomed Mrs Thomson's suggestion of setting up a patient group. Mrs Bullock noted the success of these in other conditions.

Mr Oldham queried if procurement were helping to evaluate the products as well as taking this forward via value based procurement. Mrs Leek explained that the products had been discussed with procurement and a wound care formulary was being developed across the ICS, in addition to working with partners in Black Country ICS.

Mr Wakefield summarised how Mrs Wright had been diagnosed 20 years ago but described herself as having to muddle on and stated that the Trust needed to consider how it could help patients earlier in their treatment. He thanked Mrs Leek for the support provided and noted the ongoing discussions with primary care to enable the HidraWear to be prescribed.

	The Trust Board noted the story. Mrs Pilling, Mrs Leek and Mrs Wright left the meeting.	
2.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
086/2024	Mr Wakefield welcomed members to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate. Mr Wakefield highlighted that Ms Gohil was starting a new role outside of the Trust and therefore her term was to cease at the end of June 2024. Mr Wakefield highlighted that the meeting was Mrs Bullock's last Trust Board. He reflected on her 5 years at the Trust and the impact and improvements she had made, in particular highlighting the financial deficit which had improved to a break even and surplus position for the period of her tenure and improving culture within the organisation. He commented on how the Care Quality Commission (CQC) inspection ratings had significantly improved and particularly highlighted her visibility throughout the organisation. Mr Wakefield concluded by referring to her drive for improvement, focus on staff wellbeing whilst also being a champion for patients. Mrs Bullock thanked Mr Wakefield for his comments and welcomed the support provided to her from the Board.	
3.	**Declarations of Interest**	
087/2024	There were no declarations of interest raised.	
4.	**Minutes of the Previous Meeting held 8th May 2024**	
088/2024	The minutes of the meeting held 8th May 2024 were approved as a true and accurate record.	
5.	**Matters Arising from the Post Meeting Action Log**	
089/2024	PTB/591 – Mrs Riley highlighted that the CQC Action plan was to be considered at the Maternity and Neonatal Quality Governance Committee on 6th June.	
6.	**Chief Executive's Report – April 2024**	
090/2024	Mrs Bullock highlighted a number of areas from her report. Mr Wakefield welcomed the first day case hip replacement which had taken place at County Hospital. Mrs Rodwell referred to a recent cyber-attack at hospitals in London and queried the Trust's preparedness for such an attack. Mrs Bullock highlighted that the system attacked was not used by the Trust, although cyber security was one of the biggest risks to the Trust which was constantly monitored. Mr Evans referred to the way in which the Emergency Preparedness, Resilience and Response (EPRR) team had considered business continuity for such eventualities and Mrs Freeman referred to the 24 hour security operations monitoring service which was in place. She also highlighted that a recent test had been undertaken by EPRR in terms of testing business continuity plans in the event of a cyber-attack. **The Trust Board received and noted the report.**	

HIGH QUALITY		
7.	**Maternity Dashboard – April 2024**	
091/2024	Mrs Brayford highlighted the following: • 93% of patients were induced in line with guidance • MAU triage within 15 minutes had been achieved in April at 96% and it was noted that those who did breach were seen within a further 5 minutes • Midwifery vacancies stood at 32.97% and the Trust remained on track to have zero vacancies by October 2024 Mr Wakefield welcomed the positive updates but queried the numbers attending MAU as these seemed high. Mrs Brayford highlighted that women could present a number of times to the unit as well as attending postnatally. Dr Griffin welcomed the progress made on triage and referred to there being three times as many attendances than births and he queried whether this was comparable to other Trusts. Mrs Brayford referred to the high risk population as well as the focus on encouraging women to access care, including providing open access pathways for reduced fetal movements which would impact on increasing attendances. Ms Bowen queried which Birthrate plus reports were referred to. She also referred to the percentage of specialist midwives employed and whether this was good compared to other Trusts, and queried how complaints were triangulated. Mrs Brayford stated that Birthrate plus was completed in 2021 and 2022. She explained that in 2022 due to a change in case mix, a full evaluation was undertaken therefore the 2022 report was referred to. She stated that recruitment of specialist midwives was positive and there were no vacancies and added that complaints were triangulated with other sources of assurance. Professor Hassell welcomed the feedback on the transitional care unit and the reference to dinner ladies which recognised the importance of all staff. He referred to midwifery staffing and acuity and queried the reason for drop in performance. Mrs Brayford explained that this depended on vacancies and that the biggest area of vacancies was within the delivery suite, therefore staff provided cover from other areas. She added that there also remained a number of supernumerary staff. Mrs Riley referred to the conversation regarding complaints and the ongoing work being undertaken to ensure patients felt able to provide feedback. She recognised the improvement in staffing and in addition to filling vacancies, the Trust had improved turnover by 4%, and achieved 100% retention for newly qualified midwives over the last two years, which was a credit to the team. Mrs Riley highlighted that bringing the dashboard to the Board was a previous CNST requirement but it had been confirmed that this was no longer required and would continue to be reported to Quality Governance Committee (QGC) with escalations to the board as appropriate. Mrs Riley highlighted that as Mrs Jamieson had secured a part-time secondment as National Maternity Safety Advisor, Mrs Brayford had been successful in being appointed as providing cover for Mrs Jamieson. Mrs Brayford was congratulated by the board. **The Trust Board received and noted the dashboard.**	

8.	**Maternity Serious Incident Report Q1**	
092/2024	Mrs Brayford highlighted that following the implementation of PSIRF, thematic analysis was being undertaken in addition to after action reviews. Ms Bowen referred to the reference of completing actions within 6 months and queried what assurance was available that these were dealt with within that timeframe. Mrs Brayford highlighted that further detail was provided to the QGC including timeline of actions. She added that implementing the new Patient Safety Incident Response Framework (PSIRF) and after action reviews had resulted in identifying and implementing actions more quickly. Professor Hassell referred to the statement regarding the need for further clarification on the pathway of managing serious incidents under PSIRF and queried whether this had been addressed. Mrs Brayford stated that there was one outstanding action being taken in respect of reporting to Maternity and Newborn Safety Investigations (MNSI). **The Trust Board received and noted the report.** Mrs Brayford left the meeting.	
9.	**Quality Account**	
093/2024	Mrs Riley highlighted that a number of changes had been made since the report was discussed at QGC and comments from stakeholders were to be included. Mr Wakefield referred to page 62 and the reference to two clinical audits not being completed due to resource. He queried whether these had since been addressed and Dr Lewis agreed to confirm the action taken. Mr Wakefield queried what was meant by the reference to mandatory ratings for clinical coding and Mrs Riley agreed to confirm. **The Trust Board approved the draft Quality Account and noted that a final version would be circulated to Board members once further changes had been made, prior to publication.**	**ML** **AMR**
PEOPLE		
10.	**People, Culture & Inclusion Committee Assurance Report (30-05-24)**	
094/2024	Professor Crowe highlighted the following: • Additional resource was being considered for freedom to speak up • The need to triangulate issues was recognised in order to identify potential patterns with sickness absence, cultural concerns or shortcomings in mandatory training etc • The areas listed as matters of concern related to areas without full assurance but these were not major issues • The work undertaken by the Guardian of Safe Working was recognised, in terms of improving levels of engagement to support junior doctors • Assurance was provided in relation to the actions being taken in respect of health and safety and fire Professor Hassell queried the references to an increase in resolution cases and Professor Crowe explained that this had been discussed at the People, Culture	

	and Inclusion (PCI) Committee. Mrs Haire highlighted that an increase was expected, as part of the work undertaken to improve culture. Mr Wakefield queried whether assurance was available to confirm what was being done was effective and Mrs Haire stated that this was monitored via the staff survey metric in addition to staff feedback via the pulse surveys. It was also noted that other metrics such as retention and sickness absence would also be good indicators. **The Trust Board received and noted the assurance report.**	
11.	**Speaking Up Board Brief**	
095/2024	Mrs Cotton highlighted the following: • A more comprehensive report had been considered by the People, Culture and Inclusion Committee • The main themes had reflected those reported in previous quarters • There had been an increase in the number of concerns being raised, as intended and in line with the national People Strategy, in terms of staff feeling safe to speak up • An internal audit review had been undertaken which concluded with a number of recommendations and actions which would be monitored by PCI Mr Wakefield referred to cases of detriment and queried how this was being tackled. Mrs Cotton stated that further work had been undertaken in this area, and particular information had been shared with individuals in terms of what is classed as detriment. She added that staff were also able to discuss cases of detriment with Professor Hassell in his role as Senior Independent Director. Ms Bowen welcomed the reduction in detriment cases. Mr Oldham referred to the two cases of detriment and whether these had been confirmed or perceived as detriment from the member of staff. Mrs Cotton explained that the members of staff had perceived there to be detriment which were subsequently investigated. Mrs Rodwell stated that she had recently attended training on Protect, the UK's whistleblowing charity and agreed to share information with Mrs Cotton. **The Trust Board received and noted the report.**	
RESPONSIVE		
12.	**Integrated Performance Report – Month 1**	
096/2024	<u>High Quality</u> Mrs Riley highlighted the following: • Metrics in relation to induction of labour and midwifery triage had been included • Falls and tissue viability incidents were subject to thematic analysis and an A3 was being worked through for tissue viability in order to understand any themes and to inform improvements. She stated that further updates in respect of this would be reported to QGC • C-difficile cases continued to be an area of focus with a root and branch review undertaken	

- Friends and family test responses for the Emergency Department were improving, but remained sporadic and as such leader standard work was to be developed in terms of obtaining patient feedback
- In terms of VTE assessments, performance had changed in February 2024 due to the move in using Tendable and this remained an area of focus with progress reported to QGC

Mr Wakefield queried what action was being taken in respect of never events and Mrs Riley stated that a thematic review was being undertaken the outcome of which would be reported to QGC.

Professor Crowe suggested that the narrative could be expanded to provide information to highlight that a thematic review is underway how these would be reported.

Responsive

Mr Evans highlighted the following in relation to urgent care performance:
- Positive progress had been made in terms of 4 hour performance and the Trust remained on trajectory to achieve the planning guidance target by the end of the year
- Improvements in 12 hours breaches had been made but these were not at the same level as 4 hour performance
- There had also been some improvement in ambulance handovers

Mr Wakefield queried when the Trust would achieve the 15 minute handover target and Mr Evans stated that the Trust needed to be below the 30 minute target. He described the difference between the standard and the planning guidance added that this similarly affected the cancer targets, whereby the cancer 62 day standard was 85% but the Trust's plan agreed with NHS England was to achieve less than that.

Professor Crowe referred to the Trust's performance of 100/124 Acute Trusts and whilst accepting the improvement activities he queried the driver of relative performance and how the Board could be assured that performance would improve quickly. Mr Evans stated that the ranking was a crude count of patients waiting over 12 hours and as one of the largest Emergency Departments in the Country the Trust would naturally have a higher number overall. He stated that a more reasonable indicator was the percentage of patients waiting over 12 hours compared to volume and for that metric the Trust was not in bottom quartile, but closer to the mid-point. He stated that a more appropriate indicator based on the size of the organization was being considered.

Mr Evans highlighted the following in relation to elective performance:
- RTT/planned care did not achieve the planned level of reduction in 78 week patients
- Progress in reducing the overall waiting list had been made although conversations with regulators were being held in terms of improving the 78 week position by July rather than June, timed with the anticipated improvements in endoscopy
- It was noted that the number of 104 week wait patients had been highlighted as zero within the report although subsequent validation had identified 1 patient due to the patient being referred back to the Trust from the Independent Sector
- Work continued in respect of improving data quality and validation

Dr Griffin referred to the 104 week patient and the referral back to the Trust and queried if this was commonplace or exceptional. Mr Evans stated that some cases were transferred due to their complexities and the original timescale is usually honoured.

Mr Wakefield referred to the potential impact of the Junior Doctor strike and it was noted that the Trust was unlikely to achieve the target in June but was seeking to provide more capacity in July to compensate.

Mr Evans highlighted the following in relation to cancer and diagnostics performance:

- The Trust remained on trajectory for improving cancer performance although from a Faster Diagnostic Standard (FDS) perspective the Trust had dropped below the standard for the first time in 3 months although this was expected to improve going forwards
- Endoscopy continued to be an area of concern which had impacted on planned care and cancer performance. Plans had been revised to deal with the backlog and an increase in capacity was expected

Ms Bowen referred to cancer 31 day performance and queried what assurance was available that the oversight group were prioritising patients fairly. Mr Evans stated that Multidisciplinary Team (MDT) meetings were used to manage capacity and he added that robotics were predominantly available for cancer patients. He stated that the MDT meetings included various specialties and prioritised patients based on clinical need.

<u>People</u>

Mrs Haire highlighted the following:

- The employee engagement metric had been included which used data from the national staff survey and quarterly staff voice. It was noted that the score from the quarterly survey was lower than the national survey and the reasons for this were being explored
- Turnover and vacancy rates had seen an improvement and the position was stabilising against the stretch target of 8%
- In terms of agency costs, the metric was to move towards agency utilisation as a percentage of the total pay bill. It was noted that the increase in expenditure was above plan and relating to undertaking Elective Recovery Fund (ERF) activity

Mr Wakefield queried the actions being taken to identify the reasons for the difference in the staff engagement score and Mrs Haire stated that this was being explored by Divisions.

Mr Wakefield queried the vacancy rate and Mrs Haire stated that it was expected for the vacancy rate to normalise given the level of turnover therefore this should provide confidence in terms of the same numbers of staff leaving versus joining.

<u>Improving and Innovating</u>

Dr Lewis highlighted the following:

- It had been recognised that the metric for engagement of staff in research was too limited and therefore two additional metrics had been agreed; the number of staff with shared joint/honorary contracts and the number of research active staff
- The metrics were to be further developed and improving together methodology was being utilised to provide additional data

Mr Wakefield queried what was meant by the 154 participants in research and asked why there was a lack of data for metric 3. Dr Lewis highlighted that 154 patients had participated in research and in terms of research active staff, there were some streams of data but it had not yet been possible to bring all of the data together. **ML**

Professor Hassell referred to the research participant metric and queried whether this could be broken down into the type of research undertaken. Dr Lewis agreed to take further detail on this to the Strategy and Transformation Committee.

Ms Bowen referred to quality and outcomes from research and queried whether a digital tool was available to capture information on this. Dr Lewis stated that data from research participants was available and added that quality reviews of trials were undertaken on a regular basis. Mrs Freeman added that the research team were included in the EPR programme in order to improve the identification of patients on research trials as well as helping to identify potential patients and monitoring and tracking progress.

Ms Ashley referred to the deep dive which was undertaken and identified that there was insufficient assurance in this area. She stated that as such further information was to be provided to the Executive Group before being considered at Strategy and Transformation Committee.

Mrs Riley referred to the linkages with Keele University and queried whether that would be included in future reports. Dr Lewis confirmed that work with Keele and Staffordshire Universities would be included.

Resources

Mrs Freeman highlighted the following in relation to digital performance:

- FOI requests were not meeting the current target and an electronic system to improve the process was being introduced
- There had been no cyber breaches
- Demand for digital projects remained significant

Mr Wakefield referred to the digital lifecycle whereby 79 projects had not started and 58 were in train and queried the timescales for starting these projects. Mrs Freeman stated that reasons for the projects which had not yet started were due to lack of people, resources, and funding. She stated that those identified as not started or on hold had been through a scoring process in order to assess whether they were required and any which had not yet been prioritised were not reported on.

Ms Bowen queried whether future reports could expend on the reason for not starting i.e. funding or staffing. She queried how further assurance could be provided in relation to shadow IT projects and Mrs Freeman stated that there should be no new shadow IT systems as it had been agreed that any future digital projects would be managed by IM&T. She stated that work remained ongoing in respect of identifying shadow IT systems with validation being undertaken by divisional leads.

Mr Oldham highlighted the following in relation to financial performance:

- Areas of concern related to follow ups being ahead of plan and high levels of activity which were driving elective costs
- Month 1 position includes detail of the profile of cost improvement programmes, whereby schemes continued to be worked through. A further

	update on cost improvements was to be provided to the Performance and Finance Committee (PAF) in June Professor Crowe queried where the progress was being made in terms of productivity and whether productivity performance metrics had been identified, which could then be monitored. Ms Ashley highlighted that further strategic work was being undertaken in relation to productivity and she had agreed to provide an update on this to PAF in 3 months. She added that in year opportunities were also being considered. Professor Crowe referred to the need to triangulate the impact of agency/staff controls whilst ensuring no negative impact on quality and queried how this would be brought together in reporting. Mr Oldham stated that all cost improvement programmes would have a quality impact assessment undertaken. He added that the vacancy control panel assessed likely impact on quality. **The Trust Board received and noted the report.**	
GOVERNANCE		
13.	**Fit and Proper Persons Annual Declaration**	
097/2024	Mr Wakefield highlighted the following: • Two Non-Executive Directors were outstanding updated DBS checks which had since been confirmed • All directors had therefore been confirmed as fit and proper • A revised process had been agreed for 2024/25 with the Nominations and Remuneration Committee give the amount of work required to undertake all of the necessary checks **The Trust Board received and noted the report.**	
CLOSING MATTERS		
14.	**Review of Meeting Effectiveness and Review of Business Cycle**	
098/2024	No further comments were made.	
15.	**Questions from the Public**	
099/2024	Mr Syme welcomed the improvements in maternity service and reinstatement of home births. Mr Syme referred to Hospital Ambulance Liaison Officers (HALO) which had been recruited, with the aim of improving category 2 delivery. He stated that this had resulted in some HALO having to be removed from Emergency Departments throughout the West Midlands Ambulance Service (WMAS) catchment including from UHNM's Emergency Department. He queried the present situation regarding HALO staffing and hours available within Royal Stoke and County Hospital as a comparison, and what was the same staffing previously before WMAS needed to withdraw some HALO staff. He also queried who funded the 'original' HALO staffing. Mr Syme added that he understood that as an interim measure, the system was looking to employ agency HALO and queried the state of play regarding the interim initiative and who would fund that position. He also queried how the hiatus was being managed in terms of a reduction in daily hours of HALO	

	availability and the managing of ambulance attendances at Emergency Departments. Mr Evans stated an element was covered by the core funding for WMAS and an additional element had been funded by the ICB to provide a 24 hours service. He stated that the service did reduce and at times the daytime service was not available and it had been agreed with the ICB and WMAS to bridge this by putting in place alternative staff and using agency/bank staff. He stated that 24 hour cover was regularly in place but this was using interim measures. As such, a substantive and permanent response was being considered, in terms of the type of role required as well as working with WMAS to consider joint recruitment. Mr Syme paid tribute to Mrs Bullock who had devoted a huge proportion of life to serving the public and he wished her well in the future. He stated that she was a force for good and had steered the organisation and NHS through some difficult times. Mrs Bullock thanked Mr Syme for his continued attendance at Board meetings and for being an advocate for our communities.	
DATE AND TIME OF NEXT MEETING		
16.	**Wednesday 10th July 2024, 9.30 am, via MS Teams**	

University Hospitals of North Midlands NHS Trust

Trust Board (Open)

Meeting held on Monday 24th June 2024 at 9.30 am to 10.05 am
Via MS Teams

MINUTES OF MEETING

Attended | Apologies / Deputy Sent | Apologies

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

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

In Attendance:

Mrs N Hassall	Deputy Associate Director of Corporate Governance (minutes)
Mrs S Preston	Strategic Director of Finance
Mr N Sone	Deputy Director of Finance – Financial Controller

Members of Staff and Public: 0

No.	Agenda Item	Action
PROCEDURAL ITEMS		
1.	**Chair's Welcome, Apologies and Confirmation of Quoracy**	
100/2024	Mr Wakefield welcomed members to the meeting. Apologies were received as noted above and it was confirmed that the meeting was quorate.	
2.	**Declarations of Interest**	
101/2024	There were no declarations of interest raised.	

3.	**Audit Committee Assurance Report (21-06-24)**	
102/2024	Mrs Rodwell highlighted the following: • An internal audit into IT systems managed by operational areas had concluded with minimal assurance • Whilst there had been some progress in implementing recommendations arising from the planned care waiting list management internal audit, there had been some delays and this was being monitored by the Planned Care Improvement Group • The Internal Audit annual audit opinion concluded with an above the line opinion • The External Audit opinion was unqualified with one disclosure for a Section 30 referral related to the cumulative deficit • In terms of value for money, External Audit had provided a red rating in relation to the robustness of the medium-term financial plan and impact on financial sustainability Mr Wakefield referred to the shadow IT internal audit and queried whether the conclusion was a surprise. Mrs Freeman highlighted that given these were systems managed by Divisional teams without specific IT expertise, it was expected that actions for improvement would be required. She added that a standards framework had been identified so that Divisions could undertake gap analysis to identify areas of focus for Divisional colleagues in managing those systems. Mr Wakefield referred to the red rating for financial sustainability and queried whether this needed to be referenced within the Annual Report. **The Trust Board received and noted the report.**	
4.	**2023/24 Annual Report and Annual Governance Statement**	
103/2024	Mrs Cotton highlighted that a number of changes were to be made to the report, following the Audit Committee on Friday. Mr Wakefield referred to page 14, going concern and the reference to any risk in statutory services being restricted by funding. Mr Oldham stated that he was content with the statement given the clarity provided in relation to going concern, in that unless there was an intention to wind up an organisation, Trust's would continue to be managed on a going concern basis. Mr Wakefield referred to headline activity, and in particular the large increase in volume year on year such as the 11% increase in non-elective admissions. He queried if the data had been validated and Mr Evans stated that the data was correct but added that there had been a change to the way in which elements were coded but these were in line with coding regimes and also reflected a new area which had opened. Mr Wakefield referred to the EPRR statement which did not confirm when the Trust expected to be compliant and Mr Evans stated that feedback on the latest submission was required to be provided by NHS England, before being able to determine when the Trust expected to be fully compliant. Mrs Cotton added that part of the assessment required a statement to be included in the annual report which this had addressed.	

	Mr Wakefield referred to page 35 and the ability to continue to deliver the green plan given the restrictions on funding. Mrs Whitehead agreed that the plan would not be delivered without significant investment which was no different to other Trusts and it was agreed to include a sentence within the report to reflect the ability to take this forward without investment. Mr Wakefield queried the reference to the staff physiotherapy service and queried if this was separate to the patient physiotherapy service. Mrs Haire noted that the service was separately funded to the usual physiotherapy service and was provided to staff in addition to the Occupational Health service. Mr Wakefield referred to the risk profile and comment regarding the finance risk and queried whether the sentence needed to be strengthened in light of the external auditor comments. Mr Oldham stated that risks had been highlighted and given the Trust's break even plan he felt the statement was accurate. **The Trust Board received and approved the Annual Report and Annual Governance Statement.**	
5.	**2023/24 Annual Accounts**	
104/2024	Mr Oldham highlighted that a number of items were outstanding before the external audit was completed, although these were not expected to change the opinion. He stated that year end financial performance was aligned with previous discussions at Performance and Finance Committee and the statement of comprehensive income highlighted a deficit due to the impact of IFRS 16, which was material. Mr Oldham referred to the calculation regarding the break-even duty and the adjustments made. He added that external audit were satisfied that the Trust had complied with the relevant accounting standards. Mr Wakefield summarised that the Trust had made a small surplus and achieved its break even duty and the revaluation adjustments had been recognised as technical adjustments. Mr Wakefield queried the outstanding amount the Trust owned for the PFI and Mr Sone confirmed that this stood at £490 m. **The Trust Board received and approved the 2023/24 Annual Accounts and agreed for the relevant documents to be signed prior to submission to External Audit and NHS England.**	
DATE AND TIME OF NEXT MEETING		
6.	**Wednesday 10th July 2024, 9.30 am, via MS Teams**	

Trust Board (Open)

Post meeting action log as at **04 July 2024**

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

Ref	Meeting Date	Agenda Item	Action	Assigned to	Due Date	Done Date	Progress Report	RAG Status
PTB/591	06/03/2024	Maternity Dashboard - January 2024	To provide an update on the outstanding CQC actions to a future Maternity Quality Governance Committee.	Ann-Marie Riley	22/05/2024	06/06/2024	Update provided at the meeting held 6th June 2024.	B
PTB/598	03/04/2024	Integrated Performance Report – Month 11	To provide an update to a future meeting on the impact of interventions put in to improved sepsis screening compliance in the Emergency Department.	Ann-Marie Riley	10/07/2024	04/07/2024	Update provided to Quality Governance Committee in respect of sepsis management and change in process.	B
PTB/599	03/04/2024	Integrated Performance Report – Month 11	To provide further information to the People, Culture & Inclusion Committee on sickness absences due to stress and anxiety in terms of the spread across different grades and types of staff.	Jane Haire	03/07/2024	14/06/2024	Analysis has been completed and included within the CPO report which will be reported to the People, Culture and Inclusion Committee in September.	B
PTB/600	05/06/2024	Quality Account	To confirm whether the two clinical audits not undertaken due to resource had since been undertaken	Matthew Lewis	10/07/2024	06/06/2024	**National Cardiac Arrest Audit –** A local audit, which is benchmarked against the national audit, is carried out annually. This is more cost-effective and time-effective. It is believed that this approach was approved by the board approximately 5 years ago. **Ophthalmology Audit –** The team are looking at a business case to fund and install the electronic system that is required to enable UHNM to participate in the future.	B
PTB/601	05/06/2024	Quality Account	To confirm what was meant by the reference to mandatory ratings for clinical coding	Ann-Marie Riley	10/07/2024		**Update to be provided.**	GB
PTB/602	05/06/2024	Integrated Performance Report - M1	To provide further detail in terms of the type of research undertaken to the Strategy and Transformation Committee.	Matthew Lewis	31/07/2024		Action not yet due.	GB

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Chief Executive's Report to the Trust Board

June 2024

Part 1: Contract Awards

2.1 Contract Awards and Approvals

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

- **Network data & telephony support services - hardware and licensing support** supplied by Block Solutions Ltd, for the period 19/06/2024 to 18/06/2029, at a total cost of £4,772,113.32 incl. VAT, approved on 05/06/2024
- **Stoke CDC - Landlord Dilapidation Works** supplied by Trenton Construction, for the period 20/05/2024 to 30/08/2024, at a total cost of £2,926,716.76 incl. VAT, approved on 05/06/2024
- **Histopathology outsourcing of laboratory specimens and reporting** supplied by Source Bioscience, for the period 01/07/2024 to 31/08/2024, at a total cost of £2,900,000.00 incl. VAT, approved on 05/06/2024
- **Adding additional value to the Roche Pathology Managed Equipment Service contract** supplied by Roche, for the period 01/04/2025 to 31/03/2030, at a total cost of £28,800,000.00 incl. VAT, approved on 05/06/2024

2.2 Consultant Appointments – June 2024

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

Post Title	Reason for advertising	Appointed (Yes/No)	Start Date
Consultant in Adult Intensive Care Medicine	Vacancy	Yes	TBC
Consultant Clinical Oncologist - Urology & Brain	Vacancy	Yes	1/7/24
Consultant Histopathology	Vacancy	Yes	1 to start 1/10/24 1 TBC
Emergency Medicine	New post	Yes	4 offered, start dates TBC

No medical staff have taken up positions in the Trust during June 2024.

The following table provides a summary of medical vacancies which closed without applications / candidates during June 2024:

Post Title	Closing Date	Notes
Consultant Orthodontist	19/6/24	No applications

2.3 Internal Medical Management Appointments – June 2024

No medical management interviews have taken place during June 2024.

No medical management have taken up positions in the Trust and no medical management vacancies closed without applications / candidates during June 2024.

Part 2: Highlight Report

National Focus

1. Junior Doctor Industrial Action

Thank you to all our staff who did everything they could to ensure our hospitals were safe for patients and each other during the latest period of junior doctor strike action, which took place between 27th June and 2nd July. I know that many staff worked flexibly to cover the gaps in junior doctor rotas both during the day and overnight.

The extended period of industrial action had an impact on our ability to look after some of our patients with a number of outpatient appointments and elective procedures rescheduled/postponed. However, despite the operational challenges we continued to maintain services for emergencies and urgent care, including cancer treatments and trauma.

2. National Guardian's Office

I was delighted to hear that the National Guardian's Office have invited our Freedom to Speak Up Guardian, Rob Irving, to speak at a forthcoming webinar on the work he undertook to promote Speaking Up during Speaking Up Month last year. This is excellent recognition and a great opportunity to share our work at a national level.

System / Regional Focus

3. Executive Productivity and Efficiency Group

NHS England (NHSE) are producing a productivity plan to support systems and NHS Trusts to deliver the productivity growth of 1.9% annually from 2025/26 as committed to in the Spring Budget. This plan is about setting the priorities for productivity improvement nationally, defining a bridge from today to things being different in the future and articulating the benefits of productivity for staff and patients.

To help develop and refine the productivity plan, NHSE will be engaging with stakeholders from across the system and I am delighted that our Chief Nurse, Ann-Marie Riley, has been nominated to join a group of leaders from across the NHS to champion this agenda in their systems and providers.

The first session has yet to take place, but it is anticipated that this will consider the scope of the developing plan, the emerging details of the key components, e.g. operational and clinical excellence, workforce, prevention, technology and digital, and the roles of NHSE, systems and NHS Trusts.

4. Staffordshire and Stoke on Trent Integrated Care Board (ICB) Meeting

The ICB met on 20th June 2024. The items discussed included the System Recovery Plan, System Organisational Development, Fit and Proper Persons and updates on Quality and Safety and Finance and Performance.

We will be welcoming the ICB to hold their next meeting in our Boardroom at Royal Stoke, on 18th July.

Organisational Focus

5. Operational Pressures

On 19th June we made the difficult decision to declare a critical incident due to extreme pressures which meant we were keeping too many patients waiting in ambulances outside our Emergency Department which was impacting on the ambulance service's ability to respond to calls in the community. This was a result of three consecutive very busy days, not just in Medicine where we normally feel the pressure, but across trauma and surgery also. Thank you to all of you who worked hard to improve this position to ensure we were able to stand down the incident on 21st June 2024.

6. Network Migration

The transition of the network and telephony support from Project Co / Nasstar to IM&T, successfully took place on 19th June 2024. I am delighted that the transition has been completed as this was a long-time coming, and by bringing these vital services inhouse we are able to gain more control over changes and developments.

7. North Midlands Hand Centre

To celebrate its first anniversary, the North Midlands Hand Centre at County Hospital held an open day to showcase the Unit to medical staff, students, and the public on Saturday 6th July. One thousand patients requiring life-changing hand surgery have now benefited from shorter waiting times at our dedicated day-case facility which provides state-of-the-art treatment whilst reducing the waiting list for hand surgery at UHNM.

8. PRIDE Month

We have now come to the end of Pride Month 2024, where we focussed on creating awareness, advocating for rights and fostering 'oneness' and inclusion within and outside the LGBTQ+ community. It has also provided an empowering and supportive space for LGBTQ+ individuals to gather and celebrate their identities and nurture a sense of belonging.

Whilst numerous activities took place throughout the month, in July we are expecting to launch our new Trans and Non Binary Employee Policy. This new policy recognises the importance of supporting colleagues who are planning to transition, are transitioning or have already transitioned and ensuring respect and dignity for all.

Finally, our Network has worked in partnership with the Staffordshire & Stoke on Trent Psychological Wellbeing Hub in creating the first LGBTQ+ Toolkit. This is available to access by scanning the QR Code.

9. Job Planning

Out of the 150 Trusts that they support in the United Kingdom, Allocate have advised UHNM that we have had the highest performance for job plan sign-off in the last 12 months. The proportion of approved job plans for the financial year, has risen from 26% in June 2023 to 78% at the start of July 2024, which shows a significant commitment by our clinical managers. We anticipate that doctors will feel supported as their roles are now better defined and for the Trust and the public, this confirms that we are carefully overseeing the finances and activities associated with professional staff.

10. Thrombectomy Visit - Steve Powis, Medical Director, NHS England

On 4th July 2024, we welcomed Professor Powis to Royal Stoke to showcase our thrombectomy service. Recent statistics illustrate UHNM's excellence in providing timely and effective stroke care, significantly improving patient outcomes and quality of life post-treatment compared to national averages. Of particular note, are our Patient Outcomes Post-Thrombectomy and Thrombectomy Treatment rates, which are higher than the national average.

My thanks go to all those involved, for these remarkable results.

10. Care Quality Commission

On 4th July 2024, we welcomed the Care Quality Commission to County Hospital. The purpose of the visit was to review the progress we have made in delivering the requirements of the Section 29a notice regarding mental health.

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board	Date:	10th July 2024
Report Title:	Clinical Strategy Progress Report 2024/25	Agenda Item:	7
Author:	Elaine Andrew, Deputy Director of Strategy and Transformation		
Executive Lead:	Helen Ashley, Director of Strategy and Transformation		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

Executive Summary

Situation

This report describes clinical strategy milestones within 2024/25, provides further detail describing outcomes and clarifies governance arrangements to ensure progress can be assured.

Background

Our clinical strategy was approved by Trust Board in 2021. The goal is to be a world-class centre of clinical and academic achievement, where staff work together to ensure patients receive the highest standards of care and the best people want to come to learn, work and undertake research. It sets out how we plan to deliver services across nine clinical pathway groupings; Urgent and Emergency Services, Acute Medical Services, Planned Care, Women's Health, Children and Young People, Diagnostics, Cancer Services, Tertiary Services and Critical Care Services.

Assessment

The Trust strategic framework describes a number of Strategic Priorities, Initiatives and Breakthrough Objectives. The impact for enabling strategies was considered at Trust Board Seminar session in March 2024 and described a number of priorities for 2024/25; rebalancing bed capacity at Royal Stoke, County Hospital Strategic delivery, Stroke-on-Trent Community Diagnostic Centre, Urgent Treatment Centres and completion of the new pathology digital system (LIMS). In parallel, the opportunity to improve strategic alignment and collaboration with partners and clinical networks was identified.

Clinical Strategy

Director of Strategy & Transformation | Strategy & Transformation Committee

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2023 / 2024 Developments and Successes

- Continue to deliver the NHS Long Term Plan to transform services and improve outcomes across strategic clinical areas (e.g. maternity, unplanned care, cancer, planned care, critical care diagnostics, tertiary, children's and women's)
- Involving patients in their own care through shared decision-making (e.g. NHS app, letters)
- Approval to expand capacity in key areas (Acute Beds, Community Diagnostic Centre, Surgical hub at County Hospital)
- Progress made within admissions avoidance though acute care at home pathways and technology
- Use of technology (e.g. Roll out of new Pathology LIMS, robotic surgery)
- Development of our clinical networks (e.g. Gynaecology, children's and spinal networks).
- Creation of UHNM forum with PCN and LMC leads to drive better work at interface between primary and secondary care

Risks and Challenges

- Continuing to deliver the NHS' delivery plan for tackling the COVID-19 backlog of elective care.
- Continued disruption through long standing industrial action.
- Continued capacity constraints at the Royal Stoke site and impact or patients.
- Process for reviewing elective long waits is evolving.

2024 / 2025 Priorities for Implementation	Impact / Outcome of Priority	Q1	Q2	Q3	Q4
Rightsizing bed capacity at RSUH (inc. Critical care)	Positive impact on quality / sustainability of services	■			
County Hospital Strategic Delivery	Improved utilisation and promote patient experience	■	■	■	■
Stoke Community Diagnostic Centre	Increase capacity and reduce disparities in healthcare				■
Urgent Treatment Centre	Standardise urgent care for our population				■
Clinical Support priorities (Completion of LIMS)	Improved quality, safety and efficiency			■	

System / Partnership Working

- Develop our local response to the expected national major conditions strategy.
- Continue to demonstrate strategic alignment with system / partnership working and collaboration by exploring opportunities to work in partnership with other acute providers (MCHFT, SATH, UHDB), at system level through the ICB, regional and national clinical networks.

The report described the mechanisms in place for each priority to support implementation, both within UHNM and at a system level. This also ensures alignment with the other Trust enabling strategies.

Key Recommendations

The Trust Board is asked to note the report and the assurance process to track delivery during 2024/5. The Trust Board is also asked to approved the County Hospital strategic Plan.

Clinical Strategy Progress Report 2024/25

1. Purpose

This report describes clinical strategy milestones within 2024/25, provides further detail describing outcomes and clarifies governance arrangements to ensure progress can be assured.

2. Background

Our strategic clinical goal is to be a world-class centre of clinical and academic achievement, where staff work together to ensure patients receive the highest standards of care and the best people want to come to learn, work and research. Our clinical strategy was approved by Trust Board in 2021.

The strategy sets out how we plan to deliver services across nine clinical pathway groupings; Urgent and Emergency Services, Acute Medical Services, Planned Care, Women's Health, Children and Young People, Diagnostics, Cancer Services, Tertiary Services and Critical Care Services.

Our clinical strategy forms part of the wider suite of enabling strategies, which include quality, digital, health and wellbeing, estates, people, and research.

3. Strategic Framework 2024/25

Our Trust strategic framework describes a number of Strategic Priorities, Initiatives and Breakthrough Objectives. The impact for enabling strategies was considered at Trust Board Seminar session in March 2024 and described a number of priorities for 2024/25; rebalancing bed capacity at Royal Stoke, County Hospital Strategic delivery, Stoke-on-Trent Community Diagnostic Centre (CDC), Urgent Treatment Centres and completion of the new pathology digital system (LIMS). In parallel, the opportunity to improve strategic alignment and collaboration with partners and clinical networks was identified.

Since the Board seminar session, annual planning has confirmed that the pharmacy robot is now expected to be completed within 2025/26 and NHSE have confirmed their intention to release a national major conditions strategy. These developments have been incorporated within this final plan (Fig 1).

Our clinical strategy is based on guiding principles:

- Ensuring patients only come into the acute hospital when it is clinically necessary.
- Proactively working with partners on alternative pathways to acute hospital attendances and admissions care.
- Working with partners to facilitate timely discharge and ongoing support.
- Treating patients as promptly as possible, whether they are part of an emergency, urgent or routine presentation.
- Addressing health inequalities.
- Avoiding unnecessary readmissions.
- Efficiency and clinical effectiveness.
- Development of standardised acute pathways, with reduced variation, which are delivered consistently across all locations.
- Providing sufficient capacity existing for non-elective and elective pathways, ensuring neither is compromised by high levels of demand for services.
- Maintaining elective services, even at times of increased pressures from emergency presentations.

- Making sure that we are applying national best practice consistently and promptly.
- Using patient outcome and experience data to demonstrate safe and effective care.

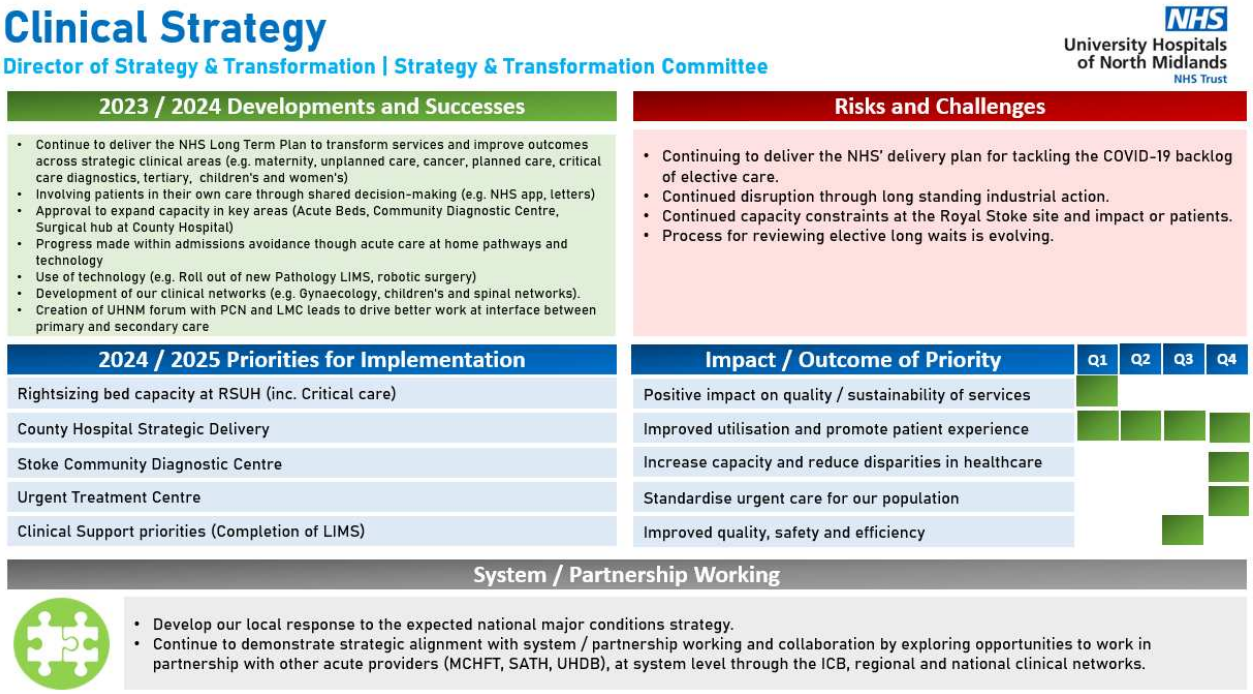

Fig 1: Clinical Strategy priorities 2024/25

4. Clinical priorities within 2024/25

4.1 Rebalancing RSUH bed capacity (Also termed "rightsizing")

UHNM (and Stoke-on-Trent & Staffordshire ICB) have an established bed model, which was completed in 2023. This shows an ongoing acute bed capacity shortfall, which despite mitigation is anticipated to grow to 88 bed deficit at the winter peak January 2025. The need to increase the medical bed base was also confirmed at an Emergency Care Pathway Review in November 2023 by ECIST/GiRFT.

It has been agreed by the Executive Team that resolving this inbalance could be considered as a future strategic initiative within the Trust. The proposed work has two strands; firstly, to rebalance the medical speciality bed base to increase capacity for acute medicine and elderly care. This will be led through our non-elective programme and linked to Winter 2024 planning, as this has links with ICB planning. The second strand aims to determine a series of short, medium and longer term priorities to understand how we could sustainably unlock bed capacity and link our clinical and estate strategies. The initial output would be a health planning stock take to show future clinical adjacencies for bed-based services and master planning in line with bed modelling. This would be a clinically engaged piece of work (and similar to approach used at County Hospital to help structure County Hospital as a future Strategic Initiative). As this work is at an early stage a working group has been established (medical, nursing operational, strategy and finance), which is reporting progress through to Executive Team pending implementation of formal arrangements.

4.2 County Hospital Strategic Delivery

The County Hospital Programme is a 'Must do' within the overall UHNM Strategic Framework. As a result, the County Hospital Strategic Programme was established in 2022 with a small number of focused work streams; surgical elective, urgent care, frailty, women's services and diagnostics. Our clinical strategy identifies the following ambitions for County Hospital:-.

- Develop the elective offer **building on existing range of outpatient/diagnostic services.**
- Establish an **Elective Hub** for high volume low complexity surgery.
- **Maximise the use of its elective facilities**, to cater for a broader range of surgical interventions to safeguard Royal Stoke for more complex and urgent surgery.
- Medically, consolidate the existing medical model for **step down medical beds** from the Royal Stoke site whilst at the same time continuing to receive admissions for less acute general medical conditions.
- Explore the possibility of **step up medical care.**
- Improve the current **Women's Health** services and opportunities for co-location.
- Provide a range of day treatments for oncology and renal patients and develop a **dedicated day treatment centre.**

There has been **considerable engagement** in getting work streams up and running and in starting to understand the future model of care. Clinical leads were identified to provide clinical leadership in development and delivery, ensuring appropriate level of clinical engagement and ensuring alignment to UHNM clinical strategy and system goals.

The first step has been to agree a preferred clinical model where this was not already clear. We have looked at the needs of our population, best practice, gaps in our knowledge, new trends and models.

The use of our **Quality Improvement methodology** is key and is being actively used both at a Strategic and operational level at County.

County Hospital Priorities for 2024/25

Surgical Elective Hub
- Locked down speciality mix at County Hospital
- Agreed mobilisation plan to provide 33 additional theatre sessions
- Ensure Staffordshire Treatment Suite has fully ramped up
- Have a plan in place to achieve GIRFT accreditation
- Describe the benefit for Royal Stoke.

Urgent/Emergency Care and Frailty
- Agreed the detailed SDEC and ward based model and developed a strategic case to underpin the future approach.
- Finalised mobilisation plans for a UTC with ICB.
- Made recommendations for out of hospital care.
- Describe the benefit for Royal Stoke.

Women's
- Developed proposals for women's services, aligned as part of a UHNM women's strategic response.
- Worked with NHSE and our ICB in developing their future model for birthing units across Staffordshire

Diagnostics
- Developed a clinical model that aligns elective and urgent care work streams.
- Scoped a physiology future model
- Aligned diagnostic pathways from primary care
- Developed our diagnostic workforce plan

Medical Daycase
- Developed a proposed clinical model that that expands elective medical interventions on County site.
- Reviewed the estate requirements to support an expanded model.

A strategic plan has been developed that brings together our key activities relating to County Hospital into one place, showing those we are prioritising for further work over the next two years. It is the first point where it has been possible to describe a longer-term model for County Hospital. The plan has been

approved by the County Board, Trust Executive Committee and Strategy and Transformation Committee, and is attached, for approval, as Appendix 1.

Delivery is monitored through the County Strategic Board, which reports progress through to Executive Strategy and Transformation (and Strategy and Transformation Committee). In addition, as a strategic trust initiative, progress is reported through monthly executive routines.

4.3 Stoke-on-Trent Community Diagnostic Centre (CDC)

The CDC for Stoke-on-Trent was approved for progression in July 2023. The decision to make the CDC a large archetype was defined by the needs of the population as well as the low number of endoscopy rooms per head of population in Staffordshire to level up to the national target of 3.5 rooms per 100,000 over the age of 50. The national CDC programme has four objectives;

- Improve population outcomes.
- Increasing diagnostic capacity
- Improving productivity and efficiency of diagnostic activity
- Contributing to reducing health inequalities
- Delivering a better, more personalised, diagnostic experience for patients
- Supporting integration of care across primary, secondary and community care

The delivery of the scheme started in 2023/24, with a phased ramp up from end March 2025 and full ramp up completed by September 2025 once the final building has been refurbished. A dedicated programme structure is in place, supported with clinical leads from across the Trust. In addition, we are working with the Integrated Care Board (ICB), University Hospitals of Derby and Burton (UHDB), Royal Wolverhampton (RWT), Midlands Partnership Foundation Trust (MPFT) as well as primary care to agree and implement streamlined diagnostic pathways.

Internally, there is a CDC Steering Group, which reports into both Strategy and Transformation Committee as well as Performance and Finance Committee. At an ICB level, this forms part of the planned care, cancer and diagnostics portfolio board.

4.4 Urgent Treatment Centre (UTC)

Within Staffordshire, the move towards UTCs is being co-ordinated through the ICB Urgent Care Delivery Board, which aims to ensure that the recognised national specification and the associated care standards required for Urgent and Emergency Care are delivered. The intention is for UTCs to be introduced alongside current emergency departments at Royal Stoke, County Hospital and Queen's Hospital Burton. Standalone UTCs are proposed at Haywood Hospital, Sir Robert Peel (Tamworth) and Samuel Johnson (Lichfield) community hospitals. Community hospital locations are planned to go live from July 2024, with the alongside UTCs to follow at a later date (to be determined).

During 2024, we will finalise our proposals for the UHNM alongside UTCs, and work with system partners to understand how these will best be implemented. In addition, we will work with the ICB, MPFT, UHDB and other providers to ensure the new models are aligned and additional system funding is allocated to support mobilisation.

This workstream reports progress through to Executive Strategy and Transformation (and through to Strategy and Transformation Committee).

4.4 Clinical support (completion of LIMS)

The pathology laboratory information management system has been upgraded during 2023/4, with completion of the cellular pathology, microbiology, blood transfusion and blood science modules. Within 2024/5, the final module, cellular pathology will be completed. Progress is monitored through the N8 pathology board.

4.4 System and Partnership working

NHSE Major Conditions strategy

During 2024/25 it is expected that NHSE will release a national major conditions strategy, which will set out direction in how best to prevent, diagnose treat and manage six major groups of conditions, specifically: Cancers, Cardiovascular diseases (including stroke and diabetes), Chronic respiratory diseases, Dementia, Mental ill health and Musculoskeletal disorders.

One in four people in England now live with two or more major conditions and suffer from an increasingly complex set of needs. By bringing six major conditions together in one strategy, the focus moves to delivering better, joined-up and holistic care to address the needs of patients as a whole, rather than focusing on one major condition at a time. During 2024/25 we will review our approach to major conditions in line with this new national direction.

NHSE Specialised Services delegation

Since April 2023, the Midlands ICBs and NHS England have operated under statutory joint working arrangements to commission specified specialised services. From 1st April 2024, commissioning for 59 specialised services will be delegated to the 11 Midlands ICBs. National policy requires ICBs to work in formal collaboration regarding Specialised Services. This responsibility, it is proposed, will be enacted through the East and West Midlands Joint Committees.

The primary purpose of delegation is to benefit the care provided to patients across their care pathways, improve access and reduce inequalities for whole populations. There is a significant opportunity to ensure that the disconnect between the commissioning of specialised services through NHS England and the local commissioning bodies is removed.

Benefits from specialised commissioning changes

ICBs and providers to have **freedom to design services and to innovate** in meeting the national standards where they take on delegated or joint commissioning responsibility	ICBs and providers able to **pool specialised budget and non-specialised budgets** to best meet the needs of their population, tackle health inequalities and to join up care pathways for their patients	ICBs and providers able to use world class assets of specialised services to **better support their communities closer to home** (e.g. designing local public health initiatives, greater diagnostics and screening)
Quality of patient care	**Equity of access**	**Value**
Patients will receive more **joined up care** – better communication and sharing of information between professionals and services. More of a **holistic, multi-disciplinary approach** to care. A range of professionals can be involved in planning a patient's care. Increase focus and investment on **prevention**. Patients will receive the **right care at the right time in the right place**. Better **step-down care** to support patients who are ready to leave specialised care.	Population based budgets means decisions on spend are based on the **needs of a local population** – the demographics, health behaviours etc rather than on activity in hospitals. Specialised clinical expertise will have a role in managing population health and to **challenge underlying drivers of health inequalities**. Providers and professionals working collaboratively, free from organisational constraints and commissioning boundaries, will help improve **quality of care and tackle unwarranted variation**. Opportunity to **level up access across the country**	Investment in preventative care could **reduce demand** for specialised services. Providers and professionals can **better manage patient demand**, even when one part of the system becomes stretched. Patients can be re-directed or transferred so they have faster and better access to treatment A whole system approach creates opportunities **to protect and build 'workforce resilience'**, as shown during the pandemic. Pooled/delegated budgets allow **underspends to be shared or reinvested** and avoids commissioning pressures on any one organisation.

From April 2024, the joint committee arrangement will be supported by a finance group (oversee the financial framework); a quality group (forum to share insight and intelligence in relation to quality concerns, to identify opportunities for improvement and to develop regional responses); and a commissioning group (oversee the design, development, planning, transformation, improvement, and reduction of inequalities). This is a significant change for our SSOT ICB and during 2024/25 we plan to work together to identify opportunities for our services and patients within this new arrangement.

At an ICB level, UHNM forms part of the NHSE Specialised Commissioning Delegations group.

Partnership working

During 2023/24 we re-established partnership meetings with both Shrewsbury and Telford NHS Trust (SaTH) and Mid Cheshire NHS Trust (MCHFT). We continue to seek opportunities to develop our service model and align services. Within 2024/25, we will focus on extending the pathology network and align robotic surgically assisted procedures with SaTH, implement haematology service changes with MCHFT and develop diagnostic pathways jointly with the University Derby and Burton, Royal Wolverhampton and primary care. We will also look to develop our primary care network forum, which was established in 2023/24. Partnership working reports progress through to both Executive Team and Strategy and Transformation committee.

5. Recommendation

This paper describes our planned strategic clinical priorities for 2024/5. The Trust has internal governance mechanisms set up to progress these priorities as part of the Trust Strategic Framework and will continue to provide assurance through to Trust Board.

University Hospitals of North Midlands NHS Trust

County Hospital Strategic Plan

2024 – 2026

Delivering Exceptional Care with Exceptional People

What is the purpose of this plan?

There is a valuable and distinct role for County Hospital within the overall UHNM landscape. This plan brings together our key activities relating to County Hospital into one place, showing those we are prioritising for further work over the next two years. It reflects work over the last 18 months and is the first point where it has been possible to describe a longer-term model for County Hospital.

How has it been developed?

The County Hospital Programme is a 'Must do' within the overall UHNM Strategic Framework. As a result, the County Hospital Strategic Programme was established in 2022 with a small number of focused work streams; surgical elective, urgent care, frailty, women's services and diagnostics.

Over the summer 2022, the Chief Executive and Medical Director undertook site wide engagement to help ensure visibility for the work starting on the County Hospital site.

The process underway in developing this plan is just as important as the plan itself. There has been **considerable engagement** in getting work streams up and running and in starting to understand the future model of care. From the outset, clinical leads were identified to provide clinical leadership in development and delivery, ensuring appropriate level of clinical engagement and ensuring alignment to UHNM clinical strategy and system goals.

The first step has been to agree a preferred clinical model where this was not already clear. The needs of our local population have been incorporated within each workstream and are being considered at every point. We have looked at best practice, gaps in our knowledge, new trends are models.

The use of our **Quality Improvement methodology** is key and is being actively used to help scope and test different ways for providing care to our local population. It is also helping to ensure that we remain focused on the things that are important for both our patients and people.

In parallel with this, opportunities have been taken to successfully bid for funding to help develop County Hospital. In total **over £25m has been secured in the last year.** While this is a strategic plan, we are starting to see changes now. There are greater numbers of people being treated electively, theatre utilisation is increasing and we have implemented changes that are improving care for our most frail patients.

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April 2023:

- Recommendation to Staffordshire and Stoke-on-Trent ICB to incorporate an Urgent Treatment Centre alongside existing Emergency provision at County Hospital

May 2023:

- Roll out of our quality improvement programme at County Hospital starts. Wave 3.
- Staffordshire Treatment Suite first phase opened.

July 2023:

- North Midlands Hand Theatre opened.
- Approval of £9.8m to create a new surgical day case ward
- New workstream identified to scope potential for a medical daycase unit

August 2023

- Approval of £13m funding to relocate our Breast services to a new purpose-built unit
- Agreement to adopt a spoke diagnostic centre concept for County Hospital to align with the approved Stoke Community Diagnostic Centre

September 2023:

- Frailty Working Group recommended a preferred model for future frailty care
- Agreed priority specialities that will increase services as part of the surgical elective hub

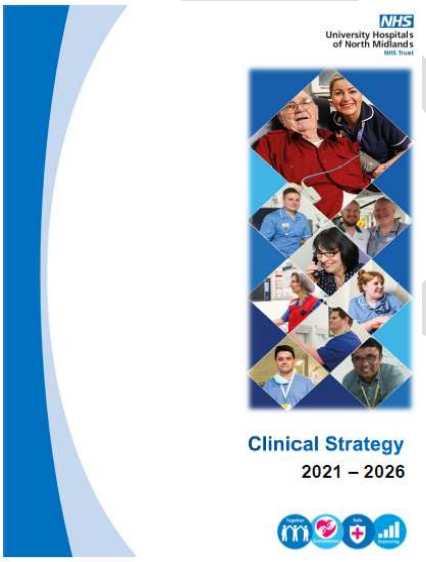
October 2023:

- Medical working group completed of an options appraisal and recommended a preferred way forward for emergency, urgent care and inpatient care
- Roll out of our improvement programme at County Hospital Wave 4

Our Clinical Strategy

Our Clinical Strategy sets out that our goal is to be a world-class centre of clinical and academic achievement, where staff work together to ensure patients receive the highest standards of care and the best people want to come to learn, work and research. It describes our vision for the future and our plans to become a successful, competitive partner in the healthcare economy.

For County Hospital, the ambition is to:



- Develop the elective offer at County Hospital **building on existing range of outpatient/diagnostic services.**
- Establish an **Elective Hub** for high volume low complexity surgery.
- **Maximise the use of its elective facilities**, to cater for a broader range of surgical interventions to safeguard Royal Stoke for more complex and urgent surgery.
- Medically, consolidate the existing medical model for **step down medical beds** from the Royal Stoke site whilst at the same time continuing to receive admissions for less acute general medical conditions.
- Explore the possibility of **step up medical care.**
- Improve the current **Women's Health** services and opportunities for co-location.
- Provide a range of day treatments for oncology and renal patients and develop a **dedicated day treatment centre.**

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Surgical Elective Care

Our plan is to create an externally recognised ring-fenced elective hub at County Hospital, operating to high productivity standards irrespective of winter or emergency pressures, concentrating on specialities that are aligned to the national Elective Hub objectives.

Goals

✓	**Complete remaining physical investments needed to create the surgical hub - Dedicated Day case ward and Staffordshire Treatment Suite (STS).**
✓	**Prioritise specialties to be part of the Elective Hub.**
✓	**Achieve NHSE accreditation standard (GIRFT) for County Hospital Elective Hub.**

Future Clinical Model

- Low complexity, high volume elective surgery would be completed at County Hospital to maximise capacity at Royal Stoke. Patients would still receive the option for treatment on either site.
- Any procedures that do not require a theatre would be transferred into an ambulatory treatment environment

Current Situation

- The preferred mix between Royal Stoke and County Hospital has not been clear. Currently 13 specialities delivering 74 sessions across 8 theatres does not maximise capacity.
- Specialities have identified potential for up to 33 sessions to be completed at County, with priority specialities narrowed to colorectal, upper GI, orthopaedics, ENT, urology, breast, spinal and gynaecology.
- Approval of £25m NHSE targeted investment funding to support development of elective hub is an important enabler.

Key Tasks

- Agree detailed plans based on working 6 days a week, 2.5 session days.
- Assess County against the 102 GIRFT accreditation criteria with agreed methodology that allows tracking and progress against criteria, split by responsibility area.
- Optimise hand theatre and STS now the capacity is live.
- Complete STS phase 2 and daycase ward by March 2025.

Milestones

In 2024 we will have

- Locked down speciality mix at County Hospital
- We will have agreed our mobilisation plan to provide additional theatre sessions
- Ensured STS has fully ramped up
- We will have a plan in place to achieve GIRFT accreditation
- We will be able to describe the benefit

In 2025 we will have

- Delivered an additional 33 session at County Hospital and freed up capacity on the RSUH site.
- Completed physical changes to create a dedicated day case ward.
- Received GIRFT accreditation for our elective hub
- We will have created a new breast unit
- We will have plans in place for vacated

Urgent/Emergency Care and Frailty

Our plan is to deliver acute care in the most appropriate setting that meets national standards and access needs of our local population. This will deliver better outcomes for patients, make it easier for staff to provide the best possible care and make services attractive so they can recruit and retain staff.

Goals

✓	**Develop future models of acute care to enable rapid, effective assessment and treatment working in collaboration with system partners to deliver right care, right place, first time.**
✓	**Optimise opportunities for same day care.**
✓	**Develop safe clinical care pathways for patients who require specialist interventions.**
✓	**To sustainably recruit and retain people to provide the model of care we aspire deliver.**

Future Clinical Model

Patients being treated at County Hospital would continue to be treated at the site.

- A standalone Urgent Treatment Centre (UTC) supporting adults and minor illness/injury within children [new service]
- Integrated unit delivering Adult Emergency Care / Medical & Frailty Same Day Emergency Care (SDEC) [expanded service]
- Patients requiring admission would be admitted to a reconfigured integrated inpatient Medical Unit (includes Short Stay, Acute Frailty and Step Up)
- Step Up community bed-based care [new service]
- Step Down bed-based care+ repatriation from Royal Stoke [reconfigured service]
- Aligned community provision and pathways [new and expanded services]

Current Situation

- County Hospital is identified as a future UTC location.
- The A&E does not meet national standards. It is restricted to adults open for 14 hours/ day. Medical SDEC is currently provided 5 days week/8 hours day. This is not in line with the national standard 12hours day/7 days week.
- County medical wards are established as speciality based, with a high proportion of generalist locum workforce. Around 80% of the current inpatient bed base at County Hospital is occupied by patients aged 70 and over. This demand is in part as a result of inconsistency and lack of community care provision, which means that people may not be supported in the most appropriate environment.
- Projected population estimates this cohort will substantially increase over the next 7-10 years.

Key Tasks

- Refine preferred clinical model and review with ICB colleagues. Align with acute medicine and Frailty GIRFT criteria.
- Make recommendations on gaps in out of hospital service provision so that care is delivered in hospital only when in the best interests of the patient.
- Develop a workforce plan to sustainably recruit and retain a substantive clinical/nursing/pharmacy/ therapy workforce providing the model of care we aspire to deliver for frail older people. This will also incorporate how our workforce could rotate between County Hospital and RSUH and remove current reliance on temporary staffing.

Milestones

In 2024 we will have

- Agreed the detailed SDEC and ward based model and developed a strategic case to underpin the future approach.
- Finalised mobilisation plans for a UTC with ICB.
- Made recommendations for out of hospital care.
- Describe the benefit for Royal Stoke

In 2025 we will have

- Started to implement the preferred inpatient clinical model.
- Mobilised a UTC with an integrated emergency and SDEC service.

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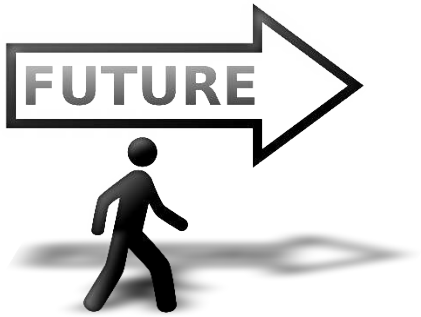
Women's services

Our plan is to ensure women's health services on the County site deliver comprehensive services to women and girls across their whole lives, integrated as part of the wider UHNM clinical model.

Goals

✓	**To develop models of care that explore opportunities to improve services in line with the national Women's Health Strategy, GIRFT and the growing needs of the local population.**
✓	**To bring greater equality in access to services across the county for women and girls**

Future Clinical Model



- The future clinical model would continue to provide outpatient and treatment services at County Hospital and expand where possible to provide a better equality in service. This would see an increase in services for gynaecology.
- Our plan is to provide a new dedicated unit for breast services, which includes breast imaging and provide an improved environment for these patients.

Current Situation

- Women's health unit co-locates the majority of women' services, with the exception of breast and some gynaecology services.
- Funding has been awarded to County Hospital to relocate breast service to a new unit by March 25.
- The freestanding midwifery-led birthing unit and home birth service remains temporarily closed since the Covid-19 pandemic.

Key Tasks

- Develop a clinical model based on the Women's Heath Strategy for England
- Gynaecology and breast surgical services to be developed as an integral part of the surgical hub.
- Engage women to help shape and develop ideas for future service delivery.
- Develop proposals to scope further services at County hospital; menstrual health and gynaecological conditions; fertility, pregnancy, pregnancy loss and postnatal support, menopause, mental health and wellbeing, cancers, the health impacts of violence against women and girls, healthy ageing and long-term conditions.

Milestones

In 2024 we will have

- Developed proposals for women's services, aligned as part of a UHNM women's strategic response.
- Worked with NHSE and our ICB in developing their future model for birthing units across

In 2025 we will have

- Relocated breast services into a new dedicated unit.
- Have agreed mobilisation plans for women's related services.

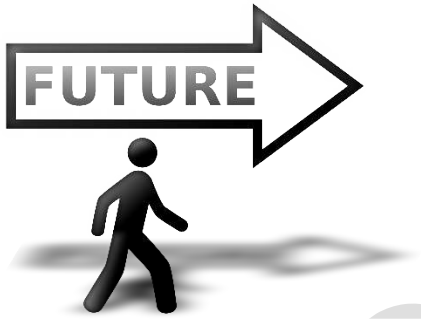
Diagnostics

Our plan is that the population can access diagnostic services within the most appropriate setting and timescales and develops a Community Diagnostic Hub model that supports our elective recovery

Goals

✓	**Understand and respond to the needs of other service changes at the County Hospital site (e.g. surgical elective hub, expanded urgent care model)**
✓	**Understand current recovery plans for current diagnostic services and potential impact/limitations on operational delivery**
✓	**Understand and align diagnostic services with the overall strategy for diagnostics across the Trust and ICS, including Community Diagnostic Centre development.**

Future Clinical Model



- The future clinical model would ensure that diagnostic services at County Hospital respond to the changes proposed as part of the urgent care and elective care workstreams, in particular changes to hours of operation.
- The County model would align imaging, physiology, pathology and endoscopy services as a spoke of the approved Stoke community diagnostic centre (CDC).

Current Situation

- County Hospital currently provides imaging, endoscopy, physiological science and essential pathology services.
- Physiology estate has not received investment since integration.
- University Hospitals North Midlands in partnership with Keele University is part as Midlands Imaging Academy hub, to build on the existing expertise for imaging learning and training in the region. The hub is based at County Hospital.

Key Tasks

- Review elective and urgent care workstreams to ensure diagnostic requirements are aligned. This may require an expanded service to accommodate 12hour/7 day services.
- Explore the expansion of training academies and networks in line with national strategy, e.g. physiology, following the success of the imaging academy.
- Complete review of physiology model at County, to ensure the service is fit for purpose and aligned to population need.
- Ensure clinical pathways for County patients are reviewed and aligned with the Stoke Community Diagnostic Centre. Promote County as a formal spoke site.

Milestones

In 2024 we will have

- Developed a clinical model that aligns elective and urgent care work streams.
- Scoped a physiology future model
- Aligned diagnostic pathways from primary care
- Developed our diagnostic workforce plan

In 2025 we will have

- Diagnostics services would be in place to support surgical elective and medical models.
- We will have designed fit for purpose physiology estate and sought funding as part of spoke CDC.
- Developed further opportunities to expand our training academy provision.

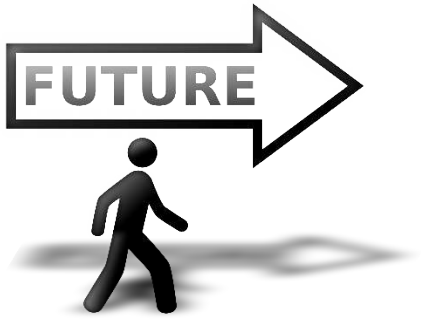
Medical Daycase Treatment

Our plan is to expand the range of medical ambulatory interventions offered at County Hospital.

Goals

Create a dedicated, low complexity, high volume medical elective unit so that patients are not unnecessarily admitted into bed based care or treated in a cancer ward when they do not have cancer.

Future Clinical Model



To expand the range of medical daycase treatments offered from the County site in a dedicated ambulatory treatment unit, which includes specialities such as neurology, cardiology, haematology, oncology and respiratory. This will help ensure that patients are only admitted where needed and that patients that do not have cancer are not treated within a cancer daycase area.

Current Situation

- In 2023 ambulatory heart failure and neurology ambulatory care unit agreed to be co-located within County Hospital. This provides a critical mass to build on within an expanded model.
- Patients are currently treated in a variety of settings; as inpatients, outpatients or within the chemotherapy unit.
- The physical estate has not received investment and was not designed as a daycase treatment area.

Key Tasks

- Agree detailed specialty configuration to maximise number of people treated at County.
- Review Emergency Ambulatory conditions to gain clarity between SDEC and planned treatments.
- Model the impact of chemotherapy capacity that could be released across RSUH and County Hospital through non-cancer patients being treated in a daycase environment.
- Approve preferred model and develop case for mobilisation.

Milestones

In 2024 we will have

- Developed a proposed clinical model that that expands the elective medical interventions on County site.
- Reviewed the estate requirements to support an expanded model.

In 2025 we will have

- Developed the workforce plan to mobilise and expand the range of interventions .

Other Opportunities Identified

As this plan has developed we are also identifying new opportunities for County Hospital. These do not yet have specific work streams in place, however we will be looking to explore further and scope plans where possible, both in response to local, regional and where possible national need.

- **Integrated Community Hub (as part of system reconfiguration of primary / community services)**
- **Specialist Rehabilitation**
- **Potential use for vacated Breast Unit**
- **More engagement with patients and other**
- **Green space at the front of County Hospital**
- **Outpatient reconfiguration**

What could this mean for…

Capacity

This plan is being completed within the context there are bed capacity constraints across both UHNM. Modelling indicates that there could be around 88 bed shortfall at RSUH and 10 bed shortfall at County Hospital in the peak of Winter. One of the working assumptions has been that bed pressure could be relieved through a different model at County site. It is becoming clear that there are opportunities to help reduce this pressure, but other solutions will be required. As we progress our plans, this will develop and be incorporated within our overall Trust bed model.

Workstream	County	Royal Stoke
Elective Hub	20 beds (reconfiguration of wards 6 & 7). Theatre capacity maximised.	Potential to release theatre and bed capacity at point Trust has recovered from Covid-19 backlog.
Urgent & Emergency Care	11 bed reduction based on no change to community provision (this is likely to be greater once work has been completed to redefine community model)	No impact assumed (however further work required to review potential for any population shift)

People

This plan will rely on a reconfigured workforce at County Hospital, with new roles and workforce opportunities provided through the clinical models proposed. This is exciting. There would be greater integration between some services on the site that will require enhanced training. In addition, new models (e.g. advanced care practitioners) will aim to provide better progression and skills development. A key element moving forward is the development of an overarching workforce plan that describes the impact for people working on the site and the potential for skills development.

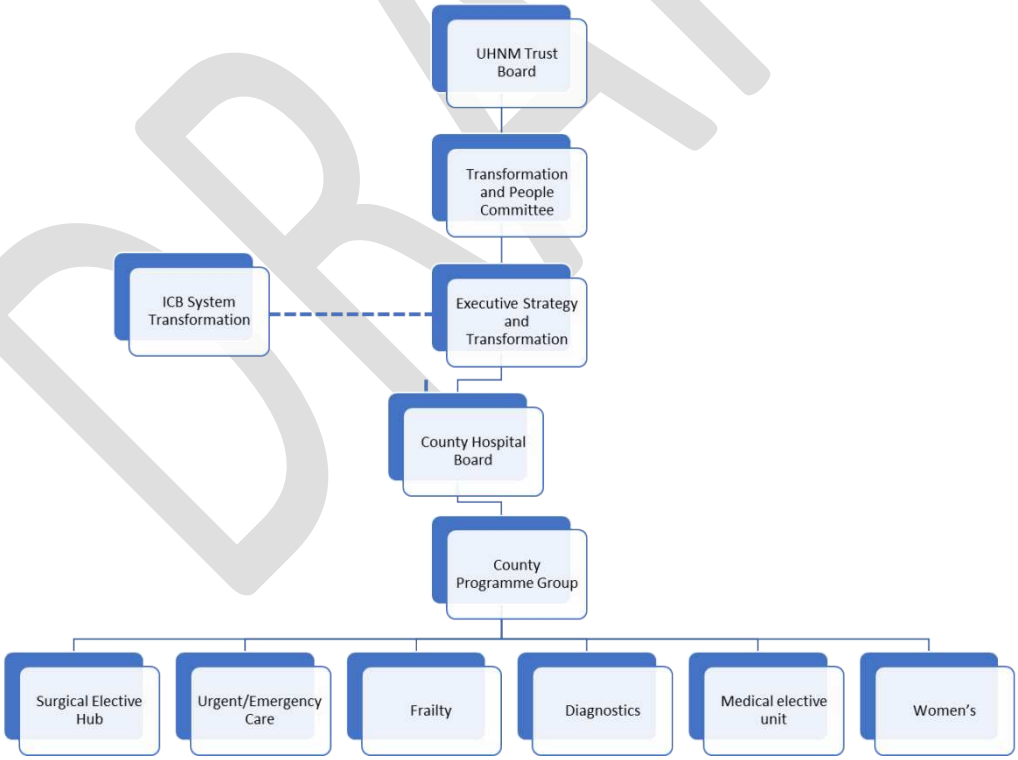
Resources

At each step of the way our plans will be tested to ensure it is affordable and sustainable. The intention is to evidence better utilisation financial envelopes and reduce reliance on agency and premium spend before seeking additional investment. It may be that some plans require some funding to transfer from other sites. The plans will seek to better utilise the County Hospital footprint and we will look to identify sources of capital that could be bought to the site, in the same way that capital has been awarded for the Elective Hub development. Only at the point where this is not possible would a case be made for additional investment in line with the wider trust process and priorities. Some services (e.g. Urgent Treatment Centre) are new and would require ICB investment.

County Hospital Programme Governance

There is a governance structure in place to support the delivery of this plan. The County Hospital Strategic Programme Board has been formed as a senior stakeholder group to oversee the establishment and delivery of a County Hospital Development Programme reporting to the Executive Strategy and Transformation Group.

The Programme Board is not intended to be a permanent function of the Corporate Governance Structure as its focus is strategic; it is envisaged that the Programme Board will discharge its responsibilities once the County Hospital becomes a matter for operational delivery. Working groups have been established where needed, with arrangements continually reviewed through the County hospital board, with corporate support provided for workforce, communications, strategy and transformation.



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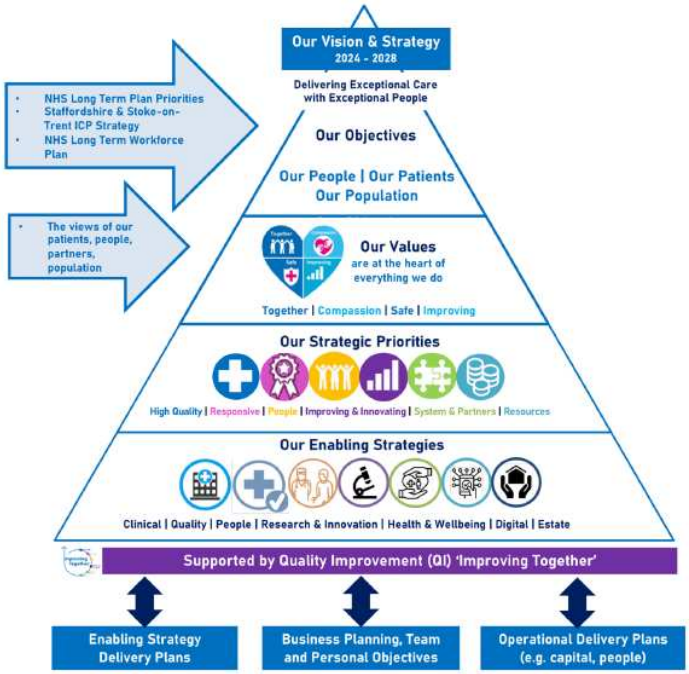
Links with our Enabling Strategies

In addition to our clinical strategy, this plan has direct links with our wider Trust Strategy. The proposed new models of care described within this plan help to support our enabling strategies (people, quality, health and wellbeing, digital ,research and estates). As the plan develops this should also result in more opportunities being identified for County Hospital.



People Strategy

- Look after our people
- Create a sense of belonging where we are kind and respectful to each other
- Grow and develop our workforce for the future
- Develop our people practices and systems

Research & Innovation Strategy

- Develop a Trust-wide culture of research and innovation.
- Grow the Trust's capacity for research
- Develop a robust, sustainable and transparent financial model for research and innovation.
- Support and enhance research and innovation through a robust governance framework.

Quality Strategy

- Develop consistent positive practice environments recognising out staff are safety critical
- Deliver consistently safe and reliable care
- Prevent avoidable delay in patient assessment, treatment and discharge
- Ensure that our patients have access to services and/or treatments that meets their needs and delivers positive outcomes and experiences.

Digital Strategy

- Deliver of a mature clinical digital system
- Ensure our staff can access our digital systems with modern devices which are underpinned by excellent support services.
- Deliver data insights to clinical and operational staff
- Do the initiatives that make sense to do together, together.
- Empower patients and staff to make the most of the technology available and to confidently get involved in the future of digital healthcare.
- Optimise business and communication systems to improve efficiency.

Estates Strategy

- To deliver the planned capital schemes at County and in doing so provide an estate that supports the delivery of the Trust's strategic objectives, at the same time as reducing back-log maintenance and optimising the use of the existing estate.

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University Hospitals of North Midlands NHS Trust

Highlight Report

Maternity and Neonatal Quality Governance Committee 5th June 2024 to Trust Board

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
• One referral had been made during the quarter to the Maternity and Newborn Safety Investigations (MNSI) of a maternal death and an update on a further two incidents were provided. It was noted that key learning points had been identified for each incident and shared across the Directorate • It was noted that composition of the local MNVP was not representative of the local population, and this remained an area of focus for improvement, including identifying innovative ways in which service users could be encouraged to share their experiences • An update in relation to the maternity Care Quality Commission (CQC) action plan highlighted 4 outstanding actions which continued to be focussed on. It was noted that the same outstanding actions were identified as requiring further assurance following a recent internal mock CQC inspection • The themes in relation to listening to the patient voice and provision of information / education were highlighted as requiring improvement following the NHS maternity services survey	• To confirm the completion date of when nursing establishment was expected to achieve the Qualified in Specialty (QIS) ratio • Within future serious incident reports, it was agreed to include whether any specific language barriers had been identified • Obtaining feedback from maternity service users was to be considered as a driver metric in order to increase the amount of patient feedback, working in conjunction with the Maternity and Neonatal Voice Partnership (MNVP)
Positive Assurances to Provide	**Decisions Made**
• The Neonatal Intensive Care Unit overview concluded with an assurance rating of Partial Assurance which reflected remaining areas of concern such as workforce challenges - qualified in specialty nurses, and neonatologist recruitment (which were being addressed). However, the positive improvements were recognised in terms of the 2022 MBRRACE data which had identified a decline in the number of neonatal deaths since 2021. In addition, neonatal governance had been strengthened and 35% of neonatal mortalities were receiving external scrutiny. • Weekly recruitment meetings were taking place within Neonatology to monitor progress with recruitment to the Consultant workforce and a detailed update was provided in respect of the actions being taken to recruit to the remaining vacancies. The Committee welcomed the work being undertaken in terms of supporting current registrars in applying for Consultant roles • The perinatal mortality quarterly update identified that the Trust was 100% compliant with all 4 areas of CNST safety action 1 • The maternity dashboard highlighted that homebirths had recommenced. Safeguarding training was a future area of focus and specific training sessions had been identified for the medical workforce. In addition, an improvement project in relation to sepsis management was being considered. In terms of midwifery recruitment, there were 32 WTE vacancies; 8 members of staff had already been recruited and 25 had been offered posts therefore it was expected that all vacancies would be recruited to by October 2024. The Committee welcomed the increase in PDR compliance from 55% to 94% which had been an area of focus utilising improving together methodology • The NHS maternity services survey improvement plan identified the Trust's benchmarked results from the 2023 survey, and particular areas of positive improvement were highlighted; expansion of the Professional Midwifery Advocate service, the plans to support women's birth choices, induction of labour and re-commencement of the home birth service	• There were no decisions to be made.

Comments on the Effectiveness of the Meeting

• The Committee noted that representation was not available from the neonatal team. Members welcomed the discussion held which had been aided by having a more focussed agenda.

Summary Agenda

No.	Agenda Item	BAF Mapping: BAF No.	BAF Mapping: Risk	BAF Mapping: Assurance	Purpose
1.	Neonatal Intensive Care Unit – Overview and Action Plan Update	BAF 1	ID30650 ID28655 ID29167 ID30652	●	Assurance
2.	Maternity & Neonatal Medical Workforce Highlight Report	BAF 1	High 12	●	Assurance
3.	Maternity and Neonatal New Serious Incident (SI) Report Q4 2023/24	BAF 1	ID15593	●	Assurance
4.	Perinatal Mortality Report Q4 2023/24	BAF 1	High 12	●	Assurance
5.	Maternity Dashboard: • Q4 2023/24 • April 2024	BAF 1	High 12	●	Information
6.	Maternity Family Experience Report Q4 2023/24	BAF 1	High 12	●	Assurance
7.	Maternity CQC Action Plan Update	BAF 1	ID23834 ID15993 ID13419	●	Assurance
8.	NHS Maternity Services Survey Improvement Plan 2023			● ●	Assurance
9.	Maternity & Neonatal Quality & Safety Oversight Group Highlight Report			-	Assurance

Attendance Matrix

Members:			J	A	N	F
Prof S Toor	ST	Non-Executive Director (Chair)				
Mrs C Cotton	CC	Director of Governance	NH			
Prof A Hassell	AH	Associate Non-Executive Director				
Dr M Lewis	ML	Medical Director				
Prof K Maddock	KM	Non-Executive Director				
Mr J Maxwell	JM	Head of Quality, Safety & Compliance				
Mrs A Riley	AR	Chief Nurse				

University Hospitals of North Midlands NHS Trust

Highlight Report

Quality Governance Committee 4th July 2024 to Trust Board

Matters of Concern / Key Risks to Escalate

- The update in relation to Commissioning for Quality and Innovation (CQUIN) was provided, and the Committee agreed with the **partial assurance** rating, due to the CQUIN schemes which did not achieve the required target, although it was noted that there were no financial implications from this.
- 3 patient safety incident investigations were reported during April and May and 13 Patient Safety Incident Response Framework (PSIRF) reviews had been considered at the Risk Management Panel. The way in which the safety recommendations were identified was challenged and it was noted that these were being strengthened to establish the associated impact. The Committee concluded with a **partial assurance** rating.
- Month 2 quality performance report highlighted areas which were not achieving the required targets; emergency department sepsis, number of patient safety incidents with moderate harm or above, written Duty of Candour, incidences of both e-coli and C Difficile in addition to timely observations. The Committee concluded with a **partial assurance** rating
- An update in respect of paediatric audiology was provided in respect of the recommendations made from the Lothian review. It was noted that whilst actions were underway, including undertaking a business case, there were concerns regarding funding, the scale of the 5 year look back, and accreditation process, therefore the Committee concluded with a **partial assurance** rating
- The Quarter 4 Patient Experience report highlighted an increase in the number of formal complaints although the new triage process was working well and there was a low rate of escalations to formal complaints following PALS involvements. It was noted that friends and family response rates needed improvement in addition to the complaints response rates with ongoing actions having been identified. The Committee concluded with a **partial assurance** ratting.
- The Committee noted that the Trust was now required to report critical care single sex accommodation breaches and as such 107 breaches were reported for May. It was noted that following review all of the breaches were clinically appropriate

Major Actions Commissioned / Work Underway

- An update to be provided to the Committee in 3 months with regards to the completed actions undertaken into the blood culture transfer issues at County Hospital
- An update in relation to the CQUINs for frailty and revascularisation standards to be provided at a future meeting
- To provide an update in relation to the progress in agreeing the maternity Patient Group Directive for sepsis
- A review of the implications for commencing the accreditation process for all physiological sciences was being undertaken
- It was agreed to receive a further update in terms of paediatric audiology in 4 months
- Numerous actions being undertaken by the Clinical Effectiveness Group in terms of monitoring NICE guidance and continuing development of the A3
- Changes to be made to ED sepsis screening following discussion at Quality and Safety Oversight Group in light of new guidance

Positive Assurances to Provide

- A further update was provided in relation to paediatric sepsis screening and assurance was provided in relation to the roll out of the Paediatric Early Warning Scores (PEWS) tool whereby it was noted that an electronic tool was to be developed. The Committee concluded that they were **significantly assured** by the update and agreed that a yearly update would be provided going forwards
- The maternity dashboard highlighted a continued focus on prioritising training, reduction in vacancies and focus on staff engagement and the Committee concluded with an **acceptable assurance** rating.
- The improvements in recruitment and retention were highlighted within the maternity and neonatal workforce report and the Committee were **significantly assured** by the update
- The Committee welcomed the common themes identified following Care Excellence Framework visits which were disseminated to ward areas after the reviews, in addition to being shared via the PSIRF process. The Committee were **significantly assured** by the process in place.
- The annual mortality report was provided which highlighted themes from mortality reviews, actions taken and the priorities for 2024/25. The Committee were **significantly assured** of the process in place to review deaths at UHNM
- The Committee welcomed the increase in use of the Interpreter on Wheels system which equated to over 290 hours used during Quarter 4
- The Committee welcomed the 99% response rate and satisfaction score for friends and family test for Ward 78, as highlighted within the Patient Experience Report
- An internal audit into Safe Staffing (Nursing) concluded with substantial assurance, the reviews into CQC Action Outcomes Framework and Mental Capacity Assessment Framework concluded with reasonable assurance and good progress had been made in implementing recommendations from the Clinical Risk Management – PSIRF internal audit

Decisions Made

- The Committee approved the Terms of Reference for the Quality and Safety Oversight Group, Clinical Effectiveness Group and Executive Maternity & Neonatal Quality & Safety Oversight Group

Comments on the Effectiveness of the Meeting

- The Committee welcomed the quality of papers provided

Summary Agenda

No.	Agenda Item	BAF Mapping: BAF No.	BAF Mapping: Risk	BAF Mapping: Assurance	Purpose
1.	Sepsis In Children's Services	BAF 1		Significant	Assurance
2.	Maternity Dashboard: May 2024	BAF 1		Acceptable	Assurance
3.	Maternity & Neonatal Workforce Report Q4 23/24	BAF 1/2		Significant	Assurance
4.	Care Excellence Framework (CEF) Summary Q4 23/24	BAF 1		Significant	Assurance
5.	Commissioning for Quality and Innovation (CQUIN) Scheme for 2023/24 Q4 Update	BAF 1		Partial	Assurance
6.	Patient Safety Incident Investigation & Serious Incident Highlight Report (April & May 24)	BAF 1		Partial	Assurance
7.	Annual Mortality Assurance Report	BAF 1		Significant	Assurance
8.	Paediatric Audiology Position Statement	BAF 1	ID31428 ID31347 ID31429	Partial	Assurance
9.	Quality Performance Report – Month 2 24/25	BAF 1		Partial	Assurance
10.	Executive Clinical Effectiveness Group Highlight Report (13-06-24)	BAF 1			Assurance
11.	Q4 Patient Experience Report 2023/24	BAF 1		Partial	Assurance
12.	Internal Audit Reports	BAF 1			Assurance
	• Safe Staffing (Nursing)			Significant	
	• CQC Action Outcomes Framework			Acceptable	
	• Clinical Risk Management – PSIRF				
	• Mental Capacity Assessment Framework			Acceptable	
13.	Executive Groups Governance Pack	BAF 1		N/A	Approval
14.	Quality & Safety Oversight Group Highlight Report (17-06-24)	BAF 1			Assurance

Attendance Matrix

Members:			A	M	J	A	S	O	N	D	J	F	M
Prof A Hassell	AH	Associate Non-Executive Director (Chair)											
Mrs C Cotton	CC	Director of Governance	NH	NH	NH								
Dr M Lewis	ML	Chief Medical Officer											
Prof K Maddock	KM	Non-Executive Director											
Mr J Maxwell	JM	Head of Quality, Safety & Compliance											
Mrs A Riley	AR	Chief Nurse											
Prof S Toor	ST	Non-Executive Director											

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	Date:	10 July 2024
Report Title:	Bi-Annual Nure Staffing Assurance Report	Agenda Item:	10.
Author:	Jane Holmes - Deputy Chief Nurse		
Executive Lead:	Ann-Marie Riley- Chief Nurse		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

BAF 1	*Patient Outcomes and Experience*	*12 (High)*
BAF 2	*Sustainable Workforce*	*16 (extreme)*

Executive Summary:

There is a significant body of national and international evidence highlighting the relationship between registered nurse staffing levels and the resulting impact on care delivery, patient outcomes (including mortality) and patient experience, improved recruitment and retention, and reduction in staff sickness and stress.

Following findings in the Francis Report, the National Quality Board (NQB) set out expectations and a framework within which organisations and staff should make decisions about safe staffing including a review of the nursing and midwifery workforce to be presented to the Trust Board twice per year.

In 2018, NHS Improvement published a document called 'Developing Workforce Safeguards – supporting providers to deliver high quality care through safe and effective staffing' which notes the requirement for organisations to comply with the NQB guidance:

'By implementing this document's recommendations and strong, effective governance, boards can be assured that their workforce decisions will promote patient safety and so comply with the Care Quality Commission's (CQC) fundamental standards, our Use of Resources assessment and the Board's statutory duties'.

This bi-annual report reviews the nursing establishment for adult and paediatric inpatient areas with the exception of midwifery who had an external review utilising nationally recognised Birth-Rate Plus methodology in 2022 and a business case was approved late 2022 in relation to this. A refreshed Birthrate Plus assessment will take place in 2025.

The emergency department and theatres are still currently under review by the relevant Divisions

and will be included in the next update in six months' time.
The establishment review was discussed in detail at both the Executive Team Meeting on the 28 May and at the Strategy and Transformation/People, Culture and Inclusion Committee (BAF Deep Dive) meeting on 3rd July prior to submission to Trust Board.

Key areas to note:

1. Ward Sister allocation remains at 0.4wte supervisory and 0.6 wte clinical time.

2. The Executive Team discussed the RCN guidance to uplift establishments to 25% and a decision was made to maintain the current 21.5% uplift. Overall, retention and sickness is improving so we will continue to monitor and assess whether an increase in uplift is required in future.

3. The methodology used to conduct the review is in line with NHSE guidance. For additional assurance the Chief Nurse requested internal audit to assess the establishment review process against that guidance. The internal audit concluded that the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

4. There has been significant focus on ensuring the establishments are correct and in line with guidance, and stabilising our workforce through recruitment and retention. Since 2022 we have reduced RN vacancies from circa 450 to zero, reduced HCA vacancies from 300 to zero and reduced RM vacancies from 75 to zero. We have also reduced turnover by 4% across RNs, RMs and HCAs. RN sickness has reduced by 3% and RM sickness has reduced by 5%. We have continued to maintain 100% retention of newly qualified midwives for a second year.

5. A number of areas are under review and will be presented in subsequent establishment reviews. These include theatres, outpatients and allied health professionals.

6. Previous establishment reviews did not result in business cases being developed due to the number of vacancies at the time. The vacancies have now reduced so it is expected that Divisions will develop and submit business cases in line with the recommendations noted below. These business cases will then be subject to the usual prioritisation and governance processes.

Divisional leadership teams will be responsible for producing any business cases relevant to this review, and changes to the e-rostering system will not be made until business cases are approved.

Summary of Staffing Recommendations for this review:

Medicine:
The team report having felt the benefit of the previously requested activity coordinators in their reductions of harm, (in particular falls) within our Frail Elderly patients and in their plight to prevent deconditioning, based across both hospital sites.

Since the introduction of the diversional therapist role, Medicine (Older People) has seen a 65% falls reduction. These diversional therapists were temporarily funded from vacancies within the relevant ward areas. The benefits of the role now means that the role is be able to continue without any additional investment.

Stoke ED is requesting **10.88wte HCA's to support CDU.** This will enhance patient flow and

care; but also address the concerns of the CQC that there was a lack of visibility for patients in CDU due to the location.

County ED has seen increased demand and attendances and has required additional staffing to support safe patient care. This is currently supported via temporary staffing and **County ED is requesting 7.wte RNs** to ensure the substantive workforce can meet the required demand.

5.44wte RNs have been requested to support the acuity and complexity of patients on Ward 230.

Network Service Division:
There is an increase in patient acuity and dependency and a request for **29.73wte HCA's** has been made to address the consistent 1:1 care requirement across: Neurosurgery (228), Acute Stroke Unit (127), Neurology (126) Fractured Neck of Femur Ward (225) and the Heart Centre. This demand has required a reliance on temporary workforce to support patient safety which has been confirmed by our Nurse Bank team. The cost of these staff will be in the run rate and the division aim to reduce overall cost by appointing to these positions substantively.

10.80 WTE Registrants have been requested to bring in line with National Standards for level 1 care (on wards 228 / 127) and supporting the improvement of quality indicators aligned to registered nurses on wards 225 / 221.

Women's, Children's & Clinical Support Services
The review utilised the standards available for Children's Services and also undertook a review of the age range of patients accessing the beds over the last financial year.

The New Urgent and Emergency Care Standards, whilst decompressing the Children's ED from a BAU of 100+ patients in 24hours to a max of 60-70 patients within 24hours, is felt to be having an impact on the Children's Assessment Unit and Surgical admissions. The subsequent request is **5.4 wte RN's and 5.4 wte HCAs for Children's Assessment Unit**, and **2.7 wte HCAs for Ward 218.**

Division	Staff Type – Registered	Staff Type - Unregistered
Surgery	0 for this review	0 for this review
Medicine	12.64 wte	10.88 wte
Network	10.8 wte	29.73 wte
WCCSS	5.4 wte	8.2 wte
Total	28.84 wte	48.75 wte
Cost	£1, 502,339	£1,553,082
Total		**£3,053,191**

Key Recommendations:

The Board is asked to:

1. Note the progress made to ensure compliance with national guidance in relation to determining safe nursing and midwifery staffing levels.
2. Note that Divisional leadership teams will be responsible for prioritising requests and developing business cases in line with the recommendations from the establishment review, and that no changes to establishments will be made before a business case is approved.

Nursing, Midwifery and AHP Establishment Review

1. Introduction

There is a significant body of evidence to highlight the relationship between registered professional staffing levels and the resulting impact on care delivery, patient outcomes and experience, and staff satisfaction and experience.

In 2013, following findings of the Francis Report (2013) the National Quality Board (NQB) set out 10 expectations and a framework within which organisations and staff should make decisions about safe staffing. From 2016 to 2018 the NQB published updated safe staffing guidance and a set of expectations regarding nursing and midwifery staffing. The guidance emphasises that the NHS provider boards are accountable for ensuring that their organisations have the right skills in place for safe, sustainable and productive staffing. The NQB guidance makes explicit the requirements of NHS providers.

Expectation One Right Staff	Expectation Two Right Skills	Expectation Three Right Place and Time
• Evidence based workforce planning. • Professional judgement. • Compare staffing with peers.	• Mandatory training, development and education. • Working with the multi-disciplinary teams. • Recruitment and retention.	• Productive workforce and eliminating waste. • Efficient deployment and flexibilities. • Efficient employment and minimise agency.

Developing Workforce Safeguards was issued by NHSI in October 2018. This publication supports organisations to use best practice in effective staff deployment and workforce planning utilising evidence based tools and professional judgement to ensure the right staff, with the right skills, are in the right place at the right time. The Trust Board is expected to confirm their staffing governance processes are safe and sustainable through the Trust annual governance statement.

In 2021 the Royal College of Nursing (RCN) published 'Nursing Workforce Standards: supporting a safe and effective nursing workforce' which were designed to support a safe and effective nursing workforce.

There is no single tool that can be used to determine safe staffing levels for ward areas. The guidance recommends consideration and triangulation of a range of metrics including patient activity and acuity, harm incidents and environmental factors alongside professional judgement. This bi-annual report utilised this triangulated approach to review the nursing establishment for adult and paediatric inpatient areas.

Midwifery is not included in this review as they are subject to an external review utilising the nationally recognised Birthrate Plus methodology and a business care was approved late 2022 in response to the recommendations following the last Birthrate Plus review. From an initial position of circa 75 midwives deficit against Birthrate Plus guidance in 2022, the service has now recruited to all these posts, with the last recruits expected to join the Trust before the end of October. The next Birthrate Plus assessment will take place in 2025.

A detailed paper highlighting the methodology and data considered during the establishment review process, which was carried out during April 2024, was presented in full to Executive Team Meeting on 28

May 2024, and to the Strategy and Transformation/People, Culture and Inclusion Committee (BAF Deep Dive) meeting on 3rd July prior to submission to Trust Board.

The Committee was assured that the methodology utilised to assess safe nurse staffing was in line with the national standards noted above. As additional assurance, the Chief Nurse had requested that internal audit conduct an assessment of the establishment review to seek independent assurance of the methodology used. The internal audit review concluded:

*The Board can take **substantial assurance** that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective'.*

2. Nursing and Midwifery Staffing Review April 2024

The NQB guidance expects a review of the nursing and midwifery workforce to be presented to the Trust Board twice per year. The last staffing review was undertaken in December 2023.

Studies have shown that appropriate nursing and midwifery staffing levels support achievement of clinical and economic improvements in patient care including enhanced patient satisfaction, reduction in medication errors, reduction in incidences of falls, reduction in pressure damage, reduction in healthcare associated infection rates, reduction in mortality, reduction hospital readmission and duration of stay, reduction in patient care costs, and reduction in nurse fatigue and burnout which affects recruitment and retention.

The Royal College of Nursing currently recommend an uplift of 25% (https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/pol-003870) to ensure there is adequate uplift to cover absence and reduce reliance on temporary staffing.
UHNM currently supports an uplift of 21.5% for the majority of areas and the Executive Team do not suggest increasing the uplift at the current time but will keep this under review. There are already some areas with a higher uplift which reflects the additional training time required for those areas.
It is important to note that the rosters across UHNM are set correctly in line with current funded establishment. Any level of absence above that funded within the uplift is mitigated with temporary staffing and/or deployment of staff to ensure areas are staffed as safely as possible.

3. Approach

The Deputy Chief Nurse led initial discussions with each Divisional Nurse and provided the Harm Review data for the last 6 months and a copy of the previous establishment review for reference. Each Divisional nurse was asked to lead discussions with the ward/dept. leaders in their division to review the data, collate professional judgements and determine the safe staffing levels required within their areas.

The information collected within Divisions included, funded establishment (as agreed by Finance), quality and HR metrics, shift patterns, key performance indicators for staff rostering and a discussion about ward layout and other professional judgement factors that might affect the number of registrants and non-registrants required.

Divisional Nurses each had further meetings with the Deputy Chief Nurse to check and respectfully challenge proposed staffing levels.

Quality metrics for the previous 6 months were also considered, including harm free care metrics, Clinical Excellence Framework (CEF) score, relevant HR data and rostering key performance indicators. Key performance indicators for rostering were also included. The compliance with recording acuity for the safer care tool was recorded where possible and individual ward compliance was discussed at the review meetings.

All collated data and relevant guidance were triangulated to determine whether the current funded staffing levels were satisfactory, or whether additional staffing was recommended.

4. Review findings and recommendations

Medicine

The team report having felt the benefit of the previously requested activity coordinators in their reductions of harm, (in particular falls) within our Frail Elderly patients and in their plight to prevent deconditioning, based across both hospital sites.

Since the introduction of the diversional therapist role, Medicine (Older People) has seen a 65% falls reduction. These diversional therapists were temporarily funded from vacancies within the relevant ward areas. The benefits of the role now means that the role is be able to continue without any additional investment.

Stoke ED is requesting **10.88wte HCA's to support CDU.** This will enhance patient flow and care; but also address the concerns of the CQC that there was a lack of visibility for patients in CDU due to the location.

County ED has seen increased demand and attendances and has required additional staffing to support safe patient care. This is currently supported via temporary staffing and **County ED is requesting 7.wte RNs** to ensure the substantive workforce can meet the required demand.

5.44wte RNs have been requested to support the acuity and complexity of patients on Ward 230

Network Service Division

There is an increase in patient acuity and dependency and a request for **29.73wte HCA's** has been made to address the subsequent and consistent enhanced supervision requirements across: Neurosurgery (228), Acute Stroke Unit (127), Neurology (126) Fractured Neck of Femur Ward (225) and the Heart Centre. This demand has required a reliance on temporary workforce to support patient safety which has been confirmed by our Nurse Bank team. The cost of these staff is in the run rate and the division aim to reduce overall staffing cost by appointing to these positions substantively.

10.80 WTE Registrants have been requested to bring the Level One beds in line with national standards (on wards 228 / 127) and supporting the improvement of quality indicators aligned to registered nurses on wards 225 / 221.

Women's, Childrens & Clinical Support Services

The review utilised the standards available for Children's Services and also undertook a review of the age range of patients accessing the beds over the last financial year.

The New Urgent and Emergency Care Standards, whilst decompressing the Children's ED, is having an impact on the Children's Assessment Unit and Surgical admissions. The subsequent request is **5.4 wte and 5.4 wte HCAs for CAU**, and **2.7 wte HCAs for Ward 218.**

Surgery

No additional staffing requested as part of this review. The Division have an ongoing review of theatres underway which will be reported once concluded.

Conclusion

There has been significant focus on ensuring the establishments are correct and in line with guidance, and also stabilising our workforce through recruitment and retention activities.

Since 2022 we have reduced RN vacancies from circa 450 to zero, reduced HCA vacancies from 300 to zero and reduced RM vacancies from 75 to zero. We have also reduced turnover by 4% across RNs, RMs and HCAs. RN sickness has reduced by 3% and RM sickness has reduced by 5%. We have continued to maintain 100% retention of newly qualified midwives for a second year.

Previous establishment reviews did not result in business cases being developed due to the number of vacancies at the time. The vacancies have now reduced so it is expected that Divisions will develop and submit business cases in line with the recommendations noted below.

These business cases will then be subject to the usual prioritisation and governance processes.

Divisional leadership teams will be responsible for producing any business cases relevant to this review, and changes to the e-rostering system will not be made until business cases are approved.

The total staff requested that may progress through the business case governance can be seen in the table below. It is important to note, as described above, a proportion of this wte and associated costs are in the run rate via temporary staffing.

	Staff Type – Registered	Staff Type - Unregistered
Total staff requested	28.84 wte	48.75 wte
Cost per staff group	£1, 502,339	£1,553,082
Total cost		**£3,053,191**

5. Recommendations

The Board is asked to:
1. Note the progress made to ensure compliance with national guidance in relation to determining safe nursing, midwifery and AHP staffing levels
2. Note that Divisional leadership teams will be responsible for prioritising requests and developing business cases in line with the recommendations from the establishment review and that no changes to establishments will be made before a business case is approved.

University Hospitals of North Midlands NHS Trust

Highlight Report

People, Culture & Inclusion Committee (3rd July) to Trust Board

!	Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
	• The establishment review identified a gap in staffing although this was mitigated through temporary staffing, the majority of which was in the pay run rate. Where an increase in the establishment was requested on a permanent or temporary basis this would be through the business case route.	• Development of business case to address the gap identified through the Nurse Staffing Establishment Review

✓	Positive Assurances to Provide	Decisions Made
	• **'Acceptable Assurance'** across each of the domains of the People Strategy • **'Acceptable Assurance'** for the Strategic Workforce Plan which was an improved position from the previous 'partial' rating due to the positive impact being seen from the programmes of work linked to it • **'Significant Assurance'** rating for the Nurse Staffing Establishment Review, with the process having recently been subject to Internal Audit where a positive audit finding was also reached	• No items required decision (other than those agreed through the BAF Deep Dive which will be reported to the Audit Committee)

Comments on the Effectiveness of the Meeting

- Enjoyed the meeting being face to face and for having the Deep Dive session
- Well chaired and facilitated
- Excellent quality of papers
- Keen to look at how we use the time going forward to maintain an appropriate balance between Deep Dive and core business

Summary Agenda

No.	Agenda Item	BAF Mapping: BAF No.	BAF Mapping: Risk	BAF Mapping: Assurance	Purpose
1.	Deep Dive: BAF 2 Improving our Workforce Sustainability	BAF 2	Ext 16	Acceptable	Deep Dive
2.	Deep Dive: BAF 5 Digital Transformation	BAF 5	High 12	Acceptable	Deep Dive
3.	People Strategy Delivery Update 2023/24	BAF 2	Ext 16	Acceptable	Assurance
4.	Strategic Workforce Plan Review	BAF 2	Ext 16	Acceptable	Assurance
5.	Nurse Staffing Establishment	BAF 1 / 2	High 12 Ext 16	Significant	Assurance
6.	Items for Information: • Violence Prevention & Reduction Update • Executive Workforce Assurance Group Highlight Report • Executive Digital & Data Security and Protection Group Highlight Report • Executive Strategy & Transformation Group • Positive and Inclusive Culture Programme Updated Plan	-	-	-	Information

2024/25 Attendance Matrix

No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Prof G Crowe	Non-Executive Director (Chair)												
2.	Mrs C Cotton	Director of Governance												
3.	Ms A Gohil	Non-Executive Director												
4.	Mrs J Haire	Chief People Officer												
5.	Prof K Maddock	Non-Executive Director												
6.	Mrs A Riley	Chief Nurse												
7.	Mrs L Thomson	Director of Communications												
8.	Prof S Toor	Non-Executive Director												

Attended | Apologies & Deputy Sent | Apologies

Also in attendance – Ms H Ashley – Director of Strategy & Transformation, Mrs T Bowen – Non-Executive Director, Mr S Evans – Chief Operating Officer, Dr M Lewis – Chief Medical Officer

University Hospitals of North Midlands NHS Trust

Executive Summary

Meeting:	Trust Board (Open)	Date:	10th July 2024
Report Title:	People Strategy Delivery Update 2023/2024	Agenda Item:	12.
Author:	Sophie Storr, Senior Business Partner – Workforce and Transformation Jane Haire, Chief People Officer		
Executive Lead:	Jane Haire, Chief People Officer		

Purpose of Report

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

Alignment with our Strategic Priorities

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

Risk Register Mapping

BAF 2	**Sustainable Workforce:** If we are unable to achieve a sustainable workforce, then we may not have colleagues with the right skills in the right place at the right time, resulting in an adverse impact on colleague wellbeing, recruitment, and retention, increasing premium costs and potentially compromising the quality of care for our patients.	**Ext 16**
BAF 3	**Leadership, Organisational Culture and Values:** If we are unable to live our values and improve the culture of the organisation to make UHNM a place where all colleagues are treated with respect and have the opportunity to build a fulfilling career, then colleagues may experience unacceptable behaviours and a climate of bullying, harassment and inequality, resulting in an adverse impact on colleague wellbeing, recruitment, retention and performance, ultimately reducing the quality of care experienced by patients.	**High 12**

Executive Summary

Situation

The purpose of this paper is to provide an update on delivery and progress on Year 2 of the People Strategy. The paper seeks to answer the follow question:

- Do the actions and work programmes undertaken during help us to deliver a sustainable workforce (BAF2: Sustainable Workforce) and a leadership and organisational culture that reflects our values and aspirations (BAF3: Leadership, Culture and Delivery of Values/Aspirations)

Background

- Our vision is to deliver exceptional care with exceptional people, and it is vital to enable this vision with supportive People Services. The delivery of or People Strategy and Plan can make a significant impact on patient outcomes through supporting service and pathway redesign, clinical decision support, enabling patient self-management and self-service, and increased productivity.

- The People Strategy for 2022 - 2025 sets out how UHNM will support the delivery of exceptional care with exceptional people. At the heart of our People strategic priority is our mission to '*create a great place to work'* [for everyone].

Throughout the year detailed updates on work programmes have been provided to the People, Culture and Inclusion Committee and this report brings this together with a look back for year and a look forward the final year of the People Strategy.

Assessment

- Financial Year 2023/24 was year two of our 2022-2025 People Strategy and Plan.
- During 2023/24, significant work has been put into delivering across the four domains of our People Plan to improve our workforce, culture and inclusion position and support divisional recovery and transformation.
- To focus and complement our People Plan actions, we have used the quality improvement methodology and to report monthly on progress:

  (1) Staff Engagement

  (2) Leadership & Culture

  (3) vacancies.
- The People Plan delivery was reported monthly through the Chief People Officer Report to the Executive Workforce Assurance Group and the Transformation and People Committee.
- The people plan delivery has been reported on quarterly through the Board Assurance Framework to help us assess risk, mitigation, and controls.
- Throughout the year new risks have emerged with mitigation plans to reduce the risk.
- The development of our Divisional Workforce Assurance Groups and the effectiveness of Executive Workforce Assurance Group have evolved during the year to create headroom for bigger pieces of work as well as delivering on the assurance requirements.
- Capacity to delivery on our plan has been significantly impacted by industrial action, local and system financial pressures and sustained levels of activity/demand greater than our capacity.
- During the year as we have seen work programmes being delivered, mitigation where delays have occurred and good progress overall on the people driver and watch metrics, we have the Transformation and People Committee have received assurance that there is general confidence in the delivery of existing mechanisms/objectives.

Key Recommendations

The Trust Board is asked to note that progress on the delivery of the People Strategy (Year 2) and the underpinning programmes of work with an assurance rating of **Acceptable Assurance** - General confidence in delivery of existing mechanisms / objectives.

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

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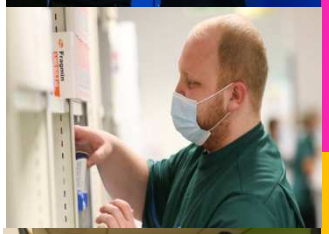
People Strategy Delivery Plan Annual Report 2023-2024



Jane Haire
Chief People Officer

Delivering Exceptional Care with Exceptional People

Contents

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Section	Description
1	Executive Summary, including key performance metrics
2	NHS National Staff Survey 2023 - Results
3	Review of delivery of our People Plan FY 2023/24; • Domain 1 – We will look after our people • Domain 2 – We will create a sense of belonging • Domain 3 – We will grow and develop our workforce • Domain 4 – We will develop our people practices and systems
4	Additional priorities that emerged in-year
5	BAF 2 and BAF 3 summary for Board - as at end of Q4 FY23/24
6	People Delivery Plan goals FY 2024-25
7	Alignment to 2024/24 NHSE National priorities

Executive Summary

University Hospitals of North Midlands NHS Trust

Overall Assessment

- FY2023/24 was year two of our 2022-2025 People Strategy and Plan.
- During FY 2023/24, significant work has been put into delivering across the four domains of our People Plan to improve our workforce, culture and inclusion position and support divisional recovery and transformation.
- To focus and complement our People Plan actions, we have used the quality improvement methodology and to report monthly on progress:
  - (1) Staff Engagement
  - (2) Leadership & Culture
  - (3) vacancies.
- The People Plan delivery was reported monthly through the CPO Report to EWAG and to TAP.
- The people plan delivery has been reported on quarterly through the Board Assurance Framework to help us assess risk, mitigation and controls
- Throughout the year new risks have emerged with mitigation plans to reduce the risk.
- The development of our Divisional Workforce Assurance Groups and the effectiveness of EWAG have evolved during the year to create headroom for bigger pieces of work as well as delivering on the assurance requirements.
- Capacity to delivery on our plan has been significantly impacted by industrial action, local and system financial pressures and sustained levels of activity/demand greater than our capacity.

People Strategy Metrics FY23/24

dials as at 31/03/2024

NHS
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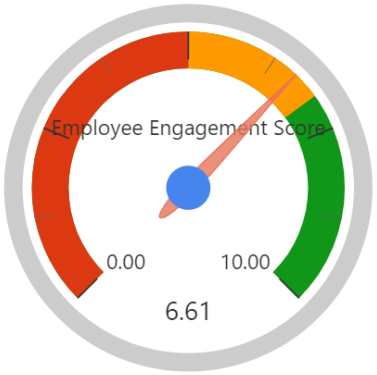
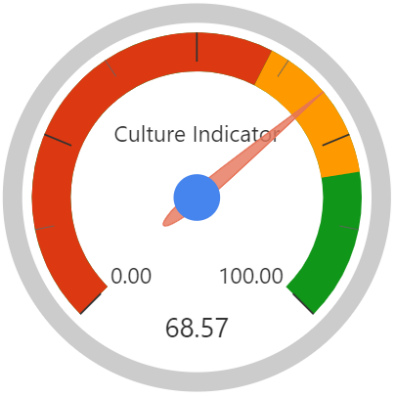
Driver Metrics:

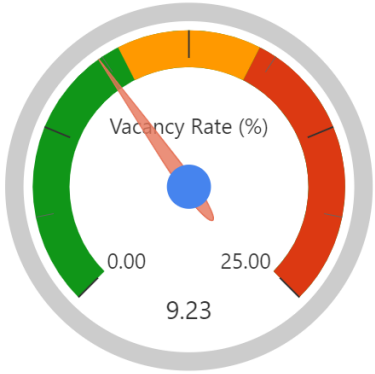
Staff Voice:	Target	Apr'23
	7.2	6.31



Target	Apr'23
100%	54.7%



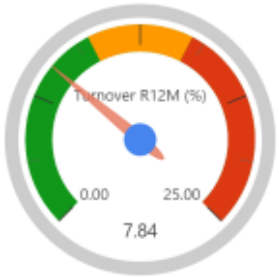
Target	Apr'23
10%	10.9%



Watch metrics:

Target	Apr'23
3.4%	4.6%

Target	Apr'23
10.0%	10.60 %



Target	Apr'23
95%	83.1%

Target	Apr'23
95%	93.8%

Target	Apr'23
90%	84.8%

Target	Apr'23
3.2%	4.1%

Delivering Exceptional Care with Exceptional People

People Strategy Metrics contd.

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NB: The below metrics are those taken from when the 2022-2025 People Strategy was produced. During FY23/24 we have continued to learn and develop our metrics.

Metric	People Plan Domain				2022/23	31/03/2023	31/03/2024	Assessment	31/03/2025
	1	2	3	4	Baseline			(year on year)	Ambition
Sickness absence rates (R12M Absence FTE %)	●				6.28%	5.28%	5.21%	Declined	3.39%
Turnover (R12M headcount %)	●				11.60%	10.90%	7.80%	Improved	10%
National Staff Survey Ratings: Staff engagement score	●				6.7	6.6	6.8	Improved	7
National Staff Survey Ratings: Diversity and equality		●			8	8	measured differently	N/A	8.8
National Staff Survey Ratings: We are safe and healthy		●			5.2	5.2	6.08	Improved	6.0 or above
National Staff Survey Ratings: We have a voice that counts		●			6.5	6.4	6.6	Improved	7.3 or above
Enable Leadership Course Participation Rate (i.e. % of supervisors trained)		●			22% attendance	32.0%	53%	Improved	>85% attendance
Appraisal Rates			●		79.80%	82.70%	85.70%	Improved	95%
Vacancy Rates (R12M %)			●		12.01%	12.54%	7.90%	Improved	<10% (revised to <8% for FY24/25)
Number of apprenticeships (completed during the FY)			●		188	175	145	Declined	>300
Compliance with statutory and mandatory training			●		94%	94.00%	93.70%	Static	95%
Recruitment time to hire				●	79 days	42 days	57 days	Improved	59 days
Access to digital work experience (Step into UHNM)				●	450 enrolments	1195 enrolments	1000 enrolments	Static	800 enrolments in-year

UHNM National Staff Survey Results 2023

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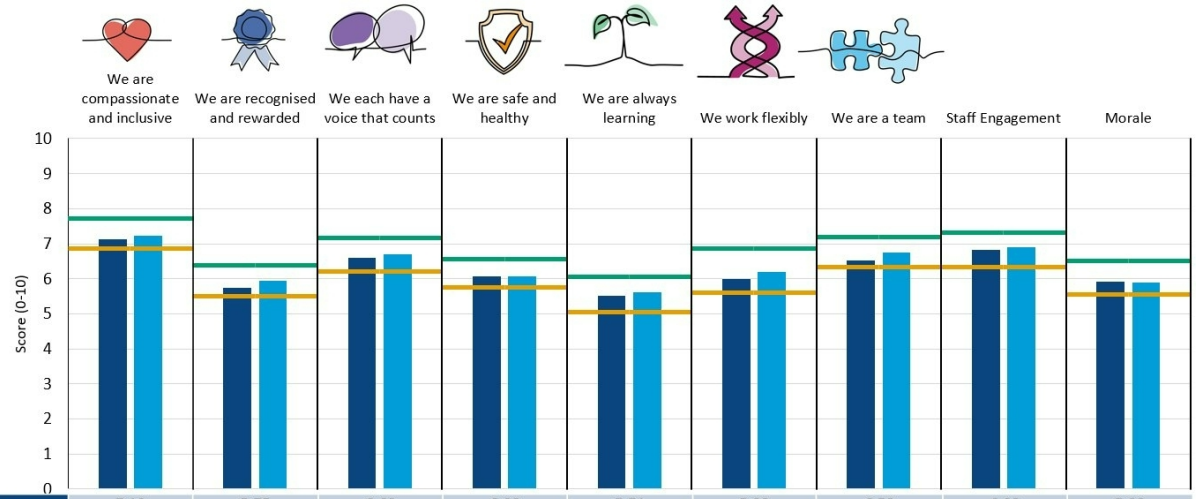

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.12	5.75	6.60	6.08	5.51	5.99	6.52	6.83	5.93
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	5321	5326	5261	5290	5079	5285	5307	5325	5327

Headlines:

- UHNM achieved a 45% response rate; a 12% increase on 2022. Increased participation from all staff groups.
- Engagement score of 6.8 (compared to 6.6 in 2022). Benchmark is 6.9.
- Morale score of 5.93 (is above the national average).
- 73 (68%) questions scored significantly better than 2022
- 01 (1%) question scored significantly worse than 2022.
- 33 (31%) questions showed no significant change to 2022 score.

Our organisation's four key areas for focus for FY2024/25:

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

Domain 1 – We will look after our people

By supporting our people to be healthy and well, both physically and psychologically, and when unwell they are supported.

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What did we say we would do?	What did we actually do?/What didn't we do?	How would we assess the impact?
• We will implement a network of trained workplace wellbeing champions and embed the Board-level Wellbeing Guardian role. • We will communicate widely all our support networks such as Employee Support Advisors, Guardians and Disability Champions . • We will launch a system wide occupational health service. • We will continue to support the wellbeing of our staff through our comprehensive wellbeing plan and financial wellbeing.	**Delivered:** • Wellbeing leads for each division, RESPOND trained. • First employee experience event held in May'23, second employee experience evet held Sept'23. This included a focus on staff survey, winter wellbeing plan, speaking up (additional key items being scoped). • Successful National Speak Up Month held in October • System Wide Contract in place from April 2023, new trading name as Optima Health. Launched across the organisation and wider ICS. • Extensive wellbeing offers developed & communicated throughout the year • Foodbank successfully launched from April'23 across Royal Stoke and County Hospital Sites with quarterly review. • Rollout new Wage Stream solution for early access to Bank pay (for Bank Workers/Bank employees on e-roster) was delayed due to DPIA and IT challenges but was implemented May'24. • Launched new Men's Health Group and our Women's network. • HSBC hosted cost of living support sessions on-site at RSUH and the County for our colleagues May'23 • Partnered with Stoke College to offer L2 Certificate in Understanding Mental Health First Aid & Mental Health Advocacy **Unable to Deliver:** • Not applicable - We were able to deliver all our goals this year.	From when the People Strategy Plan was developed, the following metrics are relevant to this domain, but we continue to learn and develop our metrics: • Sickness Absence rates (Absence FTE%) • Staff Turnover % • National Staff Survey [NSS] engagement score. • NSS rating for 'we are safe & healthy'
What is the assurance rating?	**Acceptable Assurance**: General confidence in delivery of existing mechanisms / objectives	

Domain 2 – Create a sense of belonging

Where we are kind and respectful to each other by creating a positive and inclusive culture which is reinforced through our Being Kind Programme

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What did we say we would do?	What did we actually do?/What didn't we do?	How would we assess the impact?
• We will deliver our commitments set out in the Race Code and Equality Diversity and Inclusion Strategy • We will create team improvement tools that support team development, respectful and open conversations. • We will continue to embed our Being Kind tools including our set of expected behaviours of all our people - supported by our leadership programmes. • We will develop and support our people from under-represented groups into leadership roles including reciprocal mentoring. • We will promote widely our employment offer/package	**Delivered:** • Ongoing delivery of Workforce Race Equality Standard [WRES], Workforce Disability Equality Standard [WDES], and Gender Pay Gap actions; demonstrating positive improvement against the metrics. Introduction of an EDI Scorecard for Divisions. Launched our Anti Racist Statement in Race Equality Week • Hosted multiple employee experience network events. • OD toolkit developed with stakeholders to support team interventions/team diagnostic. • Culture improvement 'hotspot' areas had People Business Partners/OD Consultants and Exec Sponsors working with Divisional leads. • Launched month-by month employee engagement calendar • 'Being Kind' Core for all eLearning launched in July'23 - 86% of employees compliant by end Mar'24. Also embedded into our leadership offers. • Micro-aggressions toolkit was developed and launched in EDI week (May '23). • Delivery of 'An Introduction to Psychological Safety' masterclass • Hosted x2 Leaders Network events – May & Oct'23 (virtual) • New ICS Futures programme (2023) for BAME leaders concluded in June'23; x40 UHNM participants. • Enable programme delivery (surpassed our 100th Cohort) and introduced modular programme. • Reciprocal mentoring programme • UHNM Inclusion E-Brochure (Mar'24) • Supported our International Nurses programme; providing leadership masterclasses • NHS75 celebrations and promotion through June & July'23. • Annual Staff Awards ceremony in Oct'23 • Staff Voice survey was run monthly through the year except while the NHS National Staff Survey [NSS] 2023 was in progress in Q3. SEE separate slide on our NSS results **Unable to Deliver:** Not applicable - We were able to deliver all our goals this year.	From when the People Strategy Plan was developed, the following metrics are relevant to this domain, but we continue to learn and develop our metrics: • NSS Ratings: We are Safe & Healthy • NSS Ratings: We have a voice that counts. • Enable Leadership Course participation rates
What is the assurance rating?	**Acceptable Assurance**: General confidence in delivery of existing mechanisms / objectives	

Domain 3 – We will grow and develop our workforce

By attracting, recruiting and retaining our people

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What did we say we would do?	What did we actually do?/What didn't we do?	How would we assess the impact?
• We will develop and implement our retention plan. • We will review all our leadership course for alignment to our culture change programme activities. • We will deliver a clinical leaders/clinical directors leadership programme including mentoring and coaching. • We will implement talent approaches to underpin staff training/development/appraisals. • We will work with our system to partners to develop joint roles / rotational posts. • We will strengthen partnerships with education providers on learner placements support including T-Levels. • We will continue to strengthen links with our Armed Forces through the Armed Forces Covenant Gold Award (Defence Employer Recognition Scheme).	**Delivered:** • Initial delay with ICS partnership 'Retention Lead' post. Then successful bid to be a People Promise exemplar site and recruited a 12-month Retention Lead (People Promise Manager) who commenced in post April 2024. • Carried out a Flexible Working survey. Then developed sessions for managers on promoting and supporting flexible working. • Reviewed Flexible Retirement policy/process in line with national /best practice guidance; including pension options. • Reviewed our leadership programmes/OD activity aligning to our People Strategy domains and the key areas of focus following our Staff Survey results. • Clinical Leadership & Management Fundamentals programme continued with another cohort of x 16 senior medics Oct'23 • Sept '23 launched new Cohorts of Gold & Platinum Connects • Increased engagement with our Silver Connects award. • Launched new Performance and Development Review [PDR] documentation and training in January 2024. • New Leadership Brochure • Scoped plan to reset and redesign our Talent management approach, creating a strategic framework (for leadership Tiers 1 – 3) with over-arching programmes of work for FY24/25. • Worked with the ICB/System partners and have recruited Physician Associates - part of the ICB cohort in Sept 2023. We support healthcare support worker ICB apprenticeship programme. Scoping of roles and rotations 2024/25 via ICB Education, Training and Development group. • LEWP and our education leads have regular meetings with our local education providers i.e. colleges and universities. The LEWP team co-ordinated T-level Year 2 placements. • Implemented a guaranteed interview scheme to assist Armed Forces Community members into employment. UHNM Armed Forces Community Staff Network has c250 members. **Unable to Deliver:** • Further development of our retention programmes are being carried forward to FY24/25. • Defence Employer Recognition Scheme (Gold) accreditation is due for its 4-year accreditation review in September 2024.	From when the People Strategy Plan was developed, the following metrics are relevant to this domain, but we continue to learn and develop our metrics: • Apprenticeship rates • Staff Turnover Rates • Vacancy rates • Recruitment time to hire. • Appraisal (PDR) rates

What is the assurance rating?	**Acceptable Assurance**: General confidence in delivery of existing mechanisms / objectives

Domain 4 – We will grow and develop our practices and system

By promoting and using new technologies and equipping our people with digital awareness

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What did we say we would do	What did we actually do?/What didn't we do?	How would we assess the impact?
• We will launch the digital staff passport for doctors [in training]. • We will develop our use of business intelligence data tools. • We will launch a digital benefits portal. • We will review our people systems to identify areas of streamlining / automation. • We will review the job evaluation processes for efficiency. • We will undertake an assessment our digital skills using the Higher Education England Digital Skills Self-Assessment Tool. • We will develop our approach to service improvement through the work of our Quality Improvement Academy. • Launch of 2023-24 Digital Work Experience (Step into UHNM)	**Delivered:** • Pilot/development work in place to launch new digital skills passport to FY1 doctors in Aug'24. • Development work to launch ESR General Data Warehouse for Q1 24/25 (interface). • Launched digital staff benefits portal (Vivup) in May 2023. • Reviewed and streamlined job evaluation pathways, trained 16 new job evaluators (JE) and developed new triage processes. • IMT ran the Digital Skills Self-Assessment in May 2023, this was targeted to the Digital Advocate Network who promoted the DSSA to staff. Identified gaps in our digital skills. People Directorate actions as a result were: (a) Library Services – supporting staff with digital skills learning, and (b) LEWP - UHNM Digital Skills Training delivered in partnership with Stoke College – June & August 2023. • We have used the quality improvement academy methodology to focus our work programmes (A3 thinking) • Virtual/digital UHNM work experience offer was delivered through FY23/24. Supported digital careers platform for all health and care roles (ICS project). During FY23/24, total of 697 participants. **Unable to deliver:** Not applicable - We were able to deliver all our goals this year.	From when the People Strategy Plan was developed, the following metrics are relevant to this domain, but we continue to learn and develop our metrics: • Recruitment Time to hire • Access to digital work experience
What is the assurance rating?	**Acceptable Assurance**: General confidence in delivery of existing mechanisms / objectives	

Additional in-year priorities

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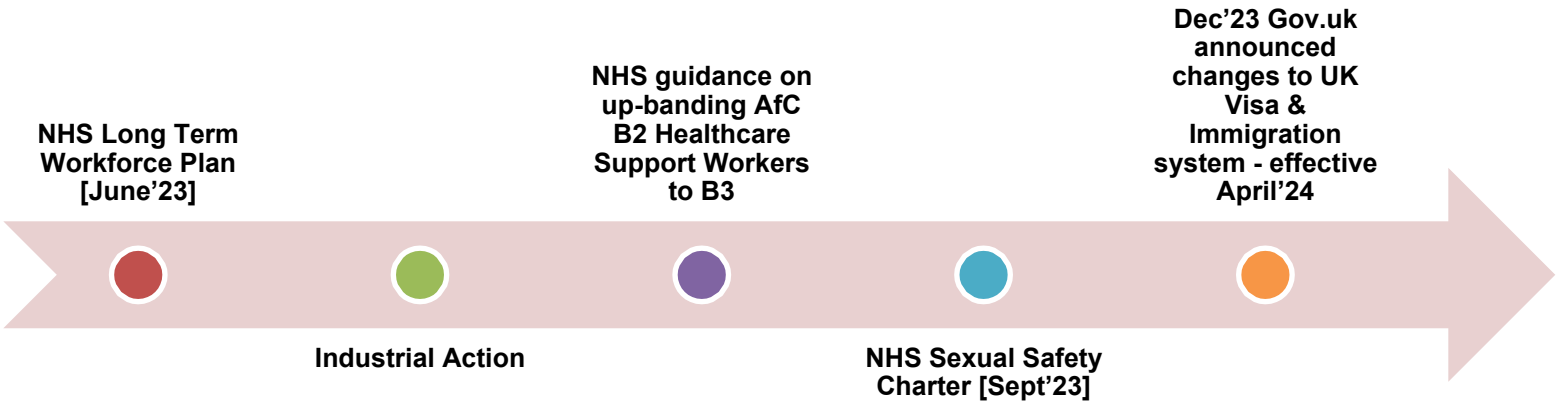
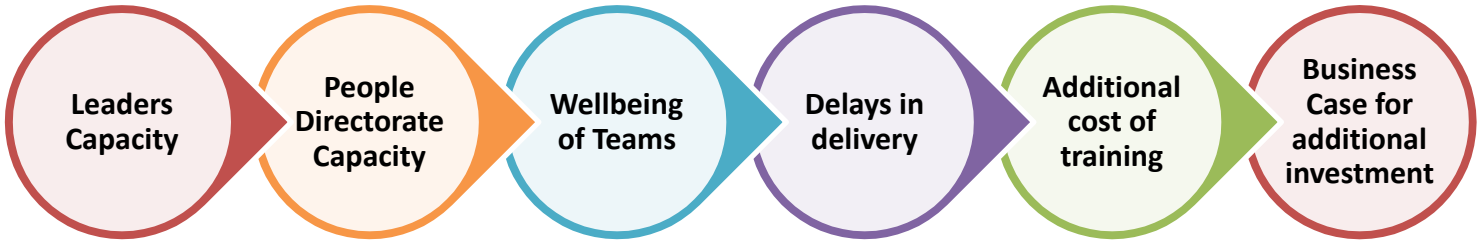


Impact of additional priorities



BAF 2: Sustainable Workforce

(Summary as at end of Q4 FY23/24)

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

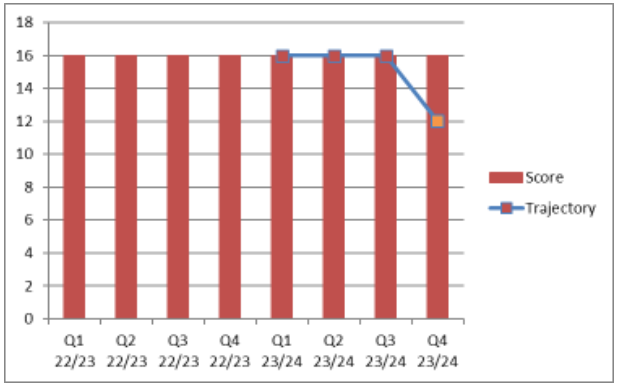
NHS University Hospitals of North Midlands NHS Trust

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

Assurance, Risk Ratings & Target

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

Risk Movement and Risk Reduction Trajectory

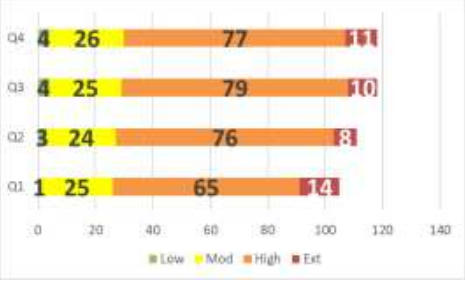


Heat Map Risk Matrix

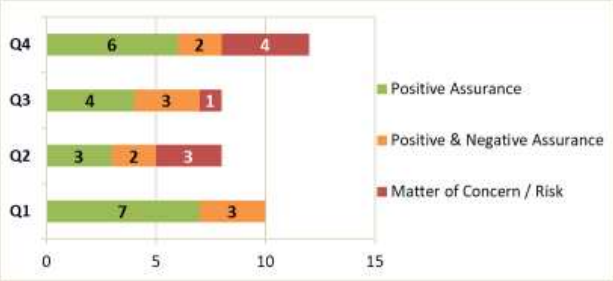
Rationale for Risk Level

- Although good progress has been maintained in Q4, as anticipated we have experienced increased challenges during Q4, including system financial pressures, winter pressures and the impact of continued industrial action, therefore the plan to achieve a score of High 12 by Q4 has not been met.
- Good progress with People Plan being seen; vacancy rates and staff turnover continue to be below target, recruitment campaigns seeing success and successful national apprenticeship week
- Agency costs continue to be above the target, although slightly improved
- Apprenticeship levy to become breakthrough objective for 24/25

Linked Risks on Register

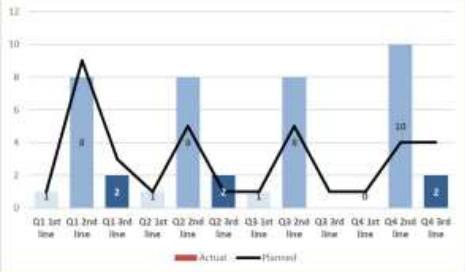


Committee Assurance Outcomes

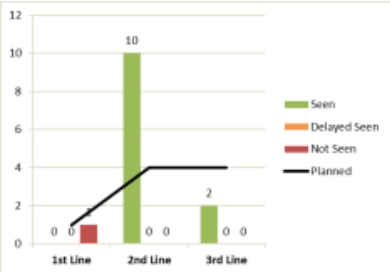


Summary Action Plan

2023 / 2024 Assurance Plan



Q4 Assurance against Plan



Overview

- Risk score above trajectory for Q4
- 2nd highest number of 'linked risks' on the risk register which has remained at 118 at Q4, 11 risks are extreme
- 33% of assurance reports for the quarter identified a risk / concern for escalation, compared to 50% receiving positive assurance
- 92% of assurances were seen during the quarter
- Gaps to address are predominantly around vacancy controls, agency expenditure and capacity within learning, education and widening participation team

BAF 3: Leadership, Culture and Values (as at end of Q4 FY23/24)

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

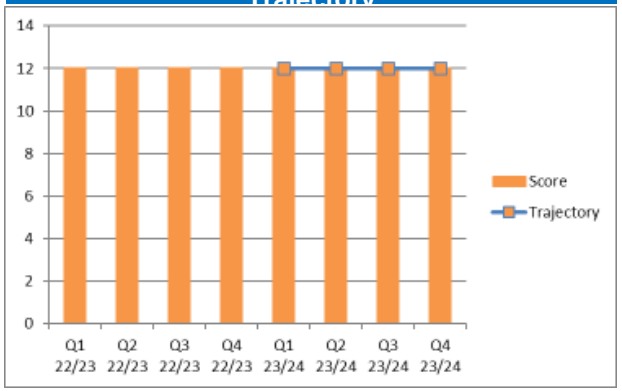
NHS University Hospitals of North Midlands NHS Trust

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

Assurance, Risk Ratings & Target

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

Risk Movement and Risk Reduction Trajectory

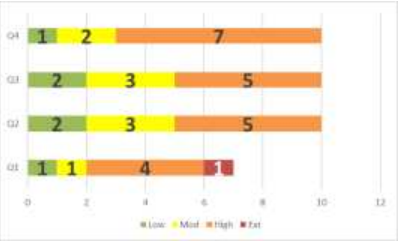


Heat Map Risk Matrix

Rationale for Risk Level

- Good progress has been made during 2023/24 and TAP agreed to a positive assurance rating in March 2024 compared to 'partial assurance' rating in previous months. However, some initiatives have been delayed while recruitment to key vacancies has taken place, and further analysis of National Staff Survey Results will better inform review of this risk scoring.

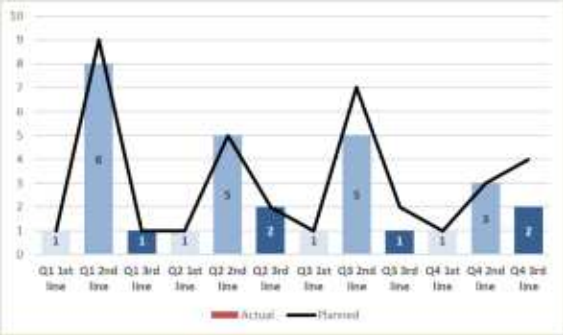
Linked Risks on Register



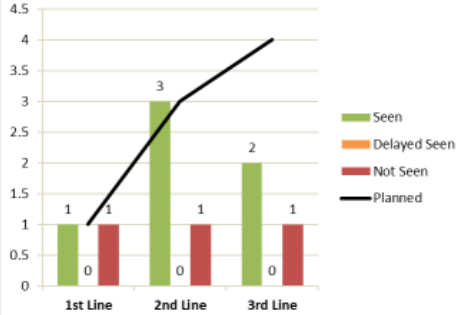
Committee Assurance Outcomes

Summary Action Plan

2023 / 2024 Assurance Plan



Q4 Assurance against Plan



Overview

- Risk score in line with trajectory for all quarters
- 3rd lowest number of linked risks on Risk Register (10) with no change in total number since Q2 although higher number of high risks in Q4
- All 3 assurance reports for Q4 received positive assurance
- 67% of assurances were seen during the quarter
- Gaps to address are around operational pressures impacting on employee engagement, essential to role training compliance, high levels of employee relations cases and capacity of the People Directorate

People Delivery Plan – goals FY24/25

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In line with our People Strategy, the areas of focus planned for 2024/25 are as below:

We will look after our people.

- We will strengthen flexible working opportunities through focused campaigns and change initiatives at departmental level.
- We will focus on providing a safe and healthy work environment.
- We will continue to support the wellbeing of our staff through our comprehensive wellbeing plan.

We will create a sense of belonging where we are kind and respectful to each other.

- We will widen career pathways for disadvantaged groups using interventions including reciprocal mentoring.
- We will strengthen mechanisms to demonstrate tangible recognition and appreciation so building a sense of value, pride and belonging in our team.
- We will increase our employee knowledge and confidence in raising concerns.

We will grow and develop our workforce for the future

- We will continue to deliver on our retention plans.
- We will develop and launch a succession planning framework linked to our talent management programme.
- We will scale up new roles to tackle key staff shortages.
- We will increase the pipeline for local school and college leavers to access healthcare careers maximising the apprenticeship levy.

We will develop our people practices and systems

- We will embed further remote working opportunities through digital transformation.
- We will review, adapt and amend our processes in line with national ESR guidance.
- We will continue to develop our people systems to streamline our processes
- We will continue to help improve digital skills through our digital advocate network.
- We will continue to provide teams with the time, tools and skills for service improvements through our Quality Improvement Academy.

Golden Thread

Risk to delivery	Mitigating Actions
• Potential impact of financial pressures (Trust and System), including CIP targets, on the workforce. • Divisional capacity to effectively engage and drive their People plans • Legislative changes [UKVI changes effective from April 2024]. • Demand for People Directorate's services outstrips the resource available	• Regular review of capacity, demand and prioritising • Robust risk management and governance • Continued improvements with BI – data quality and analysis • Business Cases • Agile offerings for our People's well-being, development and feedback.

Delivering Exceptional Care with Exceptional People

Alignment to 2024/25 National Priorities

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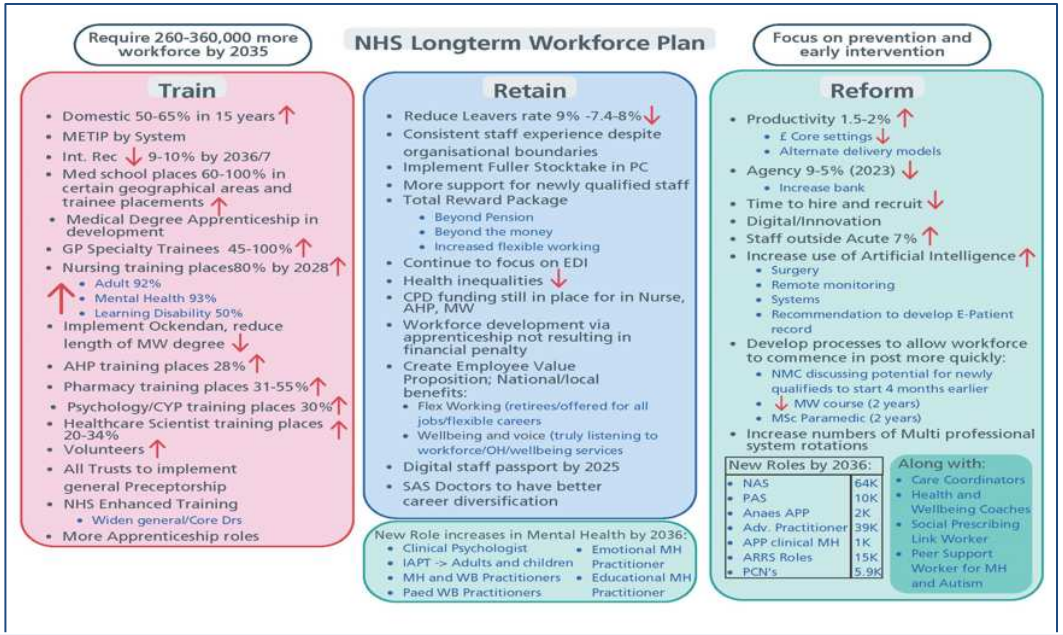

2024/25 NHS priorities and operational planning guidance

NHSE's overall aim in 2024/25 is around recovery of core services and productivity and asks systems to focus on the following priorities:

1. Maintain collective focus on overall quality and safety of services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach.
2. Improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge and maintaining the increased acute bed and ambulance service capacity that systems and providers committed to put in place for the final quarter of 2023/24.
3. Reduce elective long waits and improve performance against the core cancer and diagnostic standards.
4. Make it easier for people to access community and primary care services, particularly general practice and dentistry.
5. Improve access to mental health services so that more people of all ages receive the treatment they need.
6. Improve staff experience, retention and attendance.

2024/25 NHSE National Objectives (x35) where the Function / Enabler is: WORKFORCE

28	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions
29	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors
30	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
32	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25

University Hospitals of North Midlands NHS Trust

Highlight Report

Performance and Finance Committee to Trust Board

Matters of Concern / Key Risks to Escalate

- Month 2 performance delivered £4.3 m deficit against a £0.3 m planned deficit, with a number of mitigations in place. There had been an increase in medical spend which was being reviewed and cost improvements remained a challenge which was the primary driver behind the position. The Committee concluded that they were **partially assured** in respect of financial performance
- The capital plan identified a potential £2.5 m shortfall although this was expected to be mitigated once IFRS16 funding had been confirmed. A further risk was identified in relation to capital and the impact of IFRS for system partners
- 4 hour emergency department performance for the past three months had been above 70% and above the submitted improvement trajectory, although the increases in medical and trauma demand had resulted in declaration of a critical incident
- The Trust was on track to deliver zero 78 week wait patients for July although there remained long wait patients being identified following data quality checks. 52 and 65 week waiters continued to be monitored and these were primarily within a number of challenged specialties such as gastroenterology, respiratory and paediatric ENT, which would require non-recurrent measures such as outsourcing. The Committee concluded that they were **partially assured** in respect of elective (non-cancer) performance
- The update on business case reviews identified that ongoing actions were required to ensure the reviews were provided in a timely manner. The levers available to facilitate a timely response from Divisions were considered and it was noted that going forwards these were to be monitored by the Executive Finance, Activity and Productivity Group. The Committee concluded that they were **partially assured** in respect of this, which recognised the slight progress which had been made

Major Actions Commissioned / Work Underway

- To provide an update at the next meeting of the emerging, realistic outturn position for the year and how this would be supported by cost improvements, productivity and agency reduction
- Review of Elective Recovery Fund (ERF) to be undertaken for Quarter 1
- ERF schemes approved by the Executive Team to be summarised to the Committee
- A finance and activity schedule including phasing of how the funding will be spent, was to be provided for the District Heat Network case
- Following receipt of the internal audit review into planned care waiting list management, monitoring of the recommendations was to be strengthened
- To provide an Executive agreed approach to recover and sustain an effective programme of business approval case reviews

Positive Assurances to Provide

- An update in relation to the trajectory towards net zero emissions targets was provided which was highly dependent on the progress of the District Heat Network. The Committee agreed that this provided an **acceptable level** of assurance
- Cancer Faster Diagnostic Standard (FDS) performance was positive and ahead of trajectory, reflecting the ongoing work in endoscopy. Discussions were ongoing in respect of whether the Trust would remain in tier 1 and the Committee confirmed an **acceptable level** of assurance in respect of cancer performance

Decisions Made

- The Committee approved the capital income and expenditure plan for 2024/25
- The Committee approved the 2024/25 financial plan and agreed delegated authority to the Executive Team for non-recurrent investments funded by ERF income
- An update was provided in relation to the change in heat source for the District Heat Network. The Committee noted its commitment to net zero and approved the additional cost of £330,000 to create a full business case which was to be considered in September 2024
- The Committee approved option 2 to expand the skin service for dermatology and plastic surgery
- The Committee noted the updated position in relation to the County Hospital Surgical Elective Hub
- The Committee approved the following e-REAFs 14211, 14227, 14182, 14176, 14130 and 14081
- The Committee approved the revised terms of reference for Executive Infrastructure Group, Executive Business Intelligence Group and Executive Finance, Activity and Productivity Group

Comments on the Effectiveness of the Meeting

The Committee agreed actions to improve its effectiveness going forwards, including timely updates in respect of action tracking, improved reporting on cost improvements and productivity and clearer business cases. In addition, it was agreed to develop how the Executive Groups could consider some of the workload assigned to the Committee. The Committee welcomed the quality of report provided on the work undertaken into the sustainability agenda.

Summary Agenda

No.	Agenda Item	BAF Mapping: BAF No.	BAF Mapping: Risk	BAF Mapping: Assurance	Purpose
1.	Finance Report – Month 2	BAF 8		Partial	Assurance
2.	Capital Income and Expenditure Plan – June update 2024/25	BAF 8		N/A	Approval
3.	Final Revenue Financial Plan 2024/25	BAF 8		N/A	Approval
4.	Sustainability and Net Zero Carbon Bi-Annual Report	BAF 7		Acceptable	Assurance
5.	District Heat Network	BAF 7		N/A	Approval
6.	Performance Report – Month 2 2024/25	BAF 5		Partial	Assurance
7.	BC-0541 Expansion of Skin Service – Dermatology & Plastic Surgery Business Case	BAF 5	ID25470 ID20134 ID17637	N/A	Approval
8.	County Hospital Surgical Elective Hub – Business Case Updated Position	BAF 5		N/A	Approval
9.	Authorisation of New Contract Awards, Contract Extensions and Non-Purchase Order (NPO) Expenditure	BAF 8		N/A	Approval
10.	Business Case Review Update			Partial	Assurance
11.	Internal Audit Reports: • Productivity Reporting • Planned Care Waiting List Management (Part 2)			Significant N/A	Assurance
12.	Executive Groups Governance Pack			N/A	Approval

Attendance Matrix

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

Attended | Apologies & Deputy Sent | Apologies

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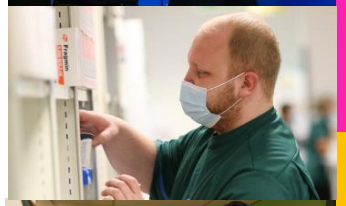

Integrated Performance Report (IPR)

Month 2 Performance 2024/2025

Delivering Exceptional Care with Exceptional People

Contents

NHS
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4.	Responsive: Overview | Dashboard | Metrics	31 – 47
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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.

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

RAG Rating Key:

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

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

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

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

Assurance Grid

Aiming Here

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

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

VARIATION	ASSURANCE: Pass	Hit and Miss	Fail
Special Cause - Improvement	Sepsis - Adult Inpatient IVAB Turnover Rate	Maternity Triage Sepsis - Adult Inpatient Screening Cancer 28 Day FDS	Vacancy Rate UEC 4 Hour Performance RTT No. of Patients Waiting >65 Weeks RTT No. of Patients Waiting >104 Weeks RTT No. of Patients Waiting >78 Weeks Appraisal Rate Daycase / Elective Activity
Common Cause		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 Never Events per month Pressure ulcers developed under UHNM per 1000 bed days Family & Friends Test - Inpatient Family & Friends Test - Maternity Sepsis - ED Portals IVAB Sepsis - Childrens Screening Sepsis - Maternity Screening Increase Clinical Trial Participation Agency Utilisation UEC Cat Handover Average Time Outpatients' 1st Outpatients' Follow Up Subject Access Request Performance	Family & Friends Test - ED Employee Engagement Sickness Absence (In Month) Cancer 31 Day Combined Cancer 62 Day Combined Diagnostics DM01 Performance UEC 12 Hour Trolley Wait
Special Cause - Concern	Non-Elective Activity	Sepsis - ED Portals Screening Data Security Breaches	RTT No. of Patients Waiting >52 Weeks Treating patients in a timely manner (Hospital Combined Performance Score) Freedom of Information Performance

Worsening

High Quality | Overview

Provide safe, effective and caring services

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Overview from the Chief Nurse and Chief Medical Officer

How are we doing against our trajectories and expected standards?

There are a number of areas to note which are not meeting the required targets:
We did not meet the required targets for sepsis in month for RSUH ED, children and maternity
We are above target for PSI with moderate harm or above
There has been a significant drop in Duty of Candour (written confirmation) in month
We remain above target for reported incidences of both e-coli and C Diff
Timely observations is not yet at target

What is driving this?

Falls with harm reducing overall since peak in April 2022 however in month four patients fell and suffered moderate harm or above
Pressure Ulcers developed under the care of UHNM are reducing overall since peak in April 2022 and lapses in care continue to reduce since peak in Oct 2022
Between Dec 2023 and March 2024 there were 4 never events -these related to wrong site surgery (lesions)
We are consistently meeting the target for both induction of labour and midwifery triage within 15 mins
We continue to report high rates of C Diff and E Coli although C Diff rates are reducing since peak in Sept 2023
Completion of timely observations remains under target but is continually improving month on month
FFT for both ED and Maternity are below the required target
There has been a significant drop in Duty of Candour (written confirmation) in month

High Quality | Overview

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

Overview from the Chief Nurse and Chief Medical Officer

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

We are continuing to work with all services across the Trust to implement PSIRF methodologies and principles for incident responses and learning. This is planned to improve the identification of system-based learning and recommendations to support our wider learning for improving the quality of care provided
Thematic Review is being undertaken to assess the system issues and factors involved in the recent Never Events as well as reviewing previous wrong site surgery incidents during 2022/23.
Tissue Viability Team have developed an A3 for improving pressure damage developed under UHNM care with key countermeasures for all areas to adopt
The patient experience team are constantly working with clinical teams to promote and increase completion rates for patients and assessing new approaches to try and increase completion of the FFT questions including efficacy of text messaging in Maternity, improving access to paper questionnaires in Emergency Departments along with greater visibility of QR codes. Inpatient areas to focus on Medicine and Surgery Divisions to improve response rates and working on suite of patient priorities based on the feedback received (timely medications, pain management, involvement in decision making and improving experience)
Timely observations continues to be a driver metric discussed at Divisional PRM and Medicine Division having the biggest impact in overall performance

What can we expect in future reports?

There will be continued reporting of these indicators in future reports and progress / outcome to the identified actions will be included in future reports.
Focus on Timely Observations actions to improve compliance with Medicine and Surgery asked to revisit their A3 and related countermeasures
We will share the learning from the thematic review and infection prevention work as these are completed

High Quality | Dashboard

Provide safe, effective and caring services

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Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Induction of Labour	95.0%	98.4%	97.9%						
Maternity Triage	85.0%	96.0%	96.0%	H					
Patient Safety Incidents rate per 1000 bed days	50.7	52.0	51.1					■	
Patient Safety Incidents with moderate harm and above per 1000 bed days	0.6	0.7	0.9					■	
Patient falls with harm per 1000 bed days	1.5	1.9	1.7					■	
Medication Incidents per 1000 bed days	6.0	6.1	5.6						
Medication Incidents % with moderate harm or above	0.5%	0.4%	0.0%					■	
Patient Safety Incident Investigation (PSII's) instigated	0.0	0.0	0.0						
Never Events per month	0.0	0.0	0.0						
Pressure ulcers developed under UHNM per 1000 bed days	1.6	1.8	1.7						
Family & Friends Test - Inpatient	95.0%	95.4%	95.4%					■	
Family & Friends Test - ED	85.0%	70.9%	65.3%		F			■	
Family & Friends Test - Maternity	95.0%	90.0%	91.6%					■	
Sepsis - Adult Inpatient Screening	90.0%	98.0%	98.0%	H					
Sepsis - Adult Inpatient IVAB	90.0%	100.0%	100.0%	H	P				
Sepsis - ED Portals Screening	90.0%	82.9%	71.9%	L					
Sepsis - ED Portals IVAB	90.0%	77.8%	72.7%						
Sepsis - Childrens Screening	90.0%	97.1%	85.0%						
Sepsis - Childrens IVAB	90.0%	n/a	66.7%						
Sepsis - Maternity Screening	90.0%	75.0%	70.6%						
Sepsis - Maternity IVAB	90.0%	75.0%	75.0%						

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	Acceptable

High Quality | [Induction of Labour]

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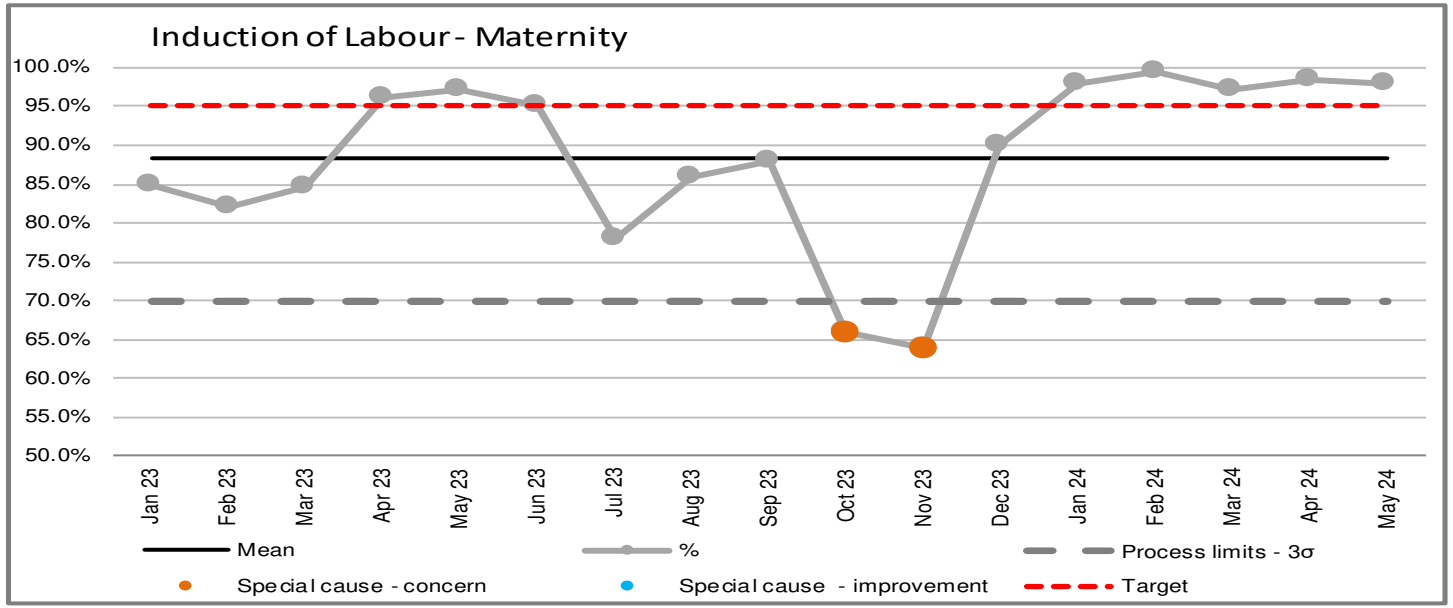

Variation	Assurance

Target	Mar 24	Apr 24	May 24
95%	97.2%	98.4%	97.9%

Background

Induction of Labour Compliance

What is the data telling us?

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

The target of 95% has been 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.

What are we doing about it?

The IOL improvement group continues to meet monthly to review the A3 improvement plan and identify any trends and further actions.
The A3 will be refreshed to focus on sustainability of the current performance.
Any IOL breaches are safety netted and incident reported for full review through the internal governance process.
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.
Prioritisation occurs daily by the on call Consultant Obstetrician for all IOL's booked for that day
All midwifery vacancies now recruited to (all new postholders should be onsite during Q3)

High Quality | [Maternity Triage]

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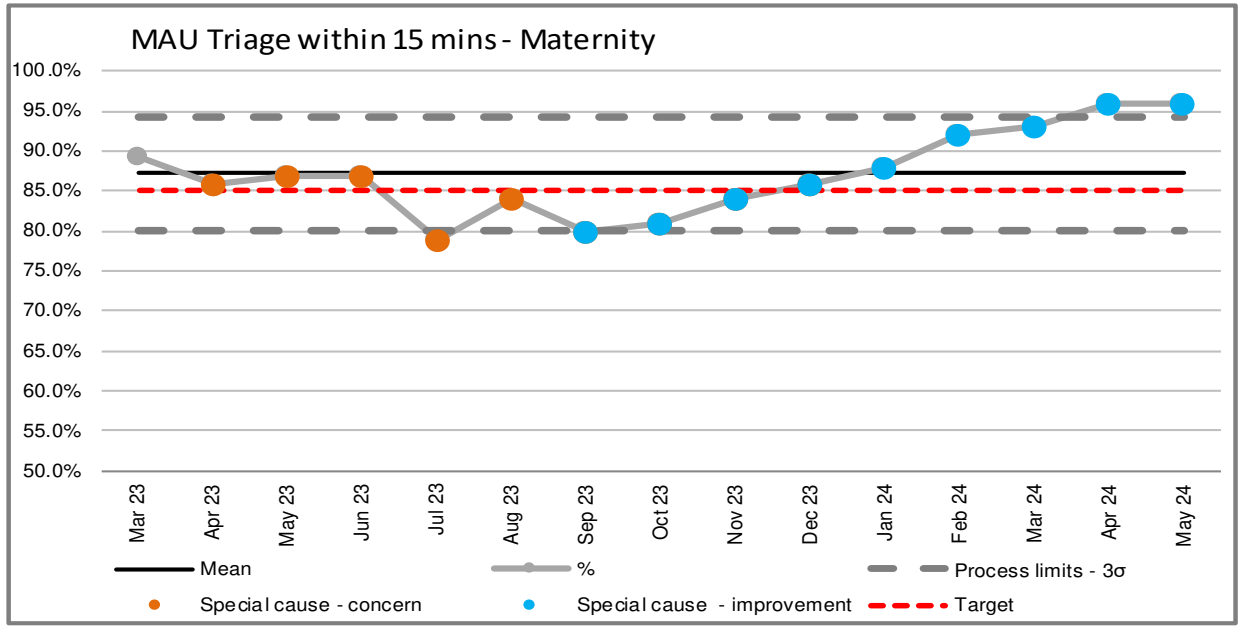

Variation	Assurance

Target	Mar 24	Apr 24	May 24
85%	93.0%	96.0%	96.0%

Background

Maternity patients triaged within 15 minutes.

What is the data telling us?

There has been a consistent 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 in MAU breaches

What are we doing about it?

The MAU improvement group continue to meet monthly to review the A3 improvement plan and identify any trends and further actions.
All MAU timing breaches are incident reported and reviewed in relation to impact and outcome
MAU triage breaches are included in daily patient safety huddle
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.

All midwifery vacancies now recruited to (all new postholders should be onsite during Q3).

High Quality | [PSIs per 1000bed days]

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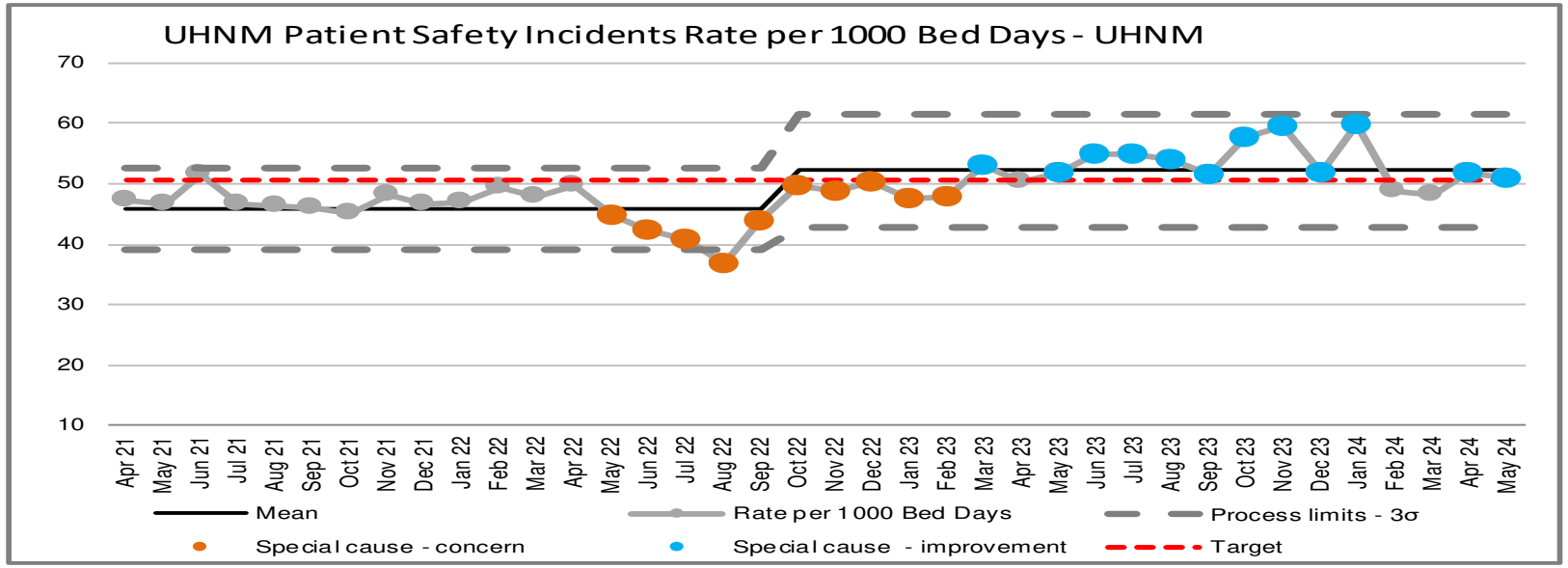

Variation	Assurance

NRLS Mean	Mar 24	Apr 24	May 24
50.70	48.03	51.97	51.08

Background

Patient Safety Incidents rate per 1,000 bed days

What is the data telling us?

There is consistent levels of reporting across the Trust and maintaining the improvements and higher mean rate since October 2022. LFPSE reporting and additional NHSE mandated questions introduced in February 2024 and the reporting rate continues to be consistent with the same months during 2023. This indicates that the additional questions are not adversely affecting the reporting of incidents.

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

What are we doing about it?

Reviewing incident categories ad locations to see if any focus areas and to continue to promote reporting incidents and near misses. Will adopt PSIRF principles re thematic reviews / improvement works to identify potential learning along with ant recommendations.

To utilise any available LFPSE data published to assess/benchmark our reporting and outcomes.

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

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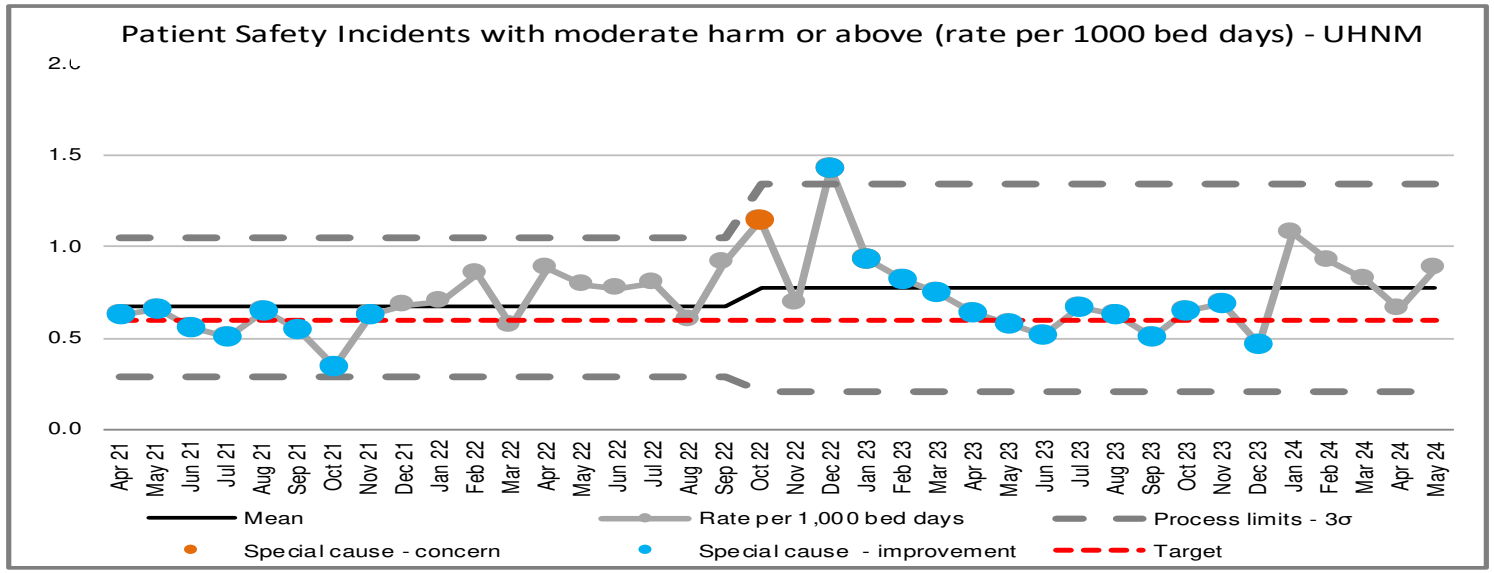

Variation	Assurance

Target	Mar 24	Apr 24	May 24
0.60	0.83	0.66	0.88

Background

Patient safety incidents reported with moderate harm and above rate per 1,000 bed days

What is the data telling us?

The rate of PSIs reported with moderate harm or above is returning to previous lower levels noted in 2023. The rate in May 2024 has increased but is within normal variation.

As noted in overall PSI rate, January 2024 increase appears to be the anomaly and 1 off exception/increase compared to the longer-term reducing trend during 2023.

What are we doing about it?

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

To support PSIRF principles re learning and proportionate responses to incident reviews. Will work with divisions and specialist services re any safety recommendations and themes identified to improve.

High Quality | [Patient Falls per 1000 bed days]

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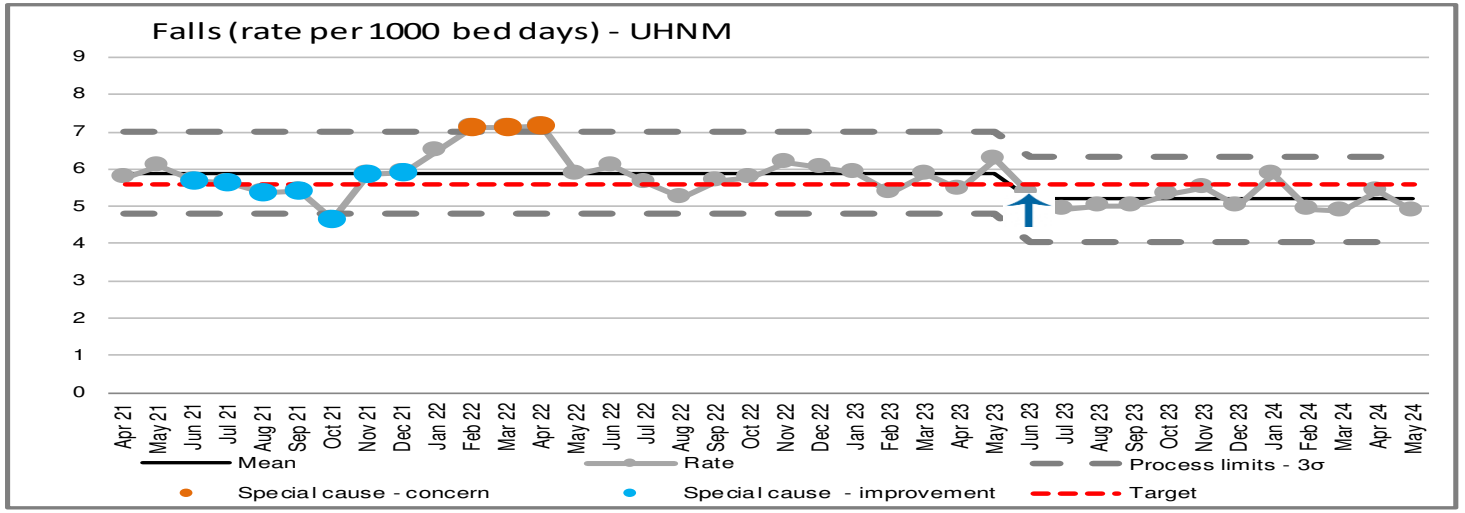

Variation	Assurance

Target	Mar 24	Apr 24	May 24
5.6	4.9	5.4	4.9

Background

The number of falls per 1000 occupied bed days

What is the data telling us?

The average rate of reported patient falls per 1000 bed days has been significantly lower since June 2023. The rate for May 2024 is within expected limits.

The areas reporting the highest numbers of falls in May 2024 were:
Royal Stoke AMU – 19 falls, Royal Stoke ECC – 13 falls, Ward 228 – 10 falls

What are we doing about it?

From the 42 falls across the 3 areas there was 1 injury from AMU. The PSIRF toolkit was completed in conjunction with the quality nurse on AMU.

Ward 228 have had a multiple faller that had fallen 5 times for this month. The patient and the documents were reviewed at the time of these falls. This patient had psychiatric problems and was eventually sectioned and transferred to the Harplands.

A meeting has taken place with the education and quality team in ECC regarding falls. Training schedules, documentation, Tendable, Audits, Post Falls Proforma's and falls champions were some of the items discussed.

AMU are awaiting delivery of the tables that will be utilised in patient bays. The plan is for the staff to carry out the documentation in the bays and therefore providing visibility to observe the patients.

AMU held there improving together meeting last week which the Quality & Safety team attend. Discussions took place regarding data; the analysis of data showed no common themes. Bed rails, 4AT and the post fall proforma was also discussed.

Falls audits have been completed on the above wards.

New falls Champion and refresher training has been advertised and a session has taken place this week.

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

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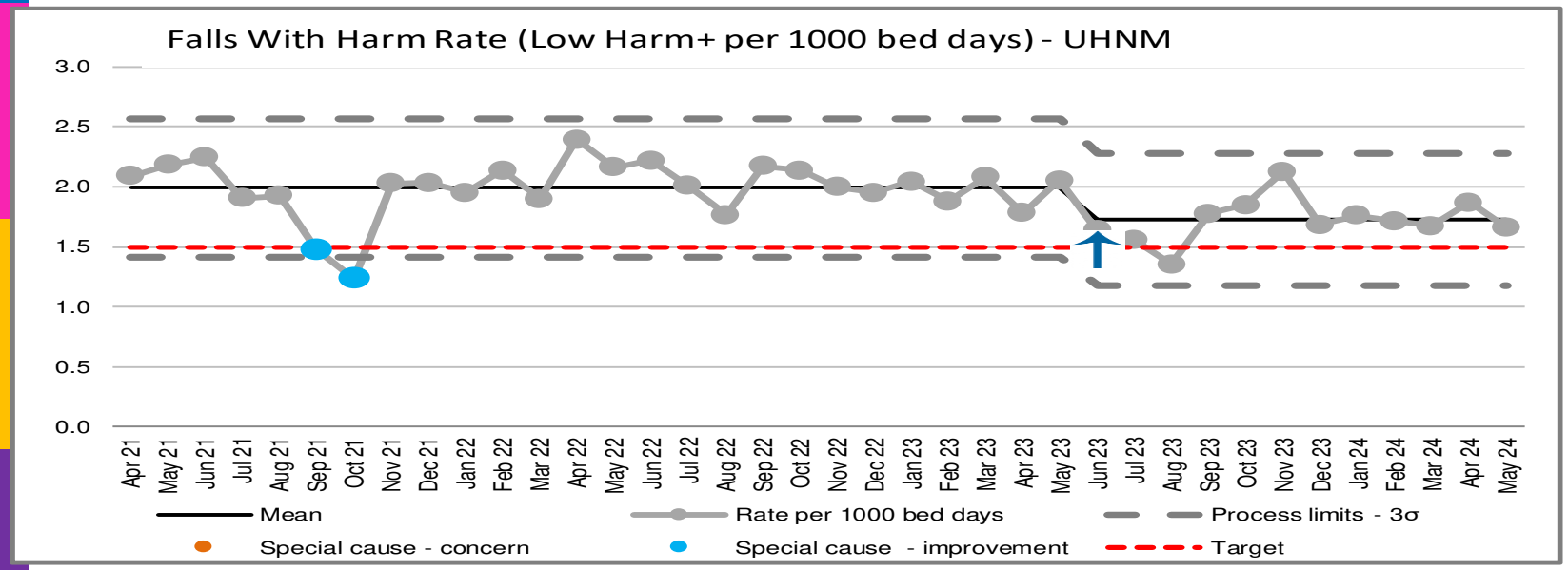

Variation	Assurance

Target	Mar 24	Apr 24	May 24
1.5	1.7	1.9	1.7

Background

The rate of patient falls reported with low harm or above per 1000 bed days. Excludes collapses and managed falls

What is the data telling us?

The rate of patient falls with harm has also been significantly lower since June 2023. The rate was within expected range in May 2024.

Wards with falls reported as resulting in serious injuries in May (4 incidents):
Stoke AMU, FEAU, Ward 221, Ward 227

What are we doing about it?

The wards listed have been visited and the new falls toolkit (PSIRF) have been completed with the staff and the Q&S team, all aspects of the fall's agenda were discussed and improvements documented. Findings from the 4 falls included the below:

- 1 patient had leaned on the curtain thinking it was a wall.
- 1 patient had become confused overnight and was not able to use the call bell to ask for assistance.
- 1 patient that was independent had misjudged the seat in the bathroom.
- 1 poly trauma patient who had required bed rest, commenced with mobilisation however had deconditioned. Mobility plan was being followed and staff were supporting her.

The team continue to work with all areas, this includes audits, spot checks, 1:1 discussion with staff on walkabouts, multiple fallers, training, PSIRFS and action plans.

High Quality | [Medication Incidents per 1000 bed days]

Provide safe, effective and caring services

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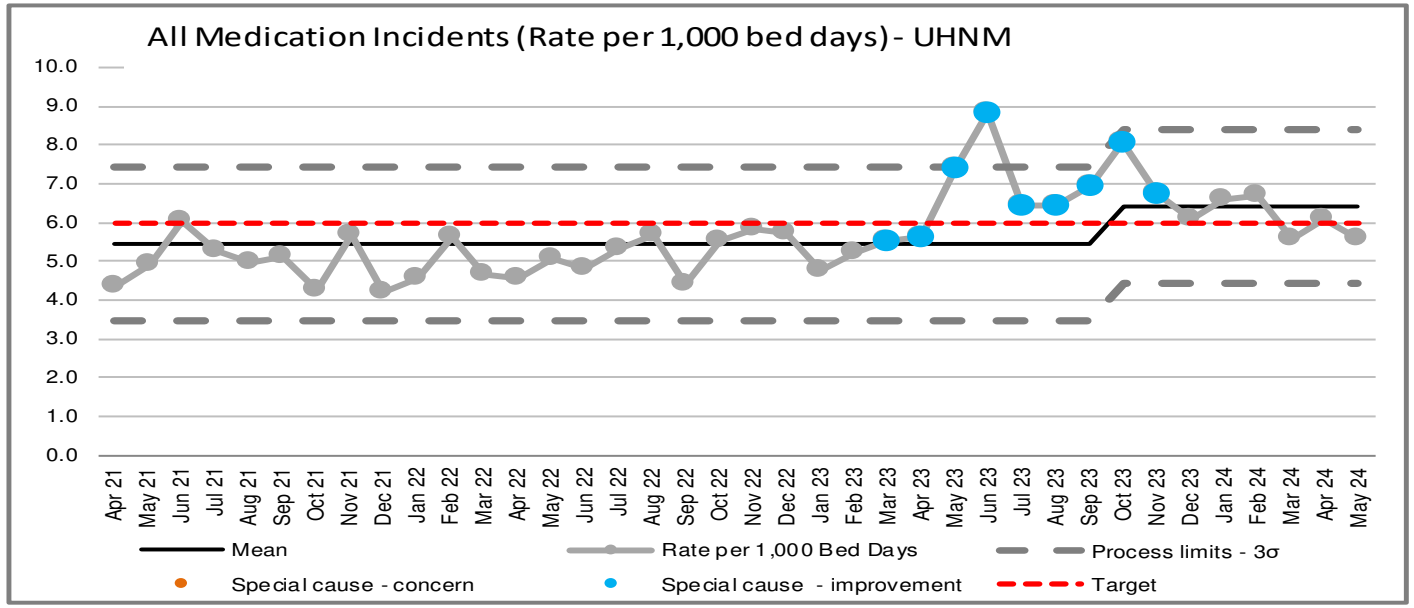

Variation	Assurance

NRLS Mean	Mar 24	Apr 24	May 24
6.0	5.6	6.1	5.6

Background

Reported Medication incidents rate per 1,000 bed days

What is the data telling us?

In recent months the rate of medication related incidents had reduced following increases during 2023 with promotion of reporting medication errors as PSIs. However, the longer-term trend is still showing improvement/increased reporting compared 2021 and 2022.

What are we doing about it?

Pharmacy Team reviewed all incidents relating to missed doses and identified that the top categories for missed doses were anticoagulants, antimicrobials, insulins and anti-epileptic medicines. In order to support wards and departments in addressing the missed doses the Pharmacy Team developed key actions for the wards.

OBTAIN – get medicines via Pharmacy / dispensary or on call pharmacist
COMMUNICATE – nil by mouth does not mean nil by mouth for medicines, give medicines before patients are transferred, include information re critical meds in handover
DOCUMENT – when recording medicine not available document steps taken to obtain the drug, code missed doses correctly using codes on prescription charts
ESCALATE – raise any missed doses to the prescriber

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

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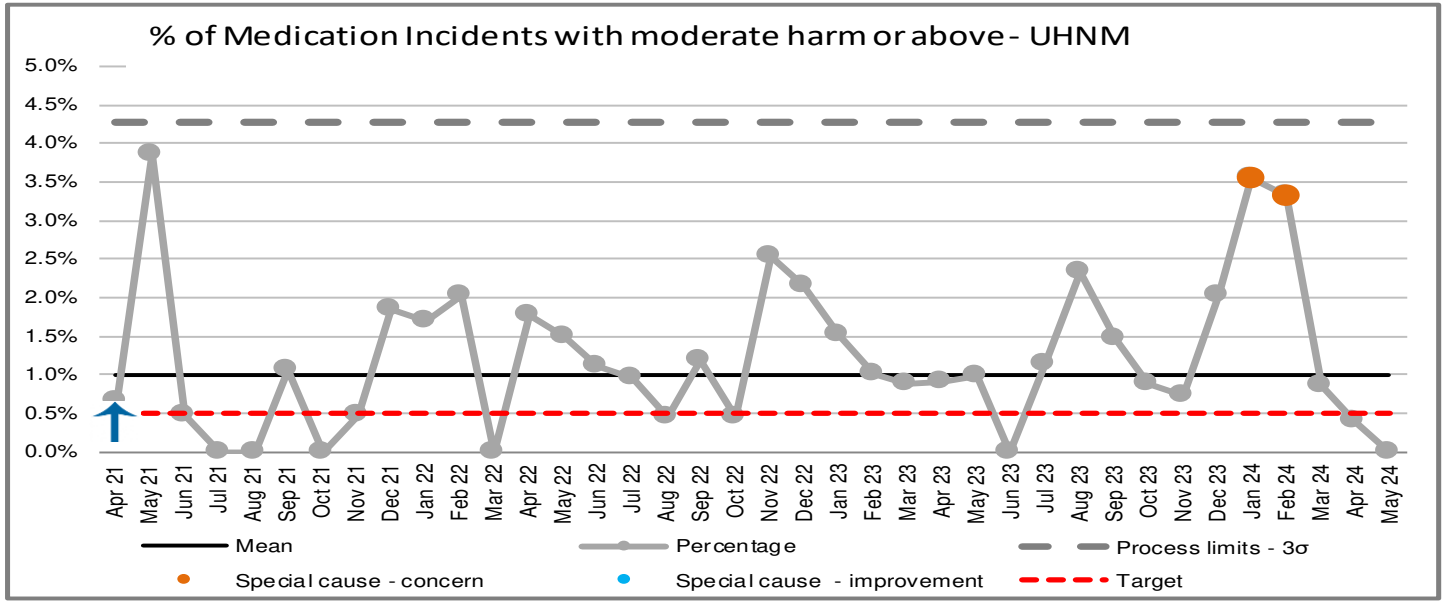

Variation	Assurance

Target	Mar 24	Apr 24	May 24
0.5%	0.85%	0.40%	0.00%

Background

The percentage of medication incidents reported as causing moderate harm or above

What is the data telling us?

The number of medication incidents reported with moderate harm or above has been reducing recently following increase during January 2024 (as per overall PSIs). The overall trend for medication incidents with moderate harm or above has been around the long term mean even when there were noted increases in overall medication related incidents reported.

This demonstrates that there are lower numbers of patients suffering harm as result of the reported errors and actions being taken to prevent serious harm.

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

High Quality | [Never Events per month]

Provide safe, effective and caring services

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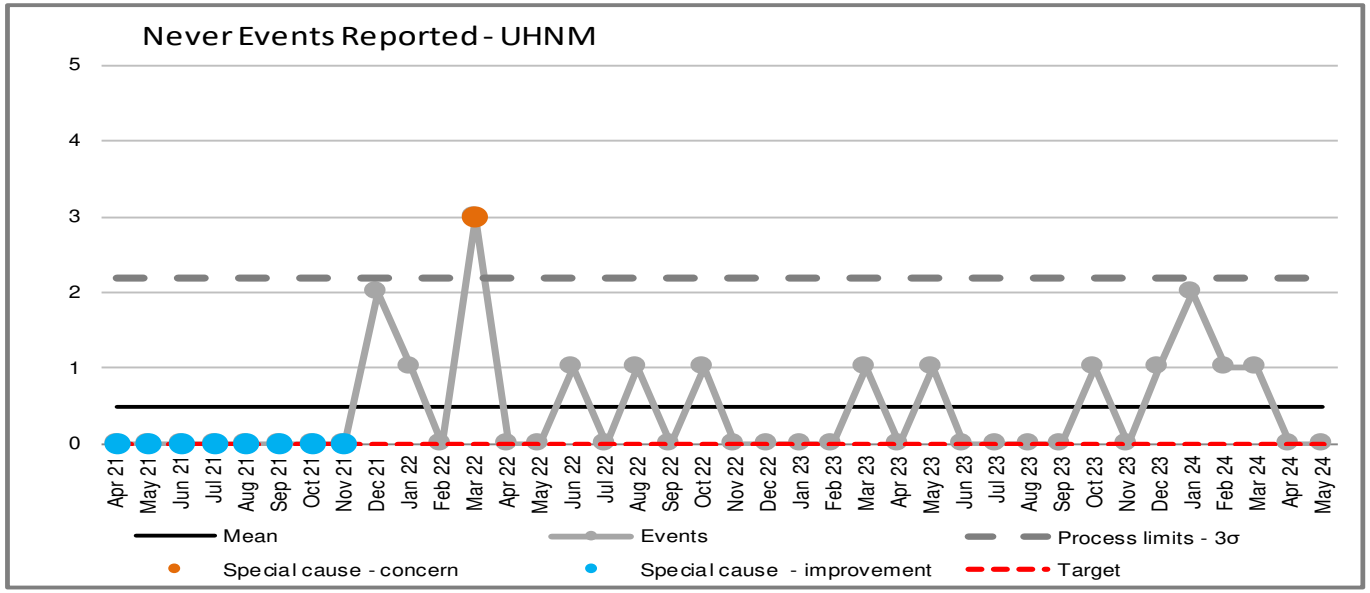

Variation	Assurance

Target	Mar 24	Apr 24	May 24
0	1	0	0

Background

NHSE defined as Incidents that are wholly preventable, as strong systemic protective barriers should be in place.

What is the data telling us?

There have been no reported Never Events during May 2024. Under SPC rules normal variation following previously logged incidents during 2023/2024.

What are we doing about it?

We are reviewing the latest Never Events reported during 2024 which relate to Wrong site surgery (incorrect lesions removed or biopsy) within specialised Surgery services utilising PSIRF Patient Safety Incident Investigation and also undertaking a thematic review of these new incidents and previously reported wrong site surgery / incorrect lesion removed from previous years to assess the actions and system solutions to mitigate these type of incidents.

We are also reviewing learning from nationally available reports relating to Never Events to assess the robustness of our actions and current practice.

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

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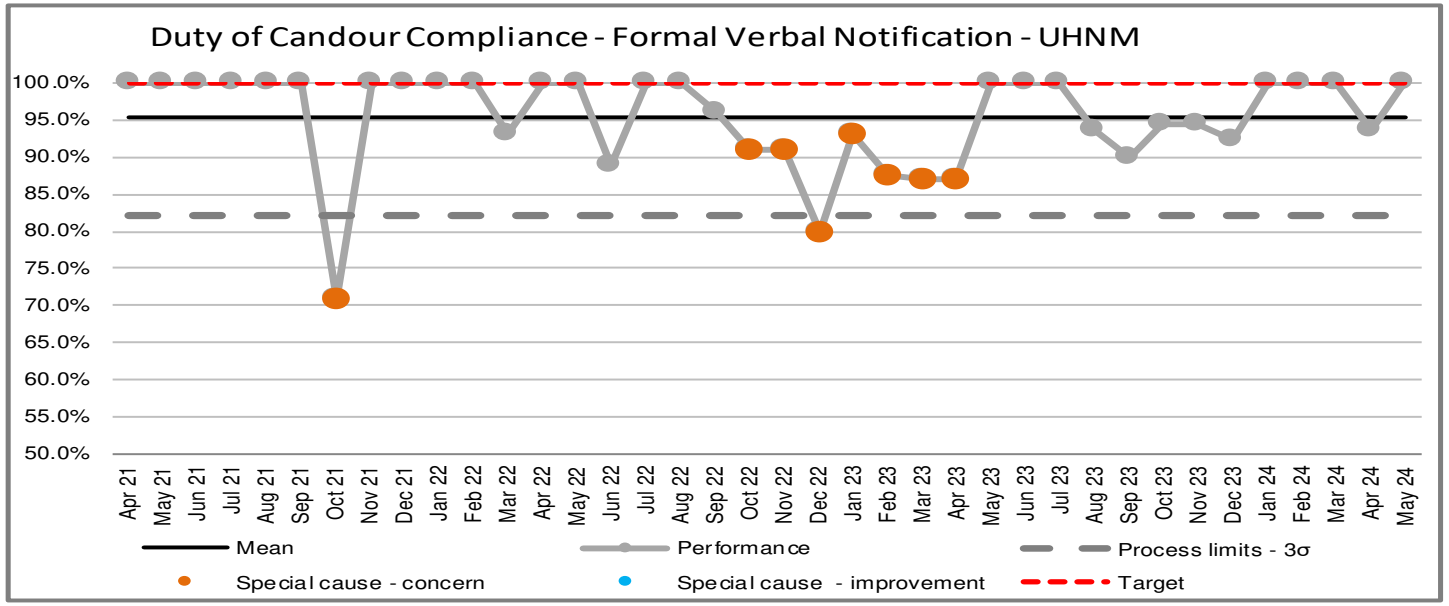

Variation	Assurance

Target	Mar 24	Apr 24	May 24
100%	100.0%	93.8%	100.0%

Background

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

What is the data telling us?

The achievement of verbal duty of Candour has been inconsistent with the recording of the completion of this in Datix. During May 2024 we have noted all cases had verbal Duty of Candour completed out of 26 total cases.

What are we doing about it?

We are working 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.

High Quality | [Duty of Candour – written notification]

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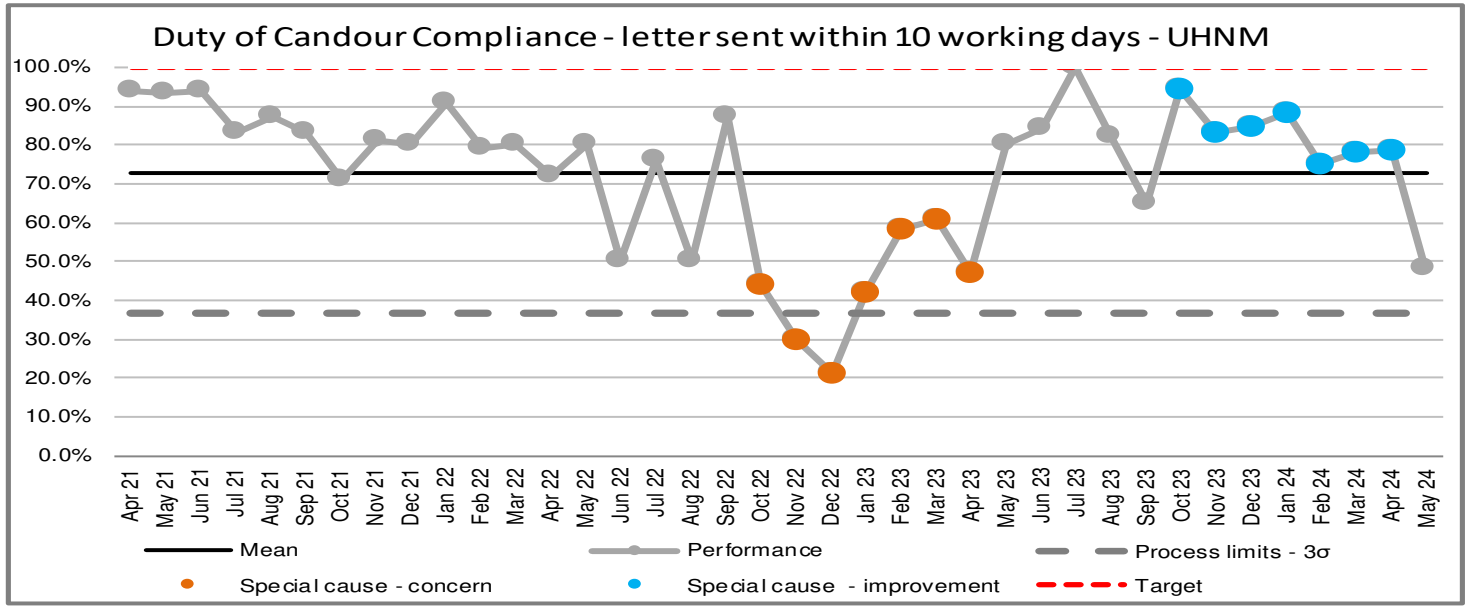

Variation	Assurance

Target	Mar 24	Apr 24	May 24
100%	78.0%	78.6%	48.0%

Background

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

What is the data telling us?

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

The previous 7 consecutive months had all achieved performance above the long-term mean but May has seen reduction with 13 cases out of the 28 meeting the internal 10 day target at 48%.

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

What are we doing about it?

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

Divisions have instigated new escalation processes to try and support teams further in completing these letters within the timeframes

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

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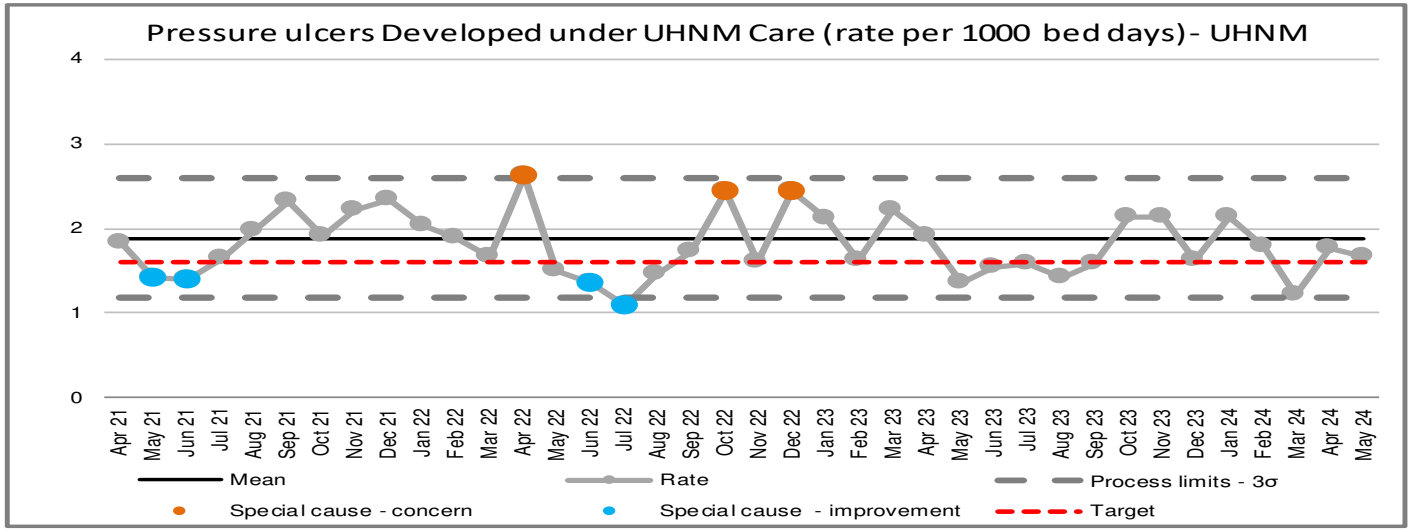


Variation	Assurance

Target	Mar 24	Apr 24	May 24
1.6	1.20	1.77	1.66

Background

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

What is the data telling us?

The rate of pressures ulcers reported as developed under UHNM care was within expected limits in May.

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

What are we doing about it?

Education available for pressure prevention, continence, wound assessment, and lower limb.

Ongoing amendments being made to the ESR package.

To commence a focus of the month to share Trust wide.

The Corporate team have developed an A3 for pressure damage developing under UHNM care with recommended countermeasures for teams to adopt.

Peer review for the completion of pressure prevention audit on Tendable ongoing.

The skin health booklet is being is currently with Harlow being formatted. Education will be rolled out prior to release of the booklet.

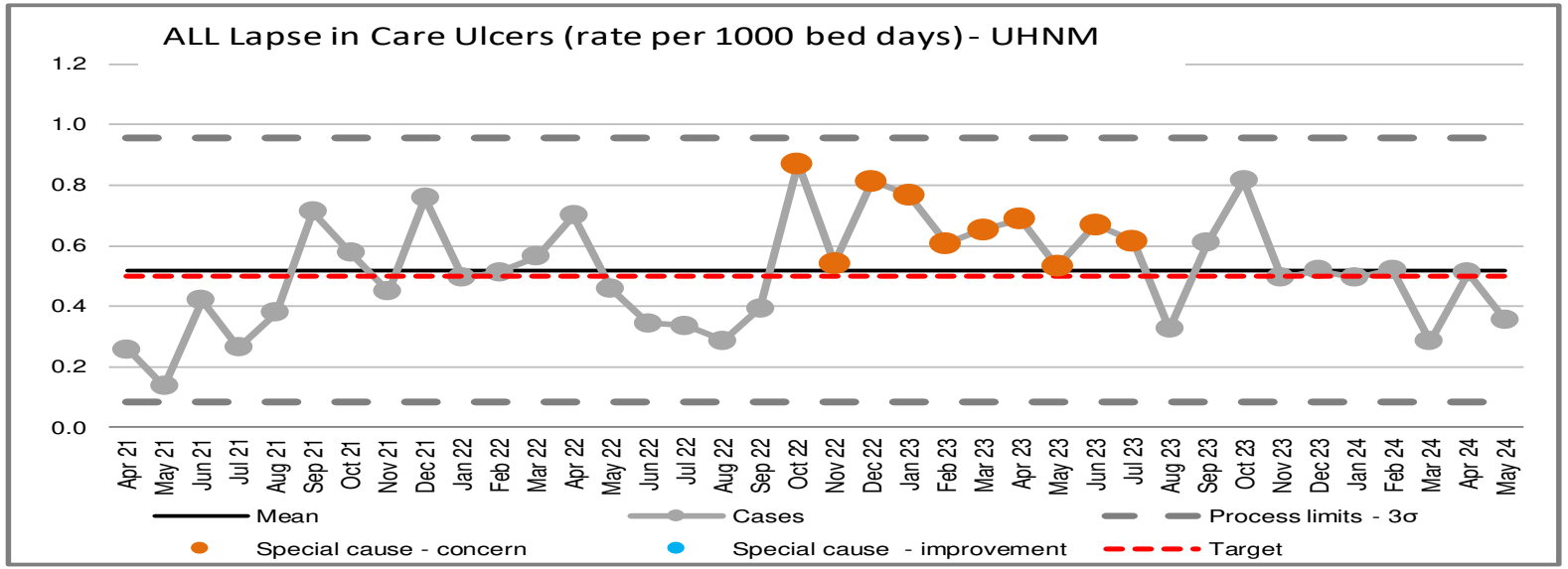
Critical care to commence evaluation by using Cavilon as preventative measure.

To commence mattress evaluation in ED following no longer using the Repose Companion.

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

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
0.5	0.28	0.51	0.36

Background

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

Root Cause(s) of damage - Lapses - Apr 2024	Total
Management of repositioning	10
Management of device	6
Management of heel offloading	3

What is the data telling us?

The rate of pressure ulcers with lapses in care identified was within expected range in May. The most common lapses in care identified are shown in the table above right.

30% of Pressures Ulcers developed under UHNM Care were identified with lapses in care to date in April. (This figure is not quoted for the latest month because a number of cases remained to be checked for lapses on the 3rd of the month when the data snapshot was taken).

As well as pressure ulcers, 9 urethral splits were reported in May, 3 with lapses identified (2 TBC).

What are we doing about it?

PSIRF toolkits are completed where areas for improvements and actions are discussed.
Multiple reporting areas are invited to an assurance panel to present learning and assurances from incidents.
Multiple reporting areas will have visits from the Quality and Safety team to support improvements. Multiple reporting areas for May were ED (Stoke) and ward 222.
Category 4 incidents all been booked for MDT meetings for learning to be identified and shared.
Purpose T to be implemented to support with holistic assessments being completed.
Protocol for HA cat 2's for Matrons and senior nurses will being evaluated on ward 128 for the management of category 2's at ward level.
Promoting involvement of therapy teams with completing documentation.
Consultant connects have met with AMU to discuss evaluation

High Quality | [Reported C Diff cases per month]

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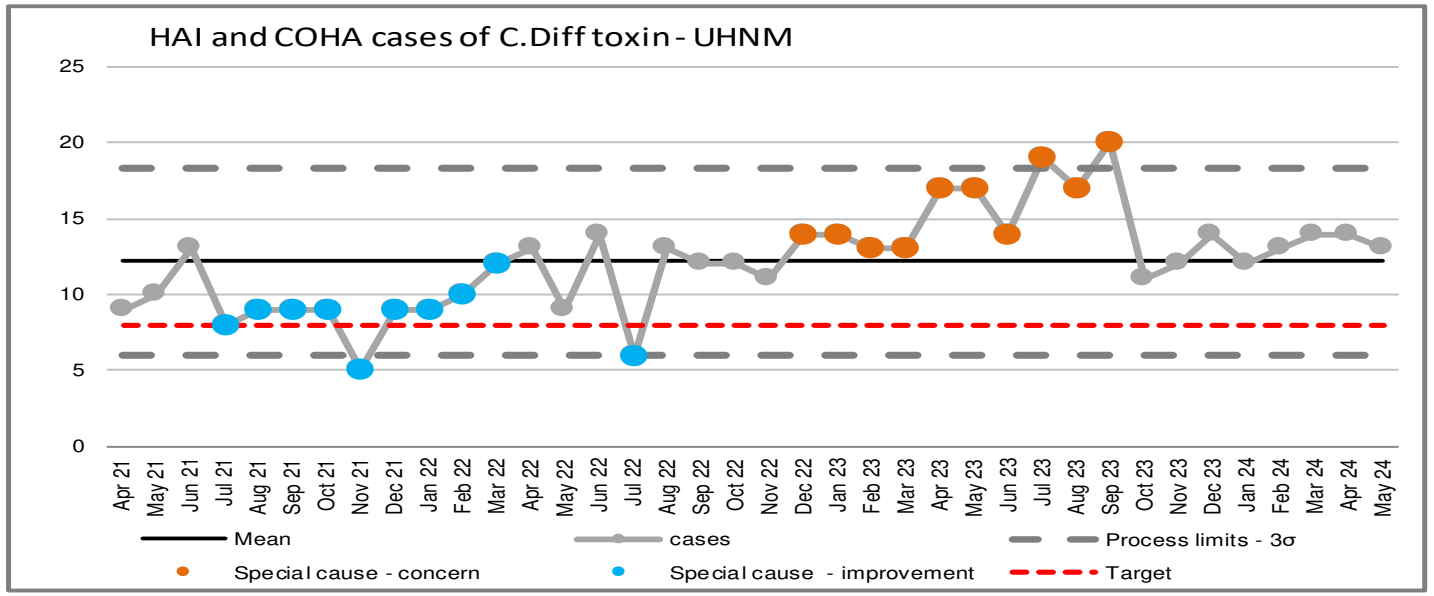

Variation	Assurance

Target	Mar 24	Apr 24	May 24
8	14	14	13

Background

Number of HAI + COHA cases reported by month

What is the data telling us?

Number of Cdiff cases are above trajectory and remains a concern
There have been 13 reported C diff cases in May 2024. 8 x HAI and 5 x COHA
HAI: cases that are detected in the hospital three or more days after admission (day 1 is the day of admission)
COHA: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks
There has been one clinical area with more than one Clostridium difficile case within in a 28 day period which triggered in May . Where ribotypes are different person to person transmission is unlikely.

- Ward 1 x 2 - Awaiting ribotypes

What are we doing about it?

- Routine ribotyping of samples continues for samples from areas where we have periods of increased incidence only
- Task and Finish Group for West Building is in place
- CURB -95 score added to CAP antimicrobial Microguide .
- CURB - 95 Score and UTI work discussed at the Weekly Clinical Group
- 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
- Consultant Microbiologist presented to ED and Elderly Care Doctors on Cdiff and antibiotic guidelines
- Relaunch of the help line and timely sending of stool samples

High Quality | [Friends & Family Test - Inpatients]

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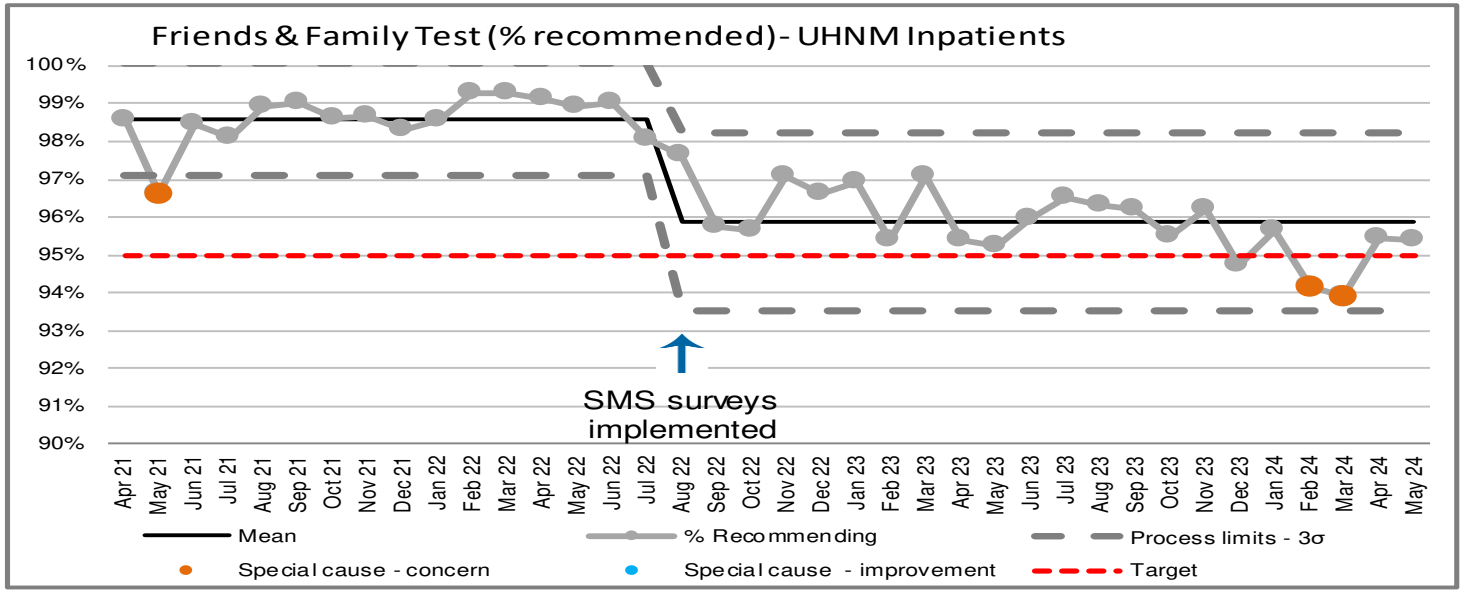


Variation	Assurance

Target	Mar 24	Apr 24	May 24
95%	93.9%	95.4%	95.4%

Background

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

What is the data telling us?

The monthly satisfaction rate for inpatient areas was within expected limits in May 2024. The average rate remains above the national average of 94% (December 2023 NHS England).

In May 2024 a total of 2728 responses were collected from 67 inpatient and day case areas (11656 discharges) equating to a 23% return rate which is slightly lower than last month and lower than the internal target of 30%. UHNM have the 16th highest response rate for all reporting Trusts in the country (152) and are 81st for percentage positive responses (NHS England April 24 latest data)

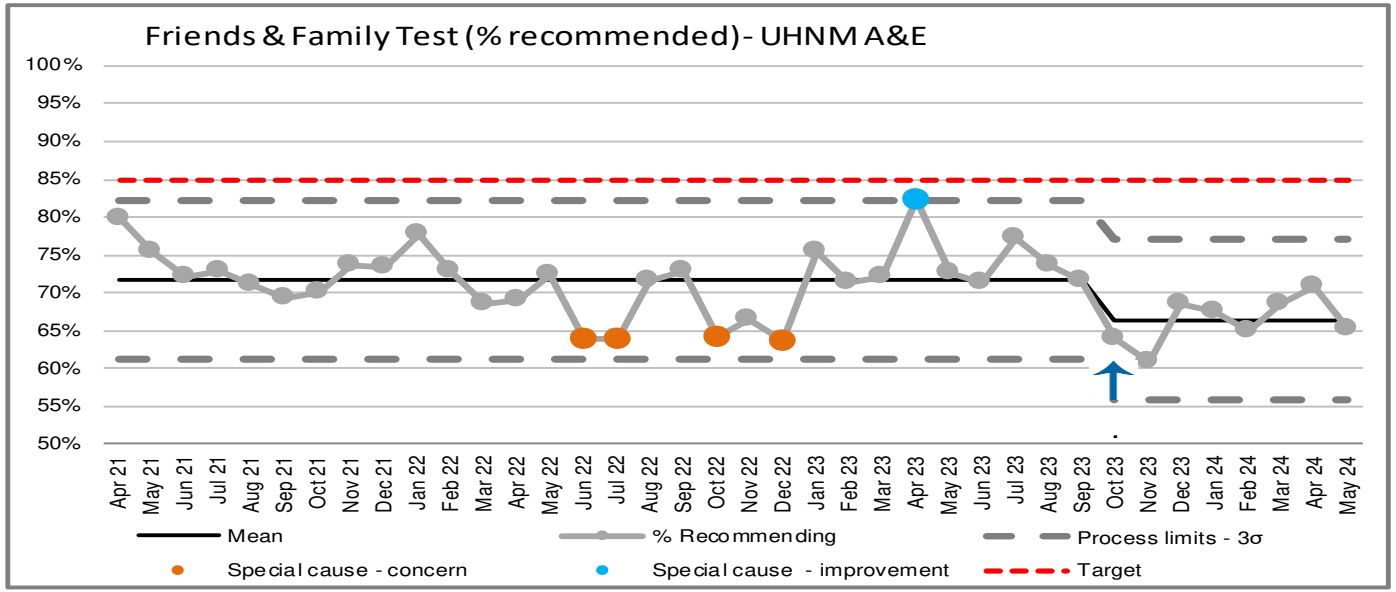
What are we doing about it?

All areas are now using the most up to date version of the FFT survey
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 is being set up 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]

Provide safe, effective and caring services

NHS University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
85%	68.4%	70.9%	65.3%

Background

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

What is the data telling us?

The overall satisfaction rate for our EDs was within expected limits in May 2024, but has been significantly lower on average since October 2023.
The Trust received 1321 responses which was 8% and remains the same as the previous month. The Trust's overall satisfaction rate is lower than the national average of 79% (NHS England April 24- latest figures) at 72%, however this is a further 1% increase on previous months. UHNM is 39th out of 124 Trusts for the number of responses in ED (NHS England April 24), and 87th out of 124 Trusts for the percentage positive results.

Feedback from patient experience of using 111First and the kiosks continues to be monitored with 29% of respondents in May 2024 reported to have used 111First prior to attending ED, which is a further increase on the previous few months. Key themes from May 2024 were communication, staff attitude, long waits – all across both sites.

What are we doing about it?

QR code made visible throughout the department.

'You said we did' board in waiting room.

Waiting to meet with Lead Nurse and Matron- Need to revisit process for handing out FFT paper survey as minimum submission of FFT via this modality.

High Quality | [Friends & Family Test - Maternity]

Provide safe, effective and caring services

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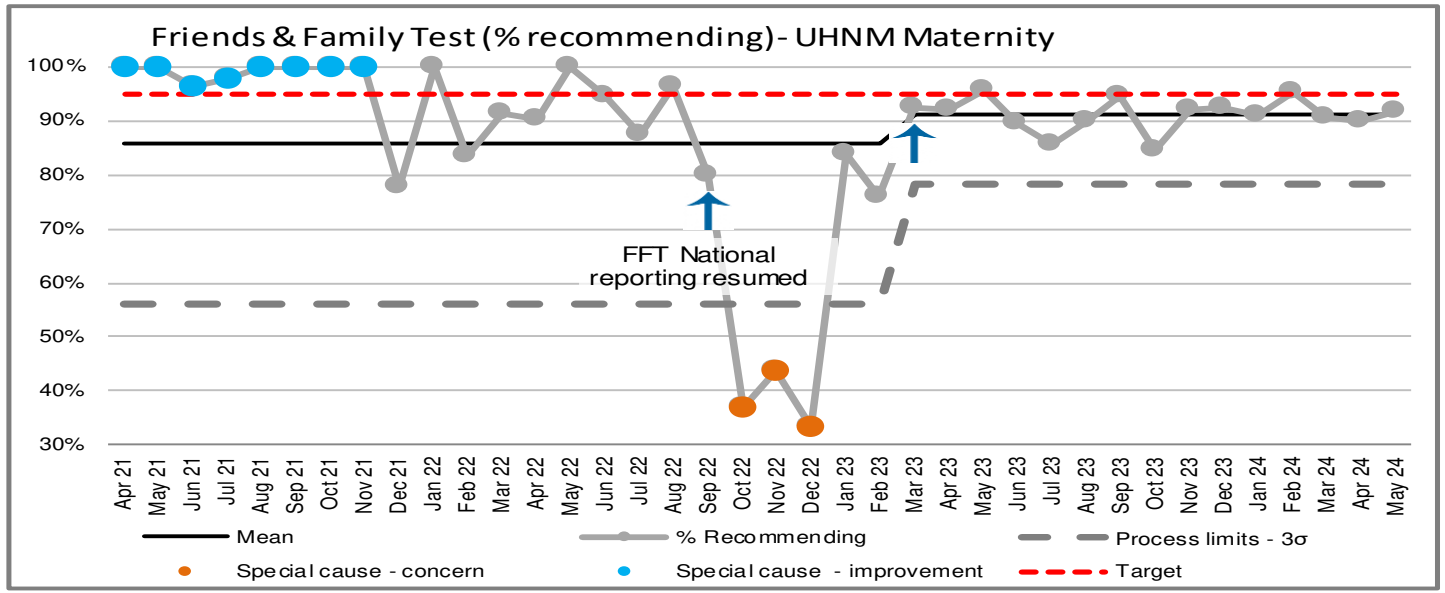

Variation	Assurance

Target	Mar 24	Apr 24	May 24
95%	90.5%	90.0%	91.6%

Background

FFT Maternity % patients Recommending Service

What is the data telling us?

The number of surveys received increased significantly in 2023, and the average % recommending has been stable since then, a little below the 95% target.
There were a total of 167 surveys were received in May 2024 across all 4 touch-points (ante-natal, birth, post natal ward; post natal community) with 75 of these being collected for the "Birth" touch-point, providing an increased 14% response rate (based on number of live births) and 93% satisfaction score which is an increase on the previous month's figures.
The Antenatal touch point scored 90% recommendation (31 surveys) which is an increase on the previous month (88%). The post-natal ward touch point scored 88% satisfaction rate (48 surveys) which a decrease in satisfaction percentage (93%).
Compared to the latest national data available (April 24) out of 112 reporting Trusts, UHNM were 64th for number of responses for antenatal & 79th for percentage positive; 54th for number of responses for birth & 83rd for percentage positive, 50th for post-natal ward & 48th for percentage positive; and 36th for post-natal community & 33rd for percentage positive.

What are we doing about it?

Continue to monitor the efficacy of collecting feedback via text message

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 | [VTE Risk Assessment Completion]

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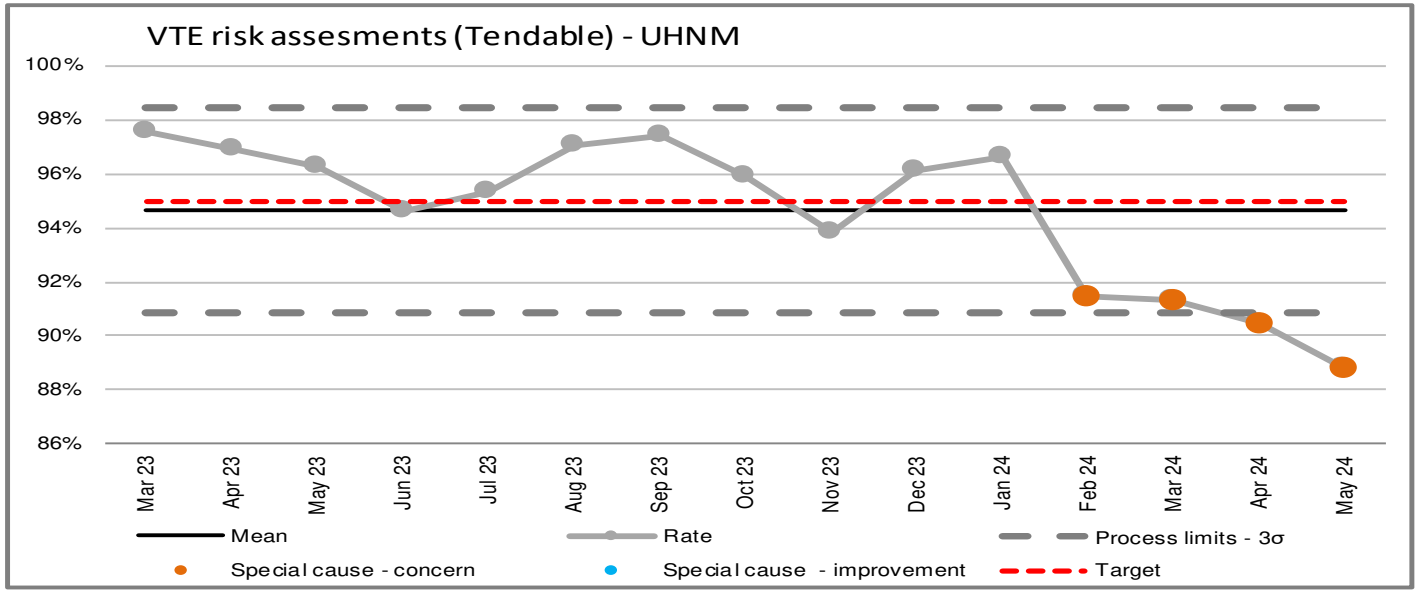

Variation	Assurance

Target	Mar 24	Apr 24	May 24
95%	91.3%	90.4%	88.8%

Background

The percentage of patients assessed for risk of VTE within 12 hours of admission to hospital (Source: Tendable)

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?"

At least 350 patient records a month have been audited since June 2023. Reported compliance has been significantly lower since February 2024 which may be due to work with Quality Nurses to encourage rigorous audit standards.

What are we doing about it?

An audit of risk assessment completion and compliance has been carried out between February-April 2024 across 47 wards following the introduction of the new assessment document. 10 prescription charts in each ward were reviewed. 91% of prescription charts reviewed had at least a partially complete VTE risk assessment, but only 55% had evidence of being done within 12h of admission, date and time recorded and a signature.

ePMA once introduced will provide accurate assurance of VTE risk assessment completion.

Notification has been received that national data collection is resuming in April 2024 having been suspended since 2020, and data from Tendable is to be submitted.

High Quality | [Hospital Associated Thrombosis rate]

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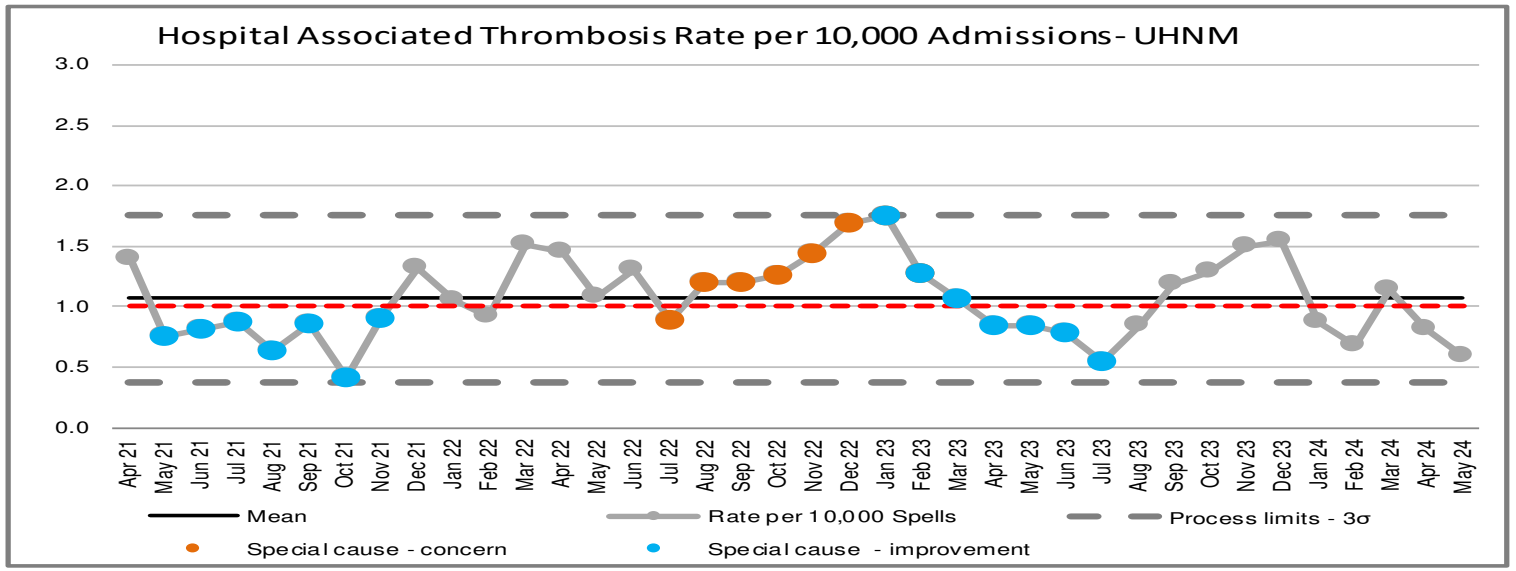

Variation	Assurance

Target	Mar 24	Apr 24	May 24
1	1.14	0.82	0.60

Background

Venous thromboembolisms identified more than 72 hours after admission, or within 90 days of an inpatient episode, are considered to be Hospital Associated.

What is the data telling us?

The rate of Hospital Associated Thrombosis was within expected limits in May 2024

What are we doing about it?

13 cases of Hospital Associated Thrombosis (HAT) were identified May 2024 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.

High Quality | [Sepsis – Adult Inpatient]

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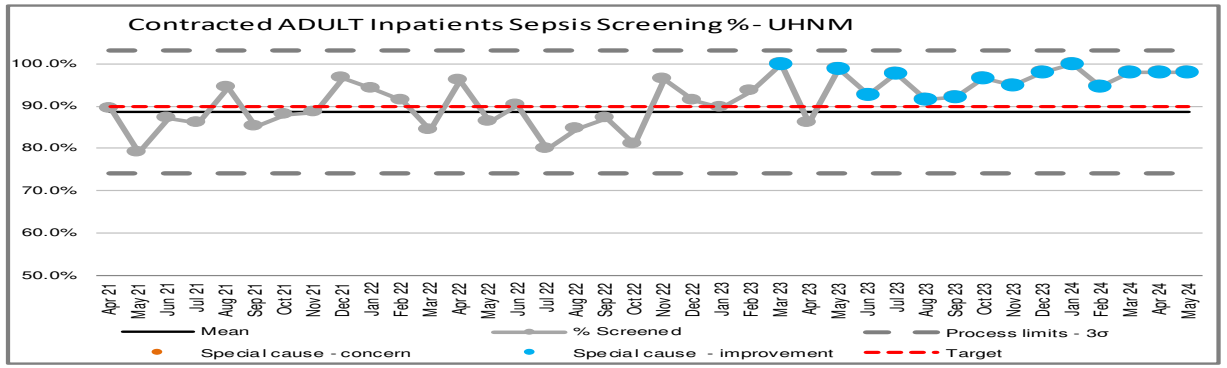
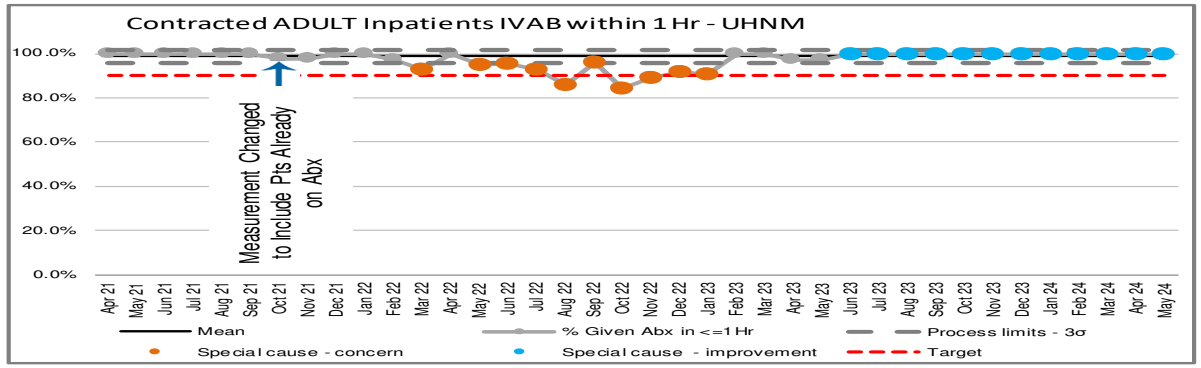




Variation	Assurance
H	?

Target	Mar 24	Apr 24	May 24
90%	97.9%	98.0%	98.0%

Background

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

Variation	Assurance
H	P

Target	Mar 24	Apr 24	May 24
90%	100.0%	100.0%	100.0%

Background

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

What is the data telling us?

Inpatient areas achieved the screening and IVAB within the 1-hour target for May 2024.

There were 102 cases audited with 2 missed screening. Out of 102 cases audited 71 were identified as red flag sepsis with 42 having alternative diagnosis. 25 patients were already on IVAB treatment.

All true red flag sepsis patients received IVAB within 1 hour.

What are we doing about it?

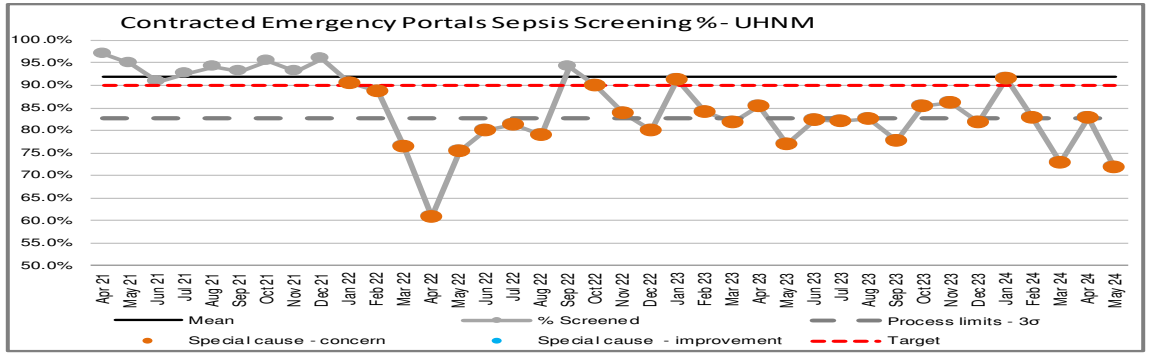
Sepsis sessions / kiosks continue to all levels of staff in the clinical areas that require immediate support.

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

High Quality | [Sepsis – Emergency Portals]

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

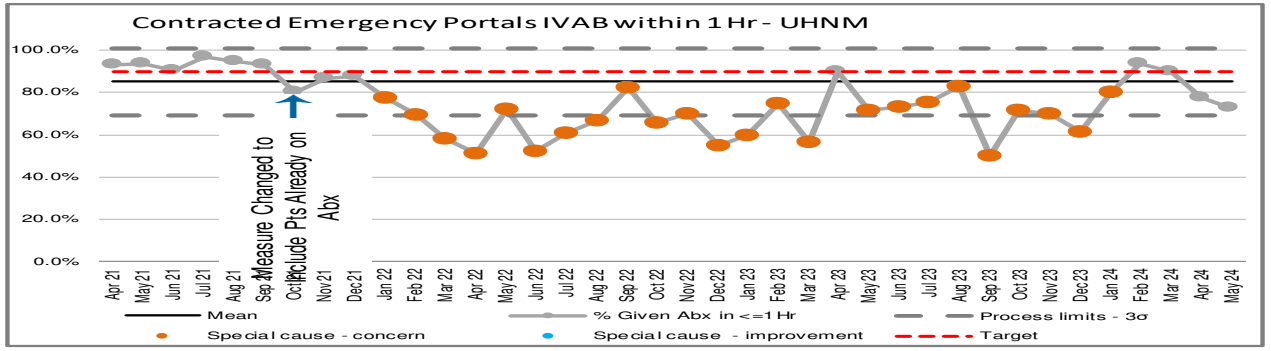


Variation	Assurance

Target	Mar 24	Apr 24	May 24
90%	73%	83%	72%

Background

The percentage of audited Emergency Portal patients receiving sepsis screening for Sepsis Contract purposes



Variation	Assurance

Target	Mar 24	Apr 24	May 24
90%	90%	78%	73%

Background

The percentage of Emergency Portals patients from sepsis audit receiving IVAB within 1 hour for Sepsis Contract purposes

What is the data telling us?

Adult Emergency portals screening did not meet the target for May 2024. Contributed to ED Royal Stoke. There were 64 cases audited with 18 missed screening in total from the emergency portals. The performance for IVAB within 1 hour achieved 72.7%

Out of 64 cases there were 58 red flag sepsis in which 10 patients were already on IVAB. 25 patients had an alternative diagnosis leaving 23 newly identified sepsis 9 patients received IVAB outside the target 1 hour window with 3 patients greater than a 2 hours delay.

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.
- Sepsis focus week completed for SAU during April with excellent uptake from staff.
- Working towards implementation of electronic screening for ED Royal Stoke.

High Quality | [Sepsis – Children]

Provide safe, effective and caring services

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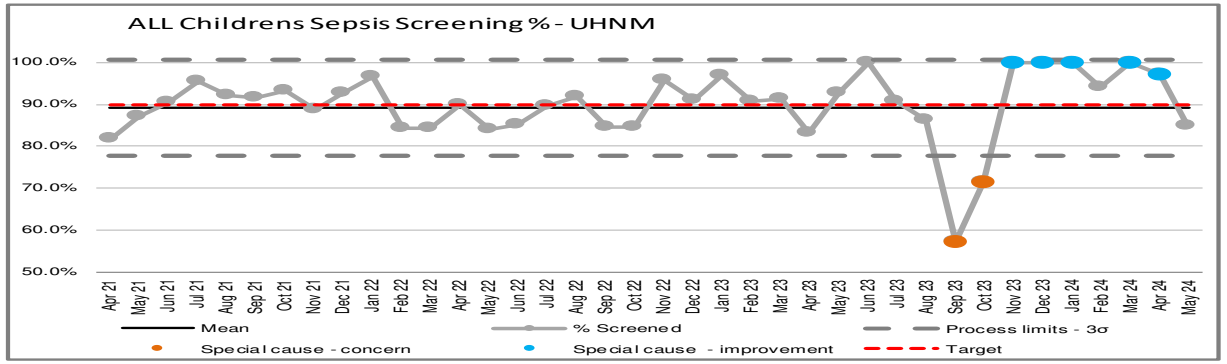
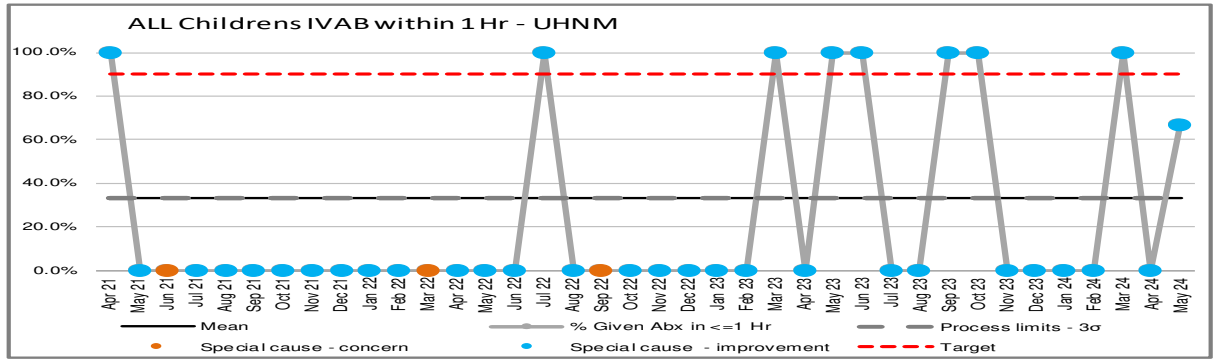


Variation	Assurance
	?

Target	Mar 24	Apr 24	May 24
90%	100.0%	97.1%	85.0%

Background

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



Variation	Assurance
H	F

Target	Mar 24	Apr 24	May 24
90%	100.0%	n/a	66.7%

Background

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

What is the data telling us?

Childrens services target rate of >90% was not achieved for May 2024. We are still seeing 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 36 cases audited for emergency portals with 3 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?

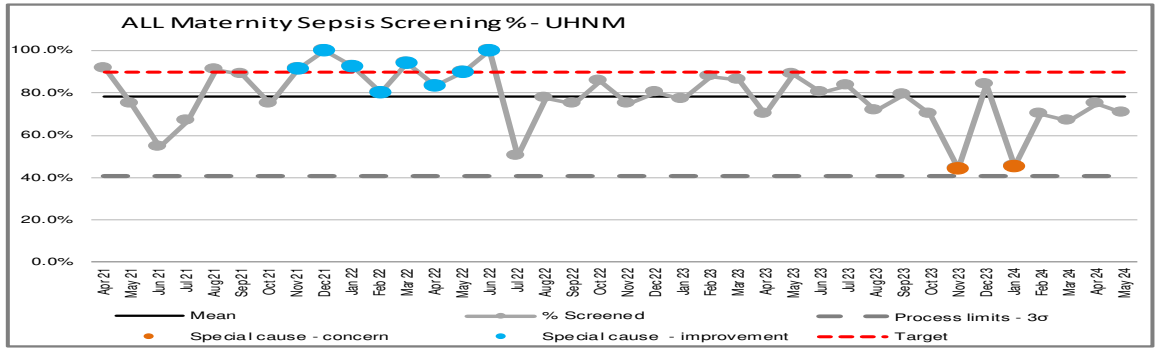
The sepsis team has continued to adjust the audit process in emergency portals to take smaller samples over a wider range of dates to give a more comprehensive perspective.

The children department is aiming to implement the national PEWS chart and sepsis screening tool guidelines soon.

High Quality | [Sepsis – Maternity]

Provide safe, effective and caring services

University Hospitals of North Midlands NHS Trust

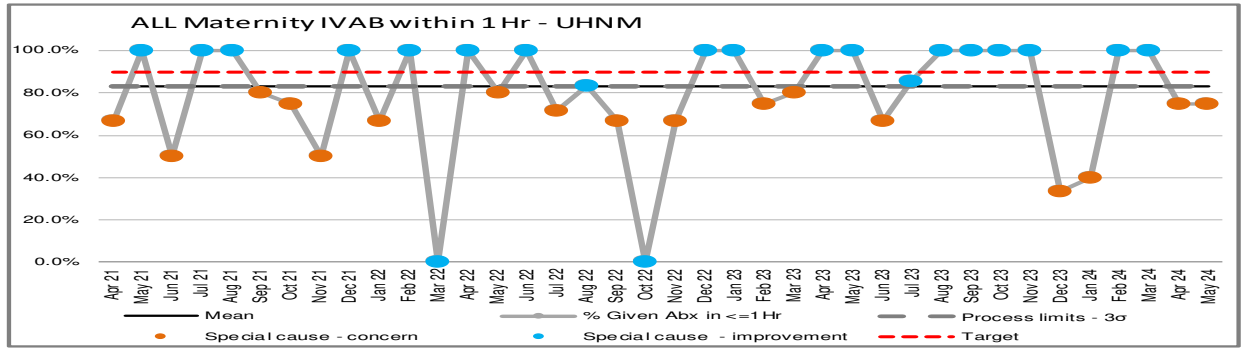


Variation	Assurance
	?

Target	Mar 24	Apr 24	May 24
90%	66.7%	75.0%	70.6%

Background

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



Variation	Assurance
L	F

Target	Mar 24	Apr 24	May 24
90%	100%	75%	75%

Background

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

What is the data telling us?

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

There were 11 cases audited from emergency portal MAU with 4 missed screenings. Inpatient had 6 cases audited with 1 missed screenings. (has been escalated but no documentation in the screening tool)

What are we doing about it?

Maternity antibiotic PGD has been drafted and is currently under review by the pharmacy team. 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.

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

Overview from the Chief Operating Officer

How are we doing against our trajectories and expected standards?

Non-Elective

The 4-hr performance standard is 76% climbing to 78% in March 2025. May validated position is 71.5% which is 0.8% above the April outturn and is 1.7% above the agreed and submitted improvement trajectory. This is the third consecutive month in a row where we have achieved over 70% and this has not been achieved since 2021. During the month of May, we achieved above the 76% standard only once which was 6th May at 82.8% overall compliance on combined type 1-3. Our relative performance was largely within 3rd quartile of Trusts, however in 2024/25 several Trusts previously not reporting as part of the Clinical Standards Trial have now restarted which means despite seeing some of our best performance since 2021, we are still ranked in the third quartile.

Below is the submitted 4hr standard improvement target which forecasts our anticipated improvements. The largest contributions to this trajectory are a step change in September based on the expected impact of the Same Day Emergency Care new unit; a recognised deterioration from November to January from winter pressures and then a step up in February and March were the combined improvement plans for Urgent and Emergency Care will mature.

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
69.2%	69.8%	70.3%	70.2%	70.7%	72.1%	72.0%	70.6%	69.2%	66.6%	72.4%	78.0%

May has seen a decrease in the number of 12-hour trolley waits and is the third month of improvement. Whilst this is an improving picture comparisons with previous years seasonal variation indicates the level of improvement is not as great as in the last two year. This suggests that growth of inpatient demand continues to be largely unmet.

Ambulance handover and response time data released is a month in arrears. The Category 2 response time for ambulance services mean recorded for April, based on a 4-week average was 29mins and 16 seconds. This was an improvement of 4 minutes from previous month. The System based trajectory submitted Cat 2 mean time improvement which assumes a 15% improvement June to August and reduction of 20% from September to March.

Elective

We met the cancer 28 day diagnostic performance standard for the first time in February, and this was maintained in March. Maintaining the improvements was more challenging during April as predicted, however May is likely to continue along or greater than trajectory.

Cancer 62-day standards have shown four consecutive months of improvement, May is likely to deteriorate slightly due to Aprils 28 day FDS position. However, the backlog remains within fair shares allocation; this is within trajectory. This performance reflects an improvement in several tumour sites; Breast and Skin notably. The focus now is on maintaining the position to begin to support overall cancer performance % against the standard. There is a significant amount of cancer alliance funding supporting this position which remains in discussion for Q1 24/25, although support to endoscopy and Skin has been approved.

Diagnostic performance had been improving however there has now been a three-month dip. The largest contribution to this coming from Endoscopy delays, however ultrasound performance also fell along with MRI replacement having a temporary impact on this modality.

The number of patients waiting 78 weeks or more post validation ended at 34 for May. As a Tier 1 trust NHSE region and national and regional teams have weekly oversight of improvement trajectories. Trajectories originally had factored in a reduction of capacity in January with the ambition of 0 patients waiting by March. The 0 trajectory is now planned for July. There have been 3 patients who were not previously identified as long waiters who were declared waiting over 104 for May who have all now received treatment. This is now back in line with trajectory, and we have been able to offer mutual aid for patients waiting for Corneal transplants to neighbouring Trusts.

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

Overview from the Chief Operating Officer

What is driving this?

Non-Elective

Increased emergency department attendances and acuity have impacted on the delivery of the 4-hr standard on the admitted pathway – 25,548 attendances in May verses 23,492 in April which equates to an 8.05% increase. Flow for our patients in our Emergency Departments requiring inpatient treatment has improved but is still below the daily requirement to hit the end of year standard. The non-admitted pathway, during May, has been strong in core hours but deteriorates out of hours and overnight. The mean time in the emergency department for May was 6 hrs 20minutes verses an 'out of hours' position of 7hrs 42minutes. Despite this we remain in line with our trajectory.

Whilst the number of 12-hour waits following a decision to admit for onward care decreased further in May, the timeliness of access to inpatient care is below expectation. 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%, however in May only 47% of our patients accessed their onward pathway in that time.

Both the capacity of Emergency Departments (overcrowding) and the profile of ambulance arrivals (variation can be 0 to 22 ambulances/hours) has impacted on the ability to offload in a timely manner. There have been several concerns raised regarding the accuracy of handover time recorded by teams within ED, in particularly around the practice of 'pinning off.' CAD and Careflow continue to not align. During May we instructed external Auditors to review practice, recording and published datasets with ICB and WMAS support. We are currently awaiting formal feedback.

Elective

As previously reported Endoscopy performance is contributing to both planned care and cancer standards. Backlogs in cancer are now reducing and the service is increasing its capacity however the recovery period will be staged initially recovering cancer 28-day faster diagnostics standard and then planned care 6 weeks standard. Additional capacity has been secured in Q1 2024 and this will be required throughout 2024/25 with business cases being developed to right size the service permanently. Additional capacity is due to come on-line from the 1st of August with a mobile endoscopy unit.

Cancer treatment backlog reduction (62 day) continue at high levels and capacity has been protected above all other areas of elective care. Increases in capacity supported by West Midlands Cancer Alliance (Lower GI Surgery in particular) have seen a significantly positive impact.

Our longest waiting patients over 78 weeks continue at a reducing trend, however there are challenges in patients waiting in the 65-week cohort; with particular focus on Gastro, respiratory and paediatric ENT. These specialties are the subject of additional ERF bids. Data quality risk continues to be a factor both internally and between independent sector partners. Whilst delivering our data quality improvement activities this will be present, particularly when considering the small tolerances (small numbers) on patients waiting very long periods.

Responsive | Overview

Provide efficient and responsive services

Overview from the Chief Operating Officer

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

Non-Elective

Work continues within workstreams 1, 2, 3 and 4 to improve our non-elective flow and responsiveness to meet demand, improve patient experience and safety.

Having developed our internal Rapid ambulance handover protocol our longest offload times are reducing however at this stage we are not reducing the average handover time. There have been many more promising days of handover performance with several days now recorded with 0x60 minute delays.

Work progresses with the new Same Day Emergency Care Unit at Royal Stoke hospital site and it is still anticipated that from August 2024 the service will be operating and at full capacity by the end of the month.

Elective

With Jnr doctor strikes planned for the end of June elective capacity will be ringfenced to protect our cancer and longest witing patients.

Endoscopy services continue their three-part improvement plan for the resolution of demand versus capacity. A mobile unit is due to be operational from 1st August 2024, which will clear surveillance backlog and support diagnostic recovery in line with trajectory. We continue to insource in order to increase capacity, this has been supported by cancer alliance and ERF funding for Q1 24/25. All vacant in week sessions are being covered by insourcing service, Trust TI session or locum consultants and Dr's. The 3rd element of the business cases for endoscopy recurrent staffing is currently in progress through governance structures. With an ERF paper for continued funding into Q2-4.
Endoscopy are also validating both through administration and Clinical pathways all patients waiting beyond 52wks. This is alongside a focused piece to improve DNA and cancelation rates.

ERF cases for extra capacity through insourcing & WLIs to support the ongoing reduction in our longest waiting patients have now been approved and are being mobilised. This however is later than hoped due to the financial planning round and trajectories for the planning submission have been amended to reflect this. Additional cases are now also being considered for respiratory, gastro and ENT. We continue to micro manage the pathways of our longest waiting patients.
There is a focus on utilisation and productivity in theatres and outpatients; the exec led Divisional level Finance, activity and performance meetings continue to support the divisional improvement work.

Data quality and failsafe reporting alongside validation have detailed workplans, and while there is a shortfall in our current validation capacity we are contacting patients while they wait. Validation resource has been targeted at Respiratory, Gastro and ENT pathways. RTT and planned care administrative training is available, along with intermediate level, and a clinical RTT training module has been added.

Cancer performance and the protection of capacity for cancer recover will remain a focus for our elective capacity. This will include the ring fencing of funding for cancer improvement which if mobilised should deliver performance in line with our trajectories.

Responsive | Overview

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

Overview from the Chief Operating Officer

What can we expect in future reports?

Non-Elective

We expect our performance to follow our trajectory which considers the pressures over the summer months with incremental improvement as part of our Non-Elective Improvement Programme. We expect August/September to be the first step change in performance because of the new SDEC modular build.

Alongside improvements in 4-hour performance we expect 12 hour and ambulance handover delays to improve at a similar rate. We have seen the correlation between improvements in flow and these indicators although we note the concern regarding the accuracy of recording ambulance handover delays which may require further investigation as it appears to be less sensitive to urgent care flow improvements.

Elective

We have a continued focus on diagnostics and planned care, and the planning submission has reflected the challenged position for these areas. We have submitted a plan which has a trajectory of zero 78-weeks by July, and zero 65 weeks by September, however the 65 week position deteriorates before improvement is seen. The diagnostics plan does not see us being compliant with DM01 standards this year while there is a focus on recovery of backlogs. Planned Care Improvement Group will continue its focus on data quality, both increasing pace of delivery and the expansion of validation capacity to improve the quality of patient pathway data.

Cancer services have the greatest protection of services (including cancer diagnostic services), and recovery trajectories are set to continue in 24/25, although there is a reliance in the cancer alliance funding of which we await full confirmation. Referral numbers have remained high during April, and we are working with partners in SSOT to support efficient pathways for our patients at first presentation.

Ongoing discussions are taking place with regulators on both undertakings and NOF3 exit criteria and undertakings. Updates will recommence on this when criterion are updated.

The new Endoscopy capacity being delivered from August is expected to deliver a marked change in waiting times that will impact across surveillance, planned care and will bolster cancer pathways.

Responsive | Dashboard

Provide efficient and responsive services

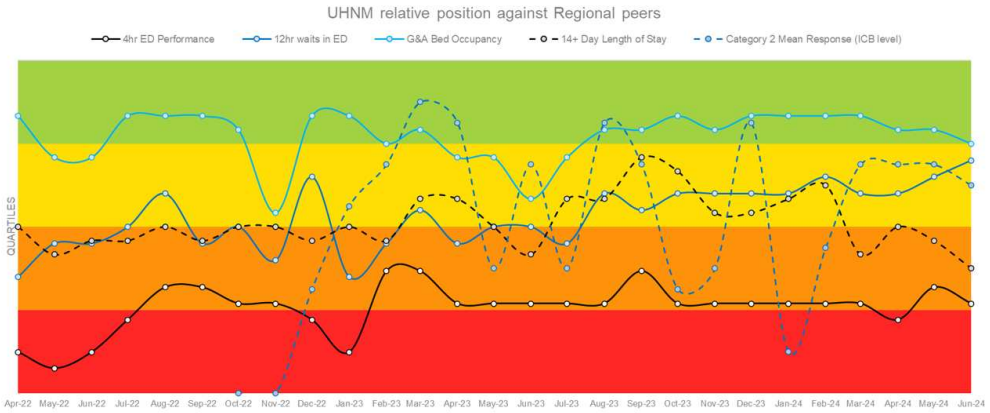
University Hospitals of North Midlands NHS Trust

Responsive

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Cancer 28 Day FDS	75%	69.1%	78.6%						
Cancer 31 Day Combined	96%	91.8%	89.8%						
Cancer 62 Day Combined	85%	71.6%	62.0%						
Diagnostics DM01 Performance	99%	69.6%	67.3%						
UEC 4 Hour Target	76%	70.6%	71.5%						
UEC 12 Hour Trolley Wait	0%	6.6%	4.7%						
UEC Cat 2 Handover Average Time	00:18:00	00:33:01	00:28:22						
RTT No. of Patients Waiting >52 Weeks	0	5,034	5,318						
RTT No. of Patients Waiting >65 Weeks	0	866	1,202						
RTT No. of Patients Waiting >104 Weeks	0	3	8						
RTT No. of Patients Waiting >78 Weeks	0	33	42						
Treating patients in a timely manner (Hospital Combined Performance Score)	7,000	3,983	4,010						

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

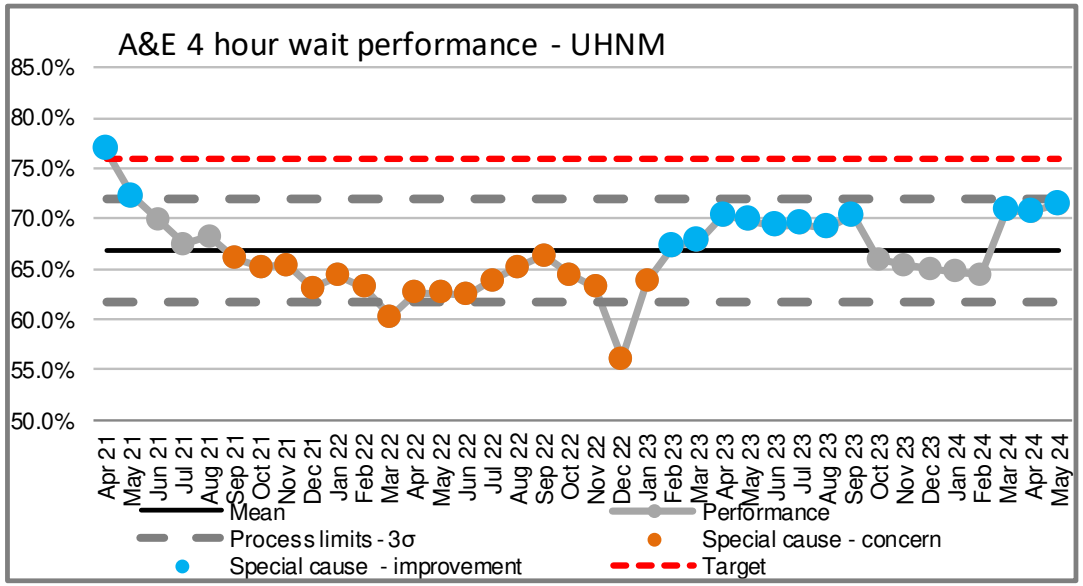
BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 5: Delivering Responsive Patient Care							Ext 20	Partial

Responsive | UEC 4 hour Target

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

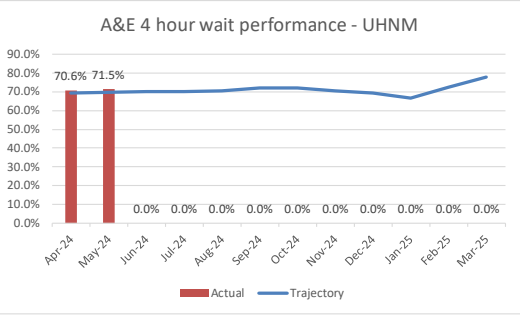


Variation	Assurance
H	F

Target	Mar 24	Apr 24	May 24
76%	70.7%	70.6%	71.5%

Background

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



What is the data telling us?

Validated Performance is 71.5% for May which is an overall 0.8% rise from last month.
The teams continued work to improve this performance metric is evidenced in the continued incremental improvement since March.
Type 1 4hr performance for Royal Stoke was 45.4% which is 1.1% lower than last month (46.3%), however, a significant improvement demonstrated at County of 68.1 % in May which was 4.7% higher than April (63.4%) and an overall improvement of 7.7% over the last 3 months.
The submitted improvement trajectory against the 4hr standard set for May has been met(71.5% vs 68.9%) but is 6.5% adverse to the national target.
The only day in May that we achieved greater than 78% was 6th May when it recorded total 4hr compliance of 82.8%
We are ranked 85th of 142 Acute Trusts against the chosen parameters of comparison in May verses 89th in April – a 5-position improvement.

What are we doing about it?

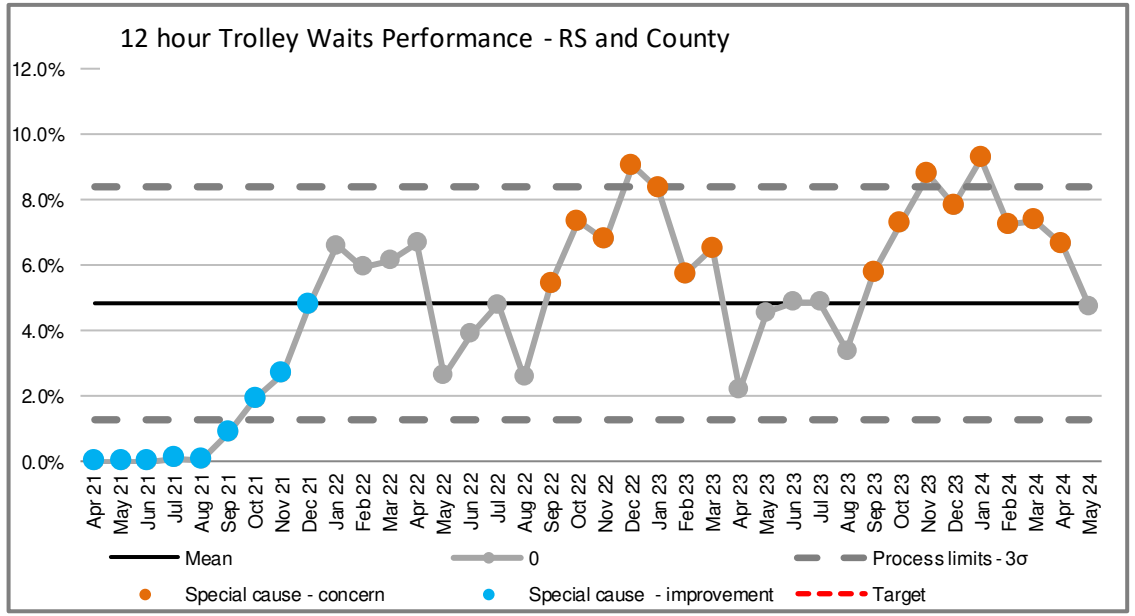
- Ambulatory standard work across Royal Stoke and County sites.
- Operational huddles implemented in Ambulatory area reviewing safety including patient prioritisation, staffing and flow.
- CDU utilisation reviews on Royal Stoke to identify further opportunities.
- EhPC review of criteria following missed opportunity audit.
- Management of surges to support triage at County site including room conversion and staffing review.
- SDEC expansion including new AMRA unit to open in August which will provide increased capacity and AEC exploring extending opening hours to support demand.
- A focus on 4hr performance overnight is now in train, This focus should result in increasing and sustaining 4hr performance – this will be monitored closely and where the performance 'dips', a route cause analysis is being undertaken. We are awaiting the initial findings of this intervention.

Responsive | UEC 12-hour Target

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive



Variation	Assurance
	F

Target	Mar 24	Apr 24	May 24
0%	7.4%	6.6%	4.7%

Background

Percentage of Attendences that breach the 12 hour trolley wait time, divided by the total ED attendances at RS and County.

What is the data telling us?

May has seen a further decrease in the number of 12-hour trolley waits (4.7%) compared to last month (6.6%). Since January performance continues to improve with a consistent month on month reduction.

May demonstrated a further reduction of 231 patients waiting greater than 12-hour post decision to admit. This demonstrated a positive shift from 6.6% to 4.7%. Our overall ranking improved from 93rd out of 124 Acute Trusts in April to 92nd out of 124 in May.

However, what this chart does not describe the associated decrease in total aggregated time of arrival (TOA) to clinically ready to proceed in the Emergency Department > 12hrs and > 24hrs.

Mean time in the emergency department varies in and out of hours.

What are we doing about it?

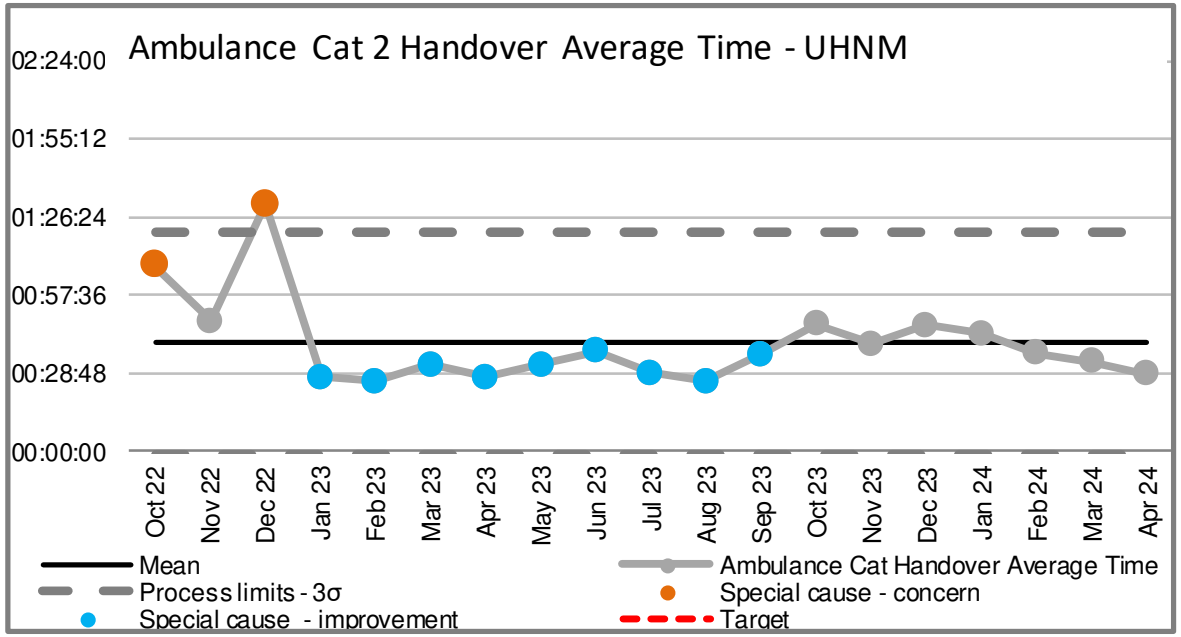
- Rollout of standard work continues across Medicine wards to support timely discharges.
- Task and finish groups currently working through the root cause analysis to identify actions to address issues identified including TTO's, Transport, Diagnostic Delays and Discharge processes to support earlier in the day discharges.
- Frailty >75, single document for CGA & admissions agreed and is currently being made electronic. Test of change is in progress for IDH in-reach to ED and support to FEAU.
- Frailty >75, End of life pathway – undertaking peer review to support earlier decision making.
- Work continues to prep for the move of the AMRA unit which will create additional capacity in SSU.
- Effective implementation of 'Your Next Patient (YNP)' and resolution.
  Command and Control principles adopted in Medicine and Emergency Care to respond to increased demand and pressures.

Responsive | UEC Cat 2 Handover Average

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

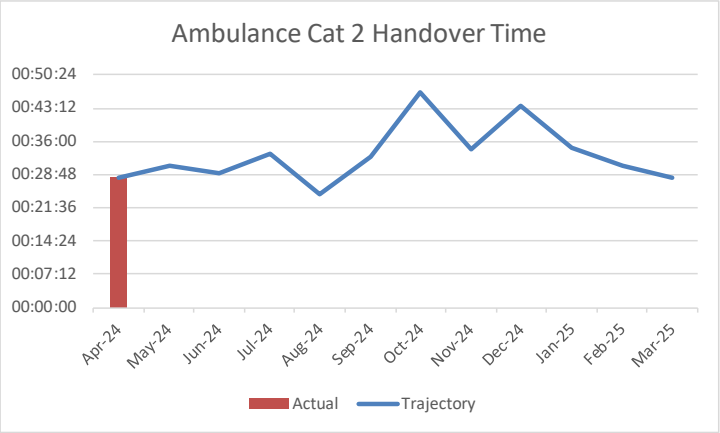


Variation	Assurance

Target	Feb 24	Mar 24	Apr 24
00:00:00	00:36:07	00:33:01	00:28:22

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. Ambulance Cat 2 mean time has continued to reduce since January 2024, January saw an average Cat 2 mean of 43.34 minutes compared to 33.01 minutes in March 2024 and now 28.22 minutes in April.

Handover within 15minutes of arrival in April demonstrated a 23.8% compliance. May demonstrated 24.7%.

What are we doing about it?

We have instigated an internal rapid handover process, which when triggered and enacted, drives the off load of 2 ambulances every 30 minutes until the pressure is reduced and the risk removed. The 'corridor' in the emergency department is utilised to support the risk of reducing the waiting ambulances.

'Your Next Patient' protocol is enacted to decompress the emergency department to further support flow and off load capability.

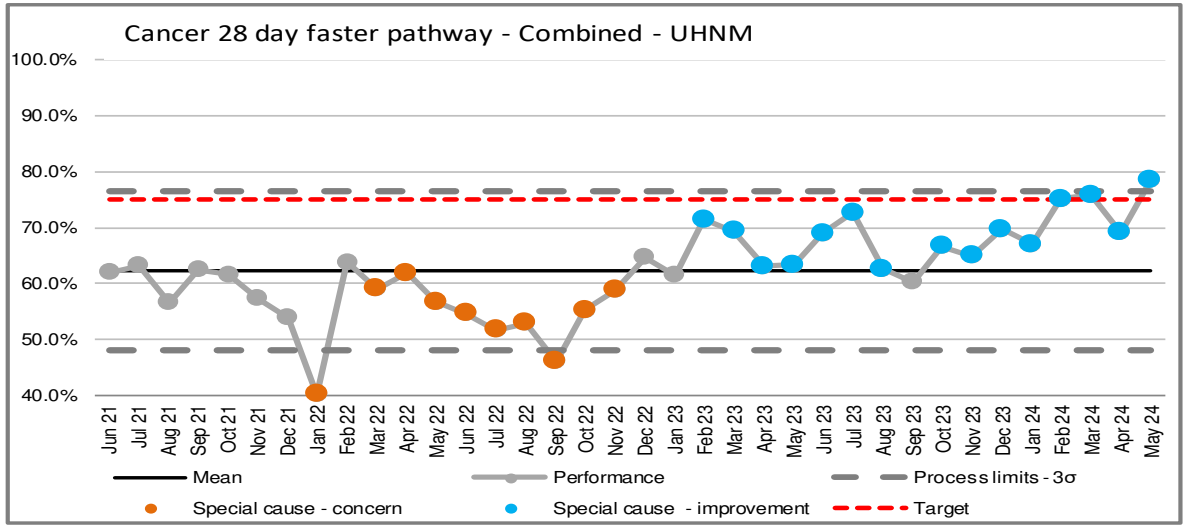
Regular daily contact with WMAS is in place to ensure confidence in actions taken and where possible deflects or diverts to County or Burton are agreed to support timely ambulance release.

Responsive | Cancer 28 Day FDS

Provide efficient and responsive services

NHS University Hospitals of North Midlands NHS Trust

Responsive

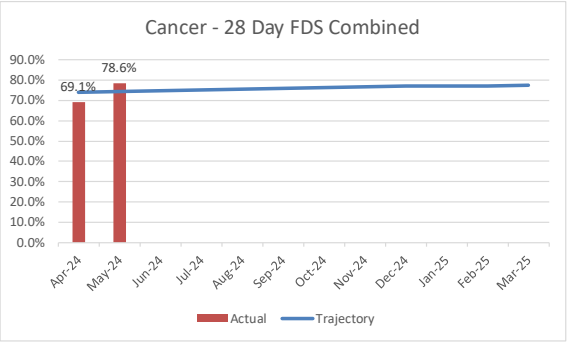


Variation	Assurance
H	?

Target	Mar 24	Apr 24	May 24
75%	75.8%	69.1%	78.6%

Background

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



What is the data telling us?

The combined faster diagnosis standard performance has demonstrated a special cause improvement over the past year. UHNM achieved the national standard for the first time in February 24 and again in March 24. Although April missed the standard UHNM is predicted to achieve and be back on trajectory in May 24.

When broken down at tumour site level, some pathways perform better than others; Upper GI, Skin and Breast being consistent and high achievers.

Pathways that require a higher number of investigations such as Gynaecology and Urology perform lower than the standard.

What are we doing about it?

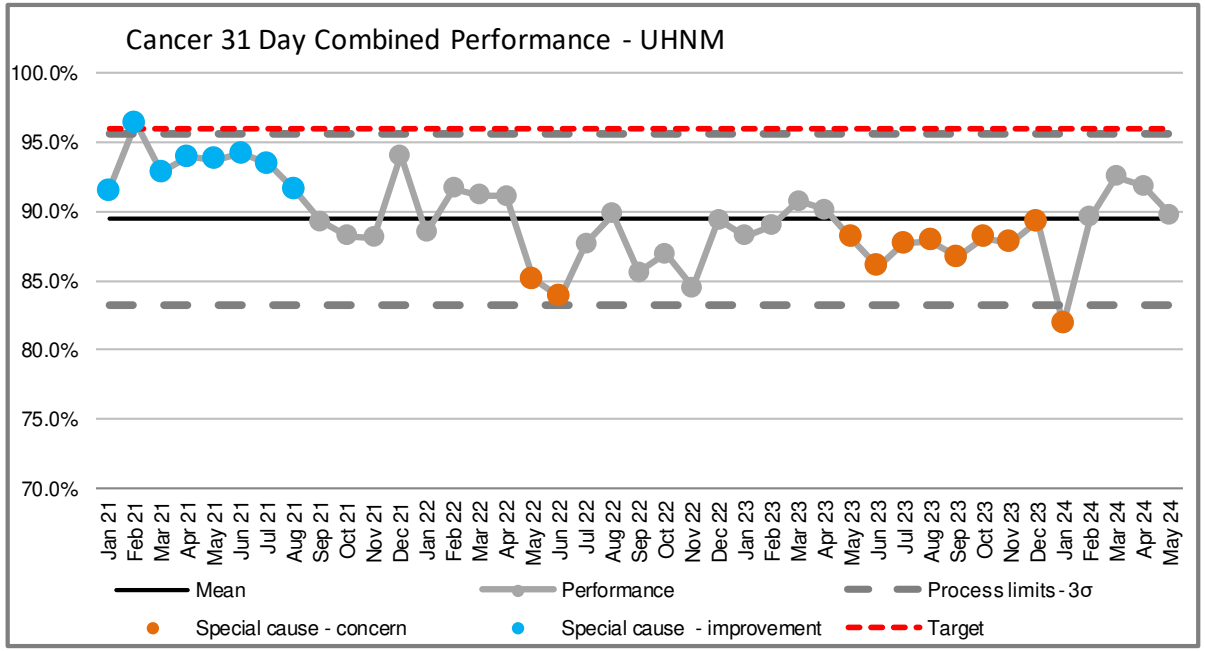
Improvement plans for lower performing pathways are in place; Gynae and Urology. Best practice from better performing providers is being sought for Haematology pathways. Teams have implemented national priorities such as Cancer Navigators who expedite patient pathways. Referral optimisation plans will support faster timelines for patients receiving diagnosis or all clear for cancer.

Responsive | Cancer 31 Day Combined

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive



Variation	Assurance
	F

Target	Mar 24	Apr 24	May 24
96%	92.5%	91.8%	89.8%

Background

% patients beginning their treatment for cancer within 31 days following an urgent GP referral for suspected cancer

What is the data telling us?

The 31-day combined cancer treatment standard achieved 91% in April 24 and is predicted to achieve 89% in May 24. There is varying performance when broken down by tumour site. Consistent and high achievers are Breast, Skin and Upper GI. However, the most challenged tumour sites are Urology and Colorectal. Urology reported the longest waits due to access to surgical capacity. This was mainly for Kidney patients waiting for a Partial Nephrectomy. The longer waits on the Colorectal pathway were either due to access to surgery or therapeutic endoscopy procedures.

What are we doing about it?

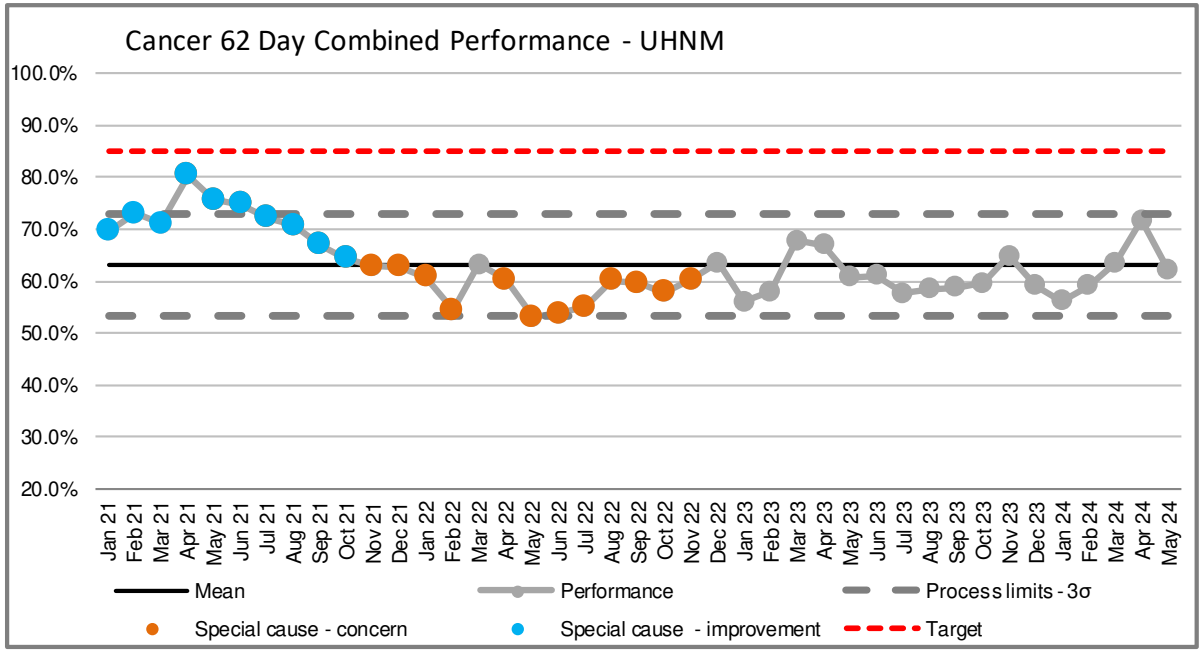
Access to robotic procedures are prioritised through the oversight group.
The endoscopy improvement plan is underway and a business case which considers required capacity to meet demand and clear backlogs is progressing through the sign off process.
Partial Nephrectomy capacity has been escalated through the Tier 1 route with a request for mutual aid. 31 day treatment capacity is inherent to 62 day improvement plans.

Responsive | Cancer 62 Day Combined

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

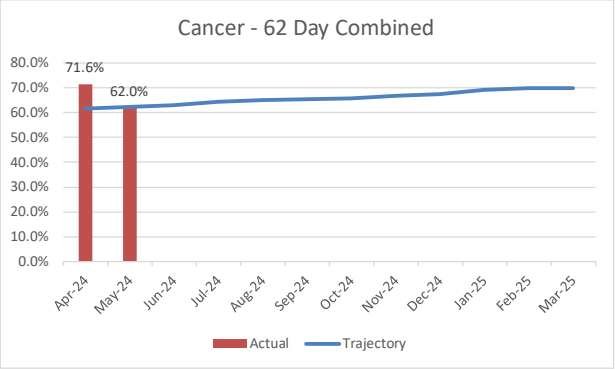


Variation	Assurance

Target	Mar 24	Apr 24	May 24
85%	63.6%	71.6%	62.0%

Background

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



What is the data telling us?

The combined 62-day performance was reported at 71.6% for April 24, an improvement for the third consecutive month and higher than trajectory. May 24 is still being validated for upload. When broken down by tumour site, there are no consistent achievers however pathways with better performance than most include Breast and Skin.
Pathways with the most challenged performance are Gynae, H&N, Lung and Colorectal. Contributing factors include delay to diagnostics including Hysteroscopy and pathology reporting which impacts significantly for Gynae and Lung, and timely access to Colonoscopy for Colorectal patients. Oncology capacity also impacts timely treatment.

What are we doing about it?

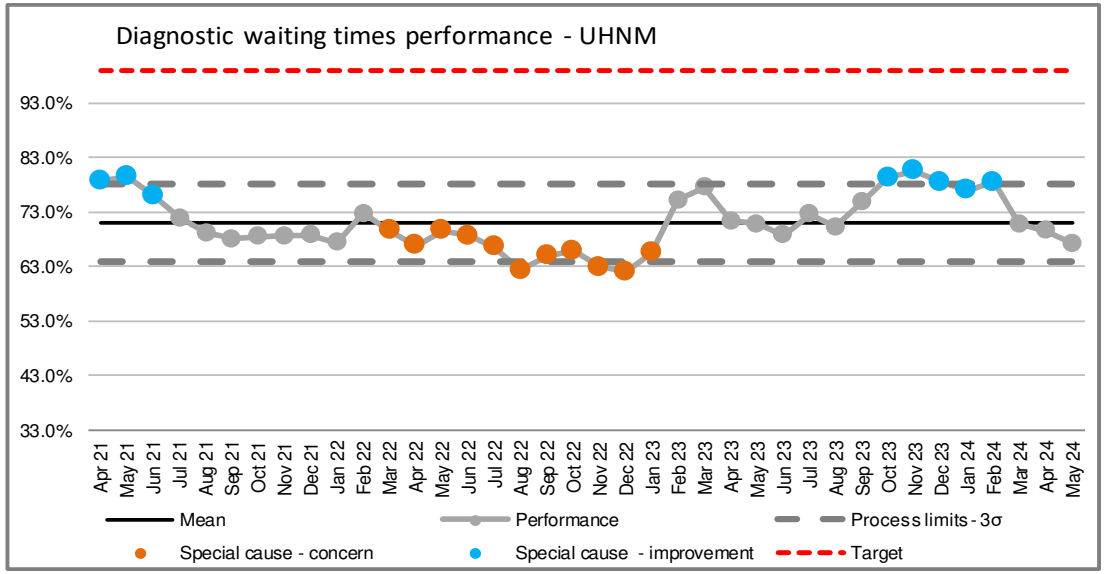
62 day treatment improvement plans have been worked up to include most challenged treatment modalities; surgery and oncology. Longest breaching pathways are being analysed with clinical input. A new 104+ breach analysis governance process has been enacted to ensure oversight of long waiters. The annual peer review process commenced early June and ensures tumour site treatment challenges are visible and escalated through the trust.

Responsive | Diagnostics DM01 Performance

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

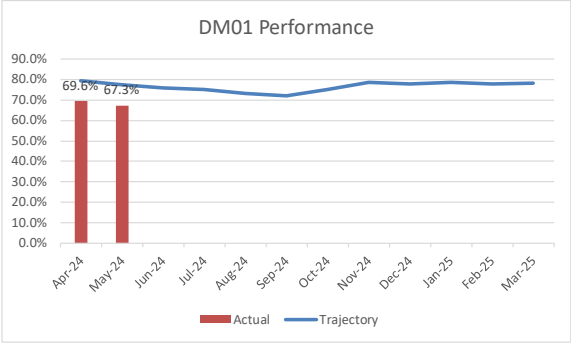


Variation	Assurance

Target	Mar 24	Apr 24	May 24
99%	70.8%	69.6%	67.3%

Background

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



What is the data telling us?

DM01 performance overall has shown no cause for change within process limits There are several contributing factors:

- Endoscopy diagnostics waits are still challenged with 1783 diagnostic patients waiting >6weeks. However, to note, the waiting list continues to reduce and this position is against a waiting list plan of 2146 for the month of May.
- Echocardiograms are still challenged but there has been a slight decrease in wait times in April 24.
- MRI performance deteriorated whilst the 2 Valley scanners were being replaced, this is now completed, and performance is planned to improve.
- Non – obstetric ultrasound performance is a focus for improvement but there are some fundamental issues relating to staffing levels and training.

What are we doing about it?

There is an improvement programme in place for our endoscopy services which is being supported by Four Eyes. A mobile unit is due to be operational from 1st August 2024, which will clear surveillance backlog and support diagnostic recovery in line with trajectory.
We continue to insource in order to increase capacity, this has been supported by cancer alliance and ERF funding for Q1 24/25. All vacant in week sessions are being covered by insourcing service, Trust TI session or locum consultants / Dr's.
The 3rd element of the business cases for endoscopy recurrent staffing is currently in progress through governance structures. With an ERF paper for continued funding into Q2-4.
Endoscopy are also validating both through administration and Clinical pathways all patients waiting beyond 52wks. This is alongside a focused piece to improve DNA and cancelation rates.

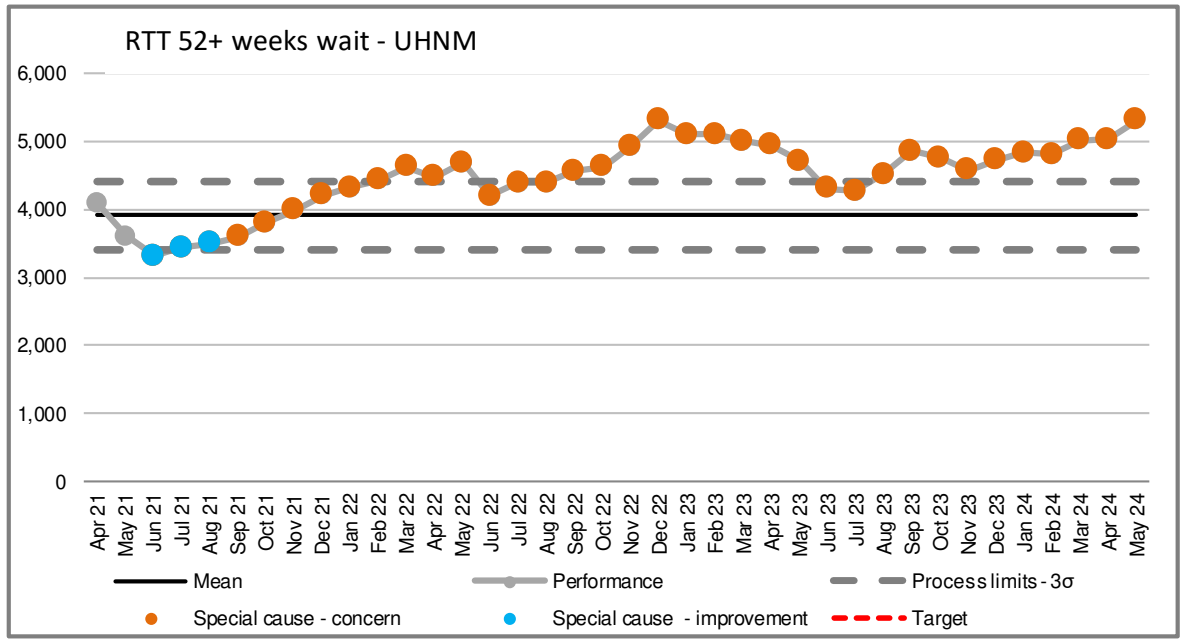
Our Echo capacity is being supported through ongoing use of an external provider and for Neurophysiology the use of Elective Services to continue to deliver testing into 2024_25 has been approved.
Non- obstetric Ultrasound – a review of the root causes is being undertaken, this includes staffing, training and the reasons why demand in increasing in specific areas – a remedial action plan will be developed.

Responsive | RTT No. of Patients Waiting Over 52 Weeks

Provide efficient and responsive services

NHS University Hospitals of North Midlands NHS Trust

Responsive

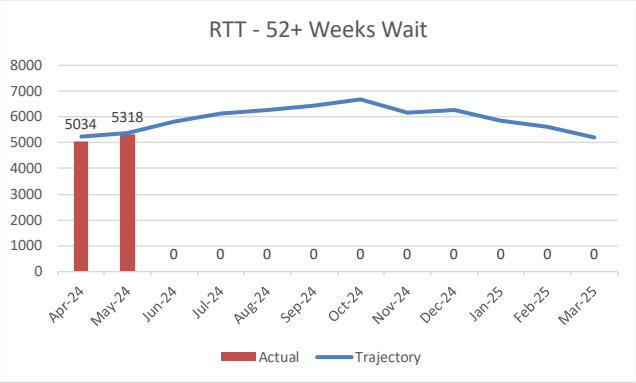


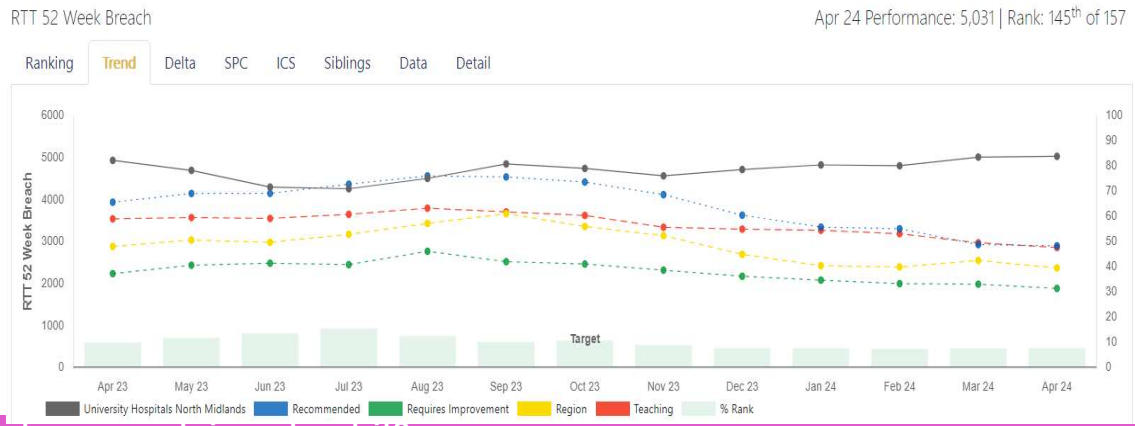
Variation	Assurance
H	F

Target	Mar 24	Apr 24	May 24
0	5016	5034	5318

Background

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





What is the data telling us?

52-week waits have continued to grow from October 2023 and are at their highest point since January 2023.
There has been a reduction in total PTL size in the longer waiters over 65 weeks and 18-51 weeks brackets.
The proportion of patients waiting 52+ weeks who have reached a decision to admit is currently 25%. This is compared with 45% in May 2023, and 58% in May 2022. Patients are taking longer to reach a decision to admit, due to delays in Outpatient, Diagnostics & administrative processes, including clinical review of diagnostics and enacting clinical decisions.
We are now ranked 145th for April as opposed to 147th in March.

What are we doing about it?

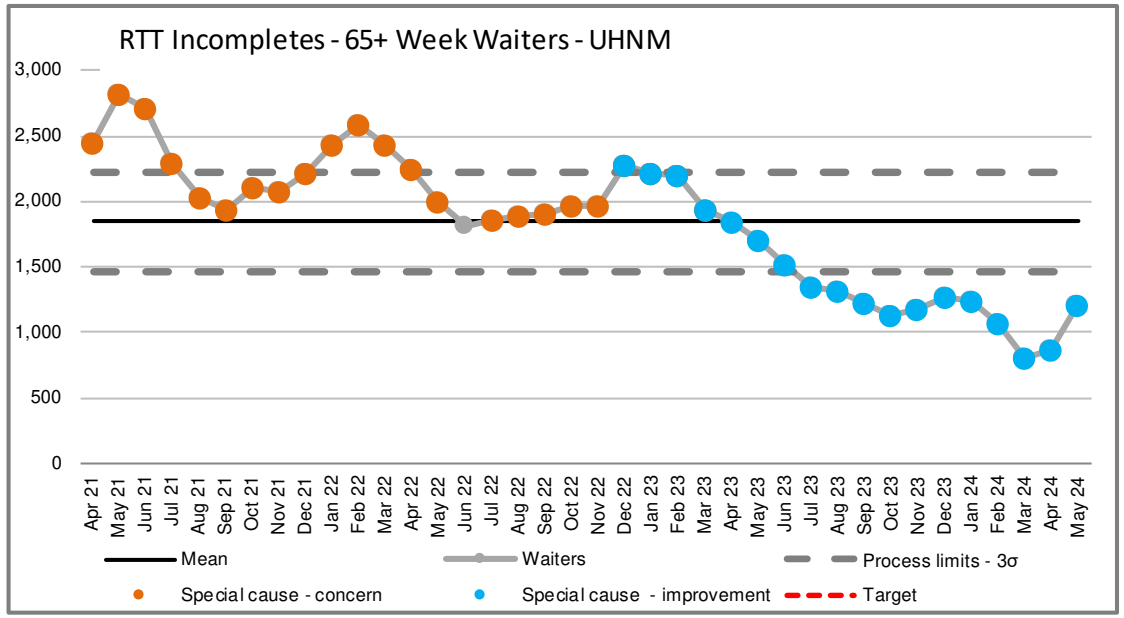
- Revamped RTT & Planned Care training offering now available, including Intermediate Training.
- Clinician training now available combined with Clinic Outcome Form training
- Exploring utilisation of digital tools (Palantir's CCS) to focus validation to pathways with DQ issues and/or missing pathway milestones
- Further Patient Validation Forms have been sent, with 68% response rate and 2,214 patients wishing to be removed from the waiting list.
- Divisions supported with tracking and admin process improvements where resource allows

Responsive | RTT No. of Patients Waiting Over 65 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

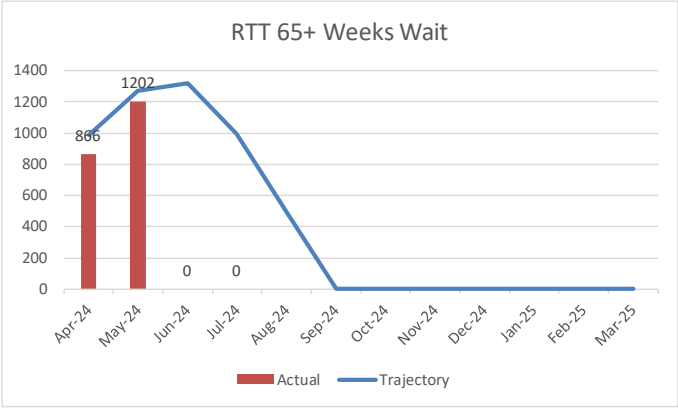


Variation	Assurance
L	F

Target	Mar 24	Apr 24	May 24
0	806	866	1,202

Background

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



What is the data telling us?

The 65-week reduction had been following special cause for improvement from December 22, however rates of reduction have started to slow down, with an increase from March to April, and a larger increase from April to May. This was planned for and is slightly lower than the trajectory.

April ranking was 146th verses 147th in March.

What are we doing about it?

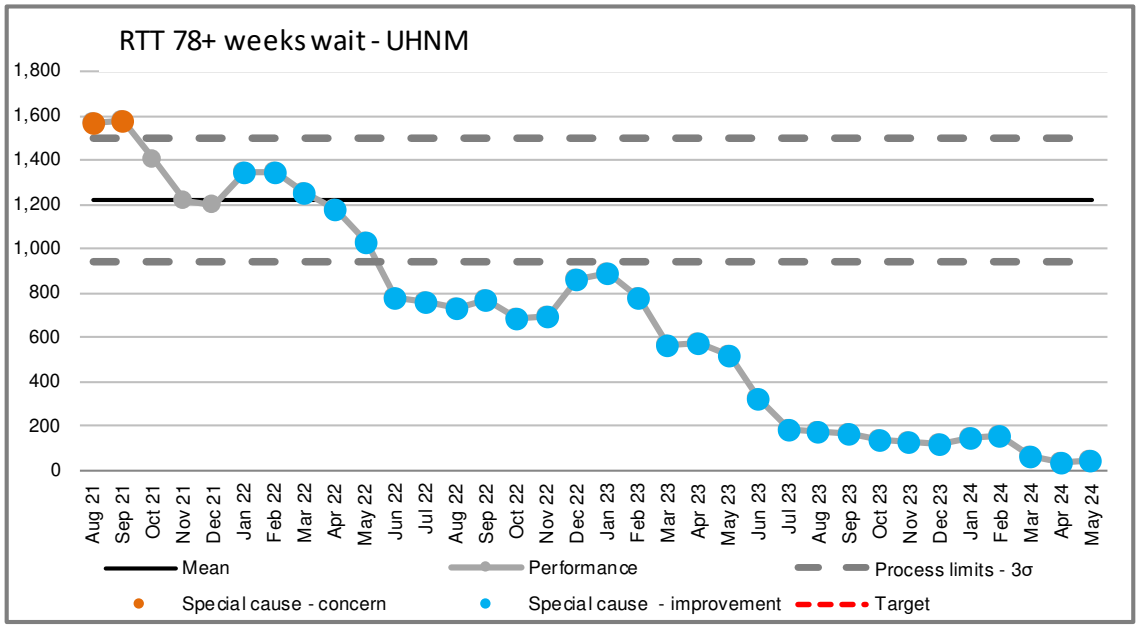
- ERF business cases for extra capacity through insourcing & WLIs now approved, so capacity secured and booking commenced.
- Focus on utilisation and productivity in theatres and outpatients
- Targeted validation on Respiratory, Gastro & ENT pathways

Responsive | RTT No. of Patients Waiting Over 78 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

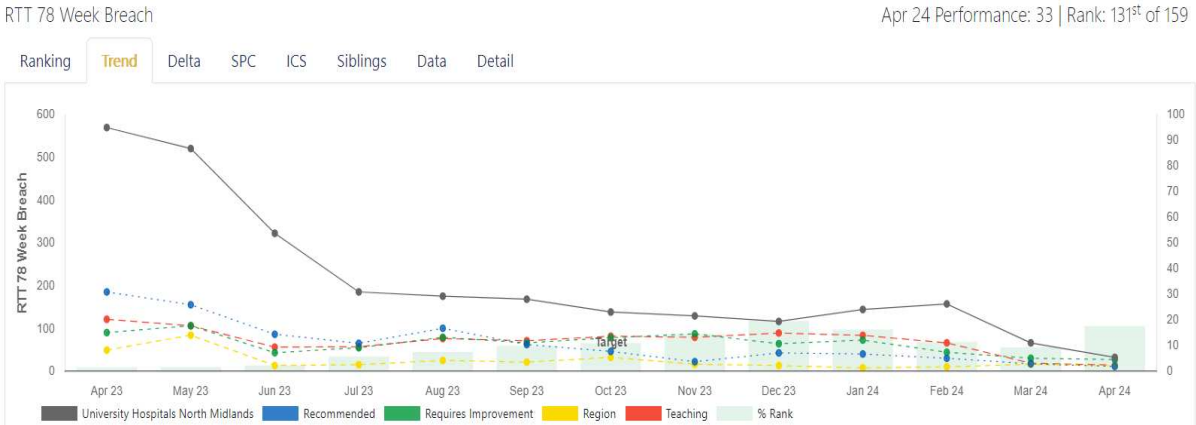


Variation	Assurance

Target	Mar 24	Apr 24	May 24
0	67	33	42

Background

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



What is the data telling us?

78-week waits have reduced dramatically, but have seen a slight increase in May, with a validated month end position of 34. For comparison, February was 158, was 67, and April was 23.
There are 5 cornea patients who are mutual aid transfers from Royal Wolverhampton Trust who are long waiters, but these are not attributed to UHNM by NHSE although now held on our waiting list.
The trust is predicting 18 patients will waiting 78+ weeks at the end of June, and 0 at the end of July.

What are we doing about it?

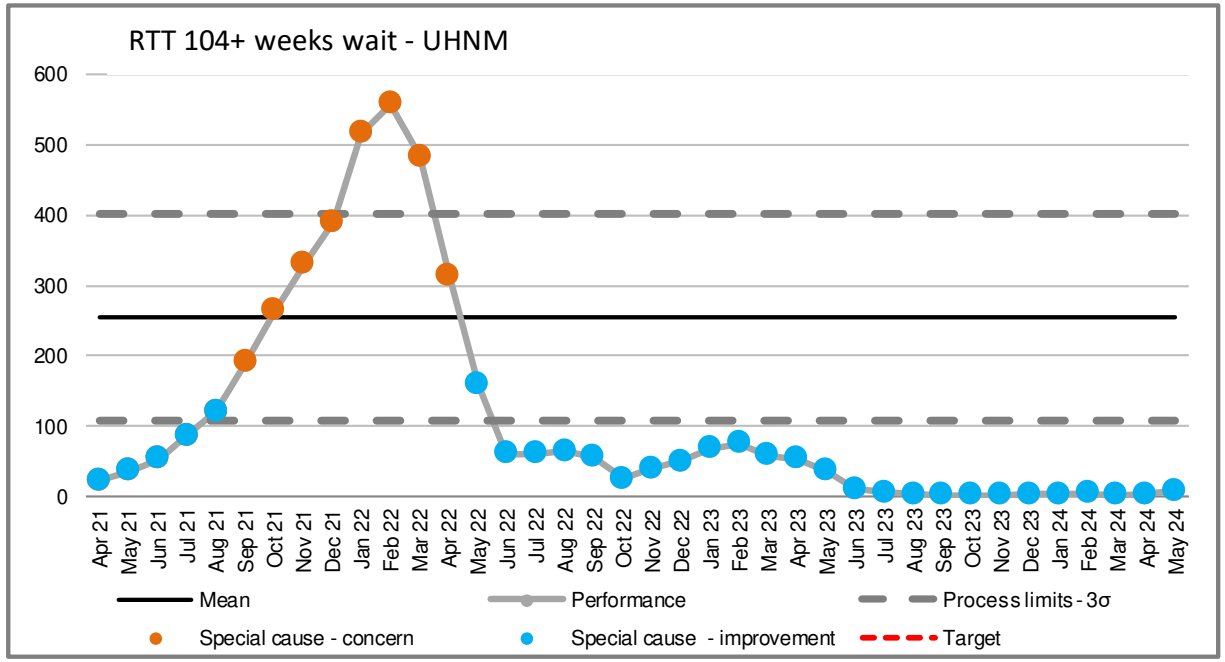
Actions as per those patients over 65 weeks along with continuing tracking and micromanaging of long waiting patients, with regular PTL meetings with each relevant directorate, and support functions.

Responsive | RTT No. of Patients Waiting Over 104 Weeks

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

Responsive

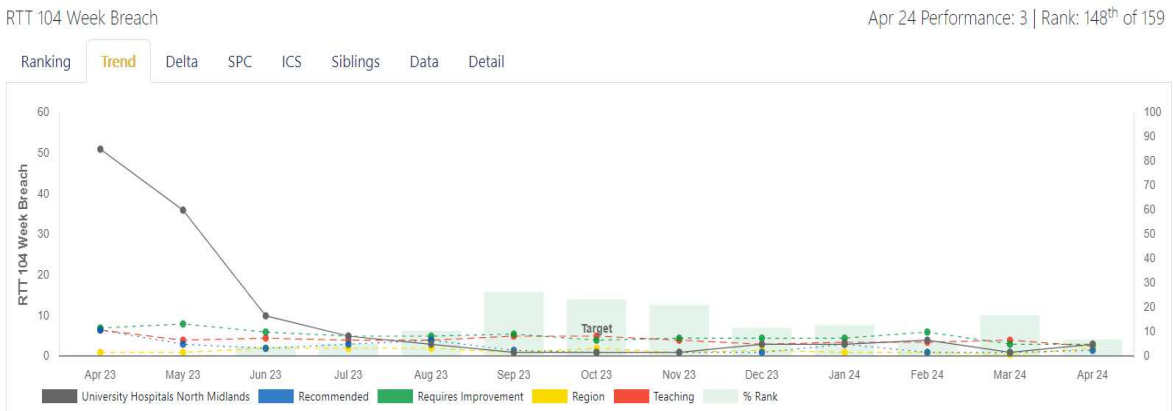


Variation	Assurance
L	F

Target	Mar 24	Apr 24	May 24
0	1	3	8

Background

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



What is the data telling us?

The Trust achieved zero 104-week breaches for April, but have reported 3 for May, all of which are patients identified in month in June:

- ENT patient whose waiting list booking form was not completed in December 2021. Patient has been seen & pre-assessed, with a TCI of 26th June.
- Orthopaedic Patient returned untreated from Nuffield in 2021, not identified until patient made contact in May. Provisionally dated in July following on from updated imaging.
- Gastroenterology patient discharged in error in January, picked up through validation in June. Patient has now been clock stopped.

What are we doing about it?

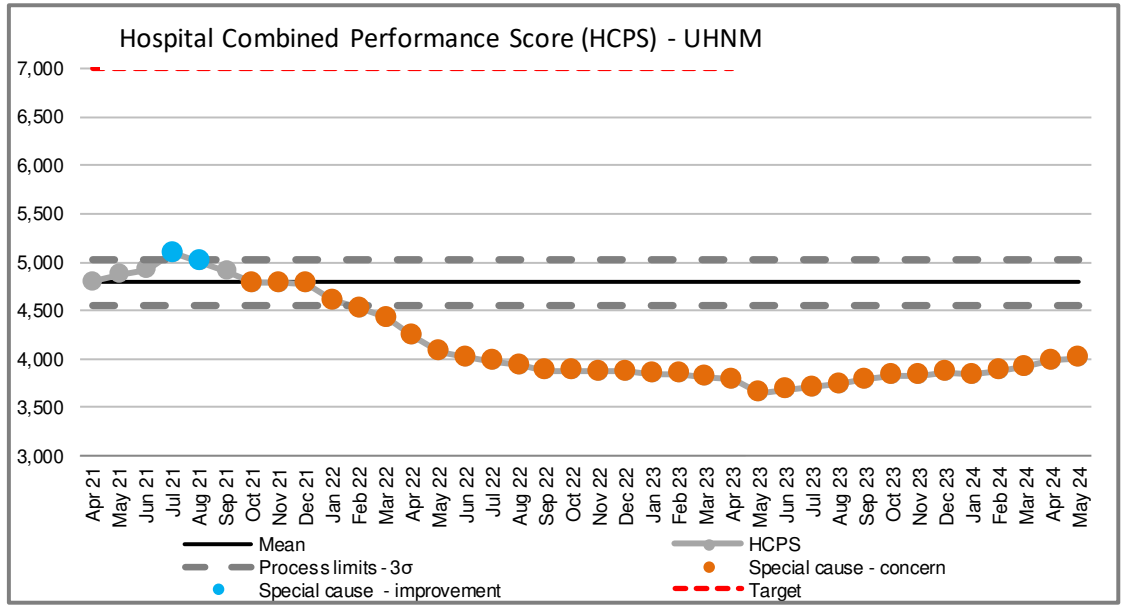
Continuing tracking and micromanaging of long waiting patients, with regular PTL meetings with each relevant directorate, and support functions.

There are 3 patients who risk breaching 104 weeks at the end of August; all have plans to be treated in June.

Responsive | Treating Patients in a Timely Manner (HCPS)

Provide efficient and responsive services

University Hospitals of North Midlands NHS Trust

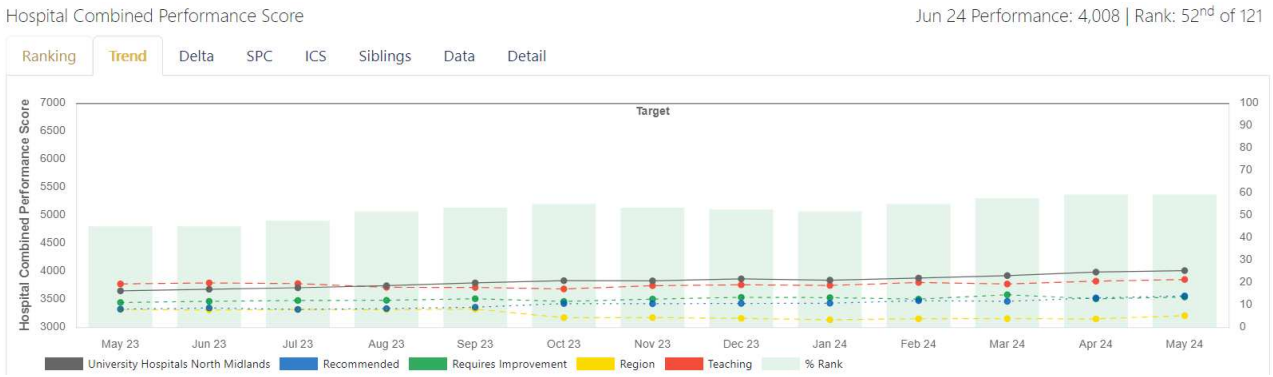


Variation	Assurance
L	F

Target	Mar 24	Apr 24	May 24
7000	3921	3983	4010

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 has seen improvement every month over the last 12 months. Since January 2024 improvement to this score has been as a result of increased performance in the 4-hour standard, a reduction in the DTA to admission over 4 hours, Cancer 31-day standard, Cancer 62-day standard and the RTT 18-week standard.

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.

People | Overview

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People

Overview from the Chief People Officer

How are we doing against our trajectories and expected standards?

Our *Staff Engagement* score was 6.42 for April 2024, down from 6.61 for March 2024, against a target of 7.2. The Staff Voice Survey is now collected quarterly, meaning the next scoring will not occur until July 2024. A total of 115 bank staff have signed up for the Wagestream solution, with a further 56 enrolling. There has been a total of 174 streams, totalling £16,500 since Wagestream's launch.

Sickness absence continues to be above our expected standard of 3.39%. In month we have seen a 0.03% decrease to 4.87%, while the 12-month cumulative rate increased fractionally to 5.3% from 5.2% in April 2024. The main driver of this continues to be stress and anxiety, followed by gastrointestinal problems 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 May 2024 reduced to 7.7% and has been consistently below our 11% target, for the last 20 months. Vacancies increased to 8.5% (7.6% in April 2024). The main driver of the vacancy % is due to an increase in the total budgeted establishment.

Agency costs decreased by 0.7%, in May 2024, from 3.3% in April 2024. In real-terms, overall agency usage reduced by 101 WTE, to 139 WTE in May 2024 (240 WTE in April 2024).

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.

Reductions in agency expenditure are expected to continue, resulting from increased system level controls, which were implemented, using our electronic rostering system's in-built controls, from 20th May onwards. However, a certain proportion of our agency expenditure is being driven by the continued need for escalation capacity, activity relating to the elective recovery programme and the additional staffing which is required to reduce the emergency department's ambulance waiting times.

People | Overview

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People

Overview from the Chief People Officer

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

The staff 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'.

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.

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.

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. It is anticipated that this will show as a reduction in overall agency WTE, and a commensurate reduction in agency expenditure/cost (£) over the coming months. This control was implemented from 20th May 2024.

What can we expect in future reports?

We should anticipate further incremental improvements in sickness absence, as we head into the Summer months, resulting from less Covid-19 and seasonal chest & respiratory cases being reported.

Further updates regarding the uptake of the Wagestream solution, which has started its three months trial, before a decision is made to rollout this solution out to our substantive workforce as well, as part of our employee benefits package.

We expect to see a gradual reduction in agency spend, resulting from the additional system level controls which have been implemented.

People | Dashboard

Creating a great place to work for everyone

NHS
University Hospitals of North Midlands
NHS Trust

People

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Employee Engagement	7.2	6.4	6.4		F				
Sickness Absence (In Month)	3.40%	4.90%	4.87%		F				
Vacancy Rate	8.00%	7.61%	8.45%	L	F				
Turnover Rate	11.00%	7.76%	7.74%	L	P				
Appraisal Rate	95.00%	86.16%	#N/A	H	F				
Agency Utilisation	3.20%	3.28%	2.56%		?				

Related Strategy and Board Assurance Framework (BAF)

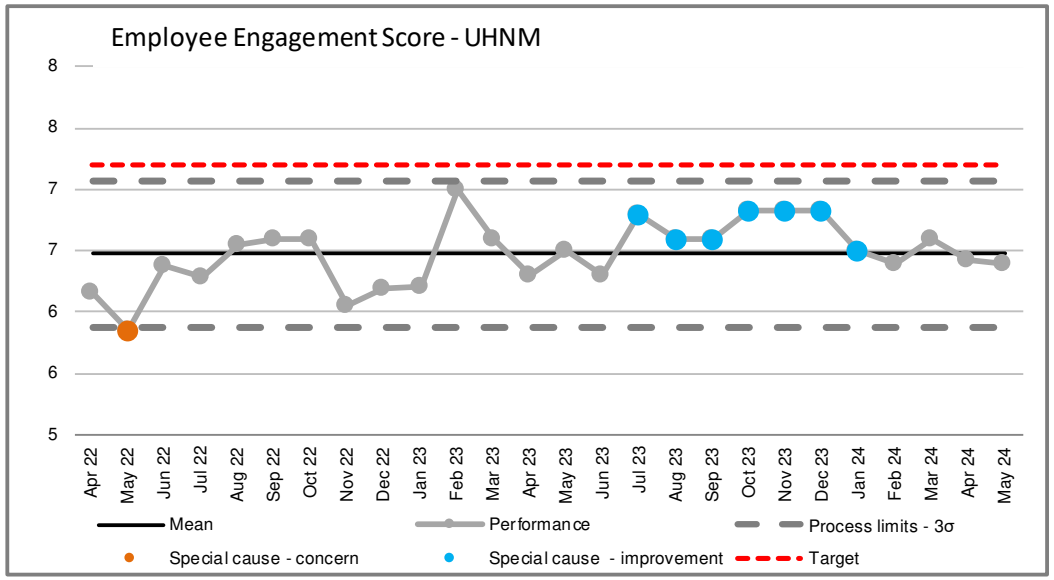
People Strategy

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

People | Employee Engagement

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
7.2	6.6	6.4	6.4

Background

What is the data telling us?

Our Staff Engagement score was 6.42, for April 2024, down from 6.61 for March 2024, against a target of 7.2.

The Staff Voice Survey is now collected quarterly, meaning the next scoring will not occur until July 2024. Therefore, the most recent score is used in the intervening months.

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'.

Sustained operational pressures continue to impact on overall employee engagement.

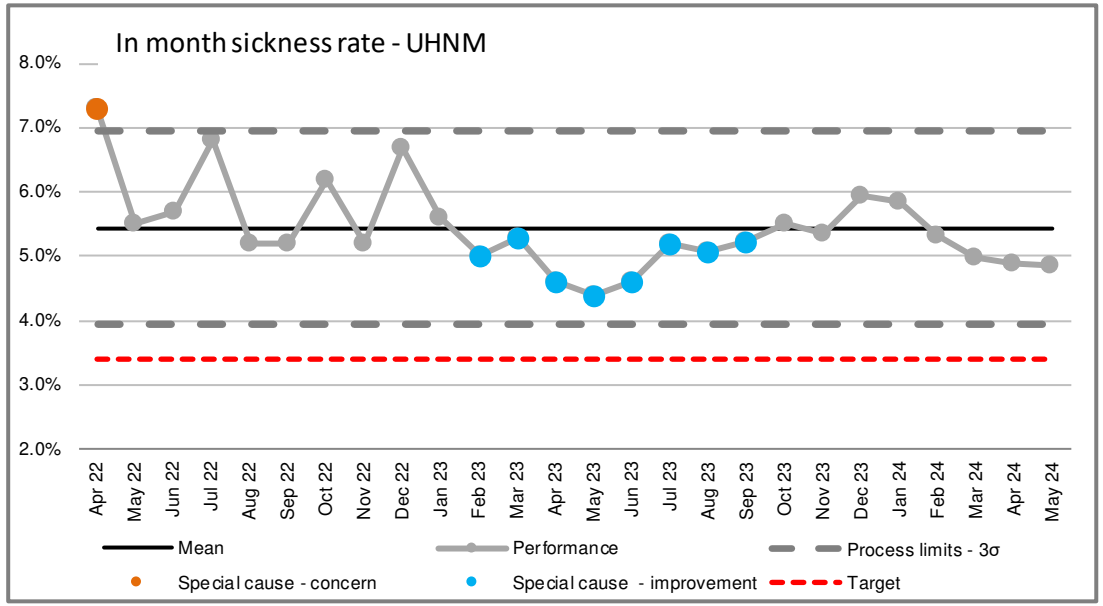
All Divisions are developing staff survey response plans and have a driver metric for staff engagement.

People | Sickness Absence in Month

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People



Variation	Assurance
	F

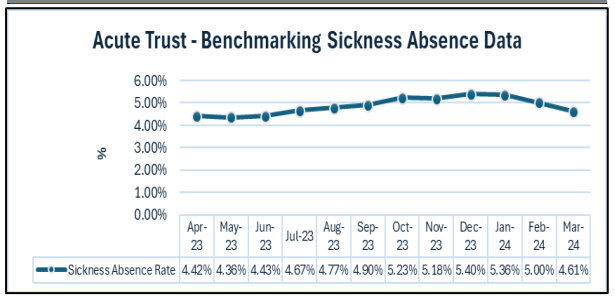
Target	Mar 24	Apr 24	May 24
3.4%	5.0%	4.9%	4.9%

Background

Percentage of days lost to staff sickness

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

(Benchmarking data effective March 2024)



What is the data telling us?

Rolling 12-month average sickness absence rates increased fractionally to 5.3% (5.2% in April 2024) against the target of 3.4%.

However, the in-month sickness absence % has improved in the last three months, being 4.97% for March and 4.90% for April 2024, decreasing to 4.87% in May 2024.

In rank order (highest first), the top 3 reasons for absences during April and May were: (1) Anxiety/stress/depression/other psychiatric illnesses, (2) Gastrointestinal problems, and (3) Other musculoskeletal problems.

What are we doing about it?

Medicine Division - sickness absence continues to be monitored at directorate performance reviews. Areas with over 8% or of concern are supported by the People Advisor focusing on long term sickness cases.

Surgery Division – assessment of hotspot areas for long and short term absences to provide targeted support including re-training.

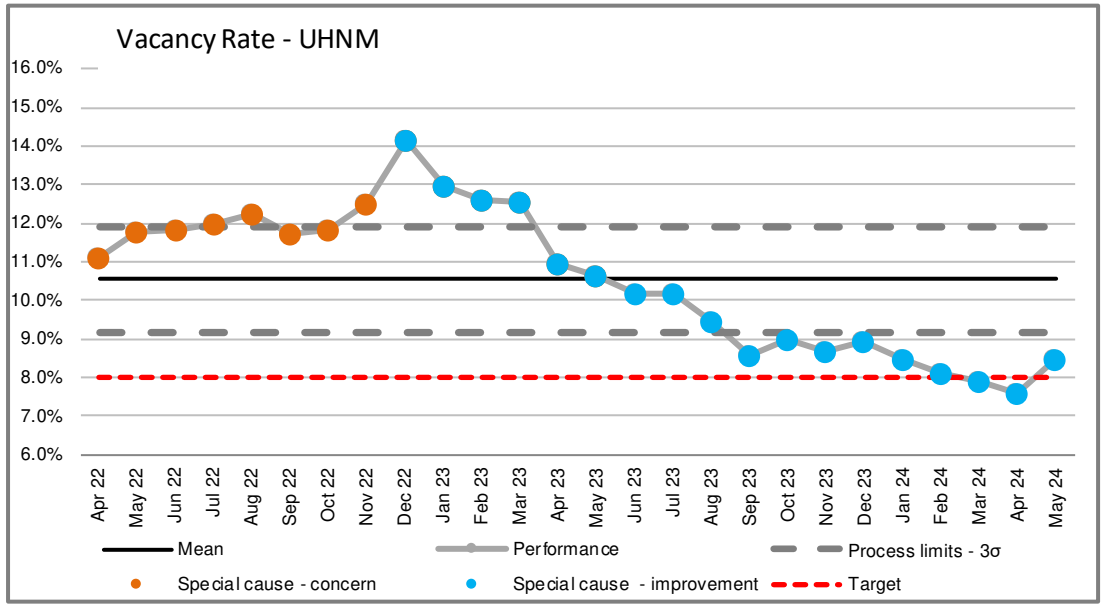
Network Division - commenced sickness assurance meetings.

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

People | Vacancy Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
8%	7.9%	7.6%	8.5%

Background

Based on Full Establishment (Substantive, Bank & Agency)

Vacancies at 31-05-24	Budgeted Establishment	Staff In Post fte	Vacancies	Vacancy %	Previous Month
Medical and Dental	1,642.22	1,486.70	155.52	9.47%	9.31%
Registered Nursing	3739.58	3384.12	355.46	9.51%	9.52%
All other Staff Groups	6849.15	6326.24	522.91	7.63%	6.15%
Total	12,230.95	11,197.07	1,033.88	8.45%	7.61%

What is the data telling us?

The summary of vacancies, by staff groupings, highlights a 0.9% increase 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 May 2024 by 12.72 fte, budgeted establishment increased by 124.77 fte, which increased the vacancy fte by 112.05 FTE overall. This is the main reason why the overall vacancy position increased in May 2024.

[*Note: the Staff in Post fte is a snapshot at a point in time, so may not be the final figure for 31/05/24]

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.

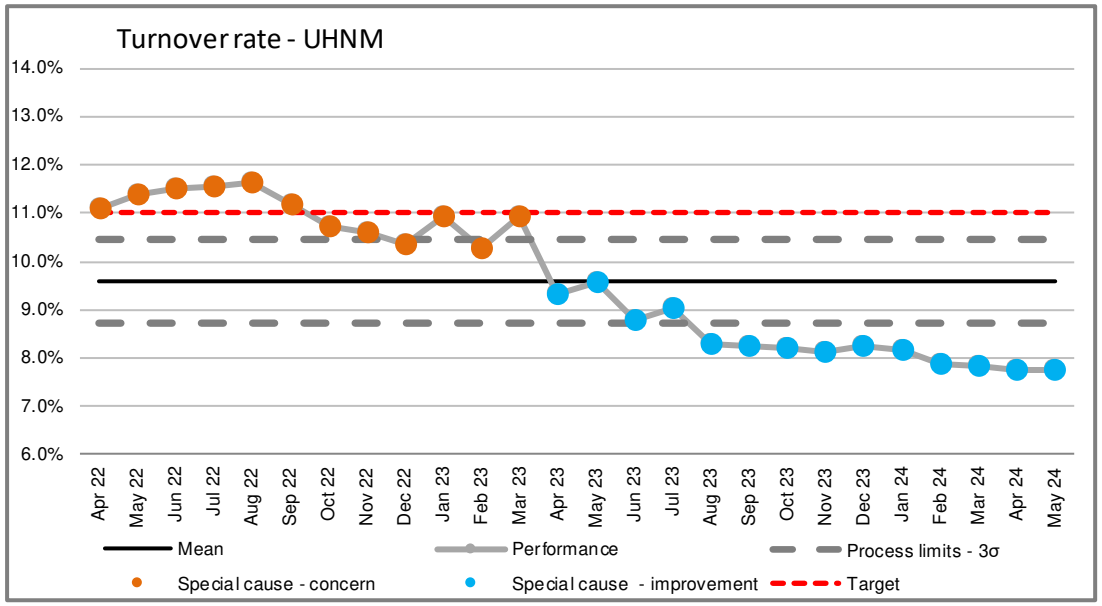
We continue our targeted spotlights on our colleagues, which supplement our recruitment campaigns.

People | Turnover Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People



Variation	Assurance
L	P

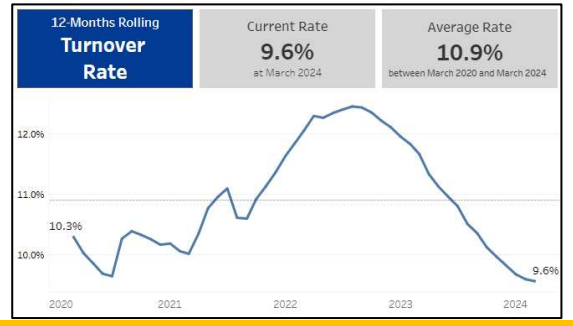
Target	Mar 24	Apr 24	May 24
11.0%	7.8%	7.8%	7.7%

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 March 2024)



What is the data telling us?

The turnover rate in May 2024 has reduced further to 7.7% which is consistently below the Trust's 11% target, for the last 20 months.

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 :

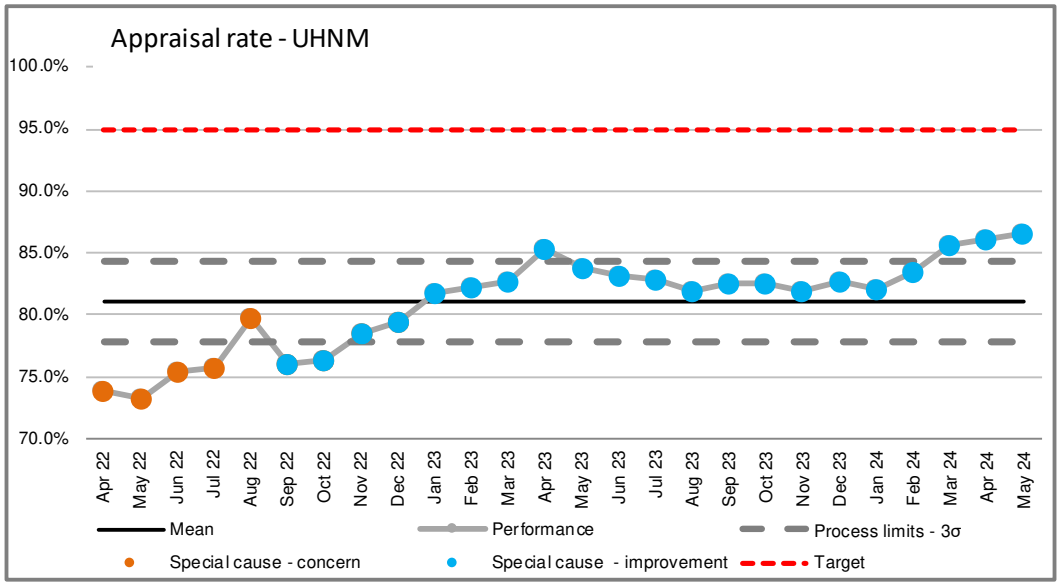
- Medical Staffing finishing school.
- Employment of a People Promise (Retention) Manager who started in a fixed term post.
- Implementation of the Wagestream solution, for bank staff, including our people who work both substantively and on the bank.
- Monthly targeted campaigns aligned to our four People Promise areas of focus (Apr-Oct 2024). For example, People Promise 4 'We are safe and Healthy': April - we have promoted Stress Awareness Month, shared messages of support, launched Suicide Prevention Toolkit, communicated Wellbeing services.

People | Appraisal Rate

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People



Variation	Assurance
H	F

Target	Mar 24	Apr 24	May 24
95%	85.7%	86.2%	86.6%

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.

Over the last four months we have seen consecutive improvements in our appraisal rates, which have gradually increased from 83.5% in February 2024 to 86.6% in May 2024, which is the highest rate seen, since July 2019.

The divisions' weekly monitoring, review and assurance meetings appear to be having the desired effect on driving improvements in compliance.

What are we doing about it?

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

Network Division - Weekly PDR compliance hotspot and assurance meetings.

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

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

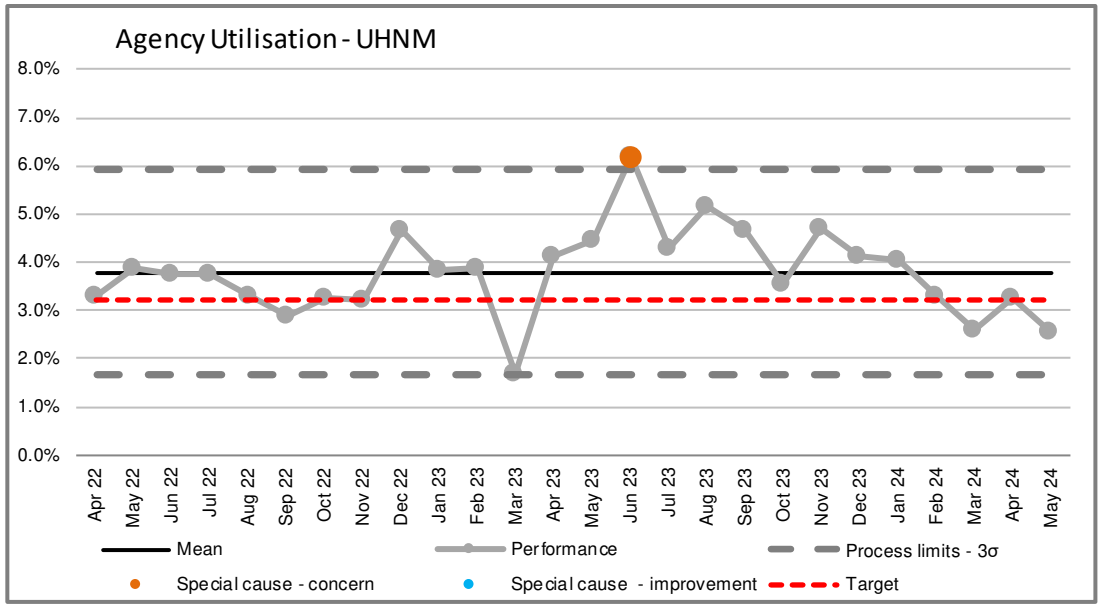
WCCSS – Weekly performance reports and assurance meetings.

People | Agency Utilisation

Creating a great place to work for everyone

University Hospitals of North Midlands NHS Trust

People



Variation	Assurance

Target	Mar 24	Apr 24	May 24
3.2%	2.6%	3.3%	2.6%

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 reduced by 0.7%, in May 2024, down from 3.3% in April 2024.

In real-terms, overall agency usage reduced from 240 WTE in April 2024 to 139 WTE in May 2024, indicating a reduced reliance on agency.

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 exit-plans agreed to ensure that all off-framework use ceases by the end of June 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. It is anticipated that this will show as a reduction in overall agency WTE, and a commensurate reduction in agency expenditure/cost (£), from June 2024's data, onwards.

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: 4th June 2024 saw the first collaborative A3 meeting with cross stake-holder participation to begin to develop the A3 for this metric. The outcome from the meeting is that it was agreed the narrative should be changed to '*research participants*'
Research Participants for May is down on the expected target.

Metric 2: Increasing clinical academic/joint/honorary contracts: The A3 and scorecard remain under development. The A3 has shown us 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. This has not increased from last report.

Metric 3: Increasing research active staff: The A3 and scorecard remain under development. The A3 has shown that we do not know how many research active staff we have in UHNM. The data provided indicates what we know only from those staff who have made contact with CeNREE or the R&I department for research support or who are current CIs/PIs. This number is increasing in part due to newly active staff but also due to gaining awareness of existing research active staff previously unaware of.

What is driving this?

Metric 1: To achieve the increased number of research participants, requires a balanced portfolio of contracted target recruitment numbers. Future months have planned high number quick turnaround studies that will bring back on track the research participant target.

Metric 2: The A3 has shown that we do not collect this data in a systematic way. This number therefore remains unchanged.

Metric 3: The A3 has shown that we do not collect this data in a systematic way and that we do not have an agreed definition of 'research active'. This number has increased to 370 from last report (320) mainly due to not accounting for the Chief Nurse Fellows (n=42).

Improving & Innovating | Overview

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Overview from the Chief Medical Officer and Chief Nurse

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

Metric 1: We are monitoring recruitment against recruitment targets monthly through lead practitioner meetings

Metric 2: We have a countermeasure to conduct a quarterly census via Divisional Leads.

Metric 3: We have two countermeasures in place: 1) we will agree a definition of 'research active' with stakeholders in the Research and Innovation Strategy Oversight Group and Executive Research and innovation Group, and 2) we will conduct a quarterly census via Divisional Leads.

What can we expect in future reports?

Metric 1: We will begin to look at the distribution of targets over the number of studies being set up, we are working towards proportionality in the offer of research activities to our patients

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

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

Improving & Innovating | Dashboard

Excellence in development and research

University Hospitals of North Midlands NHS Trust

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Increase Clinical Trial Participation	208.0	161.0	102.0						
Increase Clinical Academic Posts/Honorary Contracts	-	8.0	8.0						
Increase Research Active Employees	-	320.0	370.0						

Related Strategy and Board Assurance Framework (BAF)

Quality Strategy

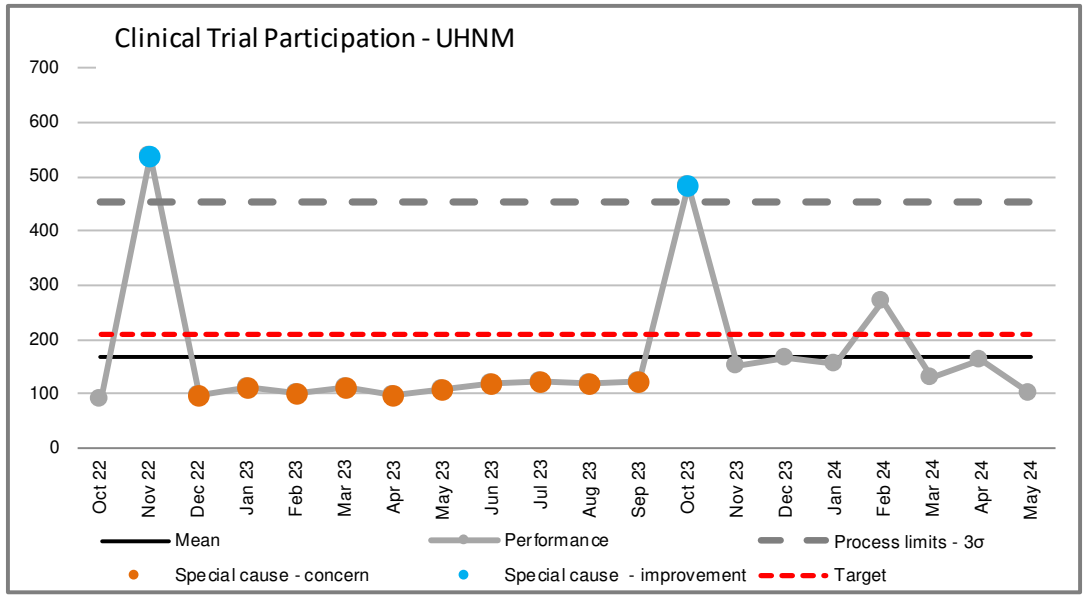
Research Strategy

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

Improving & Innovating | Clinical Trial Participation

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
208	130	161	102

Background

The number of patients starting Clinical Trials each month.

What is the data telling us?

To increase numbers is to also increase the variety of studies we offer, the spikes show our quick turnaround studies, these studies are important and help with increasing our numbers, which in turn will increase our reputation regionally.

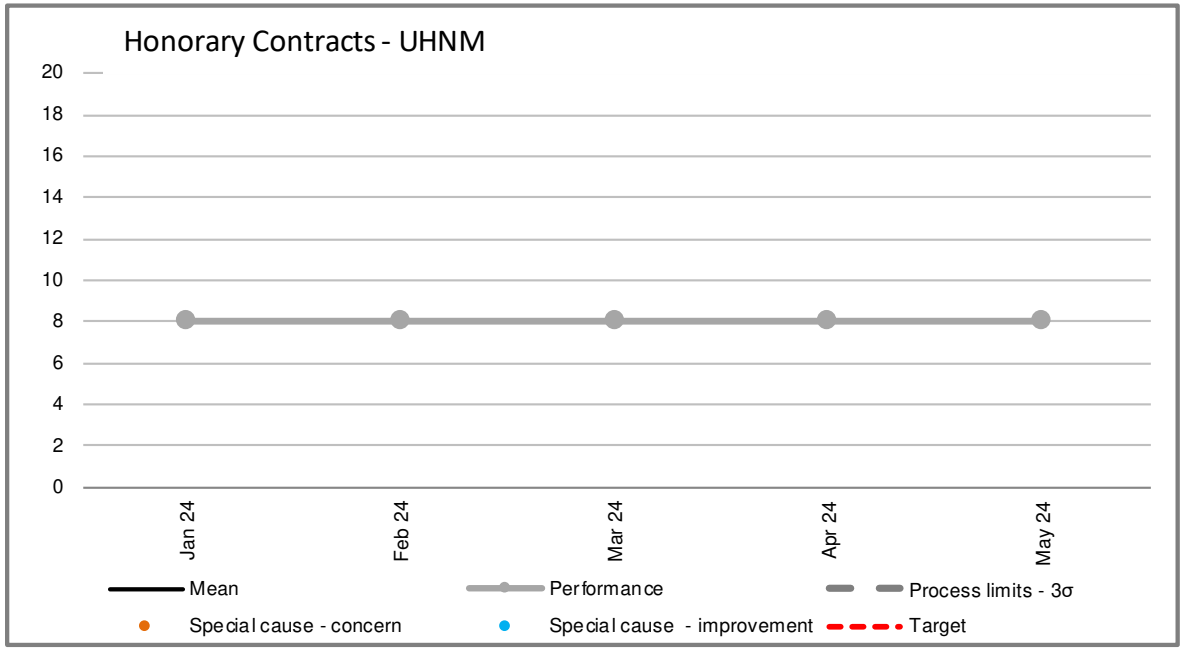
What are we doing about it?

The directorate are mindful that a balanced portfolio is required, from research participation of questionnaire studies, through to full clinical trial, it will take time to balance the portfolio, and ensuring we are aware of studies that are in set up and their potential to support this direction.

Improving & Innovating | Clinical Academic Posts/Honorary Contracts

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
N/A	8	8	8

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.

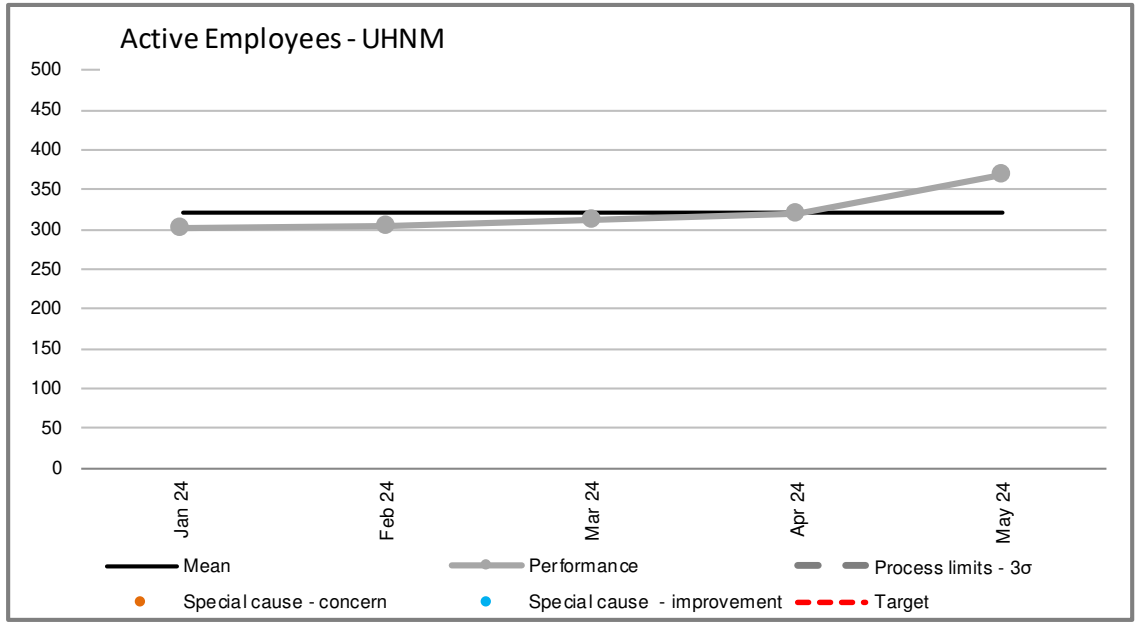
What are we doing about it?

We will conduct a quarterly census via Divisional leads to obtain more accurate data. This will indicate where we need to prioritise our negotiations with Higher Education Institutions (HEIs).

Improving & Innovating | Research Active Employees

Excellence in development and research

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
N/A	312	320	370

Background

The number of research active employees in UHNM.

What is the data telling us?

We do not have a confirmed definition of 'research-active' 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 in reality this means that we are finding out about research activity, but this may not be new activity.

What are we doing about it?

We will agree a definition with stakeholders and then conduct a 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.

Only metric 1 (participation in clinical trials) was discussed at the stakeholder meeting held on 10th June (Research and Innovation Strategy Oversight Group). Metrics 2 and 3 are on the next meeting agenda.

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?

This Domain is in development

What is driving this?

System & Partners

System & Partners | Overview

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

Overview from the Director of Strategy & Transformation

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

What can we expect in future reports?

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System & Partners

System & Partners | Dashboard

Working together to improve the health of our population

University Hospitals of North Midlands NHS Trust

In Development

Metric	Target	Previous	Latest	Variation	Assurance	NHS Oversight Framework	Undertakings	2024/25 Priorities	R12M Trend
Increased Partnership Working	0.0	0.0	0.0						
Improve the health of our population	0.0	0.0	0.0						

System & Partners

Related Strategy and Board Assurance Framework (BAF)

Health & Wellbeing Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 4: Improving the Health of our Population							Ext 15	Partial

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 and Chief Digital Information Officer

How are we doing against our trajectories and expected standards?

Non – elective
Non-elective activity continues to at high levels although below plan. This continues the general growth over the last 12 months. Plans for this year incorporate a rebase position incorporating growth in the use of Clinical Decision Unit. This was patients who otherwise would wait for excessive periods of time in ED.

Elective
Against plan May delivered: Demonstrating a positive performance and early signs of extending our elective recovery and accessing the Elective Recovery Fund required this year.
Day case 108.3%
Elective 96.3%
First OP Proc 120.3%
First Outpatient 102%
Follow up 106.6%
Follow up PROC 122.2%

Freedom of information requests are not being completed against the nationally mandated standard. It is expected that this will improve when the new information management system is introduced. Subject Access Requests are on target for May 2024. There has been one data breach involving a Doctor which was reported to the ICO. Six projects have been completed in month which is an increase from last month. The prioritisation of the outstanding projects continue.

What is driving this?

Non – elective
Although demand management schemes were in place over winter and past the Easter period this was not necessarily seen through a reduction in admissions.
An important note on admissions is the use of the Clinical Decisions Unit which was, for a period, closed. This resulted in a number of patients waiting in ED for 24hours+ receiving treatment in an inappropriate environment. Those patients are now accessing the CDU and that will have contributed to the increased admissions shown from October 2023.

Elective
Elective and day case combined are delivering as expected, however there is specialty level variation which is causing the slight underperformance elective and over performance in day case.
Outpatients both first and follow up are over performing and the % of cases in May with Outpatients with a procedure was up on plan.

An increase in the complexity of the Freedom of Information requests. We have seen an increase in the complexity of the subject access requests especially staff related requested. An increase in demand for digital solutions, upgrades or replacements.

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 and Chief Digital Information Officer

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

Non – elective
The System Demand Management Collaborative is tasked with identifying schemes to reduce demand. This programme commenced in April and is likely to have its greatest impact in October 2024.
The Trust, System Partners and the ICB are currently reviewing all services, schemes and initiatives that will influence this.

Elective
There are now monthly meetings with all divisions to review their activity outputs. This sits alongside Outpatient and Theatre improvement workstreams to support improvements in utilisation.
The County strategic programme also is looking at the utilisation and development of work across count theatres and its STS facilities.

For both FOI and SARs the introduction of a new information management system to help manage the workflow and approvals from the summer

What can we expect in future reports?

Non – elective
Further detail will be made available regarding the schemes being targeted to reduced non-elective admissions.
The newly agreed improvement and recovery trajectories set against the 4hr standard and Cat2 mean will be featured more prominently.

Elective
We will continue to focus of delivering activity to the plan with workstreams through the Planned Care Group that support improving utilisation.
As the Executive Finance, Activity and Performance Groups with the divisions embed there will be specific feedback where escalation is required.

An increase in FOI performance is expected from August 2024 onwards.

Resources | Overview

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

NHS
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	variable	9,440	10,082						
Non-Elective Activity	variable	11,009	11,498						
Outpatients' 1st	27,430	29,621	29,295						
Outpatients' Follow Up	41,048	45,022	43,355						
Freedom of Information Performance	90.0%	63.0%	60.0%						
Subject Access Request Performance	1.0%	1.0%	1.0%						
Data Security Breaches	0.0	0.0	1.0						

Related Strategy and Board Assurance Framework (BAF)

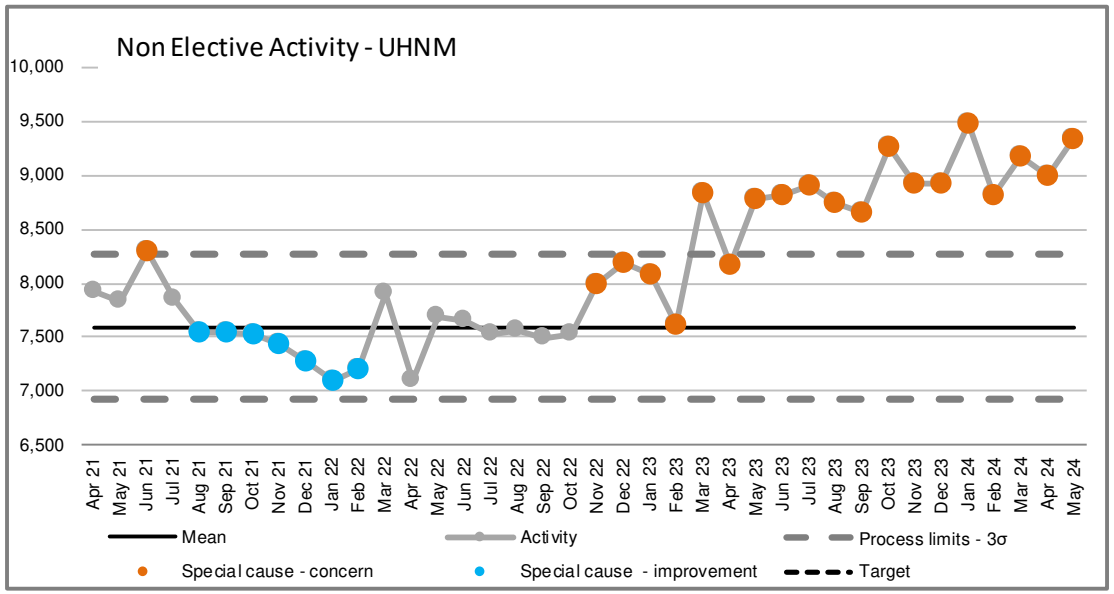
Digital Strategy

BAF Risk	Q1		Q2		Q3		Q4	
	Risk	Assurance	Risk	Assurance	Risk	Assurance	Risk	Assurance
BAF 8: Financial Sustainability							Low 3	Partial
BAF 6: Digital Transformation							High 9	Acceptable

Resources | Non elective Activity

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

NHS University Hospitals of North Midlands NHS Trust



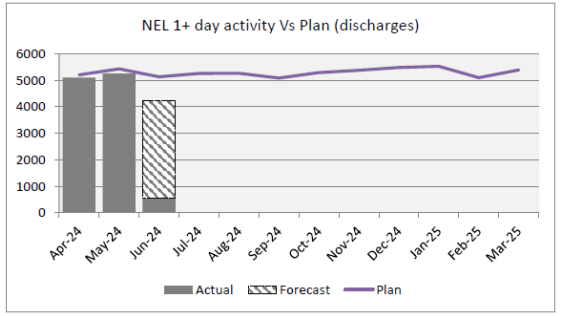
Variation	Assurance

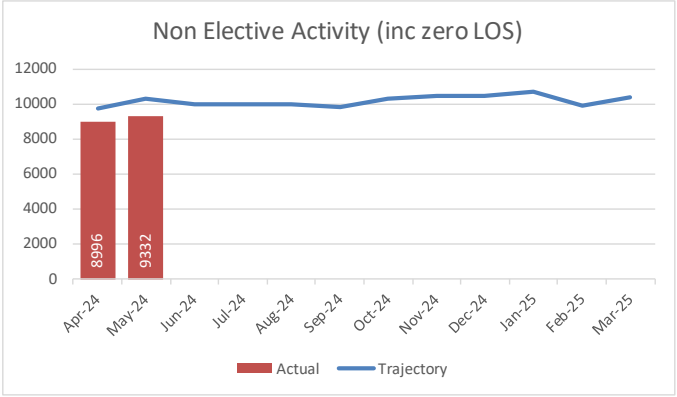
Target	Mar 24	Apr 24	May 24
variable	9,169	8,996	9,332

Background

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

NEL Discharges





What is the data telling us?

We continue to experience a high demand in respect of our non-elective activity. May saw an increased activity profile to that experienced in April. 8996 in April compared to 9332 in May.

The associated discharge profile for non-elective achieved 95.5% against plan. Plan 5437 verses an actual of 5195, which is 242 below expectation. However, CDU is currently not being factored into this metric. If included this would likely add 400 more to the actuals.

What the data does not tell us is any variation in average length of stay by pathway and the expected daily discharges by pathway.

What are we doing about it?

The attends and admission profile is not directly within UHNM control; however, we continue to focus on and further develop alternative pathways to admission avoid.

Renewed focus through Acute Care at Home (ACaH), should positively impact on the utilisation of 'virtual ward' capacity.

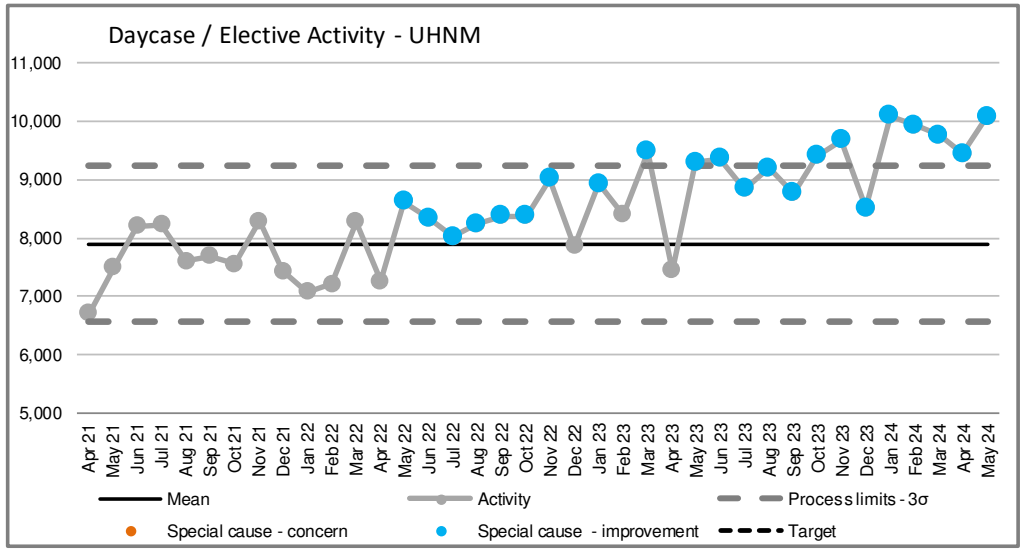
'Call before Convey' does not yet yield the benefit anticipated. Through collaboration with key system partners, this agreed process should prevent attend and admission and work is in train to explore how we maximise this process and fully exploit access to all alternative nonhospital pathways.

In periods of extremis, the ACaH Team are present on site to in reach. Discussions are now beginning to explore how this becomes business as usual (BAU) as opposed to 'waiting' for a capacity crisis

Resources | Daycase/Elective Activity

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

NHS University Hospitals of North Midlands NHS Trust

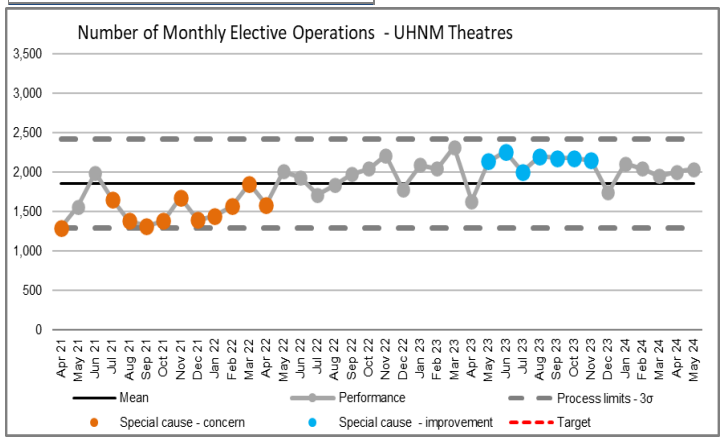


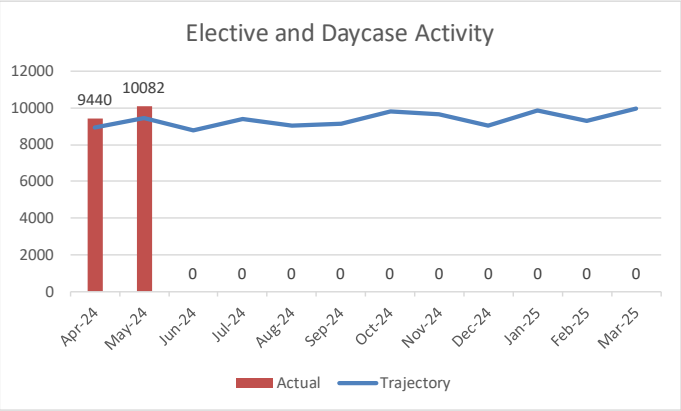
Variation	Assurance
H	F

Target	Mar 24	Apr 24	May 24
variable	9,760	9,440	10,082

Background

Daycase and overnight elective activity provided by the Trust each month





What is the data telling us?

There has been a special cause improvement since April 22 across day case and elective activity. Data above relates to Trust wide Daycase & Elective activity, Further work required and discussed to drill down on aggregated total.

Theatres:
Theatres as a subset is to the right showing an increase to 2041 cases in May 2024.
This suggest main growth in Daycase and elective activity occurring outside of core theatre areas such as Minor Treatment suites (STS & CTS) along with Outpatient areas.
Capped utilisation for theatres has increased to 77.44%
Cancelled ops remains below 24mnth mean, falling to 8.8% in May 2024 but above plan.
Delays and Cancellations are the prevailing hinderance to improved productivity. OTD Cancellations led to 196 lost cases whilst Late Starts & Early Finish opportunity, excluding cancelled operation opportunity reflected a further 76 lost cases – totalling 272 case opportunity

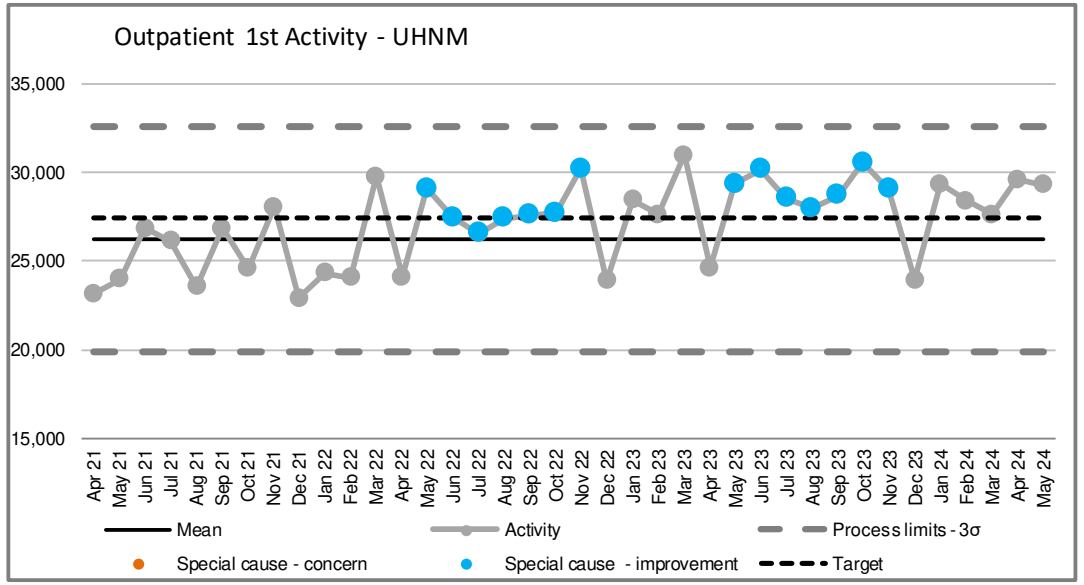
What are we doing about it?

- Perioperative Care Working group 3rd meeting – delivery groups progressing well, digital programme manager in place, Remcare & Graphnet platforms developing, Workflow pathways written for digital & all 3 Pre-Ams streams. Webinars & End to End pathway to be mapped in Operating Policy. Gen Surg to be first speciality to roll out new pathway circa August.
- NHSE support for Periop Pathway engaged – Programme manager post advertised
- Theatres Improving Together Drivers focusing inch wide mile deep on specific operational challenges: - Theatre Start times, Surgical Flow (delayed discharges). To include roll out of "Standby Patient" process and Introduction of "Golden Patient" principles.
- STS Single Sex paper – Operational meetings diarised to facilitate increased activity
- Portering Service assessment generated Statement of need to increase resource
- County Holding Bay estates work agreed & commencing June/July
- County Elective Hub BC & STSS Phase 2 timetables in construction
- New TPG Template built and in test – Agreement of Corporate oversight needed

Resources | Outpatient First Appt

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

University Hospitals of North Midlands NHS Trust

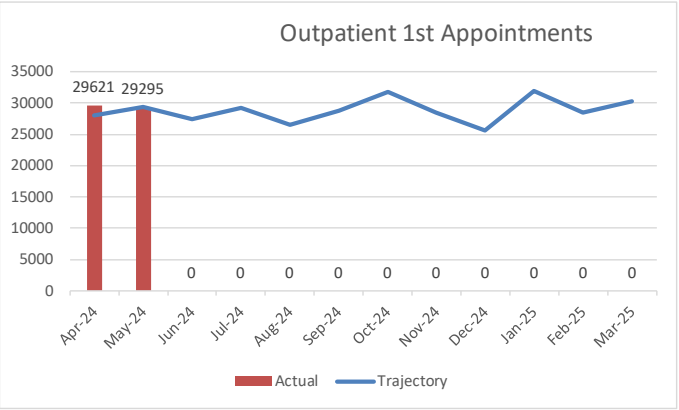


Variation	Assurance

Target	Mar 24	Apr 24	May 24
variable	27,621	29,621	29,295

Background

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



What is the data telling us?

Activity saw a sustained increase vs 3 year mean from May to November 2023.

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

OP Cell 2024/25:
In order 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.

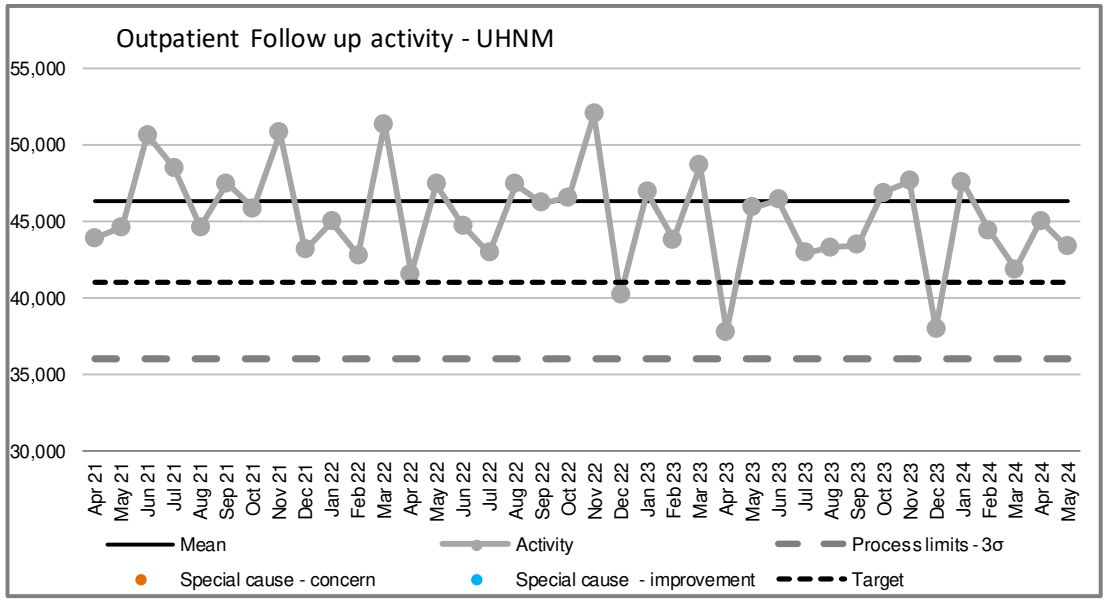
What are we doing about it?

Countermeasure	Update
Advice & Guidance (A&G)	Advice & refer (triage by default) –scoping external support at System A&G Group 18/06/24
Patient initiated Follow Ups (PIFU)	Extend use of Move to PIFU. Clinical & Mgt meeting arranged with additional specialty based on NHSE benchmarking (July). Further rollout of RPA for PIFU Discharges at Review Date SMP additional pathway live in June
Missed Appointments: - 2 Way messaging - Health Inequalities Audits	• 2 Way Messaging; active technical discussions between Netcall & IM&T, go live July tbc • Health Inequalities Audits – benchmarking & initial analysis complete, proposal for pilot specialty shared, aligning with wider health inequalities approach, closely linking with public health consultant, other patient cohorts considered.
Clinic Utilisation	See Missed Appointments Also, Clinic Process Flow in shared Outpatient Area, findings to be reported back to OP Cell July 2024
Results Waiting List review	Data analysis completed Audit of 2 specialties completed with 4 categories of outcomes Improving Together event 19/06am, verbal update to follow
Outcomes process review	Scoping approach; targeting those outstanding from previous months initially. Improving Together approach to follow RWL focus.

Resources | Outpatient Follow Up Appts

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

University Hospitals of North Midlands NHS Trust

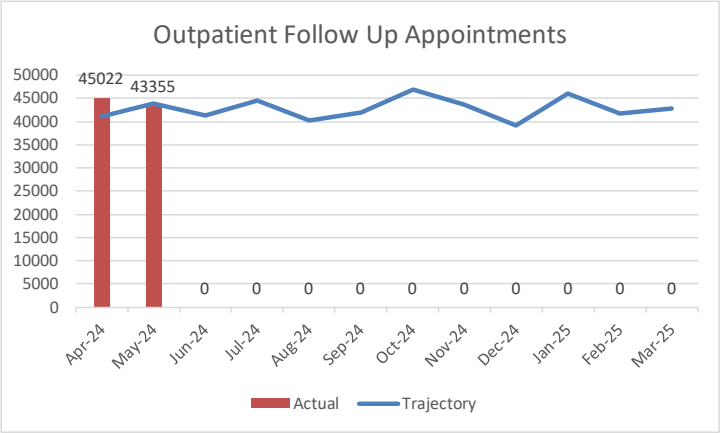


Variation	Assurance

Target	Mar 24	Apr 24	May 24
variable	41,858	45,022	43,355

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; 4 points in a row below mean.

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

OP Cell 2024/25:
In order 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?

Countermeasure	Update
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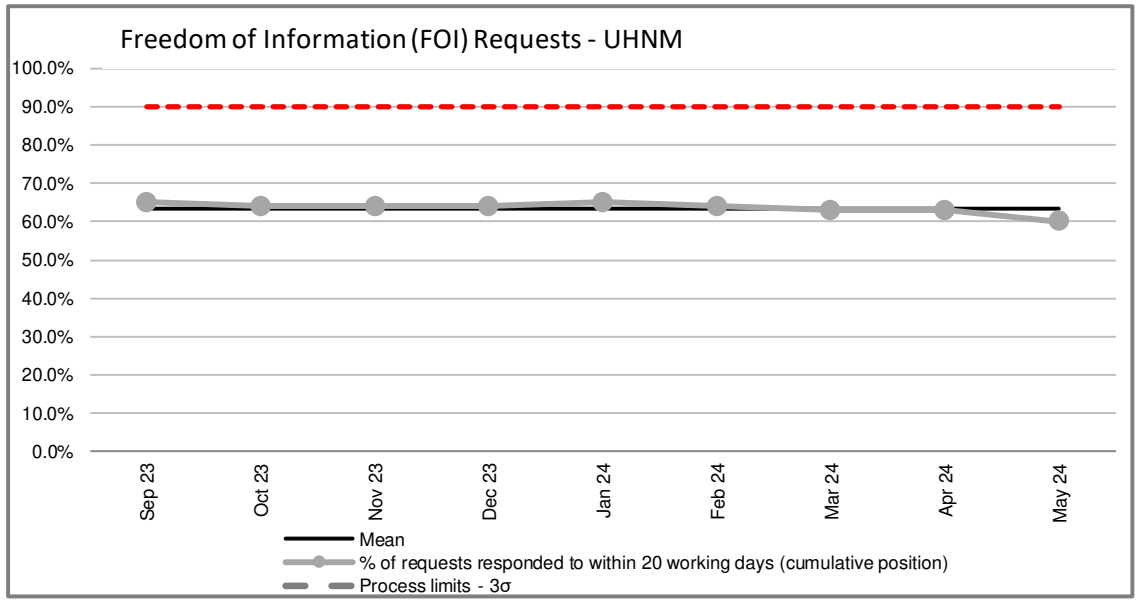
Resources | Freedom of Information Performance

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

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
90%	63%	63%	60%

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 performance has dipped for May 2024 with little evidence of improvement since September 2023.

What are we doing about it?

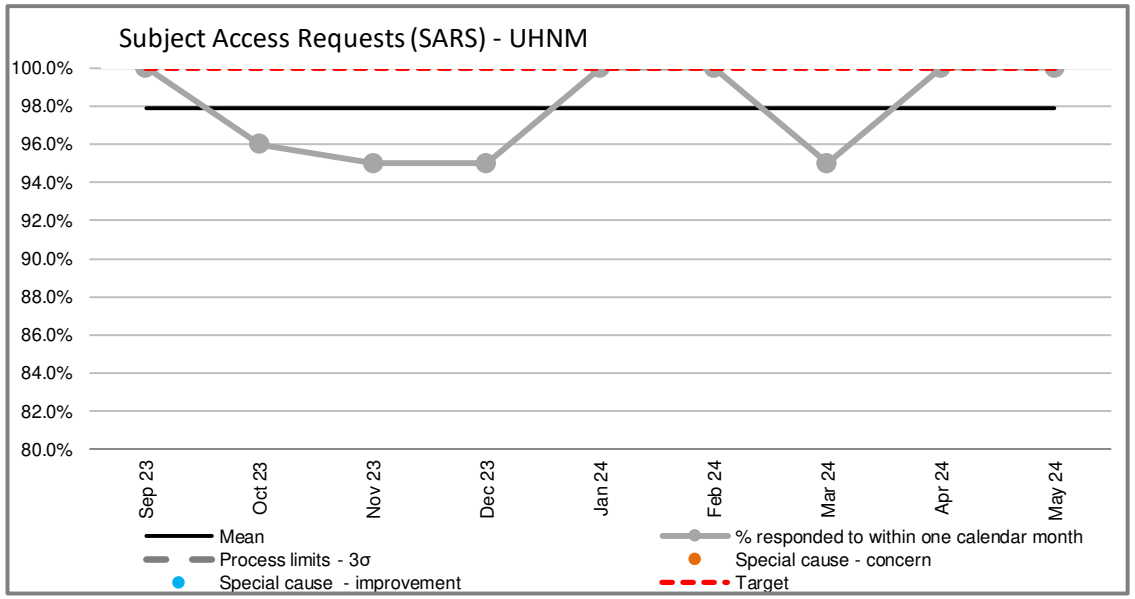
A task and finish group has been established to review the process and identify areas for improvement:

- A digital system has been procured following consultation with key stakeholders. Work is ongoing to ensure processes are in place:
  - To support the FOI team to transition to a new digital solution,
  - To ensure processes are in place to support the user with any issues using the digital solution,
  - Training material/ guides and communications are available for the user prior to Go Live.
- The disclosure log work stream is underway. The proposed approach will make the disclosure log more intuitive for the requestor and hence reduce the need to make a formal FOI request.

Resources | Subject Access Request Performance

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

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
100.0%	95.0%	100.0%	100.0%

Background

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

What is the data telling us?

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

Overall we are averaging 98% in meeting subject access requests (SARs) within one calendar month.

The number of subject access requests continues to increase.
The People Directorate, who co-ordinate staff subject access requests continue to receive complex cases, which is impacting on the response times.

What are we doing about it?

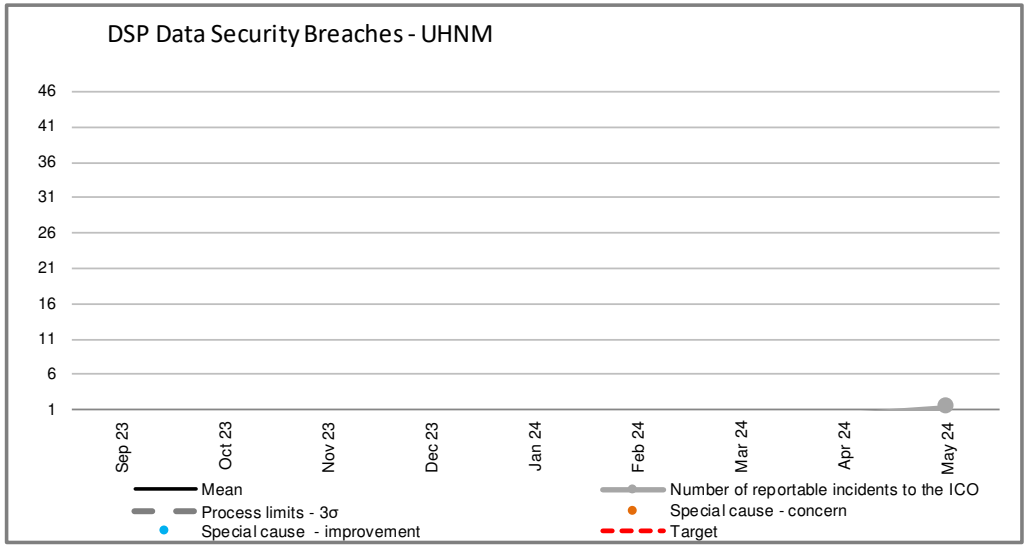
The Data, Security & Protection team are implementing a digital system for Freedom of Information Requests. This will also support the management of SARs. The People Directorate have agreed to move to the digital solution. This will facilitate a review of practice across DSP/Health Records and People Directorate in the management of SARs with the aim of standardising practice across the Trust.

A project plan is being developed (as per the detail outlined on the FOI slide). The SAR module will be rolled out once the FOI module has been embedded across the Trust.

Resources | Data Security Breaches

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

University Hospitals of North Midlands NHS Trust



Variation	Assurance

Target	Mar 24	Apr 24	May 24
0	0	0	1

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 (IC), if it meets the ICO criteria threshold.

We have reported one serious security breach 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 to support staff in their day-to-day duties.
- Training awareness survey to identify staffs understanding of DSP.
- Dedicated training material, for example Information Asset Owners, responsible for the management of digital systems.
- Data Protection Officer (DPO) review of DSP incidents to assess if they meet the threshold for reporting.

Resources | Digital Project Delivery Lifecycle

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

NHS
University Hospitals of North Midlands
NHS Trust

	Progress Status					
Project Priority	COMPLETE	IN PROGRESS	MOVED TO BAU	NOT STARTED	ON HOLD	Grand Total
Essential	3	18	2	8	2	**33**
Essential – Proof of Concept (PoC)		1	1	3		**5**
Mandated	4	23	1	21	10	**59**
Other - High Priority		5		6		**11**
Other - Medium Priority				4		**4**
Other - Low Priority	1	3	1	11		**16**
Parked					1	**1**
PoC				1		**1**
TBC		1		3		**4**
Grand Total	**8**	**51**	**5**	**57**	**13**	**134**

Variation		Assurance	
Target	Mar 24	Apr 24	May 24
N/A	-	125	121

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 IM&T 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 IM&T projects for 2024_25.

What is the data telling us?

There are currently 51 IM&T projects that are in progress (an increase of 5 from last month). 6 projects have been completed during May 2024. 70 projects have either not started or are currently on hold (a reduction of 9 from last month). The data shows that IM&T have more projects in flight at this time than during April and as noted in the last report, there continues to be a large volume of IM&T projects stated for delivery during 2024_25.

What are we doing about it?

To ensure that projects are prioritised correctly, IM&T 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. IM&T have also introduced a new project request process and are also developing a new Project Management tool to provide a centralised view and oversight of IM&T projects in addition to associated standardised project management processes.

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 May 2024 (Month 2).

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

- For Month 2 the Trust has delivered a year-to-date deficit of £4.3m against a planned deficit of £0.3m; this adverse variance of £4.0m is primarily driven by underperformance against the Trust's in year CIP target.
- The Trust has a CIP target of £56.6m in 2024/25. The Trust has validated £3.8m of CIP savings to Month 2 against a plan of £8.8m. Of the £3.8m saving delivered £3.0m are non-recurrent.
- There has been £6.3m of Capital expenditure.
- The cash balance at Month 2 is £79.7m which is £2.7m lower than plan.

Resources | Income and Expenditure

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

University Hospitals of North Midlands NHS Trust

The Trust has delivered a £4.3m deficit at Month 2 which is £4.0m away from the planned deficit of £0.3m. The table below summarises the I&E position at Month 2.

Income & Expenditure Summary Month 02 2024/25	Annual Budget £m	Year to Date		
		Budget £m	Actual £m	Variance £m
Income From Patient Activities	1,066	177.6	180.3	2.7
Other Operating Income	87	14.2	14.1	(0.2)
Total Income	1,153.1	191.9	194.4	2.5
Pay Expenditure	(698)	(115.1)	(116.7)	(1.6)
Non Pay Expenditure	(422)	(71.6)	(77)	(5.3)
Total Operational Costs	(1,119.8)	(186.7)	(193.6)	(6.9)
EBITDA	33.3	5.2	0.8	(4.4)
Interest Receivable	3.9	0.6	1.1	0.4
PDC	(2.0)	(0.3)	(0.3)	(0.0)
Finance Cost	(35)	(5.9)	(5.9)	(0.0)
Other Gains or Losses	0.0	0.0	0.0	0.0
Total	0.0	(0.3)	(4.3)	(4.0)

The year to date overspend of £4.0m is mainly driven by an under achievement of CIP £5.0m which is the main driver of expenditure overspends. Income is over recovered by £2.5m due to additional ERF income above plan of £0.75m due to additional activity and increased usage of excluded drugs and devices.

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 2 the Trust is reporting £3.8m savings in year, of which £3.0m (Investment slippage £1.9m, Bank interest £0.8m) relates to non-recurrent schemes. The table below summarises the Month 2 position.

CIP Savings Month 2 2024/25	Annual Target	Year to Date		
		Budget	Actual	Variance
Divisional position				
Medicine & Urgent care	3.9	0.6	0.0	(0.6)
Surgery, Theatres & Critical Care	3.6	0.6	0.0	(0.6)
Network services	2.8	0.5	0.0	(0.4)
Womens, Childrens & Clinical Support Services	2.6	0.4	0.0	(0.4)
Central functions	1.6	0.3	0.1	(0.2)
Estates, Facilities & PFI	1.0	0.2	0.0	(0.1)
North Midlands & Cheshire Pathology Services	1.2	0.2	0.0	(0.2)
Divisional CIP	16.7	2.8	0.2	(2.5)
Pay Underspend	6.0	1.0	-	(1.0)
Bank interest	2.0	0.3	0.8	0.4
Energy savings	3.2	0.5	0.5	-
Investment slippage	5.0	1.9	1.9	-
Other non recurrent	7.3	1.2	0.4	(0.9)
Additional CIP to 4% of cost base	6.3	1.1		(1.1)
Additional CIP to achieve breakeven	10.2			-
Total CIP	56.6	8.8	3.8	(5.0)

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

2024/25 CIP target	Annual Target	Year to Date		
		Budget	Actual	Variance
Recurrent	25.0	3.3	0.8	(2.5)
Non Recurrent	31.7	5.5	3.0	(2.5)
Total CIP target	56.6	8.8	3.8	(5.0)

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 Updated Plan June 2024 £000	YTD Plan M2 £000	YTD Actual M2 £000	Variance M2 £000
Capital funding				
PFI & Loan Commitments	27.9	4.6	4.6	-
Base STP allocation	22.1	3.7	3.7	-
ICB fair share reduction	(0.5)	(0.1)	(0.1)	-
ICB brokerage	(3.1)	(0.5)	(0.5)	-
ICB IFRS16 CDC lease funding	5.0	-	-	-
ICB IFRS16 incremental increase allocation	-	-	-	-
Public Dividend Capital funding	40.9	0.8	0.8	-
Donated, granted other capital funding	7.0	0.2	0.2	-
Internal funding source (including capital receipts)	1.8	-	-	-
Total Capital funding	101.2	8.7	8.7	-
Capital expenditure				
PFI & Loan Commitments	(27.9)	(4.6)	(4.6)	-
Pre-committed investment items (ICB allocation)				
PFI enabling costs	(0.2)	-	-	-
Network & Comms BC525	(1.3)	-	-	-
IM&T computer hardware refresh programme	(5.2)	-	-	-
LED lighting BC546	(0.2)	-	-	-
Pharmacy Robot BC487 -	(0.6)	-	-	-
Investment funding	(0.5)	-	-	-
Central Contingency & risk	(0.3)	-	-	-
Project Star - including land sales cost	(0.7)	(0.1)	(0.1)	(0.0)
Emergency Department (restatement costs)	(0.2)	-	-	-
Air heat boiler replacement Trust Contribution	(0.8)	-	-	-
EPMA (Electronic Prescribing) BC	(0.4)	(0.1)	(0.1)	0.0
Patient Portal roll out costs (BC 462)	(0.1)	-	-	-
ED ambulance off - enabling ward moves	(0.3)	(0.1)	(0.1)	0.0
Endoscopy works 7th room - PDC ICB allocation	(0.4)	-	-	-
County theatre holding bay	(0.3)	-	-	-
Omnicell Cabinet for AMU	(0.3)	-	-	-
Car park barriers BC550	(0.8)	-	-	-
Electronic Patients records BC/specification	(0.1)	-	-	-
Approved minor investments	(0.3)	-	-	-
Funding to be (allocated)/shortfall	2.5	-	-	-
Total Pre committed Investment items	(10.2)	(0.3)	(0.3)	0.0
IMT Sub Group Funding	(3.5)	(0.2)	(0.2)	0.0
IM&T lap top replacement top-slice	1.3	-	-	-
Medical Devices Sub Group Total Funding	(3.6)	(0.2)	(0.2)	(0.0)
Estates Sub Group Total Funding	(4.3)	(0.1)	(0.1)	(0.0)
Health & Safety compliance	(0.2)	-	-	-
Net zero carbon (sustainability) initiatives	(0.1)	-	-	-
Total Sub Groups	(10.3)	(0.4)	(0.4)	(0.0)
Lease liability re-measurement	(0.4)	-	-	-
IFRS16 - lap top extension	(0.1)	-	-	-
IFRS16 CDC building lease	(5.0)	-	-	-
IFRS16 new lease/lease extension	(0.5)	-	-	-
IFRS16 efficiency requirement	0.9	-	-	-
Total IFRS16 leases	(5.1)	-	-	-
Total Internal Capital Expenditure programme	(53.5)	(5.4)	(5.4)	0.0
Additional CRL / Externally Funded PDC				
CDC phase 2 endoscopy - 24/25 PDC	(6.7)	-	-	-
CDC phase 2 endoscopy equipment phase to 25/26	3.1	-	-	-
CDC phase 1 estates enabling - 24/25	(11.3)	-	-	-
CDC phase 2 endoscopy - 23/24 PDC	(2.7)	-	-	-
CDC phase 1 23/24	(0.5)	(0.1)	(0.1)	-
TIF 2 PDC (Breast care unit)	(7.5)	-	-	-
TIF 2 PDC (Day Case Unit) -	(8.7)	(0.6)	(0.6)	-
PDC - UEC modular build (AMRA) 23/24 PDC	(2.9)	(0.1)	(0.1)	-
Digital - EPR 2023/24 PDC	(2.1)	(0.0)	(0.0)	-
Digital - EPR 2024/25 PDC	(1.4)	-	-	-
Air heat boiler replacement PSDS Grant BC 510	(2.5)	-	-	-
Equipment - endoscopy CDEL	(1.0)	-	-	-
Charitable funded expenditure	(3.5)	(0.2)	(0.2)	-
Total Additional CRL / PDC Funded expenditure	(47.8)	(0.9)	(0.9)	-
Total Capital Expenditure	(101.2)	(6.3)	(6.3)	0.0
Planned under/(over) spend	(0.0)	2.4	2.4	0.0

At Month 2 capital funding and capital expenditure are in line with plan. Of the £6.3m expenditure, £4.6m relates to pre-committed items for the repayment of PFI and IFRS16 lease liabilities and PFI lifecycle expenditure. The planned underspend of £2.4m at Month 2 relates to the difference between capital funding through depreciation and planned expenditure. The depreciation charge is phased equally over the course of the financial year however capital expenditure is phased largely in the second half of the financial year.

Resources | Balance Sheet

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

NHS
University Hospitals of North Midlands
NHS Trust

Balance sheet as at Month 2	31/03/2024	31/05/2024			
	Actual £m	Plan £m	Actual £m	Variance £m	
Property, Plant & Equipment	686.3	683.6	683.5	(0.1)	
Right of Use Assets	18.1	17.5	17.4	(0.1)	
Intangible Assets	16.3	15.4	15.4	(0.1)	
Trade and other Receivables	1.1	1.1	1.1	0.0	
Total Non Current Assets	721.7	717.6	717.3	(0.3)	
Inventories	17.7	17.7	17.5	(0.2)	
Trade and other Receivables	44.4	49.6	56.6	7.0	Note 1
Cash and Cash Equivalents	82.0	77.0	79.7	2.7	Note 2
Total Current Assets	144.1	144.3	153.8	9.5	
Trade and other payables	(125.6)	(122.0)	(135.7)	(13.7)	Note 3
Borrowings	(25.7)	(25.2)	(25.0)	0.1	
Provisions	(5.7)	(5.7)	(5.6)	0.0	
Total Current Liabilities	(156.9)	(152.8)	(166.4)	(13.6)	
Borrowings	(477.1)	(476.8)	(476.8)	(0.0)	
Provisions	(2.3)	(2.3)	(2.3)	0.0	
Total Non Current Liabilities	(479.4)	(479.1)	(479.1)	(0.0)	
Total Assets Employed	229.5	230.1	225.7	(4.4)	
Financed By:				-	
Public Dividend Capital	693.9	693.9	693.9	0.0	
Retained Earnings	(669.1)	(668.5)	(672.9)	(4.4)	Note 4
Revaluation Reserve	204.7	204.7	204.7	(0.0)	
Total Taxpayers Equity	229.5	230.1	225.7	(4.4)	

The balance sheet plan reflects the forecast included within the 2024/25 Financial Plan submitted to NHSE. Variances to the plan at Month 2 are explained below:

Note 1. Trade and other receivables are £7m higher than plan. This is mainly due to prepayments of £10m being higher than expected, the prepayments mainly relate to managed service contracts and annual licences which are paid for the 12-month period. NHS accrued income is also higher than plan due to income accrued with the ICB.

Note 2. At Month 2 our cash balance was £79.7m, which is £2.7m higher than the plan of £77m. The cash position at Month 2 reflects the higher than planned level of deferred income where cash has been received in advance or for the entire financial year from the ICB in a number of areas, particularly ERF. This is partly offset by higher-than-expected pre-payments and the I&E deficit position at Month 2. A review of the underlying cash position will take place in Month 3 and an update provided.

Note 3. Trade and other payables are £13.7m higher than plan. This is mainly due to deferred income of £44m at month 2 being significantly higher than plan. Of this balance £27m relates to Staffordshire and Stoke ICB due to the upfront payments of ERF funding £17.8m, West Midlands Cancer Alliance funding £4.7m and CDC MRI funding £1.3m. The overall increase in deferred income is partly offset by the reduction in capital payables compared to the year end due to the payment of invoices and reduced level of capital spend in the early months of the financial year.

Note 4. Retained earnings are showing a £4.4m variance from plan which reflects the Month 2 deficit of £4m and adjustments relating to.
- donated income and donated depreciation £0.1m.
- adjust PFI revenue costs to a UK GAAP basis £0.6m.

Resources | Conclusion

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

University Hospitals of North Midlands NHS Trust

The Trust has recorded an actual year to date deficit of £4.3m at Month 2 against a planned surplus of £0.3m, therefore resulting in an adverse variance year to date of £4.0m. This is primarily driven by the non-delivery of CIP. As part of our financial planning process we carried out a high level assessment of the potential range of financial risk facing the Trust for the year; this indicates a range of £12.5m-£32.7m against our breakeven plan for the year with a most likely unmitigated risk for the year of £21m; a full year forecast will be undertaken based on actual run rates for Quarter 1.

Trust Board
2024/25 BUSINESS CYCLE

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

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		3	8	5	10	7	4	9	6	4	8	5	12
HIGH QUALITY													
Chief Executives Report	Chief Executive												
Patient Story	Chief Nurse		Staff			Staff			Staff			Staff	
Quality Governance Committee Assurance Report	Director of Governance			NA									
Quality Strategy Update	Chief Nurse / Medical Director												
Care Quality Commission Action Plan	Chief Nurse												
Bi Annual Nurse Staffing Assurance Report	Chief Nurse												
Quality Account	Chief Nurse												
NHS Resolution Maternity Incentive Scheme	Chief Nurse												
Maternity Serious Incident Report	Chief Nurse												
Winter Plan	Chief Operating Officer												
PLACE Inspection Findings and Action Plan	Director of Estates, Facilities & PFI												
Infection Prevention Board Assurance Framework	Chief Nurse												
RESPONSIVE													
Integrated Performance Report	Various												
Clinical Strategy Update	Director of Strategy												
Emergency Preparedness Annual Assurance Statement and Annual Report	Chief Operating Officer												
PEOPLE													
Transformation and People Committee Assurance Report	Director of Governance			PCI	PCI								
People Strategy Update													
Gender Pay Gap Report	Chief People Officer												
Revalidation	Medical Director												
Workforce Disability Equality Report	Chief People Officer												
Workforce Race Equality Standards Report	Chief People Officer												
Staff Survey Report	Chief People Officer												
Raising Concerns Report	Director of Governance												
IMPROVING AND INNOVATING													
Research Strategy Update	Medical Director / Chief Nurse / Director of Strategy												
SYSTEM AND PARTNERS													
System Working Update	Chief Executive / Director of Strategy												
Population Health and Wellbeing Strategy	Director of Strategy												
RESOURCES													

Title of Paper	Executive Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		3	8	5	10	7	4	9	6	4	8	5	12
Performance and Finance Committee Assurance Report	Director of Governance			N/A									
Revenue Business Cases / Capital Investment / Non-Pay Expenditure £1,500,001 and above	Director of Strategy	NA											
Estates Strategy Update	Director of Estates, Facilities & PFI												
Digital Strategy Update	Chief Digital Information Officer												
Going Concern	Chief Finance Officer												
Annual Plan	Director of Strategy												
Board Approval of Financial Plan	Chief Finance Officer												
Final Plan Sign Off - Narrative/Workforce/Activity/Finance	Chief Finance Officer												
Activity and Narrative Plans	Director of Strategy												
Capital Programme 2022/23	Chief Finance Officer												
Standing Financial Instructions	Chief Finance Officer												
Scheme of Reservation and Delegation of Powers	Chief Finance Officer												
GOVERNANCE													
Nomination and Remuneration Committee Assurance Report	Director of Governance												
Fit and Proper Persons Annual Assurance Report	Director of Governance												
Audit Committee Assurance Report	Director of Governance												
Trust Strategy	Director of Strategy												
Board Assurance Framework	Director of Governance												
Annual Evaluation of the Board and its Committees	Director of Governance												
Annual Review of the Rules of Procedure	Director of Governance												
Board Development Programme	Director of Governance												
Well-Led Self Assessment	Director of Governance												
Risk Management Policy	Director of Governance												
Complaints Policy	Chief Nurse												