Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	13 April 2023
Paper number	Enc G

MASTER_FINAL_2022-23_FReM.pdf (publishing.service.gov.uk)

Issues and options

We are currently reviewing the 2022/23 underlying exit position and are preparing both a detailed plan for 2023/24 which will include assumptions around the on-going provision of services and a medium term 5 year financial strategy to identify further mechanisms to support financial sustainability. Of significance in relation to going concern are:

- We are a key partner in the Herefordshire and Worcestershire ICB which sets out the vision for healthcare services in the two counties in the medium term.
- Our 3 Year Plan detailing how we intend to improve services for patients in line with our vision of Putting Patients First and underpinned by our 4Ward Behaviours and our 4Ward Improvement Programme supported by our partnership with Virginia Mason Institute.
- We are actively working with system partners to plan the restoration of services following the COVID-19 pandemic in line with the Annual Planning Priorities and will enter into formal contracts for the provision of services for 2023/24.
- The development of a new Urgent & Emergency Care facility is nearing completion and will be commissioned in July 2023/24 to support improved capacity and flow.
- The Trust secured £39.9m of national capital funding in 2022-23 to develop services including funds for the Acute Services Review of £10.5m which will see the centralisation of major acute / trauma services on the Worcestershire site and Elective Services on the Alexandra site and together with a further capital bid approved of £18.8m for 2 additional Theatres will support more efficient and sustainable service provision going forward with the ability to generate further income from increased capacity.
- Additional bids for central funding are anticipated in 2023/24 to further increase the Theatre provision at the Alexandra site and an additional MRI scanner to support improvement in our faster diagnostic performance.
- The expensive early adopter cost plus PFI contract, which has been a significant contributor to the Trusts financial challenges comes to an end in just over 8 years and the Trust will commence planning for the handover in the next financial year to ensure that the asset condition and services are handed over in line with the contract terms.

<u>Other Financial Considerations</u>

- The Trust has experienced a challenging financial position over recent years, with historic performance showing substantial operating losses as set out below:

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	Estimated 2022/23 £000
Breakeven duty in-year financial performance	(28,748)	(52,562)	(68,790)	(80,844)	6,652	(1,082)	(19,903)
Breakeven duty cumulative position	(147,015)	(199,577)	(268,367)	(349,211)	(342,559)	(343,641)	(363,544)
Operating income	403,348	400,918	411,966	443,722	559,003	596,391	600,218
position as a percentage of operating income	(36.4%)	(49.8%)	(65.1%)	(78.7%)	(61.3%)	(57.6%)	(60.6%)

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- This shows that the Trust is currently forecasting that it will fail to achieve its statutory duty to break even taking one year with another.
- There have been no requests for cash support in 2022/23.
- The Trust continues to repay its two Normal Course of Business (NCB) capital loans. There will be two repayments due in 2022/23; Sept 2022 and March 2023 totalling £1.2m.
- The cash balance at the end of Month 10 was +£17.8m and forecast year end position is +£27.5m
- An operational plan for 2023/24 is being prepared for submission to NHSE on 16th March, this plan will set out planned income, activity, expenditure and workforce plans. Unless there is a material change in the national funding architecture this is anticipated to reflect a deficit position, and exposure to risks which will require mitigation.
- A key consideration is that we have the cash resources to meet our obligations as they fall due in the foreseeable future. There is a comprehensive cash management and forecasting process in place, including daily, weekly and monthly cash flow forecasting and careful working capital management.
- Access to cash support remains available if required through monthly requests to the Department of Health and Social Care in line with the standard NHSE policy and process.

Conclusion

Assessment of Going Concern

Whilst we remain in a recurrent financially challenged position, and face a number of risks and uncertainties, there is clear evidence of continued provision of services being planned by both NHSE, ICB and within the Trust itself.

On the balance of assessment of the various risks, opportunities and uncertainties, the CFO recommends that the Trust considers itself to be a going concern in line with the accepted definition for public sector bodies. Neither NHSE, nor DHSC have deemed the going concern basis to be inappropriate for the Trust.

Recommendations

The Board is requested to consider and approve the Chief Finance Officer's recommendation that the Trust is a going concern.

Appendices – Appendix A – GAM extract

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Appendix A – Going Concern Extract – Group Accounting Manual 2022-23

4.18 The FReM notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.

4.19 For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

4.20 A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

4.21 Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.

4.22 Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.

4.23 While an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity.

4.24 DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

4.25 Where a DHSC group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.

4.26 As the continued provision of service approach, per paragraph 4.22, applies to DHSC group bodies, material uncertainties requiring disclosure will only arise in very exceptional circumstances.

4.27 Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional

circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible.

4.28 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

Staff Survey 2022

Meeting :	Trust Board			**Date of Meeting**	13th April 2023		
For Decision		**For Assurance**		**For Discussion**	x	**For noting**	
Executive Lead:	Tina Ricketts, Director of People & Culture			**Report Author**	Rich Luckman, Assistant Director People & Culture & Mark Stanley, OD Practitioner		
Presented By:	Tina Ricketts, Director of People & Culture			**BAF Risk Reference**	9,10,14,15		
Best Services		**Best Experience of Care & Outcomes for our patients**		**Best Use of Resources**		**Best People**	x

Recommendation	The Board is asked to: 1. Note the findings of the 2022 Annual Staff Survey 2. Divisional Leadership Teams with the support of their HR Business Partner are asked to update Divisional Action Plans with the latest data and insights. 3. Divisional and Directorate leadership teams to arrange 'Team Talks' with all teams to discuss the results and actions. 4. Note that a further report on Confidence to Speak Up will be presented to TME at a future meeting to provide assurance on improvement actions.

Level of assurance - Outcome	0		1		2		3		4	x	5		6		7
Level of Assurance – Process	0		1		2		3		4		5	x	6		7

Change in assurance from last report	N/A	
Prior Committee Review & Date	TME	22/03/23
	People & Culture	04/04/23

Executive Summary	The annual NHS Staff Survey results for 2022 have recently been received. On 9 March 2023, NHS England published the annual NHS staff survey results. The survey ran from September to December 2022, amid winter demand, all-time high vacancy rates, a cost of living crisis and widespread industrial action. The survey was aligned to the overarching categories of the NHS People Promise and included new questions related to patient safety. This report provides an overview of the findings and highlights the key themes, as well as considering our response. The results of the survey show a response rate for our Trust of 36% or 2,482 responses. This represents a drop of 7% compared to 2021 and is below the average response rate for similar organisations. Nationally response rates were down 2%. Overall scores for the People Promise elements were largely comparable to the previous year's results. The lower scores are for the elements 'We are recognised and rewarded' and 'We each have a voice that counts'. Staff engagement and morale has also seen a slight reductions in scores, with engagement considered significantly lower than the previous year. The Trust's survey results are largely reflective of the national trend, particularly in relation to reward, engagement and morale. The full staff survey results and associated heatmaps can be found in the reading room.	**Source and application of funding**	Not applicable
		Is this item within the Annual Plan/ contributing to PEP?	Not applicable
		Key Risks and Interdependencies	We have developed a culture heat map to identify hotspots at department level. This is attached in the appendices.
		Any other implications/ Escalations	The staff survey results help inform our people & culture priorities for the 3 year plan.

Staff Survey 2022

Introduction/ Background	Since January 2022, as a Trust we provide frequent opportunities for our people to feedback about their experience as employees. There is the NHS National Quarterly Pulse Survey (NQPS), which provides regular insight on our progress as an employer, and the annual NHS Staff Survey, providing a detailed overview of employee engagement and morale. These surveys are both aligned to the seven elements of the NHS People Promise and provide a comprehensive picture of how we are performing as an organisation from the perspective of our workforce. This insight enables us as an employer to identify themes requiring improvement and identify areas of the organisation that may need additional support and development. The most recent annual NHS Staff Survey was carried out in the Autumn of 2022. The results have recently been released and this report provides an initial overview for our Trust, highlighting significant changes compared to the last survey and capturing our response to the findings.
Matters for Consideration	

Staff Survey 2022 - National Picture

- **Response rate** 2% down on 2021
- 25.6% **satisfied with their level of pay**, 7% decrease on 2021 and lowest result for 5 years
- Staff feeling **confident to raise concerns** about clinical practices (71.9%) and that their **organisation would address these concerns** (56.7%) both represented a drop from 2021
- Staff being **happy with the standard of care** provided by their organisation (62.9%) and **recommending their organisation as a place to work** (57.4%) saw their lowest scores since 2018
- Strong sense of **team working**, with 81.6% saying they enjoy working with their colleagues

Response Rates

Organisation Type	Lowest response rate:	Average response rate:	Highest response rate:
Acute and Acute & Community	**26.17%**	**45.25%**	**68.27%**
Ambulance Trust	33.00%	50.16%	61.01%
Acute Specialist Trust	42.98%	55.48%	68.82%
Community Trust	47.27%	55.72%	71.30%
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	33.04%	49.97%	68.42%
Integrated Care Boards (Sub ICBs)	0%	0%	0%
Integrated Care Boards (ICBs)	63.66%	75.49%	89.58%
Other	33.00%	57.08%	77.98%

Worcestershire Acute Hospitals Trust	36.47% 2482 respondents from an eligible sample of 6806

Response Rates

	Eligible Sample	Respondents	Response Rate
CORPORATE	605	347	57.4%
DIGITAL	86	65	75.6%
ESTATES & FACILITIES	366	91	24.9%
SPECIALISED CLINICAL SERVICES DIV.	2030	811	40.0%
SPECIALTY MEDICINE	1387	472	34.0%
SURGERY	941	281	29.9%
URGENT CARE	593	117	19.7%
WOMEN & CHILDREN	798	298	37.3%
Worcestershire Acute Hospitals Trust		36.47% 2482 respondents from an eligible sample of 6806	

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Response Rates

NHS Worcestershire Acute Hospitals NHS Trust

Locality 2	Eligible Sample	Respondents	Response Rate
ADD PROF SCIENTIFIC AND TECHNIC	158	65	41.1%
ADDITIONAL CLINICAL SERVICES	1336	336	25.1%
ADMINISTRATIVE AND CLERICAL	1257	689	54.8%
ALLIED HEALTH PROFESSIONALS	477	205	43.0%
ESTATES AND ANCILLARY	416	104	25.0%
HEALTHCARE SCIENTISTS	192	112	58.3%
MEDICAL AND DENTAL	741	266	35.9%
NURSING AND MIDWIFERY REGISTERED	2229	705	31.6%

Worcestershire Acute Hospitals Trust	36.47% 2482 respondents from an eligible sample of 6806

Response Rates

Worcestershire Acute Hospitals Trust	36.47%
2482 respondents from an eligible sample of 6806	

Total	Alexandra Hospital	Eveshame Community Hospital	Kidderminster Treatment Centre	Other Communicty Locations	Princess of Wales Hospital	Worcestershire Royal Hospital
2482	523	12	190	11	14	1732

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Staff Survey 2022

NHS Worcestershire Acute Hospitals NHS Trust

Matters for Consideration (cont.)	The Trust's results are marginally below the average for similar organisations and the slight drop in scores year on year reinforces the importance of focusing on the priorities captured in the People & Culture Strategic Framework. The results of the survey will be shared across the organisation through briefings and team talks, highlighting key themes and messages. Specific projects including the 4ward behaviours refresh, the development of a behavioural toolkit, the embedding of the Behavioural Charter with a zero-tolerance approach and the establishment of our 'staff offer' will all help to address key themes identified in the survey, particularly around raising concerns and recommending the Trust as a place to work. As well as the ongoing delivery of these projects, the areas of the Trust requiring most support will be identified through analysis of survey heat maps, with subject matter experts from HR, OD and Improvement then working with teams to develop specific action plans and tailored solutions. Progress will continue to be monitored through the National Quarterly Pulse Survey (NQPS) the next one of which is due to run in April 2023. The table below gives an overview of the response rates and scores when comparing 2021 and 2022 against a scale of 1-10 with 10 being the best score attainable.

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Staff Survey 2022

NHS Worcestershire Acute Hospitals NHS Trust

Matters for Consideration (cont.)

The following table shows this year's results when compared against the benchmarking group of 124 similar organisations, showing how our Trust compares with the average, best and worst results:

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	2477	2477	2465	2470	2392	2473	2474	2480	2482

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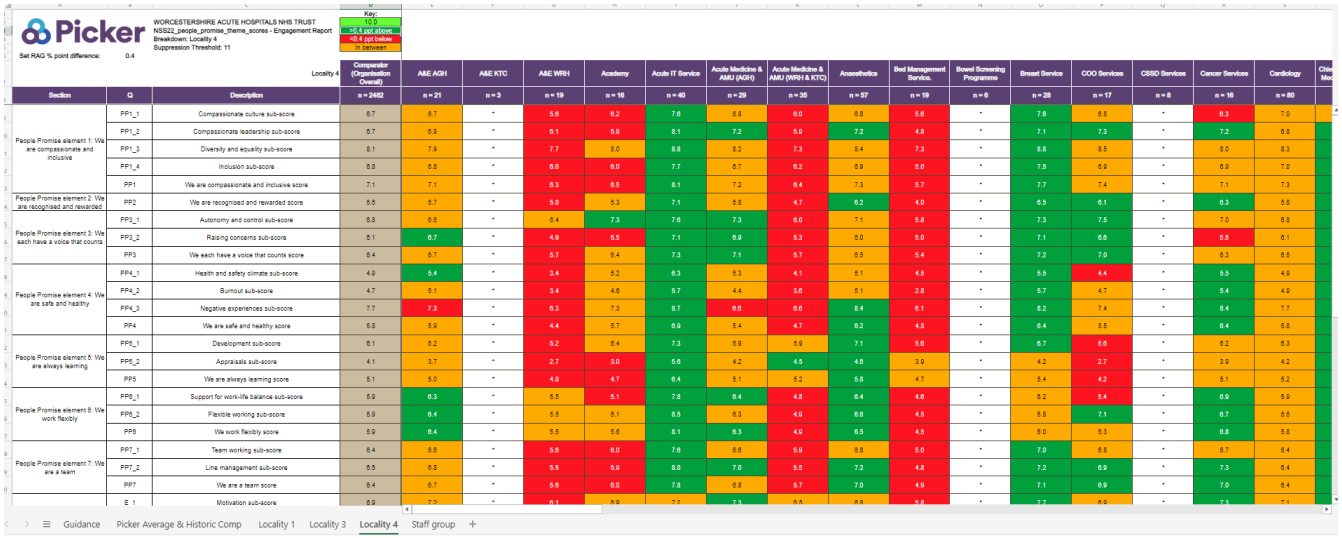
Staff Survey 2022

NHS Worcestershire Acute Hospitals NHS Trust

Matters for Consideration (cont.)	A Divisional, Directorate and Team heatmap is included as an addendum to this report. The heatmap will be used to refresh Action Plans.



Picker

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
NSS22_people_promise_theme_scores - Engagement Report
Breakdown: Locality 4
Suppression Threshold: 11

Set RAG % point difference: 0.4

Key:
10.0
>0.4 ppt above
<0.4 ppt below
in between

Section	Q	Description	Comparator (Organisation Overall)	A&E AGH	A&E KTC	A&E WRH	Academy	Acute IT Service	Acute Medicine & AMU (AGH)	Acute Medicine & AMU (WRH & KTC)	Anaesthetics	Bed Management Service.	Bowel Screening Programme	Breast Service	COO Services	CSSD Services	Cancer Services	Cardiology
			n = 2482	n = 21	n = 3	n = 19	n = 16	n = 40	n = 29	n = 35	n = 57	n = 19	n = 6	n = 28	n = 17	n = 8	n = 16	n = 80
People Promise element 1: We are compassionate and inclusive	PP1_1	Compassionate culture sub-score	6.7	6.7	*	5.8	6.2	7.6	6.8	6.0	6.8	5.8	*	7.6	6.6	*	6.3	7.0
	PP1_2	Compassionate leadership sub-score	6.7	6.9	*	6.1	5.9	8.1	7.2	5.9	7.2	4.8	*	7.1	7.3	*	7.2	6.8
	PP1_3	Diversity and equality sub-score	8.1	7.9	*	7.7	8.0	8.8	8.2	7.3	8.4	7.3	*	8.8	8.5	*	8.0	8.3
	PP1_4	Inclusion sub-score	6.8	6.8	*	6.0	6.0	7.7	6.7	6.2	6.9	5.0	*	7.5	6.9	*	6.9	7.0
	PP1	We are compassionate and inclusive score	7.1	7.1	*	6.3	6.5	8.1	7.2	6.4	7.3	5.7	*	7.7	7.4	*	7.1	7.3
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	5.6	5.7	*	5.0	5.3	7.1	5.8	4.7	6.2	4.0	*	6.5	6.1	*	6.3	5.8
People Promise element 3: We each have a voice that counts	PP3_1	Autonomy and control sub-score	6.8	6.8	*	6.4	7.3	7.6	7.3	6.0	7.1	5.8	*	7.3	7.5	*	7.0	6.8
	PP3_2	Raising concerns sub-score	6.1	6.7	*	4.9	5.5	7.1	6.9	5.3	6.0	5.0	*	7.1	6.6	*	5.5	6.1
	PP3	We each have a voice that counts score	6.4	6.7	*	5.7	6.4	7.3	7.1	5.7	6.5	5.4	*	7.2	7.0	*	6.3	6.5
People Promise element 4: We are safe and healthy	PP4_1	Health and safety climate sub-score	4.9	5.4	*	3.4	5.2	6.3	5.3	4.1	5.1	4.5	*	5.5	4.4	*	5.5	4.9
	PP4_2	Burnout sub-score	4.7	5.1	*	3.4	4.6	5.7	4.4	3.8	5.1	2.8	*	5.7	4.7	*	5.4	4.9
	PP4_3	Negative experiences sub-score	7.7	7.3	*	6.3	7.3	8.7	6.6	6.6	8.4	6.1	*	8.2	7.4	*	8.4	7.7
	PP4	We are safe and healthy score	5.8	5.9	*	4.4	5.7	6.9	5.4	4.7	6.2	4.5	*	6.4	5.5	*	6.4	5.8
People Promise element 5: We are always learning	PP5_1	Development sub-score	5.1	5.2	*	5.2	5.4	7.3	5.9	5.9	7.1	5.6	*	6.7	5.6	*	6.2	6.3
	PP5_2	Appraisals sub-score	4.1	3.7	*	2.7	3.0	5.6	4.2	4.5	4.6	3.9	*	4.2	2.7	*	3.9	4.2
	PP5	We are always learning score	5.1	5.0	*	4.0	4.7	6.4	5.1	5.2	5.8	4.7	*	5.4	4.2	*	5.1	5.2
People Promise element 6: We work flexibly	PP6_1	Support for work-life balance sub-score	5.9	6.3	*	5.5	5.1	7.8	6.4	4.8	6.4	4.8	*	6.2	5.4	*	6.9	5.9
	PP6_2	Flexible working sub-score	5.9	6.4	*	5.5	6.1	8.5	6.3	4.9	6.6	4.5	*	5.8	7.1	*	6.7	6.6
	PP6	We work flexibly score	5.9	6.4	*	5.5	5.6	8.1	6.3	4.9	6.5	4.5	*	6.0	6.3	*	6.8	5.8
People Promise element 7: We are a team	PP7_1	Team working sub-score	6.4	6.6	*	5.6	6.0	7.6	6.6	5.9	6.8	5.0	*	7.0	6.6	*	6.7	6.4
	PP7_2	Line management sub-score	6.5	6.8	*	5.5	5.9	8.0	7.0	5.5	7.2	4.8	*	7.2	6.9	*	7.3	6.4
	PP7	We are a team score	6.4	6.7	*	5.6	6.0	7.8	6.8	5.7	7.0	4.9	*	7.1	6.9	*	7.0	6.4
	E_1	Motivation sub-score	6.9	7.2	*	6.1	6.9	7.2	7.3	6.5	6.8	5.8	*	7.2	6.9	*	7.3	7.1

Guidance | Picker Average & Historic Comp | Locality 1 | Locality 3 | Locality 4 | Staff group

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4ward

NHS
Worcestershire Acute Hospitals
NHS Trust

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.1	2874	7.1	2477	Not significant
We are recognised and rewarded	5.7	2860	5.6	2477	Significantly lower
We each have a voice that counts	6.6	2853	6.4	2465	Significantly lower
We are safe and healthy	5.8	2866	5.8	2470	Not significant
We are always learning	5.2	2753	5.1	2392	Not significant
We work flexibly	5.9	2847	5.9	2473	Not significant
We are a team	6.5	2855	6.4	2474	Not significant
Themes					
Staff Engagement	6.7	2881	6.6	2480	Significantly lower
Morale	5.7	2881	5.6	2482	Not significant

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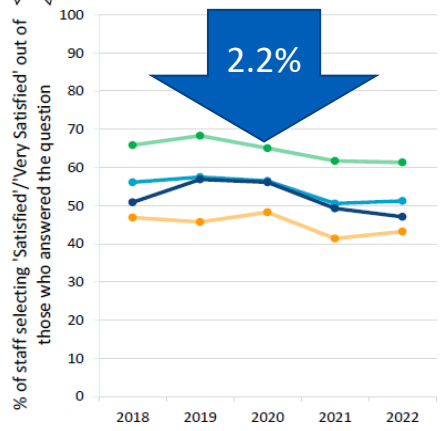
We are recognised and rewarded

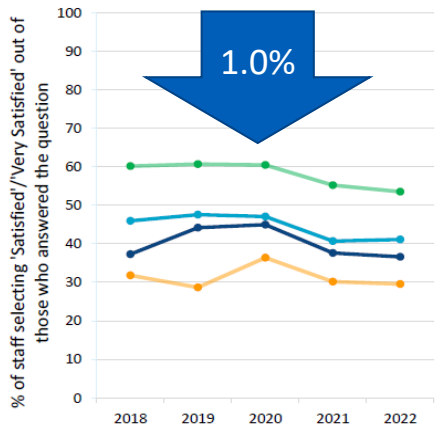
Worcestershire Acute Hospitals NHS Trust

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



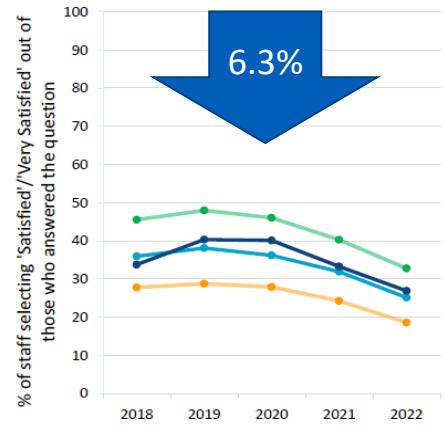
	2018	2019	2020	2021	2022
Your org	50.8%	56.8%	56.1%	49.3%	47.1%
Best	65.8%	68.3%	65.0%	61.7%	61.3%
Average	56.1%	57.5%	56.4%	50.5%	51.2%
Worst	46.8%	45.7%	48.2%	41.4%	43.2%
Responses	1960	2315	2935	2858	2470

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2018	2019	2020	2021	2022
Your org	37.3%	44.2%	45.0%	37.6%	36.6%
Best	60.1%	60.7%	60.4%	55.2%	53.5%
Average	45.9%	47.5%	47.1%	40.7%	41.1%
Worst	31.8%	28.7%	36.4%	30.1%	29.5%
Responses	1961	2300	2923	2853	2475

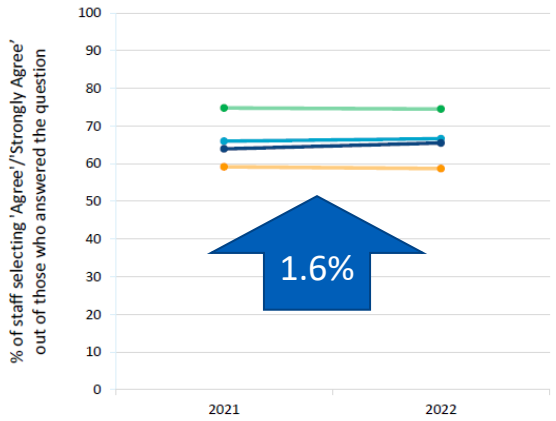
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2018	2019	2020	2021	2022
Your org	33.7%	40.3%	40.1%	33.2%	26.9%
Best	45.5%	47.9%	46.0%	40.3%	32.8%
Average	35.9%	38.1%	36.2%	31.9%	25.1%
Worst	27.7%	28.7%	27.9%	24.2%	18.5%
Responses	1963	2308	2933	2849	2478

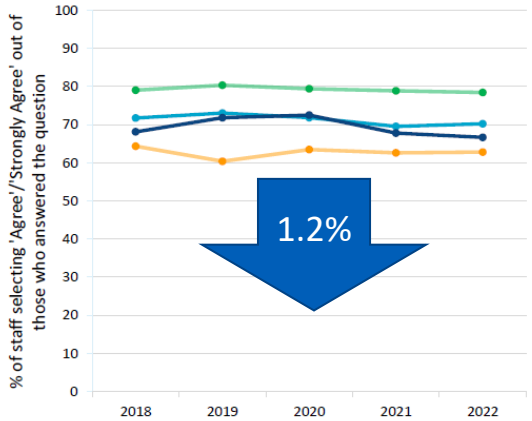
We are recognised and rewarded

Q8d The people I work with show appreciation to one another.



	2021	2022
Your org	63.9%	65.5%
Best	74.8%	74.5%
Average	66.0%	66.6%
Worst	59.2%	58.7%
Responses	2831	2475

Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	68.1%	71.8%	72.5%	67.8%	66.6%
Best	79.0%	80.3%	79.4%	78.8%	78.4%
Average	71.7%	73.0%	71.8%	69.5%	70.2%
Worst	64.3%	60.4%	63.4%	62.6%	62.8%
Responses	1963	2298	2931	2865	2469

- Refresh of 4ward behaviours including 'We work together, celebrate together'
- PDR process is currently under review
- Capturing the Trust's 'staff offer'

Putting Patients First 4ward

We each have a voice that counts

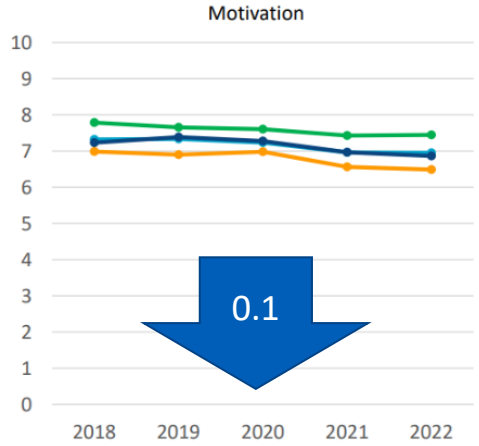
NHS Worcestershire Acute Hospitals NHS Trust

	% difference 2022 v 2023
Q3a I always know what my work responsibilities are.	86.4% v 85.1% **-1.3%**
Q3b I am trusted to do my job.	90.4% v 90.2% **-0.2%**
Q3c There are frequent opportunities for me to show initiative in my role.	71.0% v 70.6% **-0.4%**
Q3d I am able to make suggestions to improve the work of my team / department.	69.6% v 67.5% **-2.1%**
Q3e I am involved in deciding on changes introduced that affect my work area / team / department.	48.6% v 47.8% **-0.8%**
Q3f I am able to make improvements happen in my area of work.	51.7% v 51.8% **+0.1%**
Q5b I have a choice in deciding how to do my work.	50.8% v 48.7% **-2.1%**
Q19a I would feel secure raising concerns about unsafe clinical practice.	74.3% v 66.9% **-7.4%**
Q19b I am confident that my organisation would address my concern.	56.1% v 49.4% **-6.7%**
Q23e I feel safe to speak up about anything that concerns me in this organisation.	58.7% v 55.8% **-2.9%**
Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.	45.5% v 40.9% **-4.6%**

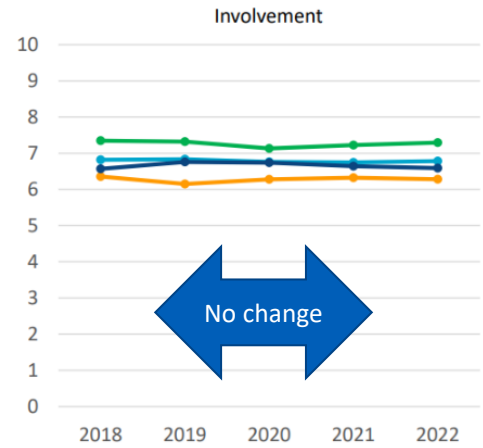
Staff Engagement

Worcestershire Acute Hospitals NHS Trust

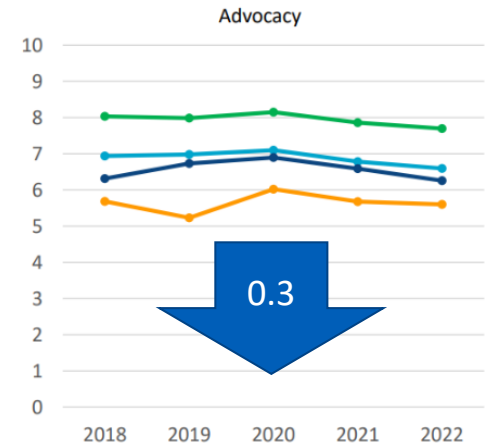
Theme: Staff Engagement



	2018	2019	2020	2021	2022
Your org	7.2	7.4	7.3	7.0	6.9
Best	7.8	7.7	7.6	7.4	7.4
Average	7.3	7.3	7.2	7.0	7.0
Worst	7.0	6.9	7.0	6.6	6.5
Responses	1951	2301	2927	2859	2462



	2018	2019	2020	2021	2022
Your org	6.6	6.8	6.7	6.6	6.6
Best	7.3	7.3	7.1	7.2	7.3
Average	6.8	6.8	6.8	6.7	6.8
Worst	6.4	6.2	6.3	6.3	6.3
Responses	1968	2320	2943	2882	2481



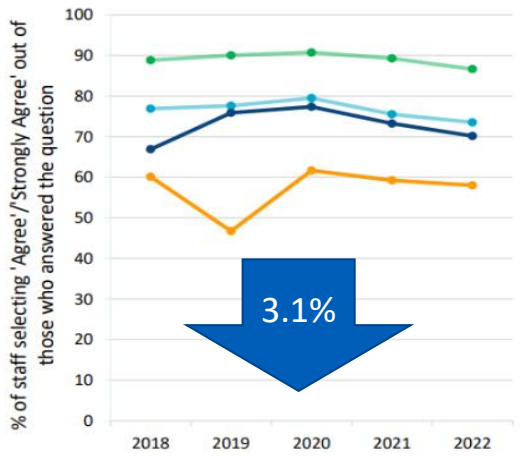
	2018	2019	2020	2021	2022
Your org	6.3	6.7	6.9	6.6	6.3
Best	8.0	8.0	8.2	7.9	7.7
Average	6.9	7.0	7.1	6.8	6.6
Worst	5.7	5.2	6.0	5.7	5.6
Responses	1946	2264	2936	2868	2472

Putting Patients First

Advocacy

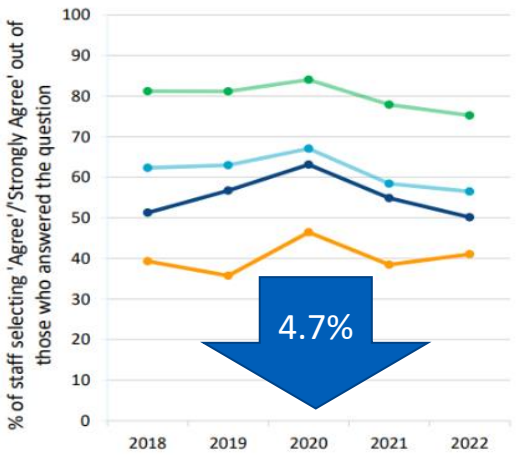
Worcestershire Acute Hospitals NHS Trust

Q23a Care of patients / service users is my organisation's top priority.



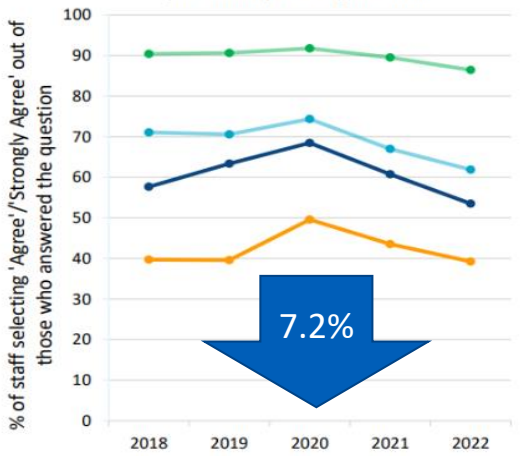
	2018	2019	2020	2021	2022
Your org	66.9%	75.9%	77.4%	73.3%	70.2%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	1943	2268	2936	2868	2469

Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	51.3%	56.7%	63.1%	54.9%	50.2%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	1944	2265	2925	2864	2470

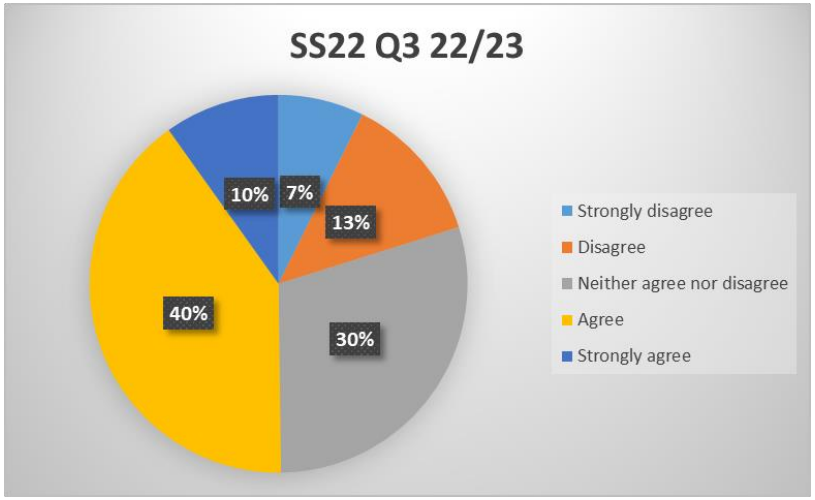
Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



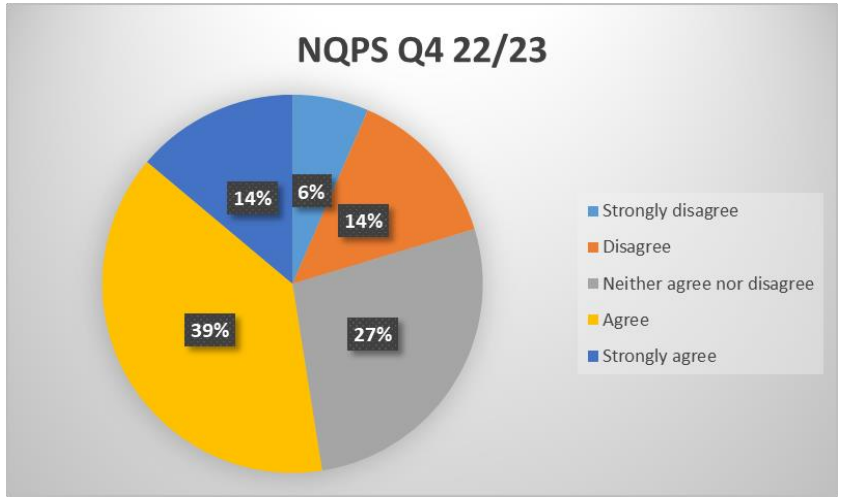
	2018	2019	2020	2021	2022
Your org	57.7%	63.3%	68.5%	60.7%	53.5%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	1941	2253	2923	2863	2469

I would recommend my organisation as a place to work

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
NQPS Q4 22/23	87	186	365	519	186	1,343
SS22 Q3 22/23	181	317	732	996	244	2470



Staff Survey 2022 (Sept/Oct/Nove) 2022



NQPS National Quarterly Pulse Survey January 2023

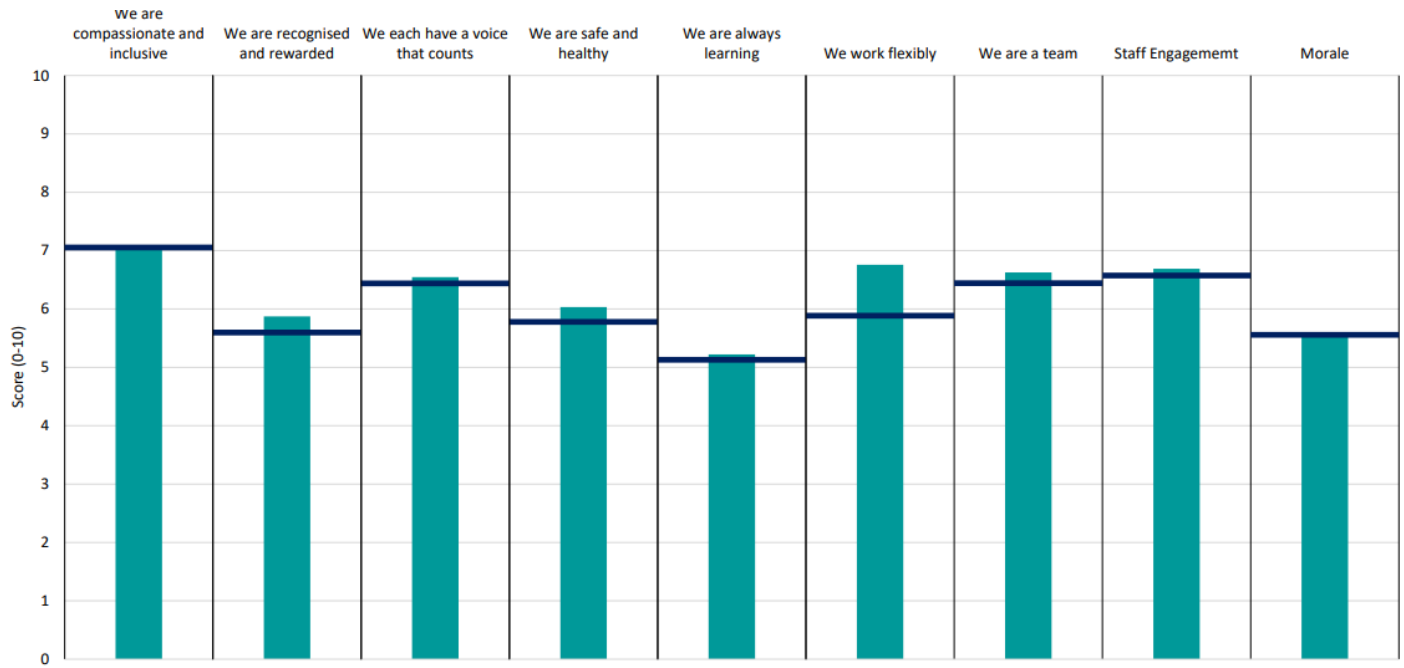
Divisional Highlights / Lowlights

- **Corporate, Digital and Estates & Facilities** largely scored on a par or above the organisational average, with Digital scoring higher in all areas
- **Surgery and Urgent Care** were the lower scoring divisions, with **Women & Children** scoring lowest against the 'We work flexibly' element
- The highest scoring area for e**ngagement** was **Digital**, with both **Surgery** and **Specialised Clinical Services** scoring the lowest
- **Digital** again scored highest for **morale**, with **Urgent Care** the lowest scoring division when compared against the organisational average

Putting Patients First

Corporate

NHS
Worcestershire Acute Hospitals
NHS Trust

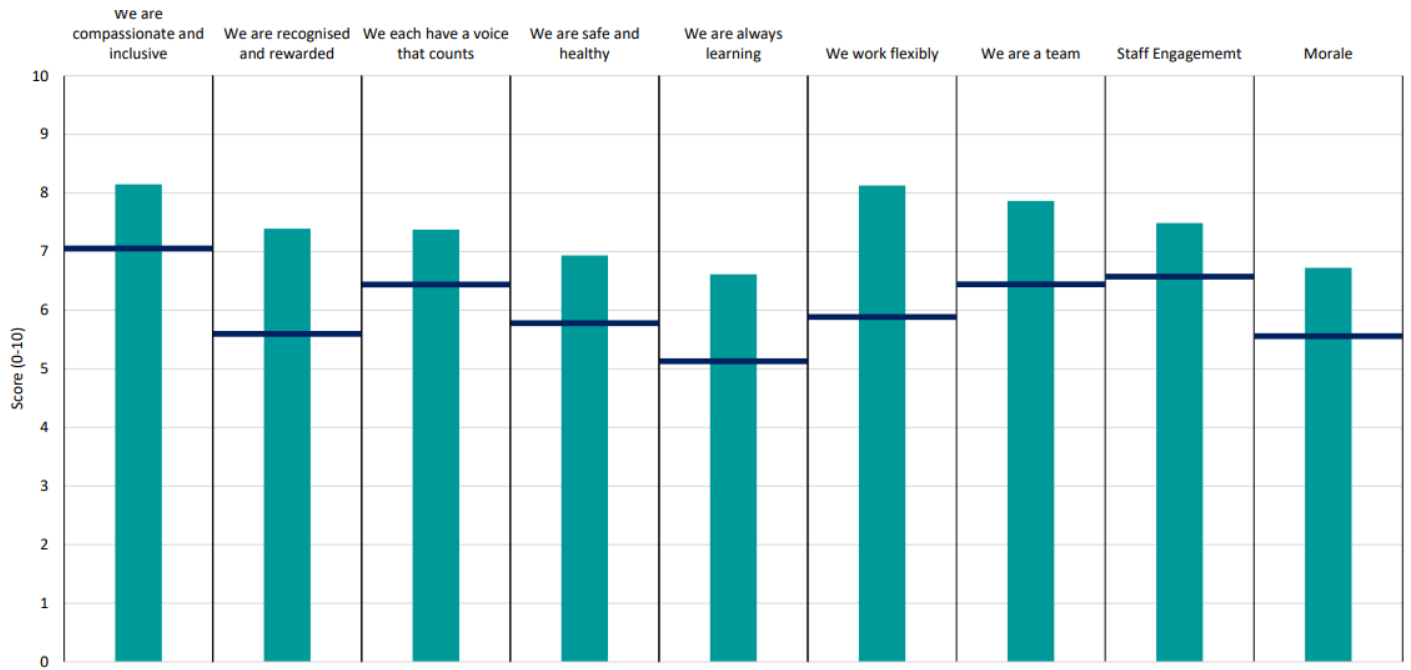


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	5.9	6.5	6.0	5.2	6.8	6.6	6.7	5.6
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	347	347	345	347	337	347	347	347	347

Putting Patients First

Digital

Worcestershire Acute Hospitals NHS Trust

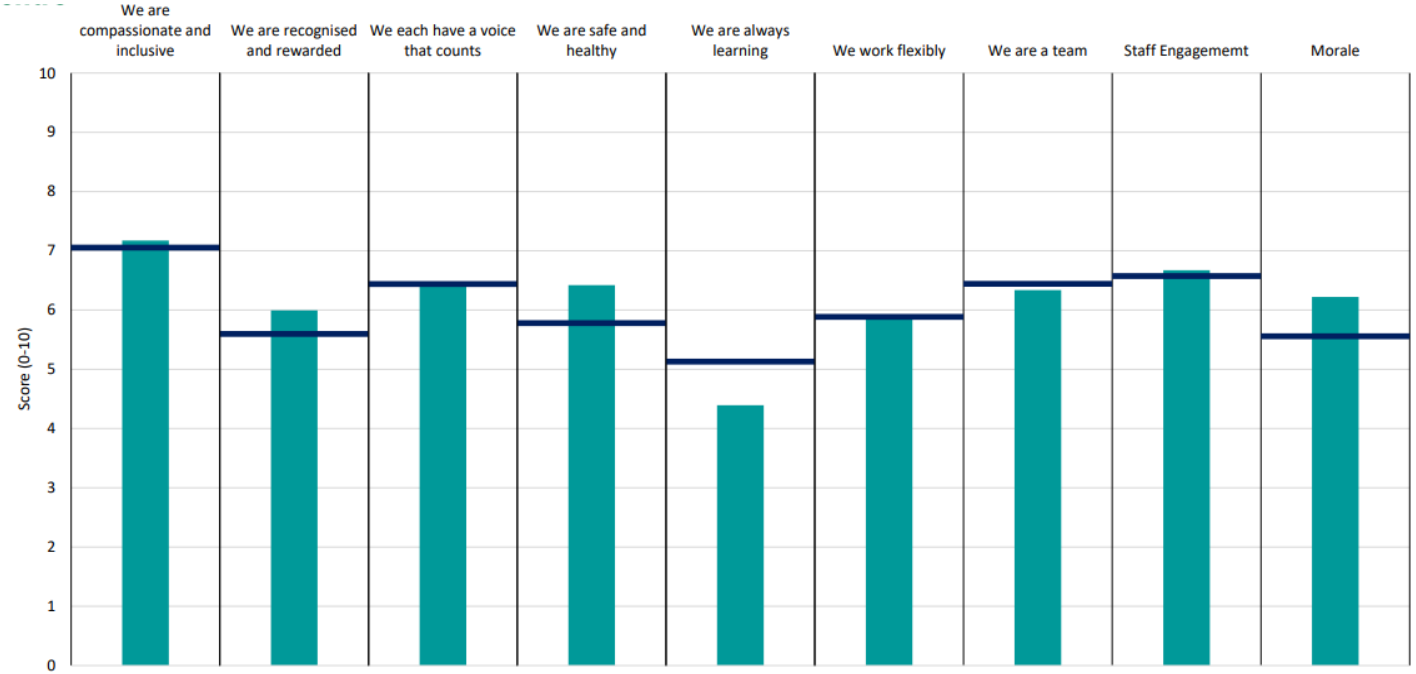


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.1	7.4	7.4	6.9	6.6	8.1	7.9	7.5	6.7
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	65	65	65	65	64	65	65	65	65

Putting Patients First

Estates & Facilities

Worcestershire Acute Hospitals NHS Trust

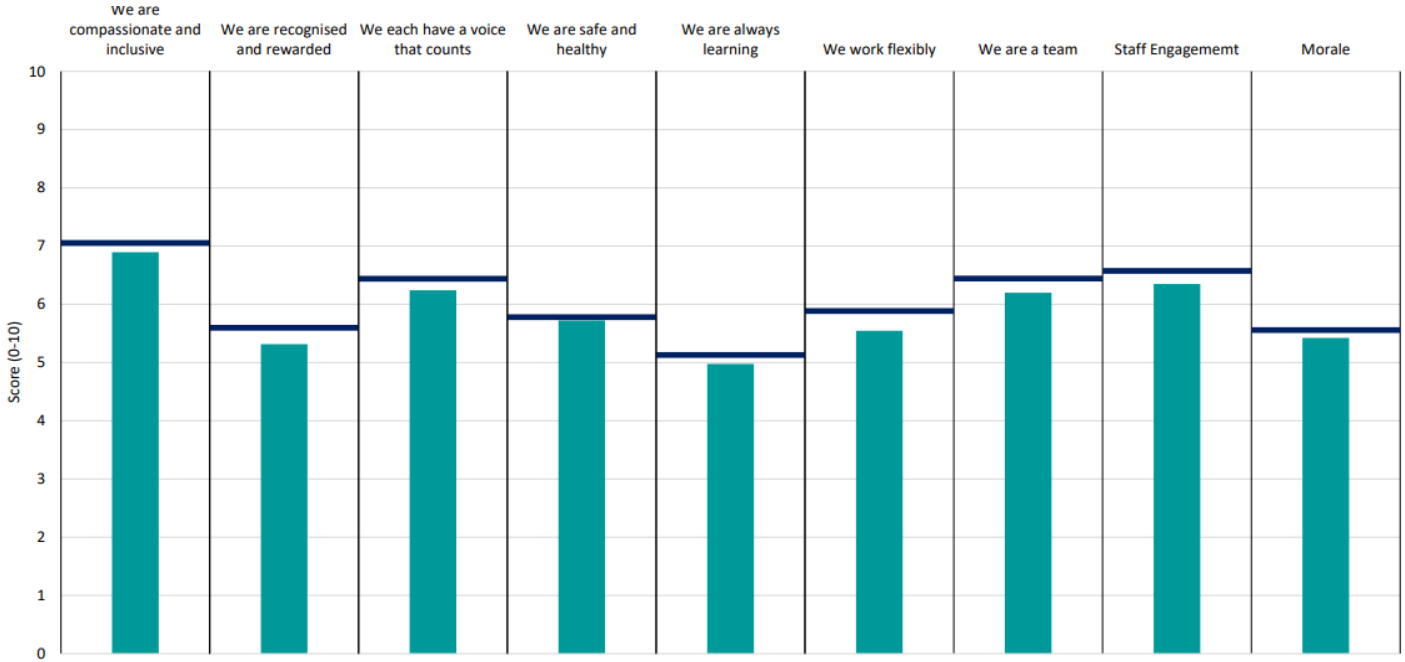


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.2	6.0	6.5	6.4	4.4	5.9	6.3	6.7	6.2
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	89	89	85	85	74	86	89	90	91

Putting Patients First

Specialised Clinical Services Div.

NHS
Worcestershire Acute Hospitals
NHS Trust

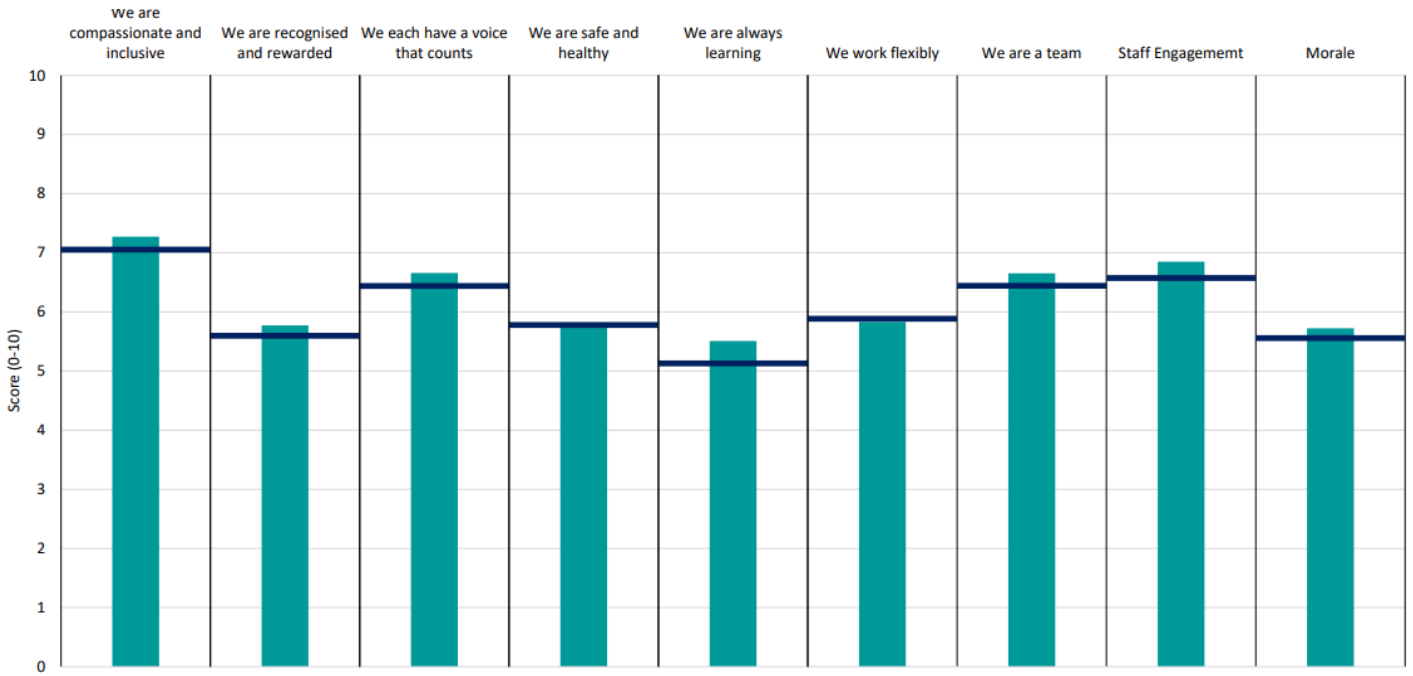


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.9	5.3	6.2	5.7	5.0	5.5	6.2	6.3	5.4
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	809	809	805	808	788	808	806	810	811

Putting Patients First

Specialty Medicine

Worcestershire Acute Hospitals NHS Trust

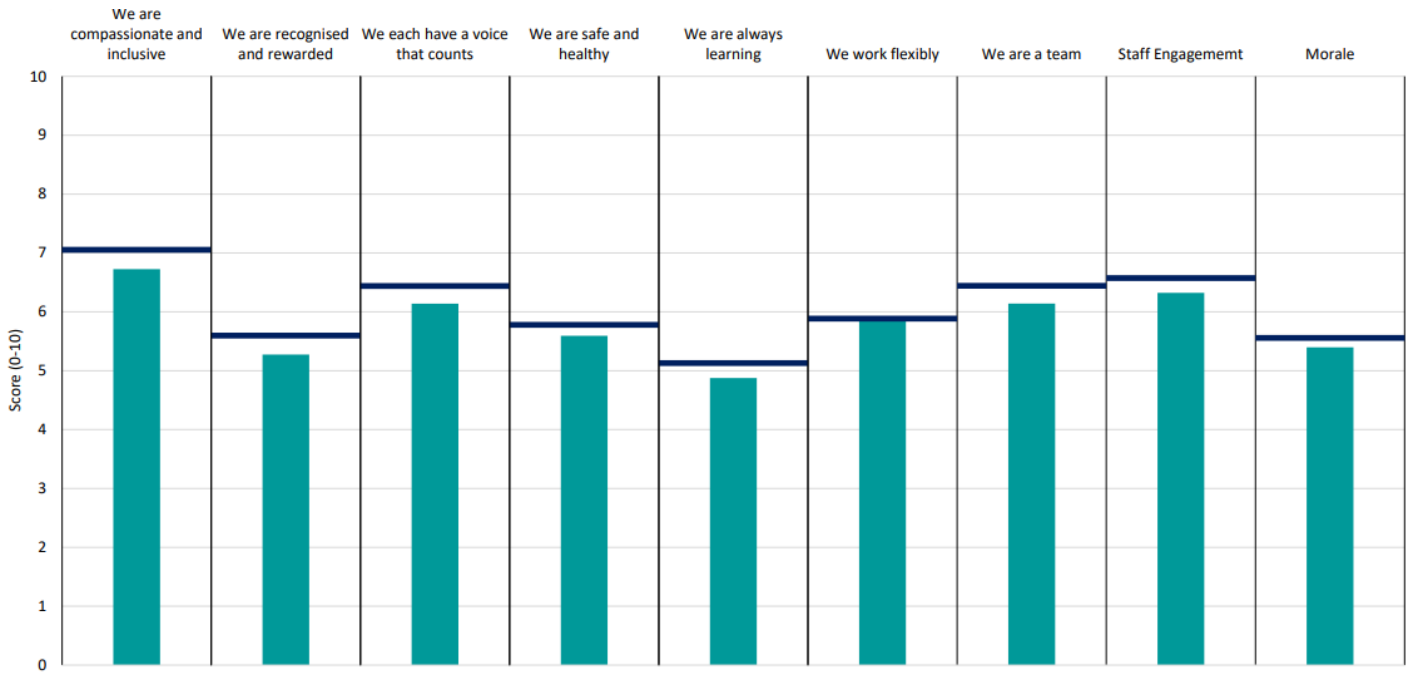


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	5.8	6.7	5.8	5.5	5.8	6.7	6.8	5.7
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	471	472	471	470	451	472	471	472	472

Putting Patients First

Surgery

NHS
Worcestershire Acute Hospitals
NHS Trust

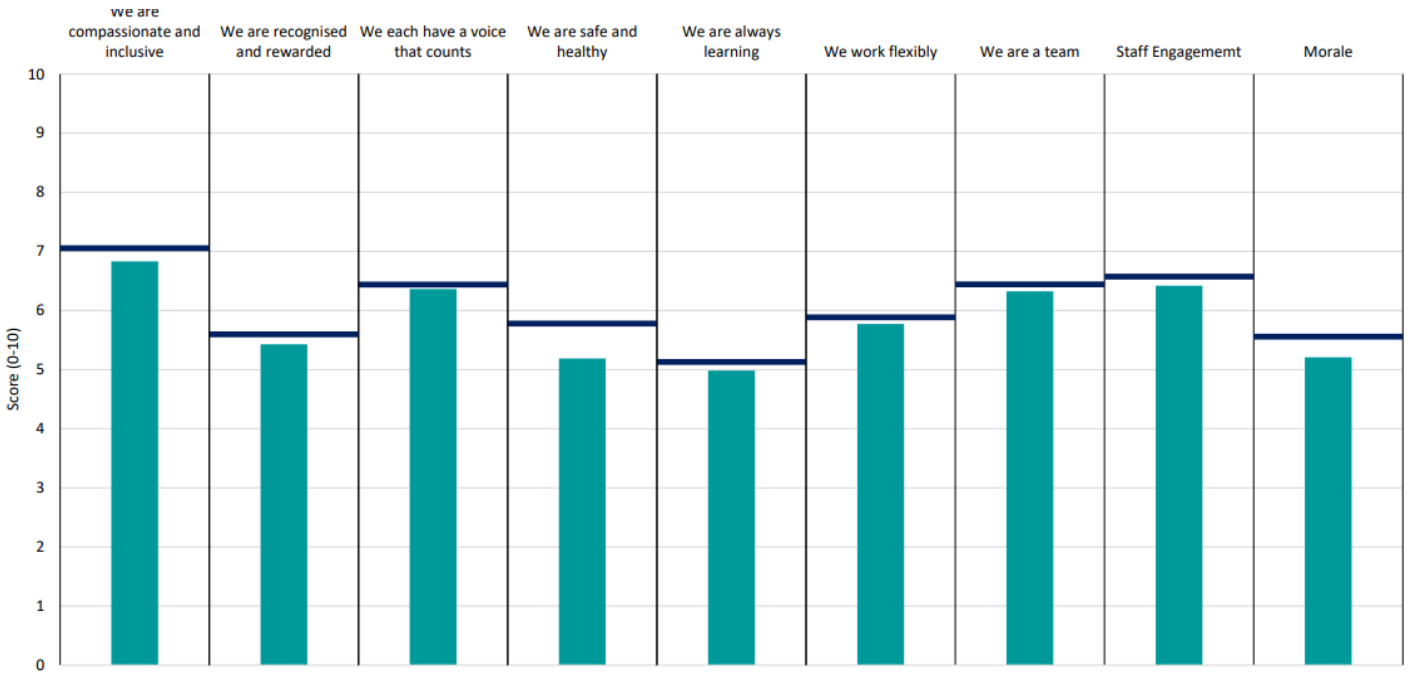


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.7	5.3	6.1	5.6	4.9	5.8	6.1	6.3	5.4
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	281	280	280	280	273	280	281	281	281

Putting Patients First

Urgent Care

Worcestershire Acute Hospitals NHS Trust

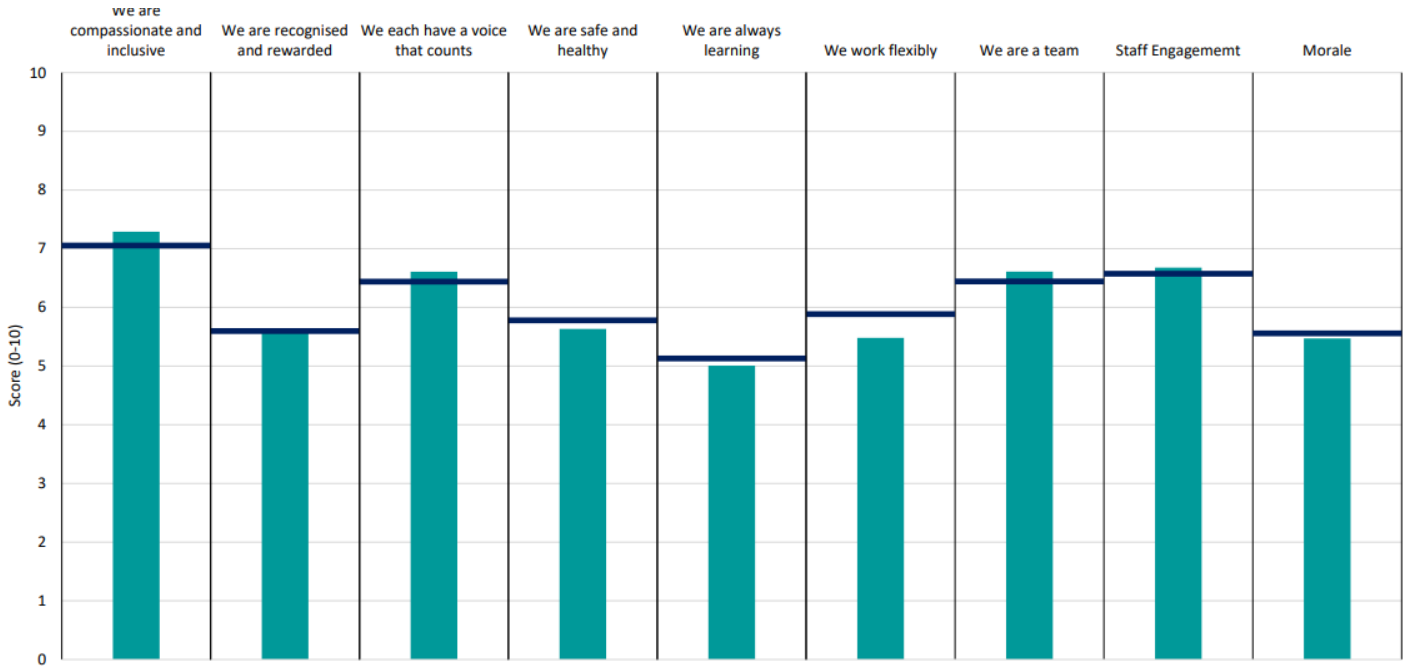


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	5.4	6.4	5.2	5.0	5.8	6.3	6.4	5.2
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	117	117	117	117	115	117	117	117	117

Putting Patients First

Women & Children

NHS
Worcestershire Acute Hospitals
NHS Trust



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	5.6	6.6	5.6	5.0	5.5	6.6	6.7	5.5
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	298	298	297	298	290	298	298	298	298

Putting Patients First 4ward

Staff Survey 2022

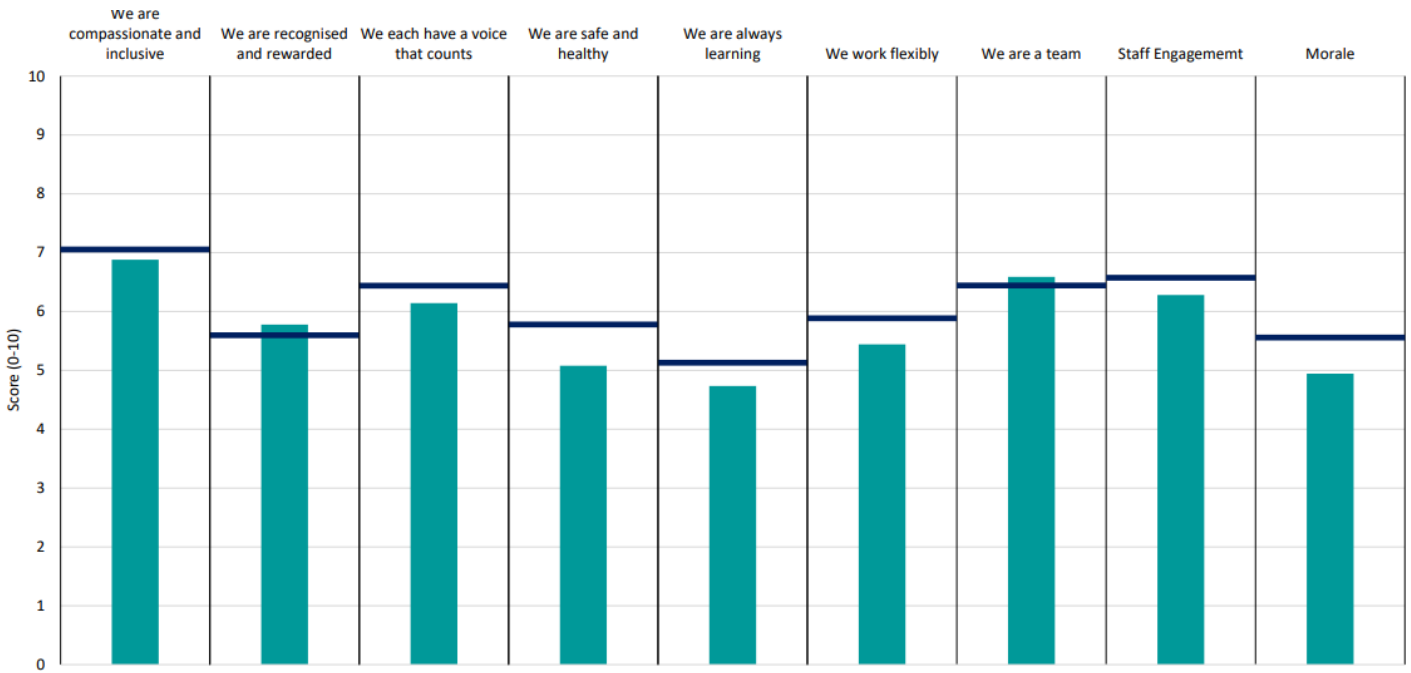
NHS Worcestershire Acute Hospitals NHS Trust

Matters for Consideration (cont.)	**Response rates and People Promise scores based on staff groups** • Administrative and Clerical employees largely scored the most positive overall, with Additional Clinical Services and Healthcare Scientists the lowest when compared against the organisation average • Healthcare Scientists also had the highest response rate (58%) with Estates and Ancillary the lowest (25%) • Estates & Ancillary score highest for morale (6.0 against an organisation average of 5.6), with Nursing & Midwifery the most engaged (6.8 against 6.6) • At a team level, Clinical Governance score highest for morale (6.9), with Pathology and Pharmacy scoring lowest (4.7) • Women & Childrens DMT have the highest engagement score (7.7), with Radiology the lowest (5.7) • Estates and Ancillary scored lowest for We are always learning (4.4 against 5.1) with Medical and Dental scoring highest (5.5) • Administrative and Clerical scored highest for We work flexibly (7.2 against 5.9) with Additional Clinical Services scoring lowest (5.1)

Putting Patients First

Add Prof Scientific and Technic

Worcestershire Acute Hospitals NHS Trust

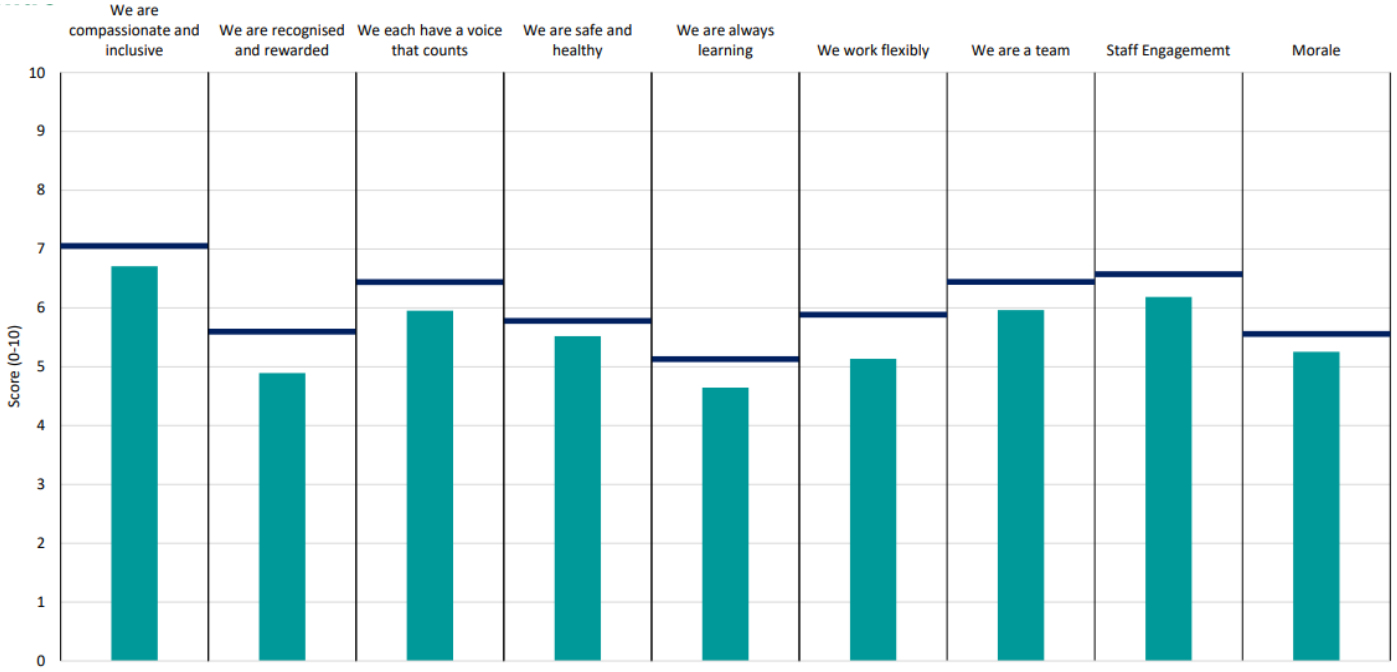


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.9	5.8	6.1	5.1	4.7	5.4	6.6	6.3	4.9
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	65	65	65	65	63	65	65	65	65

Putting Patients First

Additional Clinical Services

Worcestershire Acute Hospitals NHS Trust

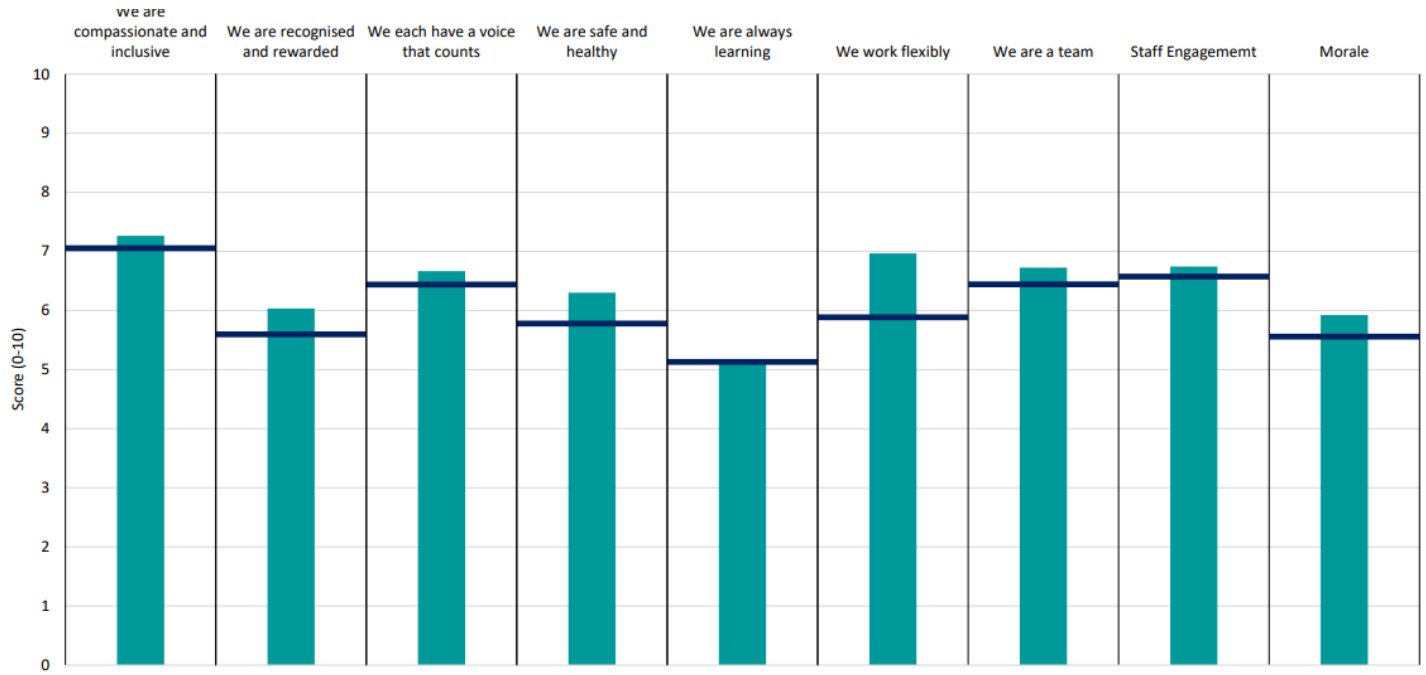


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.7	4.9	6.0	5.5	4.6	5.1	6.0	6.2	5.3
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	335	334	334	334	316	334	335	336	336

Putting Patients First

Administrative and Clerical

Worcestershire Acute Hospitals NHS Trust

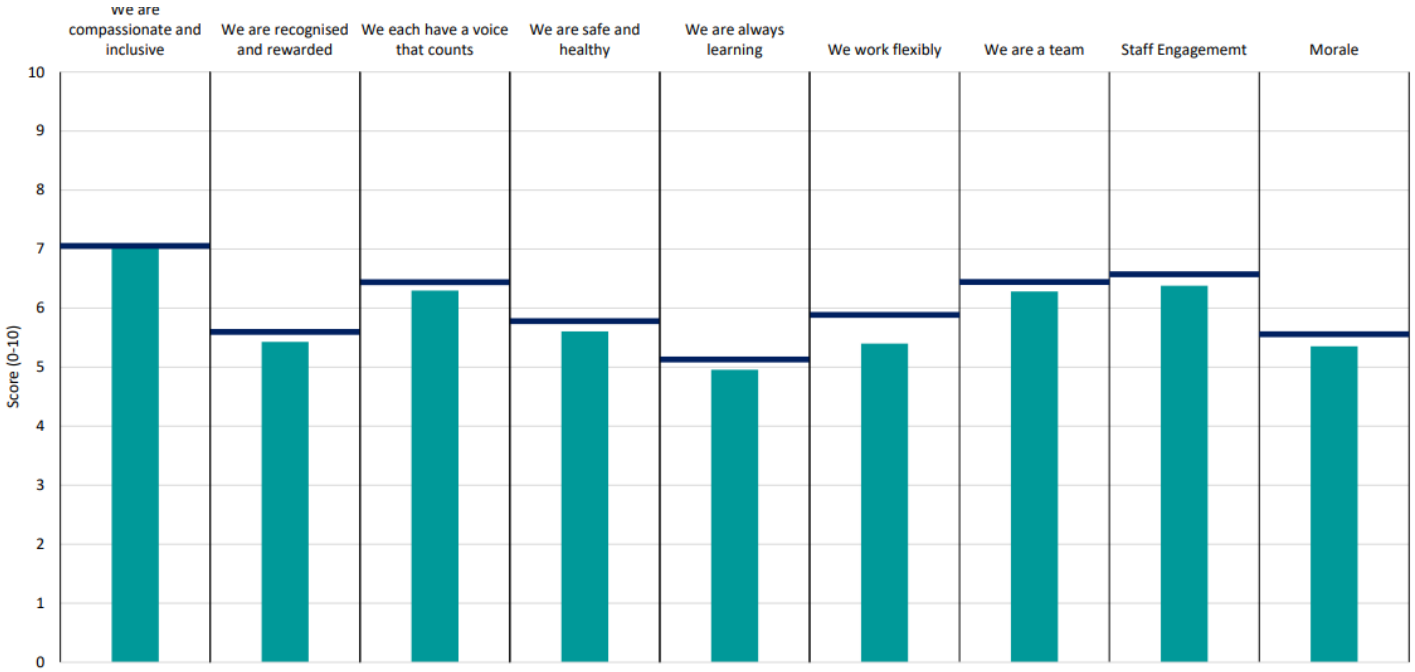


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	6.0	6.7	6.3	5.2	7.0	6.7	6.7	5.9
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	689	688	686	689	669	688	689	689	689

Putting Patients First

Allied Health Professionals

NHS
Worcestershire Acute Hospitals
NHS Trust

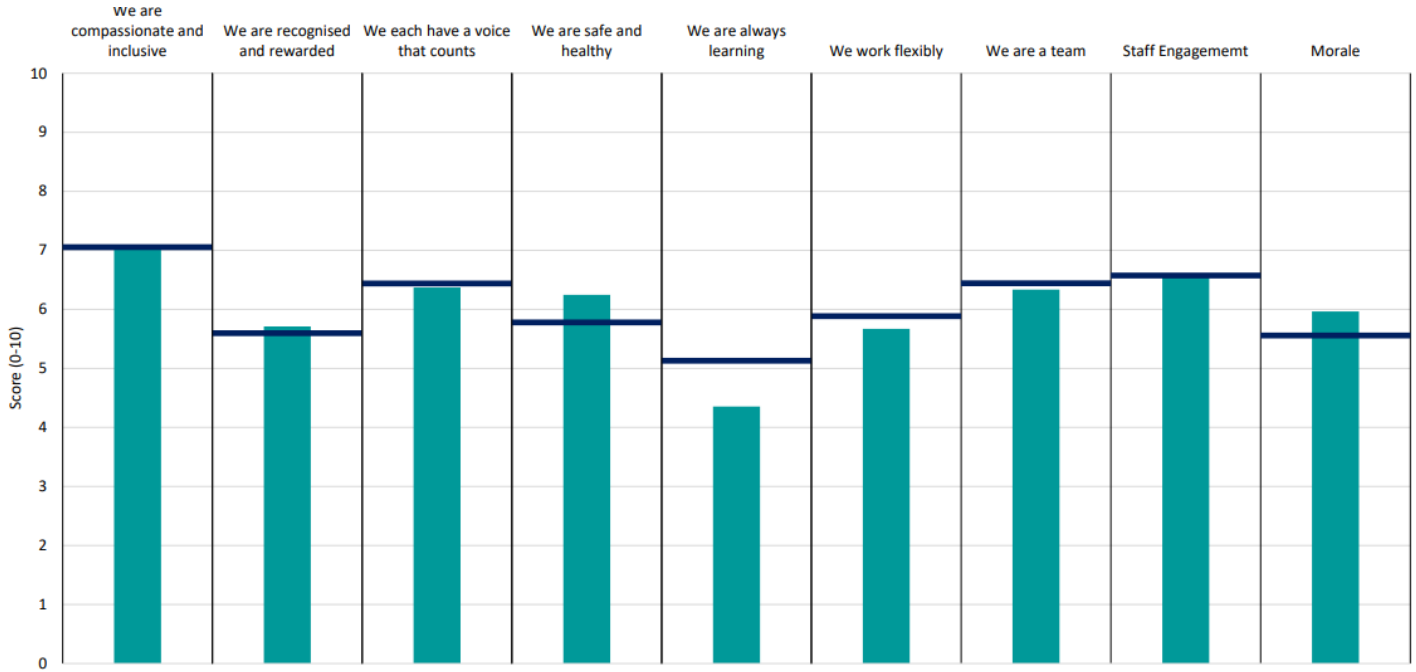


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.4	6.3	5.6	5.0	5.4	6.3	6.4	5.4
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	205	205	204	205	198	205	204	205	205

Putting Patients First

Estates and Ancillary

Worcestershire Acute Hospitals NHS Trust

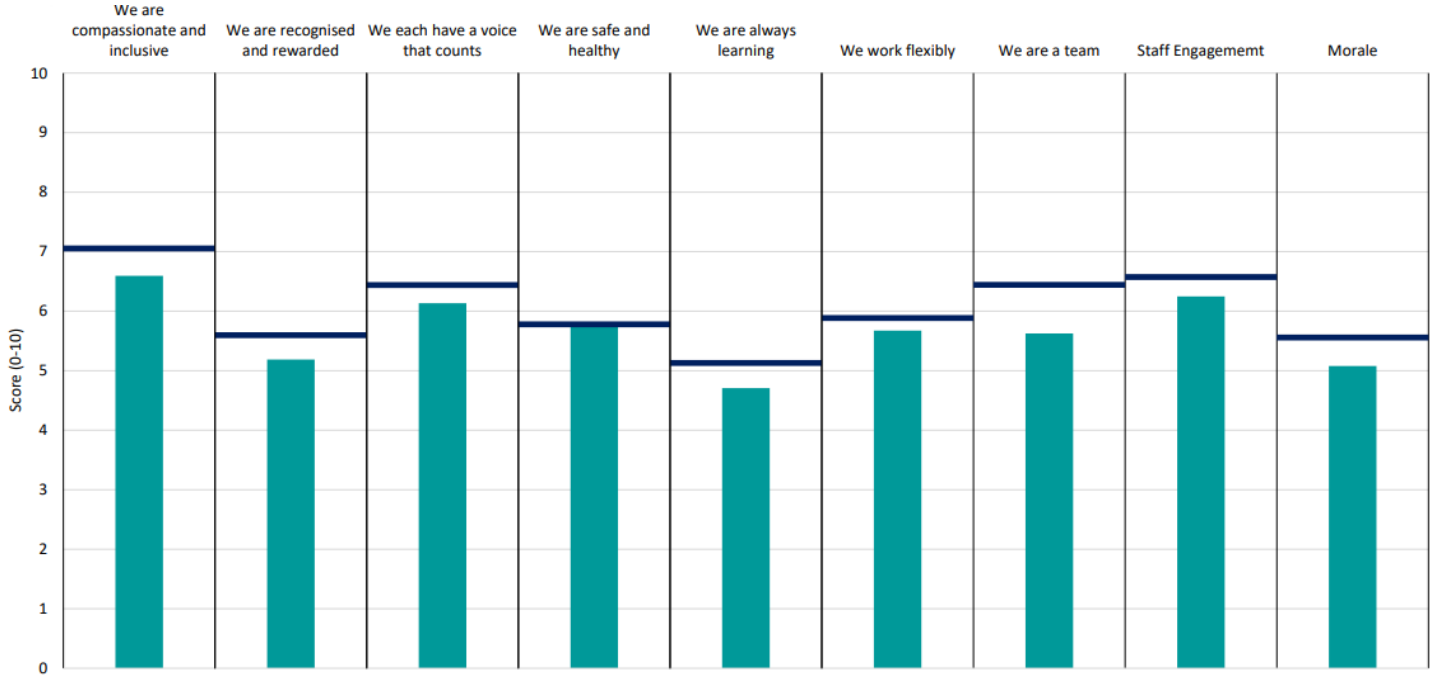


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.7	6.4	6.2	4.4	5.7	6.3	6.6	6.0
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	101	103	97	97	83	99	100	102	104

Putting Patients First

Healthcare Scientists

Worcestershire Acute Hospitals NHS Trust



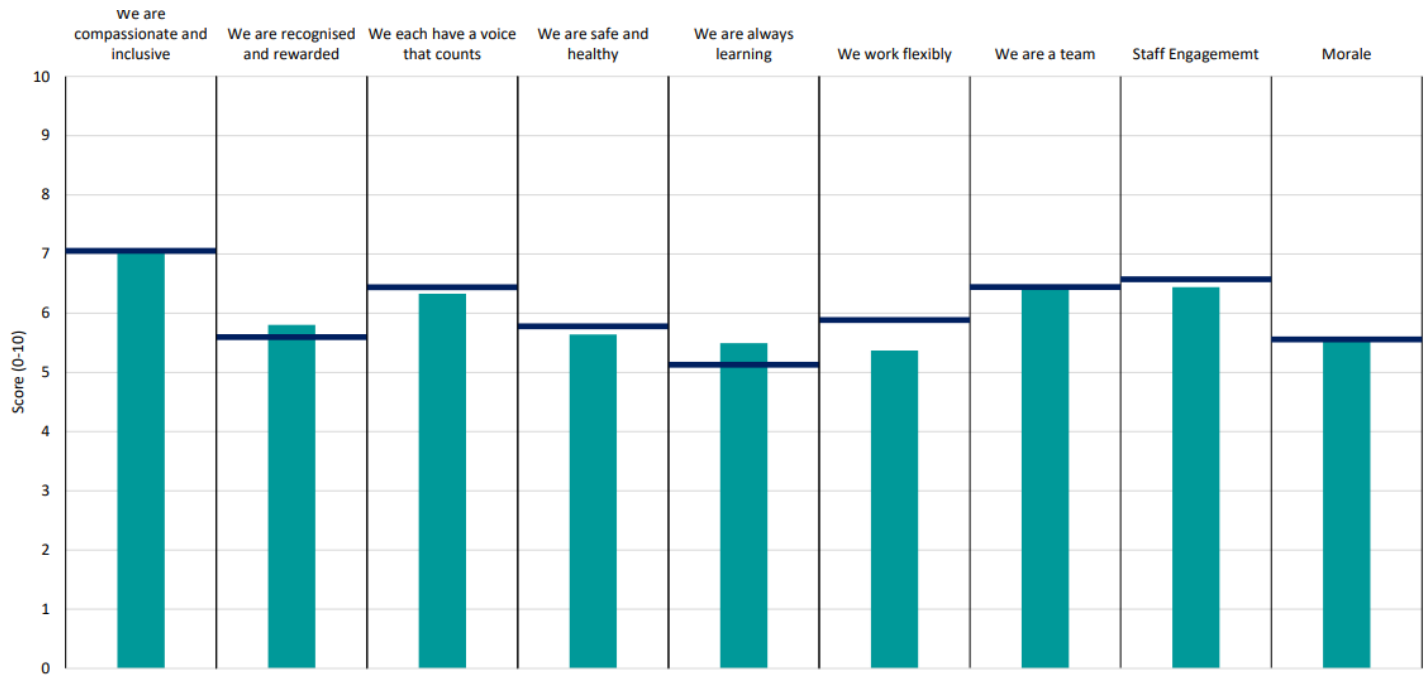
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.6	5.2	6.1	5.7	4.7	5.7	5.6	6.2	5.1
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	112	112	110	111	110	112	112	112	112

Putting Patients First

4ward

Medical and Dental

NHS
Worcestershire Acute Hospitals
NHS Trust

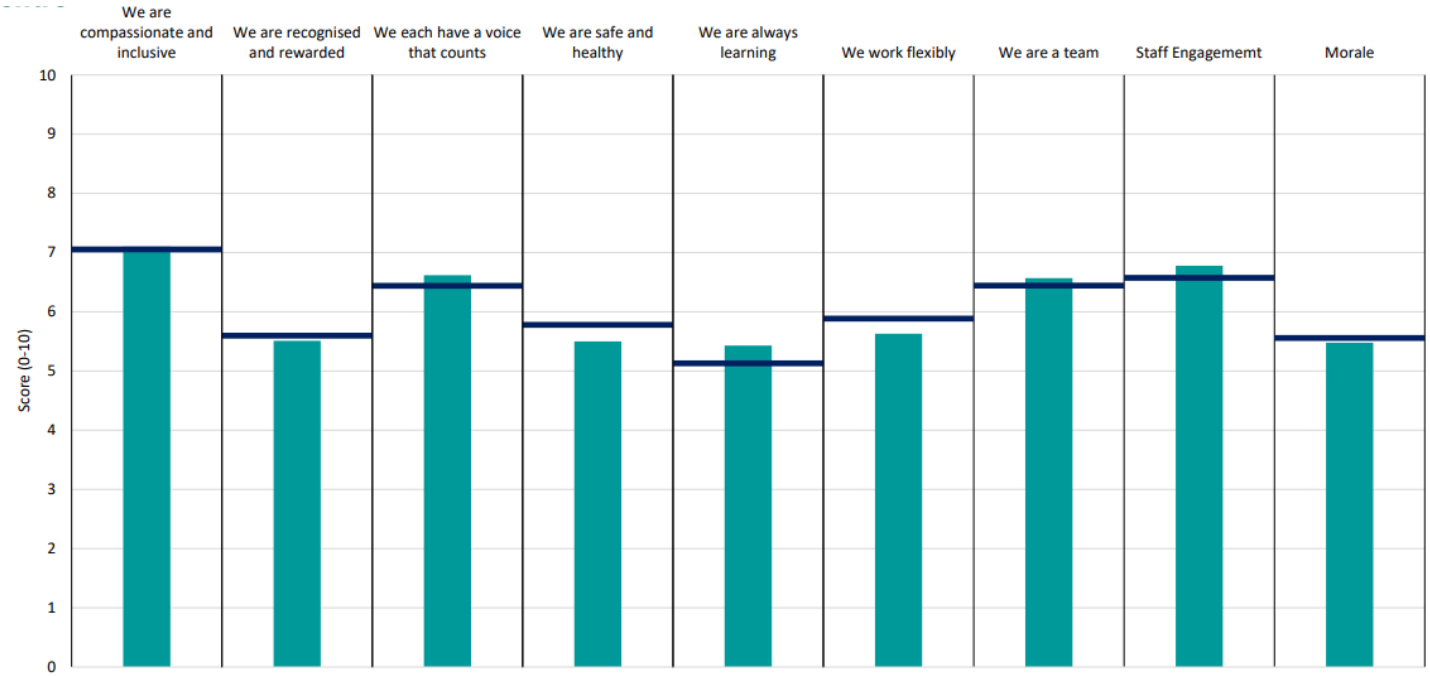


	we are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.0	5.8	6.3	5.6	5.5	5.4	6.5	6.4	5.6
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	266	265	266	266	263	265	266	266	266

Putting Patients First

Nursing and Midwifery Registered

Worcestershire Acute Hospitals NHS Trust



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.5	6.6	5.5	5.4	5.6	6.6	6.8	5.5
Your org	7.1	5.6	6.4	5.8	5.1	5.9	6.4	6.6	5.6
Responses	704	705	703	703	690	705	703	705	705

Putting Patients First

Staff Survey 2022

Worcestershire Acute Hospitals NHS Trust

Actions required to improve the level of assurance	**Milestone**	**Who/Where**	**When**
	Divisional and Directorate leadership teams to arrange for 'Team Talks' with all teams to discuss the results and actions.	Divisional and Directorate leadership teams.	By the end of March 2023
	Divisional Leadership Teams with the support of their HRBP team to update Divisional Action Plans from 2022, with refreshed data and insights using the latest information. These plans include "You Said – We Did".	Divisional Leadership Teams with the support of their HRBP team.	By the end of April 2023
	Further report on Confidence to Speak Up to be presented to TME to provide assurance.	Director of People & Culture supported by FTSU Guardian and OD team	End of April
Conclusion	The results of the annual NHS Staff Survey show a decline in the overall scores associated with the People Promise, morale and engagement. They provide a comprehensive picture of the organisation from the perspective of our workforce and deliver the insight we need to bring about real change. Our results are generally in line with the national trend. The findings also provide reassurance that the areas of development and improvement that we are focussing on are the right ones and will help us to develop these initiatives and projects further to ensure they have the greatest impact possible. Future surveys are an opportunity to see the positive change this work will bring about as we move forward and face the challenges ahead.		

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Nurse staffing report – February 2023 (January 2023 Data)

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Director	Jackie Edwards, Chief Nursing Officer.		
Presented by	Sue Smith, Deputy Chief Nursing Officer	**Author /s**	Clare Alexander Lead for N&M workforce

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

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

Recommendations	Trust Board are asked for assurance and to note: ➢ Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout February 2023 has been achieved. ➢ Strike days on the 6th and 7th of February 23 went ahead with no patient safety incidents relating to staffing identified. ➢ Further RCN, WMAS and Unison strike days have currently been paused pending ongoing negotiations with the government. ➢ Discharge Lounge on the WRH site has relocated to its original template on the Avon floor. This subjective code currently has 4.55 WTE HCA vacancies and this is a priority for the recruitment at WRH for March.

Executive summary	This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during February 2023 with numerical data presented for January 2023. Key headlines are: • NHSP - Overall demand in January continued to increase against last year. Month on month demand has also increased by 7.2 % or 8K hours. Demand for unregistered nursing has moved back to normal levels following the large peak in December. Total bank filled hours has increased by 8.3k on last month and these hours have been in un registered (3k and Registered 4.5k). Positively the overall lead time has increased on previous month, by 38 days. Overall cost has increased by 200k from previous month. Overall Bank costs have increased reflecting post Xmas booking behaviours and PA incentive. PA shifts have fallen in January

against December but remain high with urgent care representing the greatest bookings. Total unfilled hours have fallen in January to 18.6K from 21.8K

- The Governance process to oversee PA activity, which commenced on the 3rd of January, is ongoing and continues to be effective in maintaining the gradual decrease in the escalation to PA.
- In January there were 26 insignificant or minor incidents reported with no moderate of significant harms reported related to nursing staffing.
- To support shift fill and promote flexibility we trialled shifts with flexible start and finish times throughout January 2023. Unfortunately, there was minimal uptake in these shifts, however flexible working for bank staff remains an option and is something we will return to in the future if there is deemed to be an appetite for this.
- There has been continued focus on the recruitment of HCSW since November, resulting in us having a number of HCSW successful applicants in the pipeline. There has been a notable increase in applications with 50 job offers made since the beginning of January with 16 staff currently awaiting a start date.
-

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

- The vacancy factor (January data): RN 167 at 8.32%, down from 176 in November (the model hospital data has reduced to 11.2%). HCA 133 at 13.35% (model hospital level of 11.7%). Priority areas for recruitment are HCA, the highest number of HCA vacancies are within SCSD (including 17 within countywide radiology). A review of retention is ongoing and being undertaken by HR.
- Triangulation of data shows there some variance in the bank and agency usage:
  - RN total absence due to vacancy, sickness and maternity = 372 WTE versus bank agency use of 316 WTE.
  - HCSW total absence due to vacancy, sickness and maternity = 288 WTE versus bank / agency usage of 227 WTE.
- There is a continued focus and commitment to supporting staff's health wellbeing with many different initiatives being highlighted by the communications team (e.g. Worcestershire weekly)
- A paper discussing options for the withdrawal of Programmed Activity (PA) was presented but a more detailed financial

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	appraisal has been requested – in the interim the established governance process will continue and additional guidance has been sent out to improve adherence to the governance process at the weekends. ➢ Acuity and dependency study was completed on the 21st December – this was the second review period in the calendar year and this will inform budget setting and establishments for 23/24. Data from this has been analysed and individual ward reports prepared, this is available to all Divisions and will form the basis of establishment reviews which are scheduled for 13th March (Women's and Children's and Urgent Care) and 28th March (Specialty Medicine, Surgery and SCSD) ➢ Discharge lounge at AGH has also relocated to Ward 1, with no current vacancies

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*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.* *BAF risk 22 There is a risk that services will be disrupted by staff shortages due t possible industrial action by the NHS trade Unions resulting in delay to patient care and poor patient experience.*

Assurance Level (x)	0		1		2		3		4		5		6	x	7		N/A	
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.																	

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N			
If no has the action plan been revised/ enhanced	Y	x	N			
Timescales to achieve next level of assurance						

Introduction/Background

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for January 2023

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

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Issues & options

The provision of safe care and treatment
Staff support ongoing

A priority for the trust remains the health and wellbeing of staff. The priority of managing the ongoing demands from the acuity and dependency of the patients entering the hospitals and the increases in patient attendance through the urgent care pathway remains.

The daily staffing huddle continues to assess assurance of safest staffing levels and provide the opportunity for the escalation of concerns. The governance process for programmed activity is being facilitated through this meeting. The CNO has scheduled regular catch up meetings with ward managers and Matrons to give professional updates and to gain soft intelligence re all staff groups health and wellbeing.

Roll out of the Professional Nurse Advocate (PNA) training programme and PNA network is in place and restorative supervision offered for staff as required and areas for targeted support are identified, especially following clinical incidents. Staff are continuing on their PNA courses during February and nursing is integrating this into existing support structures. A plan for delivery of PNA is currently underway.

Harms

There were 26 incident related to staffing. All of these were rated as minor or insignificant patient harms in February over a variety of ward areas. No hot spot areas, with no patient related risks reported.

Good Governance

There are daily staffing escalation calls to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. There remains an assurance weekend staffing meeting held each week with the on call teams and Divisions. The monthly NWAG meeting is now action focused on delivery of safe staffing, HR, rostering and finance KPI's. Provision of data is now focused on promotion of Divisional 'ownership'.

Safe Staffing

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

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Current Trust Position January 23 data			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	This month has seen a further 4% increase in HCA fill on days (6% Cumulative improvement over last 2 months) and 5% reduction on nights. HCA fill on nights remains slightly above template at 105%. This is prompted by specialing and change in templates. Review of templates and appraisal at NWAG is ongoing to improve governance and establishment reviews are booked with the CNO.	6
RN	93%	99%		
HCA	94%	105%		

DATA for January 2023

Vacancy trust target is 7%

There is ongoing recruitment to reduce RN vacancies via the domestic and international pipelines. Rolling adverts for specialities have been ongoing. Co-ordinated adverts for speciality HCA recruitment to prevent duplication and promote efficient recruitment is in process.
Further International RN recruitment will take place in the Philippines in 2023 with areas targeted depending on vacancy and skill set needed. The number of jobs offered will be reported in next month's report.

Current Trust Position WTE January data	Previous month December 2022	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 167 WTE 8.32% HCA 133 WTE 13.35%	RN 176 WTE 8.77% HCA 128 12.83%	RN 11.2% HCA 11.7%	5

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

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

International nurse (IN) recruitment pipeline

Recruitment is in progress and ongoing month on month. This will total 135 nurses for this financial year with additional financial support from NHSEI. A further bid has been successful for 60 nurses with an internal business case supporting up to a further 140 nurses in this financial year of which we have agreed a contract to recruit from the Philippines. A team of 4 senior nurses are in the Philippines at the time of writing the report.

Domestic nursing pipeline

With the commencement of the 'grow our own' campaign through the Best People programme, December 2022 has seen further applicants from Newly registered nurses expected to come into post in Summer / Autumn 23 with 34 jobs being offered from November 2022 to February 2023 and a further 8 RNs being interviewed on March 17th 2023 through the generic advert.

The Trust will take part in the next ICB event on 8th March in Hereford and have received good Divisional representation. The Trust will also be involved in the RCN recruitment fair in June 2023 in Bristol as part of the ICS recruitment programme.

A piece of work is underway with the Radiology department to look at the HCA vacancy (17 WTE in Radiology, 8 posts already have jobs offered against them). Following a further targeted advert, which closed on the 21st February 2023, 22 candidates were shortlisted with interviews scheduled for 15th and 16th March 2023.

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

In February 2023, a total of 29 offers were made for HCA posts at AGH and WRH and March 2023 will see further sets of HCA interviews and a further preceptorship with 8 candidates. This job advert is being utilised to filter applications from current trained nurses looking to relocate / apply to WAHT from outside trusts as it allows their recruitment to be fast tracked by using an existing advert.

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

HR are currently supporting targeted areas to undertake 'deep dive' reviews of exit interviews and to implement and support changes in recruitment and retention activity accordingly. This has been requested to be represented to the divisions at NWAG

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Bank and Agency Usage
January 2023 data

Trust target is 7%

Current Trust Position WTE	Previous Month December 22	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 316 WTE 15% HCA 227 WTE 22%	RN 279 WTE 16.01% HCSW 208 WTE 19.43%	RN 6.4% HCA Not available	5

Sickness
January 2023 data

The Trust Target for Sickness is 4%, January monthly sickness data 5.95% for Trust.
Sickness rates across the Trist have reduced this month. This is reassuring following a peak in December due to increased rates of cold, flu and COVID in the community as well as the Trust itself.

Current Trust Position	Previous Month December 22	Model Hospital data September 2022 Benchmarking	Current Level of Assurance
RN 126 WTE 6.6% HCA 120 WTE 9.4 %	RN 126 WTE 7.2% HCA 120 WTE 11.2 %	RN 6.1% HCA 7.9%	5

Turnover
January 2023 data

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

Current Trust Position January 23 data	Previous Month December 22	Model Hospital data September	Current Level of Assurance

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		2022 Benchmarking	
RN Turnover 11.29 % HCA Turnover 17.29%	RN Turnover 11.92 % HCA Turnover 16.81%	RN Turnover 13.8% HCA Turnover 21%	**5**

Recommendations

Trust Board are asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout February 2023 has been achieved.
- Strike days on the 6th and 7th of February 23 went ahead with no patient safety incidents relating to staffing identified.
- Further RCN, WMAS and Unison strike days have currently been paused pending ongoing negotiations with the government.
- Discharge Lounge on the WRH site has relocated to its original template on the Avon floor. This subjective code currently has 4.55 WTE HCA vacancies and this is a priority for the recruitment at WRH for March.

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Midwifery Safe Staffing Report February 2023

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Jackie Edwards, Interim Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	**Author /s**	Justine Jeffery, Director of Midwifery

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	March 2023	
TME	22 March 2023	Noted
P&CC	4 April 2023	Noted

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

Executive summary	This report provides a breakdown of the monitoring of maternity staffing in February 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 There were 374 births in February. The escalation policy was enacted to reallocate staff internally as required. The continuity teams were required to support the inpatient team in for 24 hours in month. Minimum safe staffing levels were maintained on all shifts in February. The supernumerary status of the shift leader (as per national definition) and 1:1 care in labour was achieved in month. There were two staffing

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	and eight medication incidents reported on Datix. One medication incident caused harm and is being investigated as a serious incident. Sickness absence rates are at 6.39%. The directorate continue to work with the HR team to manage sickness absence timely to maintain our current position. The rolling turnover rate is 12.59%. The current vacancy rate is 13%. This increase is due to an increase in establishment of both clinical and non-clinical roles. There are 8 WTE midwives planning to start in March 2023. The suggested level of assurance for February is 6. This level assurance is recommended because sickness absence and turnover rates have reduced/ sustained reduction. The vacancy rate will reduce further in March.

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 premiu 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	**6 months**					

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Introduction/Background

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

Safe staffing is monitored monthly by the following actions:

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

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

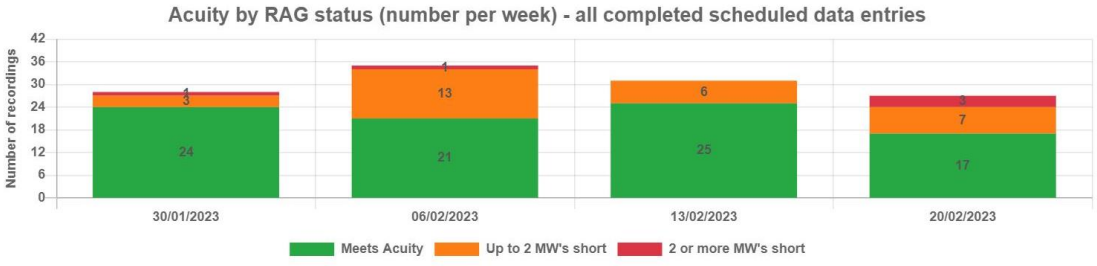
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 73% of the expected intervals. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in February.

From the information available the acuity was met in 72% of the time and recorded at 28% when the acuity was not met prior to any actions taken.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n= 8 occasions) of when staff are reallocated from other areas of the inpatient service and one occasion when a specialist midwife was deployed to support.

The continuity of carer teams was escalated into the inpatient areas during February. It is also noted that there are two reports of staff not being able to take breaks and no reports of staff staying beyond their shift time.

Number & % of Management Actions Taken
From 01/02/2023 to 28/02/2023

MA1	Redeploy staff internally	8	73%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	2	18%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	1	9%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	0	0%
MA11	Maternity Unit on Divert	0	0%
	Total	11	

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 has reported that they were not supernumerary on 1 occasion - on further discussion this does not meet the national definition of 'not supernumerary' as 1:1 care was not required. There were two reported delays in the IOL process.

Number & % of Red Flags Recorded
From 01/02/2023 to 28/02/2023

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)	1	25%
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	2	50%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	1	25%
	Total	4	

Antenatal & Postnatal Wards

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

Staffing incidents

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

1. MCoC required to support opening of MBC
2. Midwife moved to DS from PN ward to meet acuity

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 February to offer support to staff and to update staff on current challenges in maternity services. Attendance remains low and it is reported that this is due to improved working conditions.

Medication Incidents

There were eight medication incidents in February:

- Additional doses of analgesia taken
- Missed dose of IVAB (baby)
- Anti D not given prior to discharge-returned for administration
- Incorrect disposal of epidural bag containing CD
- Missing pharmacy order book
- Penicillin prescribed in error – not administered
- Incorrect drug administered at caesarean section
- Incorrect dose of Clexane prescribed – developed VTE – reported as an SI

Monitoring the midwife to birth ratio

The ratio in February was 1:22 (in post) and 1:19 (funded) due to the in-month reduction in births. The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Daily staff safety huddle

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

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

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Unify Data

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

	Day RM %	Day MCA/MSW %	Night RM %	Night MCA/MSW %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	68%	n/a	100%	n/a
Antenatal Ward	91%	61%	92%	73%
Delivery Suite	92%	58%	98%	83%
Postnatal Ward	99%	73%	93%	65%
Meadow Birth Centre	80%	32%	92%	36%

Maternity SitRep

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

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

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

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

Vacancy

There are 25 unfilled clinical midwifery posts and 5 unfilled leaderships, governance and specialist roles – vacancy rate of 13%. Eight of these posts are due to an uplift in establishment (Ockenden funding) to enable staff to be released for role specific training. The vacant non-clinical posts were also funded by NHSE to strengthen the leadership and governance provision (Ockenden recommendation) within the directorate.

Eight midwives are expected in March 2023. A successful recruitment event took place in February; 33 applications have been received by the Trust.

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

Sickness

Sickness absence rates were reported at 6.39% in month.

The following actions remain in place:

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

Turnover

The rolling turnover rate is at 12.59%. It is anticipated that the retention midwife will be in post in March to work with the team and introduced a number of initiatives to improve retention.

Risk Register –staffing

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

Actions throughout this period:

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

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Conclusion

There was an increase in the % of time that acuity was met on delivery suite without the need for mitigation. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 8 occasions to maintain safety.

Agency midwives continue to provided additional support however safe staffing levels were maintained without deployment of non- clinical/specialist midwives. The continuity of carer midwives was required to support the inpatient team in month.

Red flags were reported via the acuity app; the supernumerary status of the shift leader was maintained and 1:1 care in labour was also achieved.

Sickness absence rates reported at 6.39%; ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.

The rolling turnover rate is at 12.59% and the vacancy rate is now 13%. Eight midwives are expected in quarter one 2023. A recruitment event in February has resulted in 33 applications for band 5 midwifery posts.

Any reduction in available staff on duty will impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.

The suggested level of assurance for February is 6. This level of assurance is recommended because sickness absence rates and turnover continue to improve and the vacancy rate will reduce in March due to the confirmed pipeline of midwives.

Recommendations

The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.

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Review of Provider Licence Condition FT4 and G6

For approval:	X	For discussion:		For assurance:		To note:	

Accountable Director	Matthew Hopkins, Chief Executive		
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
TME	22 March 2023	Noted (via RR)
QGC	30 March 2023	Noted
Audit & Assurance	28 March 2023	Noted

Recommendations	1. Trust Board are requested to approve the self-certification for publication.

Executive summary	The Trust has to annually declare against two provider licence provisions, FT4 and G6. The declaration has to be placed on the Trust website by 31 May. In July 2022, NHS England reviewed the Trust's Enforcement Undertakings. As a result of this review, a Compliance Certificate and Discontinuation Notice were issued alongside new Enforcement Undertakings due to failure to comply with the conditions of the Provider License FT4 5(c). The Trust has been assessed within segment 3 of the System Oversight Framework. The Trust has maintained its overall quality rating of Requires Improvement. The Trust continues to be rated Good in the Effective and Caring domains, and Requires Improvement in the Safe, Responsive and Well-Led domains. Well Led domain and Maternity services inspections are expected in 2023/24. This paper details the suggested compliance with the conditions of licence

Risk			
Which key red risks does this report address?	-	**What BAF risk does this report address?**	*BAF 4 and 7.*

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Assurance Level (x)	0		1		2		3		4		5	X	6		7		N/A	
Financial Risk	*None directly arising as a result of this paper. However financial risks materially impact upon the assessment of non-compliance.*																	

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						

Introduction/Background

NHS Trusts are required to make the following self-certified declarations:

1. Condition G6: Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (being considered by the Audit and Assurance Committee)
2. Condition FT4: Providers must certify compliance with required governance standards and objectives.

Whilst NHS Trusts are exempt from holding a provider licence, NHS Trusts are required to comply with conditions equivalent to the licence that NHS England has deemed appropriate. This is then used as a basis for oversight. NHS trusts therefore are legally subject to the equivalent of certain licence conditions and now must self-certify.

The options available are "confirmed" or "not confirmed". If the declaration is not confirmed the Trust are invited to provide summary explanatory information

Issues and options

Condition FT4
The proposed compliance assessment against each metric is appended.

Proposed response:

	Corporate Governance Statement	March 2023
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed

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4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Not confirmed
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed

Condition G6

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence,

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any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Proposed response: **Not compliant**

Evidence:

The Trust has entered into Enforcement Undertakings that acknowledge that it is in breach of its license conditions.

The Trust continues to have significant challenges in delivering key NHS Constitution targets including Emergency Access Target, 18-weeks referral to treatment – incomplete pathways, cancer waiting times, diagnostics waiting times, C-diff and MSSA.

Conclusion

The suggested compliance for condition FT4 and G6 are shown above. The detail in relation to the compliance statements is appended and will have been considered by the Audit and Assurance Committee.

Recommendations

Trust Board are requested to approve the self-certification for publication.

Appendices

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	Corporate Governance Statement	March 2023	Evidence
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**Confirmed**	The Trust is no longer subject to Section 31 Conditions Notices. In July 2022, NHS England reviewed the Trust's Enforcement Undertakings. As a result of this review, a Compliance Certificate and Discontinuation Notice were issued alongside new Enforcement Undertakings due to failure to comply with the conditions of the Provider License FT4 5(c). The Trust has been assessed within segment 3 of the System Oversight Framework. The Trust has maintained its overall quality rating of Requires Improvement. The Trust continues to be rated Good in the Effective and Caring domains, and Requires Improvement in the Safe, Responsive and Well-Led domains.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**Confirmed**	The Executive team regularly receive communications from NHSE. All guidance is reviewed by the executive team and where appropriate escalated to the Board. The Board have utilised the National NHSE team and Leadership for Improvement to support improvement in cancer targets and RTT long waiters with a specific focus on 104 and 78 week waiters during 2022/23.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**Confirmed**	a&b. There is an effective Board Committee Structure in place comprising of: • Quality Governance Committee (QGC) • People and Culture Committee (P&C) • Audit and Assurance Committee (A&A) • Finance and Performance Committee (F&P) • Trust Management Executive (TME) • Remuneration Committee • Charitable Funds Committee

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			All Board Committees provide escalation reports to Trust Board. All terms of reference are reviewed and revised as required and approved by the Board at least annually. The Board Assurance Framework (BAF) is regularly reviewed by Committees and approved by the Board. The Trust has continued to embed its management of risk appetite and use of the seven levels of assurance by Committees and in its reports. The Audit and Assurance Committee reviews the efficacy of the BAF. The Risk Management Group meets quarterly and reports to TME. c. There are robust reporting processes in place from a clinical/operational level through the Divisions and to TME and Board Committee/Board meetings with clear reporting lines and accountability at each level.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	**Not confirmed**	a&b. TME meets monthly to manage the operational business of the Trust. F&P and QGC meet at least ten times per year and P&C meets bimonthly. The Board meets at least ten times per year and has a forward plan of business and development. The integrated performance report provides an update on quality, operational and financial performance and people management. This includes metrics in relation to compliance with Enforcement Undertakings. c. QGC meets monthly and oversees accountability for quality standards and the Trust's response to licence conditions. F&P meets monthly and oversees accountability for performance standards. **The Trust is subject to Enforcement Undertakings for breaches in this section of the licence.** d. F&P scrutinises the operational and financial performance and reports to each Board meeting. In 2022/23 the Trust set a plan of £19.9m and is on track to deliver based on recent forecasts provided to F&P. The Trust undertook a detailed bottom up forecast on the back of the month 6

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	(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		management accounts which identified a potential over spend of c£5m again the plan. The Finance team worked with the Senior Management Team and the ICB to identify potential mitigations to bring back in line with plan and provided a monthly forecast trajectory including the mitigated plans for tracking through F&P to enable greater scrutiny thus providing greater assurance to the Committee. The Trust is in the process of developing a 5-10year financial strategy to support a financially sustainable organisation moving forward. In year the Trust has not required interim financing. Through the ICS capital envelope and national PDC capital the Trust has had sufficient cash to support capital spend. The Trust remains compliant with NHSI spending approvals processes. There are robust processes in place for the management of Business Cases which require investment. Performance Review Meetings have been held with Divisions. F&P has recommended that the Trust Board approve the Trust as a Going Concern and the paper will be going to Audit Committee for approval in March. e. F&P and QGC use performance data to inform the decision making, scrutinise the quality, workforce and performance dashboards and financial performance reports. f. The Board Assurance Framework (BAF) is fully embedded at Board and Committee levels. The Board has reviewed and approved its Risk Appetite Statement and aligned the same to the system. The relevant risks are considered by Board Committees as part of the ongoing BAF review process. g. The Trust's annual planning process is overseen by the Annual Planning Steering Group which is attended by corporate leads from Strategy & Planning, Informatics, HR and Finance as well as the Divisional Operational Directors. Assurance relating to the development, changes to and monitoring of delivery of plans is achieved through reporting to CETM, TME, F&P Committee and Trust Board. Progress against delivery of plans

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			is monitored during PRMs. The Trust is represented appropriately at system level to ensure our plans are cognisant with those of the system and are appropriately triangulated. h. The Trust was registered with the CQC during the year 2022/23.
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	a. QGC oversees all aspects of quality and clinical governance within the Trust. This meets monthly and provides an escalation report to each Board meeting. The Chief Nurse and Chief Medical Officer are responsible for quality of care at Board level. The Trust has fully participated in QIRG (Quality Improvement Review Group) during the year and this has been replaced with the newly established system-wide System Improvement Board and a monthly NHSE/I led System Review Group. The ICB has re-established a quality group. b&c. The Trust strategic objectives, developed by the Trust Board, provide the framework for the development of Trust annual priorities and plans and the structure of the Trust Board agenda. The Trust strategic objectives provide a balanced scorecard approach to Trust Board business including due focus on quality & patient experience, workforce, finance and operational performance d. QGC considers quality performance data at each of its meetings. This is reported to the Board via the escalation report from QGC and via the integrated performance report. e. The Board receives a patient/staff story or equivalent at each Board meeting and receives updates via the QGC and IPR reports on the Quality & Safety Plan. f. Our Quality and Patient Safety Plan aims to support our Clinical Services Strategy to deliver our strategic objectives to putting patients first. Our quality priorities and outcomes have been identified through our "Big Quality

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			Conversation", robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us. These priorities and outcomes will be monitored through our Clinical and Quality Governance Committees and external reporting. Board members undertake safety and leadership walk rounds in clinical areas. Each ward/clinical department has Quality Improvement Plan that is linked to the Quality and Safety Plan 2022/25 and has good awareness and ownership of the high level and specific goals relevant to them. The impact of introducing Quality Service Improvement and Redesign (QSIR) education and training pre covid has informed (mainly wards) the steps and tools used to improve in an agile way. QSIR training has been replaced by 4ward improvement methodology. The path to platinum (ward accreditation programme has completed phase 1 with wards achieving bronze/silver awards. The training and delivery of an improvement project has been the pre requisite.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	The Board has had a number of executive changes during 2022/23. The Chief Operating Officer post is currently under recruitment. The Chief Nursing Officer post is filled on an interim basis, ahead of the appointed person commencing their role in Q1. All non executive director posts are filled, with the Chair appointed on an interim basis. It is expected the substantive Chair recruitment will commence during Q2 of 2023/24. Two Associate NEDs are Board members alongside a NeXT Director to broaden Board diversity. All Board members and nominated deputies of voting members have undertaken the Fit and Proper Person Test.

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Audit and Assurance Committee Report

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Director	Colin Horwath, Audit and Assurance Committee Chair		
Presented by	Colin Horwath, Committee Chair	**Author /s**	Rebecca O'Connor, Director of Corporate Governance

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Board is requested to: 1. Note the report for assurance 2. Note the amended Audit & Assurance Committee Terms of Reference.

Executive summary	This report summarises the business of the Audit and Assurance Committee at its meeting held on 28 March 2023. The following key points are escalated to the Board's attention: **1. External Auditors Update** Committee received the External Audit Plan for year ending 31 March 2023. Significant risks identified related to Management over-ride of controls, revenue cycles, expenditure cycles and Valuation of property, plant and equipment. Themes would continue to be reviewed. **2. Value for Money Action Plan Update** The Committee reviewed the mapping of VFM assurance in response to the external auditor's key and improvement recommendations. Progress and milestones were noted. **3. Internal Audit Progress Report** Significant progress had been made against the Audit Plan. Planned reviews were Data Security & Protection, PFI and Theatre Governance. The accumulative opinion was moderate assurance overall which was a positive shift from limited assurance previously reported. Finalised review of Estates, Finance & Payroll, BAF and Workforce Divisions were reviewed. All reports generated significant assurance with the exception of Estates which was reported as moderate. Committee noted that a number of actions have been addressed.

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The merger with 360 assurance changes would come in to effect from 1st April 2023.

4. Strategic Capital IA Findings Report
National process issues were highlighted and it was acknowledged that a lot of work was underway. Executive, financial and clinical oversight was now in place. And cross cutting themes are bought together under the Strategic Programme Board.

5. Bank & Agency High Earners Update
A Doctors and Associate Group has been established and met monthly to review progress against the recommendations. Bank and agency booking forms had been updated, a Standard Operating Procedure had been drafted, a proposal for standardised rates of pay have been agreed and an alternative for Non-Resident On Call payments for bank and agency workers has been developed and approved at Trust Management Executive.

6. Counter Fraud Progress Report & Draft Counter Fraud Plan
Committee were informed that the two previously reported cases were ongoing. The team had been working with the CPS crime unit and had recovered funds from an ongoing case. The Draft Counter Fraud Plan was approved.

7. Going Concern
Committee endorsed the Chief Finance Officer's statement, for approval by the Trust Board, that the Trust is a viable entity and the accounts will be prepared on a going concern basis.

8. Board Assurance Framework
There was strong evidence that the BAF is operational and embedded and was presented with an increased level of assurance of 6. Committee encouraged a review of the cyber risk.

9. Losses and Special Payments
Committee reviewed and scrutinised losses and special payments. The levels of losses are consistent and not of concern.

10. Managing Medicines Waste
Committee received an update in relation to medicines waste and noted that a new framework has been implemented which resulted in no waste in relation to nutrition. A waste loss of 0.47% was reported and there were a number of ongoing actions. The robot would assist with further reduction.

11. Cyber Security
Committee received an update on cyber security detailing that work had been focused on implementing security solutions for protection and mitigating risks. Tools were now in place for better oversight and

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upgrades. Committee were informed that the Trust did not have a security manager to review threats.

12. Draft Annual Report and Annual Governance Statement
Committee reviewed the draft Annual Report and provided feedback and suggestions on its content, with particular emphasis on staff wellbeing efforts and further audit narrative.
Committee noted non-compliance of FT4 and G6 conditions.

13. Registers (Annual Review)
Committee noted the Gifts & Hospitality Register, Use and application of the Trust Seal, Fit & Proper Person review and Declarations of Interest.

14. Terms of Reference
The Terms of Reference were reviewed and endorsed for approval by the Trust Board.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*All – Committee's work cross cuts all underpinning BAF risks*

Assurance Level (x)	0		1		2		3		4		5	X	6		7		N/A	
Financial Risk	*None directly arising as a result of this report*																	

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance						

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Terms of Reference

AUDIT AND ASSURANCE COMMITTEE

Version: 3.3

Terms of Reference approved by: A&A Committee, Trust Board

Date approved: September 2017/September 2018/March 2020/January 2021

Author: **Company Secretary**

Responsible directorate: Finance

Review date: March 202**3**

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

AUDIT AND ASSURANCE COMMITTEE

TERMS OF REFERENCE

1 Purpose

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives.

2 Constitution

The Committee is established by the Trust Board and is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

3 Membership

At least three non-executive directors, one of which shall be appointed Audit Chair by the Trust Board.

The Chair of the Trust shall not be a member of the Committee.

4 Attendance

The following shall be in attendance at each meeting:

- Chief Financial Officer
- Deputy Director of Finance or representative
- Head of Internal Audit or representative
- External Audit engagement lead or representative
- Head of Counter Fraud
- Director of Corporate Governance

The Chief Executive and other executive directors should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

In addition, the Chief Executive should be invited to attend, at least annually, to discuss with the Audit and Assurance Committee the process for assurance that supports the Annual Governance Statement.

5 Administrative support

The administrative support shall be through the Director of Corporate Governance.

6 Attendance

Except in exceptional circumstances, members are required to attend all of the meetings per year.

7 Quoracy

A quorum shall be two members.

8 Frequency of meetings

There should be a minimum of 5 meetings per year, scheduled on a bi-monthly basis.

The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary. The holding of such a meeting shall be at the discretion of the Chair of the Audit and Assurance Committee.

The Committee may meet the internal/external auditors privately as required.

9 Authority

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

10 Duties

The duties of the Committee can be categorised as follows:

10.1 Integrated Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical) that supports the achievement of the organisation's objectives.

In particular, the committee will review the adequacy and effectiveness of:

1. The Assurance Framework as the key source of evidence that links strategic objectives to risks, controls and assurances and the main tool that the Trust Board uses in discharging its overall responsibility for internal control. Thus, the Committee should review whether;

- The format of the Assurance Framework is appropriate for the organisation
- The processes around the Framework are robust and relevant
- The controls in place are sound and complete
- The assurances are reliable and of good quality
- The data the assurances are based on is reliable

2. All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board

3. The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

4. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

5. The policies and procedures for all work related to counter fraud, bribery and corruption as required by NHS Counter Fraud Authority (NHSCFA).

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work, and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key committees (for example Quality Governance Committee) so that it understands processes and linkages. However these other committees must not usurp the Committee's role.

10.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets the Public Sector Internal Audit Standards 2017 (or latest update) and provides appropriate independent assurance to the Audit and Assurance Committee, Chief Executive and Trust Board. This will be achieved by:-

1. Consideration of the provision of the Internal Audit Service, including the cost of the audit.
2. Review and approval of the Internal Audit plan and strategy, and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
3. Consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.
4. Ensuring that the Internal Audit function is adequately resourced, suitably qualified and has appropriate standing and access within the organisation.
5. Annual review of the effectiveness of internal audit, including consideration of the Internal Audit Annual Report.

10.3 External Audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:-

1. Consideration of the appointment and performance of the External Auditor.

2. Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the External Audit Annual Plan, and ensure coordination, as appropriate, with other Internal Audit and External Auditors in the local health economy.
3. Discussion with the External Auditor of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee**.**
4. Review all External Audit reports, including agreement of the annual audit report before submission to the Trust Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.
5. Ensure that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

10.4 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health and Social Care (DHSC) arm's length bodies or regulators/inspectors for example the Care Quality Commission, NHS Resolution and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies).

The Committee shall also ensure that the Trust appoints external auditors in compliance with the requirements of the Local Accountability and Audit Act 2014 and The Local Audit (Health Service Bodies Auditor Panel and Independence) Regulations 2015 (or latest applicable regulations).

In addition, the Committee will through an agreed annual work plan, review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. When reviewing the work of the Quality Governance Committee and issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

The Committee shall report to the Board in relation to the robustness of the processes behind the quality accounts. The Committee shall also provide assurance to the Board in relation to the management of cyber security arrangements and the efficacy of emergency planning/EPRR arrangements.

10.5 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption that meet NHS CFA standards and shall review the outcomes of work in these areas.

The Committee will refer any suspicions of fraud, bribery and corruption to the NHS CFA.

10.6 Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions or major change programmes within the organisation as appropriate.

10.7 Financial Reporting

The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

The Committee should ensure that the systems for financial reporting to the Trust Board, including those of budgetary control are subject to review as to completeness and accuracy of the information provided to the Trust Board

The Committee shall review and approve the Annual Report and financial statements before submission to the Board, focusing particularly on:-

- The wording in the Annual Governance Statement, and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted mis-statements in the financial statements.
- Significant judgments in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letter of Representation
- Explanations for significant variances

10.8 Whistleblowing

The Governance Institute's *Guidance note – terms of reference for the audit committee* states that 'the committee shall review the adequacy and security of the company's arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action'.

To that end, the Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any concerns are investigated proportionately and independently.

11 Reporting Structure

The Minutes of Committee meetings shall be formally recorded and a report of each meeting submitted to the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board at least annually on its work

- in support of the Annual Governance Statement,
- specifically commenting on the fitness for purpose of the Assurance Framework,

- the completeness and embedding of risk management in the organisation,
- the integration of governance arrangements
- The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business
- The robustness of the processes behind the quality accounts.

The Committee's annual report should also describe how the committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.

12 Record of Business

Minutes of Committee meetings shall be produced and circulated to members of the Committee no later than five working days following each meeting.

Agendas and associated papers shall be sent out no later than five working days before the meeting.

13 Review Period

The Committee's membership and terms of reference will be reviewed annually by 31 March or earlier as required

March 2023

Trust Management Executive Assurance Report – 15 February 2023

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

The following items were escalated to Board:

Item	Rationale for escalation	Action required by Trust Board
Annual Plan 23/24	For review at F&PC	Update provided to Trust Board
Stoma Care SLA	For approval at F&PC	For approval at Trust Board
Implementation of a Blood Tracker for Transfusion CAG	For approval at F&PC	For approval at Trust Board
Sports Medicines CAG	For approval at F&PC	For approval at Trust Board
Minimally Invasive Surgery CAG	For approval at F&PC	For approval at Trust Board
OMFS 18 weeks and General Surgery Outpatients CAG	For approval at F&PC	For approval at Trust Board

The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&PC
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Annual Plan 23/23	Level 2	N/A	7, 8, 9, 11, 14, 18, 19	Noted and progressed to F&PC
Stoma Care SLA	Level 3	N/A	7	Recommended for approval at F&PC
Elective Care IST Report and Trust Action Plan		N/A		Noted and progressed to QGC
Implementation of a Blood Tracker CAG	Level 3	N/A		Recommended for approval at F&PC
Robot Business Case	Level 5	N/A		Recommended for approval at F&PC
Liberty Protection Safeguards (LPS) Business case	Level 4	N/A	4, 21	Recommended for approval at F&PC
C.Diff Reduction Plan & NHSIE IPC Visit	Level 4	N/A		Noted and progressed to QGC
ED Walkway	Level 5	N/A	4	Approved
Chief Finance Officer's Report: Month 10	Level 4, 3, 6	N/A	7, 8	Noted and progressed to F&PC
Sports Medicine CAG	Level 6	N/A	7, 8	Recommended for approval at F&PC

Trust Management Executive Assurance Report – 15 February 2023

Continued…

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 6	Increased	9	Noted and progressed to P&C
Minimally Invasive Surgery	Level 6	N/A	7, 8	Recommended for approval at F&PC
Bluespier Backlog SBAR		N/A	19	Noted
HEE Post Expansions – Medical Trainees	Level 5	N/A	3, 9	Noted
Board Assurance Framework	Level 5	N/A		Noted and progressed to committee
OMFS 18 week and General Surgery Outpatients CAG	Level 6	N/A	3, 7, 18	Recommended for approval at F&PC

Trust Management Executive Assurance Report – 22 March 2023

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

The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
Xerox Extension CAG	For approval at F&PC	For approval at Trust Board
Orthotics Extension CAG	For approval at F&PC	For approval at Trust Board
Insourced Endoscopy Provision CAG	For approval at F&PC	For approval at Trust Board
Annual Plan 23/24	For approval at F&PC	For review at F&PC

The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Annual Plan 23/24	Level 4	N/A	7, 8, 9, 11, 14, 18, 19	Noted and progressed to F&PC
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&PC
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
National Patient Safety Strategy Training Syllabus & NHSIE Mandated Training		N/A		Agreed
CQC Update		N/A		Noted
E-Learning Resources (Deaf Awareness Training)		N/A		Agreed
Non-Resident On Call Payment Proposal		N/A		Agreed
Recruitment Business Case		N/A		Noted
Value for Money	Level 4	N/A		Noted and progressed to A&A
Chief Finance Officer's Report: Month 11	Level 4, 3, 6	Maintained	7, 8	Noted and progressed to F&P
Bank & Agency Update		N/A		Noted and progressed to A&A
Estates Report & Estates Audit Report	Level 6	N/A		Noted and progressed to A&A
Internal Audit Report – Strategic Capital Programme		N/A		Noted and progressed to A&A

Trust Management Executive Assurance Report – 22 March 2023

Continued…

Item	Level of Assurance	Change	BAF Risk	Decision
Orthotics Extension CAG	Level 6	N/A		Recommended for approval at F&PC
Extension of Xerox Scanning Contract	Level 5	N/A	16	Recommended for approval at F&PC
Insourced Endoscopy CAG	Level 5	N/A	18	Recommended for approval at F&PC
Nurse Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Integrated People & Culture Report	Level 5	Maintained	9, 10, 14, 15	Noted and progressed to P&C
Staff Survey Results	Level 4	N/A	9, 10, 14, 15	Noted and progressed to P&C
Freedom to Speak Up Report	Level 6	N/A	10	Noted and progressed to P&C
CGG Report		N/A		Noted and progressed to QGC
SPB Report		N/A		Noted and progressed to F&PC

NHS
Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	13 April 2023
Paper number	Enc M

Terms of Reference

For approval:	X	For discussion:		For assurance:		To note:	

Accountable Director	Executive		
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
Remuneration Committee	3 April 2023	Approved

Recommendations	Trust Board asked approve the updated draft Terms of Reference.

Executive summary	The Trust is completing its annual review of Committee terms of reference (TOR). The following changes are proposed to the Remuneration Committee Terms of Reference: • Updates to job titles and membership • Minor housekeeping throughout • Inclusion of responsibility for the appointment of Associate Non-Executive Directors

Risk			
Which key red risks does this report address?	*n/a*	**What BAF risk does this report address?**	*N/A however the Committee considers all BAF risk areas*

Assurance Level (x)	0		1		2		3		4		5		6	X	7		N/A		
Financial Risk	*None directly arising from this report*																		

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance						

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	13 April 2023
Paper number	Enc M

Appendices

1. Terms of Reference

Worcestershire Acute Hospitals NHS Trust

Terms of Reference

REMUNERATION COMMITTEE

Version: 2.3

Terms of Reference approved by: Remuneration Committee/Trust board

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

Author: Director of Corporate Governance

Responsible directorate: Executive

Review date: March 2024

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REMUNERATION COMMITTEE

TERMS OF REFERENCE

1 Authority

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

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

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

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

2 Purpose

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

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

3 Terms of Reference

3.1 Appointments role

The Committee will:

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

candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

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

3.2 Remuneration role

The Committee will:

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

4 Membership

The membership of the committee shall consist of:

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

The Trust Chair shall chair the Committee.

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

5 Quorum

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

5 Frequency of meetings

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

6 Attendance

Committee members are expected to attend all meetings,

7 Record of Business

Formal minutes shall be taken of all committee meetings.

The Committee will report to the Board after each meeting.

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

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

8 Performance evaluation

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

9 Review Period

Terms of reference will be reviewed annually.

The following glossary is provided to help those who are unfamiliar with the abbreviations and terminology used within Worcestershire Acute Hospital Trust.

A list of abbreviations in use throughout the wider NHS can be found here:
http://www.nhsconfed.org/acronym-buster

Letter	Abbreviation	Definition
A	A&E	Accident and Emergency
	ALX	Alexandra Hospital
	AHP	Allied Health Professionals
B	BAF	Board Assurance Framework
	BMA	British Medical Association
	BMJ	British Medical Journal
C	CAMHS	Child and Adolescent Mental Health Services
	CAU	Clinical Assessment Unit
	CGG	Clinical Governance Group
	C.diff	Clostridium difficile
	CQC	Care Quality Commission
	CQUIN	Commissioning for Quality and Innovation
	CRR	Corporate Risk Register
D	Datix	Electronic system of risk reporting (incidents/complaints etc)
	DH	Department of Health
	DoLS	Deprivation of Liberty Safeguards
	DNA	Did Not Attend
	DTA	Decision to Admit
	DTOC	Delayed Transfer of Care
E	ED	Emergency Department [A&E]
	EOL	End of Life
	EPR	Electronic Patient Record
	EPRR	Emergency Preparedness, Resilience and Response
	ESR	Electronic Staff Record
F	F&P	Finance & Performance Committee
	FBC	Full Business Case
	FFT	Friends and Family Test
	FOI	Freedom of Information
G	GDPR	General Data Protection Regulation
	GMC	General Medical Council
	GP	General Practitioner
H	H&WHCT	Hereford and Worcestershire Health and Care Trust
	HCSW	Health Care Support Worker
	HDU	High Dependency Unit
	HEE	Health Education England
	HR	Human Resources
	HSE	Health and Safety Executive
I	ICB	Integrated Care Board
	ICS	Integrated Care System
	ICO	Information Commissioner's Office
	ICU	Intensive Care Unit
	IPC	Infection Prevention and Control
K	KPI	Key Performance Indicator

	KTC	Kidderminster Treatment Centre
L	LOS	Length of stay
M	MAU	Medical Assessment Unit
	MFFD	Medically fit for discharge
	MIU	Minor Injuries Unit
	MoU	Memorandum of Understanding
	MRSA	Methicillin-resistant Staphylococcus Aureus
N	NED	Non-Executive Director
	NHSE	National Health Service England
	NICE	National Institute for Health and Care Excellence
	NMC	Nursing and Midwifery Council
	NOF	Neck of Femur
O	OBC	Outline Business Case
	OD	Organisational Development
	OOA	Out of Area
	OOH	Out of Hours
P	PALS	Patient Advice and Liaison Service
	PAS	Patient Administration System
	P&C	People & Culture Committee
Q	QGC	Quality Governance Committee
	QIA	Quality Impact Assessment
R	RAG	Red/Amber/Green (rating)
	RMG	Risk Management Group
	RCA	Root Cause Analysis
	RN	Registered Nurse
	RTT	Referral to Treatment
S	SAU	Surgical Assessment Unit
	SDEC	Same Day Emergency Care
	SFI	Standing Financial Instructions
	SI	Serious Incident
	SLA	Service-Level Agreement
	SOC	Strategic Outline Case
	SOP	Standard Operating Procedure
T	ToR	Terms of Reference
W	WRH	Worcester Royal Hospital
	WRES	Workforce Race and Equality Standard