

Appendices

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Assurance					
Variation/Performance					
		Excellent Celebrate and Learn <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. You are consistently achieving the target because the current range of performance is above the target. 	Good Celebrate and Understand <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Celebrate but Take Action <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change. 	Excellent Celebrate <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. There is currently no target set for this metric.
		Excellent Celebrate and Learn <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. You are consistently achieving the target because the current range of performance is below the target. 	Good Celebrate and Understand <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Celebrate but Take Action <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change. 	Excellent Celebrate <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. There is currently no target set for this metric.
		Good Celebrate and Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. 	Average Investigate and Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER your target lies outside the current process limits and the target will not be achieved without change. 	Average Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. HOWEVER you are consistently achieving the target because the current range of performance is below the target. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	Very Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies below the current process limits so we know that the target will not be achieved without change 	Concerning Investigate <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. HOWEVER you are consistently achieving the target because the current range of performance is above the target. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	Very Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies above the current process limits so we know that the target will not be achieved without change 	Concerning Investigate <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. There is currently no target set for this metric.
					Unsure Investigate and Understand <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. There is no target set for this metric.
					Unsure Investigate and Understand <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. There is no target set for this metric.
					Unknown Watch and Learn <ul style="list-style-type: none"> There is insufficient data to create a SPC chart. At the moment we cannot determine either special or common cause. There is currently no target set for this metric

The following Acute Trust metrics are included in the 22/23 NHS System Oversight Framework – those in black can be found in this version of the IPR and are labelled with this icon - 

- 9. Total patients waiting more than 52 (S009a), 78 (S009b) and 104 (S009c) weeks to start consultant-led treatment
- 10a. Cancer first treatments (S010a)
- 11. People waiting longer than 62 days (S011a)
- 12. % meeting faster diagnosis standard (S012a)
- 13a. Diagnostic activity levels – Imaging (S013a)
- 13b. Diagnostic activity levels – Physiological measurement (S013b)
- 13c. Diagnostic activity levels – Endoscopy (S013c)
- 19. Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals. (S019a)
- 22. Number of stillbirths per 1,000 total births (S022a)
- 34. Summary Hospital-Level Mortality Indicator (SHMI) (S034a)
- 35. Overall CQC rating (provision of high-quality care) (S035a)
- 36. NHS staff survey safety culture theme score (S036a)
- 38. National Patient Safety Alerts not declared complete by deadline (S038a)
- 39. Consistency of reporting patient safety incidents (S039a)
- 40. Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections (S040a)
- 41. Clostridium difficile infections (S041a)
- 42. E. coli blood stream infections (S042a)
- 44a. Antimicrobial resistance: total prescribing of antibiotics in primary care (S044a)
- 44b. Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (S044b)
- 59. CQC well-led rating (S059a)
- 60. NHS Staff Survey compassionate leadership people promise element sub-score (S060a)
- 63a. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers (S063a, S063b, S063c)
- 63b. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues
- 63c. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public
- 67. NHS Staff Leaver Rate (S067a)
- 69. NHS Staff Survey Staff engagement theme score (S069a)
- 72. Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.
- 101. Outpatient follow-up activity levels compared with 2019/20 baseline
- 103. Proportion of patients spending more than 12 hours in an emergency department
- 104. Number of neonatal deaths per 1,000 total live births (S104a)
- 105. Proportion of patients discharged to usual place of residence (S105a)
- 116. Proportion of (a) adult acute inpatient or (b) maternity settings offering Tobacco Dependence services
- 118. Financial Stability (S118a)
- 119. Financial Efficiency (S119a)
- 120. Finance – Agency Spend vs agency ceiling(S120a), Agency spend price cap compliance (S120b)



Annual Plan Activity & Performance Tables | 2022/23



028. 2) Trust Board IPR May-23 (Mar-

Elective Activity			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Outpatients	News (Target 104%)	SP	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	202,369
		BUP	12,544	13,092	14,677	13,809	13,175	14,882	14,362	15,426	13,182	13,537	13,691	14,711	167,089
		Actual	13,158	16,084	15,467	15,014	15,629	16,610	17,217	18,492	13,602	16,891	16,084	17,711	191,959
	Follow-ups (Target 75%)	SP	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	315,965
		BUP	26,767	27,591	31,570	31,095	29,013	31,234	29,888	34,714	29,284	29,895	29,843	32,551	363,446
		Actual	30,172	34,009	32,784	31,841	33,248	34,333	33,483	37,486	29,406	36,196	32,122	36,400	401,120
Inpatients	Day Case (Target 104%)	SP	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	90,339
		BUP	5,660	6,071	6,889	6,857	6,377	6,599	6,453	6,687	5,891	6,610	6,211	6,384	76,692
		Actual	5,835	6,661	6,286	6,437	7,129	7,082	6,942	7,669	6,194	7,240	6,821	8,116	82,412
	Elective Spells (Target 104%)	SP	455	584	697	707	646	744	663	824	744	766	808	853	8,491
		BUP	429	485	576	584	534	617	549	682	615	635	669	706	7,082
		Actual	450	526	525	449	500	500	524	518	462	511	479	576	6,020
Diagnostics	Imaging (Target 120%)	SP	12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	172,181
		BUP	12,452	13,257	12,749	15,040	15,078	15,059	15,468	15,039	13,161	15,228	13,257	14,548	170,336
		Actual	11,723	13,515	13,155	13,608	13,540	14,108	14,400	14,734	12,776	14,090	13,524	14,607	163,780
	Endoscopy (Target 120%)	SP	1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	21,410
		BUP	1,399	1,619	1,602	1,775	1,495	2,043	1,856	1,940	1,325	1,853	1,766	1,973	20,645
		Actual	1,022	1,285	1,158	1,278	1,374	1,543	1,583	1,838	1,167	1,587	1,464	1,633	16,932
Echocardiography (Target 120%)	SP	806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	12,600	
	BUP	1,050	1,050	1,050	1,410	1,410	1,320	1,320	1,320	1,320	1,320	1,320	1,320	15,210	
	Actual	1,001	1,150	1,008	1,072	1,150	1,227	1,360	1,316	847	1,078	1,064	1,078	13,351	

Elective Performance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
RTT	104+ week waiters (Zero by July 2022)	Plan	250	120	88	0	0	0	0	0	0	0	0	0	
		Actual	254	161	40	31	12	0	0	1	0	1	0	0	
	78+ week waiters (Zero by April 2023)	Plan	1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0	
		Actual	1,574	1,631	1,505	1,200	1,093	979	1,115	1,285	1,570	1,092	711	316	
	52+ week waiters (Zero by March 2025)	Plan	6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400	
		Actual	6,488	7,127	7,826	7,695	7,633	7,772	7,957	8,103	8,161	7,256	7,156	7,153	
Total Incomplete Waiting List		Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713	
		Actual	60,056	61,895	63,391	64,284	65,264	65,420	66,703	68,628	69,832	67,744	67,208	67,452	
Cancer	63+ day waiters		The annual plan trajectory has been replaced following an Oct-22 NHSE request to submit revised recovery trajectories for 62+ day Cancer backlog - this is being monitored weekly.												
	28 Day Patients Told Outcome (CWT Standard - 75%)		Plan	71%	72%	73%	74%	75%	75%	75%	75%	75%	76%	75%	75%
			Actual	58%	57%	50%	52%	52%	45%	53%	67%	72%	65%	72%	73%

		30/10/22	06/11/22	13/11/22	20/11/22	27/11/22	04/12/22	11/12/22	18/12/22	25/12/22	01/01/23	08/01/23	15/01/23	22/01/23	29/01/23	05/02/23	12/02/23	19/02/23	26/02/23	05/03/23	12/03/23	19/03/23	26/03/23	02/04/23
63+ day waiters	Recovery Trajectory	810	819	836	856	868	844	814	770	752	740	695	669	637	606	561	526	493	467	436	393	370	350	328
	Actuals	797	763	731	668	551	572	551	545	506	583	546	537	518	441	401	431	355	325	302	256	261	232	243

Referrals, Bed Occupancy & Advice & Guidance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment	Plan	6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	5,824	4,952	70,100
		Actual	4516	5821	5504	6034	5697	4981	4331	4764	3505	4493	4282	4554	58,482
	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment	Plan	3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	38,442
		Actual	2804	3024	2991	2818	2916	2793	3046	3212	2589	2979	2688	2798	34,658
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	692	678	678
		Actual	682	682	682	731	731	731	720	730	740	735	735	734	719
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	721
		Actual	721	721	721	754	754	754	754	754	754	754	754	754	748
Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%	
	Actual	95%	96%	95%	97%	97%	97%	95%	97%	98%	97%	97%	97%	96%	
A & G	Advice & Guidance - Plan	Plan	2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	27,273
	Advice & Guidance - Actual	Actual	2,269	2,769	2,523	2,633	2,716	2,729	2,747	3,151	2,234	2,751	2,696	3,010	32,228

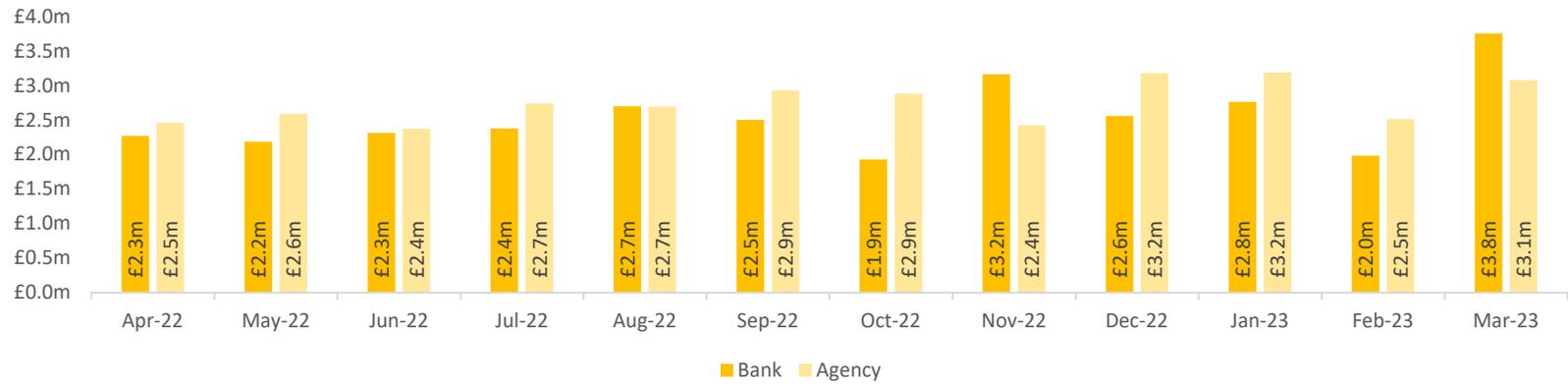
UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances (excluding planned follow-up attendances)	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
	Actual	11,729	12,800	12,259	12,291	11,835	11,859	12,128	11,929	12,395	10,996	10,691	12,036
Patients spending >12 hours from DTA to admission		222	248	277	268	254	176	335	336	401	329	283	345
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722	1,787	1,693	1,953	2,038	2,224	1,600	1,570	1,833
Ambulance Conveyances		3,911	4,305	3,944	3,903	3,885	4,020	3,782	3,683	3,466	3,789	3,555	3,879
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202	1,281	1,025	1,380	1,316	1,141	687	700	1,005
Conversion rate		26.7%	26.0%	26.9%	26.1%	27.3%	29.1%	28.3%	28.5%	27.7%	29.1%	28.9%	27.1%

Levels of Assurance

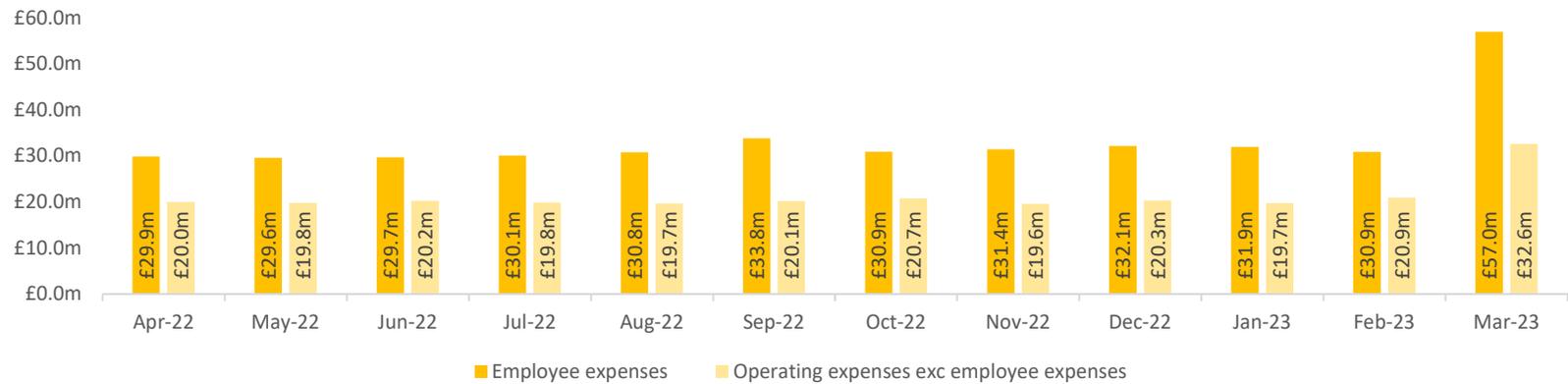
RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

Our Annual Plan	Elective Activity		Elective Performance		22/23 PEP Position		
Our Emergency Departments	+						
		Ambulances	60 Min Handover Delays	Self-Presentation		4 hours	12 hours
	ED	3,879	1005	10,082		6,284	346
		New Patients Seen		Patients Discharged Home		% of Take	
SDEC <i>AEC and Surgical SDEC</i>	1,231		1,059	84.6%	52.1%		

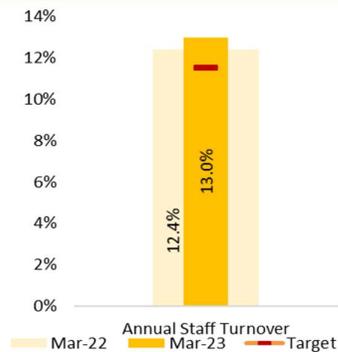
Our Locum / Agency Spend



Our Expenditure Run Rate



Our Staff Turnover





MARCH 2023 IN NUMBERS



10,082

Self-presentation
patients (A&E)



3,879

Patients arriving
by ambulance



13,472

Inpatients



43,770

Face to Face outpatients



10,354

Telephone consultations



415

Babies



1,391

Elective operations



163

Trauma Operations



215

Emergency Operations



6.6

Average length of stay



19,669

Diagnostics

QUALITY AND SAFETY IN NUMBERS

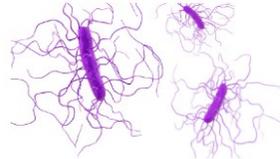
March 2023



MRSA
0



ECOLI
0



CDIFF
0



MSSA
0



Hand Hygiene
 Participation **88.3**
 Compliance **99.8**

SEPSIS

Sepsis
 Screening Compliance **92.1**
 Sepsis 6 bundle compliance **72.6**



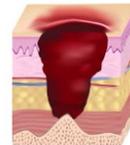
ICE reports viewed

Radiology **88.7**
 Pathology **95.7**



Falls per 1,000 bed days causing harm

0.04



Pressure Ulcers

All hospital acquired pressure ulcers **24**
 Serious incident pressure ulcers **0**



Response Rate

A&E **21.4**
 Inpatients **36.0**
 Maternity **0.5**
 Outpatients **12.4**



Recommended Rate

A&E **88.4**
 Inpatients **97.5**
 Maternity **100**
 Outpatients **96.9**



HSMR 12 months rolling (March 22)

102.44
Mortality Reviews 35.50
 completed <=30 days (Nov-20)



Risks overdue review 204
Risks with overdue actions 228



Discharged before midday 12.4



Complaints Responses <=25 days 55.6



Total Medicine incidents reported 182
Medicine incidents causing harm (%) 2.8

WORKFORCE COMPOSITION IN NUMBERS

March 2023



Employees
7015



BAME employees
21%



Part-time workers
43%



Female
82%



Registered nurses
2,052 (29%)



Registered midwives
256 (4%)



HCAs, helpers and assistants
1367 (19%)



Doctors
785 (11%)



Other clinical and scientific staff
860 (12%)



Over age 55
19%



30 years and under
20%



Staff with less than 2 years service
28%



Staff with 20 years service or over
10%

Committee Assurance Reports

Apr-23 Meetings

Trust Board
11th May 2023

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Quality & Safety	
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Finance & Performance Committee Assurance Report : 26th April 2023

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Rebecca O'Connor Director of Corporate Governance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	7, 8, 13, 16, 18, 19, 20
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Executive Summary

The Committee met virtually on 26 April 2023 and the following key points were raised : Escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Annual Plan	To note the current position	To note
CAGs – 360Word, Disposable Wipes, Non-Invasive and Sleep Therapy Resmed & Pressure Area Drive	Delegated limits	To approve the CAGs

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Annual Plan 23/24	Level 4	Increased	7, 8, 9, 11, 14, 18, 19
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 5	Increased	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Strategic Programme Board Update	Not reported		8, 21
Theatres Programme Update	Level 4	N/A	3, 4, 8, 9, 10, 11, 16, 17, 18, 19, 21
Land Sales Update	Level 2	N/A	8
Centralised Recruitment Resourcing Additional Posts Business Case	Level 5	N/A	9, 10
4Ward Improvement Scheme Progress Update	Level 3	Maintained	

2

Finance & Performance Committee Assurance Report : 26th April 2023

Item	Level of Assurance	Change	BAF Risk
Medium Term Financial Strategy Development – High Level Plan	Level 4	N/A	7
PEP Schemes - Outcome	Level 2	N/A	7, 9, 11, 15
PEP Schemes - Process	Level 4	N/A	
Legal Services Contract	Level 5	N/A	7
UEC Pneumatic Tube System DOV	Level 4	N/A	3, 4, 7, 11, 18, 19
360 Word Translation Services CAG	Level 6	N/A	7, 8
Disposable Wipes CAG	Level 6	N/A	3, 4
Non Invasive and Sleep Therapy Resmed	Level 6	N/A	7
Pressure Area Care Drive	Level 6	N/A	

Finance & Performance Committee Assurance Report : 26th April 2023

Executive Summary

The Committee met virtually on 26 April 2023 and the following key points were raised :

Item	Discussion
RCN Industrial Action	The upcoming industrial action was noted and the risk assessment would be discussed at QGC
Annual Plan 23/24	Committee noted the challenges within the current plan and the issues impacting on delivery of the same. A delivery board approach was being set up to drive forward improvement and PEP delivery. The key role of the system solutions as the financial position becomes increasingly challenged was acknowledged. Triangulation of data, trajectories and extent of risks were discussed in the context of deliverability. There would be further update provided to the next F&P committee. The risks would be formally outlined to the system in writing by the CEO.
Land sales	An update on the current position regarding sales of plot 1, 2 and 3; the risks in relation to plot 1 and 3 were discussed and noted.
Car parking	Provision is still under review and a business case including options appraisal is being developed for progression through governance in June.
Theatres update	Programme aims to improve the use of theatres and the measures of utilisation were discussed. Performance has incidentally increased in 3 of 4 measures, with one remaining static. Analysis against Model Hospital was positive. Phase two was more challenging and will include external benchmarking and pathway redesign. The programme is to be extended into include ophthalmology theatres and needs to link with the outpatients programme. Executive sponsorship would be confirmed. Perfect fortnights were discussed and the impact was positive in high volume, low complexity activity at KTC. A standby approach in relation to on the day cancellations and DNAs was outlined. The support for data analysis, finance, workforce and the programme management approach was noted. Committee agreed an assurance rating of 4.
Integrated Performance Report	M12 report, with validation of some data to follow. The need for time bound actions in the IPR was discussed to evidence the positive actions taken. Mixed position on performance. Diagnostics has decreased and this was positive. Junior doctors strike has impacted on performance 1719 op, 93 days cases and 43 elective were rescheduled, the well being and performance issues were discussed. Day case 8000 in March above plan RTT 104 weeks 0, 78 weeks 316 in March and this is a key focus of the Trust and there is a plan subject to finance. 62 day cancer is to be focused on. 2WW standards achieved 4 th month in a row. 243 urgent/suspected referrals – 9% of the PTL, with over 50% in relation to urology. UEC remains a significant challenge, 12 hour waits are elevated 1005 over hour ambulance delays, but slightly improved in April. Bed occupancy is average 98% and does not include boarding, which if included rises this to over 100%. 92 Covid patients has also increased and impacted on flow. Discharges 3014, 79 simple, av LOS 7 days, 19% discharged before midday and work progresses with the clinical divisions to address this. The sustained impact of capacity and flow was discussed regarding cohorted patients on IPC. The impact of strikes was noted as WAHT, unlike other Trusts, has been affected by every strike and this is impacting on quality, cost and performance. Increased data on discharges would be included in future reports, including the reasons why patients have not been able to be discharged. LOS had increased and the reasons for this such as frailty were discussed alongside the impact of plans to address the 78 weeks waiters. Committee agreed an overall assurance rating of 4 and requested a review of the patient flow rating next month.
4ward Improvement Scheme update	Year one deliverables were outlined, training and governance were discussed. Progress against the RPIWs can be seen. Moving into year 2, there is a need to focus on the embedding of the programme into the divisions, addressing cultural issues and building accountability. The energy and buy in of RPIWs was commended. The support of VMI in addressing the challenges such a target progress reports and the delivery of training was discussed. The impact of operational pressures and the need to reach the tipping point of training was noted in the context of the cultural change required. There will be a monthly to August then quarterly report to Committee thereafter including trajectories for training and RPIW outcome metrics. The capturing of the ROI was discussed and this needs to be embedded and quantified after 90 days. Committee agreed an assurance rating of 3.

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Finance & Performance Committee Assurance Report : 26th April 2023

Executive Summary

The Committee met virtually on 26 April 2023 and the following key points were raised :

Item	Discussion
Recruitment Medical Resourcing	Invest to save business cases was linked to the PEP to reduce time to hire and regard to the reduction in B&A. Saving of £1.4m was noted. Committee discussed the challenges of delivering the opportunity identified by the CSU and noted the under resourcing of the team. This takes us to investment in alignment with peers. The extent of the return was also considered and would need to be managed. Workforce was noted as a strategic risk and we know we have lost candidates as a result of this gap. Committee debated the deliverability and the number of people required to deliver the service which was considered in accordance with the benchmarking and discussions with divisions as part of the business case evaluation. The need to demonstrate the ROI was critical in delivering recurring benefits. Measurement of time to hire was required and progress to be seen in reducing this and the number of recruited resources are to be tracked on a monthly basis via the IPR. The labour market conditions were discussed; noting this is a key lever for several divisional plans. A refreshed approach to the comms and engagement and how we advertise posts is being addressed including a head hunter post supports innovation in challenged markets. Hopeful to have the posts in place by June, given actions taken at risk.
Chief Finance Officer Report	Financial plan achieved £19.7m deficit versus £19.9m planned deficit. £10.1m PEP and the remainder via non recurrent means. Capital plan was set re use of brokerage to achieve CRL. Final stage payment of the roof was taken back centrally but Region agreed flexibility up to £500k to overspend, only £250k of this is projected to be required. Discussions are ongoing wrt a CRL adjustment rather than allowable over spend. VAT reclaim on the UEC, HMRC response was noted and a Trust response will go back within 30 days. Committee commended the achievement and delivery of the plan. PEP delivery was of concern and this was a burden going forwards. Cost per WAU needs to be explored further. The costs index was discussed and this would be subject to a deep dive. The assurance ratings of I&E 5, capital 5 and cash 6 were noted as the outturn position.
Medium Term Financial Strategy	Paper sets out the approach to development and the work in progress to develop the demand and capacity model, the productivity improvement, there will be a range of scenarios, sensitivities and assumptions to be tested. This is good progress and Committee are keen to progress with a broad group of NEDs and how the executive team use this to support prioritisation both internally and with the system engagement. A Board session was commended for future discussion around future direction, not just the model.
CSU final report	Report outlines the detail of the programmes of work. There is a stretch to the upper end of the CSU opportunity assessment to £24m. There is a resource requirement within the cover paper which is essential to ensure delivery. The governance to ensure oversight of the delivery supported a transformation delivery board to oversee delivery on a weekly basis until there is a delivering programme in place. A working Transformation Delivery Group had been discussed by executives to support a targeted approach stepping out a handful of senior leaders to drive the programme. The outpatient programme was discussed and there was a programme being developed to address this with updates to TME. Report was thorough and helpful in assessing the position but there was concern about the extent of the stretch target and if we need to target more to achieve delivery. The IPR should be updated to ensure the impact is clear. The direct recommendations should be adopted and this would support progression of the assurance level. Committee agreed an assurance level of 3 at the current point of development.
SPB	Noted
Legal Waiver	Recommended for approval
Pneumatic tubes DoV	Recommended for approval

Finance & Performance Committee Assurance Report : 26th April 2023

Executive Summary

The Committee met virtually on 26 April 2023 and the following key points were raised :

Item	Discussion
Word 360 CAG	To be discussed offline to clarified queries and agreed to will progress to board if this is satisfactory
Disposable Wipes CAG	Recommended for approval
Non invasive sleep therapy CAG	Recommended for approval
Pressure Area Care Mattresses CAG	Recommended for approval
Reflections	Large and dynamic agenda. Papers were well prepared. Members were well prepared and the exec team challenged. Focus on priorities before the next meeting. Clear summing up at the end of each item. Good engagement from execs and non execs.

Quality Governance Committee Assurance Report – 27 April 2023

Accountable Non-Executive Director	Presented By	Author		
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Rebecca O'Connor, Director of Corporate Governance		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	QGC BAF Risks	2, 3, 4, 11, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 27 April 2023 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Industrial action	For noting	To note the position and mitigating action

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Maternity Services Safety Report	Level 6	Maintained	2, 4, 9, 10
Health & Safety Update	Level 5	N/A	4, 8
Health & Safety Report: Use o Nitrous Oxide	Level 5	N/A	4, 8
Theatres Utilisation	Level 4	N/A	3, 4, 8, 9, 10, 11, 16, 17, 18, 19, 21
Cancer Services Q2 & Q3 Update	Not reported		
Research & Development Q3	Not reported		
GIRFT Q3	Level 4		
Big Quality Conversation	Level 6		
Legal Update Q3	Not reported		
Integrated Performance Report	Level 4		2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
CGG Report	Not reported		

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Quality Governance Committee Assurance Report – 27 April 2023

Executive Summary

The Committee met virtually on 27 April 2023 and the following key points were raised:

Item	Discussion
CNO/CMO escalations	<p>Industrial action risk assessment: The Risk Assessment was shared and was under constant view through daily planning meetings. The Trust and clinical divisions are concerned with the mitigated risk score at 25. IA was planned from 8pm on 30 May to 8pm on 2 June and there was potential for over 1000 members to take action. Teams were working through the ward by ward, shift by shift implications.</p> <p>The key change of no derogations was highlighted, the only way we can compel staff is for “life and limb” which was a huge concern and caused anxiety across the system and region. Concern regarding paediatrics, we do not have minimum staffing for any shift. A safety matrix form to the ICB to be put to the RCN. Critical care, ITU and paediatrics we of most concern. We have considered internal staffing and pathways for patients. The Trust has gone out for bank and agency staff. On Tuesday there is also Unite action for WMAS. The decision regarding cancellations had not yet been made due to the Tuesday legal challenge. It was all consuming for staff, impacting on stress levels and the impact on these issues cannot be overemphasised. We cannot at this point give assurance that we can mitigate the risk of harm to patients in the key areas. We will have areas where we may not be able to provide the fundamentals of care. The system were meeting regularly regarding mutual aid, intelligent conveyancing etc. H&CT are also facing action but they have mitigated the risks to service provision. There is an impact for mental health patients.</p> <p>Committee accepted the risk assessment, accepted the mitigated risk acknowledging the risk score. Committee noted the mitigations as outlined and felt that all reasonable actions were being taken as would be expected and offered its full support to the executive.</p> <p>IPC – Covid and norovirus outbreaks were noted along with the root case factors, mitigations and next steps. An action plan is in place. There is ongoing boarding, corridor care and overcrowding is considered to be a contributory factor. We are breaching guidance regarding space between beds in some areas. Discussions are ongoing at homefirst via flow and that delivery is monitored, however this is not all within our control, there is a system effort required. An update on flow will be provided at the next meeting. The knock on impact of patient experience and IPC from a quality concern were noted. As a result of emergency measures over winter, we must stop this being normal practice.</p> <p>Junior doctors IA – There was no harm or patient safety incidents reported. This was due to the good fill rate of rotas from other clinical staff. Harm is now due to staff burnout from filling those rotas and the impact to patients as a result of the number of cancellations.</p> <p>Thanks of committee was expressed to all staff who have gone above and beyond once again.</p>

Quality Governance Committee Assurance Report – 27 April 2023

Executive Summary

The Committee met virtually on 27 April 2023 and the following key points were raised:

Item	Discussion
Maternity Safety Report	The report was taken as read and the key points were noted. Level 5 assurance. Position is sustained. Perinatal mortality slightly lower than national average. 1 still birth reported in month and will be raised as an SI and there were no neonatal deaths. 2 HSIB reports were received and are being reviewed. Staffing is improving and positive recruitment event took place: offers made to all vacancies and they will join in Sept/Oct. Comms re 24/7 access for birth partners is being finalised. Mandatory training and PDRs are not sufficient but are increasing, there is a data cleanse ongoing. CNST confirmed we will get some funds, but final value not confirmed. Good progress was welcomed. Discussion was taking place with the national support programme as we will remain in the scheme due to leadership changes and hope to review later in the year.
H&S Report	Paper was noted and first aid requirements highlighted.
Nitrous Oxide	Compliance was reviewed and confirmed. Ventilation works in maternity during covid were noted. Monitoring via the Medical Gas Committee.
Theatres Update	Update on progress in the programme was noted with the Trust in the top quartile. Assurance level 4 was provided. Tracey Pearson was confirmed as the programme SRO with clinical support from the CMO. Late finishes/early starts have also improved. The quality indicators around fractured NOF and links with GIRFT were discussed. The perfect 14 approach was noted along with innovations such as the standby list and the impact of robotic surgery.
Cancer Services	Progress in performance on 2WW was noted. Improvement on 76% is positive. Backlog has reduced from peak with significant reductions in colorectal and skin. Urology remains a concern and recovery trajectories were discussed. Two key appointments have been made. Focus on Urology was discussed. Tele-dermatology roll out was flagged, the equipment has been purchased and engagement is ongoing with primary care via the ICB. All 104 day breaches are subject to a harm review process.
Research & Innovation	Progress against R&D strategy was noted. Good recruitment to studies and 5 new commercial studies have been opened. 8 th highest recruiting trust in the midlands. Appointed as new Ass MD for R&D. Good progress, but lots more to do.
GIRFT	Report was noted. Work ongoing to follow up the embedding of recommendations. Linkage with other programmes such as theatres was welcomed.
IPR	Overall assurance level of 4 was noted. Operational performance, UEC, cancer and IPC were noted. The key topics had been considered elsewhere in the agenda. An increase in falls was discussed and the elements were multifactorial which is being reviewed with the falls lead. The assurance level of 5 for fractured NOF was debated and the issues around theatre capacity and fitness of patients for surgery. There is a T&O action plan in place and there are further discussions to progress. The assurance level for fractured NOF was reduced to level 4.
Big Quality conversation	Achieved an excellent response rate, driven by a digital media approach. Committee commended the excellent progress with 889 responses which was up significantly from last year. Themes are Facilities, Communication, Access to Services, Diagnosis and Treatment, Values and Behaviours. This triangulates with the Picker Survey and complaints reviews.

Quality Governance Committee Assurance Report – 27 April 2023

Executive Summary

The Committee met virtually on 27 April 2023 and the following were agreed as escalations to Board:

Item	Discussion
Legal Report	We are working with the team to update the reporting. This is the monthly update and the fuller quarterly report will be provided going forward.
CCG Report	The escalations to TME were noted. This is the second CCG in a row cancelled due to operational pressures and was of concern.
Escalation to Trust Board	Industrial action and IPC were asked to be escalated. Pathway patients awaiting discharge will be escalated via the ICB
Reflections	Thanks and admiration of staff, clinical teams and the executive team were expressed by the committee.

Meeting	Public Trust Board
Date of meeting	11 May 2023
Paper number	Enc F

Freedom to Speak Up Report

For approval:		For discussion:		For assurance:		To note:	x
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Accountable Director	Tina Ricketts Director of People and Culture		
Presented by	Melanie Stinton FTSU Guardian	Author /s	Melanie Stinton FTSU Guardian

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources		Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	22 March 2023	Noted
People & Culture Committee	4 April 2023	Noted

Recommendations	Trust Board is asked to: <ul style="list-style-type: none"> Support the on-going communication of Freedom To Speak Up (FTSU) and the importance of creating a culture that supports the safety of our patients and welfare of colleagues Discuss any improvements that could be made to the FTSU programme Support the plan for an effective learning process from concerns raised
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Executive summary	<p>Since the launch of the portal in October 2020 we have had 248 concerns raised. The introduction of the portal has had a positive impact on the number of cases raised and is showing a steady growth.</p> <p>Cases are logged on a confidential database with themes captured; this data is also reported to the national guardian's office on a quarterly basis. Any highlighted areas of concern are escalated to the appropriate director/ manager and an action plan is formulated and agreed.</p> <p>Themes of the recent cases raised centre on poor attitudes and behaviour and bullying and harassment which is consistent with last year.</p> <p>There has been no increase in concerns from staff with protected characteristics despite the FTSU working closely with the network leads and the networks, this continues to be a challenge and is a priority to break down the barriers preventing concerns being raised. The FTSU portal now has a facility to capture if a member of staff feels a concern has been raised due to protected characteristics. Within the last month the facility of an automatic feedback survey has been added so that staff can provide feedback to enable us to ensure we have learning from concerns raised and to continually improve the service.</p> <p>The completion of the FTSU reflection tool has demonstrated good areas in practice but that we have some actions in particular mandatory FTSU training for all staff and adequate cover when gaps in the FTSU service may occur.</p> <p>Further work is needed on how we share the learning from cases across the organisation and this is the priority for the Guardian this year.</p>
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Risk										
Which key red risks does this report address?		What BAF risk does this report address?	BAF 10: If we do not deliver a cultural change programme, then we may fail to attract and retain staff with the values and behaviours required for putting patients first, resulting in lower quality care							
Assurance Level (x)	0	1	2	3	4	5	6	x	7	N/A
Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N						N/A	x
Are the actions identified starting to or are delivering the desired outcomes?	Y		N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance										

Meeting	Public Trust Board
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Introduction/Background

Role of the Guardian

Every Trust has a nominated Freedom to Speak Up (FTSU) Guardian, the current Guardian has increased to working 5 days a week in the role and now also has the added position of Lead 4ward Advocate. The role of the guardian is to protect patient safety and quality of care, improve the experience of workers and promote learning and improvement. This is done by ensuring that workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement.

Role of the Champions

We currently have 42 appointed FTSU champions spread across all three sites and departments who can be the first point of contact for staff who wish to raise or discuss a potential concern. A virtual training programme has been developed which all champions will attend. All new 4ward advocates and current ones that have undertaken recent training also have basic FTSU knowledge that enables them to signpost staff in the right direction.

The role of the champion is to support any member of staff who wishes to raise a concern, take their full details and forward to the Guardian for action. We have champions meetings and these are held on a monthly basis to review themes. Each Champion can be identified by their green badge that advises staff that they are in that role. Champions are also in the process of updating their bio posters to market themselves within the Trust, they will also be undertaking 4ward advocate training once in place to enhance the role and place the signature behaviours as the over-arching umbrella.

Issues and options

Policy and Process

The Freedom to Speak up Policy has been reviewed in line with the National Guardian Office's framework and this was ratified by the Joint Negotiating and Consultative Forum, this saw the addition of an appendix on detriment. The National Guardians Office has just released a National Policy which the guardian is reviewing and adding any local information required before launching.

FTSU reflection and planning tool

The FTSU along with Director and Deputy Director of People and Culture have undertaken the FTSU reflection and planning tool in conjunction with the Gap analysis undertaken after the findings of the West Suffolk review [West Suffolk Review \(england.nhs.uk\)](https://www.england.nhs.uk/reports-and-accounts/west-suffolk-review/), which was commissioned in response to events that followed on from an anonymous letter sent and the speaking up arrangements within that Trust. The National Guardians office recommended a Gap analysis be conducted in response to the findings this coupled with the self-assessment tool, (see attached appendix). The action plan has highlighted good areas of practice:

- The allocated time to the FTSU role
- The support to the Guardian and triangulation of the data
- The appointment and training of the Guardian
- Support that the Guardian receives
- Maintenance of confidentiality
- FTSU champions are clear on their roles

The tool has also identified gaps that we now need to address as identified in the following tables:

Development areas to address in the next 6–12 months	Target date	Action owner
1 Merge of National policy with local policy including detriment and disadvantageous treatment	March 23	Melanie Stinton

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2 Self-assessment and Gap analysis to be shared with Trust Management Executive	March 23	Melanie Stinton/Tina Ricketts
3 Board Development session incorporating Follow Up training	June 23	Melanie Stinton/Tina Ricketts
4 FTSU training to be mandated for all staff	December 23	Melanie Stinton/Tina Ricketts
5 Review and implement cover to avoid any GAPS in FTSU service	March 23	Melanie Stinton/Tina Ricketts
6 Roll out of staff experience group and cultural heat map	June 23	Melanie Stinton
7 Engage with NED and insure up to date and informed	March 23	Melanie Stinton/Anita Day

Development areas to address in the next 12–24 months	Target date	Action owner
1 Review of comms strategy	Jan 24	Melanie Stinton/Comms Team
2 Yearly self-assessment review	Feb 24	Melanie Stinton/Tina Ricketts
3 FTSU survey through 4ward advocates and champions	Feb 24	Melanie Stinton

Good news

The portal continues to grow and the Trust is now host for the neighbouring Trust who are using the portal. We have added protected characteristics so the Guardian is now able to provide the data and in the last month we have added a feedback survey which is automatically sent to cases when they are closed to enable us to continuously improve on the service.

Cases

The level of reporting has increased from 112 to 133 in the same period from the previous 12 months demonstrating a culture where more concerns are being raised.

Data on FTSU concerns to date on 28th February 2023

Month	Cases raised	Open	Closed	Anonymous
February 2022	15	0	15	4
March 2022	8	0	8	0
April 2022	15	0	15	4
May 2022	23	1	22	9
June 2022	5	0	5	1
July 2022	18	0	18	12
August 2022	9	0	0	3
September 2022	10	5	5	3
October 2022	8	1	7	5
November 2022	8	0	8	7
December 2022	5	1	4	3
January 2023	4	4	0	3
February 2023	5	5	0	2
Total:	133	17	116	56

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From February 2022 to February 2023 there were 133 cases, there have now been 248 cases since the advent of the portal in October 2020. The breakdown of the cases over the last 4 years is as follows:

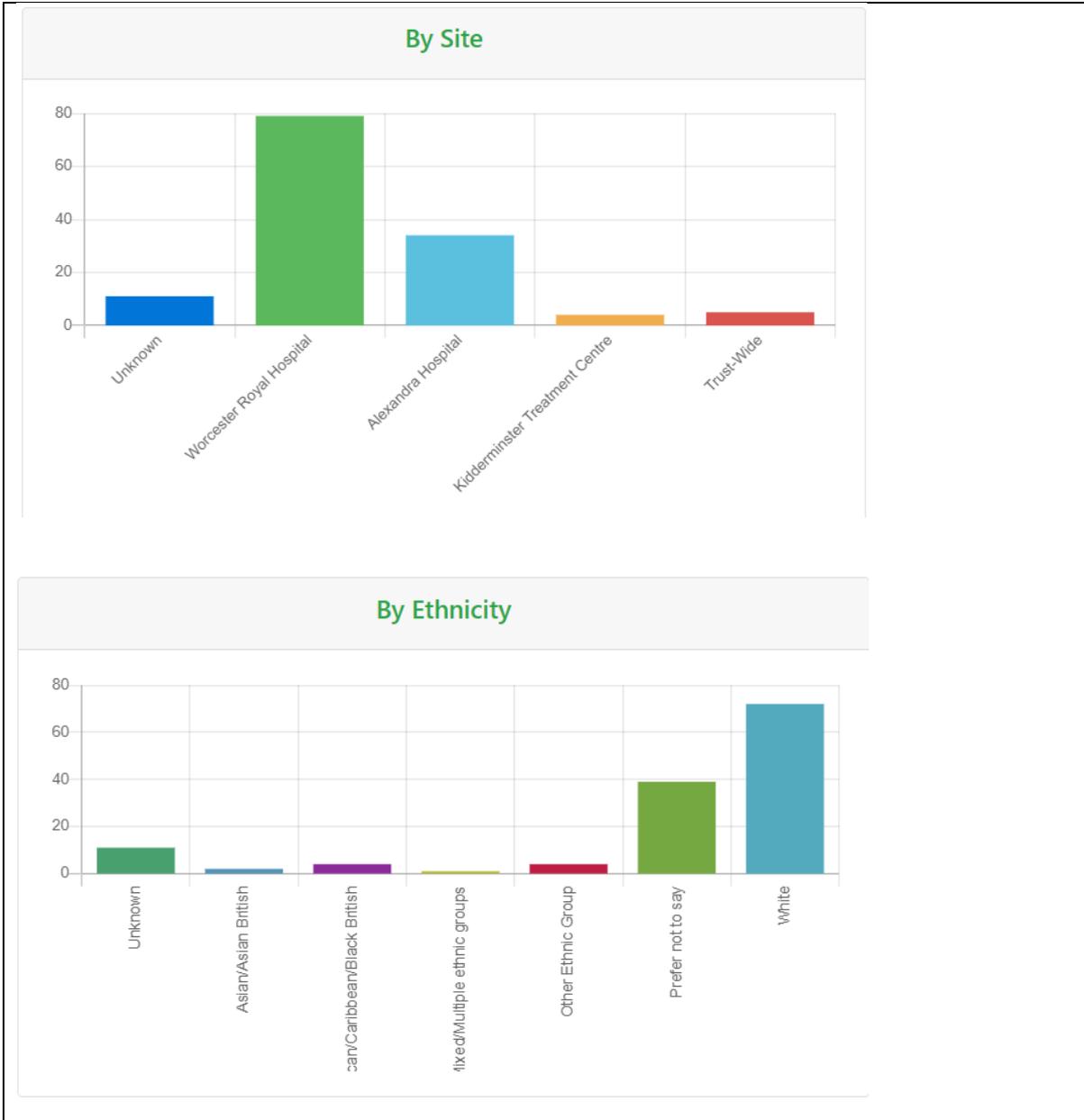
	Cases	Anonymous percentage
April 18-19	36	5%
April 19-20	44	0%
April 20-21	63	20%
April 21- 22	103	28%
April 22-date	110	42%

There is an increase year on year of cases being reported, we have however seen a sharp increase in the percentage of anonymous concerns. The Guardian recognises that further work is required with staff to insure them that they will not suffer detriment from raising a concern, this also needs to be included in the message that all managers give to staff.

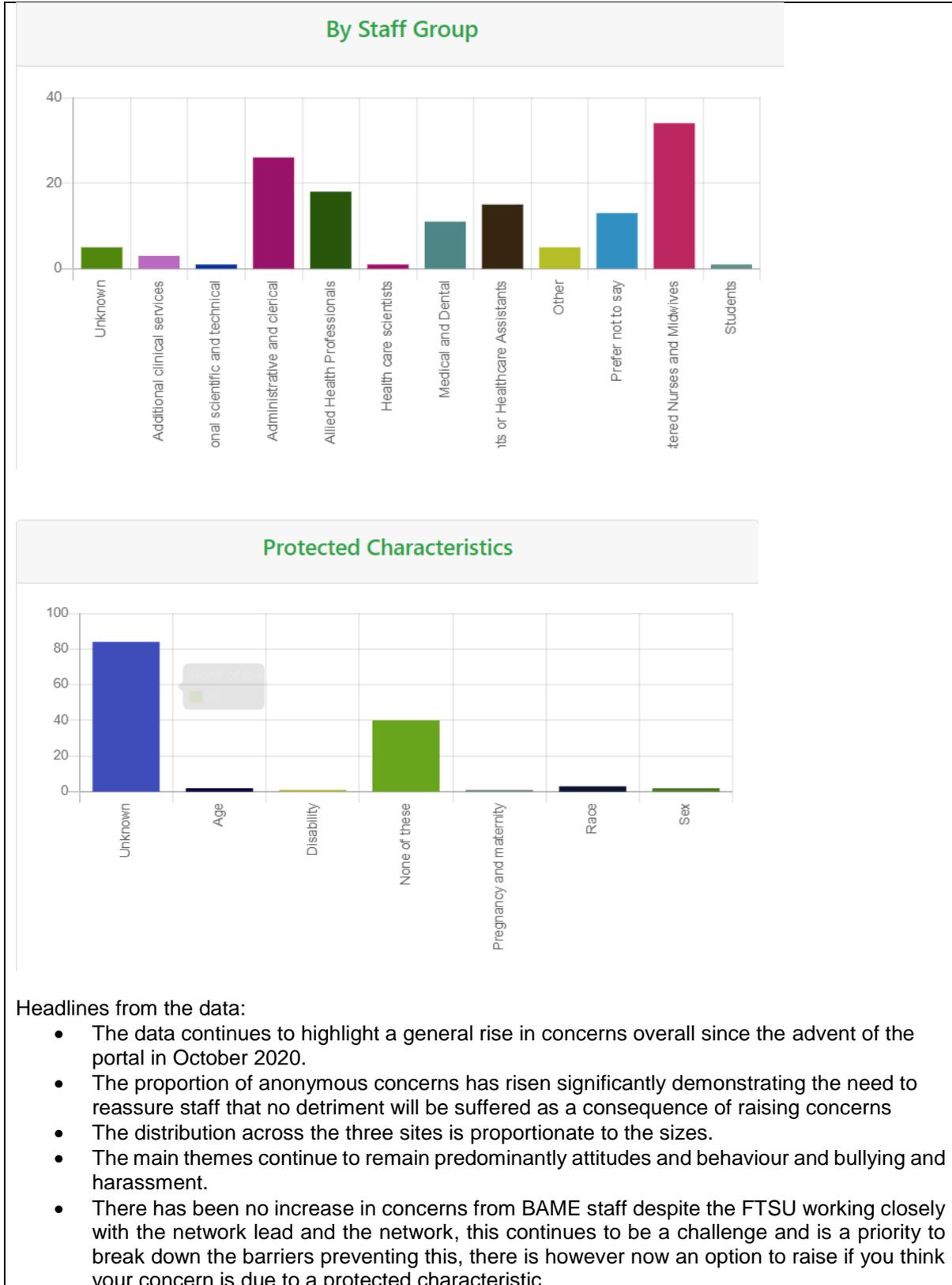
The main theme continues to be attitudes and behaviour despite publicity surrounding civility and respect and the behaviour charter. With the advent of the behavioural indicators underpinning the signature behaviours this may see a further increase as unacceptable behaviour is called out. The Guardian has also just completed the Active Bystander training with a view to implementing and rolling out across the Trust.

Theme	Number
Bullying and harassment	34
Staff Levels	22
Fraud	1
Attitudes and behaviours	80
Policy and Procedures	25
Quality and Safety	21
Worker safety and well-being	29
Other	17

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- The option to highlight a protected characteristic now allows us insight into if we are seeing an increase of concerns raised in any of these areas

Marketing

Marketing continues with the following:

- National training for new champions,
- All 4ward advocates now have elementary FTSU training
- The recruitment of a BAME FTSU champion
- Champions posters developed and printed and distribution across the three sites
- Attendance at divisional/directorate meetings
- Representation at the BAME, LGBT+, disability network and the faith and spirituality network
- Ordering and distribution of new FTSU champion badges to increase visibility
- A slot on the Trust Induction
- Walkabouts in clinical areas and GENBA walks

Governance

The progress on and a review of the FTSU programme is reported to:

- The FTSU working Group (Chaired by Director of People & Culture) bi-monthly
- The People and Culture Committee twice yearly
- The Board twice yearly
- The Audit and Assurance committee annually
- The Chief Executive on a quarterly basis

Learning

Learning from the concerns is currently shared at various forums. It is shared at a local level when the concerns are raised and also relevant points are shared at networks. It is also reported directly on the quarterly report to the National Guardians Office.

Work on how we share learning across the organisation continues to develop, within the FTSU and 4ward advocate meetings the staff are given opportunity to share soft intelligence on issues that may be arising and this is then captured by the FTSU shared.

Conclusion

Since the launch of the portal reported cases have continued to increase. The additional data capture now enables a deeper dive into issues and hotspots and this will develop further in coming months. Continued representation at the Network meetings, on Trust Induction and raised profile through marketing has aided this.

The FTSU continues to work on the harder to reach staff with the help and support of the staff networks and increased visibility with the aid of the FTSU champions and the 4ward advocates.

Recommendations

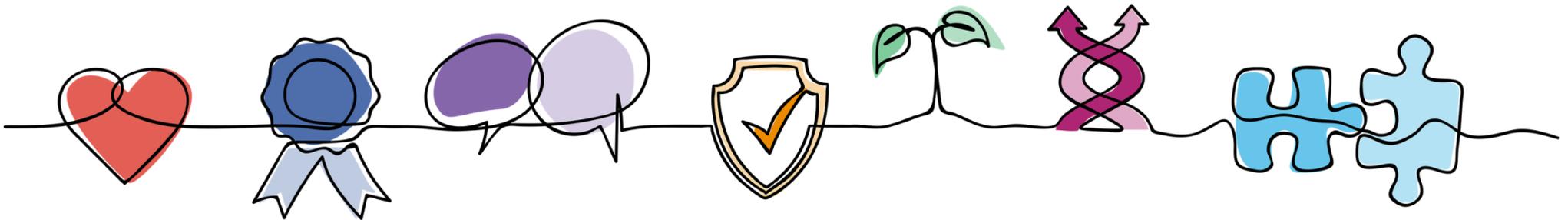
Trust Board is asked to:

- Support the on-going communication of Freedom To Speak Up (FTSU) and the importance of creating a culture that supports the safety of our patients and welfare of colleagues
- Discuss any improvements that could be made to the FTSU programme
- Support the plan for an effective learning process from concerns raised

Appendices

Freedom to Speak up

A reflection and planning tool



BACKGROUND

The self assessment review has been completed in conjunction with the Gap analysis undertaken after the findings of the West Suffolk review [West Suffolk Review \(england.nhs.uk\)](https://www.england.nhs.uk), this report was commissioned in response to events that followed on from an anonymous letter sent and the speaking up arrangements within that Trust. The National Guardians office recommended a Gap analysis be conducted in response to the findings this coupled with the self-assessment tool.

The actions from both are amalgamated into this document to formulate a plan for us as a Trust and to ensure that appropriate action is taken where we have Gaps in the FTSU service.

Introduction

The senior lead for FTSU in the organisation should take responsibility for completing this reflection tool, at least every 2 years.

This improvement tool is designed to help you identify strengths in yourself, your leadership team and your organisation – and any gaps that need work. It should be used alongside Freedom to speak up: [A guide for leaders in the NHS and organisations delivering NHS services](#), which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completing this improvement tool will demonstrate to your senior leadership team, your board or any oversight organisation the progress you have made developing your Freedom to Speak Up arrangements.

You may find that not every section in this tool is relevant to your organisation at this time. For this reason, the tool is provided in Word format to allow you to adapt it to your current needs, retaining the elements that are most useful to you.

If you have any questions about how to use the tool, please contact the national FTSU Team using england.fts-enquiries@nhs.net

The self-reflection tool is set out in three stages, set out below.

Stage 1

This section sets out statements for reflection under the eight principles outlined in the guide. They are designed for people in your organisation's board, senior leadership team or – in the case of some primary care organisations – the owner.

You may want to review your position against each of the principles or you may prefer to focus on one or two.

Stage 2

This stage involves summarising the high-level actions you will take over the next 6–24 months to develop your Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3

Summarise the high-level actions you need to take to share and promote your strengths. This will enable others in your organisation and the wider system to learn from you.

3

Stage 1: Review your Freedom to Speak Up arrangements against the guide

What to do

- Using the scoring below, mark the statements to indicate the current situation.

1 = significant concern or risk which requires addressing within weeks

2 = concern or risk which warrants discussion to evaluate and consider options

3 = generally applying this well, but aware of room for improvement or gaps in knowledge/approach

4 = an evidenced strength (e.g., through data, feedback) and a strength to build on

5 = confident that we are operating at best practice regionally or nationally (e.g., peers come to use for advice)

- Summarise evidence to support your score.
- Enter any high-level actions for improvement (you will bring these together in Stage 2).
- Make a note of any areas you score 5s in and how you can promote this good practice (you will bring these together in Stage 3).

Principle 1: Value speaking up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Statements for the senior lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	5
I have led a review of our speaking-up arrangements at least every two years	3
I am assured that our guardian(s) was recruited through fair and open competition	5
I am assured that our guardian(s) has sufficient ring-fenced time to fulfil all aspects of the guardian job description	5
I am regularly briefed by our guardian(s)	5
I provide effective support to our guardian(s)	5
Enter summarised commentary to support your score.	
We do Trust Board report every 6 months however we need to embed undertaking self-assessment every year	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 Ensure that self-assessment and GAP analysis with action plan to Trust Management Executive by March 2023	

Statements for the non-executive director lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	4
I am confident that the board displays behaviours that help, rather than hinder, speaking up	3
I effectively monitor progress in board-level engagement with the speaking-up agenda	5

I challenge the board to develop and improve its speaking-up arrangements	4
I am confident that our guardian(s) is recruited through an open selection process	5
I am assured that our guardian(s) has sufficient ring-fenced time to fulfil all aspects of the guardian job description	5
I am involved in overseeing investigations that relate to the board	N/A
I provide effective support to our guardian(s)	5
<p>Enter summarised evidence to support your score.</p> <p>Above scores based on out-going NED,</p>	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
<p>1 Board development session on FTSU</p>	

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture

Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	Score 1–5 or yes/no
The whole leadership team has bought into Freedom to Speak Up	3
We regularly and clearly articulate our vision for speaking up	3
We can evidence how we demonstrate that we welcome speaking up	3
We can evidence how we have communicated that we will not accept detriment	4
We are confident that we have clear processes for identifying and addressing detriment	3
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	3
We regular discuss speaking-up matters in detail	3
<p>Enter summarised evidence to support your score.</p> <p>We recognise we have gaps in our processes and awareness for detriment even though it is recorded in the FTSU policy, greater emphasis at TME and Divisional Board meetings required as an agenda item</p> <p>Our 4Ward improvement programme which we are currently rolling out is designed to create an open culture where all staff feel safe to speak up and ‘stop the production line’ if there are safety concerns.</p>	
<p>High-level actions needed to bring about improvement (focus on scores 1 ,2 and 3)</p>	
1 FTSU staff experience stories at TME, board to consider and implement ways in which the concerns can be publicly celebrated	
2 To add as standing agenda item to Divisional Board Meetings	

Statements for the person responsible for organisational development	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	5
We have included creating a speaking-up culture (separate from the Freedom to Speak Up guardian process) in our wider culture improvement plans	4
We have adapted our organisational culture so that it becomes a just and learning culture for our workers	4
We support our guardian(s) to make effective links with our staff networks	5
We use Freedom to Speak Up intelligence and data to influence our speaking-up culture	3
Enter summarised evidence to support your score.	
Staff experience focus group to triangulate data starting in the New year	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 We further develop the cultural heat map to include various sources of data including FTSU to drive out divisional culture plans	

Statements about how much time the guardian(s) has to carry out their role	Score 1–5 or yes/no
We have considered all relevant intelligence and data when making our decision about the amount of ring-fenced time our guardian(s) has, so that they are able to follow the National Guardian’s Office guidance and universal job description and to attend network events	5
We have reviewed the ring-fenced time our Guardian has in light of any significant events	5
The whole senior team or board has been in discussions about the amount of ring-fenced time needed for our guardian(s)	5

We are confident that we have appropriate financial investment in place for the speaking-up programme and for recruiting guardians	5
Enter summarised evidence to support your score. No further action	

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality.

Statements about your speaking-up policy	Score 1–5 or yes/no
Our organisation’s speaking-up policy reflects the 2022 update	3
We can evidence that our staff know how to find the speaking-up policy	4
Enter summarised evidence to support your score.	
Although policy contains detriment alignment with new national policy to be completed	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 Merge of local and National policy	

Statements about how speaking up is promoted	Score 1–5 or yes/no
We have used clear and effective communications to publicise our guardian(s)	5
We have an annual plan to raise the profile of Freedom to Speak Up	3
We tell positive stories about speaking up and the changes it can bring	3
We measure the effectiveness of our communications strategy for Freedom to Speak Up	2
Enter summarised evidence to support your score.	
Champion network communications, Trust Induction and also promote through 4ward advocate network	

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1 Communications and engagement plan for FTSU and embed FTSU within 4Ward programme

Principle 4: When someone speaks up, thank them, listen and follow up

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved.

Statements about training	Score 1–5 or yes/no*
We have mandated the National Guardian’s Office and Health Education England training	2
Freedom to Speak Up features in the corporate induction as well as local team-based inductions	3
Our HR and OD teams measure the impact of speaking-up training	2
Enter summarised evidence to support your score.	
FTSU on Trust induction	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 Speak Up, Listen Up and Follow Up to be mandated	
2 Review of the impact of the training	

Statements about support for managers within teams or directorates	Score 1–5 or yes/no
We support our managers to understand that speaking up is a valuable learning opportunity and not something to be feared	2
All managers and senior leaders have received training on Freedom to Speak Up	2
We have enabled managers to respond to speaking-up matters in a timely way	3
We are confident that our managers are learning from speaking up and adapting their environments to ensure a safe speaking-up culture	2
<p>Enter summarised evidence to support your score.</p> <p>Our 4Ward improvement programme which we are currently rolling out is designed to create an open culture where all staff feel safe to speak up and ‘stop the production line’ if there are safety concerns.</p>	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
1 Embedding into senior leaders job descriptions and PDR’s	
2 Training as above	

Principle 5: Use speaking up as an opportunity to learn and improve

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers.

Statements about triangulation	Score 1–5 or yes/no
We have supported our guardian(s) to effectively identify potential areas of concern and to follow up on them	4
We use triangulated data to inform our overall cultural and safety improvement programmes	4
<p>Enter summarised evidence to support your score.</p> <p>Heat map, Guardian effectively escalates when awareness of areas of concern</p>	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
<p>1. As above</p>	

Statements about learning for improvement	Score 1–5 or yes/no
We regularly identify good practice from others – for example, through self-assessment or gap analysis	2
We use this information to add to our Freedom to Speak Up improvement plan	2
We share the good practice we have generated both internally and externally to enable others to learn	2
<p>Enter summarised evidence to support your score.</p> <p>Gap analysis and self-assessment to be completed regularly already commenced</p>	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 Yearly reviews of self-assessment	
2 Develop a live action plan that is SMART and reviewed 6 monthly at Trust Management Executive	

Principle 6: Support guardians to fulfil their role in a way that meets workers’ needs and National Guardian’s Office requirements

Statements about how our guardian(s) was appointed	Score 1–5 or yes/no
Our guardian(s) was appointed in a fair and transparent way	5
Our guardian(s) has been trained and registered with the National Guardian Office	5
Enter summarised evidence to support your score.	

Statements about the way we support our guardian(s)	Score 1–5 or yes/no
Our guardian(s) has performance and development objectives in place	2
Our guardian(s) receives sufficient one-to-one support from the senior lead and other relevant executives or senior leaders	5
Our guardian(s) has access to a confidential source of emotional support or supervision	5
There is an effective plan in place to cover the guardian's absence	2
Our guardian(s) provides data quarterly to the National Guardian’s Office	5
Enter summarised evidence to support your score.	
Regular reports through to committee and board, regular one to ones, buddy in neighbouring trust	

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Review cover arrangements
2 Quarterly PDR conversations around guardian role

Statements about our speaking up process	Score 1–5 or yes/no
Our speaking-up case-handling procedures are documented	5
We have engaged with managers and other key stakeholders on the role they play in handling speaking-up cases	2
We are assured that confidentiality is maintained effectively	5
We ensure that speaking-up cases are progressed in a timely manner within the teams or directorates we are responsible for	2
We are confident that if people speak up within the teams or directorates we are responsible for, they will have a consistently positive experience	2

Enter summarised evidence to support your score.

FTSU portal,

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 Identify FTSU roles and responsibilities for managers making sure this is embedded
2 Ensure those who speak up are given the support and confidential anonymity they deserve. Do not treat any speak up incident as trouble making and ensure it is investigated fully, do not treat any speak up concern as trouble making.

Principle 7: Identify and tackle barriers to speaking up

However strong an organisation’s speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.

Statements about barriers	Score 1–5 or yes/no
We have identified the barriers that exist for people in our organisation	4
We know who isn’t speaking up and why	3
We are confident that our Freedom to Speak Up champions are clear on their role	5
We have evaluated the impact of actions taken to reduce barriers?	2
<p>Enter summarised evidence to support your score.</p> <p>We have the staff networks</p>	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
1 FTSU survey through 4ward advocates and champions	
2 Make sure we have an inclusivity champion, review diversity of FTSU champions	

Statements about detriment	Score 1–5 or yes/no
We have carried out work to understand what detriment for speaking up looks and feels like	3
We monitor whether workers feel they have suffered detriment after they have spoken up	4
We are confident that we have a robust process in place for looking into instances where a worker has felt they have suffered detriment	4
Our non-executive director for Freedom to Speak Up is involved in overseeing how allegations of detriment are reviewed	2
<p>Enter summarised evidence to support your score.</p> <p>Feedback form, will be sent automatically from portal</p>	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
1 Training for Non Executive Director on over-seeing detriment	
2 Create case study on basis of West Suffolk review	

Principle 8: Continually improve our speaking up culture

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Statements about your speaking-up strategy	Score 1–5 or yes/no
We can evidence that we have a comprehensive and up-to-date strategy to improve the speaking-up culture	4
We are confident that the Freedom to Speak Up improvement strategy fits with our organisation’s overall cultural improvement strategy and that it supports the delivery of related strategies	4
We routinely evaluate the Freedom To Speak Up strategy, using a range of qualitative and quantitative measures, and provide updates to our organisation	4
Our improvement plan is up to date and on track	3
Enter summarised evidence to support your score.	
4ward programme	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 Improvement plan to now be formulated into action plan	

Statements about evaluating speaking-up arrangements	Score 1–5 or yes/no
We have a plan in place to measure whether there is an improvement in how safe and confident people feel to speak up	3
Our plan follows a recognised ‘plan, do, study, act’ or other quality improvement approach	3
Our speaking-up arrangements have been evaluated within the last two years	3
Enter summarised evidence to support your score.	
NGO report, Trust Board reports, staff survey results	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 Undertake a review	

Statements about assurance	Score 1–5 or yes/no
We have supported our guardian(s) to structure their report in a way that provides us with the assurance we need	5
We have we evaluated the content of our guardian report against the suggestions in the guide	5
Our guardian(s) provides us with a report in person at least twice a year	5
We receive a variety of assurance that relates to speaking up	4
We seek and receive assurance from the relevant executives/senior leaders that speaking up results in learning and improvement	3
Enter summarised evidence to support your score.	

Board reports

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1 Strengthen lessons learned in future reports

Stage 2: Summarise your high-level development actions for the next 6 – 24 months

Development areas to address in the next 6–12 months	Target date	Action owner
1 Merge of National policy with local policy including detriment and disadvantageous treatment	March 23	Melanie Stinton
2 Self-assessment and Gap analysis to be shared with Trust Management Executive	March 23	Melanie Stinton/Tina Ricketts
3 Board Development session incorporating Follow Up training	June 23	Melanie Stinton/Tina Ricketts
4 FTSU training to be mandated for all staff	December 23	Melanie Stinton/Tina Ricketts
5 Review and implement cover to avoid any GAPS in FTSU service	March 23	Melanie Stinton/Tina Ricketts
6 Roll out of staff experience group and cultural heat map	June 23	Melanie Stinton
7 Engage with NED and insure up to date and informed	March 23	Melanie Stinton/Anita Day

Development areas to address in the next 12–24 months	Target date	Action owner
1 Review of comms strategy	Jan 24	Melanie Stinton/Comms Team
2 Yearly self-assessment review	Feb 24	Melanie Stinton/Tina Ricketts
3 FTSU survey through 4ward advocates and champions	Feb 24	Melanie Stinton

Stage 3: Summary of areas of strength to share and promote

High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	Target date	Action owner
1 FTSU appointed through a fair process and has ring fenced time		
2 Guardian aware of triangulation of data and escalation		

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Nurse staffing report – March 2023 (February 2023 Data)

For approval:		For discussion:		For assurance:	X	To note:	X
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Accountable Director	Jackie Edwards, Chief Nursing Officer.		
Presented by	Sue Smith Deputy Chief Nurse	Author /s	Clare Alexander Lead for N&M workforce

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	19 April 2023	Noted

Recommendations	<p>Trust Board are asked for assurance and to note:</p> <ul style="list-style-type: none"> ➤ Neonatal Unit was deemed safely staffed to BAPM. ➤ Paediatrics, although staffing did not meet the RCN safe staffing recommendations for nurse to patient ratios due to fluctuating acuity and dependency, professional judgement was applied and all shifts were declared safe across the children's ward. ➤ Staffing on adult areas was also safe throughout March 2023. ➤ Further RCN, WMAS and Unison strike days have currently been paused pending ongoing negotiations with the government. ➤ Acuity and dependency winter studies and establishment reviews for all inpatient areas have been undertaken with the CNO Jackie Edwards and it is expected that these will be completed by the end of April. Actions from these meetings will be logged and taken forwards accordingly. ➤ A further Acuity and Dependency (summer) review is scheduled for mid-June – mid-July to ensure compliance with national standards.
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Executive summary	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during March 2023 with numerical data presented for February 2023. Key headlines are:</p> <ul style="list-style-type: none"> • NHSP - Overall demand in February has risen by 7.5% versus last year but has fallen by 4.4% from previous month. The year on year increase reflects the increased bed base compared to this time last year, whilst the month on month reduction in bank and agency mirrors the improved vacancy and sickness %. Demand
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for all nursing codes has fallen in February. Total bank filled hours have dropped marginally versus last year (200 hours) and last month (-1k hours). Total WTE demand has decreased by 30 since January. Overall lead time has increase again and now sits at 39 days and this will remain a focus for DDN's. Overall cost has decreased by £200k, Bank and agency costs have also fallen against January. Total unfilled hours have fallen again for a second consecutive month and are -3.5k lower than this time last year although PA usage for HCA's has increased this month. Overall PA requests have fallen by an average of 77 per week compared with January due to ongoing governance process.

- In March there were 36 insignificant or minor incidents reported with no moderate or significant harms reported related to nursing staffing. These were largely related to near misses due to staff absence rather than patient harm.
- There has been continued focus on the recruitment of HCSW since November, resulting in us having a number of HCSW successful applicants in the pipeline. There has been a notable increase in applications with 58 job offers made since the beginning of January with 19 staff currently awaiting a start date.

➤

	Posts offered	Commenced in post
November	15.72	12.87
December	16	14.17
January	15	6.61
February	25	16
March	18	15.82

- The vacancy factor (February data): RN 163 at 8.14%, down from 176 in November (the model hospital data has reduced further to 10% as of Jan 2023). HCA 138 at 13.9% (model hospital level of 10.9%). Priority areas for recruitment are HCA, the highest number of HCA vacancies are within SCSD at 32 WTE but an improvement of 25% is noted over the last quarter in this division.
- Triangulation of data shows there some variance in the bank and agency usage:
 - RN total absence due to vacancy, sickness and maternity = 354 WTE (372 previous month) versus bank agency use of 306.54 WTE (316 previous month).
 - HCSW total absence due to vacancy, sickness and maternity = 264 WTE (288 previous month) versus bank / agency usage of 220 WE (227 previous month).
- There is a continued focus and commitment to supporting staff's health wellbeing with many different initiatives being highlighted by the communications team (e.g. Worcestershire weekly)

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	<ul style="list-style-type: none"> ➤ Acuity and dependency study was completed on the 21st December – this was the second review period in the calendar year and this will inform budget setting and establishments for 23/24. Data from this has been analysed and individual ward reports prepared. Establishment meeting with the CNO (CFO also in attendance) have already been held with Specialist Medicine, SCSD and urgent care ad remaining reviews with Surgery and Women’s and Children’s Divisions are planned and will be completed by the end of April. ➤ It has been agreed that a further acuity and dependency review will take place for inpatient areas across the trust from mid-June – mid July. This will be preceded by further straining on the safer care in May 2023 for all areas to improve compliance and accuracy. ➤ The Trust have committed to supporting the Registered Nurse degree apprenticeship (RNDA) at University of Worcester commencing in September alongside the same course at University of Birmingham. This will allow access to the full 4 year degree course as well as an 18 month (full time) or 2 year (part-time) step on option for staff who have already achieved their registered nurse associate qualification.
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Risk										
Which key red risks does this report address?		What BAF risk does this report address?	<i>BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.</i> <i>BAF risk 22 There is a risk that services will be disrupted by staff shortages due t possible industrial action by the NHS trade Unions resulting in delay to patient care and poor patient experience.</i>							
Assurance Level (x)	0	1	2	3	4	5	6	x	7	N/A
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N						N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N							
If no has the action plan been revised/ enhanced	Y	x	N							
Timescales to achieve next level of assurance										
Introduction/Background										
Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for January 2023										

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This assessment is in line with Health and Social care regulations:
 Regulation 12: Safe Care and treatment
 Regulation 17: Good Governance
 Regulation 18: Safe Staffing

Issues & options

Harms

There were 36 incident related to staffing. All of these were rated as minor or insignificant patient harms in February over a variety of ward areas. No hot spot areas, with no patient related risks reported.

Safe Staffing

Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)
"This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which are filled". National rates are aimed at 95% across day and night RN and HCA fill
 Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where staff were able to do so.

Current Trust Position February 23 data			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	This month has seen HCA fill on days remain stable following a 4% increase last month remaining at 94% and a further 2% reduction on nights (7% reduction over last 2 months). HCA fill on nights remains slightly above template at 103%. This is prompted by specialing and change in templates.	6
RN	97%	100%		
HCA	94%	103%		

DATA for February 2023

Vacancy trust target is 7%

There is ongoing recruitment to reduce RN vacancies via the domestic and international pipelines. Rolling adverts for specialities have been ongoing. Co-ordinated adverts for speciality HCA recruitment to prevent duplication and promote efficient recruitment is in process. Further International RN recruitment has taken place in the Philippines in 2023 with areas targeted depending on vacancy and skill set needed.

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Current Trust Position WTE February data	Previous month January 2023	Model Hospital data June 2022 Benchmarking	Current level of Assurance
RN 163 WTE 8.14% HCA 138 WTE 13.9%	RN 167 WTE 8.32% HCA 133 WTE 13.35%	RN 11.2% HCA 11.7%	5

Staffing of the wards to provide safe staffing has been mitigated by the use of:

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers have led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.
- Urgent Care is continuing to carry the majority of the RN vacancies. (59.24 WTE from 62 last month) whilst SCSD are the focus of the HCA vacancies at 32 WTE (33 last month) (reduced from 42 in December 22).
- Work is underway by Theatres and Radiology in relation to targeted recruitment and rolling adverts.

International nurse (IN) recruitment pipeline

Recruitment is in progress and ongoing month on month. This will total 135 nurses for this financial year with additional financial support from NHSEI. A further bid has been successful for 60 nurses with an internal business case supporting up to a further 140 nurses in this financial year of which we have agreed a contract to recruit from the Philippines. A team of 4 senior nurses visited the Philippines at the end of February 2023. Campaign numbers were 102 total interviews with 87 jobs being offered in that week. These are broken down into, general nurses 44, A&E 23, Theatres and anaesthetics 20. Whilst this was a positive week the total numbers of nurses offered did not meet our targets and in light of this we have agreed with our partner agency to interview a further 6 registered nurses each month with the standard that all candidates will already have their IELTS so speeding up the recruitment and on boarding process.

Domestic nursing pipeline

With the commencement of the 'grow our own' campaign through the Best People programme, December 2022 has seen further applicants from Newly registered nurses expected to come into post in Summer / Autumn 23 with 42 jobs being offered from November 2022 to March 2023 and a further 9 RNs being interviewed on April 19th 2023 via the generic advert.

The Trust took part in the next ICB event on 8th March in Hereford and received good divisional representation. Unfortunately, foot fall through the event was relatively low due to snow on the day and the RCN also running an event in Birmingham on the same day. We did however make contact with 2 anaesthetic nurses from South Africa and SCSD are currently looking at ways to bring these staff in, to support expansions. The Trust will also be involved in the RCN recruitment fair in June 2023 in Bristol as part of the ICS recruitment programme.

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A piece of work is underway with the Radiology department to look at the HCA vacancy. Following a further targeted advert, interviews took place on the 15th and 16th of March 2023 and 10.24 WTE post were offered and accepted). A further rolling advert will go out to maintain momentum.

Identified from the safer staffing daily meeting and the use of bank / agency and Thornbury – Riverbank ward was selected for targeted recruitment support and vacancy management, this has been successful and based on current job offers they will be over recruited for Band 5's in September 2023.

In March 2023, a total of 18 offers were made for HCA posts at AGH and WRH and April 2023 will see further sets of HCA interviews with 28 candidates shortlisted for HCA and a further preceptorship with 9 candidates. This job advert is being utilised to filter applications from current trained nurses looking to relocate / apply to WAHT from outside trusts as it allows their recruitment to be fast tracked by using an existing advert.

In order to further support the on-boarding and retention of new HCSW the Professional Development Team are amending their induction plan for HCSWs to offer the Care certificate directly following Trust induction. This is to support new HCSW colleagues in their role and promote retention. Pastoral support is in place specifically for HCSW from the professional development team (funded by HEE) until May / June 2023. An audit of the effectiveness of these posts has been undertaken and an SBAR document produced. The learning and development team are actively working towards an automated booking arrangement for new in post HCSWs which is anticipated will be on line at the beginning of May 2023. In the interim a 'joiners / leavers' report is being utilised to identify new starters and ensure robust on-boarding strategies are in place

Bank and Agency Usage
February 2023 data

Trust target is 7%

Current Trust Position WTE	Previous Month January 23	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 307 WTE 15%	RN 316 WTE 15%	RN 6.4%	5
HCA 220 WTE 22%	HCA 227 WTE 22%	HCA Not available	

Sickness
February 2023 data

The Trust Target for Sickness is 4%, February monthly sickness has fallen again this month by 0.42% to 5.53% (Trust wide). Nursing combined has fallen to 7.3% from 8% combined last month.

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Absences due to cough. Cold and flu and COVID absences have all dropped. Long term sickness trust wide is noted to have increased by 0.35% on last month and will be a focus of NWAG in the coming months.

Current Trust Position	Previous Month January 23	Model Hospital data September 2022 Benchmarking	Current Level of Assurance
RN 112 WTE 5.6% HCA 90 WTE 9.0 %	RN 126 WTE 6.6% HCA 120 WTE 9.4%	RN 6.1% HCA 8.1%	5

Turnover
February 2023 data

Trust target for turnover 11%.
 Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy.
 Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment and to have a pool of ready to start HCAs as vacancies arise.

Current Trust Position February 23 data	Previous Month January 23	Model Hospital data September 2022 Benchmarking	Current Level of Assurance
RN Turnover 11.15 % HCA Turnover 16.45%	RN Turnover 11.29 % HCA Turnover 17.29%	RN Turnover 13.8% HCA Turnover 21%	5

Recommendations

Trust Board are asked to note:

- Neonatal Unit was deemed safely staffed to BAPM.
- Paediatrics, although staffing did not meet the RCN safe staffing recommendations for nurse to patient ratios due to fluctuating acuity and dependency, professional judgement was applied and all shifts were declared safe across the children's ward.
- Staffing on adult areas was also safe throughout March 2023.
- Further RCN, WMAS and Unison strike days have currently been paused pending ongoing negotiations with the government.
- Establishment reviews for all inpatient areas have been undertaken with the CNO Jackie Edwards and it is expected that these will be completed by the end of April. Actions from these meetings will be logged and taken forwards accordingly.
- A further Acuity and Dependency review is scheduled for mid-June – mid-July to ensure compliance with national standards.

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Midwifery Safe Staffing Report March 2023

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Jackie Edwards, Interim Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	Author /s	Justine Jeffery, Director of Midwifery

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	April 2023	
TME	19 April 2023	Noted

Recommendations	Trust Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in March 2023. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tools • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence and turnover rates • Recruitment/Vacancy Rate • Monthly report to Board <p>There were 410 births in March. The escalation policy was enacted to reallocate staff internally as required. The continuity teams were required to support the inpatient team in for one 24-hour period in month. Minimum safe staffing levels were maintained on all shifts in March.</p> <p>The supernumerary status of the shift leader and 1:1 care in labour was achieved in month. There were four staffing and seven medications no harm incidents reported on Datix.</p>
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	<p>Sickness absence rates are at 6.14%. The directorate continue to work with the HR team to manage sickness absence timely to maintain our current position.</p> <p>The rolling turnover rate is 11.15%. The current vacancy rate is 10%. This increase is due to an increase in establishment of both clinical and non-clinical roles. Three WTE midwives started in March with a further 5 WTE expected in April 2023.</p> <p>The suggested level of assurance for March is 6. This level assurance is recommended because sickness absence and turnover rates have reduced/sustained reduction. The vacancy rate will reduce further in March.</p>
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Risk										
Which key red risks does this report address?	<p>What BAF risk does this report address?</p> <p><i>9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting poor patient and staff experience and permit staffing costs.</i></p>									
Assurance Level (x)	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%; background-color: red;">0</td> <td style="width: 12.5%; background-color: red;">1</td> <td style="width: 12.5%; background-color: red;">2</td> <td style="width: 12.5%; background-color: yellow;">3</td> <td style="width: 12.5%; background-color: yellow;">4</td> <td style="width: 12.5%; background-color: yellow;">5</td> <td style="width: 12.5%; background-color: green;">6</td> <td style="width: 12.5%; background-color: blue;">x 7</td> <td style="width: 12.5%; background-color: grey;">N/A</td> </tr> </table>	0	1	2	3	4	5	6	x 7	N/A
0	1	2	3	4	5	6	x 7	N/A		
Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Y</td> <td style="width: 25%;">x</td> <td style="width: 25%;">N</td> <td style="width: 25%;">N/A</td> </tr> </table>	Y	x	N	N/A					
Y	x	N	N/A							
Are the actions identified starting to or are delivering the desired outcomes?	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Y</td> <td style="width: 25%;">x</td> <td style="width: 25%;">N</td> <td style="width: 25%;">N/A</td> </tr> </table>	Y	x	N	N/A					
Y	x	N	N/A							
If no has the action plan been revised/ enhanced	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Y</td> <td style="width: 25%;">x</td> <td style="width: 25%;">N</td> <td style="width: 25%;">N/A</td> </tr> </table>	Y	x	N	N/A					
Y	x	N	N/A							
Timescales to achieve next level of assurance	October 2023									

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Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored to provide assurance.

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 ‘Safe Midwifery Staffing for Maternity Settings’
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly ‘desktop’ audits.

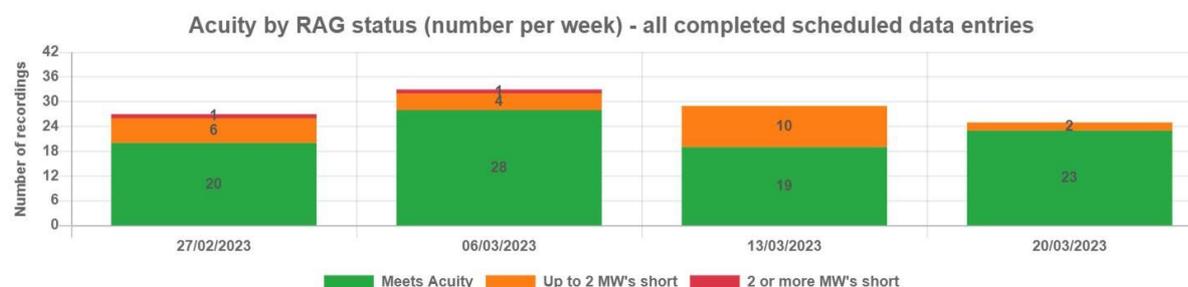
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 70% of the expected intervals. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in March.

From the information available the acuity was met in 79% of the time and recorded at 21% when the acuity was not met prior to any actions taken.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n= 13 occasions) of when staff are reallocated from other areas of the inpatient service. The continuity of carer teams was escalated into the inpatient areas during March. It is

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also noted that there are two reports of staff not being able to take breaks and no reports of staff staying beyond their shift time.

Number & % of Management Actions Taken

From 01/03/2023 to 31/03/2023

MA	Description	Count	Percentage
MA1	Redeploy staff internally	13	87%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	2	13%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on-call midwife	0	0%
MA10	Escalate to Manager on call	0	0%
MA11	Maternity Unit on Divert	0	0%

Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'

All of the NICE recommended red flags can be reported within the acuity app and are presented below. The labour ward coordinator was supernumerary and 1:1 care was provided 100% of the time. There were two delays in care reported.

Number & % of Red Flags Recorded

From 01/03/2023 to 31/03/2023

RF	Description	Count	Percentage
RF1	Delayed or cancelled time critical activity	1	50%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	1	50%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	0	0%

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Antenatal & Postnatal Wards

The inpatient areas have not met the required completion level for inclusion in this report; local support continues to improve performance further to ensure that data can be included in this report.

Staffing incidents

There were two staffing incidents reported in March via Datix and no harm was recorded. The following incidents were reported:

1. MCoC – no cover (2)
2. Midwife moved to DS from AN ward to meet acuity
3. Recruitment delay

It is noted that any reduction in available staff results in increased stress and anxiety for the team. Staff drop in events have continued throughout March to offer support to staff and to update staff on current challenges in maternity services. Attendance remains low and it is reported that this is due to improved working conditions.

Medication Incidents

There were eight medication incidents in March:

- Missed dose IVAB (Mum)
- Missed dose of IVAB (baby) (2)
- Incorrect dose of IVAB (baby)
- Medication given via wrong route – given IM and usually given IV
- Clexane TTOs not given prior to discharge-returned for administration
- Incorrect disposal of epidural bag containing CD

Monitoring the midwife to birth ratio

The ratio in March was 1:23 (in post) and 1:21 (funded) due to a small in-month reduction in births. The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. No additional huddles were held during March.

Bed meetings are held three times per day and are attended by the Directorate teams. Information from the SitRep is discussed at this meeting.

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Unify Data

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service. The rates reported demonstrate an improvement in fill rates for registered midwives however there is a reduction in maternity support workers fill rates due to sickness, maternity leave and vacancies. MSW recruitment is planned for April 2023.

	Day RM %	Day MCA/MSW %	Night RM %	Night MCA/MSW %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	66%	n/a	100%	n/a
Antenatal Ward	87%	91%	67%	62%
Delivery Suite	94%	63%	98%	84%
Postnatal Ward	98%	61%	97%	66%
Meadow Birth Centre	78%	52%	92%	19%

Maternity SitRep

The maternity SitRep continues to be completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. Maternity staffing is also discussed at the Chief Operating Officers daily meeting.

The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional sitrep was launched in February 2023. A new internal sitrep will be available in May to reflect the regional tool.

COVID SitRep/Huddle (re-introduced during COVID 19 Wave 2)

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. The meetings are now held weekly as part of the QRSM agenda. The national COVID SitRep continues to be completed as requested.

Vacancy

There are 22 unfilled clinical midwifery posts and 5 unfilled leaderships, governance and specialist roles – vacancy rate of 10%. Eight of these posts are due to an uplift in establishment (Ockenden funding) to enable staff to be released for role specific training. The vacant non-clinical posts were also funded by NHSE to strengthen the leadership and governance provision (Ockenden recommendation) within the directorate.

Three midwives arrived in March with a further 5 WTE with start dates in April 2023.



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A successful recruitment event took place in February and following interviews in March 24 WTE midwives have been offered posts to commence in September 2023.

Further work continues with international recruitment with the aim to employ 6 WTE midwives by Dec 2023. No further update available in month.

Sickness

Sickness absence rates were reported at 6.14% in month.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Daily walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Health and wellbeing work stream actions

Turnover

The rolling turnover rate is at 11.15%. It is anticipated that the retention midwife will be in post in May to work with the team and introduced a number of initiatives to improve retention.

Risk Register –staffing

Risk ID	Narrative	Risk Rating
4208	If maternity safe staffing levels are not maintained this may impact on safety and outcomes for mothers and babies	5

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting three times per day
- Agency staff block booked to support until May 2023.
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Further training and oversight by ward managers to improve completion rates of the acuity app agreed.
- Progressing IR following recruitment.
- Recruitment event
- Monthly ‘drop - in’ sessions led by the DoM continued in month.

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<ul style="list-style-type: none"> Safety Champion walkabouts
<p>Conclusion</p> <p>There was an increase in the % of time that acuity was met on delivery suite without the need for mitigation. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 13 occasions to maintain safety.</p> <p>Agency midwives continue to provided additional support however safe staffing levels were maintained without deployment of non- clinical/specialist midwives. The continuity of carer midwives was required to support the inpatient team on one occasion in month to reduce delays in the IOL pathway.</p> <p>Red flags were reported via the acuity app; the supernumerary status of the shift leader was maintained and 1:1 care in labour was also achieved.</p> <p>Sickness absence rates reported at 6.14%; ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.</p> <p>The rolling turnover rate is at 11.15% and the vacancy rate is now 10%. Three WTE midwives arrived in quarter one with a further 5 WTE expected in April 2023. Following a successful recruitment event 24 WTE midwives were offered posts and it is expected that they will commence in post in September/October 2023.</p> <p>Any reduction in available staff on duty will impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.</p> <p>The suggested level of assurance for March is 6. This level of assurance is recommended because sickness absence, vacancy and turnover rates continue to reduce.</p>
<p>Recommendations</p> <p>Trust Board is asked to note the content of this report for information and assurance</p>

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Terms of Reference

For approval:	X	For discussion:		For assurance:		To note:	
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Accountable Director	Rebecca O'Connor/Tina Ricketts		
Presented by	Anita Day, Committee Chair	Author /s	Rebecca O'Connor, Director of Corporate Governance

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	X	Best use of resources	x	Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome
Remuneration Committee	3 April 2023	Approved

Recommendations	Trust Board asked approve the updated draft Terms of Reference.
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Executive summary	<p>The Trust is completing its annual review of Committee terms of reference (TOR).</p> <p>The following changes are proposed to the Remuneration Committee Terms of Reference:</p> <ul style="list-style-type: none"> • Updates to job titles and membership • Minor housekeeping throughout • Inclusion of responsibility for the appointment of Associate Non-Executive Directors • Update to membership to include all Non-Executive directors, however there is no change to quorum as exclusions may be required to manage conflicts of interest
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Risk										
Which key red risks does this report address?	n/a			What BAF risk does this report address?	9 and 15					
Assurance Level (x)	0	1	2	3	4	5	6	X 7	N/A	
Financial Risk	None directly arising from this report									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N						N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y		N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance										

Terms of Reference

REMUNERATION COMMITTEE

Version: 2.3

Terms of Reference approved by: Remuneration Committee/Trust board

Date approved: September 2017/November 2017/September 2018/November 2018/March 2020/April 2021/March 2023

Author: Director of Corporate Governance

Responsible directorate: Executive

Review date: March 2024

TERMS OF REFERENCE

1 Authority

The Remuneration Committee (“the Committee”) is constituted as a standing committee of Trust Board. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings.

The Committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the committee.

The Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

2 Purpose

To be responsible for overseeing and ratifying the appointment of candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service.

When appointing the Chief Executive, the Committee shall be the committee described in Schedule 7, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other executive directors the committee shall be the committee described in Schedule 7, 17(4) of the Act.

3 Terms of Reference

3.1 Appointments role

The Committee will:

- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate, and make recommendations to the board, with regard to any changes.
- Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.
- Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively.
- Be responsible for overseeing and ratifying the appointment of candidates to fill posts within its remit as and when they arise.
- Be responsible for the ratifying the appointment of Associate Non- Executive Directors
- When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment. In identifying suitable candidates the committee shall use open

advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

- Ensure that a proposed Executive Director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the board as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Consider any matter relating to the continuation in office of any Board executive director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.

3.2 Remuneration role

The Committee will:

- Refer to the Very Senior Manager Pay Framework when setting the remuneration of executive board directors and senior managers engaged on Very Senior Manager terms and conditions of employment.
- Consult the Chief Executive about proposals relating to the remuneration of the other Executive Directors.
- In accordance with all relevant laws, regulations and policies, decide and keep under review the terms and conditions of office of the trust's executive directors and senior managers on Very Senior Manager terms and conditions, including:
 - Salary, including any performance-related pay or bonus;
 - Annual salary increase
 - Provisions for other benefits, including pensions and cars;
 - Allowances;
 - Payable expenses;
 - Compensation payments.
- In adhering to all relevant laws, regulations and trust policies:
 - establish levels of remuneration which are sufficient to attract, retain and motivate all staff covered by these terms of reference with the quality, skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
 - use national guidance and market benchmarking analysis in the annual determination of remuneration of executive directors, while ensuring that increases are not made where Trust or individual performance do not justify them;
 - be sensitive to pay and employment conditions elsewhere in the Trust.
- Ensure the annual performance review of Board Directors is undertaken and evaluate on an exceptional basis the performance of Board Directors on the advice of the Chief Executive/Chair. This will include consideration of this output when reviewing changes to remuneration levels.
- Advise upon and oversee contractual arrangements for Executive Directors, including but not limited to termination payments to avoid rewarding poor performance.
- Receive and approve an annual report on the allocation of Clinical Excellent Awards.
- Receive and approve any recruitment and retention payments that are outside of national pay frameworks or Trust policy.

4 **Membership**

The membership of the committee shall consist of:

- *Trust Chair*;
 - *All non-executive directors*;
- and in addition, when appointing executive directors other than the Chief Executive
- the Chief Executive

The Trust Chair shall chair the Committee.

The Director of People and Culture and Director of Corporate Governance will be in attendance when required.

5 **Quorum**

Two members must be present, of which at least one must be the Chair and one must be a substantive Non-Executive Director.

5 **Frequency of meetings**

Meetings shall be called as required, but at least once in each financial year.

6 **Attendance**

Committee members are expected to attend all meetings,

7 **Record of Business**

Formal minutes shall be taken of all committee meetings.

The Committee will report to the Board after each meeting.

The Committee shall receive and agree a description of the work of the committee, its policies and all Executive Director emoluments in order that these are accurately reported in the required format in the Trust's annual report and accounts.

The Director of Corporate Governance is responsible for the administration of the Committee.

8 **Performance evaluation**

As part of the Board's annual performance review process, the Committee shall review its collective performance

9 **Review Period**

Terms of reference will be reviewed annually.