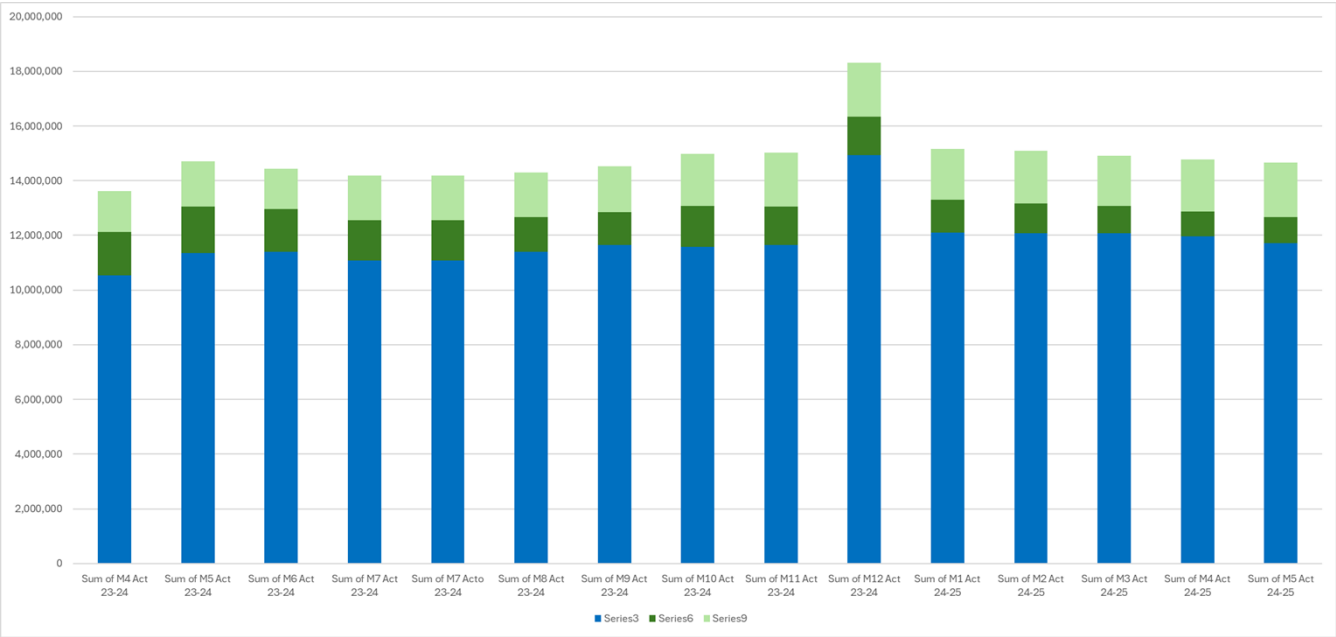


Tier 1 agency for general and critical nursing continues to be strong at 95% and 87 % fill respectively. All tier 1 agencies are now at price cap.

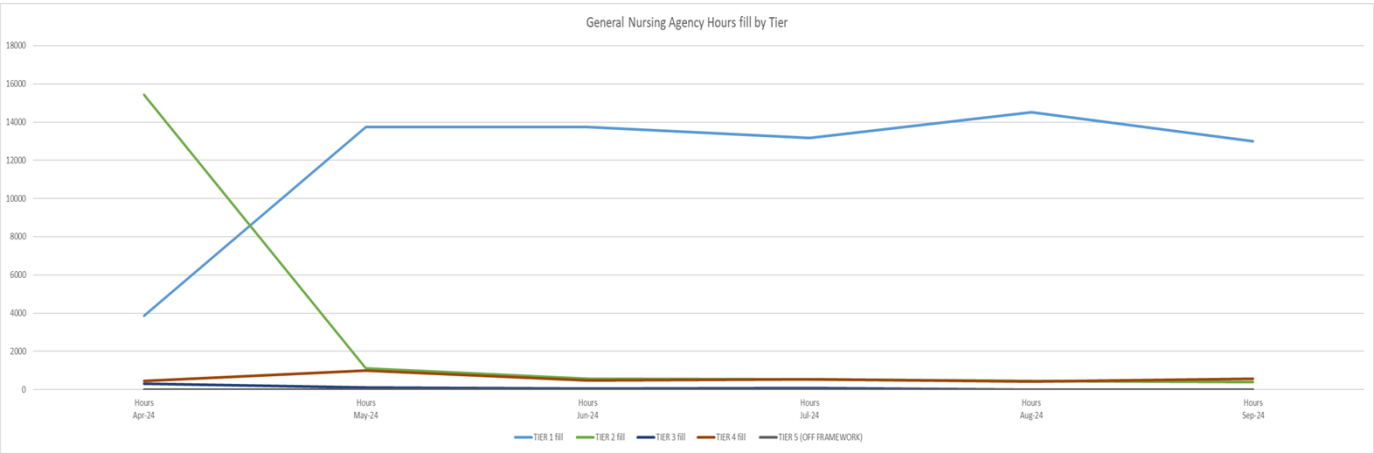
Current Trust Position WTE September 2024	Previous Month August 2024	Model Health System Data Sep 2023 Benchmarking	Current level of assurance
RN 15.8% (338.9 WTE) (177.16 Bank / 161.74 Agency) HCSW 26.6% (265.38 WTE) (247.99 Bank / 17.39 Agency)	RN 15.33% (328.66 WTE) (167.02 Bank / 161.64 Agency) HCSW 30.7% (306.17 WTE) (288.73 Bank / 17.44 Agency)	RN 4.8% HCSW Not available	5

Lisa Wilkes
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Graph showing trend of substantive / bank and agency spend



Reduction of agency spend & average hourly rate, remains a focus. The graph below illustrates the consistent reduction of Tiers 3 & 4 and removal of off framework agencies. With all tier 1 agencies now coming in at price cap, future focus will be on further reduction of tier 2-4 agencies.



Lisa Wilkes
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Sickness

September 2024 data (% reflects updated headcount)

Current Trust Position September 24	Previous Month Position August 24	Model Health System data Feb 2024 Benchmarking	Current Level of Assurance
RN 5.92% (126.86 WTE) HCSW 7.85 % (78.3 WTE)	RN 5.45% (116.84WTE) HCSW 8.16% (81.38 WTE)	RN 5.4% HCA 7.5 %	5

Absence (September 2024 data)

- 307.19 WTE RN total absence due to vacancy, sickness and maternity leave (down from 344.76 in August,) versus bank and agency use of 338.90 WTE (slightly up from 328.66 in August). 22 WTE of this is attributable to A&E 2 being staffed to support flooring repairs
- 214.12 WTE HCSW total absence due to vacancy, sickness and maternity leave (decreased from 220.72 in August) versus bank and agency usage of 265.38 WTE (decreased from 306.17 in August),

The Trust currently has 94 RNs and 36 HCSWs on maternity leave (stable from August).

3. Summary/Conclusion

Safe staffing

- Staffing on Paediatrics and neonates has been maintained at safe levels throughout October 2024 despite a rise in activity.
- Staffing on all adult areas in patient areas was also safe throughout October 2024.
- Fill rates were stable for September 2024
- CHPPD has however decreased in September 2024 but remains within national average.

Pay costs

- Overall nursing pay costs in month 6 are £14.76m.
- **Substantive** nursing pay spend of £11.8m in September is an increase of £0.1m compared with spend in August. The adverse movement is a normalisation following an old year accrual release in the

previous month which was partially offset by an increase in spend relating to the bank holiday worked in August.

Bank spend of £2.0m in September is a decrease of £0.1m compared with spend last month. The favourable movement is due to less shifts being used to cover vacancy and specialising.

- **Agency** spend of £1.0m in September is consistent with last month.

- **Overall absence**
 - RN ↓307.19 WTE, HCA ↓214.12 WTE
 - This includes:
- **Vacancy**
 - RN ↓3.96%, HCA ↓9.33%
- **Sickness**
 - RN ↓5.92%, HCA ↓7.85%
- **Maternity Leave**
 - RN 94 WTE, HCA 36 WTE

Current cover arrangements.

Currently budgets do not contain uplift for maternity leave cover and sickness. Whilst budgeted for, this sits within the bank / agency line so hence is reliant on temporary staffing solutions. Data was requested in August from finance but due to capacity issues within the finance team this has been delayed. However, this work is now in progress.

To note: Use of surge capacity continued in the PDU 8 bed overflow and opening of A&E 2 to support remedial work on main A&E during September 2024, impacting on increased bank spend.

Lisa Wilkes
 05/12/2024 15:27:32

Minutes for Quality Governance Committee

**Thursday 31st October 2024 at 10.00 am
Via MS Teams**

			Attendance Status
Chair	Julie Moore	Non-Executive Director (Chair)	Apols
Required Attendees	Sarah Shingler	Chief Nursing Officer	Y
	Rachel Dunne	Deputy Chief Nursing Officer - ICB	Y
	Justine Jeffery	Director of Midwifery	Y
	Baylon Kamalarajan	Consultant Paediatrician and POSCU Lead	
	Helen Lancaster	Chief Operating Officer	Apols
	Simon Murphy	Non-Executive Director	
	Vikki Lewis	Chief Digital officer	Y
	Michelle Lynch	Associate Non-Executive Director	Y
	Edwin Mitchell	Associate Divisional Director - SCSD	
	Nicholas Purser	Surgery Governance Lead	Apols
	Stephen Collman	Managing Director	Y
	Alison Robinson	Deputy Chief Nursing Officer	Y
	Rosemary Smart	Public Patient Forum	Y
	Susan Smith	Deputy Chief Nursing Officer	Y
	Sue Sinclair (Chair)	Associate Non-Executive Director	Y
	Jules Walton	Acting Chief Medical Officer	Apols
	Julian Berlet	Acting Chief Medical Officer	
	Jo Ringshall	Healthwatch	
	Gweny Scott	Company Secretary	Apols
	Dee May	IPC	
	Rebecca Brown	Chief Digital Information Officer	Apols
Attending	Amrat Mahal	Director of Nursing W&C	
	Chris Douglas	Director of Performance	
	Tracey Pearson	Deputy Chief Operating Officer	Y
	Simon Adams	Managing Director at Healthwatch	Y
	Tracey Cooper	Interim DIPC	Y


Item	Title
QGC/24/1	Welcome and Apologies for Absence
05/12/2024 15:27:32 Sue Wilkes	Sue Sinclair Chaired QGC on behalf on Dame Julie Moore, welcomed all present at the meeting.

QGC/24/2	Declarations of Interest
	Simon Murphy declared an interest and informed the committee that he was in the process of updating the register as required.
QGC/24/3	Minutes of the last meeting
	The minutes of the meeting held on the 26 th of September 2024 were agreed as a true and accurate record with one condition: Perinatal report- MS Sinclair to review information on perinatal report.
QGC/24/4	Action Schedule
	No open actions for September 2024.
QGC/24/5	Escalations from Chief Medical Officer and Nursing Officer for items outside of standard report / not on the agenda
	<p>Ms Shingler advised of external complaints regarding system partners visiting A&E with patients and issues with overcrowding. Ms Shingler also advised the committee that there had been a whistle blowing to CQC and this has had an impact on nursing staff.</p> <p>Focus work ongoing regarding increase in HCA's.</p> <p>Acuity of walk ins are increasing within WRH and AGH but the pressures are currently more challenging in WRH.</p> <p>Simon Adams reported 2 patients in ED with serious medical conditions were told to make their own way to the hospital as ambulance services under pressure.</p> <p>Ms Shingler advised that the Trusts winter-plan now being reviewed.</p> <p>Pods being investigated to protect dignity in the WRH ED waiting room.</p> <p>Mandolite issue at AGH. Capital schemes being reviewed for fire safety.</p> <p>Additional staffing in place to ensure fire risks are at a minimum.</p>
QGC/24/6	Best Services
QGC/24/6.1	Perinatal Safety Report
	<p>Ms Jeffery presented report.</p> <p>Q2 score card is due in the October report.</p> <p>KPI bookings by 12+6 weeks' gestation has not been met this month. A soft launch of Maternity Self-referral is being launched this month.</p> <p>Sickness in maternity is at an unusual increase currently.</p> <p>Obstetric staffing remains a problem but legitimations in place.</p> <p>Heat map still showing green in the region.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.1.2.	Perinatal Incident Report
	<p>Ms Jeffery presented report.</p> <p>Higher number on incidents this month. Never event occurred and PSII is underway.</p> <p>Patient was left with a surgical tampon after a procedure. Tampon not documented on whiteboard in theatre.</p> <p>Ms Lynch queried why the surgical tampon was not found. Tampon not attached to drapes so was missed until patient expelled it.</p> <p>Sadly, a woman attended a planned fetal medicine appointment at 24+3 weeks gestation but unfortunately no fetal heart rate was present. Baby had previously been diagnosed with multiple abnormalities, but the patient declined any further investigations.</p> <p>Simon Murphy thanked Ms Jeffery for the support offered to the families.</p> <p>Ms Sinclair thanked Justine for her team's efforts.</p>
	Resolved that: The report was noted for assurance.

QGC/24/6.1.3	Midwifery Safe Staffing Report
	<p>Ms Jeffery presented report.</p> <p>Increase in acuity that has not been met as shown in report data.</p> <p>Safer staffing levels were maintained on all shifts in September following mitigations in place.</p> <p>Report includes the new birth centre. Encouraging to see an increase of women accessing the birth centre.</p> <p>19 posts to fill and over 40 applicants to consider.</p> <p>25 unfilled midwife vacancies. Successful recruitment with 17 WTE midwives expected, 4 of those already started in September. The rest to start between October and November.</p> <p>Sickness complies with trust target.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.1.4	Nurse Staffing Report
	<p>Ms Smith presented report.</p> <p>Staffing maintained in September at safe levels in all areas.</p> <p>Continued focus on reduction of bank and agency spend. Acuity and dependency report has presented to TMB</p> <p>Ongoing work on speciality agency.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.2	Patient Safety
QGC/24/6.2.1	NHSE Winter Letter and Temporary Escalation Spaces Assurance
	<p>Ms Shingler presented the report.</p> <p>Temporary Escalation Spaces have remained high over the last 12 months, assurances are evidenced in reports of how measures are being recorded at WRH and AGH. TES are not used at the AGH site due to the lack of space and the fire risk as this would lead to the blockage of fire exits.</p> <p>KTC has no Temporary Escalation Spaces.</p> <p>The number of TES has remained consistent.</p> <p>Ms Shingler is assured that the right management is in place for Temporary Escalation Spaces.</p> <p>Ms Lynch questioned staff wellbeing and what is being put in place to support them though the difficulties in concern to boarding patients. Mr Collman expressed that current plans and actions in place to move forward are the assurances that we are doing what is needed and proof will be in the changes that are implemented.</p> <p>Ms Smith reiterated that the increase in staffing not only helps patients but helps patients care needs to be met but helps the morale and wellbeing of the staff.</p>
	Resolved that: The report would be presented at the next meeting.
QGC/24/6.2.2	Update on actions to address priority safety concerns
	<p>Ms Smith presented the report.</p> <p>Regulation 28 reported through the Safety Action Group.</p> <p>Discussion regarding 'copying & pasting' of out-of-date care plans by previous doctors.</p> <p>Doctors not following regular testing of electrolytes with a prescription of intravenous fluids.</p> <p>Ms Smith explain that a Complex Care MDT is being trialled from next week- this will address any concerns for patients and add another safety net.</p> <p>Nutrition & hydration Group are discussing matter in monthly meeting. Also going through FOC.</p> <p>Ms Smith to feed back to medical colleagues regarding consultant ownership.</p> <p>Ms Smart queried medics training regarding the above.</p>

	Resolved that: The report was noted.
QGC/24/6.2.3	Patient Safety Report Q2
	<p>Ms Smith presented report.</p> <p>4 NatPSA's closed in Q2.</p> <p>Trust currently has 5 open NatSPA's of which 3 are overdue</p> <p>2 NatPSA's due for completion in Q4.</p> <p>1 NatSPA due for completion in Q4 2023.</p> <p>The Patient safety team offer a level 6 assurance for the Q2 24/25 report.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.2.4	Patient Safety Clinical Governance Report
	<p>Ms Smith presented the report.</p> <p>The process for monitoring patient safety incidents is in line with the new framework with PSIRF and is review regularly in PSIRG.</p> <p>Q2 reported an average of 1576 incidents per month and 20 of those incidents resulted in patient death.</p> <p>4 national patient safety reports that are closed and 5 open. 3 very near closure.</p> <p>Level 6 assurance.</p> <p>Clinically Governance report done through PSIRG.</p> <p>Ms Sinclair has asked Ms Smith to check the data regarding the reported 20 patients who have died subsequently through hospital mistakes. Ms Smtih to ensure this is included in any subsequent reports.</p> <p>Tissue Viability has the highest reported incidents, Ms Dunne keen to work with the team to address concerns and work on improvements, especially regarding the patients admitted with pressure damage.</p> <p>Actions relating to PSII's and regulation 28's will be monitored through Improvement Safety Action Group.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.2.5	Medical Devices
	<p>Ms Pearson presented the report.</p> <p>Staff training on medical devices needs improvement.</p> <p>There is only 1 trained member of staff for Point of Care Testing.</p> <p>The Medical Devices Committee continue to seek assurances that surgical tools undergo sufficient maintenance regimes.</p> <p>No improvements in 6 months.</p> <p>Ms Pearson to report back next month with assurances on improvements towards staff training on medical devices.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.2.6	Nursing Acuity and Dependency Report
	<p>Ms Smith presented report.</p> <p>The acuity and dependency study reports that no further investment is required in nursing establishment. Some areas have been recommended for realignment and CPIP plans have been identified on other wards.</p>
QGC/24.6.7	TIPCC Q2
	<p>Ms Cooper presented the report.</p> <p>Q2 report-. Key points, NHSE have adjusted targets. Caveat in report.</p> <p>Not meeting the CDI directory.</p> <p>Work being done to add into action plan.</p> <p>Covid infections are challenging capacity. Outlier nationally for covid outbreaks.</p> <p>Respiratory plan being work on with the divisions to be in place by November.</p> <p>Continuing challenges with mitigations as there are 2 vacancies within the senior IPC team.</p> <p>Recruitment progression being made into senior IPC leadership.</p> <p>Covid and MSSA currently on existing risk register.</p>

	Capacity challenges in the ED as it is not always possible to isolate patients who have potentially infectious viruses in a timely manner. This can be a significant factor in the spread of infections.
	Resolved that: The report was noted for assurance.
QGC/24.6.8	Deep Dive Falls Report
	<p>Ms Smith presented the report. Deep dive review findings on report.</p> <p>Opportunities for improvement of documentation. Assurances are in place to evidence appropriate governance process have been followed. A total of 112 falls occurred within a six-month period. 0.03% of these falls happened within the ED. Regulation 28 report submitted in September 24 discussed. Evidently falls are more commonly associated with bathroom use and mobility. Themes such as higher-risk periods had been found. Ms Sinclair asked that the team completing this report were thanked for the quality of the report and the timescale it was completed within.</p>
	Resolved that: The update was noted.
QGC/24.6.9	Health & Safety Report
	<p>Ms Pearson presented the report. Health and Safety is being managed well with evidence of downward trends in data. Mandolite risk at AGH is being managed under a 'pre incident' gold command structure. Q1 report - ongoing monitoring of inoculations and ongoing fire safety issues at the AGH. Increase in incidents reported in Q4 23/24. Most in WRH theatres. There was a visit by the fire authority at Kings Court 3 in Q1 24/25 and no negative observations were reported.</p>
	Resolved that: The report was noted for assurance.
QGC/24/6.10	Safer Sharps
	<p>Ms Smith presented report. Procurement and legal compliance being reviewed. Action plan being developed around training around venepuncture and cannulation. Any new employees coming into the trust are to complete trust training for venepuncture and cannulation. Ms Smith noted 2 improvements notices. Response due by 31/1/25, no fine due but inspectors time to be paid. This does not include agency staff as they have their own compliance training provided by the agency.</p>
	Resolved that: The report was noted for assurance.
QGC/24/7	Best Experience of Care and Best Outcomes for Patients
QGC/24/7.1	Experience
QGC/24/7.1.1	Integrated Performance Report
<div> <div></div> <div> <div>Lisa Wilkes</div> <div>05/12/2024 15:27:32</div> </div> </div>	<p>Ms Pearson presented report There has been an increase in numbers and lengths in ambulance handover delays. ED flooring report delayed until November 2024. EDR go live on 5th November 24. Ambulance handover delays continue to be a significant problem. GP streaming specification agreed.</p>

	<p>28-day cancer diagnosis standard was achieving target. 62 days cancer waiting time target performance in Sep 24 is 72%. Successful implementation with the Urology Investigation Unit. Ms Smith presented report The friends and family response rates have unfortunately failed to meet the recommended target of (95%). Increase in compliance within the maternity services.</p>
QGC/24/7.1.2	Learning Disability Q4 Report
	<p>Ms Shingler presented the report. Oliver McGowan training is being monitored across divisions. Ms Shingler advised of business case being developed and is currently going through approval to employ a learning difficulties specialist nurse. Ms Shingler reports that during the Q4 report it shows a 1% recurring theme for leaning disability patients and the biggest issue being tissue viability followed by falls. Most incidents involving learning disability patients with minor or insignificant. 1 reported catastrophic incident which us currently awaiting a review by ICB.</p>
QGC/24/8	Governance
	There was no other business.
QGC/24/8.1	Risks
	<p>Ms Shingler reported that 3 risks scored over 20. All have mitigations and controls in place. ED crowding remains the biggest patient and safety concern. 4 risks have been escalated to QGC with a current score of 16. 1 risk has been reduced from 20 to 12.</p>
QGC/24/9	Committee Escalations
	No Escalations noted
QGC/24/9.1	Trust Board
	No Escalations noted
QGC/24/9.2	Other Committees
	There was no other business.
QGC/24.10	Any Other Business
	Great work going on. Great focus on ED. Committee to be aware of resolving issues with foetal monitors. Mitigations in place.
QGC/24.10.1	Next meeting date - 28th November 2024
QGC/24.11	Reflections on the meeting
	All thanked for attending.
QGC/24/12	Close
	The meeting closed at 11.54
QGC/24/13	<div style="text-align: center;">  Z Acronyms.docx Acronyms </div>

Lisa Wilkes
05/12/2024 15:27:32

AUDIT AND ASSURANCE COMMITTEE

Minutes of the Meeting held on Thursday 12 September 2024 at 09.00am held via MS Teams

PRESENT:

CHAIR: Colin Horwath Non-Executive Director

MEMBERS: Tony Bramley Non-Executive Director
 Karen Martin Non-Executive Director

IN ATTENDANCE: Neil Cook Chief Finance Officer
 Emma Masters Internal Audit
 Craig Bevan-Davies Counter Fraud
 Kristina Woodward Internal Audit
 Erica Hermon Company Secretary
 Andrew Smith External Audit
 Stephen Collman Managing Director
 Sarah Shingler Chief Nursing Officer (Item 005/24)
 Sanjeev Narwal Director of Procurement (Item 009/24)

APOLOGIES: Simon Murphy Non-Executive Director
 Lynne Walden Associate Director of Finance (Financial Services & Coding)
 Paul Westwood Counter Fraud

001/24 **WELCOME AND APOLOGIES FOR ABSENCE** **ACTION**
 Mr Horwath welcomed all to the meeting. There were no further items of business identified.

002/24 **DECLARATIONS OF INTEREST**
 There were no new declarations of interest. Declarations are available on the Trust's website.

003/24 **MINUTES OF MEETING HELD ON 11 JULY 2024**
 The minutes of the meeting held on 11th July 2024 were approved.

RESOLVED THAT: The minutes of the meeting held on 11th July 2024 were approved.

004/24 **Matters Arising and Action Schedule**
 The action schedule was reviewed and updates were noted.

Internal Audit

005/24 **Progress Report**
 Ms Masters presented the report and highlighted the following key points:
 1 final report had been issued and reviewed.
 4 TORs were attached.
 Discussion had taken place in regard to a further review of the Internal Audit Plan and agreeing the detailed scope for reviews.

Lisa Wilkes
 05/12/2024 15:27:32

Mr Cook updated that a review had taken place at an Executive meeting and aligned with risks on the risk register. There were 2 specific areas of review: payroll (expenses and overtime) and safeguarding. Mr Cook asked that differences from the plan be circulated to members.

Page 3 of the report detailed the implementation of actions and those which were outstanding. Budget setting has now been implemented and the action closed since publication of the report.

Appendix A detailed the audits included within the plan
Appendix B outlined the 4 ToRs.

Ms Maritn referred to the action tracker on job plans and noted no update had been received. Ms Masters replied that the action was overdue. No response had been received in regard to 2 of the outstanding actions.

Ms Hermon and Ms Walden to liaise about appropriate escalation when responses are not received. **Action.**

Mr Horwath referred to the payroll report and encouraged reviewing the process around leavers due to a number of overpayments still happening.

Nurse Bank and Agency

Ms Masters presented the moderate assurance report. The policy required updating and was in the progress of review. There was a lack of segregation of duties but it was acknowledged that it is not a Trust system. Extra controls have been put in place.

Ms Shingler advised that the refreshed policy and recommendations were made to strengthen it. The policy was ratified at NWAG in June. Though the Trust was working to policy, the new People Officer has suggested having a joint workforce policy, which is in the process of being developed. Nursing and midwifery will be included.

94% compliance was reported and updates for oversight were included within the workforce report presented to the Committee.

A month-on-month reduction of use of agency was being seen.

Ward managers have been inducted to a development programme, which included effective workforce management.

Professional issues have been highlighted and appropriate action taken. NWAG review progress monthly and review fraudulent risks. No fraudulent risks were reported at the last meeting.

Ms Martin queried which staff were included on the development programme. Ms Shingler replied that the Deputy CNOs were undertaking the programme, followed by the workforce lead and ward matrons.

Ms Martin agreed with the policy updates and queried whether staff were working to the principles whilst it was being finalised. Ms Shingler informed that they were. Clear approvals are now in place.

Mr Bramley queried who managed the control of the risks. Ms Shingler replied that it was managed by the Director of People.

Lisa Wilkes
05/12/2024 15:27:36

Mr Horwath observed lots of progress being made but in areas it appeared contradictory and cautioned short timeframes. Ms Masters will liaise with Ms Smith to close down recommendations if they have been implemented, prior to the November meeting.

Ms Shingler left the meeting.

ICB 2024/25 Internal Audit Plan

Ms Hermon advised that discussion had taken place at the workshop about working better with other Trusts and the ICS, with a view to learning from their internal audits and informing the audit plan for more integrated functions when there is risk. The plan was presented for information.

Mr Collman encouraged sharing BAFs.

RESOLVED THAT: The reports were noted.

Counter Fraud

006/24

Counter Fraud Progress Report

Mr Bevan-Davies informed that the counter fraud standard was being reviewed and would be reported at the next meeting.

A national exercise of contract management and due diligence was about to commence.

Changes have been made to fraud alert prevention notices.

Investigations are an issue, with one case delayed until 2026 and another going to trial in 1 year. Delays in the judicial system have been reported.

Imposter fraud is being seen on a national level.

Ms Hermon referred to the gifts and hospitality register and queried whether there was access to the pharmaceutical report. It was likely that there are gaps where claims are made but are not registered. Mr Bevan-Davies had not viewed the report but would review.

Ms Martin referred to the employee suspended on nil pay, which was unusual and asked for more information. Mr Bevan-Davies would review and include within the next report.

Mr Horwath was assured that necessary steps are being taken to minimise impact, noting the limited resources.

Counter Fraud Annual Plan

The Annual Plan was presented which provided a summary of the previous financial year. There were 3 areas that received an amber rating.

In regard to component 3, work has been completed but it did not form part of the risk register before the end of the year. This has now been resolved and is green. Component 6 related to issues with resourcing and understaffing but recruitment had now been completed. A whole scale review was underway and will be presented at the next meeting.

Lisa Wilkes
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Mr Cook stated that a benchmark number of days invested with investigations would be useful.

RESOLVED THAT: The report was noted for assurance.

External Audit

007/24 External Audit Progress Report

Mr Smith updated that the 2023/34 audit was signed off and closed. The proposal for 2024/25 proposal is similar and there are discussions about bringing the deadline forward. Planning work was expected to start at the end of the year. A networking event was taking place in Birmingham and an invite has been issued.

RESOLVED THAT: The update was noted.

008/24 Draft Schedule of Business

Ms Hermon asked Committee members to review and advise of any changes to the schedule of business. Comments to be forwarded to Ms Hermon.

RESOLVED THAT: The report was noted.

009/24 Contract Register Update

Mr Narwal joined the meeting and highlighted that the contract register was being compiled and is broken down by divisions and suppliers. Contracts equate to £278m over the duration.

There are a number of contracts which are one off for estates or corporate work.

Spend had increased from £204m to £278k due to a computer services contract over 12 months.

The team are making contracts and spend more visible. A Risk impact vs cost impact review had been undertaken.

Approx 120 contracts are to be classified.

Approx 167 are one off contracts or longer term contracts expiring and equate to £50m over the next 12 months.

There is better working across the system with contracts.

Mr Cook thanked Mr Narwal and the team for the work done to date, though there is more to do. The system is proving valuable and compares well across the group. There is keenness to get out into divisions to unearth contracts for the register. Mr Cook added that it would be useful to be able to highlight risks and alignment to the SFI report.

Ms Hermon advised that breaches to SFIs report is not on the schedule of business. Lessons should be learnt and a reduction in retrospective CAGs should be seen.

Mr Bramley was pleased with the progress made and referred to retrospective CAGs, stating that divisions required discipline and reinforcement of the message.

Mr Horwath advised that the report was a helpful position statement. Inclusion of risks and timelines would be helpful for the Committee.

Lisa Wilkes
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RESOLVED THAT: The report was noted.

For Information

010/24 **Any Other Business**

Mr Horwath advised that it was Ms Hermon's last meeting with the Trust and though her tenure has been short, she had brought a great deal to the committee and made a very valuable contribution.

011/24 **Committee Escalations**

Lisa Wilkes
05/12/2024 15:27:32

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PEOPLE & CULTURE COMMITTEE

Minutes of the meeting
Flowerday room, Working Well Centre
Monday 7th October 2024 at 10:00

Present		
Chair	Karen Martin	Non-Executive Director
Members	Ali Koeltgen	Chief People Officer
	Colin Horwath	Non-Executive Director
	Julian Berlet	Interim Chief Medical Officer
	Sarah Shingler	Chief Nursing Officer
	Richard Haynes	Director of Communications & Engagement
	Neil Cook	Chief Finance Officer
	Justine Jeffery	Director of Midwifery
	Liz Faulkner	Deputy Chief People Officer
	Bianca Edwards	Assistant Director of People & Culture
	Mel Stinton	Freedom to Speak Up Guardian
Attendees	Julia Neil	Head of Medical Staffing
	Reena Rane	EmBRACE Network Chair
	Jas Cartwright	Director of Continuous Improvement
	Sarah Troth	Advanced Clinical Practitioner & Lead for 'Out of hours hospital at night, practitioning team'
Apologies	Dame Julie Moore	Non-Executive Director
	Dr Sue Sinclair	Associate Non-Executive Director
	Simon Murphy	Vice Chair
	Dr Jules Walton	Interim Chief Medical Officer
	Rich Luckman	Assistant Director of People & Culture

Ref		Action
068/24	Chairs Welcome and Apologies for Absence	
	Ms Martin welcomed all attendees to the meeting and the apologies received were acknowledged above.	Chair
069/24	Quorum and Declarations of Interests	
	There were no additional Declarations of Interest pertinent to the agenda. Declarations of Interest are available on the Trust's website. Ms Martin confirmed that: a) A Quorum of the P&C was present. b) There were no declarations of interest.	Chair
070/24	Action Log and Minutes of the previous meeting	
	The minutes of the last meeting held on the 6 th August 2024 were reviewed and agreed as a true and accurate record. The ongoing action log was reviewed and updated accordingly	Chair
	RESOLVED – that the minutes of the meeting held on 6th August 2024 be approved.	

Lisa Wilkes
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071/24	Staff Story – Lessons learnt on the AAC Process	
<p>Lisa Wilkes 05/12/2024 15:27:32</p>	<p>Ms Faulkner introduced the item and explained that a Rapid Process Improvement Workshop (RPIW) was held for the AAC process in June 2023 which highlighted a number of improvements that could be made. A recent exercise for the emergency department consultant recruitment identified that were still some improvements that could be made on both sides.</p> <p>Ms Neil explained that feedback from the Division was that they had potentially missed out on some candidates in a hard-to-fill area due to the process so an exercise was conducted to reflect on what could be done differently to improve it. Ms Neil shared the data with the group including the average time to hire from the point an ATR is raised to the date of the AAC being 28 weeks, as well as any further delays in the rest of the process. During the RPIW the target was to improve the process and reduce the time to hire from 28 weeks to 14 weeks. There was also a delay of several weeks in signing off the job description pack between department and directorate level. It then took a further 7 days for the pack to be signed off at CMO level and then passed onto the Royal College, whereas the target was 3 days. The team worked with IT to create a bespoke tracker package for the departments to upload all the relevant documents at the start of the process so the Medical Resourcing team can download the information easily and create the job description. Ms Neil advised that the tracker has made the process much easier but that checks are still required and are time-consuming. The timeline for approval of the job description by the Royal College was as expected and there were no delays of note meaning the advert could then be published. At this point, the team request a nominated representative from the Royal College to join the panel. Ms Neil advised that the colleges have varying processes; some will source the representative and advise the team of the name, and others will provide a list of members for the team to contact directly. The Royal College of Emergency Physicians provide lists in batches of 20 and 67 practitioners in England were approached to take part in the panel, starting on the 21st May and a representative was not secured until 2nd July; this was the largest delay in the process.</p>	
	<p>The second largest delay was regarding shortlisting. As a result of the RPIW, the process has moved to online shortlisting via NHS Jobs. Panel members are provided with access to NHS Jobs once the advert has been published and are asked to complete shortlisting within a week of the advert closing. The Royal College representative was not secured until after the advert had closed which meant a delay was incurred. Once shortlisting had been completed, there was a large number of candidates to take forward. A conversation was required to determine the number of candidates that could be supported however the Divisional Director was on leave, so support was requested from the CMO office, which again, meant a further delay. Despite this, candidates were invited to interview within the expected timeframe (15 days prior to interview), however the invite potentially may have been able to go out sooner. 9 candidates were invited to interview and only 3 were interviewed on the day, which meant that 5 were lost due to securing employment elsewhere. A fourth candidate had to withdraw on the day due to a personal issue, but the team have offered them an automatic interview at the next AAC.</p>	

Ms Neil added that the Medical Resourcing team also manages the commencement and transition of all Doctors in training, so their workload is significantly more in the period of May – August which is unfortunately where this AAC fell, so could have accounted to some of the delays. 8 AACs were held between June and August which added to the teams' workload.

In terms of missed opportunities, the team reflected on how they could have engaged with the Divisional Director better and that if they had achieved every target of the RPIW event, the interview would have been held 5 weeks earlier. Actions to mitigate delays in the future include better forward planning such as ensuring key individuals are contactable for issues that require an urgent response. Also ensuring an open, regular dialogue with the Medical Resourcing team meeting with the Divisions on a weekly basis.

The RPIW closed around 12 months ago and for further continuous improvement, a survey has been circulated to Non-Executive Directors and next steps will be to meet with the Executive Directors and Divisions to feed back on the changes that have been made to improve the process further.

Mr Horwath asked if more attention and effort needed to be put towards improving the process given its importance. Dr Berlet responded that as the Lead for the RPIW, he felt that significant improvements had been made and added that for a recent surgical AAC, the team were so forthright regarding timings that the Royal College of Surgeons complained that the Trust was not adhering to their timescales. Dr Berlet highlighted that they are able to keep to timescales for some AACs and raised the question of what has gone wrong with this AAC that caused such a delay.

Ms Martin commended the work that has been done and the changes that have been made so far and added that they had hoped for attendance by a Divisional representative at the Committee to ask what their views are. Ms Martin also asked if there is a clear point of contact to escalate to when issues arise. Ms Neil advised that the Medical Resourcing team is split by Division and each with a Team Leader who would escalate to Ms Neil as and when needed. Ms Neil shared that this particular AAC was not escalated as each step was tracked individually, and the time taken for the overall process was not flagged. Ms Martin suggested that there should be a person responsible within the Divisions and also asked Ms Neil to consider the role Non-Executive Directors could play in helping move the process along; recognising that it is within the Trust's best interests to quickly recruit to particular posts to avoid paying costly agency fees.

Ms Koeltgen commented that there needs to be collective accountability, as there are delays in several areas and not only with one team. Ms Koeltgen raised the key point that 5 candidates were lost in the process to other organisations that are moving at a different pace, so the Trust must look into how to keep candidates engaged throughout the process.

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	<p>Ms Martin raised that several Trusts no longer publish adverts in the British Medical Journal (BMJ) and that the time and money could be of better use elsewhere given the likely small number of candidates that the hardcopy advert results in, compared to NHS Jobs. Ms Neil shared that she is in regular contact with her counterparts across the Region and the majority still follow statutory instruments by publishing adverts in the BMJ and also share the Trust's frustration in terms of timescales with the colleges. As part of the national NHS Employers working groups, Ms Neil and her counterparts provided feedback on updating the statutory instruments.</p> <p>Mr Cook asked whether the tracker from the RPIW flags those that have been on the pathway for more days than average. Ms Neil clarified that the tracker is RAG rated and will debrief with her team regarding an escalation process. Dr Berlet added that he and Ms Neil regularly meet to discuss AACs that are on track and those that are not. Moving to online shortlisting has removed reminders for panel members, who are now only notified when shortlisting is overdue. Mr Haynes suggested learning from Trusts who are able to complete the process in a quicker timeframe.</p>	
072/24	Chief People Officer Report	
	<p>Ms Koeltgen advised that the proposed changes by the new Labour government were detailed in the last report. There has been progress regarding pay awards for Doctors and Dentists, and for Junior Doctors in training who have been renamed to Resident Doctors. Whilst the pay awards have addressed this threat of industrial action, there is still considerable unrest in other staff groups, with potential ballots regarding agenda for change pay. Ms Koeltgen noted that the agenda for change terms and conditions are now 20+ years old so may need to be reviewed at a national level.</p> <p>There are plans for apprenticeship reform due to more flexibility being needed around learning pathways and career progression, as highlighted in the long-term workforce plan.</p> <p>There has been a national review of statutory and mandatory training to standardise and simplify training. This will aid individuals moving between Trusts and Ms Koeltgen added that WAHT consistently reports high compliance with mandatory training.</p> <p>The National HR Directors conference was recently attended by Ms Koeltgen where the NHS England Chief People Officer spoke about the direction of travel over the next few years. Ms Koeltgen shared the focus was on Artificial intelligence and other digital developments, however lacked specific guidance on how Trusts should prepare or respond. The long-term workforce plan was discussed; there was no clarification in terms of funding but there was emphasis on flexibility of job roles and careers.</p> <p>Mr Horwath asked how the Trust can be more innovative with apprenticeships and career pathways for people with protected characteristics. Ms Koeltgen responded that the Trust does already have projects that provide opportunities to those groups such as Project Search to support young people in the transition from school</p>	

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	<p>to the workplace. The apprenticeship reform may provide more support to the younger generation, particularly those that will have missed school, college or university due to Covid and therefore not had the opportunity to develop their skills in the same way. Ms Shingler added that the Trust has recently received 15 supported internships from a local learning disability college who will be introduced to the Nurse Cadet career pathway.</p> <p>Ms Martin asked if the flexibility and breadth of modern apprenticeships is fully communicated and understood by staff. Ms Koeltgen responded that sharing the stories of people who have successfully completed apprenticeships and advanced their careers, helps to spread the word for people to better understand the range of apprenticeships available. Mr Horwath and Ms Martin suggested a staff story for Trust Board.</p>	
073/24	<p>People and Culture Updates</p> <p>Strategy Build</p> <p>Ms Koeltgen reminded the Committee of the commitment that the Trust has made to develop its medium-term strategy and the timeline. Mapping of internal and external drivers has been carried out and key senior HR colleagues have been met with to fully understand the drivers and scope out proposed areas of strategic focus. The next steps will be to share with wider stakeholders for feedback. Ms Koeltgen explained the need for a clear, focussed strategy with the new Trust values weaved throughout, whilst also recognising that the pressures of the long-term workforce plan Winter Plan will require sections dedicated to recruiting, retaining, having an efficient supply chain, and ensuring roles are designed so that they can assist with the transition to community-based care.</p> <p>Ms Koeltgen highlighted that focus is also needed on Digital but noted the challenges with what the Trust can realistically deliver given the resources available.</p> <p>The new core values will be weaved throughout people's experience of working in the Trust, but there will also be emphasis on the Directorate's responsibility to ensure they are embedded properly in their practices. This ties into the need to have staff with leadership skills for the future, as well as considering succession planning and appraising based on the new values. There is a significant amount of work still needed to improve staff's experience in work and the disability standards data in particular which consistently shows that staff who are disabled have a less positive experience in work.</p> <p>Ms Koeltgen explained that the Strategy will be tested with different groups for thoughts and feedback and will remain flexible and open to any changes following the development of the Trust's objectives and Clinical strategy.</p> <p>Mr Horwath asked if the expected outcomes and benefits to staff and patients could be documented. Ms Koeltgen responded that this would be part of the strategy and would be broken down as outcomes for each year. Mr Horwath suggested a deep dive into mental health to aid the Trust's understanding of the issue.</p>	

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	<p>Ms Martin suggested including links to the 10-point plan in the full document and asked whether the strategy is internal for staff or external and addressing the Trust's corporate social responsibility to provide opportunities to a new and growing workforce. Ms Koeltgen responded that this will be clearly mapped out in the full strategy, but that it needs to be both inward and outward facing, for example considering place conversations on sustainability and health inequalities.</p> <p>Mr Haynes agreed regarding the Trust's role as an anchor institution and responsibility to provide good employment prospects for the community and suggested considering partnerships with other place health and care providers such as a skills exchange. Mr Haynes also noted the potentially high demand for communications and engagement support with a number of different projects such as the new Trust values and patient voice strategy.</p>	
074/24	<p>Progress with Trust's Values</p> <p>Ms Koeltgen presented the paper for initial approval and advised that it will be shared at Trust Board for final approval and commitment to the new values. An implementation plan will be built collaboratively in the next stage and will continue to engage with staff who have been involved from the start of the process. The new values will be shared with senior leaders for the first time at the Trust's Leadership conference on the 22nd October.</p> <p>Mr Horwath asked Ms Koeltgen which feedback has been most concerning to hear throughout the engagement process. Ms Koeltgen responded that the values people have said they want to feel daily are fundamental basics. Ms Koeltgen shared that she did not initially feel that the new values were particularly aspirational, however after learning more about the feedback, she agrees and supports that these values are what the Trust needs at this time. Ms Koeltgen added that whilst the message is disheartening, it is reassuring that staff are engaging and feeling able to tell the Trust that they do not feel these basics are being met.</p> <p>Ms Martin commented that the language previously used regarding the 'sunsetting' of the 4Ward behaviours is softer than the word 'retiring', that is used in this report. Ms Martin added that 'sunsetting' indicates a responsibility for everyone to be involved with the next stage of the Trust's journey. Whilst it is positive that many staff will be involved in the implementation plan, Ms Martin noted her concern regarding the length of time it may take.</p>	
	<p>DECISION - The proposal was approved to be taken forward to Trust Board for final sign off and agreed to review frequency of updates to this Committee following the Leadership Conference.</p>	
075/24	<p>Other updates requested by the Committee</p>	
	<p>Feedback on Leeds visit & update on the Trust's Improvement system</p>	

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	<p>Ms Cartwright presented the Executive's feedback following their visit to Leeds Foundation Trust and how the Trust can move to a more supportive culture. A key focus for the Executives is now creating more visible leadership and engaging with staff to better understand what they are working on and any barriers they are facing in the form of Executive Rounding. The paper outlines improvements the Executive team have made such as Transformation Tuesday to facilitate shared learning and reflection, and Improvement Spotlights.</p> <p>Mr Horwath asked whether the team has been able to quantify the financial impact of some of the improvement processes. Ms Cartwright responded that Leeds have found this challenging to do however the team have been working with finance colleagues to quantify the high-level metrics that they have and are working on a tracker that would allow staff to input the improvements they have made at department level and quantify the financial benefits in terms of resources, time and cost. Ms Koeltgen agreed that accessibility is key to fully engaging staff.</p> <p>Ms Martin referred to the update shared at the start of the meeting on the AAC process which had a dedicated RPIW and has made some improvements, but did not resolve all issues within the process. Ms Martin recognised that some improvements will be difficult to quantify and track but asked whether the team are tracking those that they can, such as the AACs. Ms Cartwright responded that there is enthusiasm and commitment within the Trust to improve in the weeks leading up to an RPIW. Following the RPIW focussed on onboarding, the Trust were able to complete all pre-employment checks for an external candidate in 6 days which is commendable and several out of the 10 conducted RPIWs have transitioned into 'business as usual'. However, Ms Cartwright recognised that the Team needs to be more consistent throughout the process and continue to share good news stories to provide assurance to the committee that the resources allocated to improvements are seeing benefits.</p> <p>Mr Cook shared that Leeds have introduced robotics into most areas of their hospital and that the benefits can be health and wellbeing and time savings, as well as financial. Mr Cook agreed with the need to record the outcomes and benefits in a simple way.</p> <p>Ms Martin raised that she is unclear on the outcome or benefits delivered from the RPIWs that have transitioned into 'business as usual'.</p> <p>Ms Shingler observed that staff at Leeds recognised the value and turned to the tools and methodology when they had a problem they needed to solve. Mr Haynes commented that the focus should be on using the tools within the improvement system to support problem solving, rather than the goal itself being to use the system. Dr Berlet added that the Trust needs to work on creating awareness amongst staff of how they can access support to make improvements. Ms Stinton commented that the system is not well-embedded across the Trust, and Mr Haynes responded that this is partly a cultural issue; staff view the training or the system as another item on their to-do list, rather</p>	
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	<p>than something that could help them deliver the difficult tasks that are being asked of them.</p> <p>Ms Martin commented that Executives leading the Improvement Spotlight every week will be crucial for buy-in from wider staff. It was raised that the paper states Executive Rounding will commence from October 2025, but the Committee clarified this as October 2024. Ms Cartwright clarified that the paper is for noting by the Committee.</p> <p>Mr Horwath suggested there needs to be more accountability for capturing improvement and translating this into financial or resource benefits. As there are risks in the Risk Register that are linked to resources and described as 'almost certain', Mr Horwath added that the Trust will need to invest in order to manage the risks, and that the benefits of what has already been invested remain unclear. Ms Cartwright explained that the return on investment for improvement projects is reported to the Improvement Board and then Trust Management Board, and Ms Martin noted the gap in reporting to Non-Executive Directors. Ms Shingler suggested this is covered at a Board Workshop. Ms Jeffery agreed that the culture needs to change before the improvement system can be fully adopted by everyone.</p>	
076/24	<p>Fatigue Management for Night Workers</p> <p>Ms Shingler shared that she has been supporting Ms Troth to develop a Fatigue Management Strategy. The PSDA cycle within the Strategy illustrated the team's next steps. Webinars have been conducted with assistance from the health and wellbeing team.</p> <p>Ms Troth shared that staff are generally hesitant to submit Datix's where fatigue may have played a role in an incident, so the team have developed a risk assessment. A fatigue tick box has now been added to Datix and this will allow data to be gathered and monitored. The Fatigue Management Steering group has been arranged and meet monthly to discuss how to support staff. Pilots and ward education are being discussed however the team are struggling to obtain full commitment from ward managers without a supporting policy and accompanying evidence. Ms Martin asked for clarification on this, noting that the approach is bottom-up based on feedback. Ms Shingler explained that whilst Doctors have been encouraged to have rest periods and sleep if not busy, it has historically been frowned-upon for Nurses to sleep on shift, and that in some cases they have been disciplined for doing so. The new policy would clearly outline the benefits of 20-minute power nap for both staff and the patients they see from a health and safety perspective. An alternative approach would be to pilot recommendations for fatigue management first on different wards and sites and then use the results of the pilot to inform the policy. Ms Stinton shared that she has also been speaking with staff to understand the barriers to sleeping at night and advised that it is a cultural and historical issue, where some colleagues may have been disciplined years ago for sleeping. Ms Martin recognised the consequences to the health and safety of patients and to staff if they are overly fatigued and Ms Shingler explained that the new Fatigue Management Strategy includes advice for staff and for line managers regarding how to support their staff taking sleep breaks.</p>	

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	<p>Ms Martin noted that general oversight of all incidents reported on Datix could flag that fatigue may have been involved, regardless of whether the fatigue box was ticked, for example noticing that a Doctor or Nurse were working a long shift without a break when an incident occurred. Ms Martin suggested that there are other aspects of fatigue management that should have focus. Ms Troth shared that she has been a permanent night worker for 8 years but has worked nights within her shifts for 25 years within the Trust and fatigue management has not been mentioned previously. Ms Troth brought forward the project for improvement to educate and support staff to optimise how they work at night, such as taking a 20minute power nap. Ms Troth acknowledged the health effects of insufficient fatigue management, as well as the drop in empathy levels when staff are overly tired which can contribute to a poor patient experience. Ms Troth explained that the largest negative taboo for fatigue management is surrounding the 20minute power nap. Staff are entitled to a 30min break for every 6 hours they work; however, some staff will combine these breaks on a 12-hour shift and leave site to get food. Ms Troth explained that if the Trust were to provide appropriate rest facilities for staff to have a 20min nap such as reclining chairs, they would still be contactable in an emergency as opposed to being offsite. It was also noted that there have been reports of some staff sleeping in Costa at the WRH site or in the patient entry at the Alex site and this does not create a good impression for patients. Ms Shingler emphasised that the intention is to address the issue from a positive perspective, via proper fatigue management and accompanying sleep guidelines.</p> <p>Dr Berlet recognised the importance of this work and added that it demonstrates that the Trust cares about staff and works cohesively alongside the new values. Ms Jeffery added that she has witnessed the negative culture regarding sleeping during night shifts recently. Ms Shingler added that the airline industry are committed to working with the Trust to measure outcomes on pilot wards. Dr Berlet suggested liaising with Julie Noble and Emma King from Health and Safety and Estates regarding appropriate places for staff to sleep.</p> <p>Ms Martin queried whether the Trust's health and wellbeing package includes advice on the appropriate nutrition for night workers. Ms Troth advised that nutrition guidance is included in the education document for staff, for example to avoid heavy foods as these can increase fatigue overnight.</p>	
	<p>DECISION - The committee confirmed approval for the project to progress to the next stage and pilot on wards.</p>	
077/24	<p>EmBRACE Network update</p> <p>Ms Rane shared that further to feedback at a previous meeting, data from the staff survey has been included in the slides. The percentage of BME staff who have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months is still poor and needs improvement, along with the percentage difference for BME board membership.</p> <p>Feedback from the Network has highlighted a lack of visibility and assurance that they are working to make their experience at work</p>	

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	<p>better. Ms Rane introduced the See Me First initiative and explained that it is an organisational commitment and pledge to see staff as individuals first, before their skin colour, accent, hair colour etc. The initiative shows BME colleagues that they belong to an organisation that values them. The initiative started in 2021, and 22 Trusts have signed up so far. The Network is also commencing Cultural Awareness training sessions, as it has been observed that sometimes a lack of awareness is then perceived as racism or microaggression.</p> <p>Ms Rane shared that the University of Worcester now has its first cohort of Leadership & Management students, and most are international. Ms Rane and Mr Luckman have started an open dialogue with the students to promote the opportunities within the Trust, but also to listen and learn from students' feedback.</p> <p>Ms Koeltgen highlighted that despite the reduction, the data shows that 20% of BME staff are still experiencing bullying or harassment which remains high. An EDI item has been scheduled for December Board Workshop. Ms Koeltgen asked if there was more that the Board could do to support the Network, in the wake of the riots and uncivil behaviours over the summer. Ms Rane commented that the strong messages received from Chair Russell Hardy and Mr Collman were well-received by the Network and provided reassurance. Ms Rane suggested having board champions for the See Me First initiative. Ms Martin suggested that the Trust's new values and other initiatives such as See Me First and Rainbow badge training should be clear and cohesive, and distinct, as to not confuse staff. Ms Koeltgen confirmed that the core values will be weaved throughout everything, but that each initiative will be distinct.</p>	
	Governance	
078/24	<p>People & Culture Risk Register</p> <p>Ms Faulkner advised that all workforce risks rated 15 and above will be presented to the Committee moving forwards. There are 2 risks rated as 16 on the risk register which refer to the Trust's over-reliance on the temporary workforce and a risk regarding job planning. Papers have been submitted to this committee regarding both risks.</p>	
079/24	<p>Agency Reduction Plan (Medical)</p> <p>Following a previous request from Non-Executive colleagues for assurance regarding specific actions Divisions are taking to address medical agency usage, Ms Faulkner has included in the report the detailed action plans that Divisions submit to Finance Performance Executive (FPE) meetings. The key highlights include a review of the recent ED Consultant recruitment campaign. Ms Faulkner noted that a Division such as Women & Children does not have high medical agency usage, but does with Midwives etc, and that whilst SCSD does have high medical agency usage, they also have a large AHP workforce, Radiographers and Pharmacists.</p> <p>NHSE have launched a programme in the West Midlands focussed on improving compliance with the agency price cap. This will initially focus on Nursing & Midwifery, with AHP, Medical & Dental to follow. The Trust will have representatives at both the strategic and operational groups from corporate nursing and HR. The Trust's position with Nursing & Midwifery is positive. Ms Faulkner advised it will be</p>	

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	<p>beneficial to learn from other Trusts in the area regarding Medical & Dental, but that other Trusts are also experiencing the same challenges.</p> <p>Ms Martin referred to the Urgent Care slide which states there are 26 staff on maternity leave that will need agency cover and asked why this is the case. Mr Cook advised that budgets are managed at ward level and that if the department wishes to appoint additional staff on a permanent basis, a business case will be required. Ms Shingler advised that other Trusts over-establish, leading to safer staffing on wards and a reduction in agency spend. Ms Jeffery added that this does not present as a cost-pressure as the additional posts are offset by vacancies as the department is not fully established.</p> <p>Ms Koeltgen advised that the NHSE intervention has been active in the southwest for a number of years. The Trusts held a summit in 2023 to show how vacancies would reduce if there was more focus and investment into recruitment. The bank and agency spend did not reduce at the same rate and this was dependant on how the Trusts were established, as well as due to a rise in sickness and acuity. Ms Koeltgen shared her observation that there needs to be better collective accountability for medical agency spend, and to learn from the positive examples from the improvements in Nursing agency spend. A full day meeting will be arranged to focus on medical agency spend at both speciality and divisional level.</p> <p>Ms Martin stressed her concern that there is little traction on medical agency spend and would like to see similar governance arrangements to NWAG for Nursing & Midwifery with a greater level of detail on plans. Ms Martin reiterated that she'd like to see a divisional representative at this committee meeting.</p> <p>Action - LF to update the risk register to reflect the concerns raised by Ms Koeltgen and Ms Martin about the lack of traction on progress.</p> <p>Action - escalate the level of concern regarding medical agency spend to board.</p> <p>Action - hold a deep-dive day in November with Divisions about medical agency actions. Outcomes to be reported at the next People & Culture Committee.</p>	
080/24	<p>Job Planning Update</p> <p>Dr Berlet advised that there are systematic structural issues around job planning with generally low levels of understanding around effective job planning. Particular issues have been raised about historical job plans which have been agreed over 12 PAs. Historically there has been an unwritten understanding not to pay job plans over 12 PAs, however 9 grievances have been received to challenge this. For context, there are 30-40 individuals who have job plans in excess of 12 PAs. Legal advice has been sought in relation to this and it will require careful management.</p> <p>Ms Martin advised that she was feeling nervous about the ongoing compliance issues and would like to see something more definitive than the current action plan, noting that 12 months is too long.</p>	

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	<p>Mr Cook advised that visibility is a big risk and expressed concern about the control process. Any associated backpay has not been planned for and is a risk from a financial perspective.</p> <p>Mr Haynes asked if new Consultants had robust job plans on joining the Trust. Dr Berlet was unable to give that assurance. Dr Berlet advised that new Consultants have a job plan signed off by the Royal College as part of the recruitment process, but the implementation of job plans is an issue. For example, on call requirements and Supporting Professional Activities (SPA) time.</p> <p>Ms Martin suggested being more simplistic, and that any deviance from an initial job plan on commencement needs to be signed off by the Chief Medical Officer. Ms Martin advised that the committee do not have assurance based on the paper presented and there is an action to escalate the risk to Trust Board.</p> <p>ACTION: Escalate the risk of Job Planning to Trust Board.</p> <p>Mr Cook asked about the control processes and the level of confidence in the retrospective payments being claimed for 12 + PA job plans. Ms Koeltgen advised that she is liaising with legal advisors to understand the liability.</p> <p>Ms Jeffrey asked how the Trust should address job planning training. Dr Berlet advised that the job planning consistency panel is now in place and there are plans to provide a training programme down to Directorate level.</p>	
081/24	<p>Responsible Officers Report</p> <p>Dr Berlet gave an overview of the report which is a national submission to NHS England. Dr Berlet advised that good progress is being made against many of the actions from last year and Dr Walton has had a productive visit from the GMC which had helped steer the action plan for the next year.</p>	
082/24	<p>Any Other Business (AOB)</p> <p>HEE Midwifery Students Action Plan</p> <p>Ms Jeffrey provided an update regarding the HEE visit in March 2024. The report was received in June 2024 which identified many positives that the Trust have been working on, with 4 areas for improvement. A new action plan has been submitted.</p> <p>Staff Survey</p> <p>Ms Koeltgen shared that the Trust currently has a 14.6% completion rate compared to 8.8% at this point last year and is above the current national average of 11.23%. The survey is gathering momentum and Ms Koeltgen asked Committee members to keep encouraging staff to complete it.</p>	
	<p>Date of Next Meeting</p>	
	<p>The date of the next meeting is 3rd December 2024, Room 2 Kidderminster Treatment Centre.</p>	

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**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams**

GEH, SWFT, WAHT and WVT make up the Foundation Group. Every quarter they meet in parallel for a joint Boards meeting. It is important to note that each Board is acting in accordance with its Standing Orders.

Present:

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Acting Chief Medical Officer WAHT (present from Minute 24.086)
Glen Burley	(GB)	Group Chief Executive
Stephen Collman	(SC)	Managing Director WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Acting Managing Director SWFT
Paramjit Gill	(PGi)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Sharon Hill	(SH)	NED WVT
Julie Houlder	(JH)	NED and Vice Chair GEH
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Simon Page	(SP)	NED and Vice Chair SWFT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Acting Chief Medical Officer WAHT
Ellie Ward	(EW)	Acting Chief Nursing Officer SWFT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Jennie Bannon	(JBa)	Acting Chief Strategy Officer SWFT
Rebecca Bourne	(RB)	Head of Communications WAHT
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams**

In attendance (continued)

John Burnett	(JBU)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Jack Foster	(JF)	Associate Chief Operating Officer SWFT (deputising for Chief Operating Officer SWFT)
Oli Hiscoe	(OH)	ANED SWFT
Emma King	(EK)	Deputy Director of Estates and Facilities WAHT (deputising for Chief Strategy Officer WAHT)
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for Chief Finance Officer WVT)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH/SWFT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Jo Rouse	(JR)	ANED WVT
Gweny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Sue Sinclair	(SSi)	ANED WAHT (present from Minute 24.085)
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH
Sue Whelan Tracy	(SWT)	NED SWFT (non-voting)

There were four SWFT Governors also in attendance.

<u>MINUTE</u>		<u>ACTION</u>
24.079	<u>APOLOGIES FOR ABSENCE</u> Apologies for absence were received from: Fiona Burton, Chief Nursing Officer SWFT; Tony Bramley, NED WAHT; Adam Carson, Managing Director SWFT; Richard Haynes, Director of Communications WAHT; Lucy Flanagan, Chief Nursing Officer WVT; Harkamal Heran, Chief Operating Officer SWFT; Simone Jordan, NED GEH; Helen Lancaster, Chief Operating Officer WAHT; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor, Dame Julie Moore, NED WAHT; Alex Moran, ANED WAHT; Jo Newton, Chief Strategy Officer WAHT; and Katie Osmond, Chief Finance Officer WVT.	

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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<u>MINUTE</u>		<u>ACTION</u>
	<p><u>Resolved</u> – that the position be noted.</p>	
24.080	<p><u>DECLARATIONS OF INTEREST</u></p> <p>The Acting Chief Nursing Officer for SWFT declared that she was married to a Consultant Anaethetist at SWFT.</p> <p>The Chief Finance Officer for SWFT declared that she had recently been appointed as Chair of the Management Board for 360 Assurance which was the Trust’s Internal Audit Service.</p> <p>Simon Murphy, NED and Deputy Chair WAHT, declared that he had been appointed as a Trustee of the Regional Advisory Board in the West Midlands for the Canal and River Trust.</p> <p>Bharti Patel, AED SWFT, declared that she recently accepted a role as NED for Castleman Healthcare Limited.</p> <p>The Group Chair declared that he had stepped down as Chair of Cherished UK.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.081	<p><u>PUBLIC MINUTES OF THE MEETING HELD ON 7 AUGUST 2024</u></p> <p><u>Resolved</u> – that the public Minutes of the Foundation Group Boards meeting held on 7 August 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.</p>	
24.082	<p><u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u></p>	
24.082.01	<p><u>Foundation Group Performance Report (Minutes 23.058, 23.080.01, 24.007.02, 24.035.01 and 24.061.01 refers)</u></p> <p>The Managing Director for GEH informed the Foundation Group Boards that GEH had completed an audit on data collection to understand why GEH were showing as outliers for Cancer diagnoses from Emergency Department (ED) attendance. The report had identified that there was an inaccuracy in the GEH data collection process. This led to a revised process being implemented and the subsequent outcomes would be monitored through the GEH Cancer Board as a standing assurance item and would go quarterly through their Operational Quality and Safety Group and the Trust’s Quality Assurance Committee.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.083	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p>	

Lisa Wilkes
05/12/2024 15:27:32

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The Group Chair provided an overview of the key discussions at the Foundation Group Boards Workshop earlier that day, focusing particularly on the Foundation Groups 'Big Moves' on Carbon Reduction and Home First. There were also sessions on Sustainability, led by Richard Spencer from E-On Energy Solutions, and Su Rollason the Chief Finance Officer at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), where she shared a presentation on the learnings from their Electronic Patient Records (EPR) system.

Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.

24.084

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director for WVT provided an overview of WVT's performance. She explained that the Trust's area of concern remained around the congestion within ED, however there was also challenges with Productivity. The Trust had made good progress with the utilisation of outpatient clinics, which had gone from under 80% to 90%, however Patient Initiated Follow Ups (PIFU) remained challenged. The Managing Director for WVT explained that at the end of November 2024, there was going to be a significant change to the Trust's EPR which would result in more specialities being able to offer PIFU and therefore improvement in this area. The Managing Director for WVT informed the Foundation Group Boards that Theatre productivity had improved, with the Trust hitting 80% utilisation, however more importantly the cases per list had also improved from 3.2 patients per list on average to 3.8 patients per list on average. She highlighted that the number of patients waiting over 52-weeks for surgery had halved in the last twelve months and was on track to half again by the end of 2024/25 to five-hundred patients. It was important to note that this was still a lot of patients, however was a significant improvement. The Managing Director for WVT explained that WVT had seen some solid performance around Cancer, with September 2024 data showing the Trust at 78% for both the 62-day pathways and the 28-day Faster Diagnosis Standard (FDS). She highlighted that WVT Cancer 62-day pathways used to be 85%, however was now only 70% whilst everything continued to recover from Covid-19. WVT was well above the 70% target for 2024/25 and would now continue to aim to get back 85%.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive assured the Foundation Group Boards that he and the Managing Director for WVT had discussed the increase in Elective capacity and the use of WVT's core capacity through fewer cancellations which had been making a big impact on reducing the waiting list. He explained that hopefully there would come a point in the future that a point of equilibrium be reached, which would then lead to the reduction of independent sector usage. The Deputy Chief Finance Officer for WVT, added that she had also started

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having conversations with the Integrated Care Board (ICB) about utilisation and the development of a 2–3-year programme to move away from independent sector usage.

The Acting Managing Director for SWFT presented SWFT performance data to the Foundation Group Boards. She highlighted that SWFT's 52-week waits were steadily reducing, however it was important to note the Orthodontics challenges that the Trust continued to face. The Acting Managing Director for SWFT explained that the Trust was working with the ICB and the West Midlands Commissioning Unit to identify alternative Orthodontics providers, and a regional review was about to commence for the service as more medium to long term plans were needed. She highlighted that the Trust had also informed Healthwatch to ensure that they understood the position and could inform any residence who might speak to them. The Acting Managing Director for SWFT informed the Foundation Group Boards that SWFT's Cancer performance continued to be a challenge, especially around 62-day targets, however the 28-day FDS and the 31-day target were on track to be met. She continued that SWFT had done further improvement work around Urology and Gynaecology pathways and therefore expected additional improvement in the targets through November 2024 and December 2024. The Acting Managing Director for SWFT noted that Pathology Services and Diagnostics continued to be the Trust's main concerns. She concluded by celebrating Theatres utilisation, which had hit 86.4%, ranking SWFT fifth nationally. The Acting Managing Director expressed her thanks to Nicola Mills, General Manager for the Elective Division, for the work she had done on Theatre utilisation.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive recommended that the Diagnostic wait times that were linked to Pathology be discussed in more detail at SWFT Board of Directors in December 2024. He also informed the Foundation Group Boards that he had reached out to Professor Tim Briggs, National Lead for Elective Recovery, who had put the Trust in touch with the National Dental Lead for Getting it Right First Time (GiRFT), to see if there was anything he could do to help with an Orthodontics solution.

SG

Paul Capener (ANED GEH) noted the significant improvement in late starts in Theatres and queried whether there was any learning that could be shared across the Foundation Group. The Acting Managing Director for SWFT explained that the team responsible for overseeing that improvement would be presenting at SWFT Improvement Board, and she would share the invitation to that session to the wider Foundation Group.

SG

The Managing Director for GEH presented an overview of GEH's performance to the Foundation Group Boards. She started by explaining that ED four-hour standard remains at 74.6%, however what we did see in September 2024 was that there was a slight increase in the twelve-hour decision to admit delay. The

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Managing Director for GEH also informed the Foundation Group Boards that ambulance turnaround time had also increased. She explained that later in the meeting there would be a report on the use of temporary escalation spaces (Minute 24.085 refers) and she emphasised the importance of the report to help with the flow through ED. The Managing Director for GEH provided an update on GEH's Cancer performance, with the 28-day FDS being at 76.7% with the Trust continuing to aim for 80% or above. She highlighted GEH's improvement around 62-day performance, going from bottom in the region, to now being sixth. The Managing Director for GEH added that another area of improvement included the Trust successfully achieving no patients waiting longer than 65-weeks for treatment, which was a target that had to be achieved by September 2024. The Managing Director for GEH gave an overview on Elective performance, highlighting those inpatient operations being at 175% in comparison to 2019/20. She explained that the Trust was behind on their day cases at 95% but that was in part due to focusing on clearing the patients waiting longer than 65-weeks. GEH was at 109% on outpatients first appointments which continued to improve, and Theatre productivity had dipped but this was due to flooding in two of the Trust's new theatres. The Managing Director for GEH concluded by explaining that GEH was looking into their Referral to Treatment (RTT) performance to try and understand why waiting lists were not reducing despite more operations being delivered. She added that RTT was likely to become a national area of interest in the future as well.

The Managing Director for WAHT presented WAHT's performance, highlighting ED being the Trust's biggest area of concern. He continued that ambulance handover delays, and admission delays was a focus area, however part of this was an impact of the work taking place in ED. The Managing Director for WAHT explained that one of his biggest concerns was the Trust's long length of stay (LoS) for patients over 21-days. This was currently sitting at 150 patients, whereas previously it was fifty and related to patients mainly Medically Fit for Discharge (MFFD). The Chief Nursing Officer for WAHT and Acting Chief Medical Officer for WAHT were working with the system to try and reduce this. The Managing Director for WAHT highlighted the improvement that WAHT had made around Cancer performance and the Trust was hoping to be removed from the tiering arrangements in place as a result of that work. He also noted the RTT and Productivity improvements that had been made, with the Trust running at around 125% and the teams had also been following a 'right site, right surgery' methodology, however driving those improvements was the maximising of the Alexandra and Kidderminster Hospital sites. The Managing Director for WAHT concluded by highlighting the financial figures on insourcing, which was significant, and the Trust had also been able to illuminate most of their insourcing work.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive appreciated the Managing Director for WAHT addressing the Trust's long LoS concern, however he also noted that the short

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	<p>LoS presented a potential opportunity to use the Same Day Emergency Care (SDEC) areas more for shorter stay patients to clear some of the ward areas. The Managing Director for WAHT explained that the Trust recently bought the SDECs together and they were starting to push them on their acuity, and as part of the Winter Plan they should hopefully start to free up some of those spaces. The Chief Nursing Officer for WAHT added that the Acting Chief Operating Officer for WAHT was going to reach out to the Clinical Leads across the Foundation Group for advice on SDEC, especially Surgical Leads, due to the push back experienced at WAHT.</p> <p>Frances Martin (NED and Vice Chair WVT) emphasised the importance of patients not being in an acute setting if they could be in less clinical settings. This was for several reasons including flow, but also was better for patients.</p> <p>The Group Chair took the time to thank WAHT colleagues and express how impressed he was with the pace of progress and improvements that they had achieved. He emphasised how quickly with the right leadership, challenged organisations could turn things around.</p> <p><u>Resolved – that</u></p> <ul style="list-style-type: none">A) the Foundation Group Performance Report be received and noted;B) the Acting Managing Director for SWFT ensure that SWFT’s Diagnostic Wait Times that related to Pathology be discussed in more detail at the SWFT Board of Directors in December 2024, andC) the Acting Managing Director for SWFT ensure the SWFT Improvement Board meeting information be shared with the wider Foundation Group, for the session on Theatre start time improvements.	<p></p> <p></p> <p></p> <p></p> <p></p> <p>SG</p> <p>SG</p>
24.085	<p><u>WINTER PREPAREDNESS UPDATE AND USE OF TEMPORARY ESCALATION SPACES (TES)</u></p> <p>The Group Chair highlighted to the public the importance of flow throughout the hospital. He explained that if Trusts were experiencing bed blocking with long LoS because patients were unable to get home or into a more appropriate setting, it resulted in ED becoming congested. He continued that this congestion had resulted in Trusts having to open surge capacity which could be in locations not equipped for patient care.</p> <p>The Chief Operating Officer for WVT introduced the Winter Preparedness element of the presentation. He explained that ED attendances were always considered as part of the Foundation Group’s winter plans. Looking back on data it showed a year-on-year increase in ED activity levels, and this was predicted to increase again in the 2024/25 winter months. The Chief Operating for WVT explained that whilst it was natural to see an increase during winter months, what had been happening over the past few winters was that the activity was remaining high post winter throughout the year, and then increasing again the following winter. He continued that the overall plan for winter was to</p>	

Lisa Wilkes
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improve patient flow, reduce demand on hospital inpatient capacity, work collaboratively with partners to maximise their input in the safer management of patients and improve the pre 8am decision to admits (DTAs) waiting for a bed.

The Chief Operating Officer for WVT provided an overview of the different elements that would enable the Trusts to deliver the overall winter plan, this included reviewing site capacity processes, site capacity digitalisation at SWFT, adopt the SAFER patient flow as part of board rounds, ensuring a criteria led discharge focus, developing a Frailty SDEC, introducing new Virtual Wards, promoting and continuing Call before Convey with West Midlands Ambulance Service (WMAS), improve Discharge to Assess (D2A), and ensure a single point of access was in place.

The Chief Operating Officer for WVT informed the Foundation Group Boards of the pathway challenges that were being faced heading into winter 2024/25. He explained that Emergency activity continued to be challenged, however there was also an increase in acuity. MFFD patients in inpatient beds continued to be a problem as well as community capacity transparency. The Chief Operating Officer for WVT added that it was important to note most Trusts were heading into winter with a demoralised workforce, with most teams not having had a break from pressures since before Covid-19 which understandably was having an effect on staff morale. The Chief Operating Officer for WVT informed the Foundation Group Boards that there was also a specific risk around the 45-minute rapid ambulance offload requirements, so there was a need to ensure ED and escalation processes were in place.

The Chief Operating Officer for WVT concluded by presenting what had been put in place for each Trust, including a point prevalence audit to ensure the right patient was in the right bed, and also looking at learning across the system to inform plans going forward. All plans also included the aim to reduce the need for TES as much as possible.

The Chief Nursing Officer for GEH provided the Foundation Group Boards with the presentation on TES across the Foundation Group. She explained that the Foundation Group's priority was to reduce the amount of TES and corridor care. The Chief Nursing Officer for GEH explained that over the past few years there had been a large increase in demand and the requirement to use every space possible, which had resulted in sub-optimal care, and this had been depicted in the media and on television shows such as Dispatches. In response to that, NHS England (NHSE) set out principles for providing safe and good quality care in TES, however TES should not be normalised and not counted as standard practice. The Chief Nursing Officer for GEH emphasised that TES were not the same as escalation beds, which were planned and had the designated resource areas, equipment and were used generally during winter demands. The Chief Nursing Officer for GEH presented the six principles to the Foundation Group Boards in relation to TES to ensure patient safety and patient experience were met. These included assessment of risk, escalation, quality of

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care, raising concerns, data collection and measuring harm, and de-escalation. She assured the Foundation Group Boards that all Trusts within the Foundation Group pulled together everything in place against each of the principles to support staff and offer assurance that the quality of care in TES was being monitored.

The Chief Operating Officer for GEH concluded the presentation by presenting the potential other implications of using TES. This included financial impact due to an increase in demand on staff, which subsequently effected staff morale, retention and sickness, therefore increasing Bank and Agency costs. The Chief Operating Officer for GEH also highlighted the pressures on quality and safety and psychological implications on staff that TES could cause. He explained that following winter, the Trusts would be facing the result of the increased demand, this would mean additional pressures would remain including Elective Recovery and the risks of not meeting financial targets.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive thanked the Chief Operating Officers and Chief Nursing Officers for a comprehensive report. He explained that it was good to see the shared ownership of risk and flow, and how well that was being managed. The Group Chief Executive added that the 45-minute protocol would bring another level of judgement against risk, so it was important to be mindful to not allow all that risk to be around the front door but looked at as a system.

The Managing Director for GEH expressed that the presentation was built around the guidance that was sent out for the use of TES, which was imperative to keep patients safe when they were not in the right spaces for care. She explained that one of the recommendations was for Board members to understand and talk to patients about the delays they were facing within the Emergency pathway, and she encouraged Board colleagues to do this. In terms of the 45-minute handover protocol for ambulances, she expressed how Trusts were experiencing extremely overcrowded EDs and were then having to take additional patients into that setting which was really ratcheting up the level of risk of the ED. She added that the focus had to be on pathway Zero to ensure patients that could go home without support were being discharged. She emphasised that improvement in flow out of the hospital was imperative.

Sarah Raistrick (NED GEH) echoed the importance of not allowing TES to become business as usual, and noted the need to keep Primary Care Network (PCN) colleagues up to date with the position Trusts were in.

The Group Chief Executive highlighted that it would be interesting to do financial benchmarking across the Foundation Groups EDs particularly around the financial benchmarking. He explained that ED teams had been increased to accommodate patients waiting longer in A&E departments, however he

COOs/C
NOs/CF
Os

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queried whether that funding could be used for admission avoidance or improved discharges.

The Group Chair took the time to thank all front-line staff for working through incredibly challenged times. He also apologised to patients who were experiencing unacceptable delays.

Resolved – that

- A) the Winter Preparedness Update and Use of TES be received and noted, and**
- B) the Chief Operating Officers, Chief Nursing Officers and Chief Finance Officers do a piece of work around ED benchmarking across the Foundation Group.**

**COOs/
CNOs/
CFOs**

24.086

DEEP DIVE INTO WORKFORCE PRODUCTIVITY

The Chief People Officer for WAHT informed the Foundation Group Boards that the data set the Chief People Officers looked into spanned back eighteen months. One of the key focus areas was the reduction in agency spend, which had improved in comparison to eighteen months ago, however there was a significant improvement that was still needed to achieve anywhere near the level of reduction that systems needed to get to which was 3.2%. The Chief People Officer for WAHT explained that the West Midlands had developed a Medical Agency Cluster which was made up of a group of organisations working together to tackle some of the rate cards and agency rates, especially around medical locums. The Chief People Officer for WAHT explained that it was pleasing to see a slight decline in turnover over the past eighteen months, meaning less staff were leaving. The NHS Long-Term Workforce Plan provided a rough overview of suspected pressures that Trusts could face in the coming years. It recommended that Trusts should be moving towards the 7.4% - 8.2% rate of turnover, and therefore work needed to continue to take place into the flexible options. The Chief People Officer for WAHT added that vacancy rates had also improved, however this had not necessarily aligned to the reduction in temporary staffing due to the increase in demand and extra capacity that had to be created. One of the main contributing factors to that temporary staffing cost was staff sickness, and this had not really improved the way Trusts would have hoped over the past eighteen months, with psychiatric illnesses now being one of the main reasons for absence. The Chief People Officer for WAHT explained that NHS time to hire looked fairly lengthy, however the NHS had a set of standards and requirements that had to be completed and could not be compromised despite potential delays the checks could cause.

The Chief People Officer for WAHT explained that WAHT had seen a reduction in agency spend especially around nursing agency spend, and the Trust was now focusing on medical agency reduction. She added that the Trust had recently decided to invest further into the Occupational Health resource, to try and support improved wellbeing and attendance, recognising the change in demand.

Lisa Wilkes
05/12/2024 15:21:32

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The Interim Chief People Officer for GEH/SWFT presented the GEH themes, achievements and actions. She highlighted that one of the things GEH was proud of was the work they had done to reduce agency usage, with no off-framework agency usage in over eighteen months. She explained that there had also been a continuous reduction in staff turnover, but this remained higher than the other Trusts within the Foundation Group and work was being completed to improve this. The Interim Chief People Officer for GEH/SWFT added that GEH's overall vacancy rates had reduced, with successful recruitment into key posts such as Ophthalmology and Paediatrics. Sickness rates remained above the target but was comparable nationally for sickness. The Interim Chief People Officer for GEH/SWFT explained that GEH had implemented a regional agency rate card for medical staff, and were working with NHS Professionals to stop all agency usage above the price cap. She acknowledged that GEH's time to hire was longer in comparison to other Trusts within the Foundation Group and this was in the process of being reviewed to try and reduce this.

The Interim Chief People Officer for GEH/SWFT presented the SWFT themes, achievements and actions. There had been a continuous reduction in turnover which was well below the target, agency spend had also significantly reduced from previous years, but was still above the NHSE ceiling of 3.2%. Sickness absence remained an area of concern at SWFT and the Trust was in the process of reviewing the Sickness Absence Management Policy as this had not been reviewed since before Covid-19. The Interim Chief People Officer for GEH/SWFT explained that similarly to GEH, SWFT had introduced the agency rate card for medical staff, had a People Promise Manager action plan to promote flexible working and work was taking place to benchmark and review internal bank rates for all staff groups.

The Chief People Officer for WVT presented the WVT themes, achievements and actions. He explained that WVT was taking similar actions to WAHT, GEH and SWFT to continue driving down agency spend, improving vacancy rates and reducing staff turnover. In relation to agency spend, the Chief Medical Officer for WVT and Chief Nursing Officer for WVT were running agency reduction programmes alongside the Chief People Officers. He added that WVT would be taking part in a national story focusing on sickness within the NHS, this would be commencing in January 2025 and last twelve months. The Chief People Officer for WVT informed the Foundation Group Boards that the Trust was conducting reviews of its Key Performance Indicators (KPIs), taking learning from SWFT and also ensuring they aligned to NHS wider KPIs. On top of this, staff engagement work was taking place, especially around the Freedom to Speak up agenda.

The Group Chair invited questions and perspectives and of particular note were the following points.

Lisa Wilkes
05/12/2024 15:27:23

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The Group Chief Executive thanked the Chief People Officers for an informative presentation, and the work they were all doing to push the NHS Staff Survey in the background. He expressed that it felt like Nurse agency reduction had made improvement, but that there was a need to focus on the medical reduction. The Group Chief Executive also noted that a lot of work was being done around improving staff support, but felt there could be a group opportunity to further strengthen that.

Resolved – that the Deep Dive into Workforce Productivity be received and noted.

24.087

GENDER PAY GAP UPDATE

The Interim Chief People Officer for GEH/SWFT informed the Foundation Group Boards that all NHS Trusts were required to publish an annual Gender Pay Gap report, and this was based on the pay indicator set out by the Government's Equalities Office. She explained that out of all four Trust's in the Foundation Group, the workforce was predominantly female, with just over 80% however when broken down by pay quartile, for most Trusts females were generally in the lower quartile compared to the upper quartile. This meant that women were more likely to be employed in the lower banding roles opposed to those higher banded positions. The Interim Chief People Officer for GEH/SWFT continued that when looking at the mean figure, overall men earned a higher percentage of pay than women. It was important to note that the report was not an equal pay report. This meant that the data was not suggesting men were receiving the same rate of pay for doing the same role, however it did indicate that men were more likely to be in the higher paid positions.

The Interim Chief People Officer for GEH/SWFT explained the actions being put in place at GEH to address the gender pay gap included developing the leadership programme encouraging more women to attend to progress into senior roles, developing the levelling up programme to support international nurse recruits into more senior roles and working with staff networks to promote opportunities available for all colleagues. She explained that at SWFT the pay gap was closing but work was still needed, this included working with staff networks and international nurses and promoting flexible working opportunities. The Chief People Officer for WAHT presented the actions put in place at WAHT which included promoting flexible working offers, apprenticeships and including career conversations as part of annual development reviews. The Chief People Officer for WVT echoed the other actions taking place across the Foundation Group including working with Integrated Care System (ICS) partners on launching an online platform for coaching and mentoring opportunities, improving recruitment practices through gender diverse recruitment and would also start to report on the gender pay gap in consideration of equality.

Resolved – that the Gender Pay Gap Update be received and noted.

Lisa Wilkes
05/12/2024 15:21:32

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams**

<u>MINUTE</u>		<u>ACTION</u>
24.088	<p><u>FOUNDATION GROUP BOARDS 2025/26 CALENDAR OF MEETINGS FOR APPROVAL</u></p> <p>The Group Chair presented this report for approval. There were no comments or questions raised.</p> <p><u>Resolved</u> – that the Foundation Group Boards 2025/26 Calendar of Meetings be approved and ratified.</p>	
24.089	<p><u>ANY OTHER BUSINESS</u></p> <p>No further business was discussed.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.090	<u>QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS</u>	
24.090.01	<p><u>Question from a SWFT Public Governor (West Stratford and Borders)</u></p> <p>The following question was submitted by the Public Governor in advance of the meeting:</p> <p><i>‘Whilst mention has been made of Intelligent Conveyancing, there is no mention of the risk associated with the implementation of the 45-minute protocol. How is it intended to mitigate this risk?’</i></p> <p>The Associate Chief Operating Officer for SWFT explained that it represented a large risk for SWFT and other members of the Foundation Group, however the performance turnaround was 30-minutes which therefore already mitigated some of that risk. In terms of mitigations, this had been discussed in detailed throughout this meeting as part of flow, because if a Trust had flow right then it should have the capacity to off-load the ambulances. He added that these risks were also discussed on a daily basis at the Trust’s operational calls, including using the escalation spaces.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.090.02	<p><u>Question from a SWFT Public Governor (West Stratford and Borders)</u></p> <p>The following question was submitted by the Public Governor in advance of the meeting:</p> <p><i>‘With Covid-19 still circulating in the community, what is the prevalence of Long Covid in the community and how is this being addressed?’</i></p> <p>The Associate Chief Operating Officer explained that he had reached out to Duncan Vernon, Public Health Consultant, regarding prevalence. There was not much in place within the community at the moment, however at SWFT the</p>	

Lisa Wilkes
05/12/2024 15:21:32

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

	<p>Trust continued to run a bi-weekly post Covid-19 Multi-disciplinary Team (MDT), where they could then access a range of professionals to provide the support they needed. Referrals had reduced significantly into that team since 2021/22; however, the team were doing a lot of work around educational training with PCNs to ensure the referral pathway was known and offered to patients within the community.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.090.03	<p><u>Question from WAHT Patient Forum</u></p> <p>The following question was submitted by the member of Patient Forum in advance of the meeting:</p> <p><i>‘Why is the information on the TV screens in Worcestershire Acute Hospital Emergency Department waiting room not up to date and not giving real information? There are three columns, one for General Practitioner wait times, one for waiting room times and the third one is blank. What is it for? During, a 7-hour wait the waiting room column was static at 16 patients only changing to 15 patients at the end of 7-hours despite more patients arriving in the waiting room.’</i></p> <p>The Chief Technology Officer for WAHT assured the Foundation Group Boards that they had checked the screens and they were accurate, however it could have been that the data was delayed, or people in the waiting rooms were people with patients or patients waiting to be admitted.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.090.04	<p><u>Question from a Member of the Public</u></p> <p>A member of public had submitted a detailed question in advance of the meeting around WAHT’s complaints system, complaints policy, whether the quality of service to complainants had been compromised and whether the Trust complied with NHS Complaints Standards Summary of Expectations 2022.</p> <p>The Group Chair agreed that due to the nature of this question, it was more appropriate to be handled under the Freedom of Information process and also discussed in more detail at the WAHT Trust Board meeting in December 2024.</p> <p><u>Resolved</u> – that the Associate Director of Corporate Governance/Company Secretary WAHT/WVT ensure the question be handled under the Freedom of Information process and discussed in more detail at the WAHT Trust Board meeting in December 2024.</p> <p><u>Question from a Member of the Public</u></p>	<p>GS</p> <p>GS</p>

Lisa Wilkes
05/12/2024 15:21:32

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams

<u>MINUTE</u>		<u>ACTION</u>
24.090.05	<p>A member of public had submitted a detailed question in advance of the meeting around WAHT’s mortality data, Learning from Deaths policy and the report of such information to the WAHT public Board meeting on a quarterly basis.</p> <p>The Group Chair agreed that due to the nature of this question, it was more appropriate to be handled under the Freedom of Information process and also discussed in more detail at the WAHT Trust Board meeting in December 2024.</p> <p><u>Resolved</u> – that the Associate Director of Corporate Governance/Company Secretary WAHT/WVT ensure the question be handled under the Freedom of Information process and discussed in more detail at the WAHT Trust Boad meeting in December 2024.</p>	<p></p> <p>GS</p> <p>GS</p>
24.091	<u>ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE</u>	
24.092	<u>CONFIDENTIAL APOLOGIES FOR ABSENCE</u>	
24.093	<u>CONFIDENTIAL DECLARATIONS OF INTEREST</u>	
24.094	<u>CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 AUGUST 2024</u>	
24.095	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
24.096	<u>ANY OTHER CONFIDENTIAL BUSINESS</u>	
24.097	<u>DATE AND TIME OF NEXT MEETING</u> <p>The next Foundation Group Boards meeting would be held on 5 February 2025 at 1.30pm via Microsoft Teams.</p>	

Signed _____ (Group Chair)
Russell Hardy

Date: 5 February 2025

Lisa Wilkes
05/12/2024 15:27:32

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST
GEORGE ELIOT HOSPITAL NHS TRUST
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
WYE VALLEY NHS TRUST**

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 5 FEBRUARY 2025

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
24.084 (06.11.24) Foundation Group Performance Report	<p>The Acting Managing Director for SWFT ensure that SWFT's Diagnostic Wait Times that related to Pathology be discussed in more detail at the SWFT Board of Directors in December 2024.</p> <p>The Acting Managing Director for SWFT ensure the SWFT Improvement Board meeting information be shared with the wider Foundation Group, for the session on Theatre start time improvements.</p>	<p>S Gilkes</p> <p>S Gilkes</p>	To be included in the Integrated Performance Report.
24.085 (06.11.24) Winter Preparedness Update and Use of Temporary Escalation Spaces	The Chief Operating Officers, Chief Nursing Officers and Chief Finance Officers do a piece of work around Emergency Department (ED) benchmarking across the Foundation Group.	Chief Strategy Officers / Chief Nursing Officers / Chief Finance Officers	
24.090.04/24.090.05 Questions from Members of the Public and SWFT Governors	The Associate Director of Corporate Governance/Company Secretary for WAHT/WVT ensure the questions from the members of the public relating to WAHT complaints policy and WAHT mortality data reporting be discussed at WAHT Trust Board in December 2024.	G Scott	
REPORTS SCHEDULED FOR FUTURE MEETINGS			

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	Public Board
Date of Meeting:	10/12/2024
Title of Report:	Communications, Engagement and Charity Update
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Choose an item.
If Other, provide details:	
Lead Chief Officer/Director:	Director of Communications
Author:	Richard Haynes, Director of Communications
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
<p>This report provides Board members with recent examples of significant communications and engagement activities (including charity and fundraising activities where relevant) as well as looking ahead to key communications and charity events/milestones in coming months.</p> <p>It also includes recent examples of our more successful proactive media and social media work which help to improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.</p>	
2. Recommendation(s)	
Board colleagues are asked to note the contents of the report.	
3. Chief Officer/Executive Director Opinion¹	
<p>This report highlights some examples of the work done by our Communications and Charity teams over the past three months. While by no means exhaustive, the report provides an illustration of both teams' priorities and also reflects the efforts they are making to evaluate the impact of their work, using metrics on reach, engagement and measurable outcomes wherever possible.</p>	
4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:	
<input type="checkbox"/> Focus on Flow <input type="checkbox"/> Governance <input type="checkbox"/> Home First Mindset <input type="checkbox"/> 4ward Improvement System <input type="checkbox"/> Elective Care: No Delays	<input type="checkbox"/> Think/Act as a Lead Provider <input checked="" type="checkbox"/> Improve Staff Experience <input type="checkbox"/> Tertiary Partnerships <input type="checkbox"/> Leadership and Structures <input checked="" type="checkbox"/> Strategic 'Big Moves'

¹ Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

The last three months have been a particularly busy time for the communications team, supporting a number of major Trustwide initiatives and campaigns include the staff survey, development of our new values and the latest phase of the go-live for our electronic patient record.

We have also launched a new internal communications platform – Worcestershire Source – as part of the ongoing developments linked to the Source our (relatively) new intranet.

Meanwhile the charity team have also delivered a number of very successful campaigns and events, including a £40,000 cancer care campaign.

Communications and Engagement highlights

Staff Survey 2024: Working with HR and OD colleagues we developed and delivered a wide-ranging communications and engagement campaign to raise awareness of, and encourage participation in, this year's Staff Survey.

Using messages and imagery drawn from the NHS people promise we created a wide range of electronic and physical promotional materials.



We delivered a multi-channel campaign utilising our online internal communications platforms, including The Source, Worcestershire Source, and the Staff Facebook group, including screen savers, intranet content and a myth busting video from Ali Koeltgen. Over the eight weeks that the survey ran our content was viewed 13,428 times across all platforms.

We also wanted to improve engagement with colleagues through other, non-digital channels.

To enhance visibility and encourage participation across all three sites, we also designed and produced a collection of engaging physical assets to be placed in key areas for staff who may not be as present on our online communication channels. These assets included pull-up banners, table toppers, T-shirts, posters, stickers, and flyers.

Final participation rates were still to be confirmed as this report was being written but our overall participation rate has clearly improved significantly on last year.

EPR Go Live: The roll out of our electronic patient record across Minor Injuries Units (MIUs), Same Day Emergency Care (SDEC) services and Emergency Departments (EDs) in October and November required a significant amount of internal communications support including regular staff briefings.



From helping to reach training targets to system wide communications support, the clear and direct messaging supported the EPR project plan at every step of the way with updates on the new Sharepoint site, photos, videos, social media posts, regular news articles on The Source, direct ward bulletins and partner communication updates.

The MIU roll out also required us to work for the first time on the EPR project in partnership with comms colleagues from Herefordshire and Worcestershire Health and Care Trust to ensure a timely and co-ordinated cascade of consistent messaging across both trusts.

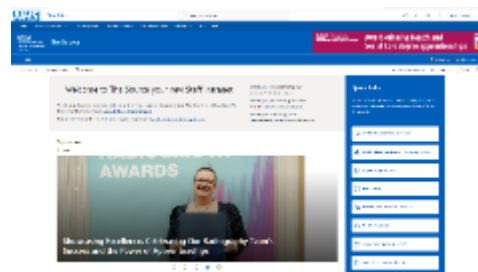
On the day of the ED rollout, we produced a same day showcase celebrating the success of all teams involved as well as sharing messages and picture via our social media channels.

Worcestershire Source launch: In September we launched 'Worcestershire Source' - our new weekly all staff e-newsletter – to replace 'Worcestershire Weekly'. The new format has helped us streamline our own internal communications processes by reducing duplication of effort.

More importantly it is also helping us collaborate more effectively with other teams on content generation as well as driving traffic to The Source and supporting our efforts to establish The Source as the primary source of news, updates and information for staff.

The Source stats:

- Since launching at the end of June, The Source has been visited by 7,647 unique viewers with a total of more than 1.3 million different visits.
- The Source gets around 4,500 unique visitors each week, suggesting that the majority of staff visit at least once a week.
- The Source homepage is getting about 28,000 different visits per week.
- Tuesdays (when we publish Worcestershire Source) is consistently the busiest day on The Source.



Website development:

We continue to develop our public website, making finding information for our population easier and more accessible.

We have been working on a number of projects with the maternity team to overhaul and drastically improve their section of the website. This has included:

- A project around turning some of their patient information leaflets from PDF files into webpages which allows people who speak other languages to translate them and improves access for people with different accessibility needs.
- Updating and improving the information provided on the postnatal and infant feeding sections of the public webpages. Providing up-to-date and more extensive information for expectant families.
- We have also worked closely with the digital midwives to develop a new webpage which provides access for those who are pregnant to self-refer to our maternity service **as soon as they find out they are pregnant - without the need to contact their GP**. In the first two weeks after launching the new online self-referral form, the page on our public website had been visited over 1,100 times and we had received over 200 self-referrals to our maternity service via this route.



Self-Care Week: We supported a range of activities during Self Care Week in November, promoting health and wellbeing opportunities for colleagues including the opening of the new [Health and Wellbeing Room at Kidderminster](#) and co-creating materials - including an [animation](#), flyer, posters and [video](#) - advertising the new Your Health, Your Wellbeing vans (links) which are providing free health checks for colleagues across all sites this winter.



Black History Month: For this year's Black History Month we worked with members of our EmBRACE Network to co-create some bespoke content, raise awareness and encourage colleagues to share their own stories on the theme of Reclaiming Narratives. Content was shared internally and externally generating a lot of positive feedback. We also saw more than 30 new members joining the EmBRACE network.

Proactive media activity: Among our more successful proactive media releases was our story of **hydrotherapy rehabilitation for breast cancer patients**.

We worked with radiographers from our Oncology Centre to share the story that they had developed a new hydrotherapy rehabilitation course in the heated pool at Worcestershire Royal Hospital to specifically help breast cancer patients to achieve reduced pain and improved movement following treatment.



After issuing a press release and website and social media updates, we liaised with contacts at ITV Central News to secure a video reporter to come along to a session to film and interview participants and our staff running the session. This was broadcast as the second item on an episode of ITV News Central the following week to coincide with Breast Cancer Awareness Month. [You can watch the clip from ITV News Central here.](#)

The media coverage we achieved of this story resulted in an increase of people contacting the Radiography team to request to join a future session, as well as a number of breast cancer patients from years ago getting in touch to ask if they could join, following a change in clinical advice around movement following surgery over the years.

Social media round-up report:

Over the last three months, our social media content was displayed 1.69 million times to people, including:

- 1.38 million times on Facebook
- 91,000 times on Instagram
- 80,000 times on LinkedIn
- 55,000 times on X (Twitter)
- 24,000 times on TikTok
- 60,000 times on YouTube

We have also had our stories re-shared multiple times by the national NHS England and NHS.uk social media accounts over this time period, which have also reached tens of thousands of accounts.

Julia Wilkes
05/12/2024 15:27:32

Charity highlights

Fundraising update: The charity remains on a positive financial footing despite the challenging fundraising environment and not receiving any legacies this financial year so far. In memory donations are performing well, challenge events are also proving successful and the stewardship programme in place to maximise fundraising is yielding good results.



Successful Cancer Care Appeal: The charity team worked with colleagues in the Rowan Suite chemotherapy unit at WRH to raise £40,000 for four new cold cap machines and successfully hit target at the end of November. (The cold caps can help reduce hair loss for some chemotherapy patients).

The appeal was an excellent example of clinical teams approaching the charity with a tangible need and then actively supporting the appeal by signposting patients to fundraising materials and referring interested donors to the charity team.



Charity Films: With the generous support of local media company Midland Road Studios, we have been able to produce a series of four bespoke charity films. We have worked with four different Trust teams to cover different services (Millbrook Suite, robotic surgery, end of life care and Children of Worcestershire Cancer Fund) to create the films which showcase how charitable donations make a difference to our patients and services.

The videos are a great engagement tool for the charity to help build reach and a better understanding of our work.

Worcester City Run: A team of 54 runners took on Worcester City Run on 15 September. Team Worcestershire Acute was this year formed of community members, staff and patients; both former and current. The charity team were joined on the day by Trust volunteers to form cheer points along the route supporting runners in both the 10K and Half Marathon distances. With funds still coming in over £12,000 has been raised.



Charity Gala Show: Our fundraising Gala Show took place on 29 November bringing together 150 corporate partners, charity supporters and Trust staff to raise funds and enjoy a wonderful evening of entertainment. Funds raised on the evening from the auction and raffle were added to the final fundraising target for the Cancer Care Appeal. With thanks to our sponsors Computacenter, Altera Digital Health, University of Worcester, Currie and Brown and Surfworks. And to our friends at DRPG for once again hosting us at their incredible venue in Hartlebury.

Lisa Wilkes
05/12/2024 15:27:32



Christmas Appeal 2024: Following the successful conclusion of the cancer care appeal described above, we have now launched our Christmas appeal.

The **Christmas Memories** appeal is raising funds to purchase reminiscence tablets, known as RITA, which can be used to support patients with dementia and cognitive impairment. We have previously funded a number of these

systems across the Trust which have received great feedback from staff and patients. Each tablet costs £5000 and the charity will aim to fund as many as possible!

There are more details of our appeal here: <https://checkout.justgiving.com/3c6bj3xpss>

Coming Soon

Weekly Lottery: A business case has now been approved for our Charity to launch our own Hospital Weekly Lottery. The lottery will create a new income stream of unrestricted funding that can be utilised to support valuable projects across the Trust, including for staff wellbeing. We hope to have lottery canvassers on site from March 2025 signing up new players ahead of the first prize draw in June.

There will be strict safeguarding protocols in place to protect vulnerable patients and visitors and canvassers will not approach Trust staff, although colleagues are welcome to sign up if they wish.

This is an exciting opportunity for the charity to significantly grow our income and continue to increase our impact across the Trust.

And finally....



Team Comms rose to a 'hands on' challenge recently when we took part in the 'Big Build' organised by our friends at DRPG, in partnership with Lightbulb Teams, where teams (including teams from a number of overseas locations joining by live stream) were tasked with assembling as many prosthetic hands as possible in just 60 minutes.

Built from a simple kit the hands are used to support amputees in the developing world.

Before the challenge begin, teams taking part were shown a moving video about

the life changing benefits the hands can bring, giving them their independence back by allowing them to experience the everyday movements most people take for granted.

Skill with words and images proved to be no guarantee of skill in assembling delicate components but at the end of the hour we had successfully put together two working hands which will shortly be en route to India.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	Public Board
Date of Meeting:	10/12/2024
Title of Report:	Charles Hastings Education Centre – Update on Issues
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Other
If Other, provide details:	Not Applicable
Lead Chief Officer/Director:	Managing Director
Author:	Tony Bramley, Non-Executive Director
Documents covered by this report:	Annual update on CHEC
1. Purpose of the report	
To provide a summary report on those items discussed by CHEC Trustees that may be of interest to the Trust Board	
2. Recommendation(s)	
This item is for information only	
3. Chief Officer/Executive Director Opinion¹	
This report details the discussion of items by CHEC Trustees. It is important that as the Trust we rebuild and develop a strong relationship with the Charity. This is being led by the new Director of Estates. The issues identified will be addressed within the Trust.	
4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:	
<input type="checkbox"/> Focus on Flow <input type="checkbox"/> Governance <input type="checkbox"/> Home First Mindset <input type="checkbox"/> 4ward Improvement System <input type="checkbox"/> Elective Care: No Delays	<input checked="" type="checkbox"/> Think/Act as a Lead Provider <input checked="" type="checkbox"/> Improve Staff Experience <input type="checkbox"/> Tertiary Partnerships <input type="checkbox"/> Leadership and Structures <input type="checkbox"/> Strategic 'Big Moves'

¹ Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

Background

Worcestershire Acute Hospitals Trust has a long-standing relationship with the charity that runs The Charles Hastings Education Centre (CHEC) on the WRH site, and this includes nominating one of CHEC's Trustees & Directors, which since 2023 has been Non-Executive Director Tony Bramley. This report provides an update on those matters discussed by CHEC Trustees during 2023/24 which may be of particular interest to the Acute Trust.

Update:

- **Bequest:** CHEC has been fortunate to receive a substantial bequest (£000,000) which has been gifted specifically for the enhancement of the George Marshall Medical Museum, and plans are being developed to bring this to fruition.
 - **Clinical Simulation Facility:** CHEC is actively working on plans to remodel the building to significantly increase and improve the simulation offer that can be made to Trust staff and others, and has recently commenced detailed conversations with the Trust about how this might be jointly facilitated.
 - **Car Parking:** CHEC has been reporting very significant problems with its own car parking provision, particularly since traffic flow re-alignments associated with the provision of the new Emergency Department and is seeking assistance from the Trust to resolve these issues.
 - **Development of a Wellness/Physic Garden:** This is a joint project between CHEC and the Acute Trust's Charity which will be seeking external funding support to progress.
 - **Café:** CHEC is reporting early success with the new service being provided on site by RVS and will supporting them to enhance this where possible.
 - **Relationships:** CHEC should be a significant partner for the Acute Trust in both broadening and enhancing the on-site medical education offer to potential and current staff and it is important that we jointly work to maximise mutual benefit.
-

Lisa Wilkes
05/12/2024 15:27:32

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	Public Board
Date of Meeting:	10/12/2024
Title of Report:	Board Assurance Framework
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Audit and Assurance
If Other, provide details:	
Lead Chief Officer/Director:	Managing Director
Author:	Gweny Scott, Company Secretary
Documents covered by this report:	Board Assurance Framework
1. Purpose of the report	
To present the Board Assurance Framework (BAF), which identifies the risks to delivery of WAHT's strategic objectives for 2024/25.	
2. Recommendation(s)	
The Committee is asked to note the BAF as it currently stands and support the plans to implement a revised approach with a view to strengthening the assurance process.	
3. Chief Officer/Executive Director Opinion	
<p>The Board Assurance Framework (BAF) is presented to the Board to provide assurance regarding the management of risks to the Trust's strategic objectives.</p> <p>The Board Assurance Framework is held on the Trust's Risk Management system, alongside the Trust's risk register. The BAF represents a report from the system, which is presented monthly to the Executive Risk Management Committee for review and quarterly to the Trust Board.</p> <p>The BAF is also presented regularly to the Audit and Assurance Committee in line with the Committee's responsibilities to review the Trust's internal control and risk management systems.</p> <p>The Audit and Assurance Committee was assured that the BAF was broadly up to date and noted the plans to undertake a wider review in the new year of the BAF format and approach alongside a detailed review of each risk.</p>	
4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:	
<input checked="" type="checkbox"/> Focus on Flow <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/> Home First Mindset <input checked="" type="checkbox"/> 4ward Improvement System <input checked="" type="checkbox"/> Elective Care: No Delays	<input checked="" type="checkbox"/> Think/Act as a Lead Provider <input checked="" type="checkbox"/> Improve Staff Experience <input checked="" type="checkbox"/> Tertiary Partnerships <input checked="" type="checkbox"/> Leadership and Structures <input checked="" type="checkbox"/> Strategic 'Big Moves'

Lisa Wilkes
05/12/2024 15:27:32

	Opened ID	Title	Strategic Objectives	Description	Consequence (current)	Likelihood (current)	Rating (current)	Executive Lead	Controls	Assurance	Gaps in controls	Actions	Gaps in assurance	Review date	Rating (Initial)	Rating (Target)
	5479	BAF 2024 - Ability of System to Manage Flow Across the Urgent and Emergency Care Pathway	Focus on flow	There is a risk that the system is unable to enact the measures required to avoid the need for hospital care, the management of discharge pathways and the unblocking of barriers which, in turn, places unrelenting pressure on the Trust's urgent and emergency care pathway increasing the risk and scale of patient safety incidents, poor patient experience and quality of care.	Major	Almost certain	20	Chief Operating Officer	System-wide Silver Meetings. Winter Plan. Single Point of Access. Same-day Emergency Care. Urgent Care Response/Call Before You Convey. Discharge Planning	Hospital Flow Delivery Group	Additional financial burden as a result of inability to mitigate additional activity at the 'front door'. Winter plan/pathway initiatives untested. Ability to prevent 4 and 12 hour ED breaches and improve system flow		System oversight of discharge delays and capacity. Availability of Quality Impact Assessments to support surge and escalation activity. Plan to address mission creep to 'business as usual'. Normalised bed capacity greater than 100%	10/01/2025	20	8
	5492	BAF 2024 - Capital Investment to support delivery of the 10 Point Plan		There is a risk that capital funds are not sufficient to meet the collective requirements of the Trust, not limited to the delivery and investment in key estates and digital infrastructure plus Trust medical equipment due to a restriction on the capital resources available to the Trust which could lead to a worsening of the condition of the Trust's estate and/or an inability to procure essential ICT systems and medical equipment resulting in adverse impacts on healthcare delivery.	Moderate	Almost certain	15	Chief Financial Officer	Capital planning and prioritisation of key schemes and equipment. Holding contingency funds for adhoc emergency requirements. Seeking further capital funding from available outlets. Operational planning process. Capital risks and opportunities analysis	Project teams and programme board structure in place for major schemes. Estates and Facilities Delivery Board. Capital Planning and Delivery Group. Business case approval process in line with Standing Financial Instructions. Financial reports to Board. Strategic Programme Board in place	Ability to determine emergency capital spend requirements. Approval of capital fund applications. Capital funding provided is not sufficient to meet whole requirement. Uncertainty regarding level of future funding resource. Time to develop proper business cases ahead of submission for "tight turnaround" requests from NHSE		Time to gain full assurance on 'tight turnaround' outline business cases submitted to NHSE for funding.. Risk of overspend and mitigation of consequences not identified on 'tight turnaround' business cases at outset.. Risk of project slippage (and associated costs) on critical projects not considered within original business case.	10/01/2025	15	9
	5474	BAF 2024 - Culture	4Ward improvement system, Improve staff experience	There is a risk that, if we fail to sustain a positive change in organisational culture and communicate the 4ward improvement system, the trust will fail to have the best people and be unable to deliver safe and effective high-quality compassionate treatment and care.	Moderate	Likely	12	Chief People Officer	People and Culture 3-year plan. Behaviour Charter. 4ward Improvement. FTSU Guardian and Champions. Staff Inclusion Networks. 4ward Advocates	JNCC. Freedom to Speak Up . Culture Steering Group. NHS Staff Survey	Enduring and stable leadership. Staff engagement and confidence in FTSU and other processes. Effective leadership at all levels. Clear and universally understood vision for organisational culture		Variability in ward to board implementation . Poor response to the NHS Staff Survey	10/01/2025	15	6
	5481	BAF 2024 - Cyber Security	Focus on flow, Strategic big moves	If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service.	Catastrophic	Likely	20	Chief Digital Officer	Cybersecurity action plan. Trust and Digital division risk management process. Perimeter level cyber security mechanisms. Risk-based approach to cyber and infrastructure funding. Monitoring mechanisms and resource to monitor cyber events. Exercises eg phishing, desktop business continuity. Business continuity plans. Capital planning programme	National Digital Maturity Score. Data Security Protection Toolkit. Contract monitoring reported to Digital Strategy Group. EPRR Core Standards	Oversubscription to digital/systems against baseline support levels and resources. Uncertainty of funding . Effective asset management process and controls. Staff training to enhance skills and awareness of cyber risks	Achieve compliance with Data Security and Protection Toolkit (cyber assertions) Embed new SOC (Security Operations Centre) Create Cyber Health dashboard and monitor	Frequency of reports (nationally). Dashboard in place but requires embedding and assurances around completeness. Cyber risk results from the continually changing landscape of actors and methods, which all organisations struggle to keep pace with.	10/01/2025	20	10
	5491	BAF 2024 - Delivery of Financial Plan	4Ward improvement system, Elective care: no delays, Focus on flow, Governance, Home first mindset, Improve staff experience, Leadership and structures, Think / act as a lead provider	There is a risk that the financial plan will not be achieved in year or an improvement made in the medium term due to the: scale of efficiencies (CPIP) and productivity required; impact of inflationary pressures; and, risks to achieving the full income target and the 10 point plan. This could lead to a worse than planned in-year and underlying deficit resulting in regulatory action and a shortfall in cash to meet obligations.	Catastrophic	Likely	20	Chief Financial Officer	Financial strategy aligned to a sustainable clinical/organisational strategy. Recovery plan. CPIP target agreed by and devolved to divisions as part of divisional budget. Established process for identification and monitoring of CPIP delivery. Activity plan implementation. Enhanced financial controls. Financial plan approved by Board with risks highlighted. Vacancy control panel in place	Oversight by Finance Recovery Board. Monthly Finance and Performance Executive review of financial performance and CPIP delivery. Integrated performance report to Trust Board. ICS Finance Forum - NED-led to oversee system financial performance. System Investment and Expenditure Ctte - Management-led oversees adherence to the enhanced financial controls. Reports to Medical Agency Reduction and Nurse Agency Reduction Groups to oversee workforce controls	Clinical and organisational strategy not yet developed and signed off. Financial strategy needs aligning to ICS financial strategy. Job planning controls need strengthening to u/s £ global impact.. Fully signed off activity/productivity plan for each speciality.. Inflationary pressures and impact of Industrial Action. Weekly income tracker still in the process of development. Trust policies and processes require strengthening to ensure regular monitoring and reporting		Absence of work on a sustainable clinical strategy. Trust medical and nurse agency reduction action plans and compliance with controls still outstanding. Trust policies and processes require strengthening to ensure regular monitoring and reporting. CPIP plans not fully identified to meet targets and lack of recurrent efficiencies within the programme. Impact of newly-formed Improvement Board	10/01/2025	25	10
	5480	BAF 2024 - Digital Strategies to Support 'Big Moves'	Strategic big moves	There is a risk of a delay to the delivery of benefits and the future capital funding of digital infrastructure to support 'Big Moves' due to the scale, number and complexity of individual projects and the change/transition requirements of the workforce.	Major	Possible	12	Chief Digital Officer	Digital Governance Framework to address: training; workforce; oversight. Risk management. Project management (including scope of delivery). Annual business planning cycle	Digital strategy group	Change management and training of staff. Staff engagement. Work pressures and availability of staff to be released to attend training. Lack of resilience in resource plans. Impact of the introduction of digital strategies across all stakeholders. Uncertainty of national priorities and funding for delivery of digital strategies. Competing digital priorities internally/system-wide. Oversubscription of digital initiatives against base resources	Deliver Electronic Patient Record Programme Deliver 2024/25 IT Business Plan Produce 10 year capital plan Produce Business Case for Additional Resources		10/01/2025	16	12

5475	19/02/2024	BAF 2024 - Health and Wellbeing	Improve staff experience	There is a risk of significant negative impact on staffs' health and wellbeing (including sickness absence, low morale), their experience and retention due to operational pressures, industrial action and workloads.	Moderate	Likely	12	Chief People Officer	Staff Health and Wellbeing Service (which includes free counselling). National NHS well-being support apps. Clinical psychologist support. Health and Wellbeing Brochure/Bulletin. Effective interventions in response to well-being issues. Menopause support group. Health@work service available to meet requirements of the Trust.. Wellbeing Plan	JNCC feedback. Finance and Performance Executive . Board Integrated Performance Report. ICS 'great place to work' project group. Best People Steering Group	Speed and delivery of ICS-wide review of occupational health services. Inability to plan rotas around ongoing industrial action and other staff absences	Expediency of future Occupational Health and Wellbeing Services structure and their ability to meet the Trust's requirements and wider across the ICS	10/01/2025	15	9
5483	23/02/2024	BAF 2024 - Leading the NHS on Carbon Reduction	Strategic big moves	There is a risk that, as an anchor institution, the capital investment, resource and approval required to achieve the NHS Greener Plan and the 'Big Move' carbon reduction is not available, leading to an inability to meet compliance with the 10 point plan and national targets.	Minor	Almost certain	10	Chief Strategy Officer	Sustainability grants. Green Steering Group. Foundation Group Support	Capital planning	Not being awarded sustainability grants when available. Lack of capacity to prepare or respond to grant requests in a timely way. Lack of capital funding. Lack of resource to provide programme support	Over commitment and/or reduction in SALIX funding. Over commitment of capital funding schemes prioritised to operational or remedial work	10/01/2025	10	6
5484	23/02/2024	BAF 2024 - Maturity of PLACE	Home first mindset	There is a risk that, due to the immaturity of PLACE, PLACE is unable to achieve their objectives or provide sufficient system assurance to reduce inequalities and improve sufficiently the 'home first mindset', to provide support to more people at home, which would enable WAHT to deliver on its objectives.	Moderate	Likely	12	Chief Strategy Officer	Frailty strategy. Revised governance and repurposed integrated PLACE delivery groups. Primary and secondary interface group. Being well strategy. Fuller action plan. Worcestershire PLACE communications cell	New PLACE Board (from April 2024) chaired by CEO. New Integrated Delivery Board (from April 2024) chaired by HWHCT CEO. Health Inequalities Programme Board with Hl champions	Lack of co-designed PLACE plan. PLACE development director vacancy. Emergency pathway approach eg frailty, LTC. Lack of coherent demand and capacity plan/use of single bed base. PLACE strategy	BI resource to support PLACE-level management oversight. Clarity on roles and responsibilities (emergent)	10/01/2025	15	6
5485	23/02/2024	BAF 2024 - Operational Capacity Plans and Delivery	Elective care: no delays, Focus on flow	There is a risk that the Trust will be unable to achieve its productivity and activity plans as a result of factors not limited to: staff shortages; pace of improvement; industrial action; access to outsourced and insourced capacity; and, sub-optimal urgent pathways. These factors, either individually or collectively, will severely impact on productivity and operational capacity plans that deliver safe elective, cancer, emergency and critical care.	Catastrophic	Likely	20	Chief Operating Officer	Escalation plans. Group and system-wide mutual aid. Ring-fenced elective pathways. Increased use of the Alex site to support elective surgery. Increased diagnostic capacity provided . Additional staffing in place . Increased use of the Kidderminster Treatment Centre	Daily reporting and escalation. Finance and Performance Executive reports. Trust Board Integrated Performance Report. RTT and cancer PTL reviews	Ongoing impact of industrial action. Increase in non-elective activity leading to capacity constraints. Additional duty payment (NROC) negotiation	Expediency of estates/site improvements . Staff engagement. Clearly documented VFM assessment of additional capacity that may be required.	10/01/2025	25	10
5486	23/02/2024	BAF 2024 - Partnership with large specialist providers	Tertiary partnership	There is a risk that tertiary partnerships will be unable to deliver and improve upon existing local, regional and system-wide services (including fragile services) resulting in a failure to deliver appropriate tertiary care and improve patient outcomes.	Major	Possible	12	Chief Strategy Officer	Clinical services strategy. WM Diagnostic network. SM Pathology network. WM Cancer Alliance. Fragile Services CMO/COO forum at ICS and Foundation Group level. Regional Trauma Network	Elective, Cancer & Diagnostic Delivery Group. ICS Programme Board. SM Partnership Board. ICS CMO/COO forum. TRID System - Trauma Incidents	Identifying areas of opportunity for future tertiary partnerships . Tertiary partnership work programme. Delivery of partner performance targets. Impact of delegation of specialist commissioning to ICB	Refreshed CSS 2024 to clarify strategy and review strategic partnerships to support strong MDT working. Lack of clear commissioning oversight by ICB	10/01/2025	12	8
5473	19/02/2024	BAF 2024 - Workforce	Elective care: no delays, Home first mindset, Improve staff experience, Leadership and structures, Strategic big moves	There is a risk to achieving the Trust's 10 Point Plan due to: staff shortages; being unable to recruit to clinical, nursing and support staff vacancies; and, failure to achieve staffs' full operating capabilities - resulting in the use of locum staff (and an inability to comply with agency caps), increasing costs, a lack of capacity to deliver national standards, local plans and to address service fragility.	Major	Likely	16	Chief People Officer	Workforce Plan. Recruitment Plan. Retention Plan. Staff Offer. Agency Reduction Plan. e-rostering. Use of NHS Professionals. International Recruitment	Best People Steering Group. Board Integrated Performance Report. Finance and Performance Executive. Integrated People and Culture Report	National shortages of clinical staff, both medics and registered nurses. Operational pressures impacting on the ability of managers to complete timely recruitment and retention processes. Uncertainty of the impact of industrial action. Clear workforce plan that addresses opportunities within the ICS. Agenda for change does not support competitive salaries required for some roles (eg digital and informatics posts). Governance process to allow Advance Practitioners to fulfill their maximum operating capabilities	Expediency of ICS-wide initiatives. National long-term plan. National compliance with directive on nil off-framework agency usage	10/01/2025	20	12
5536	11/04/2024	Failure to adhere to IR35 regulations	Governance	The incorrect application of IR35 legislation, applicable to temporary/insourced staff and taxing at source, could result in the incursion of fines by HMRC resulting in financial and reputational damage to the trust.	Moderate	Likely	12	Chief Financial Officer			Temporary Staffing Policy	Due diligence on insourcing arrangements. Adherence to process to fill gaps ahead of procurement action	10/01/2025	15	6

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Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
ATAIN	Avoidable Term Admissions into Neonatal Units
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BCF	Better Care Funding
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System
CAU	Clinical Assessment Unit
CCU	Coronary Care Unit
C. Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CPIP	Cost Productivity Improvement Plan
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control Of Substances Harmful to Health
CCOSMOS	CNST, CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2 and Saving Babies Lives
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CNST	Clinical Negligence Scheme for Trusts
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DTOC	Delayed Transfer Of Care
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDD	Expected Date of Discharge
EDS	Electronic Discharge Summary
EPMA	Electronic Prescribing & Medication Administration
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FAU	Frailty Assessment Unit
FBC	Full Business Case
FOI	Freedom of Information
F&F	Friends & Family
FRP	Financial Recovery Plan
FTE	Full Time Equivalent
GAU	Gilwern Assessment Unit
GE	George Eliot Hospital
GIRFT	Getting It Right First Time
GMC	General Medical Council

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HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
HIE	Hypoxic-Ischaemic Encephalopathy
HSE	Health & Safety Executive
HFMA	Healthcare Financial Management Association
HAFD	Hospital Acquired Functional Decline
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ICS	Integrated Care System
IG	Information Governance
IV	Intravenous
JAG	Joint Advisory Group
KPIs	Key Performance Indicators
LAC	Looked After Children
LAT	Looked After Team
LMNS	Local Maternity and Neonatal System
LocSIPPS	Local Safety Standards for Invasive Procedures
LOS	Length Of Stay
MASD	Moisture Associated Skin Damage
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MEWS	Maternal Early Warning Scores
MCA	Mental Capacity Act
MCA	Maternity Care Assistant
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIS	Maternity Incentive Scheme
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MNSI	Maternity & Newborn Safety Investigations
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MSW	Maternity Support Worker
NEWS	National Early Warning Scores
NEWTT	Newborn Early Warning Trigger and Track
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
NHSR	NHS Resolution
NICE	National Institute for Health & Clinical Excellence
NIV	Non-invasive ventilation
OBC	Outlined Business Case
OOC	Out Of County
OOH	Out Of Hours
PALS	Patient Advice & Liaison Service
PAS	Patient Administration System
PCIP	Patient Care Improvement Plan
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PFI	Private Finance Initiative
PID	Project Initiation Document

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PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PMR	Perinatal Mortality Rate
PROMs	Patient Reported Outcome Measures
PROMPT	PRactical Obstetric Multi-Professional Training
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QIA	Quality Impact Assessment
QIP	Quality Improvement Programme
RAG	Red, Amber, Green rating
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RRR	Rapid Responsive Review
RTT	Referral to Treatment
SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SDP	Single Delivery Plan (maternity)
SOP	Standard Operating Procedures
SOC	Strategic Outline Case
SSNAP	Sentinel Stroke National Audit Programme
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
TMB	Trust Management Board
TIA	Transient Ischemic Attack
TOR	Terms of Reference
TTO	To Take Out
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
WAH	Worcestershire Acute Hospitals
WTE	Whole Time Equivalent
WHO	World Health Organisation
WVT	Wye Valley NHS Trust
WW	Week Wait
YTD	Year To Date
#NOF	Fractured Neck of Femur

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