

Meeting	Public Trust Board
Date of meeting	18 September 2023
Paper number	Enc I

	will then inform and drive the quality improvement agenda. Standardised processes also need to be introduced to ensure that learning is shared across the Trust. There will be a renewed focus on engaging patients and families and on co-production to ensure that the patient's voice remains front and centre in driving forward the agenda.
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Risk											
Which key red risks does this report address?	n/a			What BAF risk does this report address?				n/a			
Assurance Level (x)	0	1	2	3	4	5	6	7			
						x					
Financial Risk	n/a										
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		N		Not yet just developed	
If no has the action plan been revised/ enhanced						Y	X	N			
Timescales to achieve next level of assurance						3 months					

Introduction/Background		
This Annual Report 2022-23 will be published on the Trust website, providing an account of the progress made against the Key Performance Indicators for responsive and effective Complaints and PALS management.		
Issues and Options		
Metric	Target & Measures	Current level of assurance
Respond to >80% complaints within 25 w/d	<ul style="list-style-type: none"> Reflecting a significantly increased number of complaints received and ongoing operational pressured on Trust services, the final performance for the year was 67%, a reduction from last year. The main area of concern which contributed to the poor performance is the Surgical Division, which received a sustained increased number of complaints and accumulated an ongoing backlog of breaches throughout the year, which remains as of August 2023 at the time of reporting. 	Level 5
Reopen < 10% Cases	<ul style="list-style-type: none"> 14.5% of cases from 2022-23 have been reopened for further investigation; this is a decrease from 18.3% 2021-22. The Complaints Team will review this KPI, comparatively with the other Trusts within the Foundation Group; as this KPI has never been achieved, consideration will be given as to whether it should be adjusted. 	Level 5

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Additional Headlines

- **PALS Resolution Times** - PALS resolved 79.3% of concerns and enquiries received within 1 working day which is consistent with 79% for 2020-21 & 2021-22. 93% of total cases were responded to between 0-5 working days which was also consistent with 93% in 2020-21 & 2021-22.
- **PALS to Complaints** - 0.32% of PALS contacts (17 cases) became formal complaints. This is an improvement and downward trend from 0.52% 2021-22.
- **Informal Resolution** - 15.6% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 16% in 2021-22. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience.
- **Cases to Ombudsman** – The number of cases queried/investigated by the PHSO during 2022-23 was reduced by 30% when compared to 2021-22.
- **Themes** - Clinical Treatment was the most common subject of complaints. This is a consistent with the previous three years, and the proportion increased from 32% to 35% of the total cases. Communications was the second most recurrent subject during 2022-23, consistent with 2020-21 & 2021-22 from third place in 2019-20. The proportion has decreased from 29% to 27% of the total cases. Values & Behaviours was the third most common subject, consistent with 2021-22; the proportion has decreased slightly from 15% to 14% of the total cases.

Conclusion

The Trust has strong, well-established processes for dealing with complaints, however the increased amount received in 2022-23 has posed a significant challenge. It is noted that the rise in complaint numbers is the first significant increase in over 10 years, and has had a clear impact on performance against the response time KPI, especially in Divisions which receive a larger volume; the partially centralised model of complaints management in use at Worcestershire Acute is inconsistent across Divisions and does not have proportionately allocated staffing resource – as such, there is a risk that a sustained increase could result in an extended and unacceptable delays to the process, causing additional distress to complainants who have already had difficult experiences. This could potentially lead to reputational damage for the organisation and a rise in legal claims due to unresolved complaints.

In 2023-24, it will be crucial for the Divisional Teams to clear their backlogs of breached cases, or maintain good performance from the previous financial year.

A number of initiatives and projects were planned for 2022-23 focusing on the quality of complaint responses and investigations, which could not be progressed due to the significant pressure on staffing teams across the Trust, both corporately and in the divisions, coupled with the increase in complaint cases received; these projects will be revisited in 2023-24, contingent on a reduction of the backlog of cases and these actions are detailed. The Complaints Team and Trust Clinical Governance Team will also focus on exploring alternative models in use at other organisations, in order to consider proposals for improved methods of working to optimise response times and extracting learning from complaints.

Appendices

- Complaints & PALS Annual Report 2022-23

Complaints and Patient Advice and Liaison Service (PALS) Annual Report: 2022-23

Trust Clinical Governance Team

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**Contributors – Tracey Butler, PALS Manager & Aaron Thorne, PALS
Administrator**

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Report Overview/Executive Summary

This annual report details the key performance and activity during 2022-2023 for formal complaints and concerns. Worcestershire Acute NHS Hospitals Trust (WAHT) aims to provide the highest possible standards of compassionate care and the very best experience for our patients, their carers, families, friends and for our staff. We have created a culture of continuous improvement and learning which we have driven through our clinical strategy and quality improvement strategy.

We invite the public to share feedback about their experience at our hospitals in a variety of ways, including; the Friends and Family Test, local and national patient surveys, at NHS.uk and the Care Opinion websites, through the Care Quality Commission, consultations, engagement workshops and focus groups and on our online social media platforms. We encourage patients, relatives and carers to tell us of any concerns they may have to support us to understand and make any improvements at the time.

In 2022-23 we received 5168 Patient Advice and Liaison Service (PALS) contacts. The PALS service has seen a 12.5% decrease in the number of enquiries received compared to 2021-22.

PALS resolved 79.3% of concerns and enquiries received within 1 working day, which is consistent with 79% in 2021-22. 93% of total cases were responded to between 0-5 working days which was also consistent with 93.6% in 2021-22. Only 0.32% of PALS contacts (17 cases) became formal complaints. This is an improvement and downward trend from 0.52% 2021-22.

The most common subject for PALS, recurring in 1996 cases (38.6%), was "signposting" by the PALS team – this relates to questions that can be answered by PALS without the need to involve another department. The top 3 subjects (Signposting, Communications & Appointments) each represented a larger share of the overall total in 2022-23 compared to the previous financial year but have remained consistent in terms of position.

In 2022-23 we received 710 formal complaints, a substantial increase of 23% on 2021-22. This rise affected complaints response time performance, which fell from 80% in 2021-22 to 67% in 2022-23, below the KPI. 15% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 16% in 2021-22. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience. This report includes further detailed performance information and examples of some of the lessons that we have learned from formal complaints during 2022-23.

Clinical Treatment was the most common subject of complaints. This is consistent with the previous two years, although the proportion has increased slightly. Communications is the second most recurrent subject, consistent with the last two years with a slight increase in proportion has increased. Values & Behaviours has sustained as the third most common subject, as with the above, the proportion has also increased by a small amount.

In 2022-23, WAHT recorded 2886 compliments from patients, carers, relatives and friends. This represents a 26% increase from 2021-22. We are also aware that the Trust receives many more compliments than those recorded on Datix.

Report Purpose

The Trust has a statutory duty to respond to complaints from users of its services and to record and report annually under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009 on the following areas:

- The number of complaints received
- The number received that were well-founded (Upheld)
- The number referred to the Parliamentary and Health Service Ombudsman (PHSO)
- The subject matter of complaints
- Action taken, or being taken, to improve services as a result of complaints received.

This report examines the formal complaints received by the Worcestershire Acute Hospitals NHS Trust in 2022-23 and provides assurance that the Trust is:

- Recording all complaints received, including those referred to PHSO
- Recording concerns raised through the Patient, Advice and Liaison Service (PALS)
- Noting trends in complaints & concerns, including those upheld
- Taking action to address concerns raised by users of its services

About the Complaints & PALS Teams

The Trust operates a partially centralised Corporate Complaints Service, which is linked with Divisional Management and Governance teams. The Trust has a Key Performance Indicator (KPI) to respond to more than 80% of formal complaints within 25 working days of receipt, and a KPI of less than 10% of formal complaints to be reopened with further concerns. Complaints and contacts through PALS are recorded on our complaints management system (Datix), which uses specific, detailed codes to capture the nature of the concerns. Datix allows data to be collated into themes, which enables analysis of trends and also serves to capture learning from complaints which can be shared across the organisation to support and improve the patient experience.

Worcestershire Acute Hospitals Trust is committed to resolving concerns at the earliest opportunity and this is often facilitated by a patient, relative or carer discussing their concerns directly with the service at ward/clinic level. PALS is available to provide confidential advice, support and information to any patient, carer or relative on health related matters where it has not been possible to raise their concern with the service directly, or where someone feels that their concern remains unresolved. The PALS team aim to resolve any concerns that are raised with them quickly and informally within 1 working day where possible. Where necessary, our PALS staff support patients, relatives or carers to raise a complaint and provide the necessary support to begin that process.

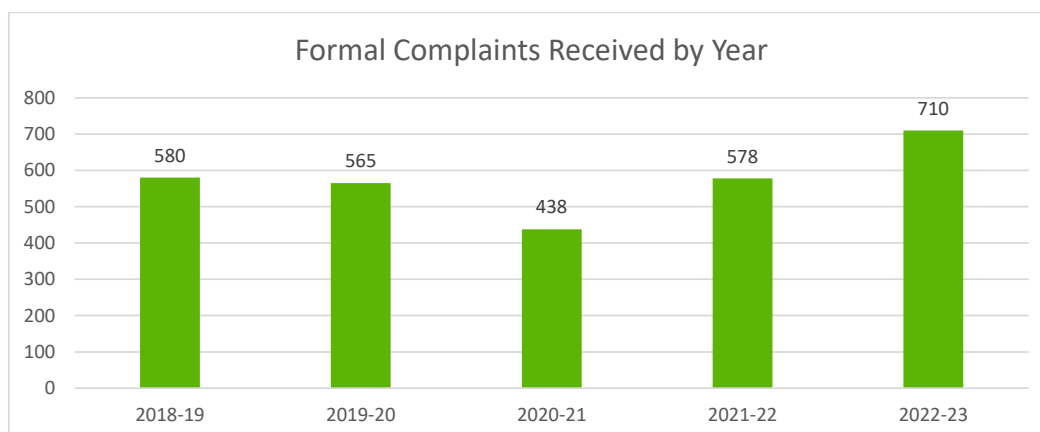
Formal Complaints KPIs

Key Performance Indicators		
Respond to 80% complaints within 25 w/d	<p>The final performance for the year was 67%, a reduction from last year. This reflects a significantly increased number of complaints received and ongoing operational pressured on Trust services.</p> <p>The main area of concern which contributed to the poor performance is the Surgical Division, which received a sustained increased number of complaints and accumulated an ongoing backlog of breaches throughout the year, which remains as of August 2023 at the time of reporting.</p> <p>The Corporate Complaints Team are providing additional support to the Surgical Division in 2023-24; liaising with temporary staff who have been assigned to work on resolving complaints; communicating delays and updates to complainants on behalf of the Division; assisting with drafting complex responses which include elements relating to incidents; prioritising resource to address surgical drafts; providing in depth training on how to use Datixweb to efficiently track open cases by date priority.</p>	Not Compliant
Reopen Less than 10% Cases	<p>14.5% of cases from 2022-23 have been reopened for further investigation; although the KPI has not been achieved, this is a decrease and a sustained improvement from 2021-22 and 2020-21.</p> <p>Based on previous data, there is a risk that as the backlog of cases within the Surgical Division is resolved in 2023-24, a higher number than average complaints will come back with further concerns, meaning that an increase may be seen. In light of this possibility, the Complaints Team will review this KPI, comparatively within the Foundation Group; as this KPI has never been achieved, consideration will be given as to whether it should be adjusted.</p>	Not Compliant

Complaints Activity

The following sections outline in greater detail the number of complaints received across the Trust in the 2022-23, their distribution across the Trust and its divisions, and performance data and analysis.

Figure 1: The number of formal complaints received by year.



- The Trust received 710 formal complaints in 2022-23, 132 more than in 2021-22, which represents a significant increase of 23%, and reflective of an increase on pre-pandemic levels.
- This demonstrates that the resumption of services and activity in the wake of covid, and the ongoing impact of the pandemic, has been felt in terms of increased complaint numbers.

Figure 2: Comparison of the number of complaints received per month by year

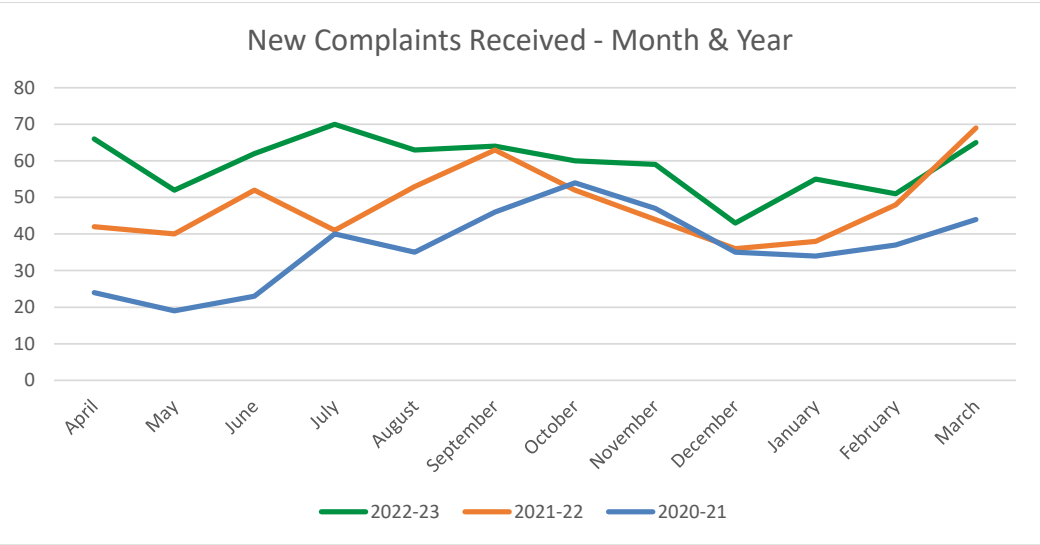


Figure 2 provides an annual comparison of the numbers of complaints received monthly. Complaint numbers show similar variation throughout the months across the last 3 years, with smaller numbers in the winter months before rising in Q1/Q2.

Figure 3: Complaints received by Division by year

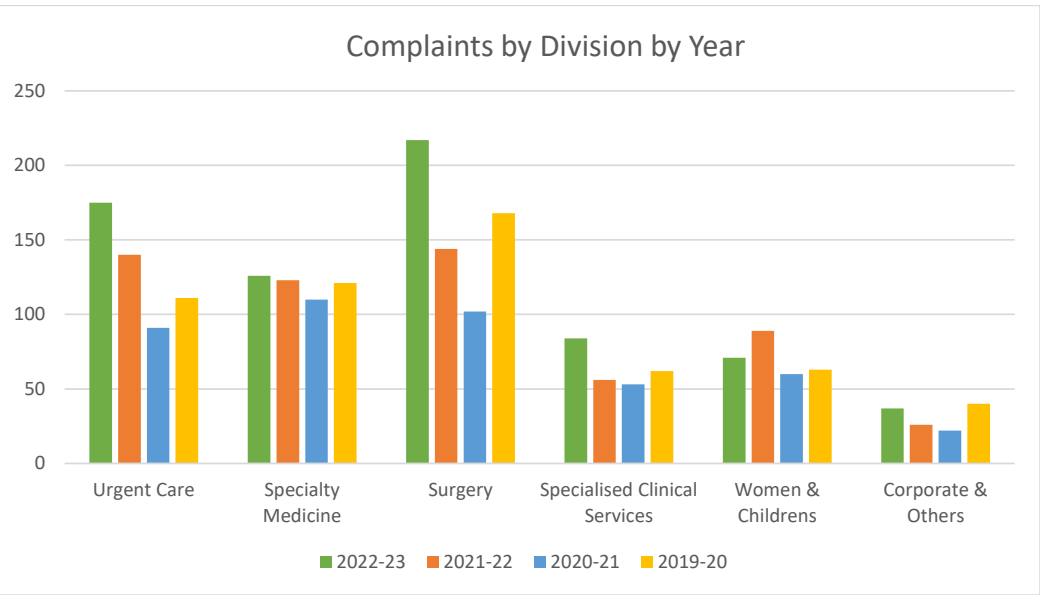


Figure 3 shows that each division (with the exception of Women & Children's) experienced an increase in complaints; the most significant increase from last year was seen in Surgery, with 50% more cases in 2022-23, a continued trend from a 41% increase in 2021-22.

Complaints Performance

Overall performance against the 25 Working Day Response Timescale

The Trust is committed to providing timely complaint responses and has a local standard timescale of a response within 25 working days of receipt. Complaints which require more time to investigate due to complexities should be responded to within 40 working days, and we engage with the complainant to agree this timescale when necessary.

Figure 4: The Trust's performance against the >80% within 25 working days response standard, illustrating a per year view for 2018-19 to present

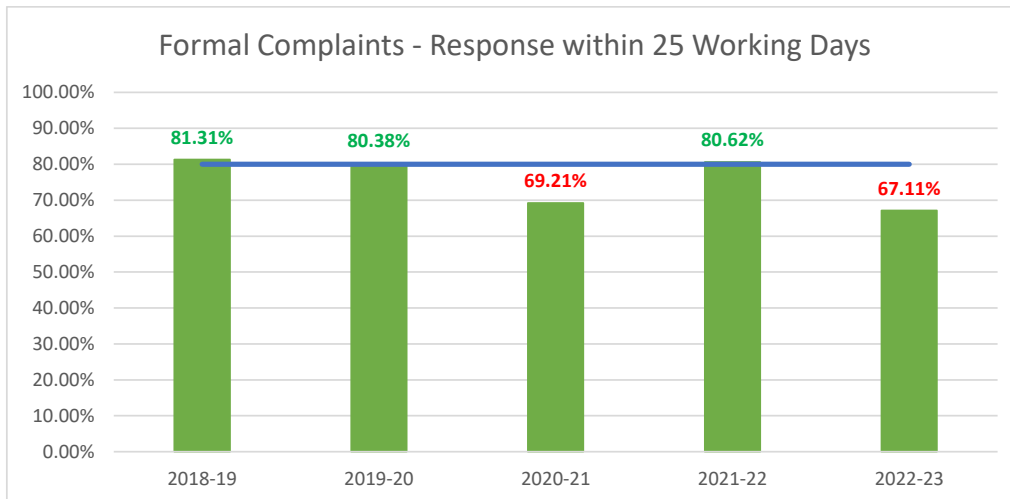
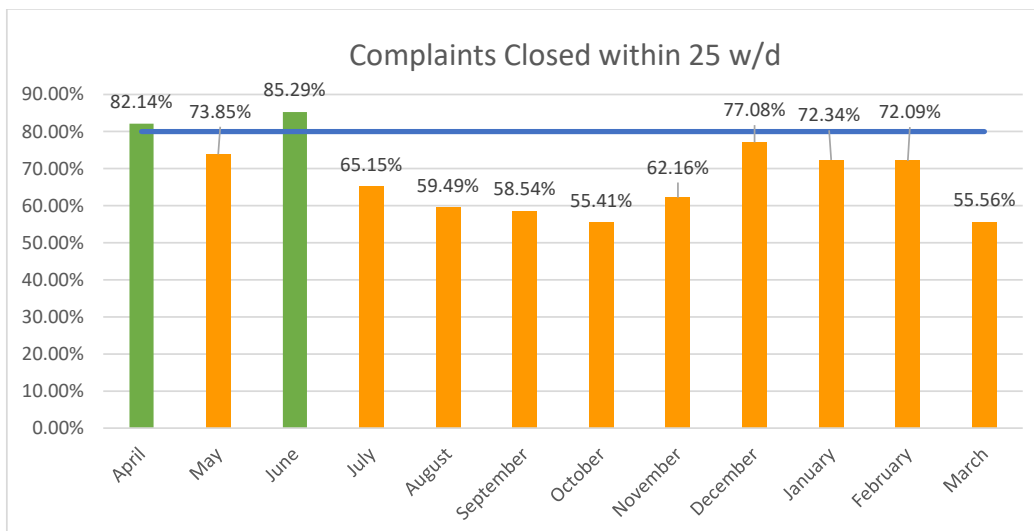


Figure 5: The Trust's performance against the >80% within 25 working days response standard, illustrating a per month view for 2022-23



Divisional Performance & Analysis

Urgent Care	<ul style="list-style-type: none"> Resolved 31% of all Trust complaints informally, and was the division with the highest proportion of complaints resolved in this manner, reflecting the continued focus to address concerns quickly at department level. Responded to 74% complaints within 25 working days, a reduction from 90% in 2021-22 – it should be noted that Urgent Care received a 53% increase in complaints this financial year.
Specialty Medicine	<ul style="list-style-type: none"> Specialty Medicine achieved the highest percentage of complaints that were responded to within 25 working days by a division and improved performance from 94% in 2021-22 to 97% in 2022-23.
Surgery	<ul style="list-style-type: none"> Received the largest number of Complaints for the 4th year running, and an increase of 50% on the previous year. Responded to 47% complaints in time. A large backlog of complaints has accumulated in the Surgical Division over 2022-23 and persists into 2023-24; the closure of a proportion of these breach cases over the year has meant a continued negative effect on the performance against the response KPI.
Specialised Clinical Services Division	<ul style="list-style-type: none"> 75% of complaints responded to within time, a reduction from 87% in 2021-22.
Women & Children's	<ul style="list-style-type: none"> Responded to 38% complaints in time; it should be noted that W&C received a 30% increase in complaints in 2022-23 compared to 2021-22.

Although variable within Q1, it is clearly illustrated that performance suffered throughout the rest of 2022-23, which reflects the continued increase in new cases being received within the Trust for the rest of the financial year.

While Specialty Medicine as one of the larger Divisions achieved and exceeded the KPI at 95%, Urgent Care and SCSD finished slightly below the line at 74% and 75% respectively. The primary cause for the poor performance however was the backlog of breaches in the Surgical Division, and to a lesser extent the Women & Childrens Division, whose share of the total cases has become larger in recent years.

While the Women & Childrens breaches are concerning, these have fluctuated throughout the year and resolved in early 2023-24; the Surgical backlog of cases, caused by staff vacancies and winter pressures in late 2022 followed by the unprecedented operational difficulties arising from the ongoing industrial action and delayed effects of the covid pandemic, has persisted into 2023-24.

A recovery trajectory to resolve the backlog of surgical cases has been agreed with the Division and it is expected that all overdue complaints will be actioned by the end of November 2023.

Formal Complaint Themes

A formal complaint can contain multiple concerns with a number of different areas to investigate, and can be cross-divisional, with concerns relating to different specialties.

To understand all of the themes within complaints, the Trust records and logs the complaint details using national subject codes. The codes highlight the broad main subject as well as the specific sub-subjects to support with detailed reporting, analysis & learning.

Table 6 details the most common complaint subjects in 2022-23 and the change from its position compared to 2021-22.

Table 6: Main most common complaint subjects

Top 3 subjects	Top constituent sub-subjects	Percentage of Total number of Complaints received	Position
Clinical Treatment	<ul style="list-style-type: none"> • Delay or Failure to Diagnose • Delay in Treatment • Delay or Difficulty in Obtaining Clinical Assistance 	35%	↔
Communications	<ul style="list-style-type: none"> • Communication with relatives/carers • Communication with patient • Conflicting Information 	9.7%	↔
Values & Behaviours	<ul style="list-style-type: none"> • Attitude of Nursing Staff • Attitude of Medical Staff • Rudeness 	9.5%	↔

Analysis of Themes

- **Clinical Treatment** was the most common subject of complaints. This is consistent with the previous three years, and the proportion increased from 32% to 35% of the total cases.
- **Communications** was the second most recurrent subject during 2022-23, consistent with 2020-21 & 2021-22 from third place in 2019-20. The proportion has decreased from 29% to 27% of the total cases.
- **Values & Behaviours** was the third most common subject, consistent with 2021-22; the proportion has decreased slightly from 15% to 14% of the total cases.
- **Patient Care** was the second highest recurring subject in 2019-20, but has not been in the top 3 themes of complaints for the last three years.

Actions

- The themes in complaints are recorded on Datix and reported Quarterly to the Trust's Clinical Governance Group, Trust Management Executive and Quality Governance Committee. The Trust Board receives key data every month.
- Themes and learning from complaints by division is highlighted in quarterly divisional reports into the Patient, Carer and Public Engagement Steering Group. This provides a forum to discuss themes and learning and spotlight good practice.
- Themes from complaints in 2023/24 will be included within the fundamentals of care framework, informing the improvement plans that are in development with oversight through the fundamentals of care committee.
- The Patient Safety Incident Response Framework (PSIRF) will be implemented in the Trust in Q3 of 2023-24; this will increase focus on understanding how incidents happen, including the thematic factors which contribute to them. The Complaints Team as part of the Trustwide Clinical Governance Team will be in a position to provide detailed subject data to cross-reference with incident themes and help determine which areas would benefit from scrutiny, investigation and improvement.
- From Q3 of 2023-24 the Complaints Team will provide more detailed subject information in quarterly reporting to Clinical Governance Group, including top themes as standard but widening to highlight the most recurrent sub-subjects and specific units and sites. Any areas of specific interest will be flagged ad hoc to the relevant senior management team/department (i.e. attitude of staff to relevant divisional directors).
- Complaints concerning specific subjects (such as Nutrition & Hydration, Vulnerable Adults etc) are reported into the corresponding regular committees by location, with comparative quarterly data to highlight potential areas of concern.
- In Q3 of 2023-24 the Complaints Team will explore reporting focusing on complaints relating to staffing levels and staff attitude, by specific ward/location, and liaise with the necessary departments to provide this on a regular basis to identify any potential areas of concern.

Complaints Demographic Data

Ethnicity of Patient

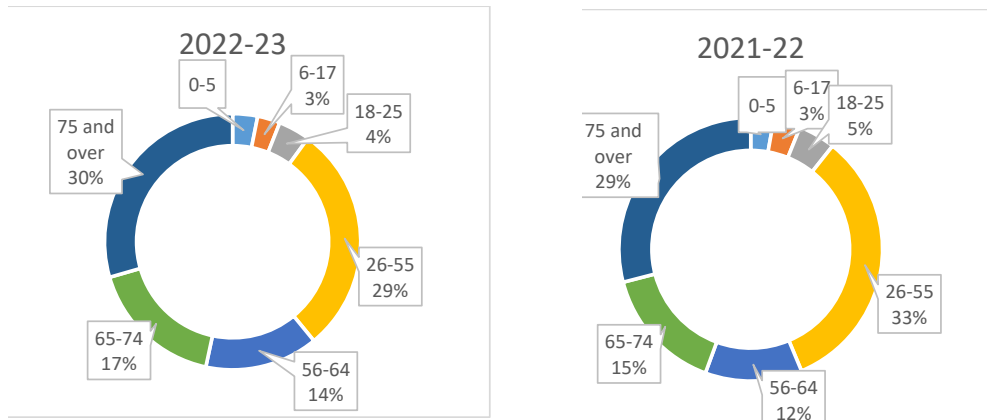
Ethnic origin codes are recorded on the Trust's Patient Administration System; for complaint cases this is added to Datix to capture the ethnic diversity of patients who are the subject of complaints. The ethnicity of the complainant (if they are not the patient) is not recorded. The specific codes have been collated to census data for Worcestershire from 2021 for comparison:

Ethnicity Grouping	Percentage of Complaints	2021 Census Data
White Category Total	97.2%	93.8%
Asian or Asian British	1.05%	3.1%
Other Ethnic Group	0.35%	0.6%
Black or Black British	0.70%	0.7%
Mixed Multiple Ethnic Group	0.70%	1.9%

The large majority of people who were the subject of a complaint in 2022-23 were White-British or White-Other White/White-Irish, reflecting the county's demographic profile. Aside from patients who did not state their ethnicity, 2.8% of complaints related to patients from other ethnic backgrounds.

Age Band of Patients who were subject of Complaints

Figure 7: Age Band of Patients subject of Complaints 2022-23 & 2021-22



In 2022-23 the majority of complaints related to patients aged between 26-55 and aged 75 and over, each making up approx. 30% of the total complaints received; this is consistent with 2021-22 shown above, and the two previous financial years. These two groupings were also largest when compared with national data.

It should be noted that Worcestershire does have a larger proportion of people over 75 compared to the national average.

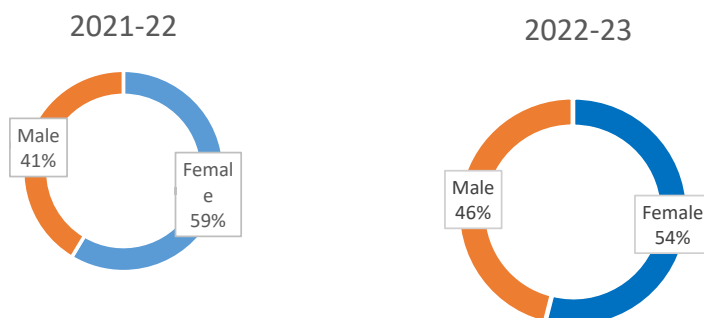
Actions

- Information is available across the Trust inviting patients, their carers, friends and families to share concerns or complaints; for example this includes posters in Children's departments

about young people's rights to ensure that everyone is aware that they have the right to complain about their experience or treatment regardless of age.

Gender of Patients who are the subject of complaints

Figure 8: Gender of Patients subject of Complaints in 2021-22 & 2022-23



- In 2022-23 the majority of complaints submitted related to female patients, consistent with 2020-21 & 2021-22, although the proportion had narrowed slightly.
- The population of the county based on 2021 census data is 51% female.
- This disparity can be accounted for by the higher than average population of older people in Worcestershire and the average life expectancy being higher for females

Upheld Status of Complaints

A complaint can be 'Upheld' if:

- we did not get it right for the patient or their family;
- we were not customer focused or open and accountable in our dealings with them;
- we were not fair and proportionate, or;
- there was an area for improvement or redress.

Figure 9: Upheld Status 2022-23 and 2021-22

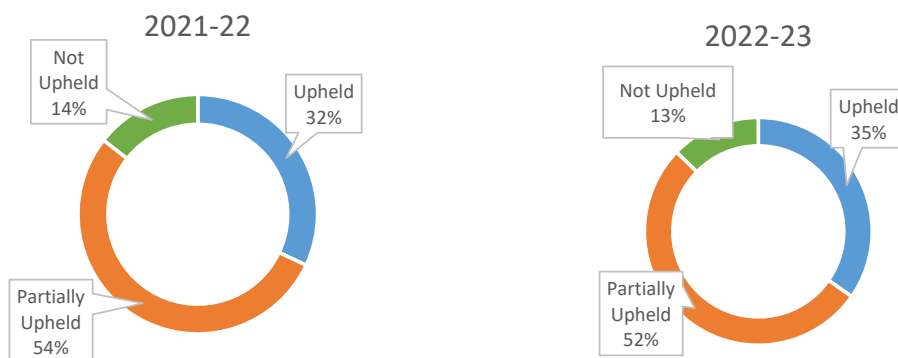


Figure 9 provides a breakdown of the Upheld Status of complaints. From 710 cases received in 2022-23, of those closed at the time of reporting:

- 237 were Upheld - 35%,
- 359 were Partially Upheld - 52%
- 87 were Not Upheld – 14%

This demonstrates that whilst the number of cases has increased, the proportion upheld is consistent with the last financial year.

Complaints Reopened with Further Concerns

If a person who formally complains to the Trust is dissatisfied with our response, they can contact the Complaints Team again who will reopen their case; this is referred to as a 'further concern' and the process is supported by a local resolution approach.

The Trust has a KPI of less than 10% of cases closed to be returned for further review. This KPI has not been achieved since its implementation in 2011, and the figure has remained between 14%-20% consistently in previous years. In 2022-23, 14.5% of complaints received were re-opened for further investigation, a reduction on the two previous years and consistent with 2019-20.

In Q3 2023-24 the Complaints Team will liaise with the other Trusts within the Foundation Group and other local organisations to benchmark this KPI and return rate, for consideration as to whether it should be adjusted moving forwards.

As the number of reopened cases can increase throughout the year (given that complainants may choose to reopen their case at any time) the percentage performance has been calculated as a snapshot at the time of reporting (mid-June 2023).

Figure 10: Percentage of complaints received which were later returned for further local resolution by year

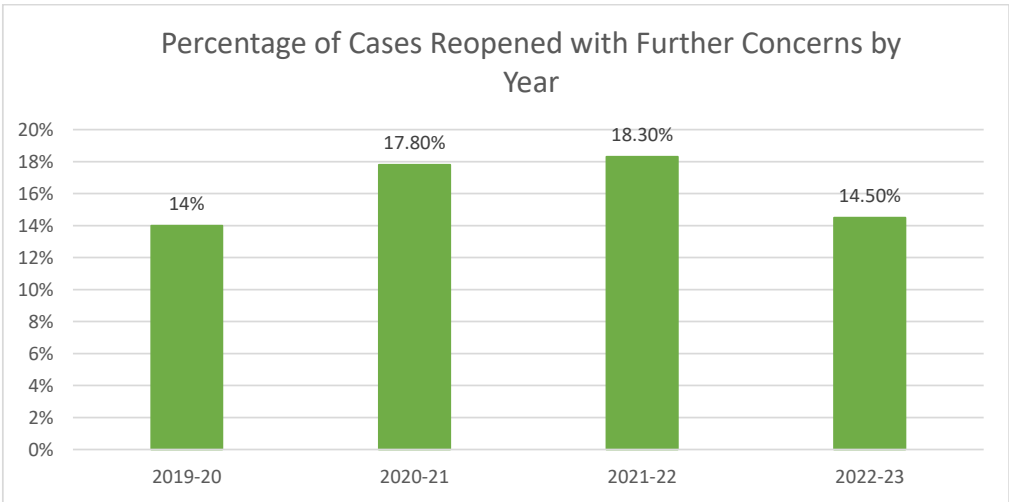
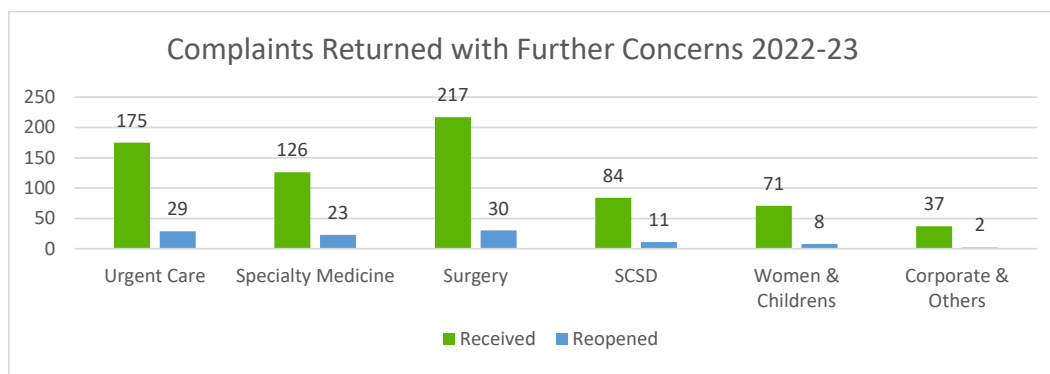


Figure 11: The number of complaints received by Division in 2022-23 and the number of which were later returned for further local resolution.



Divisional Breakdown of Further Concerns

Key: arrow direction denotes increase (up) or decrease (down) – RAG rating indicates status

Urgent Care	16% return rate, an increase compared to 2021-22	↑
Specialty Medicine	18% return rate, a reduction compared with 2021-22.	↓
Surgery	14% return rate, a reduction compared to 2021-22.	↓
SCSD	13% return rate, a reduction compared to 2021-22.	↓
Women & Children's	11% return rate, a small increase compared to 2021-22	↑
Corporate & Other Services	5.4% return rate, a significant reduction from 2021-22	↓

Analysis & Action

A review of a sample of reopened cases found that:

- 42% disagreed with the content of the initial complaint response
- 29% had further questions arising from the content of the initial response.
- 19% felt that elements of their complaint had not been adequately addressed in the response.
- 10% gave other reasons (such as requests for compensation/meetings).

This suggests that the Trust's responses may not be comprehensive enough in the majority of these cases.

- Based on previous resolution of backlogs, it is likely that as the backlog of cases within the Surgical Division is resolved in 2023-24 a higher number than average will come back with further concerns, meaning that an increase may be seen given the dissatisfaction of complainants who have been waiting for an extended time.
- In 2022-23, the importance of initial telephone contact to support resolution and satisfaction for complainants was a key emphasis, with discussion of current performance and targets highlighted at regular meetings; work will be carried out in Q3 & Q4 of 2023-24 to introduce further monitoring of telephone compliance.

Learning & Actions from Complaints

It is important for the Trust to effectively utilise the information it gains as a result of complaints. Monitoring data collected from complaints plays a key role in improving the quality of care received by patients and their experience. The lessons learned and trends identified enable the Trust to learn, change, improve and evolve in response to its complaints.

Included below is a snapshot of lessons learnt and actions implemented during 2022-23 as a result of formal complaints. It is recognised that the Trust needs to focus more on themes moving forwards which inform and drive the quality improvement agenda and that learning is shared across the Trust in a standardised way. There will also be a renewed focus on engaging patients and families and co-production to ensure that the patient's voice remains front and centre.

Concern/Complaint	Action Taken/Learning
Elderly patient discharged from Medical Short Stay with no paperwork and two cannulas left in situ	MSSU have introduced Patient Discharge and Transfer checklist which includes a number of fields regarding diagnosis, transport, communication with relatives and confirmation of cannula removal
A blood sample was taken from a new-born to check for jaundice and was not reported on in an adequate timeframe. This led to a second sample being taken which, in turn, caused a delay to the patient receiving treatment.	The investigation found that due to an IT failure, the request for analysis did not transfer to the analytical equipment. The delay was not identified until the following morning and the process to take a follow up sample had already begun. As a result of this, an 'urgent dashboard' has been implemented within Pathology to easily identify samples that are urgent and have not been processed before the delay becomes significant.
Patient complained about poor communication when isolated due to infection concerns and the subsequent effect this had on her care experience, with restricted access to food and drink, and the challenges experienced when trying to change bedsheets, obtain medical reviews etc – due to her, and her families movements (secondary to needing to remain isolated) being curtailed.	Meeting held with patient to fully understand concerns; ward rounds on Postnatal Ward are now monitored to ensure daily review takes place. Infection Prevention & Control training needs identified in postnatal support staff and domestic teams and addressed; anonymised complaint shared with maternity staff to ensure wider learning and understanding of impact on their experience.
The location of the CT Scanning Department was given as being in the Imaging Department on an appointment letter, when it is actually referred to as the X-ray Department on signage	The Radiology Department has altered their appointment letters to ensure that the area a patient has to attend for their investigation, as described in the instructions, matches the signage in each of its departments.

Next Steps

- Reports on quarterly improvements implemented by divisions and lessons learned following complaints are presented at the Patient, Carer, Public Engagement Steering Group. This will enable reflection on themes, shared learning and best practice.
- More detailed tracking and reporting of specific actions taken as a result of complaints will be developed within Datix, which can then be shared more easily across the organisation to ensure lessons can be learned by all departments.
- Implementation of monthly surveys across all in-patient wards surveying patients and carers to gain real time feedback on the quality of care to identify areas for improvement which will be taken forward by individual ward teams – with progress reported to the Fundamentals of Care Committee.
- Produce regular thematic reports on reopened complaints to identify reasons and areas for action/need for additional training.

Parliamentary Health Service Ombudsman (PHSO)

A complainant may refer their complaint to the PHSO if they do not feel that the Trust has responded to all of their concerns, or if they are unhappy with the way in which we have dealt with their complaint. The PHSO provides the Trust with the opportunity to ensure that all local resolution has taken place and provides an independent view on the complaint.

Separate to the Trust's initial findings, the PHSO investigation also results in a separate outcome of Upheld, Partially Upheld or Not Upheld for the complaint, depending on whether they find that the Trust has acted correctly or if there was a problem/failing.

If the complaint is Upheld or Partially Upheld, the PHSO can make recommendations to put things right. The complaint is Not Upheld when the PHSO feels the Trust has acted correctly, or that there was a problem but we have already done enough to put things right.

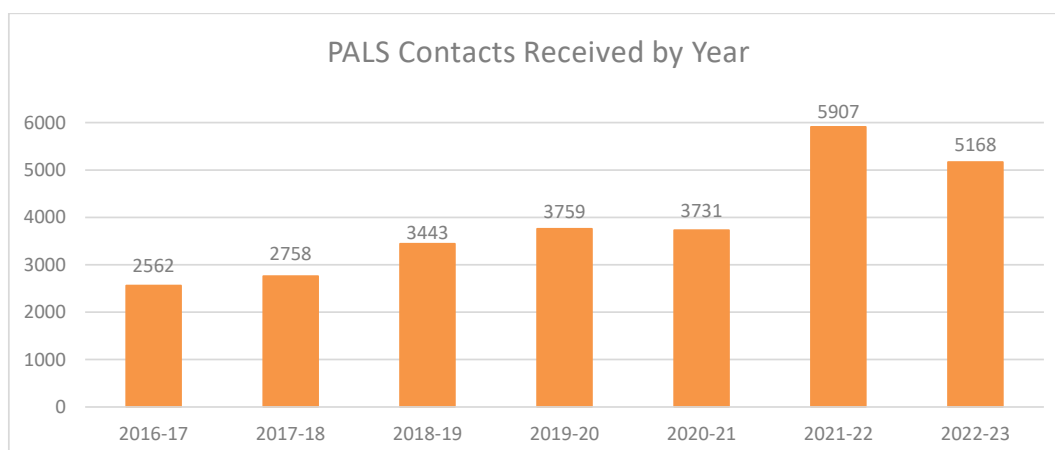
Activity	
↑	3 PHSO investigations were finalised during 2022-23. 1 was Upheld and 2 were Partially Upheld.
↑	3 cases raised with the PHSO were discontinued or resulted in no investigations further to agreed local resolution
↑	In addition during 2022-23 the PHSO confirmed their intention to investigate 3 cases (compared to 2 in 2021-22, 4 in 2020-21 and 7 in 2019-20)

Continued Improvement	
↑	In both of the cases that were Partially Upheld, the complainant was sent a letter of apology and a cheque in recognition of distress caused. In the case that was Upheld, the complainant was sent a letter of apology and a detailed action plan formulated by the divisional team involved outlining how similar issues would be prevented in the future.
↑	The number of queries received from the PHSO during 2022-23 was reduced by 30% when compared to 2021-22. This, taken in conjunction with the discontinued cases and smaller number of confirmed investigations, as well as the reduced number of reopened complaints at the local resolution stage, suggests that the Trust's completed investigations were more robust and/or complainants were more satisfied with the outcomes of the investigations.

Patient Advice and Liaison Service (PALS) Activity

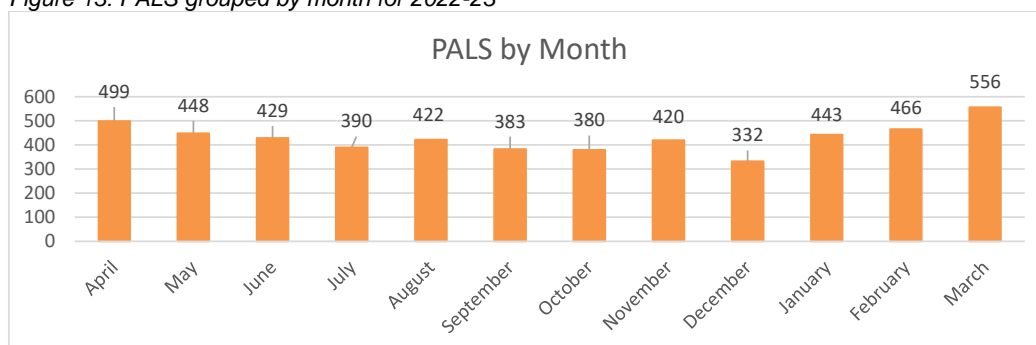
The following sections outline the activity carried out by the Patient Advice & Liaison Service over 2022-23, with numbers of cases, themes and response times highlighted.

Figure 12: PALS Annual Numbers



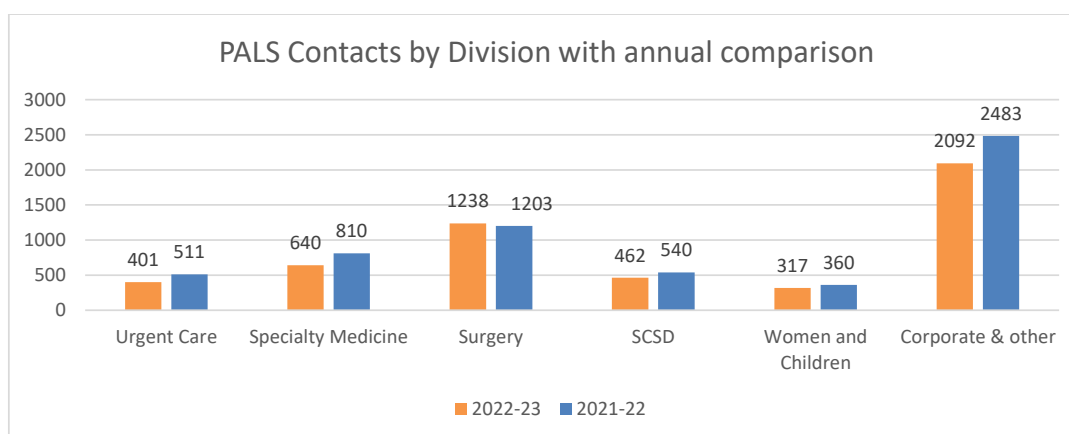
The concerns and queries cover every area across the Trust, demonstrating an awareness of the service for the public and staff.

Figure 13: PALS grouped by month for 2022-23



- The breakdown illustrated in figure 13 shows that the numbers have increased month on month over Q4 however over the last year PALS concerns have remained at a consistent level and above previous records.
- The number of PALS concerns is significantly larger when compared with the number of formal complaints received across the Trust.

Figure 14: PALS by Division



Corporate and Other Services received the greatest number of enquiries in 2022-23, which is consistent with previous years. These related to general signposting enquiries including how to access health records, information on the complaints process and queries relating to other services in the community, other hospitals, GP surgeries and the Herefordshire and Worcestershire Health and Care Trust.

PALS Themes

Table 15: Top subjects and related sub-subjects in 2022-23.

Top 5 Subjects	Top Sub-subjects	Percentage of Total	Position
PALS Signposting	<ul style="list-style-type: none"> Redirected to Appropriate Trust Advice Given – No Action Needed 	38%	↔
Communications	<ul style="list-style-type: none"> Other - Communications Communication with Patient or Relative Communication with Relatives 	31%	↔
Appointments	<ul style="list-style-type: none"> Other – Appointments 	19%	↔

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Complaints & PALS Annual Report 2022-23

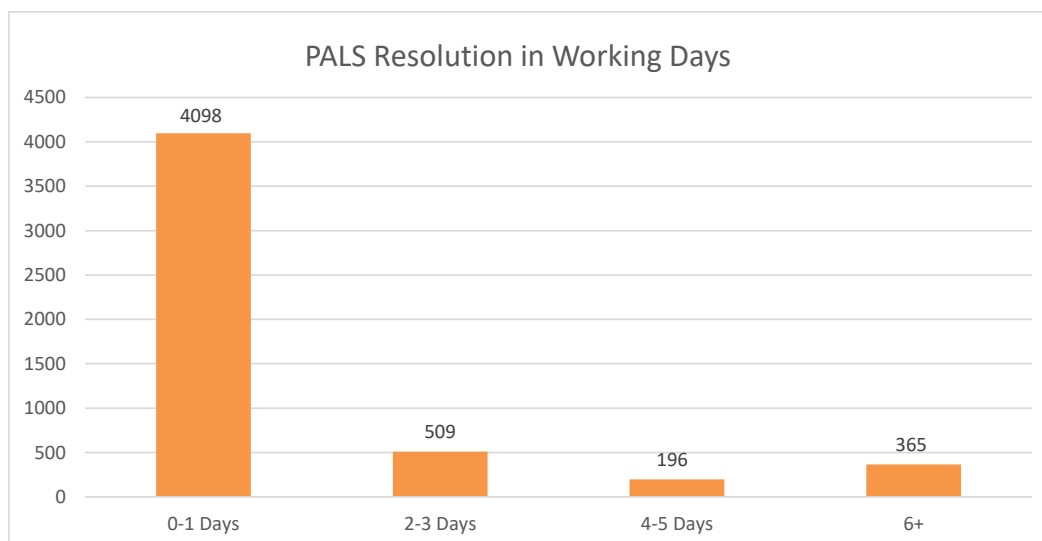
	<ul style="list-style-type: none"> Appointment Delay (including Length of Wait) Failure to Provide Follow-up 		
Clinical Treatment	<ul style="list-style-type: none"> Other – Clinical Treatment Delay or Failure in Treatment/Procedure Delay or Failure to Diagnose 	8%	↔
Admissions/Discharge	<ul style="list-style-type: none"> Discharge Arrangements (inc lack of or poor planning) Discharge with incorrect/incomplete/without TTO's 	4%	↑

- The most common subject, recurring in 1996 cases (38.6%), was “signposting” by the PALS team – this relates to questions that can be answered by PALS without the need to involve another department.
- The positions of the top 4 subjects have remained consistent with 2021-22.

PALS Performance

The PALS team will raise concerns with the relevant department to facilitate resolution as quickly as possible and the Trust aims to respond to all PALS concerns and queries within 1 working day; Figure 16 demonstrates that a significant proportion of the total PALS concerns received are dealt with promptly within this timescale, and that good communication with teams around the Trust is in place to ensure this process; a sustained reduction in formal complaints over the past 4 financial years can be attributed in part to the large volume of concerns that are resolved informally via PALS.

Figure 16: PALS Resolution Time in working days.



Method of Contact

The PALS team can be contacted by telephone, email or by post; an external telephone line is available between 08:30 to 16.00 on weekdays; there is also a facility to leave voicemails which are returned within one working day. The PALS email address is available for patients, carers, families and friends to write in with their concerns; emails are acknowledged and PALS will advise on and discuss the action the service can take to resolve concerns with the relevant teams.

Table 17: Methods of contact for PALS cases – 2022-23 and 2021-22 comparison.

Method	2022-23		2021-22
Telephone	2374 (37% Decrease)	↓	3809

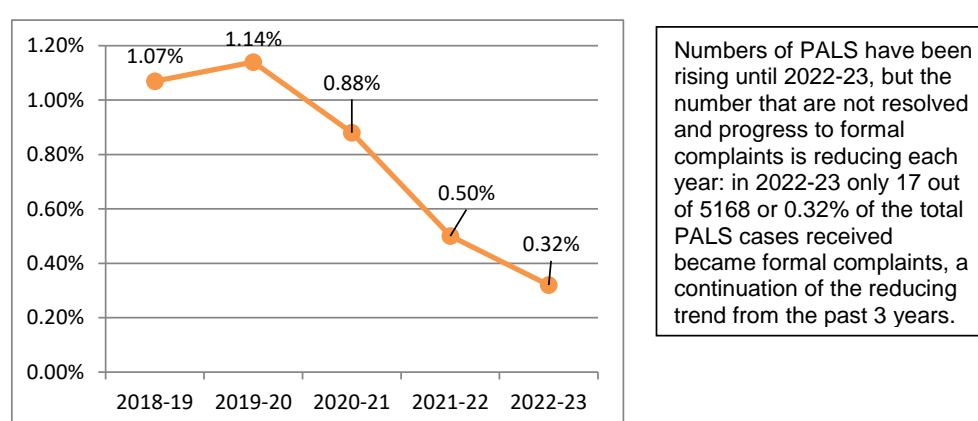
Email	2780 (35% Increase)	↑	2063
Letter	14 (50% Decrease)	↓	28

Table 17 demonstrates that the majority of patients, relatives and carers now contact the PALS team by email and this has increased in comparison with 2021-22; telephone contact has decreased significantly.

PALS to Complaints

One of the aims of the PALS service is to resolve concerns promptly and prevent patients, relatives or carers from needing to engage in a lengthy complaint process; occasionally, despite the efforts of PALS and the divisional teams responsible for resolving concerns, some cases will progress to a formal investigation. Figure 18 shows the percentage of PALS cases per year that become formal complaints; it should be noted that this figure was below 1% for the third consecutive year in 2022-23.

Figure 18: Percentage of PALS which became Formal Complaints by Year



Key Achievements in 2022-23

- PALS contact numbers were reduced in 2022-23 by 12.5%.
- PALS resolved 79.3% of concerns and enquiries received within 1 working day which is consistent with 79% for 2020-21 & 2021-22. 93% of total cases were responded to between 0-5 working days which was also consistent with 93% in 2020-21 & 2021-22.
- 0.32% of PALS contacts (17 cases) became formal complaints. This is an improvement and downward trend from 0.52% 2021-22.
- Despite a significant increase in formal complaint numbers being received into the Trust, the Complaints Team were able to process and acknowledge all complaints within 3 working days with no delays.
- Despite an increase in the number of cases, the proportion upheld was consistent with the last financial year.
- In 2022-23, 14.5% of complaints received were re-opened for further investigation, a reduction on the two previous years and consistent with 2019-20.
- 3 out of 5 clinical Divisions reduced the number of reopened cases in 2022-23
- The number of queries received from the PHSO during 2022-23 was reduced by 30% when compared to 2021-22.
- 15.6% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 16% in 2021-22. This provided timely resolution for complainants and improved patient/carers/public satisfaction and experience.
- In 2022-23, WAHT recorded 2886 compliments from patients, carers, relatives and friends. This represents a 26% increase from 2021-22.

Priorities for 2023-24

We will continue to focus on Quality Indicators throughout 2023-24, to build on progress made before the pandemic and return performance levels to target.

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints and PALS services can be effective in resolving the majority of queries or outstanding concerns.

In 2023-24, we will continue to focus on two Quality Indicators as our drivers for continued Quality Improvement:

Quality Indicator 1: We will respond to complaints within 25 working days of receipt and ensure we create learning from the themes from complaints.

Our position for 2022/23 was 67.11%	Our target for 2023/24 is 80%
-------------------------------------	-------------------------------

In 2023/24 we will:

- In Q3 support the Surgical Division to resolve their backlog of complaint cases and return performance to above KPI.
- Reintroduce monthly focused divisional meetings beginning in Q3; with Divisional Management/Divisional Governance Teams as applicable. These will focus on actions within Divisions to improve on KPI adherence as well as quality metrics including lessons and actions recording.
- Increase focus on Learning from Complaints; work with divisional teams to ensure that lessons learned are recorded in a high level of detail and ways to demonstrate evidenced outcomes will be explored.
- Source additional resources and training material focusing on the quality of responses;
- Review the Trust's organisational maturity in line with the Complaints Standards Framework developed by the Parliamentary & Health Service Ombudsman; this will be carried out in Q2/Q3 and the results will lead to recommendations for improvements to the implementation of the Complaints process at WAHT.
- Reports on quarterly improvements implemented by divisions and lessons learned following complaints will be presented at the Patient, Carer, Public Engagement Steering Group. This will enable reflection on themes, shared learning and best practice.
- More detailed tracking and reporting of specific actions taken as a result of complaints will be developed within Datix, which can then be shared more easily across the organisation to ensure lessons can be learned by all departments.
- Produce regular thematic reports on reopened complaints to identify reasons and areas for action/need for additional training.

Quality Indicator 2: We will reduce the number of complaints returned from those who are not satisfied with the response.

Our position for 2022/23 was 14.5%	Our target for 2023/24 is 12.5%
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In 2023/24, we will:

- Following reduction of the backlog of complaints in the Surgical Division, explore the rollout of surveying patients and carers to gain feedback on the quality of the process and identify areas for improvement.
- Review the current service function of the complaints process and Complaints Team to ensure the Trust meets the PHSO National Complaints Standards Framework.
- Explore and examine reopened complaints to identify and report on emerging themes where there are areas for action/need for additional training.

Conclusion

The Trust has strong, well-established processes for dealing with complaints, however the increased amount received in 2022-23 has posed a significant challenge. It is noted that the rise in complaint numbers is the first significant increase in over 10 years, and has had a clear impact on performance against the response time KPI, especially in Divisions which receive a larger volume; the partially centralised model of complaints management in use at Worcestershire Acute is inconsistent across Divisions and does not have proportionately allocated staffing resource – as such, there is a risk that a sustained increase could result in an extended and unacceptable delays to the process, causing additional distress to complainants who have already had difficult experiences. This could potentially lead to reputational damage for the organisation and a rise in legal claims due to unresolved complaints.

In 2023-24, it will be crucial for the Divisional Teams to clear their backlogs of breached cases, or maintain good performance from the previous financial year.

A number of initiatives and projects were planned for 2022-23 focusing on the quality of complaint responses and investigations, which could not be progressed due to the significant pressure on staffing teams across the Trust, both corporately and in the divisions, coupled with the increase in complaint cases received; these projects will be revisited in 2023-24, contingent on a reduction of the backlog of cases. The Complaints Team and Trust Clinical Governance Team will also focus on exploring alternative models in use at other organisations, in order to consider proposals for improved methods of working to optimise response times and extracting learning from complaints.

Both the Complaints and PALS Teams will continue to work towards our ambition to ensure that each and every patient and their carer, family and/or friends have a positive, person-centred, experience of care across our Trust. Learning, identifying and sharing good practice from the investigations into patient/carers complaints and concerns raised remains fundamental to achieving this ambition.

End of Report

Meeting	Public Trust Board
Date of meeting	18 September 2023
Paper number	Enc J

Standing Orders Updates

For approval:	X	For discussion:		For assurance:		To note:	
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Accountable Director	Rebecca O'Connor, Director of Corporate Governance		
Presented by	Rebecca O'Connor, Director of Corporate Governance	Author /s	Rebecca O'Connor, Director of Corporate Governance

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Audit & Assurance Committee	8 August 2023	Noted

Recommendations	To approve the proposed amendments to the Trust's Standing Orders.
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Executive summary	<p>In June 2023, the Trust Board approved an application to join the Foundation Group. This application was considered and accepted by the three Trust Boards within the Foundation Group in July 2023.</p> <p>As a result of these decisions, the Trust is required to make a number of enabling changes to its Standing Orders. These changes are subject to the approval of the Trust Board and have been subject to legal review.</p> <p>The proposed changes are summarised as follows:</p> <ol style="list-style-type: none"> 1. Updates to Board composition to enable the voting rights of the Managing Director and ensure compliance with National Health Service Trusts Membership and Procedure Regulations 1990. This Regulation places restrictions on the number of voting executives (5) and also the number of voting board members, excluding the Chair (12). 2. Incorporation of the Strategy Committee (in common) as a sub Committee of the Trust Board 3. Removal of the Finance and Performance Committee as a Committee of the Trust Board – this will be replaced, following a period of double running, with an executive group as described in the Foundation Group model 4. Updates throughout to modernise terminology and replace the word Chairman with Chair <p>Any further changes will be subject to review as the Foundation Group arrangements develop. This may include for example, consideration of</p>
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Meeting	Public Trust Board
Date of meeting	18 September 2023
Paper number	Enc J

	alignment of the broader governance framework such as Schemes of Delegation and Standing Financial Instructions.
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Risk												
Which key red risks does this report address?	-			What BAF risk does this report address?			All					
Assurance Level (x)	0	1	2	3	4	5	6	X	7	N/A		
Financial Risk	N/A											
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 Standing Orders

Approved by the Board of
Worcestershire Acute Hospitals NHS Trust
September 2020

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

STANDING ORDERS

Approved by the
Audit and Assurance Committee – 14 July 2020
Trust Board – 10 September 2020

This document was completed
by, and queries should be
directed to:

Company Secretary

Version history			Notes
V1.0	Apr 2012	Review	
V2.0	Jan 2014	Update	
V3.0	Sept 2017	Update and rewritten to be user friendly and incorporate new legislation	Credit – North Bristol NHS Trust
V3.1	July 2020	Review	
V4	August 2023	Update to reflect Foundation Group membership	

Trust Standing Orders

Approved by the Board of
Worcestershire Acute Hospitals NHS Trust
September 2020

Purpose

NHS Trusts are required by law to make Standing Orders (SOs), which regulate the way in which the proceedings and business of the Trust will be conducted.

High standards of corporate and personal conduct are essential in the NHS. These Standing Orders, together with the Standing Financial Instructions (SFIs), Schedule of Reservations of Powers (SRP) and Scheme of Delegated Authorities (SoDA) identify who in the Trust is authorised to do what.

Key messages

- These documents provide the key rules under which the Trust is managed and governed.
- The regulations which determine the way that the Trust Board operates and the Trust is governed are spelt out in the Standing Orders.
- Financial responsibilities and authorities are described in the SFIs and SoDA

All employees of the Trust need to be aware of their responsibilities and authorities described in this document

Various legislation is relevant to the contents of the SOs and these are identified in the text. The SOs refer to the following Trust Policies:

- Policy Standards of Business Conduct, incorporating anti-bribery and corruption policy; and the recognition and treatment of conflicting interests, gifts and hospitality
- Counter Fraud and Corruption Policy

The NHS Trust Development Authority Accountability and Performance Management Framework may also be helpful.

Who should read this policy?

- All individuals employed or engaged by the Trust who have been given resource management and decision making authorities need to have a reasonable understanding of the extended SOs.
- All should be aware that the SOs exist and what they contain.

Trust Standing Orders

Approved by the Board of
Worcestershire Acute Hospitals NHS Trust
September 2020

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Trust Standing Orders

Approved by the Board of
Worcestershire Acute Hospitals NHS Trust
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Foreword to Standing Orders

NHS Trusts are required by law to make Standing Orders (SOs), which regulate the way in which the proceedings and business of the Trust will be conducted. Regulation 19 of the NHS Trusts (Membership and Procedure) Regulations, 1990 (as amended) requires the meetings and proceedings of an NHS trust to be conducted in accordance with the rules set out in the Schedule to those Regulations and with Standing Orders made under Regulation 19(2).

These Standing Orders and associated documents are extremely important. High standards of corporate and personal conduct are essential in the NHS. As the NHS is publicly funded, it is accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money. The Standing Orders, Standing Financial Instructions, procedures and the rules and instructions made under them provide a framework and support for the public service values which are essential to the work of the NHS of:

- Accountability – the ability to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- Probity – an absolute standard of honesty in dealing with the assets of the Trust; integrity in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.
- Openness – transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public.

Additional documents are:

- Standing Financial Instructions, which detail the financial responsibilities, policies and procedures to be maintained by the Trust.
- Schedule of Decisions Reserved to the Board of the Trust
- Scheme of Delegated Authorities, which sets out delegated levels of authority and responsibility

These Standing Orders set out the ground rules within which Board directors and staff must operate in conducting the business of the Trust. Observance of them is mandatory. Such observance will mean that the business of the Trust will be carried out in accordance with the law, Government policy, the Trust's statutory duties and public service values. As well as protecting the Trust's interests, they will also protect staff from any possible accusation of having acted less than properly.

All executive and Non-Executive Directors and senior staff are expected to be aware of the existence of these documents, understand when they should be referred to and, where necessary and appropriate to their role, make themselves familiar with the detailed provisions.

Introduction

- I. The Worcestershire Acute Hospitals NHS Trust (the Trust) is a statutory body which came into existence on 1 January 2000 under The Worcestershire Acute Hospitals NHS Trust (Establishment) Order 1999 No. 3473, (the Establishment Order).
- II. The principle places of business of the Trust are:-
Alexandra Hospital, Woodrow Drive, Redditch, B98 7UB
Kidderminster Hospital, Bewdley Road, Kidderminster, DY11 6RJ
Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD
- III. NHS Trusts are governed by statute, mainly the National Health Service Act 2006 and the Health and Social Care Act, 2012.
- IV. The statutory functions conferred on the Trust are set out in the NHS Act 2006 (Chapter 3 and Schedule 4) and in the Establishment Order.
- V. As a body corporate the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health. The Trust also has a common law duty as a bailee for property held by the Trust on behalf of patients.
- VI. The Code of Accountability (DH, revised April 2013) requires that boards draw up a schedule of decisions reserved to the Board and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior managers. The Code of Accountability makes various requirements concerning possible conflicts of interest of Board directors. The Membership and Procedure Regulations, 1990 requires the establishment of audit and remuneration committees with formally agreed terms of reference.
- VII. The Code of Practice on Openness in the NHS (NHS Executive, 1995), as revised by the Freedom of Information Act, 2000 and the Environmental Information Regulations, 2004 sets out the requirements for public access to information on the NHS.
- VIII. Through these Standing Orders, the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of the Standing Orders; or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State for Health may direct.

1. Interpretation

- IX. The Chair of the Trust is the final authority in the interpretation of Standing Orders on which the Chief Executive, guided by the Company Secretary, shall advise and in the case of Standing Financial Instructions be advised by the Director of Finance.
- X. The following definitions apply for this document.

Legislation definitions:

- the **2006 Act** is the National Health Service Act, 2006
- the **2012 Act** is the Health and Social Care Act, 2012
- **Membership and Procedure Regulations** are the National Health Service Trust (Membership and Procedure) Regulations 1990 (SI(1990)2024), as amended.

Other definitions:

- **Accountable Officer** is the officer responsible and accountable for funds entrusted to the Trust; and is responsible for ensuring the proper stewardship of public funds and assets. The Chief Executive, or their appointed replacement, is the Accountable Officer for this Trust.
- **Budget** is the plan, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- **Chair of the Trust** is the person appointed by the Secretary of State for Health to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression “the Chair of the Trust” shall, if the Chair is absent from the meeting or otherwise unavailable, be deemed to include the Vice-Chair of the Trust, or other Non-Executive Director as is appointed in accordance with Standing Order 12.
- **Chief Executive** is the chief officer of the Trust.
- **Committee** is committee appointed by the Trust Board.
- **Committee Members** are formally appointed by the Trust Board to sit on, or to chair specific committees.
- **Clinical Directors** are specialty leads reporting to and accountable to the Chief Executive, with professional oversight from the Divisional Medical Directors. They are **excluded** from the term “Director” for the purposes of this document, unless specifically stated otherwise.
- **Company Secretary** is the officer appointed to provide advice on corporate governance issues to the Board and the Chair; and monitor the Trust’s compliance with the law, Standing Orders, and Department of Health guidance.
- **Directors** are the Non-Executive Directors and the Executive Directors
- **Director of Finance** is the Director of Finance; and is the chief finance officer of the Trust.
- **Establishment Order** is the The Worcestershire Acute Hospitals NHS Trust (Establishment) Order 1999 No. 3473.
- **Executive Director** is an officer of the Trust. Up to five will be voting members of the Trust Board, appointed in accordance with the Membership and Procedure Regulations, 1990. The remainder will not be eligible to vote on the Trust Board.
- **Funds Held on Trust** are those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Part 11 (eleven) of the NHS Act 2006. Such funds may or may not be charitable.
- **Motion** is a formal proposition to be discussed and voted on during the course of a Trust Board or Committee meeting.
- **NHS England (NHSE)** is responsible for the oversight of NHS trusts and has delegated authority from the Secretary of State for Health for the appointment of the Non-Executive Directors, including the Chair of the Trust
- **Nominated Officer** is the officer charged with the responsibility for discharging specific tasks within the Standing Orders and Standing Financial Instructions.
- **Non-Executive Director** is a person appointed by the Secretary of State for Health, to help the Trust Board to deliver its functions.
- **Officer** (or **staff**) means an employee of the Trust or any other person holding a paid appointment or office with the Trust. (This includes all employees or

agents of the Trust, including medical and nursing staff and consultants practising upon the Trust's premises and shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust)..

- **SFIs** are the Standing Financial Instructions.
 - **SOs** are the Standing Orders.
 - **Standards of Business Conduct** is the Trust's "Policy Standards of Business Conduct, incorporating anti-bribery and corruption policy; and the recognition and treatment of conflicting interests, gifts and hospitality" or as amended
 - **Trust** is the Worcestershire Acute Hospitals NHS Trust.
 - **Trust Board** (or the **Board**) is the Chair and Non-Executive Directors and Executive Directors
 - **Vice Chair** means the Non-Executive Director appointed by the Trust to take on the Chair's duties if the Chair is absent for any reason.
 - **Working day** means any day, other than a Saturday, Sunday or legal holiday
- XI. Any reference to an Act of Parliament, Statutory Instrument, Direction or Code of Practice shall be construed as a reference to any modification, replacement or re-enactment for the time being in force.

Part I – Membership

1. Name and business of the Trust

- 1.1. All business shall be conducted in the name of Worcestershire Acute Hospitals NHS trust (“the Trust”).
- 1.2. All funds received in trust shall be in the name of the Trust as corporate trustee. The powers exercised by the Trust as corporate trustee, in relation to funds held on trust, shall be exercised separately and distinctly from those powers exercised as a Trust.
- 1.3. The Trust has the functions conferred on it by Schedule 4 of the 2006 Act.
- 1.4. Directors acting on behalf of the Trust as a corporate trustee are acting as quasi-trustees. Accountability for charitable funds held on trust is to the Charity Commission and to the Secretary of State for Health. Accountability for non-charitable funds held on trust is only to the Secretary of State for Health.
- 1.5. The Trust has resolved that certain powers and decisions may only be exercised or made by the Trust Board in formal session, which may include members participating by video or telephone. These powers and decisions are set out in the Schedule of Decisions Reserved for the Trust Board in Appendix 1 to these Standing Orders and have effect as if incorporated into the Standing Orders.

2. Composition of the Trust Board

- 2.1. The voting membership of the Trust Board shall comprise the Chair and five Non-Executive Directors, together with up to five Executive Directors. At least half of the membership of the Trust Board, excluding the Chair, shall be independent Non-Executive Directors.
- 2.2. In addition to the Chair, the Non-Executive Directors shall normally include:
 - 2.2.1. one appointee nominated to be the Vice-Chair
 - 2.2.2. consider one appointee nominated to be the Senior Independent Director.
 - 2.2.3. one or more appointees who have recent relevant financial experienceAppointees can fulfil more than one of the roles identified.
- 2.3. The Executive Directors shall include:
 - 2.3.1. Chief Executive
 - 2.3.2. Managing Director
 - 2.3.3. Chief Financial Officer
 - 2.3.4. Chief Medical Officer
 - 2.3.5. Chief Nursing Officer
 - 2.3.6.

- 2.4. The Board may appoint additional Executive Directors, in crucial roles in the Trust, to be non-voting members of the Trust Board.

3. Appointment of the Chair and directors

- 3.1. The Chair and Non-Executive Directors of the Trust are appointed by the NHSI, on behalf of the Secretary of State for Health.
- 3.2. The Chief Executive shall be appointed by the Chair and the Non-Executive Directors.
- 3.3. Where more than one person is appointed jointly to an Executive Director post in the Trust, those persons shall become appointed as an Executive Director, jointly. Where the post has voting rights attached, the joint appointees will have the power of one vote; and shall count for the purpose of Standing Order 2 as one person.

4. Vice-Chair

- 4.1. To enable the proceedings of the Trust to be conducted in the absence of the Chair, the Trust Board may elect one of the Non-Executive Directors to be Vice-Chair, for a period that does not exceed the remainder of their appointed term as a Non-Executive Director of the Trust.
- 4.2. Any Non-Executive Director so elected may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The appointment as Vice-Chair will end with the termination for any reason of that Non-Executive Director's period of office as a director. On such resignation or termination the Trust Board may then appoint another Non-Executive Director as Vice-Chair, in accordance with the provision of this Standing Order.
- 4.3. When the Chair is unable to perform the duties required due to illness or absence for any reason, those duties will be undertaken by the Vice-Chair.

5. Tenure of office

- 5.1. The regulations governing the period of tenure of office of the Chair and Non-Executive Directors and the termination or suspension of office of the Chair and Non-Executive Directors are contained in the Membership and Procedure Regulations and as directed by NHSI, under its delegated authority from Secretary of State for Health.

6. Code of Conduct and Accountability and the Trust's commitment to openness

- 6.1. All directors shall subscribe and adhere at all times to the principles contained in the Trust's Policy "Standards of Business Conduct, incorporating conflicting interests, gifts and hospitality" (the Policy Standards of Business Conduct).

7. Functions and roles of Chair and directors

- 7.1. The function and role of the Chair and members of the Trust Board is described within these Standing Orders and within those documents that are incorporated into these Standing Orders.

Part II – Meetings

8. Ordinary meetings of the Trust Board

- 8.1. All ordinary meetings of the Trust Board shall be held in public and shall be conducted in accordance with relevant legislation, including the Public Bodies (Admission to Meetings) Act 1960, as amended and guidance issued by the Secretary for State for Health. Members of the public and representatives of the press shall be afforded facilities to attend.
- 8.2. Ordinary meetings of the Trust Board shall be held at regular intervals at such times and places as the Trust Board may from time to time determine. A minimum of six meetings shall be held each year.
- 8.3. The Chair shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press; to ensure that the Trust Board's business may be conducted without interruption and disruption.
- 8.4. Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public and representatives of the press will be required to withdraw upon the Trust Board resolving as follows: "That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete business without the presence of the public"
- 8.5. Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Trust Board.
- 8.6. The Chair may invite any member of staff of Worcestershire Acute Hospitals NHS Trust, any other NHS organisation, an officer of the local council(s), or any other individual acting in an advisory capacity to attend meetings. These invitees shall not count as part of the quorum or have any right to vote at the meeting.
- 8.7. An annual public meeting shall be held on or before 30th September in each year for the purpose of presenting audited accounts, annual reports and any report on the accounts.
- 8.8. The Trust Board may, by resolution, exclude the public from a part or the whole of a meeting whenever publicity would be prejudicial to public interest by reason of the confidential nature of the business to be transacted
- 8.9. The provisions of these Standing Orders relating to meetings of the Trust Board shall refer only to formal Trust Board meetings, whether ordinary or extraordinary meetings. The provisions shall not apply to seminars or workshops or other meetings attended by members of the Trust Board.

9. Extraordinary meetings of the Trust Board

- 9.1. The Chair may call a meeting of the Trust Board at any time. Directors may ask the Chair to call a meeting of the Trust Board at any time.
- 9.2. A meeting may be called forthwith, by the directors who are eligible to vote, if the Chair refuses to call a meeting after such a request has been presented to them, signed by at least one third of the whole number of directors who are eligible to vote (including at least one executive and one Non-Executive Director); and has been presented to them at the Trust's principal place of business. The directors who are eligible to vote may also call a meeting forthwith, if, without refusing, the Chair does not call a meeting within seven days after receipt of such request.

10. Notice of meetings

- 10.1. The Trust shall set dates and times of regular Trust Board meetings for the forthcoming calendar year by the end of November of each year.
- 10.2. A notice of the meeting, specifying the business proposed to be transacted, shall be posted before each meeting of the Trust Board. This notice shall be signed by the Chair, or by a director or officer of the Trust authorised by the Chair to sign on their behalf. The notice shall be delivered to every director, by the most effective route, including being sent by post to the usual place of residence of the director, or sent electronically to the usual e-mail address of the director. The notice shall be delivered to each director at least three working days before the meeting. Notice shall be presumed to have been served two days after posting and one day after being sent out via email.
- 10.3. Lack of service of such notice on any individual director shall not affect the validity of a meeting. However, failure to serve such a notice on at least three directors who are eligible to vote will invalidate the meeting.
- 10.4. In the case of a meeting called by directors in default of the Chair, see Standing Order 9, the notice shall be signed by those directors and no business shall be transacted at the meeting other than that specified in the notice.
- 10.5. Where a part or the whole of a meeting is to be open to the public, official notice of the time, place and agenda of the meeting shall be announced in public. Notice will be given by one or more of: an announcement in the local press, on the Trust's internet website, displaying the notice in a conspicuous place in the Trust's hospitals or other facilities, or displaying the notice in other public places. The Trust Board may decide to limit publication to details of the items on the meeting agenda that will be considered in the part of the meeting to be held in public. A copy of the notice including the agenda may also be sent to local organisations that will have an interest in the decisions of the Trust Board. These organisations include bodies responsible for commissioning acute NHS services locally, patient and public representative groups and local councils.
- 10.6. Notice will be given at least three working days before the meeting. Failure to do so will render the meeting invalid.

11. The agenda

- 11.1. The Chair may determine that certain matters will appear on every agenda for an ordinary meeting of the Trust Board; and that these will be addressed prior to any other business being conducted at the discretion of the Chair.
- 11.2. A director may request that a matter is included on an agenda.
- 11.3. Notwithstanding Standing Order 17 a director may with the consent of the Chair of the meeting, add to the agenda of any meetings any item of business relevant to the responsibilities of the Trust, under "Any Other Business".

12. Chair of meetings

- 12.1. The Chair shall preside at any meeting of the Trust Board, if present. In the Chair's absence, the Vice Chair shall preside.
- 12.2. If the Chair and Vice-Chair are absent, the directors present, who are eligible to vote shall choose a Non-Executive Director who shall preside. An Executive Director may not take the chair.

- 12.3. The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his interpretation of the Standing Orders shall be final. In this interpretation he shall be advised by the Chief Executive and the Company Secretary and in the case of Standing Financial Instructions he shall be advised by the Director of Finance.

13. Voting

- 13.1. It is not a requirement for decisions to be subject to a vote. The necessity of a vote shall be indicated by the agreement of at least one third of those attending and eligible to vote. The Chair shall be responsible for deciding whether a vote is required and what form this will take.
- 13.2. Where it is necessary to take a vote to determine an issue, the decision shall be determined by a majority of the votes of the directors present and eligible to vote. If the result of the vote is equal, the Chair of the meeting shall have a second or casting vote.
- 13.3. All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may be held, if a majority of the directors present and eligible to vote so request. Unless specifically agreed beforehand, the voting record of each individual director will not be made public, or recorded.
- 13.4. The voting record, other than by paper ballot, of any question will be recorded to show how each director present voted or did not vote, if at least one-third of the directors present and eligible to vote so request.
- 13.5. If a director so requests, his vote will be recorded by name. Such a request will not be accepted if doing so would reveal the votes of other directors that do not wish to have their vote recorded.
- 13.6. In no circumstances may an absent director vote by proxy.
- 13.7. An officer who has been appointed formally by the Trust to act up for an Executive Director during a period of incapacity, or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of that Executive Director. An officer attending the Trust Board to represent an Executive Director during a period of incapacity or temporary absence, but without formal acting up status, may not exercise the voting rights of that Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.
- 13.8. Where the office of a director who is eligible to vote is shared jointly by more than one person:
- 13.8.1. either or both of those persons may attend and take part in the meetings of the Trust Board.
 - 13.8.2. if both are present at a meeting they will cast one vote if they agree.
 - 13.8.3. in the case of disagreement no vote will be cast.
 - 13.8.4. the presence of either or both of those persons will count as the presence of one person for the purpose of establishing a quorum.
- 13.9. Where necessary, a director may be counted as present when available constantly for discussions through an audio or video link and may take part in voting on an open basis.

14. Quorum

- 14.1. No business shall be transacted at a meeting unless at least six of the directors who are eligible to vote (including at least three Executive Directors with voting powers and three Non-Executive Director) are present.
- 14.2. An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- 14.3. A director will not count towards the quorum on a matter where he is ruled to be ineligible to participate in the discussion, or vote, due to the declaration of a conflict of interest, see Standing Order 21 and 22. If a quorum is not available for the passing of a resolution on any matter, that matter may be discussed further at the meeting, but no resolution can be made. That position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next business.

15. Record of attendance

- 15.1. The names of the directors and others invited by the Chair, in accordance with Standing Order 8, present at the meeting, shall be recorded in the minutes.
- 15.2. If a director is not present for the entirety of the meeting, the minutes shall record the items that were considered whilst they were present.

16. Minutes

- 16.1. The minutes of the proceedings of a meeting shall be drawn up, entered in a record kept for that purpose and submitted for agreement at the next meeting.
- 16.2. There should be no discussion on the minutes, other than as regards their accuracy, unless the Chair considers discussion appropriate.
- 16.3. Any amendment to the minutes as to their accuracy shall be agreed and recorded at the next meeting and the amended minutes shall be regarded as the formal record of the meeting.

17. Notice of motion

- 17.1. Subject to the provision of Standing Order 20, a director of the Trust desiring to move a motion shall give notice of this, to the Chair, at least seven working days before the meeting. The Chair shall insert all such notices that are properly made in the agenda for the meeting. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

18. Motions

- 18.1. When a motion is under discussion or immediately prior to the discussion it shall be open to a director to move:
 - 18.1.1. an amendment to the motion.
 - 18.1.2. the adjournment of the discussion or the meeting.
 - 18.1.3. that the meeting proceed to the next business.
 - 18.1.4. the appointment of an ad hoc committee to deal with a specific item of business.
 - 18.1.5. that the motion be now put

18.1.6. a motion resolving to exclude the public (including the press).

18.2. The proposer may withdraw a motion or amendment once moved and seconded with the concurrence of the seconder and the consent of the Trust Board.

19. Right of reply

19.1. The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment to it.

20. Motion to rescind a decision of the Trust Board

20.1. Notice of a motion to rescind any decision of the Trust Board (or general substance of any decision) which has been passed within the preceding six calendar months, shall bear the signature of the director who gives it and also the signature of four other directors who are eligible to vote.

20.2. When the Trust Board has debated any such motion, it shall not be permissible for any director, other than the Chair to propose a motion to the same effect within a further period of six calendar months.

21. Declaration of Interests and Register of Interests

Declaration of Interests

21.1. In addition to the statutory requirements relating to pecuniary interests dealt with in Standing Order 22, the Trust's Policy on Standards of Business Conduct requires directors to declare interests which are relevant and material to the Trust Board. All existing directors and any senior officers who may act up into an Executive Director post should declare such interests on an annual basis, or as otherwise recommended in the Policy. Any directors and senior officers appointed subsequently should declare these interests on appointment.

21.2. Interests, which would be regarded as "relevant and material", are:

- 21.2.1. directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies).
- 21.2.2. ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- 21.2.3. majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
- 21.2.4. a position of authority in a charity or voluntary organisation in the field of health and social care.
- 21.2.5. any connection with a voluntary or other organisation contracting for NHS services.

21.3. Subject to the requirements stated in Standing Order 22, the interests of directors' spouses, partners, or other family members must be disclosed where these maybe in conflict with the Trust .

21.4. If directors have any doubts about the relevance of an interest, this should be discussed with the Chair. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that the potential level of influence, rather than

the immediacy of the relationship is more important in assessing the relevance of an interest.

- 21.5. Annual declarations of interests should be considered by the Trust Board and retained as part of the record of the Trust Board meeting. Any changes in interests should be declared at the next Trust board meeting following the change occurring.
- 21.6. If a conflict of interest is established during the course of a Trust Board meeting, whether arising from a declared interest or otherwise, the director concerned should withdraw from the meeting and play no part in the relevant discussion or decision. The declared conflict of interest should be recorded in the minutes of the meeting. When a Director has declared an interest arising solely from a position with a charity or voluntary body under this Standing Order, the Trust Board may resolve that the director may remain in the meeting and take part in the discussion, but not vote on the relevant item. A record of this decision shall be made in the minutes.
- 21.7. Directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report or a link provided within the report to the website. The information should be kept up to date for inclusion in succeeding annual reports.

Register of Interests

- 21.8. The Company Secretary will ensure that a Register of Interests is established and maintained to record formally declarations of interests of directors. The Register of Interests will include details of all directorships and other relevant and material interests which have been declared by both executive and Non-Executive Directors.
- 21.9. These details will be kept up to date by means of an annual review of the Register of Interests in which any changes to interests declared during the preceding twelve months will be incorporated.
- 21.10. The Register of Interests will be available to the public on the website and open to inspection at the Trust's usual place of business at any time during normal business hours (between 09:00 and 17:00 on any working day).
- 21.11. With the exception of the requirement to report interests in the Annual Report (Standing Order 21.7), this Standing Order also applies in full to any committee or sub-committee or group of the Trust Board; and to any member of such committee or sub-committee or group (whether or not they are a director).

22. Disability of directors in proceedings on account of pecuniary interest

- 22.1. Subject to Standing Order 21 and the provisions of this Standing Order, if a director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- 22.2. The Secretary of State may, subject to such conditions as he may think fit to impose, remove any disability imposed by this Standing Order, in any case where it appears to them to be in the interests of the NHS that the disability should be removed.
- 22.3. The Trust Board, or any committee or sub-committee may, if it thinks fit, provide for the exclusion of a director from a meeting while any contract, proposed contract or other matter in which that person has a pecuniary interest, direct or indirect, is under consideration.

- 22.4. Any remuneration, compensation or allowances payable to a director by virtue of paragraph 233, Part 11 of the NHS Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- 22.5. For the purpose of this Standing Order a director shall be treated, subject to Standing Order 2 as having an indirect pecuniary interest in a contract, proposed contract or other matter, if:
- 22.5.1. he, or a nominee of his, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or,
 - 22.5.2. he is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;
 - 22.5.3. and in the case of persons living together as a couple, whether married or not, the interest of one person shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.
- 22.6. A director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:
- 22.6.1. of his membership of a company or other body, if he has no beneficial interest in any securities of that company or other body;
 - 22.6.2. of an interest in any company, body or person with which he is connected as mentioned in Standing Order 22.5 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.
- 22.7. This Standing Order shall not prohibit a director from taking part in the consideration or discussion of the contract or other matter, or from voting on any question with respect to it, if:
- 22.7.1. he has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, **and**
 - 22.7.2. the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, **and**
 - 22.7.3. the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of the class.

This does not affect his duty to disclose the interest

- 22.8. This Standing Order also applies in full to any committee or sub-committee or group of the Trust Board; and to any member of such committee or sub-committee or group (whether or not they are a director).

23. Standards of Business Conduct

- 23.1. All staff must comply with the Trust's current adopted Policy on Standards of Business Conduct, which reflects national guidance, including HSG(93)5 'Standards of Business Conduct for NHS staff', 'Code of Conduct for NHS Managers' 2002, 'Managing Conflicts of Interests in the NHS' 2017 and the seven principles set out by the

Committee on Standards in Public Life, published by the Professional Standards Authority, November 2012. The following provisions should be read in conjunction with the Trust Policy.

- 23.2. All staff shall declare any relevant and material interest, such as those described in Standing Order 21. The declaration should be made on appointment or, if the interest is acquired, or recognised subsequently, at that time to the Executive Director, clinical director, or senior manager to whom they are accountable. Such director or senior manager shall ensure that such interests are entered in a Register of Interests, kept for that purpose.
- 23.3. Officers who are involved in, have responsibility for, or are able by virtue of their role or functions to influence the placing of contracts by the Trust, may be required by the Trust to give statements from time to time, or in connection with particular contracts, confirming that they have no relevant or material interest to declare.
- 23.4. If an officer becomes aware of a potential or actual contract in which he has an interest of the nature described in Standing Orders 21 and 22 and this Standing Order, he shall immediately advise the Chief Financial Officer formally in writing. This requirement applies whether or not the officer is likely to be involved in administering the proposed, or awarded contract to which he has an interest.
- 23.5. Gifts and hospitality shall only be accepted in accordance with the Trust's Policy Standards of Business Conduct. Officers of the Trust shall not ask for any rewards or gifts; nor shall they accept any rewards or gifts of significant value.
- 23.6. All gifts and hospitality, other than those that are of clearly minimal value (as determined in the Trust Policy on Standards of Business Conduct), should be declared in a Register of Gifts and Hospitality kept by the Company Secretary, and departmental managers for that purpose. Acceptance of gifts by way of inducements or rewards is a criminal offence under the Fraud Act, 2006 and the Bribery Act 2010.
- 23.7. In addition to Standing Orders 21 and 22 and this Standing Order, an officer must also declare to the Chief Executive any other employment, business or other relationship of his, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with interests of the Trust, unless specifically allowed under that officer's contract of employment.

Part III – Arrangements for the exercise of functions by delegation and committees

24. Exercise of functions

- 24.1. Subject to Standing Order 3 and any such directions as may be given by the Secretary of State for Health, the Trust Board may delegate any of its functions to a committee or sub-committee appointed by virtue of Standing Order 25, or to a director or an officer of the Trust. In each case, these arrangements shall be subject to such restrictions and conditions as the board thinks fit.

Emergency powers

- 24.2. The powers which the Trust Board has retained to itself within these Standing Orders may in emergency be exercised by the Chief Executive and the Chair acting jointly and, if possible, after having consulted with at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Trust Board for ratification.

Delegation to committees

- 24.3. The Trust Board shall agree from time to time to the delegation of specific powers to be exercised by committees or sub-committees, which it has formally constituted. The Trust Board shall approve the constitution and terms of reference of these committees and their specific powers.

Delegation to officers

- 24.4. Those functions of the Trust, which have not been retained as reserved by the Trust Board or delegated to a committee of the Trust Board, shall be exercised on behalf of the Trust Board by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate officers to undertake the remaining functions for which he will still retain accountability to the Trust Board.

Schedule of Decisions Reserved for the Trust Board

- 24.5. The Trust Board shall adopt a Schedule of Decisions Reserved for the Trust Board setting out the matters for which approval is required by the Trust Board. The Schedule that is current at the date of adoption of these Standing Orders is contained in Appendix 1 and shall be regarded as forming part of these Standing Orders.
- 24.6. Subject to Standing Order 44, the Trust Board shall review such Schedule at such times as it considers appropriate; and shall update such Schedule in Appendix 1 after each review.
- 24.7. The Schedule of Decisions Reserved for the Trust Board shall take precedence over any terms of reference or description of functions of any committee or sub-committee established by the Trust Board. The powers and functions of any committee or sub-committee shall be subject to and qualified by the reserved matters contained in that Schedule.

Scheme of Delegated Authorities

- 24.8. The Trust Board shall adopt a Scheme of Delegated Authorities setting out details of the directors and officers of the Trust to whom responsibility has been delegated for deciding particular matters; and in a director's or officer's absence, the director or officer who may act for them. The Schedule that is current at the date of adoption of these Standing Orders is contained in the standing financial instructions.
- 24.9. Subject to Standing Order 44, the Trust Board shall review such Schedule at such times as it considers appropriate; and shall update such Schedule after each review.
- 24.10. The direct accountability, to the Trust Board, of the Director of Finance and other Executive Directors to provide information and advise the Trust Board in accordance with any statutory requirements shall not be impaired, in any way, by the delegations set out in the Scheme of Delegated Authorities.

25. Appointment of committees

- 25.1. Subject to Standing Order 3 and such directions as may be given by, or on behalf of, the Secretary of State for Health, the Trust may, and if directed by them, shall appoint committees of the Trust, consisting wholly or partly of directors of the Trust or wholly of persons who are not directors of the Trust. Committees will be subject to review by the Trust Board from time to time.
- 25.2. A committee appointed under Standing Order 25 may, subject to such directions as may be given by, or on behalf of, the Secretary of State for Health or the Trust Board, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include directors of the Trust) or wholly of persons who are not members of the committee (whether or not they include directors of the Trust).

- 25.3. The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration, to meetings of any committee or sub-committee.
- 25.4. The Trust Board shall approve the terms of reference of each such committee. Each committee shall approve the terms of reference of each sub-committee reporting to it. The terms of reference shall include details of the powers vested and conditions, including reporting back to the committee, or Trust Board. Such terms of reference shall have effect as if incorporated into the Standing Orders and be subject to review every two years, at least, by that committee; and adoption by the Trust Board.
- 25.5. Committees may not delegate their powers to a sub-committee unless expressly authorised by the Trust Board.
- 25.6. The Board shall approve the appointments to each of the committees and sub-committees that it has formally constituted. Where the Board determines that a committee shall include members who are neither directors nor officers, the Board shall determine the terms of such appointment. The payment of travelling and other allowances shall be in accordance with the rates as may be determined by the Secretary of State for Health, with the approval of the Treasury (see Part 11, paragraph 233 of the 2006 Act).
- 25.7. Minutes, or a representative summary of the issues considered and decisions taken, of any committee appointed under this Standing Order are to be formally recorded and submitted for inclusion onto the agenda of the next possible Trust Board meeting. Minutes, or a representative summary of the issues considered and decisions taken of any sub-committee shall be submitted for inclusion onto the agenda of the next committee meeting to which it reports.
- 25.8. The committees to be established by the Trust will consist of statutory and mandatory; and non-mandatory committees.

Statutory and Mandatory Committees

Audit and Assurance Committee

- 25.9. The Trust Board shall appoint a committee to undertake the role of an audit committee. This role shall include providing the Trust Board with a means of independent and objective review of the financial systems and of general control systems that ensure that the Trust achieves its objectives, the reliability of the financial information used by the Trust and of compliance with law, regulations, guidance and codes of conduct. This Committee will pay due regard to good practice guidance, including, in particular, the NHS Audit Committee Handbook.
- 25.10. The terms of reference of the Audit and Assurance Committee shall have effect as if incorporated into these Standing Orders and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

Remuneration Committee

- 25.11. The Trust Board shall appoint a committee to undertake the role of a remuneration committee. This role shall include providing advice to the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors (Regulations 17-18, Membership and Procedure Regulations), as well as advising the Trust Board on the terms of service of other senior officers, and ensuring that the policy of the Trust Board on remuneration and terms of service is applied consistently.

- 25.12. The Committee shall advise the Trust Board on the size, structure and membership and succession plans for the Trust Board and maintain oversight of the performance of the Chief Executive and Executive Directors.
- 25.13. The terms of reference of the Remuneration Committee shall have effect as if incorporated into these Standing Orders and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

Charitable Funds Committee

- 25.14. The Trust Board, acting as Corporate Trustee, shall appoint a Committee to be known as the Charitable Funds Committee, whose role shall be to advise the Trust on the appropriate receipt, use and security of charitable monies.
- 25.15. The terms of reference of the Charitable Funds Committee shall have effect as if incorporated into these Standing Orders and shall be recorded in the appropriate minutes of the Trust Board, acting as Corporate Trustee, and may be varied from time to time by resolution of the Trust Board, acting in this capacity.

Non mandatory committees

- 25.16. The Trust Board shall appoint such additional non-mandatory committees as it considers necessary to support the business and inform the decisions of the Trust Board (Regulations 15-16, Membership and Procedure Regulations).
- 25.17. The terms of reference of these committees shall have effect as if incorporated into these Standing Orders. The approval of the terms of reference shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.
- 25.18. The membership of these committees may comprise Non-Executive Directors or Executive Directors, or a combination of these. The membership and voting rights shall be set out in the terms of reference of the committee and shall be subject to approval by the Board.
- 25.19. The current non-mandatory committees in place are::
- Quality Governance Committee
 - People and Culture Committee
 - Strategy Committee (in common with the other Foundation Group members)

These are subject to change at the discretion of the Trust Board. All new, or amended non-mandatory committees will have the same standing and will be subject to the same standing orders.

26. Proceedings in committee to be confidential

- 26.1. There is no requirement for meetings of Trust Board committees and sub-committees to be held in public, or for agendas or records of these meetings to be made public. However, the records of any meetings may be required to be disclosed, should a valid request be made under the rights conferred by the Freedom of Information Act, 2000 and there is no legal justification for non-disclosure.
- 26.2. Committee members should normally regard matters dealt with, or brought before the committee as being subject to disclosure, unless stated otherwise by the Chair of the committee. The Chair shall determine whether specific matters should remain confidential until they are reported to the Trust Board.

- 26.3. A director of the Trust or a member of a committee shall not disclose any matter reported to the Trust Board, or otherwise dealt with by the committee if the Trust Board resolves that it is confidential.
- 26.4. Regardless of this Standing Order 26, individual directors and officers of the Trust have a right and a duty to raise with the Trust any matter of concern they may have about health service issues concerned with the delivery of care or services.

27. Election of Chair of committee

- 27.1. Each committee shall appoint a chair; and may appoint a vice-chair from its membership. The terms of reference of the committee shall describe any specific rules regarding who the Chair should be. Meetings of the committee will not be recognised as quorate, if the chair, or vice chair, or other suitably qualified, nominated member of the committee is not present to undertake the role.
- 27.2. Each committee shall review the appointment of its Chair, as part of the annual review of the committee's role and effectiveness.

28. Special meetings of committee

- 28.1. The Chief Executive shall require any committee to hold a special meeting, on the request of the Chair, or on the request, in writing of any two members of that committee.

Part IV – Custody of seal, sealing of documents and signature of documents

29. Custody of seal

- 29.1. The common seal of the Trust shall be kept by the Chief Executive in a secure place.

30. Sealing of documents

- 30.1. The Seal of the Trust shall only be attached to documents where the sealing has first been approved by the Trust Board, or the Chair, or the Chief Executive, or their designated acting replacement, in accordance with the Scheme of Delegated Authorities.
- 30.2. The seal shall be affixed in the presence of two Board directors including the Company Secretary. The Director should not be from the originating department.

31. Bearing witness to the affixing of the Seal

- 31.1. A recommended wording for the witnessing of the use of the Seal is "The Common Seal of the Worcestershire Acute Hospitals NHS Trust was hereunto affixed in the presence of...."

32. Register of sealing

- 32.1. An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose. The entry shall be signed by the persons who approved and authorised the sealing of the document; and who attested the seal.

- 32.2. A report of all sealing shall be made to the Trust Board, or a committee delegated to oversee the register at periods of its discretion. The report shall contain details of the seal number, the description of the document and date of sealing.

33. Signature of documents

- 33.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall be signed by the Chief Executive, or by any Executive Director of the Trust duly authorised for that purpose by the Board in accordance with the Scheme of Delegated Authorities, unless any enactment otherwise requires or authorises differently
- 33.2 In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

Part V – Appointment of directors and officers of the Trust

34. Canvassing of, and recommendations by, directors

- 34.1. Canvassing of any director of the Trust or member of a committee of the Trust directly or indirectly for any appointment under the Trust, shall disqualify the candidate from such appointment. Where the Chair or any such director or committee member is so canvassed they shall notify the Chief Executive in writing. The purpose of this Standing Order shall be included in any form of application or otherwise brought to the attention of candidates.
- 34.2. No director of the Trust shall solicit for any person any appointment under the Trust or recommend any person for such appointment; but this shall not preclude a director from sharing knowledge about the availability of potential candidates prior to the commencement of recruitment, nor from giving a written testimonial of a candidate's ability, experience or character for submission to the appropriate panel or committee of the Trust Board.

35. Relatives of directors or officers of the Trust

- 35.1. Candidates for any appointment under the Trust shall, when making application, disclose in writing to the Trust whether they are related to any director or senior officer of the Trust. Failure to disclose such a relationship is likely to disqualify a candidate and, if appointed, render them liable to instant dismissal.
- 35.2. Every director and senior officer of the Trust shall disclose to the Chief Executive any relationship between themselves and a candidate of whose candidature that director or senior officer is aware. It shall be the duty of the Chief Executive to report to the committee with responsibility for oversight of remuneration and terms of service any such disclosure made.
- 35.3. Where the relationship to the director or senior officer of the Trust is disclosed, Standing Order 21 (Interest of directors in contracts and other matters) shall apply.
- 35.4. This Standing Order applies to circumstances where a candidate or candidate's partner or spouse is an immediate family relation or dependent of the director or senior officer of the Trust, or their partner or spouse.

Part VI – Tendering and contracting procedures

36. General

- 36.1. The Trust will adopt and maintain a procurement strategy. This may be developed by the Trust's procurement service supplier.
- 36.2. Every contract made by or on behalf of the Trust shall comply with the procedures and requirements of:
 - 36.2.1. these Standing Orders
 - 36.2.2. the Trust's Standing Financial Instructions
 - 36.2.3. any direction by the Trust Board
- 36.3. Wherever possible and provided it protects the Trust's position adequately, contracts made will reflect the most up to date and relevant model Standard Conditions that are provided by the Department of Health. These models may be amended to develop bespoke contracts.
- 36.4. Directives of the Council of the European Union (EU) for awarding all forms of contracts shall take precedence over all other procedural requirements and guidance and shall have effect as if incorporated in these Standing Orders. The EU Procurement Rules apply to public authorities under the, Public Contracts Regulations 2015 for England, Wales and Northern Ireland. The regulations cover fully regulated procurements and 'light touch regime'. The rules set out detailed procedures for contracts where the value equals or exceeds specific thresholds. These thresholds are exclusive of VAT and relate to the full life of the contract. The Chief Executive shall be responsible for ensuring the best value for money can be demonstrated for all services provided under contract or in-house. The Trust Board may also determine from time to time those in-house services should be market tested by competitive tendering.
- 36.5. Contract procedures shall take account of the Trust's Policy Standards of Business Conduct and the necessity to avoid any possibility of collusion or allegations of collusion between contractors and suppliers; or between contractors and suppliers and staff of the Trust.
- 36.6. The application of the provisions of this part of the Standing Orders to contracts and purchases may be varied by resolution of the Trust Board from time to time.

37. Delegated authority to enter into contracts

- 37.1. The Trust Board shall have power to accept tenders and to authorise the conclusion of contracts. It may delegate such authority subject to financial limits set in accordance with Standing Order 36.2 to:
 - 37.1.1. a committee appointed under sections 24 and 25 of these Standing Orders
 - 37.1.2. the Chief Executive
 - 37.1.3. to the Chief Executive jointly with the Chair
 - 37.1.4. the directors or nominated officers
 - 37.1.5. officers of the Trust's procurement service supplier, in accordance with that organisation's standard operating procedures.

- 37.2. The financial limits determining whether quotations (competitive or otherwise) or sealed bid tenders must be obtained shall be set in accordance with the procedure in the Standing Financial Instructions the current thresholds being set out in the Trust Scheme of Delegated Authorities (Appendix 3).

38. Competition in purchasing or disposals – procedures

- 38.1. The Trust Board shall from time to time adopt procedures which shall be regarded as being incorporated into these Standing Orders and which shall take account of Standing Financial Instructions, the Trust's Procurement Policy and Rules and Regulations implementing EC Directives on Public Procurement and which shall deal with:
- 38.1.1. Tender process selection
 - 38.1.2. methods for inviting tenders
 - 38.1.3. the manner in which tenders are to be submitted
 - 38.1.4. the receipt and safe custody of tenders
 - 38.1.5. the opening of tenders
 - 38.1.6. evaluation
 - 38.1.7. re-tendering
 - 38.1.8. such other matters in connection with tendering as the Board considers appropriate

39. Disposals of land and buildings

- 39.1. Land and buildings that are owned by the Trust, or are otherwise recorded as being part of the estate of the Trust, shall be disposed of in accordance with the most recent rules and guidance issued by the Department of Health. Disposal will require the approval of the Trust Board.

Part VII – Miscellaneous

40. Suspension of Standing Orders

- 40.1. Except where this would contravene any statutory provision or any direction made by the Secretary of State for Health, any one or more of the Standing Orders, except for Standing Order 40 which may not be suspended, may be suspended at any meeting, provided that at least two-thirds of the directors of the Trust are present and the majority of those present vote in favour of suspension.
- 40.2. A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.
- 40.3. A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the directors.
- 40.4. No formal business may be transacted while Standing Orders are suspended.
- 40.5. The Audit Committee shall review every decision to suspend Standing Orders.

41. Variation of Standing Orders

41.1. These Standing Orders shall be varied only if:

- 41.1.1. A notice of motion under Standing Order 17 has been given **and**
- 41.1.2. no fewer than half of the appointed Non-Executive Directors vote in favour of such variation **and**
- 41.1.3. at least two-thirds of the directors who are eligible to vote are present **and**
- 41.1.4. the variation proposed does not contravene a statutory provision or direction made by the Secretary of State for Health.

41.2. Standing Order 41 (this Standing Order) may not be varied.

41.3. Any financial limits in these Standing Orders and the Schedule of Decisions Reserved for the Trust Board and the Scheme of Delegated Authorities may be varied by resolution of the Trust Board at any time.

41.4. Where financial limits are varied the Director of Finance will advise the Audit Committee, and internal and external audit.

42. Availability of Standing Orders

42.1. The Company Secretary shall make available a copy of the Standing Orders to each director of the Trust and to such other employees as the Chief Executive considers appropriate.

42.2. A copy of these Standing Orders will be held, with unrestricted access to all staff, on the Trust's intranet site.

43. Standing Financial Instructions

43.1. Standing Financial Instructions adopted by the Trust shall have effect as if incorporated in these Standing Orders.

44. Review of Standing Orders

44.1. Standing Orders shall be reviewed annually, or earlier, if developments within or external to the Trust indicate the need for a significant revision to the Standing Orders. The requirement to review extends to all documents having the effect as if incorporated in Standing Orders.

44.2. Any change will be reviewed by the Audit Committee before a recommendation is made to the Trust Board for adoption.

ENDS

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Nurse staffing report – July 2023 (June 2023 Data)

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Sarah Shingler, Chief Nursing Officer.		
Presented by	Sarah Shingler	Author /s	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

Recommendations	<p>The Board is invited to note and receive assurance on the following:</p> <ul style="list-style-type: none"> Both Paediatrics and Neonatal Units were deemed to have been safely staffed to RCN / BAPM levels throughout July 2023. Staffing on adult areas was also safe throughout July 2023. The BMA strikes on Thursday 13th July – Tuesday 18th July for Junior Drs and Thursday 20th July – Saturday 22nd July for Consultants went ahead. There were no incidents or safety concerns raised from nursing because of this action. The summer acuity and dependency review commenced on the 31st of July 2023. Domestic recruitment is continuing successfully for both Registered Nurses (RN's) and Health Care support workers (HCSW) and we remain on track for the increased trajectory for the International recruitment pipeline for 2023/2024. Use of surge capacity including AEC and A&E corridor continue to be reliant on the use of temporary staffing solutions. Following discussion at Nursing & Midwifery Workforce Advisory Group (NWAG), on July 10th 2023, locks were placed on all HCA shifts, so ceasing the automatic cascade to agency. This was in response to concerns regarding quality, equity and access to shifts for bank staff and value for money.
Executive summary	This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during July 2023 with numerical data presented for June 2023. Key headlines are:

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- Overall demand in June has risen by 1.6k hours (1.36%) from May, however this has increased by 19k (18%) hours since last year.
- Total filled hours have increased again and are 22k higher than last year. This is being led by an increase in agency fill, resulting in a very high overall fill rate of 88.4%
- Total WTE demand has increased by 10 from last month
- Overall lead-time has fallen slightly from last month however remains ahead of last year.
- Overall cost remains £3.2m, despite an increase of 1.7k agency hours
- Average hourly agency rate has fallen again (to £35.05) due to cascade work and successful rate negotiations with agencies
- On the 10th of July all HCA shifts (outside of A&E) were padlocked. So ceasing the automatic cascade to agency. This will be monitored in terms of impact on fill and reporting on this will commence next month.
- PA remains in place with executive oversight and approval with weekly reports shared to highlight usage
- Recruitment for the NHSP Care Support Worker Development (CSWD) program took place in June 2023, supported by the Trust. Induction days for this course took place on the 10th and 11th of July 2023 with 21 CSWD's being allocated to areas at WRH and AGH. The first ward introductions have taken place with start dates being set for August.
- In May 2023 there were 41 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. All incidents were included in Nursing Workforce Advisory Group (NWAG) Divisional reports and mitigation and assurance of mitigation where appropriate has been given.
- There has been continued focus on the recruitment of HCSW since November 2022. There has been a notable increase in applications and job offers made since the beginning of January 2023

	HCA Posts offered	Commenced in post
November 22	15.72	12.87
December 22	16	14.17
January 23	15	6.61
February 23	25	16
March 23	18	15.82
April 23	14	13.95
May 23	20.19	21.2
June 23	17	27

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July 23	17 generic 6.6 medicine Surgical numbers TBC	11.13
Totals	164.51	111.75

- Vacancy factor (June 2023 data):
 - 196.3 RN vacancies at 9.58%. Reduced from previous month (the model hospital data has been reset to 11.3 % as of May 2023 placing the Trust in the second quartile). The Urgent Care Division are carrying the highest RN vacancy at 61.38 WTE (down from 68.18 WTE in previous month)
 - 144.7 WTE HCSW vacancies at 14.04% (model hospital level of 10.1%), down from 155 and 15.04% in May. The highest number of HCSW vacancies are within the SCSD at 28WTE whilst previous month's highest, Urgent Care have improved significantly.
- Triangulation of data shows there are some variances in the bank and agency usage. Partly accounted for as not all areas reporting vacancy / maternity / sickness would require temporary staffing solutions.
- RN total absence due to vacancy, sickness and maternity = 378.3 WTE (407 previous month) versus bank agency use of 312.7 WTE (319.75 previous month).
- HCSW total absence due to vacancy, sickness and maternity = 272.7 WTE (290 previous month) versus bank / agency usage of 233 WE (230 previous month).
- There is a continued focus and commitment to supporting staff's health wellbeing, particularly the Trust's commitment to ameliorating the cost of living crisis through targeted support for financially vulnerable staff. This is now a standing agenda item on NWAG to ensure engagement from all divisions and full awareness of available schemes.
- A further acuity and dependency review commenced on 31st July 2023 and will run across all adult in-patient wards for 4 weeks.
- Registered Nurse degree apprenticeship (RNDA) at Birmingham City University and Worcester University to incorporate a 2 year step on / top up option, has seen 11 offers made for the 2 year step on. In addition, 5 places for the FDNA (Registered nurse associate) have been made for September 2023.
- The Trust currently has 88 RNs and 37 HCSWs on maternity leave. Current arrangements mean that areas that require back fill must do so via temporary staffing solutions, which impacts on the bank and agency usage.

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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 to possible industrial action by the NHS trade Unions resulting in delay to patient care and poor patient experience.</p>										
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A			
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.												
Action													
Is there an action plan in place to deliver the desired improvement outcomes?							Y	x	N		N/A		
Are the actions identified starting to or are delivering the desired outcomes?							Y	x	N				
If no has the action plan been revised/ enhanced							Y	x	N				
Timescales to achieve next level of assurance													
Introduction/Background													
<p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for June 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>													
Issues & options													
Harms													
<p>In May 2023 there were 41 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.</p> <p>It was confirmed through Divisional presentations at NWAG that all red flags and staffing related incidents have been investigated, action taken where required and closed at divisional level.</p>													
Safe Staffing													
<p>Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)</p> <p><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</i></p>													

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are filled'.

National rates are aimed at achieving 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 able to do so.

Current Trust Position June 2023 data			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	This month has seen fill rates have reduced slightly with only HCAs on days below recommended targets of 95%	6
RN	95%	99%		
HCA	93%	102%		
			Surgical roster templates have been reset from September 23 which will see the night HCSW rate settle once demand and fill are re-calibrated.	

Vacancy (Trust target is 6%) June 2023 data

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 HCSW recruitment to prevent duplication and promote efficient recruitment is in process.

Current Trust Position WTE June 2023 data	Previous month May 2023	Model Hospital data Jan 2023 Benchmarking	Current level of Assurance
RN 196.3 WTE 9.58% HCA 144 WTE 14.04%	RN 215 WTE 10.44% HCA 155 WTE 15.04	RN 10.0% HCA 9.7%	5

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

- deploying staff across all wards / departments to ensure safer staffing levels achieved
- employed use of bank and agency workers.

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International nurse (IN) recruitment pipeline

For the 2023 / 2024 financial year, a further Health Education England (HEE) bid has been successful for 60 nurses, with an internal business case being approved, supporting up to a further 150 nurses and midwives during this period.

In April 2023, NHSE offered additional funding to Trusts with proven track records who are aiming to expand numbers and an additional bid for 30 nurses has been submitted so reducing costs from the internal business case.

To support the offers made during the recruitment campaign to the Philippines in February 2023 the additional monthly interviews with our partner agency are in progress.

We are currently investigating options for recruitment from other countries to secure the increased trajectory required.

To note: The Trust have been successful in sourcing additional accommodation based in Kidderminster the first of which has come on line in July 2023 and has facilitated the support recruitment for theatres at KTC. An additional Kidderminster property and 9 further beds in Worcester are expected next month to support the expanded IR pipeline.

Domestic nursing pipeline

Trajectory of Nursing and Midwifery new starters.

	May	Jun	Jul	Aug	Sep	Oct	Grand Total
Registered Nursing & Midwifery	14	4	4	12	90	46	170
International Registered Nursing & Midwifery	8	12	10	9	14	10	59
HCSWs – support to Nursing	27	27	43	57	1		155
Grand total	49	43	57	78	105	56	

In addition to the above trajectory, a further 10 RNs were interviewed and offered jobs on 31st July 2023 with a further 10 shortlisted for interview in August 2023.

Representatives from the Trust presented at the ICS virtual careers fair on 12th July along with partner organisations within the system.

This gave us the opportunity to engage with potential applicants and explain the role of the Acute Hospital Trust does and to give an overview of wide range of roles that we are recruiting

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to. A particular focus was on our HCSW new to care / training and development opportunities and how to apply.

We are currently waiting for attendance data and details of candidates from ICB.

The 31st July 2023 saw further sets of HCA and preceptorship interviews with 26 offers being made.

In order to further support the on-boarding and retention of new HCSW the Professional Development (PD) Team have amended their induction plan for HCSWs to offer the Care certificate directly following Trust induction. The learning and development team have implemented an automated booking arrangement for new in post HCSWs and the first adapted induction commenced on both sites in July 2023 with good attendance (13).

Pastoral support is in place specifically for HCSW from the PD team and following positive feedback this has been extended for a further 12 months. These staff members will also support the adapted induction and the NHA apprenticeship. A calculation of impact of this support on turnover will be provided at 6 and 12 months' intervals via this paper an NWAG.

Bank and Agency Usage June 2023 data

It should be noted that the Trust currently has 87 RN and 36 HCSW's on maternity leave. Current arrangements mean that maternity leave cover is dependent on temporary staffing solutions, so increasing our bank and agency requirement.

Current Trust Position WTE June 2023	Previous Month May 2023	Model Hospital data Feb 2023 Benchmarking	Current level of assurance
RN 313 WTE (15.2%) (129.5 WTE Bank / 183.2 WTE agency) HCA 233 WTE (22.5 %) (154.97 WTE Bank / 78.41 agency)	RN 319.75 WTE (15.5%) HCA 230.18 WTE (22	RN 4.6% HCA Not available	5

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Sickness

June 2023 data

Sickness absence has dropped for Registered nursing to 4.6% placing the Trust in the second quartile on model hospital, whilst sickness for HCAs remains high but is an improving picture at 8.9%).

Current Trust Position June 23	Previous Month May 23	Model Hospital data May 202e Benchmarking	Current Level of Assurance
RN 95 WTE (4.6%) HCA 92 WTE (8.9%)	RN 104 WTE (5.7%) HCA 98 WTE (9.5%)	RN 5.1% HCA 7.0 %	6

Turnover

June 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 June 2023 data	Previous Month May 2023	Model Hospital data March 2023 Benchmarking	Current Level of Assurance
RN Turnover 10.42 % HCA Turnover 16.65%	RN Turnover 10.48 % HCA Turnover 16.23%	RN Turnover 12.9% HCA Turnover 21%	6

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Recommendations

Trust Board is invited to note and receive assurance on the following:

- Both Paediatrics and Neonatal Units were deemed to have been safely staffed to RCN / BAPM levels throughout July 2023.
- Staffing on adult areas was also safe throughout July 2023.
- The BMA strikes on Thursday 13th July – Tuesday 18th July for Junior Drs and Thursday 20th July – Saturday 22nd July for Consultants went ahead. There were no incidents or safety concerns raised from nursing because of this action.
- The summer acuity and dependency review commenced on the 31st of July 2023.
- Domestic recruitment is continuing successfully for both Registered Nurses (RN's) and Health Care support workers (HCSW) and we remain on track for the increased trajectory for the International recruitment pipeline for 2023/2024.
- Use of surge capacity including AEC and A&E corridor continue to be reliant on the use of temporary staffing solutions.
- Following discussion at NWAG on July 10th 2023, locks were placed on all HCA shifts, so ceasing the automatic cascade to agency. This was in response to concerns regarding quality, equity and access to shifts for bank staff and value for money.

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Midwifery Safe Staffing Report July 2023

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
QGC	31 August 2023	Noted for assurance.

Recommendations	Trust Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary

This report provides a breakdown of the monitoring of maternity staffing in July 2023. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance. Safe midwifery 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

Summary of Key Performance Indicators (July 2023)

Metrics	Target	Current position (MW)	Current position (MSWs)
Sickness rate	5.5%	6.3%	12.06%
Turnover rate (rolling)	11.5%	8.33%	20%
Vacancy rate (MW)	10%	14%	27%
Midwife to birth ratio	1:24	1:23	
1:1 care in labour	100%	100%	
Shift leader SN	100%	Not achieved	

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	<p>There were 404 births in July. The escalation policy was enacted to reallocate staff internally as required. The community and continuity teams were required to support the inpatient team in month. Minimum safe staffing levels were maintained on all shifts in July.</p> <p>The supernumerary status of the shift leader was not achieved in July however 1:1 care in labour was achieved in month. NHR have recommended that non - compliance for this safety action is declared.</p> <p>There were eight staffing and four medications (one harm) incidents reported on Datix.</p> <p>The suggested level of assurance for July 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

Birthrate Plus 6 monthly desktop audit

The current recommended establishment is presented below.

Methodology Birthrate Plus (Ball & Washbrook) Guidance RCM Staffing Standard 2009					
Trust name				Differentiated ratios	%
Service Type				Tertiary	38 to 1
				Dist > 50% categories IV & V	42 to 1
				Dist > 50% categories IV & V	45 to 1
				Community excluding home and stand alone mlu births	98 to 1
				Home and stand alone mlu births	35 to 1
Leave allowance (%)					22.0%
Existing establishment clinical midwives and clinical element managers/specialists					154.00
Existing establishment non clinical managers/specialist elements					18.32
Existing establishment band 4 and above currently included in 10% skill mix (those with appropriate qualifications, skills and competency used currently to replace midwifery times, includes nursery nurses, RGN's, MSW's)					1.60
Case Mix Ratio	42:1	No. Hospital Births	Home Births & Stand Alone MLU Births	Exports (Inter ref)	Imports (Referral ref)
		4900	120	10	300
Hospital Midwives (No of hospital births / differentiated ratio (42))				A	146.74
Community Care (No of hospital births - exports + imports /98)				B	67.48
Home Births & Stand Alone MLU Births (No of births/35)				C	
Total Clinical Midwives Required (A + B + C)				D	209.22
Assessed Ratio (Total births/ clinical midwives required)					23.99
Additional % required for non clinical element managers/specialists					10%
Additional number required for non clinical element managers/specialists					20.92
Theatres					
Scanning					
Total Midwives required					230.14
Total Establishment					242.00
Surplus/(Deficit)					11.86

Non Clinical Midwifery Roles

Within the tool a 10% increase in midwifery time is applied to support governance, specialist and leadership roles (20 WTE locally). This % increase has not been amended

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since the national changes were introduced as outlined in Ockenden and the NHSE Self-Assessment tool.

There are a 11 additional roles that have been funded by NHSE to support the Trust to deliver the national recommendations and ensure that national targets are met.

Funded establishment

The total requirement to deliver a safe maternity service is 230.16 WTE. The current funded midwifery establishment is 242 WTE therefore no additional funding is currently required.

Completion of the Birthrate plus acuity app

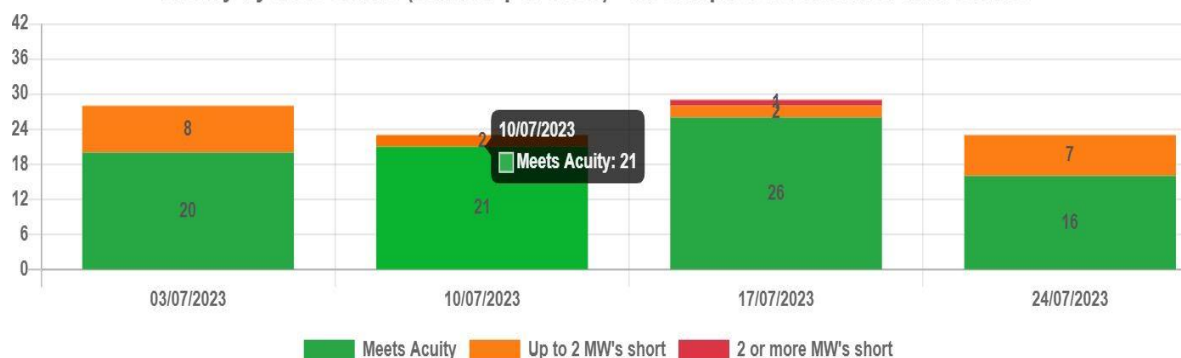
Delivery Suite

The acuity app data was completed in 61% of the expected intervals.

The diagram below demonstrates when staffing was met or did not meet the acuity. From the information available the acuity was met in 81% of the time and recorded at 19% when the acuity was not met prior to any actions taken. This is a slight decrease from last month.

This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in July.

Acuity by RAG status (number per week) - all completed scheduled data entries



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=11 occasions) of when staff are reallocated from other areas of the inpatient service. In addition, on one occasion the community and continuity teams were deployed. There was one report of staff not being able to take breaks and no reports of staff staying beyond their shift time.

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Number & % of Management Actions Taken

From 01/07/2023 to 31/07/2023

MA1	Redeploy staff internally	11	73%
MA2	Redeploy staff from community	1	7%
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	1	7%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	1	7%
MA11	Maternity Unit on Divert	0	0%

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

All of the NICE recommended red flags can be reported within the acuity app and are presented below. The labour ward coordinator reported that they were not supernumerary on two occasion as they were providing 1:1 care, no delays in care were reported and 1:1 care was recorded at 100%. NHSR have advised that non-compliance is declared for safety action 5 and an action plan is submitted to Trust Board to demonstrate how this will be achieved in the future.

Number & % of Red Flags Recorded

From 01/07/2023 to 31/07/2023

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	1	33%
RF10	Delivery Suite Co-ordinator is not supernumerary	2	67%

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Antenatal & Postnatal Wards

The ward acuity tool remains unavailable whilst BR plus complete an upgrade of the tool.

Staffing incidents

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

1. High acuity on PNW – escalation policy enacted (2)
2. Home birth activity impacting on community day staffing
3. Community antenatal clinics cancelled due to absence
4. No admin support in ANC – MWs supporting
5. ANC 1 MW allocated – supported by CMW
6. No MW available to take pt to theatre – delay in procedure
7. MW mandatory training cancelled due to workload in community

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 July to offer support to staff and to update staff on current challenges in maternity services. No safety issues or staffing concerns were raised at last meeting.

Medication Incidents

There were four medication incidents in July: 1 causing harm:

- Anaphylaxis following administration of IV Penicillin – unknown allergy.
- Missed dose of medication
- No BM monitoring following administration of steroids to a woman with gestational diabetes
- Discharged without TTOs as management plan not discussed with pt and pt unwilling to await review – pt agreed to collect TTOs the following day

Monitoring the midwife to birth ratio

The ratio in July was 1:23 (in post) and 1:19 (funded). The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Daily staff safety huddle

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

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 and further recruitment events planned. There has been a focus on sickness absence management for this group. A substantive, full time MSW/MCA Practice Development Midwife lead is now in place and there will be a focus on staff development, support and health and wellbeing.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	82%	100%	n/a	n/a
Antenatal Ward/Triage	85%	87%	74%	73%
Delivery Suite	92%	97%	53%	85%
Postnatal Ward	84%	90%	69%	55%
Meadow Birth Centre	64%	78%	34%	39%

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 deputies.

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.

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

The national COVID SitRep continues to be completed as requested.

Vacancy

There are 23 unfilled clinical midwifery posts and 6 unfilled leaderships and specialist roles – vacancy rate 14%. Active recruitment continues.

The directorate remains in contact with the 21 WTE midwives recruited in March to support them through the recruitment process. Three further midwives are expected to join us in Q2/3.

There are 15 MSW/MCA vacant posts with 3 WTE expected in August. Further recruitment is planned for MCAs.

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Further work continues with international recruitment with the aim to employ 3 WTE midwives by Dec 2023, it is noted that only 2 midwives have continued to engage with the ongoing process and the target has been reset with NHSE to 3 midwives arriving by December 2023. No further update available in month.

Sickness

Sickness absence rates for midwives were reported at 6.3% in month. Over the last month there has been a further decrease in sickness absence within the non-registered group at 12%.

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 8.33% for midwives and at 20% for non-registered staff. As planned a retention midwife will commence in post in September 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/staffing meeting daily
- Agency staff block booked to support until October 2023.
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Progressing IR following recruitment.
- Fortnightly 'drop - in' sessions led by the DoM continued in month.
- Safety Champion walkabouts

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Conclusion
<p>There was an increase in the % of time that acuity was not met on delivery suite without and mitigation was taken. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 12 occasions to maintain safety.</p> <p>Agency midwives continue to provided additional support however safe staffing levels were maintained. The community and continuity of carer midwives were required to support the inpatient team in July.</p> <p>Red flags were reported via the acuity app; the supernumerary status of the shift leader was not maintained however 1:1 care in labour was achieved. NHSR have advised that non-compliance is declared for safety action 5. Five no harm medication incidents were reported and one delay in care in month.</p> <p>Sickness absence rates reported at 6.3% (MWs) and 12.02% (MSWs & MCAs); ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.</p> <p>The rolling turnover rate is at 8.33% (MWs) and 20% (MSWs & MCA's). The vacancy rate is at 14% for MWs and 20% for MSW/MCA's. There are 21WTE midwives and 3 WTE MSWs/MCAs in the recruitment pipeline.</p> <p>Any reduction in available staff on duty will impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.</p> <p>The suggested level of assurance for July is 6. This level of assurance is recommended because sickness absence, vacancy and turnover rates continue to reduce.</p>
Recommendations
Trust Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.