

# WORKFORCE COMPOSITION IN NUMBERS

April 2023



Employees  
**7033**



BAME employees  
**21%**



Part-time workers  
**44%**



Female  
**82%**



Registered nurses  
**2,055 (29%)**



Registered midwives  
**255 (4%)**



HCAs, helpers and assistants  
**1374 (20%)**



Doctors  
**790 (11%)**



Other clinical and scientific staff  
**856 (12%)**



Over age 55  
**19%**



30 years and under  
**20%**



Staff with less than 2 years service  
**29%**



Staff with 20 years service or over  
**11%**

## Committee Assurance Reports

May / June 2023  
Meetings

Trust Board  
8<sup>th</sup> June 2023

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## Finance & Performance Committee Assurance Report - 31 May 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
<b>Assurance:</b> 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

### Executive Summary

The Committee met virtually on 31 May 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
Othicon Hearing Aids CAG	Delegated limits	To approve the CAG

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Annual Plan Priorities	Level 4	Maintained	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 3	Decreased	7
Strategic Programme Board Update	Not reported		8, 21
Land Sales Update	Level 2	Maintained	8
PEP & Transformation Delivery Board Update	Level 3	N/A	7
IT Services Contract	Level 5	N/A	13, 16
Othicon Hearing Aids CAG	Level 6	N/A	3
Radiology Insourcing CAG	Level 4	N/A	4
Board Assurance Framework	Level 5	N/A	7, 8, 13, 16, 18, 19, 20

## Finance & Performance Committee Assurance Report - 31 May 2023

### Executive Summary

The Committee met virtually on 31 May 2023 and the following key points were raised :

Item	Discussion
<b>Updates from external meetings</b>	A number of meetings held related to the future strategic direction. Tier 1 meetings continued to held in relation to elective recovery and cancer recovery. A Tier 2 urgent & emergency care response was being concluded.
<b>Annual Plan Priorities</b>	Committee were asked to note that the Annual Plan had been resubmitted to NHSE on 4 <sup>th</sup> May following approval by Trust Board and that a CEO-led Transformation Delivery Board will meet monthly to ensure collective ownership and oversight of the PEPs and elective activity / income plan in particular.
<b>Land sales proposal</b>	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. The risk profile was approved.
<b>Integrated Performance Report</b>	Diagnostics had achieved against plan and was benchmarking well. Urology remains challenged. An improved position of 2 week waits was reported. 78 week performance remains in Tier 1 but interventions were being put in place and forecasts were improving. Follow ups were behind activity plan and coding issues were being reviewed by the BI team. 1800 outpatient appointments were lost during April due to industrial action in addition to 100 day cases and 14 inpatient elective cases. Norovirus and COVID had impacted bed availability and flow and discharges during April. Patient flow remains challenged with an increase in 12 hour breaches and an increase in length of stay. A slight improvement had been seen with ambulance handover delays.
<b>Chief Finance Officer Report: Month 1</b>	The Trust was £0.8m adverse to plan on pay. Key driver was cost of covering industrial action, vacancies and capacity needs. PEP in month 1 was £82k down against plan. A new approach to reporting unit costs was discussed and a separate session agreed to understand further.
<b>PEP &amp; TDB Update</b>	A Transformation Delivery Board had been established to gain weekly oversight and assurance on delivery of key components of the plan, namely PEP and Elective activity / income. The ToRs were reviewed. A short term Transformation Delivery Group of senior leaders from across clinical, operational and corporate disciplines have stepped out of their day jobs for an initial period of 4-6 weeks to ensure that sustainable systems and processes are set up to assure TDB on ownership and delivery of the plan by those who do the work. PRMs would continue to provide oversight and scrutiny at Divisional level. PEP challenges were reviewed and discussed.
<b>IT Services Contract</b>	A discussion was held regarding the existing service contract and it was agreed that a business case would be presented at the next meeting.
<b>SPB Report</b>	The capital challenge was highlighted and capital brokerage support would be discussed with the region.
<b>Othicon Hearing Aids CAG</b>	Recommended for approval.
<b>Radiology Insourcing CAG</b>	Recommended for approval.
<b>Board Assurance Framework</b>	Assurance level remains as 5. No risk scores or levels of assurance have changed.
<b>Review of Committee Effectiveness</b>	The work plan had been adjusted following feedback and would be aligned with PEP governance arrangements. Focus areas were reviewed and agreed.
<b>AOB</b>	The 5 Year Forward Plan draft would be uploaded for members to review prior to submission to Public Trust Board.

## Quality Governance Committee Assurance Report – 1 June 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
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		<b>QGC BAF Risks</b>
		2, 3, 4, 11, 17, 18, 19, 20

### Executive Summary

The Committee met virtually on 1 June 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
Terms of Reference	For approval	Recommended for approval

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
MBRRACE Report	Level 6	N/A	4, 8
PLACE Assessment	Level 4	N/A	4
CQUINS 2023/24	Level 5	N/A	4
Quality Account	Level 5	N/A	4
Clinical Governance Structure	Not reported	N/A	4
TIPCC Q4	Level 4	N/A	3
Patient Safety Alerts Q4	Level 4	N/A	4
Medical Devices Q4	Level 4	N/A	4
Harm Free (Safer Care) Q4	Level 6	N/A	4
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Blood Transfusions Q4	Level 4	N/A	4

Item	Level of Assurance	Change	BAF Risk
Good Governance Institute Report re Well Led	Level 4	N/A	4, 11
Research & Development Q3 & Q4	Level 5	N/A	4
Quality Assurance Visits	Level 5	N/A	4
Terms of Reference	Level 6	N/A	N/A
Board Assurance Framework	Level 5	N/A	2, 3, 4, 11, 17, 18, 19, 20
CGG Report	Not reported	N/A	

## Quality Governance Committee Assurance Report – 1 June 2023

### Executive Summary

The Committee met virtually on 1 June 2023 and the following key points were raised:

Item	Discussion
CNO/CMO escalations	<p><b>Capacity:</b> Capacity issues were reported across the Trust with the high number of patients in ED, corridors and boarding. Bank holiday weekends had resulted in increased attendance and other Trusts were reporting a similar position with high acuity of patients.</p> <p><b>Junior doctors IA</b> – A further strike was taking place 14-16 June. Daily planning was underway with divisions. The risk assessments from the previous Junior Doctors industrial action remained in place.</p> <p><b>Cath Labs</b> – It was reported that both Cath Labs were out of action and patients could not be accepted for PPCI or planned cardiac interventions. A divert to the QE was in place. It was known for some time that the Cath Labs were nearing end of life and is included on the risk register. It was anticipated that the repair would be successful.</p> <p><b>Dermatology</b> – Difficulties providing the dermatology service were reported due to a number of recent resignations. Mutual aid was being sought with Wye Valley.</p> <p><b>Most Appropriate Agency Policy</b> – The Trust had been made aware of a new policy issued by West Mercia Police which came in to effect from 1 April 2023 whereby police will no longer respond to emergencies outside of their statutory duty. The policy would have an impact upon patient absconders, mental health services, primary care and community services. The policy would be raised as a system escalation.</p> <p><b>Audiology</b> – A verbal escalation was reported in February regarding an incident relating to ABR testing. The report was presented which outlined that 17 children had been identified with hearing loss and it was confirmed they have had appropriate further investigation and management. An audit was continuing with the support of NHSE and a regional Scientific Advisor. The service was paused temporarily whilst advanced specialist training was undertaken. A further report would be provided in 6 months time.</p>
Maternity Safety Report	<p>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. Still birth and neonatal death were noted. No moderate harm or above was reported. All staffing KPIs had been met and 21 new recruits will join in Sept/Oct. Open access for birth partners has been co-produced with the Maternity Voices Partnership and launches this week. Mandatory training and PDRs are not sufficient but are increasing. CNST confirmed that the Trust would receive funds, but the final value had not been confirmed. There had been an increase in complaints but the trend had not continued in to May. The themes related to behaviour and communication.</p>
MBRRACE Report	<p>Steps were being taken to ensure that learning is taken and embedded. A summary of actions taken was provided. The 2021 report had been received and would be presented to July Committee.</p>

## Quality Governance Committee Assurance Report – 1 June 2023

Item	Discussion
<b>PLACE Assessment</b>	A final submission was made in March under the new standards. All inspections were unannounced and therefore there was no additional input which provided a true reflection. The Trust scored lower than average, though feedback received reported good processes were in place. The action plan was noted and the outcomes would be published on the website.
<b>CQUINS 2023/24</b>	CQUINS for the year were approved and there would be payments up to £4.3m if they are achieved. The money formed part of the baseline budget.
<b>Quality Account</b>	The Quality Account was reviewed which included the priorities for next year and had been created with the engagement of divisions. Approval would be sought from Trust Board prior to the final submission on 30 <sup>th</sup> June and publication to the website.
<b>Clinical Governance Structure</b>	A review of quality meetings had taken place and it was found that there was a lot of repetition, duplication and meetings that were no longer required to provide additional scrutiny. A monthly quality day had been created to replace a number of other meetings and would provide a singular report.
<b>TIPCC Q4</b>	There had been a number of covid and norovirus outbreaks reported which were now decreasing. An extensive action plan was in place for c.diff. Air quality work was underway with a view to introducing air filtration units. Screening advice for covid patients issued on 1 April would be introduced.
<b>Patient Safety Alerts Q4</b>	Overall, there appeared to be a positive patient safety reporting culture. Serious Incidents in Q4 were reported within national timescales. No never events were reported in Q4. There had been an increase in complaints, relating largely to delays within surgery. Additional support had been put in place to complete investigations and respond to complaints.
<b>Medical Devices Q4</b>	The report was noted. Work was underway to ensure that staff are appropriately trained in the use of medical devices.
<b>Harm Free Q4</b>	The report focused on pressure ulcers, hydration and nutrition, dementia and falls.
<b>Blood Transfusions Q4</b>	Reported incidents related largely to no harm or near misses. The number of incidents were likely to decrease with the implementation of the blood tracker which is being rolled out.
<b>Integrated Performance Report</b>	<p>Elective recovery – There was a forecasted position of 79 patients waiting over 78 weeks at the end of June. All patients had appointment dates. In relation to 65 weeks, the number had reduced to 31000. The key area of focus was to ensure that all patients had an outpatient appointment booked before the end of November.</p> <p>Cancer – Urology remained challenged with 161 backlog patients. There were issues reported with capacity in biopsies and surgery. Mutual aid assistance was being sought.</p> <p>Conversion rates at Worcester remained high at 31% being admitted.</p>
<b>Good Governance Report</b>	The Good Governance Institute were assisting with preparation for the upcoming Well Led inspection. A number of areas of good practice were reported along with recommendations for improvement.



## Quality Governance Committee Assurance Report – 1 June 2023

Item	Discussion
<b>Research &amp; Development Q3 &amp; Q4</b>	Good progress was being made with the recruitment of patients into clinical trials and increasing principal investigations.
<b>Quality Assurance Visits</b>	Monthly visits had been planned and wards identified for visits using a risk facing approach.
<b>Terms of Reference</b>	The Committee Terms of Reference were approved. A clinical governance lead would be included in the membership.
<b>Board Assurance Framework</b>	A number of additional changes related to future strategy and risks associated with the financial strategy.
<b>CCG Report</b>	The report was noted.
<b>Escalation to Trust Board</b>	Industrial action was to be escalated.
<b>Reflections</b>	Committee were pleased to note progress in a number of areas and encouraged focus on the ongoing issues.

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Date of meeting	8 June 2023
Paper number	Enc 1a

### Nurse staffing report – April 2023 (March 2023 Data)

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

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	X
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Report previously reviewed by		
Committee/Group	Date	Outcome
TME	24 May 2023	Noted for assurance

<b>Recommendations</b>	<p>Trust Board are asked for assurance and to note:</p> <ul style="list-style-type: none"> <li>➤ Both Paediatrics and Neonatal Unit was deemed safely staffed to RCN / BAPM levels.</li> <li>➤ Staffing on adult areas was also safe throughout April 2023.</li> <li>➤ RCN strike on 30<sup>th</sup> April and 1<sup>st</sup> of May went ahead and safe staffing was maintained during this period across all areas and sites. Datix report indicates there were no staffing related incidents reported on 30<sup>th</sup> April 2023. Data for 1<sup>st</sup> of May awaited</li> <li>➤ A further Acuity and Dependency (summer) review is scheduled for mid-June – mid-July to ensure compliance with national standards.</li> <li>➤ Work is going on with Divisions to ensure that current safer staffing app allows for all activity to be captured and for staffing escalations to be coded accurately. This will ensure that a robust understanding of acuity and dependency demands is collected and staffing pressures are accurately understood.</li> <li>➤ Good numbers of newly qualified Rn's (Registered Nurses) (49 since November) have received job offers for the end of the summer. We are actively engaging with the University and finance partners to ensure that we are able to maximise the recruitment opportunities presented by the additional qualifying cohort (56 RN's) in February 2024.</li> </ul>
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<b>Executive summary</b>	This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during April 2023 with numerical data presented for March 2023. Key headlines are:
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- Overall demand for both registered and Health Care Assistants (HCAs) has risen in April by 12.7% (12,967 hours) from last year, however has fallen by 14% on the previous month as we exit winter. Total filled hours have increased significantly from last year (+21K hours) predominantly through agency (+15k) with bank fill increasing 6k hours. Data is broken down as follows:
  - WTE demand has increased by 80 from last year, however has fallen by 122 from last month.
  - Overall lead time has increased again on prior month at 41.9 days.
  - Overall cost has decreased by £500k, in line with the drop in demand.
  - Average hourly agency rate has fallen again (to £37.13) due to cascade work and successful negotiations with agencies.
  - Total unfilled hours are 25% lower than this time last year.
  - Programmed activity (PA) remains in place with governance process and weekly reports shared to highlight usage.
- A strategic plan for temporary staffing would include:
  - A plan to 'turn off' agency HCAs commencing with nights.
  - Continue to review agency cascade with the potential for high-tiered agencies to be padlocked / golden keyed.
  - Care Support Worker Development (CSWD) program is planned for June recruitment & August placement to support seasonal pressures during school holidays.
- In April there were 17 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 HCA since November, resulting in us having approx 130 HCA successful applicants in the pipeline. There has been a notable increase in applications and job offers made since the beginning of January.

	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
April	14	13.95

- The vacancy factor (March data): RN 164 at 8.19%, down from 176 in November (the model hospital data has reduced further to 10% as of Jan 2023). HCA 140 at 14.0% (model hospital level of 10.9%). Priority areas for recruitment are HCA, the highest number of HCA vacancies are within SCSD at 32 WTE / Urgent Care 28.14 / Specialist Medicine 25 / Surgery 23.64).

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- Triangulation of data shows there some variances in the bank and agency usage. Whilst not all areas reporting vacancy / maternity / sickness would require temporary staffing solutions, additionally some expanded activity has already commenced (Urgent Care / Surgery) which has not impacted the vacancy rate due to business cases expected to go on in April 2023 which will increase out vacancy factor.
  - RN total absence due to vacancy, sickness and maternity = 342 WTE (354 previous month) versus bank agency use of 360.54 WTE (306.54 previous month).
  - HCSW total absence due to vacancy, sickness and maternity = 270 WTE (264 previous month) versus bank / agency usage of 242 WE (220 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)
- Acuity and dependency study was completed on the 21<sup>st</sup> 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 May.
- 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 training on 'safer care' in May 2023 for all areas to improve compliance and accuracy.
- Adverts have been placed for both the Registered nurse degree apprenticeship (RNDA) at BCU and Worcester to incorporate a 2 year step on / top up option, with 13 candidates being shortlisted. In addition the registered Nurse Associate apprenticeship at University of Worcester has also been advertised with a total of 28 applicants. Final places offered should be available for the May report.

Risk			
Which key red risks does this report address?		What BAF risk does this report address?	<p>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.</p> <p>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.</p>

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<b>Assurance Level (x)</b>	0	1	2	3	4	5	6	x	7	N/A
<b>Financial Risk</b>	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.									
<b>Action</b>										
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										
<b>Introduction/Background</b>										
<p>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</p> <p>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</p>										
<b>Issues &amp; options</b>										
<p><b>Harms</b></p> <p>There were 17 incidents 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.</p> <p><b>Safe Staffing</b></p> <p>Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)  <i>"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"</i>. 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.</p>										
<b>Current Trust Position April 23 data</b>				<b>What needs to happen to get us there</b>				<b>Current level of assurance</b>		
	Day % fill	Night % fill		This month has seen HCA fill on days improve which is consistent with overall						

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RN	97%	99%
HCA	100%	104%

fill rates reported by NHSP whilst nights have remained slightly over prompted by specialing and change in templates. For registered nursing both day and night fill is stable from last month. In person template reviews are booked for divisions as below to ensure changes are enacted:  
 Urgent Care 16<sup>th</sup> May 2023  
 Surgery 23<sup>rd</sup> May 2023

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### DATA for March 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.

Current Trust Position WTE March data	Previous month February 2023	Model Hospital data Jan 2023 Benchmarking	Current level of Assurance
RN 164 WTE 8.19% HCA 140 WTE 14.0%	RN 163 WTE 8.14% HCA 138 WTE 13.9%	RN 10.1% HCA 10.3%	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. (58.0 (from 59.24 last month). HCA vacancies are relatively evenly spread, SCSD 32, urgent care 28, spec med 25, surgery 23.64).

### International nurse (IN) recruitment pipeline

Recruitment is in progress and ongoing month on month. 99 nurses have been brought in for the financial year 2022 – 2023 against a prediction of 104.

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For the 2023 / 2024 financial year, a further Health Education England (HEE) bid has been successful for 60 nurses, with an internal business case has being approved, supporting up to a further 140 nurses in this financial year. In April however, NHSE offered additional funding to trusts with proven track records who are looking to expand numbers and an additional bid for 30 nurses has been put in so reducing costs on internal business case. To support the offers made during the recruitment campaign to the Philippines in February the additional monthly interviews with our partner agency are in progress with further interviews planned for May 25<sup>th</sup> 2023.

### **Domestic nursing pipeline**

With the commencement of the 'grow our own' campaign through the Best People programme, we have seen further applicants from Newly registered nurses expected to come into post in Summer / Autumn 23 with 49 jobs being offered from November 2022 to April 2023 and a further 8 RNs being interviewed on May 23<sup>rd</sup> 2023 via the generic advert.

The Trust continue to work collaboratively with the Integrated Care system (ICS) and ICB. On the 27<sup>th</sup> April 2023, 6 members of staff from across HR, workforce, professional development, Allied Health professional and ACP's attended the ICS Academy launch. This provided good networking opportunities and ensures that WHAT is central to the strategies planned.

2024 is the first year of an additional qualifying cohort from University of Worcester. Information from the University indicates that 56 RN will qualify in February 2024 and will therefore be looking for employment. Discussions are in place as to how best to engage with this cohort to ensure we effectively communicate the opportunities at the Trust and maximise this additional recruitment stream.

In March 2023, a total of 14 offers were made for HCA posts at AGH and WRH and May 2023 will see further sets of HCA interviews with 3 candidates being interviewed for HCA and a further preceptorship with 8 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 HCA the Professional Development Team are amending their induction plan for HCAs to offer the Care certificate directly following Trust induction. This is to support new HCA colleagues in their role and promote retention. Pastoral support is in place specifically for HCA 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. Funding for the continuation of these posts subsequently has been identified. The learning and development team are actively working towards an automated booking arrangement for new in post HCAs which is anticipated will be on line at the beginning of June 2023.



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### Bank and Agency Usage March 2023 data

Current Trust Position WTE	Previous Month February 23	Model Hospital data Feb 2023 Benchmarking	Current level of assurance
RN 360 WTE 18%	RN 307 WTE 15%	RN 6.4%	5
HCA 242 WTE 24%	HCA 220 WTE 22%	HCA Not available	

March has seen an increase in the usage of Bank and agency. From previous month, this will have been impacted by greater calendar days in the month and annual leave being used at end of financial year (annual leave in WTE, RN 240 WTE V 222 in February and HCA 133 V 115 in February).

### Sickness March 2023 data

Sickness rates have decreased slightly for registered nurses and remained static for HCA's. Absence due to S27 (COVID Symptoms) has increased to 0.73%. Long Term Sickness has increased by 0.02% to 3.28% but Short Term has reduced by 0.03.% to 2.55%. Absence due to Stress and Anxiety has increased marginally this month and is high in all divisions except Digital. Stress equates to 37% of all sickness in Women and Children's and 31% in Urgent Care.

Current Trust Position	Previous Month February 23	Model Hospital data September 2022 Benchmarking	Current Level of Assurance
RN 103 WTE 5.13%	RN 112 WTE 5.6%	RN 6.1%	5
HCA 90 WTE 9.0 %	HCA 90 WTE 9.0%	HCA 8.2%	



Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc la

## Turnover

### March 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.

Current Trust Position February 23 data	Previous Month February 23	Model Hospital data January 2023 Benchmarking	Current Level of Assurance
RN Turnover 12.08 % HCA Turnover 15.24%	RN Turnover 11.15 % HCA Turnover 16.45%	RN Turnover 13.1% HCA Turnover 21%	5

### Recommendations

Trust Board are asked for assurance and to note:

- Both Paediatrics and Neonatal Unit was deemed safely staffed to RCN / BAPM levels.
- Staffing on adult areas was also safe throughout April 2023.
- RCN strike on 30<sup>th</sup> April and 1<sup>st</sup> of May went ahead and safe staffing was maintained during this period across all areas and sites. Datix report indicates there were no staffing related incidents reported on 30<sup>th</sup> April 2023. Data for 1<sup>st</sup> of May awaited
- A further Acuity and Dependency (summer) review is scheduled for mid-June – mid-July to ensure compliance with national standards.
- Work is going on with Divisions to ensure that current safer staffing app allows for all activity to be captured and for staffing escalations to be coded accurately. This will ensure that a robust understanding of acuity and dependency demands is collected and staffing pressures are accurately understood.
- Good numbers of newly qualified nurses (49 since November) have received job offers for the end of the summer. We are actively engaging with the University and finance partners to ensure that we are able to maximise the recruitment opportunities presented by the additional qualifying cohort (56 RN's) in February 2024.

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Date of meeting	8 June 2023
Paper number	Enc 1b

### Midwifery Safe Staffing Report April 2023

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Jackie Edwards, Interim Chief Nursing Officer		
<b>Presented by</b>	Justine Jeffery, Director of Midwifery	<b>Author /s</b>	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	May 2023	
TME	24 May 2023	Noted for assurance

<b>Recommendations</b>	The Board is asked to note the content of this report for information and assurance.
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<b>Executive summary</b>	<p>This report provides a breakdown of the monitoring of maternity staffing in April 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"> <li>• Completion of the Birthrate plus acuity tools</li> <li>• Monitoring the midwife to birth ratio</li> <li>• Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'</li> <li>• Unify data</li> <li>• Daily staff safety huddle</li> <li>• SitRep report &amp; bed meetings</li> <li>• COVID SitRep (re - introduced during COVID 19 wave 2)</li> <li>• Sickness absence and turnover rates</li> <li>• Recruitment/Vacancy Rate</li> <li>• Monthly report to Board</li> </ul> <p>There were 381 births in April. The escalation policy was enacted to reallocate staff internally as required. The continuity teams were not required to support the inpatient team 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 two medications no harm incidents reported on Datix.</p>
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	<p>Sickness absence rates are at 5.22%. 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 9.84%. The current vacancy rate remains at 10%. The 3 midwives expected in March commenced in April and 3WTE are now expected in May.</p> <p>The suggested level of assurance for April is 6. This level assurance is recommended because sickness absence and turnover rates have reduced/sustained reduction.</p>
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Risk												
Which key red risks does this report address?												
What BAF risk does this report address?	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 premium staffing costs.											
Assurance Level (x)	0	1	2	3	4	5	6	x	7	N/A		
Financial Risk	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.											
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		N									
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.

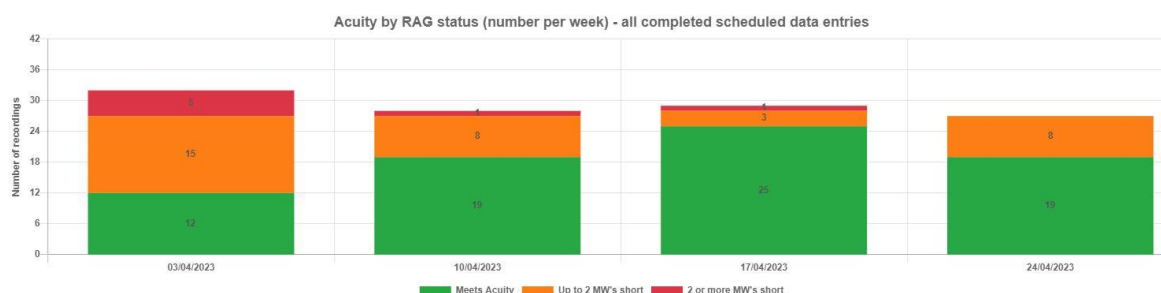
## Issues and options

### ***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 April.

From the information available the acuity was met in 65% of the time and recorded at 35% 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= 14 occasions) of when staff are reallocated from other areas of the inpatient service. The continuity of carer teams were not escalated into the inpatient areas during April.

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There was one report of staff not being able to take breaks and no reports of staff staying beyond their shift time.

#### Number & % of Management Actions Taken

From 01/04/2023 to 30/04/2023

MA1	Redeploy staff internally	14	93%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	1	7%
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%
	Total	15	

#### **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 reported that they were not supernumerary on two occasions however this was not to provide 1:1 care and therefore they are still considered supernumerary as outlined in the national definition. No delays in care were reported all 1:1 care was recorded at 100%.

From 01/04/2023 to 30/04/2023

RF1	Delayed or cancelled time critical activity	0	0%
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	0	0%
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	2	100%

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### ***Antenatal & Postnatal Wards***

The Trust has recently been notified by BR Plus that the tools used in the ward areas are being temporarily paused whilst a significant piece of work is undertaken to improve the interpretation and accuracy of the data. The ward will be unable to report data from May to July.

### ***Staffing incidents***

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

1. Training cancelled due to sickness in community team
2. DAU Alex closed due to staff sickness
3. MCoC midwife – communication error and cared for by core team
4. Duplicate incident – see above

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 April 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 two medication incidents in April:

- Incorrect dose of oral antibiotics
- Dose of paracetamol given too early

### ***Monitoring the midwife to birth ratio***

The ratio in April was 1:21 (in post) and 1:19 (funded) again 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. One additional huddle was held in April.

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. Again 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 & MCA recruitment was successful with 10 WTE posts filled with expected start dates in September.

	Day RM %	Day MCA/MSW %	Night RM %	Night MCA/MSW %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	76%	81%	100%	100%
Antenatal Ward	89%	69%	86%	65%
Delivery Suite	98%	64%	94%	86%
Postnatal Ward	99%	57%	93%	69%
Meadow Birth Centre	82%	39%	89%	20%

## 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 20 unfilled clinical posts and 5 unfilled leadership, governance and specialist roles – vacancy rate 10%. Active recruitment continues.

The directorate remains in contact with the 24 WTE midwives recruited in March to support them through the recruitment process.

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



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### **Sickness**

Sickness absence rates were reported at 5.22% 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.
- Regular 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 9.84%. 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 June 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.
- Safety Champion walkabouts

### **Conclusion**

There was a decrease 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



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acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 14 occasions to maintain safety.

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 were not required to support the inpatient team in April.

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. Two no harm medication incidents were reported and no delays in care in month.

Sickness absence rates reported at 5.22%; ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.

The rolling turnover rate is at 9.84% and the vacancy rate remains at 10%.

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.

The suggested level of assurance for April is 6. This level of assurance is recommended because sickness absence, vacancy and turnover rates continue to reduce.

#### Recommendations

The Board is asked to note the content of this report for information and assurance.

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### Board Assurance Framework

For approval:	X	For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Rebecca O'Connor, Director of Corporate Governance		
<b>Presented by</b>	Rebecca O'Connor, Director of Corporate Governance	<b>Author /s</b>	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
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### Report previously reviewed by

Committee/Group	Date	Outcome
TME	24 May 23	Recommended
Finance and Performance	31 May 23	Recommended
Quality Governance	1 June 23	Recommended
People & Culture	6 June 23	

<b>Recommendations</b>	To review and approve the proposed changes to the Board Assurance Framework on a confirm or challenge basis.
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<b>Executive summary</b>	<p>This report sets out the full Board Assurance Framework (BAF) following a process of review by Committees and Executives.</p> <ul style="list-style-type: none"> <li>The full BAF is enclosed within the reading room</li> <li>There have been <b>two changes in BAF risk score</b></li> <li>There have been <b>three changes in level of assurance</b>;</li> <li>There is <b>one proposed risk closure</b></li> <li>Supporting detail and control measures for risks (at the current point of review) have been reviewed and updated.</li> </ul>
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Risk													
Which key red risks does this report address?				What BAF risk does this report address?			All BAF risks as outlined in this report.						
Assurance Level (x)	0	1	2	3	4	5	X	6	7	N/A			
Financial Risk	If the Trust does not have a robust BAF and system of monitoring in place there is the risk that the strategic objectives will not be achieved, which could have regulatory, reputation and financial implications and could impact on the quality of care that is provided. Individual risks and associated controls and or mitigating actions may have financial implications.												
Action													
Is there an action plan in place to deliver the desired improvement outcomes?							Y	X	N		N/A		

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Are the actions identified starting to or are delivering the desired outcomes?	Y		N		As per report
If no has the action plan been revised/ enhanced	Y		N		As per report
Timescales to achieve next level of assurance	As outlined for each risk				

Introduction/Background

The Trust Board is responsible for identifying and monitoring the risks to the achievement of the Trust’s strategic objectives. This is achieved through the development of a BAF, which is monitored by the Trust Board and its Committees for areas of their authority.

The Audit and Assurance Committee also has oversight of the BAF to inform the annual programme of internal audit activity and to allow the Committee to discharge its duties in terms of providing assurance around the robustness of the overall system of internal control, of which the BAF is an integral component. Strategic risks on the BAF are those which are of such importance, that failure to control the same, may cause the Trust to fail to deliver its strategic objectives.

This report provides assurance as to the management of strategic risks which are presented on a confirm or challenge basis.

Issues and options

BAF Summary

A summary of the risk position is as follows:

	Number	Comment
New Risks opened	0	
Risks Closed	1	BAF 14 – health and wellbeing is proposed to be closed as all identified actions are complete and post Covid this is usual practice.
Risks Escalating	0	
Risks De-escalating	2	BAF 14 as a result of mitigation actions taken and assurance level BAF 22 as a result of management and learning from recent industrial action
Total risks identified	18	
Level of assurance changes	3	BAF 8 has decreased from level 3 to level 2 assurance BAF 15 has increased from level 4 to level 5 assurance BAF 22 has increased from level 3 to level 4 assurance

A summary of the Trust’s risk exposure is below. This shows that whilst the mitigations put in place are reducing the overall risk exposure, this remains very high.

	Extreme	High	Moderate	Low
Current risk score	8	9	1	-
Initial risk score	13	5		

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## BAF Updates

BAF risks have been reviewed and updated, the following changes proposed as follows:

- **Risks Opened/Closed:**

BAF 14 (health and well-being) – following executive review it is proposed that the risk is closed as a result of mitigation actions being completed and assurance level 7 reported. People and Culture Committee will consider this BAF risk closure on 6 June.

- **Risk Escalating/ De-escalating:**

BAF 14 (health and well-being) as above

BAF 22 (industrial action) risk score has decreased from 20 to 12 as a result of the management of, current impact and lessons learned from strike action

- **Level of Assurance Updates**

BAF 8 (capital) has decreased from level 3 to level 2 assurance as capital resources do not exist to cover the full extent of the Trust's commitment for 2023/24 and therefore set at risk delivery of both the plan priorities and business continuity / patient safety should access to capital be restricted.

BAF 15 (leadership) has increased from level 4 assurance to level 5 assurance as a result of further review of inconsistencies identified in the heatmap

BAF 22 (industrial action) has increased from level 3 to level 4 assurance as a result of learning and mitigations from recent industrial action.

- **Risk Narrative Updates**

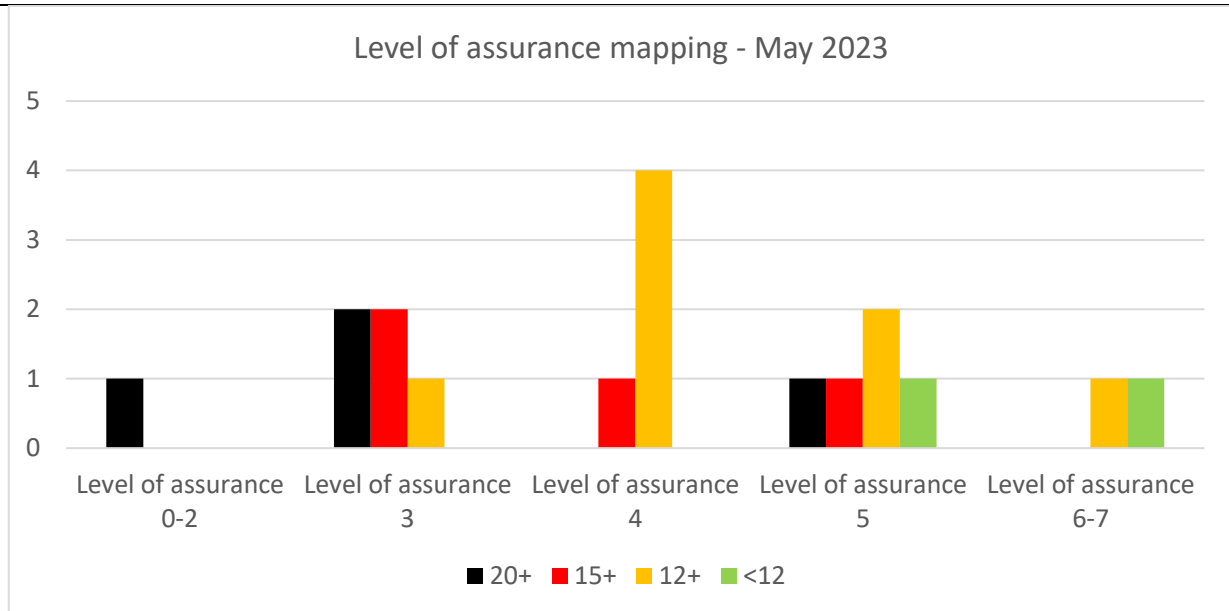
Reviews of risks are ongoing and updates made to current BAF risks in respect of the actions, controls and mitigations. The latest full BAF is enclosed in the reading room and the high level summary is appended. The BAF will be further updated ahead of Board sub-committees.

## Level of Assurance

The level of assurance is mapped as follows. The graph shows the number of risks and their risk score mapped against the level of assurance. At the current point of review, which is still ongoing, the majority of risks (10) have level 4 or 5 assurance; however 6 risks continue to provide only level 3 assurance with one risk now at level 2. Of the 18 risks in total, 12 provide level 4 assurance or above.

Tracking of assurance levels demonstrates the improvement made in assurance of the BAF risks, this is shown by movement to the right of the graph. Overall the level of assurance against BAF risks is slightly increasing.

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The change in levels of assurance are tracked in the following table:

	Feb 22	May 22	Sept 22	Nov 22	Feb 23	May 23	Change from last Board report
Level of assurance 0-2	-	-	-	-	-	1	+1
Level of assurance 3	3	4	4	6	6	5	-1
Level of assurance 4	10	8	8	7	5	5	-
Level of assurance 5	5	5	3	3	4	5	+1
Level of assurance 6-7	-	-	2	2	3	2	-1

\* Note new risk added in November 22

### Mapping of Strategic Risks Against Strategic Objectives

The table below shows a mapping of the Trust's strategic objectives and goals against the risks identified in the assurance framework. All strategic objectives and goals are covered by a range of risks.

	BAF 2	BAF 3	BAF 4	BAF 7	BAF 8	BAF 9	BAF 10	BAF 11	BAF 13	BAF 14	BAF 15	BAF 16	BAF 17	BAF 18	BAF 19	BAF 20	BAF 21	BAF 22
Strategic Objective: Best services for local people	X							X	X			X	X	X			X	X
Strategic Objective: Best experience of care &		X	X					X							X	X		X

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	outcomes for our patients																	
	Best use of resources				X	X			X									
	Best people						x	x	X		X	X		X				
Goal	Goal – strategy	X							X	X		X	X	X	X			X
	Goal – quality		X	X					X							X	X	X
	Goal – finance				X	X			X									
	Goal – workforce and culture						X	X	x		X	X						X

- Risk Exposure**

The Trust's risk exposure is slightly decreased from the last report and assurance is also slightly improved, however this is offset by BAF risk 8 (capital) now reporting a level 2 assurance.

Mitigating activity, controls and assurance are identified for all risks and detailed within the reading room. The intention being the mitigations in place demonstrate a reduction in risk exposure from the initial to residual risk scores. However, there are times where despite there being control measures in place, these are not yet sufficiently effective, nor embedded to enable a reduction in the current risk score. It is not within the Trust's risk appetite to accept risks with no control measures in place.

- Risk Appetite**

The Trust's risk appetite is not necessarily static, but all risks are expected to have controls and mitigations in place, which aim to reduce the risk exposure to a tolerable level.

The Trust Board may vary the amount of risk that it is prepared to tolerate depending on the circumstances at the time. Committees review the BAF and can make recommendations to the Trust Board regarding the adequacy of the outlined mitigations and control measures. If the Trust Board is unwilling to accept the level of risk to which it is currently exposed, it is invited to consider further mitigating actions or challenge those already identified.

### Conclusion

The Trust has a Board Assurance Framework in place which is operational and effective. The Trust's risk exposure is static from the last report and mitigating actions are as outlined in this report.

### Recommendations

To review and approve the proposed changes to the Board Assurance Framework on a confirm or challenge basis.

### Appendices

High level BAF risk summary  
 Full BAF within the reading room

Risk Number	Theme	Risk Description	Exec Lead	Responsible Committee	Current Risk Score			Change	Previous Risk Score	Initial Risk Score	Target Risk Score	Risk appetite	Level of Assurance	Change
					Likelihood	Consequence	Risk Score							
Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort
18	Activity	If we are unable to increase elective activity, remove long waits and reduce waiting list size in a timely and cost effective manner, then patient outcomes will suffer, patient care will be compromised and/or costs will increase	COO	QGC/F&P	4	5	20	→	20	25	8	Low	5	→
20	Urgent care	If we do not ensure that all actions are in place to enable discharge at the point of being ready for clinical discharge then we will adversely impact patient experience and inhibit flow	COO	QGC/F&P	5	4	20	→	16	16	8	Low	3	→
7	Finance	If the Trust fails to put in place a financial plan that is both credible and achievable with the resources available then it risks failure to achieve its statutory duty to remain within its resource envelope and contribute its share to delivery of the ICS Plan.	Chief Finance Officer	F&P	5	4	20	→	20	15	12	Low	3	→
8	Infrastructure	If we are not able to secure financing then we will not be able, to address critical infrastructure risks as well as maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	Chief Finance Officer	F&P	5	4	20	→	16	15	12	Moderate	2	↓
19	System working	If we do not have effective system wide working to enhance patient flow and to ensure patients are managed in the most appropriate environment, then we will not be able to manage the level of urgent care activity and patient experience for patients who are clinically ready for discharge, but have not been, will suffer	COO	QGC/F&P	4	4	16	→	20	16	8	Low	3	→
13	Cyber	If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service.	Chief Digital Officer	F&P	4	4	16	→	16	20	10	Low	3	→
11	Reputation	If we have a poor reputation this will result in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.	Director of C&E	QGC	4	4	16	→	16	12	8	Moderate	4	→
9	Workforce	If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting in poor patient and staff experience and premium staffing costs.	Director of People & Culture	P&C/Trust Board	3	5	15	→	15	15	9	Moderate	5	→
4	Quality	If we do not have in place robust systems and processes to ensure improvement of quality and safety and to meet the national patient safety strategy, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	CMO/CMO	QGC	3	4	12	→	12	20	8	Low	4	→
22	Industrial Action	There is a risk that services and patient care/treatments will be disrupted by staff shortages due to possible (ongoing) industrial action by the NHS trade unions resulting in delays to patient care, patient harm and a poor patient experience.	COO/Dir. of People & Culture	QGC/P&C	3	4	12	↓	20	20	12	Low	4	↑
16	Digital	If we do not make best use of technology and information to support the delivery of patient care and supporting services, then the Trust will not be able to deliver the best possible patient care in the most efficient and effective way	Chief Digital Officer	F&P	3	4	12	→	16	20	15	Low	6	→
3	Clinical Services	If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	CMO/Dir of S&P	QGC	3	4	12	→	16	15	5	Low	4	→
17	Engagement with staff	If we fail to effectively involve our staff and learn lessons from the management of change and redesign / transformation of services, then it will adversely affect the success of the implementation of our Clinical Services Strategy resulting in missed opportunity to fully capitalise on the benefits of change and adversely impact staff engagement, morale and performance	COO/Dir P&C	QGC/P&C	4	4	12	→	16	12	8	Low	5	→
2	Engagement with patients, public and partners	If we fail to effectively engage and involve our patients, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	Director of C&E/CNO	QGC	3	4	12	→	12	12	3	Moderate	4	→
21	ICS	If the Trust fails to capitalise on the benefits of integrated care at Place, System or intra System level then this will result in missed opportunities to improve quality of care, patient experience, efficiency or financial sustainability	Director of Strategy	Trust Board	3	4	12	→	12	16	8	Low	3	→
15	Leadership	If we do not have a comprehensive leadership model and plan in place then we may not have the right leadership capability and capacity to deliver our strategic objectives and priorities	Director of People & Culture	Trust Board	3	4	12	→	12	12	8	Moderate	5	↑
10	Culture	If we fail to sustain the positive change in organisational culture, then we may fail to have the best people which will impede the delivery of safe, effective high quality compassionate treatment and care.	Director of People & Culture	P&C/Trust Board	2	5	10	→	10	15	6	Moderate	5	→
14	Health and Wellbeing	If we do not have the capacity and capacity to implement, or staff do not access, health and wellbeing support then we may be unable to maintain safe staffing levels due to higher rates of absence and staff turnover	Director of People & Culture	P&C	1	5	5	↓	10	15	10	Moderate	7	→

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## Audit and Assurance Committee Report

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Colin Horwath, Audit and Assurance Committee Chair		
<b>Presented by</b>	Colin Horwath, Committee Chair	<b>Author /s</b>	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		Best use of resources	X	Best people	
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### Report previously reviewed by

Committee/Group	Date	Outcome

### Recommendations

The Board is requested to:  
 1. Note the report for assurance

### Executive summary

This report summarises the business of the Audit and Assurance Committee at its meeting held on 9 May 2023. The following key points are escalated to the Board's attention:

#### 1. External Auditors Update

The accounts were received in a timely manner. Current focus on testing is around stock, property plant and equipment and creditors and debtors. All requests are being returned promptly, weekly calls with finance were in place along with an action log. Thanks were given to the Trust's teams for ensuring that requests are turned around quickly. There were no issues of concern at this stage.

#### 2. Value for Money Assurance Update

The end of year tracker report had been shared with auditor along with the supporting evidence. Improvement has been made across the board and discussions would be ongoing over the coming weeks with auditors.

#### 3. Internal Audit Draft Plan

Committee reviewed the full audit plan, outline scopes and detail of the areas included within the plan, which is being developed in consultation with the Executive Team.

Committee also reviewed the 3 year strategic plan and the Internal Audit Charter.



Meeting	Trust Board
Date of meeting	8 June 2023
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#### **4. Draft Head of Internal Audit Opinion**

Committee received the report with a finding of moderate assurance. It was rated as moderate due to a no assurance audit report issued for high value payments to doctors and moderate reports relating to estates and waiting lists.

The response rate has improved but still only 25% of reports are responded to within 10 working days.

#### **5. Annual Accounts**

The accounts were submitted on time and subject to audit. There were some significant increases in expenditure such as elective, pay award and impairments of capital aspects. More explanation will be provided when the accounts are finalised and the final set of accounts would be presented at the next committee.

#### **6. Draft Annual Report and Annual Governance Statement**

The report structure followed the national template. There are a number of significant issues flagged within the AGS conclusion. The Trust had been through a period of regulatory input from the CQC with an unannounced inspection. As a result, no individual site retained an inadequate rating. There had also been a review of the Trust's enforcement undertakings. A compliance certificate had been issued in a number of areas in respect of previous undertakings.

Workforce has been highlighted as a significant issue along with the urgent and emergency care pressures and the significant impact of industrial action. It was important to note that the Trust has been impacted by every single course of industrial action by every union, which is not the case for other Trusts. Areas of no or moderate assurance have been highlighted and the actions being taken to address them were included.

The AGS form part of the Annual Report and would be presented to the June Committee for approval.

#### **7. Provider Collaborative**

The statement of the current position following the resignation of Chief Executive Officer and the end of the term of office of the Chair was noted.

#### **8. Assurance Mapping**

The assurance mapping sat alongside the Internal Audit Plan as an advisory tool. Steps had been taken to develop a broader, more holistic understanding of the assurances in place across the Trust. The majority of assurances were in the level 4-6 area. The red areas correlated with internal audit findings or were known issues to be addressed.

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	<p>Assurance Mapping would become a standing item for the Committee once it is fully populated in order to track assurances.</p> <p><b>9. Tender Waiver Review</b>          The volume of single waivers was 83 and valued at £5.8m which was a reduction from last year. As systems were being built upon, further assurance and achievement of value for money would be provided. New starters would support divisions on their procurement activity.</p> <p><b>10. Effectiveness Review</b>          A survey would be developed in line with the Audit Committee Handbook and distributed to members for completion. Further discussion of the findings would take place at a development session.</p>
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Risk												
Which key red risks does this report address?												
Assurance Level (x)	0	1	2	3	4	5	X	6	7		N/A	
Financial Risk	None directly arising as a result of this report											
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												

## Trust Management Executive Assurance Report – 19 April 2023

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

### The following items were escalated to Board:

Item	Rationale for escalation	Action required by Trust Board
PEP Schemes	For review at F&PC	Update provided to Trust Board
360Word Translation Services CAG	For approval at F&PC	For approval at Trust Board
Disposable Wipes CAG	For approval at F&PC	For approval at Trust Board
Non Invasive and Sleep Therapy CAG	For approval at F&PC	For approval at Trust Board
Legal Services Waiver	For approval at F&PC	For approval at Trust Board
UEC Pneumatic Tube System DOV	For approval at F&PC	For approval at Trust Board
4Ward Improvement Scheme Update	For review at F&PC	Update provided to Trust Board

### The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&PC
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Theatres Programme Update	Level 4	N/A	3, 4, 8, 9, 10, 11, 16, 17, 18, 19, 21	Noted and progressed to F&PC
Health & Safety Update	Level 5	N/A	4, 8	Noted and progressed to QGC
Health & Safety Report: use of Nitrous Oxide	Level 5	N/A	4, 8	Noted and progressed to QGC
Car Parking Update	Not reported	N/A	8	Noted
4Ward Improvement Scheme Update	Level 3	N/A	17	Noted and progress to F&PC
Colposcopy Business Case	Level 6	N/A	2, 4, 7, 9, 14	Approved
Chief Finance Officer's Report: Month 12	Level 5	Maintained	7, 8	Noted and progressed to F&PC
Medium Term Financial Strategy Development	Level 4	N/A	7	Noted and progressed to F&PC
PEP Schemes: Process	Level 4	N/A	7, 9, 11, 15	Noted and progressed to F&PC

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## Trust Management Executive Assurance Report – 19 April 2023

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 6	Maintained	9, 22	Noted and progressed to P&C
Midwifery Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Value for Money Assurance Update	Level 4	N/A	All	Noted and progressed to A&AC
360 Word Translation Services CAG	Level 6	N/A	7, 8	Recommended for approved to F&PC
Disposable Wipes CAF	Level 6	N/A	3, 4	Recommended for approval at F&PC
Non Invasive Sleep Therapy CAG	Level 6	N/A	7	Recommended for approval at F&PC
Technology Services Contract	Not reported	N/A	13, 16	Noted
Legal Services Contract	Level 5	N/A	7	Recommended for approval to F&PC
UEC Pneumatic Tube System DOV	Level 4	N/A	3, 4, 7, 11, 18, 19	Recommended for approval to F&PC
Establishment increase of Resuscitation Officer Posts	Level 5	N/A	4	Approved
Recruitment Business Case	Level 5	N/A	9, 18	Recommended for approval to F&PC
WTD Payments	Level 5	N/A	9, 11	Approved
Pharmacy Staffing	Level 4	N/A	4, 9	Noted
Enquiry for the review of education and training for the future	Level 5	N/A	9	Noted
CGG Report	Not reported	N/A	-	Noted and progressed to QGC
SPB Report	Not reported	N/A	-	Noted and progressed to F&PC

## Trust Management Executive Assurance Report – 24 May 2023

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

### The following items were escalated to Board:

Item	Rationale for escalation	Action required by Trust Board
Moving 4ward on Foundation Group Membership	For review at F&PC	Update provided to Trust Board
Annual Plan Priorities	For review at F&PC	Update provided to Trust Board
Draft Joint Forward Plan	For review at F&PC	Update provided to Trust Board
Good Governance Institute Report re Well Led	For review at QGC	Update provided to Trust Board
Quality Account	For approval at QGC	For approval at Trust Board
MBRRACE Report	For review at QGC	Update provided to Trust Board
Othicon Hearing Aids CAG	For approval at F&PC	For approval at Trust Board
Board Assurance Framework	For review at Committee	Update provided to Trust Board

### The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&PC
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Moving 4ward on Foundation Group Membership	Level 5	N/A	11, 15, 21	Noted and progressed to Trust Board
Annual Plan Priorities	Level 4	Maintained	7, 8, 9, 11, 14, 18, 19	Noted and progressed to F&PC
Draft Joint Forward Plan	Level 4	N/A	-	Noted and progressed to Trust Board
Good Governance Institute Report re Well Led	Level 4	N/A	4, 11	Noted and progressed to QGC
CQUINS 2023/24	Level 5	N/A	3	Noted and progressed to QGC
Quality Account	Level 5	N/A	4	Noted and progressed to QGC
MBRRACE Report	Level 6	N/A	4	Noted and progressed to QGC

## Trust Management Executive Assurance Report – 24 May 2023

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 6	Maintained	9, 22	Noted and progressed to P&C
Midwifery Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Technology Services Contract	Level 5	N/A	13, 16	Noted and progressed to F&PC
PLACE Assessment Report	Level 5	N/A	8	Noted and progressed to QGC
Othicon Hearing Aids CAG	Level 6	N/A	3, 4	Recommended for approval F&PC
Radiology Insourcing CAG	Level 4	N/A	4	Recommended for approval F&PC
Bank PA Rates	Not reported	N/A	-	Approved
Chief Officer's Report: Month 1	Level 3	Decreased	7	Noted and progressed to F&PC
Doctors additional duty payments	Not reported	N/A	9, 18	Approved
Staff Health & Wellbeing Report	Level 5	Maintained	9, 10, 14, 15	Noted and progressed to P&CC
Integrated People & Culture Report	Level 4	Decreased	9, 10, 14, 15	Noted and progressed to P&CC
Education, Learning & Development Report: Outcome/Process	Level 3 & 4	Maintained	9, 10, 14, 15	Noted and progressed to P&CC
Health Records Contract	Level 4	N/A	13, 16	Approved
Clinical Governance Structures	Not reported	N/A	9	Noted and progressed to QGC
Board Assurance Framework	Level 5	Maintained	All	Noted and progressed to Committees
CGG Report	Not reported	N/A	-	Noted and progressed to QGC
SPB Report	Not reported	N/A	-	Noted and progressed to F&PC

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc M

### Terms of Reference

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Christine Blanshard/Jackie Edwards		
<b>Presented by</b>	Committee Chair	<b>Author /s</b>	Rebecca O'Connor

### 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
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### Report previously reviewed by

Committee/Group	Date	Outcome
F&P	31 May 2023	Approved
QGC	1 June 2023	Approved

<b>Recommendations</b>	Committee is asked to review and discuss the updated draft Terms of Reference for approval by the Trust Board.
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<b>Executive summary</b>	<p>The Trust is completing its annual review of Committee terms of reference.</p> <p>The following changes are proposed to the terms of reference:</p> <p><b>Finance &amp; Performance Committee:</b></p> <ul style="list-style-type: none"> <li>The TOR remain substantively the same and with minor housekeeping updates being made</li> </ul> <p><b>Quality Governance Committee:</b></p> <ul style="list-style-type: none"> <li>The TOR remain substantively the same and with minor housekeeping updates being made</li> </ul>
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Risk												
Which key red risks does this report address?	n/a			What BAF risk does this report address?			N/A however the Committee considers all BAF risk areas					
Assurance Level (x)	0	1	2	3	4	5	6	X	7	N/A		
Financial Risk												
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

### FINANCE AND PERFORMANCE COMMITTEE

Version: **3.2**

Terms of Reference approved by: **Trust Board**

Date approved: March 2019/March 2020/March 2021/March 2022/May 2023

Author: **Director of Corporate Governance**

Responsible directorate: **Finance**

Review date: March 2024



# WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

## FINANCE AND PERFORMANCE COMMITTEE

### Terms of Reference

#### 1. Introduction

The purpose of the Finance and Performance Committee (F&P) is a sub-committee of the Trust Board to give the Board assurance on the management of the financial and operational performance of the Trust and to monitor and support the financial planning and budget setting process. The Committee will review business cases with a significant financial impact and oversee developments in financial systems and reporting. The Committee will provide oversight of the IT/Digital agenda.

The Committee will also review the performance strategy of the Trust and hold the Trust to account on national and local targets.

#### 2. Membership

- Three non-executive directors
- Chief Executive
- Chief Operating Officer
- Chief Finance Officer
- Chief Nursing Officer and/or Chief Medical Officer (or their nominated Deputy)
- Director of Strategy Improvement and Planning
- Director of People & Culture
- Chief Digital Information Officer

In attendance:

- Deputy/Assistant Directors of Finance/Performance (as necessary)
- Director of Corporate Governance or Deputy Company Secretary
- Director of Estates and Facilities
- Director of Performance
- Director of Procurement
- Divisional Management Teams will attend on a rotational basis
- Other staff as appropriate

2.1 The Chair of the Committee is appointed by the Trust Board.

#### 3 Arrangements for the conduct of business

##### 3.1 Chairing the meetings

A non-executive director will chair the meetings. In the absence of the Chair, another non-executive director will chair the meeting.

##### 3.2 Quorum

The Committee will be quorate when two non-executive directors and two executive directors (or nominated deputies) are present.

**3.3 Frequency of meetings**

The Committee will meet monthly.

**3.4 Frequency of attendance by members**

Members are expected to attend each meeting, unless there are exceptional circumstances.

**3.5 Declaration of interests**

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

**3.6 Urgent matters arising between meetings**

If there is a need for an emergency meeting, the Chair will call one in liaison with the Chief Finance Officer and Chief Operating Officer.

**3.7 Secretariat support**

Secretarial support will be through the Director of Corporate Governance.

**4 Authority**

The Committee is authorised by the Trust Board.

**5 Purpose and Functions****5.1 Purpose**

To act as a sub-committee of the Trust Board to:

- Give the Board assurance on the management of the financial and operational performance of the Trust
- To review and monitor those strategic risks in the BAF (finance and operational risks) allocated to the Committee and Finance Risk Register
- To develop the Trust's financial strategy for approval by the Trust Board
- To oversee business planning for the Trust
- Monitor and support the financial planning and budget setting process
- Review business cases with a significant financial impact.
- Oversee developments in financial systems and reporting
- To conduct post implementation reviews of all major business cases approved by the Committee
- To review Procurement Strategy Development
- Monitor the working capital position of the Trust including availability and management of, the capital investment programme and cash flow.
- To oversee the implementation of major digital and IT systems
- Oversight of cyber security and IT
- To oversee implementation of the 4ward Improvement System
- To oversee the implementation of the Trust's Estates Strategy, Net Zero Strategy and Green Plan

- To oversee the implementation of network programmes such as LIMS and Pathology
- To oversee the implementation of the Trusts costing strategy and submission of the annual costing returns
- The following sub-groups will report to the Finance & Performance Committee on a frequency determined by their business cycle:
  - Strategic Programme Board
  - Strategy and Planning Group
  - Transformation Delivery Board

## 5.2 Duties

In discharging the purpose above, the specific duties of the F&P Committee are as follows:

### 5.2.1 Financial Management

To provide key assurances on the financial governance of the Trust through a programme of review work incorporating the following:

- To oversee and evaluate the development of the Trust's medium term financial plan to deliver its integrated business plan.
- To regularly review the financial standing of the Trust
- Review and endorsement of the annual revenue and capital budgets before they are presented to the Board for approval.
- Monitor income and expenditure against planned levels and make recommendations for corrective action should excess variances occur.
- Review expenditure against the agreed capital plan.
- To be responsible for overseeing identification, evaluation, response to and monitoring of financial risk
- To review financial aspects of key policy areas
- To review and monitor the continued development and implementation of the Trust's Productivity and Efficiency Programme. To review the financial impact on quality of the medium term financial plan
- To review and monitor Trust procurement processes
- To receive reports relating to any financial recovery plan
- To commission work as needed to enhance the work of the Committee

### 5.2.2 Performance Management

To provide key assurances on the Trust's performance management framework through a programme of review work incorporating the following:

- To oversee and evaluate the development of the Trust's performance strategy to performance manage against strategy and against plan.
- Review the performance report and dashboards against local/national targets
- Review performance against the CQUIN targets
- Review areas of underperformance and agree corrective actions
- Horizon scan regarding new targets
- Develop performance dashboards for reporting to the Board

### 5.2.3 Digital

- To approve the business cases required for the implementation of the Digital Strategy
- To oversee the implementation of the Digital Strategy

#### **5.2.4 Other Duties**

- To scrutinise the financial aspects of business cases/investment proposals as necessary.
- Receive updates on the contract management and negotiations giving direction as necessary.
- Periodically review financial policies and procedures including the SFIs, scheme of delegation, etc. to ensure that they are still relevant and appropriate.
- Review the outputs of benchmarking exercises and consider appropriate actions.
- To identify any training needs for Committee members and to ensure that all members are competent in ensuring they can undertake their duties as members of the Committee.
- To consider the post PFI environment.

### **6. Relationships and reporting**

6.1 The F&P Committee is accountable to the Trust Board and will report to the Board on its activity.

6.2 Through the linkage of common NED membership, the F&P Committee will retain a close relationship with the Quality Governance Committee, People & Culture Committee and the Audit and Assurance Committee. This will include referring matters to those committees and receiving referrals from those committees.

### **7 Review of the Terms of Reference**

These Terms of reference will be reviewed annually or earlier if deemed appropriate by the Chair.

## Terms of Reference

### Quality Governance Committee (QGC)

Version: 4.2

Terms of Reference approved by: QGC/Trust Board

Date approved: September 2017/October 2018/November 2018/March 2020/March 2021/January 2022/May 2023

Author: **Director of Corporate Governance**

Responsible directorate: CNO/CMO

Review date: March 2024

# WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

## Quality Governance Committee

### Terms of Reference

#### 1. Introduction/Authority

The Quality Governance Committee (QGC) is constituted as a standing committee of the Trust board. Its constitution and terms of reference are set out below, subject to amendment at future Trust board meetings.

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

The QGC is authorised by the Trust 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 QGC is authorised to obtain such internal information as is necessary and expedient to fulfil its functions.

#### 2. Membership

Non-Executive Director (Chair)  
Two Non-Executive Directors  
Chief Executive  
Chief Nursing Officer  
Chief Medical Officer  
Chief Operating Officer  
Patient Forum Representative  
Chief Digital Information Officer

##### **In attendance:**

Director of Corporate Governance  
Chief Registrar  
Deputy CNO (quality) when the Chief Nursing Officer is absent  
CCG representative  
Director of Continuous Improvement  
Trainee representative  
HealthWatch  
Divisional governance leads  
Clinical Governance Lead

##### **As required:**

Other personnel as invited by the Chair

- 2.1 The Chair of the Committee is appointed by the Trust Board and shall be a Non-Executive Director.
- 2.2 Trust employees who serve as members of the QGC do not do so to represent or advocate for their respective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

#### 3 Arrangements for the conduct of business

**3.1 Chairing the meetings**

The Non-Executive Director will chair the meetings. In the absence of the Non-Executive Director, the Chair will be another Non-Executive Director.

**3.2 Quorum**

The QGC will be quorate when one third of the members are present including at least two non-executive directors and one clinician, including the Chief Nurse or the Chief Medical Officer or their deputies.

**3.3 Frequency of meetings**

The QGC will meet monthly.

**3.4 Frequency of attendance by members**

Members are expected to attend all meetings each year, unless there are exceptional circumstances. The Chair must be informed of expected absences; members should arrange for an appropriate officer with full delegated authority to deputise for them on such occasions.

**3.5 Declaration of interests**

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

**3.6 Urgent matters arising between meetings**

If there is a need for an emergency meeting, the Chair will call one in liaison with the CNO/CMO.

**3.7 Secretariat support**

Secretarial support will be provided by the Company Secretary and a report will be presented to the Trust board.

**4 Authority**

The QGC is authorised by the Trust Board.

**5 Aims and Objectives****5.1 Aims**

- The Quality Governance Committee provides the Trust Board with assurance that:-
  - Care to patients is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to continuously improve the quality and safety of care, and to identify gaps and manage them accordingly.
  - the care quality and patient safety risks on the corporate risk register associated with the Trust's provision of safe, effective, evidence based, compassionate care are identified managed and mitigated appropriately. In doing so, the Quality Governance Committee may consider any quality and or safety issue it deems appropriate to ensure that this can be achieved.
  - the strategic priorities for quality and safety assurance are focused on those which best support delivery of the Trust's quality priorities in relation to patient experience, safety of patients and service users and effective outcomes for patients and service users;
  - the independent annual Clinical Audit Programme provides a suitable level of coverage for assurance purposes, and receiving reports as appropriate;

- the organisation is compliant with regulatory standards and statutory requirements, for example those of the NHS Constitution, Duty of Candour, the CQC, NHR and the NHS Performance Framework are reviewed.
  - the quality risks on the Board Assurance Framework together with any other risks allocated to the Committee on the Board Assurance Framework are reviewed and the Committee is satisfied as to the adequacy of assurances on the operation of the key controls and the adequacy of mitigations and action plans to address weaknesses in controls and assurances;
  - the Annual Quality Report is reviewed ahead of its submission to the Board for approval.
- Overseeing 'Deep Dive Reviews' of identified risks to quality identified by the Board or the Committee and how well any recommended actions have been implemented.
  - The Committee may also initiate such reviews based on its own tracking and analysis of quality and safety trends flagged up through the regular performance reporting to the Board.

## 5.2 Objectives

5.2.1 The Committee provides oversight of the Quality Improvement Strategy and the workstreams that support implementation of the strategy which at the time of writing are:

- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivering
- **EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

5.2.2 The Committee's objectives are:

- To approve and oversee the implementation of the Quality and Safety Strategy and receive monthly updates through the report from the Clinical Governance Group.
- To oversee the implementation of any CQC 'must' and 'should' do's identified at inspection
- To approve the Trust's annual Quality Account before submission to the Board;
- To monitor and review the Trust Quality and Safety Performance Dashboard
- To review the Trust's performance against the annual CQUINs
- To consider matters referred to the Committee by the Trust Board, other Committees or other sources;
- To have oversight of the Infection Prevention and Control Plan and receive regular updates on the action plan
- To receive the Annual Report for Infection Control prior to it being presented to the Trust Board
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Governance Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement

5.2.3 In relation to **SAFETY**



- To scrutinise serious incidents and never events, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust
- To provide the Board with assurance regarding learning from deaths
- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes
- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's policy on reporting issues of concern and monitoring the implementation of that policy
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust
- To monitor the impact on the Trust's quality of care of cost improvement programmes and any other significant reorganisations
- To monitor the quality impact of the implementation of the Digital Care Record.
- To have oversight of the activity of the Trust's Health and Safety Committee giving due regard to any quality impacts

#### 5.2.4 In relation to **EFFECTIVENESS**

- To have oversight and monitor progress of the annual clinical audit programme
- To make recommendations to the Audit & Assurance Committee concerning the clinical audit programme;
- To approve relevant policies and including but not limited to:
  - Risk Management Policy
- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements;
- Ensure the review of patient safety incidents (including near-misses, complaints and Regulation 28 coroner reports) from within the Trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;
- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.
- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;
- To monitor delivery and implementation of the Research and Development Strategy

#### 5.2.5 In relation to **EXPERIENCE:**

- To monitor the Trust's Friends and Family Test response rates
- To provide the Board with assurance that complaints are handled both effectively and timely
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place and lessons are learnt
- To oversee the Trust's progress on Patient Experience.

### 6. **Relationships and reporting**

6.1 The Committee is accountable to the Trust Board. The Quality Governance Committee will report to the Trust Board at each of its meetings in public and where appropriate in private.

6.2 The following sub groups report to the Quality Governance Committee

- Clinical Governance Group (CGG)
- Infection Prevention and Control Committee
- Health and Safety Committee

The following groups are accountable to the CGG: to be reviewed in light of CGG governance paper

- Patient and Carer Experience
- Research and Development
- Safeguarding
- Blood Transfusion
- Harm Reduction
- Divisional Governance
- Medical Devices
- Resuscitation and deteriorating patient
- Medicine Optimisation
- Serious Incident Review
- Mortality Review
- End of Life Care Steering Group

## **7 Review of the Terms of Reference**

These Terms of reference will be reviewed annually or earlier if there are changes to working arrangements.

ROC – May 2023