Public Board Meeting

Thu 04 April 2024, 13:00 - 14:30

Microsoft Teams

Agenda

13:00 - 13:00
0 min

1. Apologies for Absence

Glen Burley, Russell Hardy and Sharon Hill.

13:00 - 13:00
0 min

2. Declarations of Interest

13:00 - 13:02
2 min

3. Minutes of the Meeting held on the 7 March 2024

Decision *Frances Martin*

3. PUBLIC BOARD MINS - MARCH - AD, LF.pdf (15 pages)

13:02 - 13:05
3 min

4. Matters Arising and Actions Update Report

Discussion *Frances Martin*

3a. PUBLIC BOARD ACTION LOG -APRIL.pdf (1 pages)

13:05 - 13:35
30 min

5. Items for Review and Assurance

5.1. Chief Executive's Report

Discussion *Jane Ives*

4 April 2024 - WVT CEO Report - BOD.pdf (6 pages)

5.2. Integrated Performance Report

Discussion *Jane Ives*

5. WVT IPR Month 11 February 24 SJ.pdf (35 pages)

5.2.1. Quality (including Mortality)

Discussion *Lucy Flanagan/Chizo Agwu*

5.2.2. Activity Performance

Discussion *Andy Parker*

5.2.3. Workforce

Discussion *Geoffrey Etule*

5.2.4. Finance Performance

Discussion *Katie Osmond*

13:35 - 14:05
30 min

6. Items for Noting and Information

6.1. Staff Survey

Discussion *Geoffrey Etule*

- 6. Covering Report Staff Survey 2023.pdf (2 pages)
- 6a. WVT Staff Survey report 2023.pdf (9 pages)
- 6b. Staff Survey Professional RLQ-breakdown-2023.pdf (19 pages)
- 6c. Staff Survey RLQ-benchmark-2023.pdf (146 pages)

6.2. Health and Wellbeing Strategy

Discussion *Geoffrey Etule*

- 7. Covering Report - Health & Wellbeing Strategy 2024.pdf (2 pages)
- 7a. WVT Health Wellbeing Strategy - April 2024.pdf (10 pages)

6.3. Maternity Perinatal Quality Surveillance Report

Discussion *Lucy Flanagan*

- 8. Front sheet PQSM.pdf (1 pages)
- 8a. PQSM accompanying report January 2024 draft 1.pdf (4 pages)
- 8b. Copy of PQSM January 2024.pdf (1 pages)

6.4. Committee Summary Reports:

6.4.1. Audit Committee Report and Minutes

Discussion *NICOLA TWIGG*

- 9b. AC FRONT SHEET.pdf (1 pages)
- 9bb. Audit Summary Feb 24.pdf (1 pages)
- 9bbb. Audit Committee minutes - December 2023.pdf (13 pages)

6.4.2. Charity Trustee Report and Minutes

Discussion *Grace Quantock*

- 9c CT Front Sheet.pdf (1 pages)
- 9c. Charitable Funds Report March 14th 24 GQ.pdf (1 pages)
- 9cc Charity Trustee minutes December 2023 -.pdf (5 pages)

6.4.3. Quality Committee Report and Minutes

Discussion *Ian James*

- 9d. QC Summary Report Jan 24 Public.pdf (3 pages)
- 9dd. QUALITY COMMITTEE MINUTES - JANUARY.pdf (24 pages)

14:05 - 14:05
0 min

7. Any Other Business

14:05 - 14:10
5 min

8. Questions from Members of the Public

14:10 - 14:10
0 min

9. Acronyms

Z Acronyms - updated 08.09.23.pdf (3 pages)

14:10 - 14:10
0 min

10. Date of Next Meeting

The next meeting will be held on 6 June 2024 at 1.00 pm

WYE VALLEY NHS TRUST
Minutes of the Board of Directors Meeting
Held 7 March 2024 at 1.00 pm
Via MS Teams

Present:

Russell Hardy	RH	Chairman
Chizo Agwu	CA	Chief Medical Officer
Glen Burley	GB	Chief Executive
Lucy Flanagan	LF	Chief Nursing Officer
Sharon Hill	SH	Non-Executive Director (NED)
Jane Ives	JI	Managing Director
Ian James	IJ	Non-Executive Director (NED)
Frances Martin	FMa	Non-Executive Director (NED)
Andy Parker	AP	Chief Operating Officer
Grace Quantock	GQ	Non-Executive Director (NED) – Left during Item 7.2
Nicola Twigg	NT	Non-Executive Director (NED)

In attendance:

Jon Barnes	JB	Chief Transformation and Delivery Officer
Ellie Bulmer	EB	Associate Non-Executive Director (ANED)
Alan Dawson	AD	Chief Strategy and Planning Officer
Geoffrey Etule	GE	Chief People Officer
Erica Hermon	EH	Associate Director of Corporate Governance
Suzi Joberns	SJ	Deputy Chief Finance Officer
Val Jones	VJ	Executive Assistant (For the minutes)
Kieran Lappin	KL	Associate Non-Executive Director (ANED)
Jo Rouse	JR	Associate Non-Executive Director (ANED)

The Chairman noted the discussions held the in Board Workshop around the Elective Surgical Hub and Board Evaluation. The Patient Story was around a patient looked after in the Acute and Community.

Minute		Action
BOD01/03.24	**Apologies for Absence** Apologies were received from Katie Osmond, Chief Finance Officer.	
BOD02/03.24	**Quorum** The meeting was quorate.	
BOD03/03.24	**Declarations of Interest** Mrs Twigg (NED) advised that she has been appointed Trustee for the charity Unity First in Herefordshire and Worcestershire. **Resolved – that the Declarations of Interest be received and noted.**	

BOD04/03.24 **Minutes of the meeting held 7 December 2023**

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Resolved – that the minutes of the meeting held on 7 December 2023 be confirmed as an accurate record and signed by the Chairman.

BOD05/03.24 **Matters Arising and Action Log**

Resolved – that the Action Log be received and noted.

BOD06/03.24 **Chief Executive's Report**

The Chief Executive (CEO) presented his Report and the following key points were noted:

(a) The NHS Staff Survey results are on the agenda. This has been embargoed until today. It is very positive to see that Wye Valley Trust is one of the best Trusts in this Survey. We are also in the top 5 in the Midlands for staff engagement. This is an important indicator of the quality of the service that we deliver to our patients.

(b) **CQC Report – Urgent and Emergency Care** – It is disappointing that the Inspection identified the issues that they did. We know that we have a crowded Emergency Department (ED) at times. We always prioritise offloading ambulances to enable them to get back into the Community which further increases pressures. We always try to manage numbers and ensure that patients do not come into the Trust unless they need to. There are areas that we can improve on. It is positive that the Care Quality Commission noted that our staff provide great care to patients under difficult circumstances.

(c) **March A&E Performance Target** – This was set out in last year's planning guidance. The view is that we need to continue recovery of improving emergency services post pandemic. We have been doing better during March, but to deliver 76% of patients within the 4 hour target is challenging, especially with the Bank Holiday at the end of the month. We are doing this as the right thing for patients not just because this is a national target. We need to improve low and decongest ED.

(d) **2024/25 Planning Guidance** – The guidance is still awaited and is now expected next week. It is good to hear confirmation yesterday that there is £2.5bn revenue support. This will pay for the pay awards and help support the Trust. We are also seeing increasing demands alongside this. There is also a focus on productivity noted in the Budget which was discussed this morning. There are no details on when the cash support will arrive but it is to support investment in this field. This is playing into the financial plans for next year. We are discussing with the Integrated Care System regarding the income we will receive. This year, we received some non-recurrent income which is covering some recurrent costs. We have seen some positive improvements in our head count and a reduction in the number of vacancies. We are growing the organisation but it is important that where we reduce vacancies we also improve our agency spend and productivity. We continue to do well on elective recovery statistics, and are one of the best in the Midlands.

(e) **Further Strike Action by Doctors** – This will be causing harm to patients as any delay will cause harm.

(f) **More From Our Great Teams - Medical Division** – This includes an update on Urgent and Emergency Care which is always innovating. We are now seeing some of the solutions described improving flow in ED.

Resolved – that the Chief Executive's Report be received and noted.

BOD07/03.24 **Integrated Performance Report**

The Managing Director presented the review of Integrated Performance Report and the following key points were noted:

a) The Care Quality Committee Report is clearly significant. We acknowledge the impact an overcrowded ED has on our patients and staff. We have made improvements since the Inspection. We had been allocated £100k Regional monies to improve our March performance. We have seen about a 10% increase so far. We are using the money to test some of the changes out rapidly and what we may want to bring in as business as usual.

b) It is important to test changes in ED but this is part of a more strategic approach to improvement. We ran a Workshop with Senior Clinicians and Managers last month to see what is driving the overcrowding in ED. This is due to an increase in demand, increase in length of stay and increase in patients medically fit for discharge. The Workshop really updated and re-energised our improvement plans to deal with all 3 areas. A huge amount of work is going on around this and it is being reported through the Valuing Patient Time Board.

c) Broadly, there are 30 patients boarding on our wards and about 20 patients in ED awaiting a bed. It is positive to see that our mortality figures are continuing to reduce. We are nearly down to 100 and are ring fencing our elective activity.

d) Cancer Performance – In February we exceeded the 75% Faster Diagnostics Standard. This is a solid improvement but the Managing Director recognised what a challenging position we are in regarding emergency flow.

e) Finance – We are on track to deliver our revised Financial Plan for the end of the year. This is subject to the national risk of how the National Recovery Fund will be allocated.

f) Our underperformance on this year's CPIP is making next year more challenging. This is a real focus for us over the next few months to ensure that we have plans in place and are delivering on this. Reduction of agency is key to this.

g) NHS Staff Survey – We are very pleased with the improvements made across all 9 themes. The Managing Director acknowledged the leadership of the Chief People Officer and all the leaders across the organisation.

h) Growing our own staff is our plan for future improvement. The first 16 Trainee Nurse Associates are starting in post in the next few weeks. We are planning to train around 30 Nurse Associates in total this year. We are also recruiting more international nurses this year but are planning on less next year due to our Nurse Associates.

Resolved – that the Integrated Performance Report be received and noted.

BOD08/03.24 **Quality (including Mortality)**

The Chief Nursing Officer (CNO) and the Chief Medical Officer (CMO) presented the Quality Report (including Mortality) and the following key points were noted:

(a) The CNO advised that we continue to be a Regional outlier for mixed sex breaches. Included in the report is a different way of illustrating this. On a small number of occasions, we choose to sanction mixed sex breaches for patient safety. We are not receiving complaints from patients using our services regarding this.

(b) We have previously been an outlier for our C-Diff performance. Our performance is now below trajectory partly due to our antibiotic consumption, which we benchmark well against. There is still some work needed around IV antibiotics converting to oral antibiotics and timely stop dates.

(c) We are committed to delivering the National Health Cleanliness Standards. There was a dip in January performance which is of concern and an area that we need to improve upon. We have moved to a bespoke audit platform and tool for data collection. This in now in the line with the tool that Sodexo uses. This will enable our performance going forward to be more consistently recorded using an MDT approach. Our performance is improving in February.

(d) The PLACE results were published last month. The Trust scored above the national average for cleanliness. The full results are currently being analysed.

(e) Boarding is included in the pack to illustrate the pressures that we have in the organisation and the impact that this has on our staff and patients whilst they are being cared for in unallocated bed spaces.

(f) The CMO advised that our latest mortality figures remain stable. We are improving regarding sepsis and our perinatal mortality in January 2024 is the lowest that we have achieved.

(g) We monitor our Outlier Groups with improvement work for all these Groups.

(h) The Chairman asked the CNO what worries her most. The CNO advised that this is staff resilience. We say every year that we are going to be under pressure in the winter yet there has been no “down time” during the summer. The Chairman noted that it was lovely to hear the Patient Story in the Board Workshop despite this. This was a real going the extra mile for our patients in distress.

(i) The Chairman asked the CMO what worries her most. The CMO has similar concerns with increased pressure and activity being seen. It is pleasing to see a lot of new ideas coming forward and everyone working together to work differently.

(j) Mrs Martin (NED) noted that despite the pressures we are under, the Care Quality Commission still recognised our staff are very caring.

Resolved – that the Quality Report (including Mortality) be received and noted.

BOD09/03.24 **Activity Performance**

The Chief Operating Officer (COO) presented the Activity Performance Report and the following key points were noted:

(a) We are reviewing Emergency Access pathways to ensure that we capture all patients who can be classed as emergency and urgent care. We have seen a 5% gain due to this counting during our March Test of Change month. A senior nurse is screening patients to the right pathway, which is taking pressure off, to minor's areas with a GP. This is going well so far. We have increased our Same Day Emergency Care (SDCEC) and Medical SDEC and increased our Primary Care support to improve our 4 hour standard. The COO is confident that we will see significant improvement over this month.

(b) The COO thanked the operational and clinical teams once again. Despite all the challenges, we are delivering our activity recovery plans, reducing patients waiting times and long waiters and improving our 6 week cancer diagnostic standards.

Resolved – that the Activity Performance Report be received and noted.

BOD10/03.24 **Workforce**

The Chief People Officer (CPO) presented the Workforce Report and the following key points were noted:

(a) The Chairman thanked the CPO, on behalf of the Board of Directors, for his leadership which shows in the Staff Survey results.

(b) There has been an increase in sickness absence over the last 3 months but this is now reducing. We are below 5% which should continue. Staff recruitment is at its lowest rate of 10.1% during the last 4 years. 3 volunteers have been recruited by the Human Resources Department on a pilot scheme to assess the benefits of using volunteers in non clinical areas.

(c) The To Hot To Handle Report was published by NHSE. We are working with the Trade Union and the Freedom To Speak Up Guardian to implement some of the key recommendations from this report.

(d) Building on the Connecting Staff with Nature Programme with the University of Derby, we have developed a comprehensive Health & Wellbeing Strategy for staff for ratification by the Trust Management Board in March.

(e) Our work with Job Centre Plus has been recognised as best practice and will feature as a national case study over the next few months in terms of a local employer working to find job opportunities for local people.

(f) Mrs Martin (NED) advised the public that we have opportunities across the board in the Trust. We want to recruit local people as much as possible.

(g) Mrs Twigg (NED) noted that staff appraisals are not improving. The CNO talked about the resilience of staff and productivity which stems back to staff appraisal and wellbeing. We have talked about the pressures in the Trust and she questioned whether anything in particular was impacting on this to prevent these being carried out. The CPO advised that we have pockets of best practice. We want to review over the next few weeks how we can use this best practice to cascade across the Trust. We should see improvements over the next few months.

Resolved – that the Workforce Report be received and noted.

BOD11/03.24 **Finance Performance**

The Deputy Chief Finance Officer (CFO) presented the Finance Performance Report and the following key points were noted:

(a) We are on track to achieve our revised end of year forecast.

(b) Capital – There are accounting issues between the timing of payments for the Energy Centre and how we account for this. We are working with the ICB and Regional and National colleagues to find a resolution for next year.

(c) Cash remains a challenging position as part of our deficit. We will require Board of Directors permission to request PDC revenue if needed.

(d) The Chairman noted that due to our rurality, we are less economic than a Trust in a large city with a dense population. If we were given the extra funding we calculate we require due to this, we would roughly be breaking even.

Resolved – that the Finance Performance Report be received and noted with approval for delegated authority given to the Chief Executive, Deputy Chief Finance Officer and the Managing Director to approve further applications for Revenue PDC support as and when required.

ITEMS FOR APPROVAL

BOD12/03.24 **Climate Change Adaptation Plan**

The Chief Strategy and Planning Officer (CSPO) presented the Climate Change Adaptation Plan, which was taken as read, and the following key points were noted:

(a) The Climate Change Plan links to our emergency preparedness. The government have developed an Adaptation Plan which will have a huge impact on the NHS. The document is high level with some narrative around risks on our estates and other services that may be at risk. We are assessing the impact and looking at procurement and supply routes. We are also reviewing our Severe Weather Plan.

(b) Our outlying plan focuses on information gathering and surveying. We will need to link in adaptations to our buildings in the future.

(c) Ms Quantock (NED) noted the importance of doing this and focusing on the current NHS net zero goal. In time, it is expected that we will break the 2 degree limit which will have a huge impact.

(d) Mr James (NED) noted that we clearly need to be working with partners as there are some areas that we need to do as a Trust but others that need joint working. Is there a Herefordshire Adaptation Plan? The CSPO advised that Herefordshire Council are about to release an Adaptation Plan which will have future input into. We should therefore be able to link the two in further iterations. We are looking at ICB Level across Herefordshire and Worcestershire as well.

(e) The CEO noted that this is linked to our Strategy and we need to review more support for people at home. He also asked that the CSPO share this with the Foundation Group. **AD**

(f) Mrs Hill (NED) queried the funding for meeting the costs of implementing these changes. The CSPO advised that this would be from internal resources and national funding. The National Adaptation Plan should be supported with capital in the future. There is a request in the document for the NHSE to develop an NHS-wide response to climate change

(g) The CSPO is asking for approval to adopt this and to take it forward at this stage with further iterations brought back in the future.

Resolved – that:

(A) The Climate Change Adaptation Plan be received and approved.

(B) The Chief Strategy and Planning Officer will circulate the Climate Change Adaptation Plan to the Foundation Group. **AD**

BOD13/03.24 **Trust Objectives 2024/25**

The CSPO presented the Trust Objectives 2024/25, which was taken as read, and the following key points were noted:

(a) The Objectives have been discussed extensively in the Board Workshop.

(b) These form the basis of our plans for the next year and our Divisional Teams and staff personal objectives.

(c) Wide engagement has taken place with the Objectives being presented to the Trust Management Board, Board Workshop and our One Herefordshire Partners to see how aligned they are with other organisations in Herefordshire.

(d) Each Objective has a headline, a short description and an Executive Lead along with how we will show progress.

(e) A lot of this links in to our work with our One Herefordshire Partners and what is important in Herefordshire.

(f) We are developing our Estates Strategy, with discussions held at the Board Workshop. These will improve our services and reduce our carbon usage.

(g) The CEO noted that a similar set of Objectives are being presented to all the Foundation Group Boards. We will join forces where we can in areas that are common to each Trust.

(h) Mrs Martin (NED) advised that there is a One Herefordshire Annual Review Session taking place in the near future to shape objectives collectively which is positive. Education and continuous learning is key for all our staff and we want to provide the best learning in a multi-professional and multiagency building.

Resolved – that the Trust Objectives 2024/25 be received and approved.

ITEMS FOR NOTING AND INFORMATION

BOD14/03.24 **EPRR Core Standards**

The COO presented the EPRR Core Standards and the following key points were noted:

(a) There are 66 standards – we are compliant with 52, partly compliant with 13 and not compliant with 1. Our partially complaint standards have improved along with improvements to our Policies and training our Command Team and the Team on EPRR. Details within the Report.

(b) There are a number of areas that we will focus on in 2024 which should enable us to be compliant for 2024/25. Details within the Report.

Resolved – that the EPRR Core Standards be received and noted.

BOD15/03.24 **Patient Experience Quarterly Report**

The CNO presented the Patient Experience Quarterly Report and the following key points were noted:

(a) We continue to see a good response rate from our Family and Friends text messages. The vast majority are positive. Divisions are undertaking a deep dive to review the detail around what patients and service users are telling us.

(b) The number of complaints received have almost doubled in this quarter compared to last year. The number of concerns received by PALS is also increasing. There was a detailed discussion held at the last Quality Committee around the length of time individuals are waiting for a response. This is not good enough and an area in which we need to improve.

(c) PHSO Model Complaint Guidance has been issued to help Trusts improve both the complaints and concerns processes.

(d) The national Care Quality Commission led Maternity Survey was published in February. There was a good response rate and the team should be very proud of the results. For all 8 Domains, we were in the top 5 Trusts and for 5 of the questions we were in the top 5 Trusts nationally.

(e) There is always more we can do to improve and we will use feedback from various mechanisms to continue to improve and develop our services.

(f) Mrs Hill (NED) was surprised at the profile age demographic for the Maternity Survey for under 25 year olds and queried if this survey accesses all groups. The CNO confirmed that it does. 40% of our service users did not respond and therefore may fall into this group. The CNO will review the age profile for the national Care Quality Commission led Maternity Survey. **LF**

(g) Mrs Martin (NED) thanked the Associate Director of Quality Governance and the team for this report. The Quality Committee is a subcommittee of the Board of Directors and the NEDs spend a long time scrutinising this in the meeting.

(h) The Managing Director noted that we need to improve responses for complaints and questioned whether this required more focus or whether there was an issue with our process. The CNO advised that it is more around training. We need to give staff the confidence to deal with an issue when it first occurs to prevent it becoming more formal.

Resolved – that:

(A) The Patient Experience Quarterly Report be received and noted.

(B) The Chief Nursing Officer will review the age profile for the national Care Quality Commission led Maternity Survey. **LF**

BOD16/03.24 **CQC Report and Action Plan – Emergency Department**

The CNO presented the CQC Report and Action Plan – Emergency Department and the following key points were noted:

(a) The Chairman confirmed that it is absolutely the right thing to do to offload patients when they arrive in ambulances to free them up to look after patients in the community. This then causes boarding issues. He apologised for the delays that this causes patients and staff in their working environment but this does ensure that ambulances are free in Herefordshire where they are needed.

(b) The Inspection took place between 5 and 7 December. This was an unannounced full inspection of the ED only. There were a number of concerns identified by the Care Quality Commission during their visit which led them to come back on 29 December. The full report was only published last week. The rating changes were disappointing for colleagues.

(c) Immediately following the visit, a summit was held with key staff to develop an action plan and a series of responses to address the findings. When the Care Quality Commission revisited on the 20th, they could see a number of areas improved upon with only 3 must dos in the final report.

(d) The pack includes the immediate action plan and new actions relating to the must dos from the final publication.

(e) Many of the areas identified by the Care Quality Commission were already been worked upon. There were no surprises for us which is reassuring. The CNO thanked the Care Quality Commission for their fresh eyes on areas we were perhaps not sighted on.

(f) Of the areas to address, we have focused on the triage process and are updating some of the Standard Operating Procedures and practice of managing patients in the Department, observations, sepsis and oversight of patients. We have introduced a real time dashboard which helps with situational awareness and identifies the sickest patients in the department. Staffing has also been increased for better oversight of waiting rooms and corridors along with improved auditing. There is clearly a wider strategy on how we can decompress the Department which includes avoiding unnecessary admissions. The updated action plan will be submitted to the Care Quality Commission by their 25 March deadline if agreed by the Board today.

(g) The Chairman thanked the CNO for her leadership on this and the quick response to the concerns raised.

Resolved – that the CQC Report and Action Plan – Emergency Department be received and approval for the Action Plan to be submitted to the Care Quality Commission.

BOD17/03.24 **Maternity Quarterly Report**

The CNO presented the Maternity Quarterly Report and the following key points were noted:

(a) The Report contains the historic mortality data as published nationally. There is a huge time lag with this information. We therefore monitor our perinatal mortality in real time and review this monthly, with no concerns raised.

(b) The Claims Score Card is included in the Report. A small number of high cost claims are made.

(c) We have submitted our self-declaration to NHSR for the 10 Safety Standards. We are compliant for 10 out of 10 Standards. Saving Babies Lives Care Bundle Version 3 was released at the end of May 2023 and we are doing well achieving compliance.

(d) The new Triage Area was opened in January. At the end of the month we plan to introduce BSOTS which is a best practice approach to delivering triage.

(e) Midwifery staffing is in a strong position. There are some Consultant gaps but these are being covered by Locums, and are out to advert. Given the strong midwifery staffing position we can look at how we can roll out the Maternity Continuity of Carer, particularly to our most vulnerable groups. A proposal is being presented to the Trust Management Board in April regarding how we plan to implement this.

(f) The Chairman questioned how many babies on average are delivered each month and what our safe capacity is. The CNO advised that the average is 120 but up to 160 on occasion. Safe capacity is measured by a number of factors, not just on numbers, also acuity and space in SCBU for example. The Chairman noted the increase in housing stock which could lead to an increasing birth rate which could impact on our capacity.

(g) The CEO advised that there is a regional review which has the potential to reduce the neonatal cot capacity in the Trust and other parts of the Foundation Group. This would be the wrong thing to do due to our geographical status. We will keep the Board appraised of this and will keep arguing this point.

Resolved – that the Maternity Quarterly Report be received and noted.

BOD18/03.24 **Staff Survey**

The CPO provided a verbal update on the Staff Survey and the following key points were noted:

(a) This was only published today. The Trust were rated as amongst the top 5 employers in the Midlands on a number of areas.

(b) There have been significant improvements in 6 out of 9 key areas.

(c) The full Report and presentation will be presented to the next Board of Directors meeting. **GE**

(d) The CEO thanked all the Board for supporting the culture to improve this survey.

(e) Mr James (NED) encouraged the CPO to promote the survey results publically to reinforce the request for the people of Herefordshire to come to work at the Trust.

Resolved – that:

(A) The Staff Survey verbal update be received and noted.

(B) The full Staff Survey will be presented to the April Board of Directors meeting. **GE**

BOD19/03.24 **BAF and High Risks and Risk Appetite**

The Associate Director of Corporate Governance presented the BAF and High Risks and Risk Appetite and the following key points were noted:

(a) This is the last BAF for 2023/24. Future reports will align with the Trust Objectives for next year.

(b) We will continue to capture risks within our risk management system if not aligning to our Trust Objectives.

(c) One risk deteriorated in the period relating to cleanliness.

(d) The Risk Ratings are very dynamic and are constantly being updated. Triage space in Maternity was a high risk but has now been resolved. This changes and evolves as actions are put in to mitigate.

(e) All Board members were asked to describe their Risk Appetite with all responses consolidated. We use the ICS Risk Appetite Framework to see where we are aligned with them. This helps to inform Business Cases and ensure we have a more system approach where we are more risk adverse with certain objectives.

(f) Mrs Twigg (NED) advised of 2 NHS online courses that she had attended around this subject that were very useful and recommended anyone attend. It was a mix of NEDs and Executive Directors on the meeting.

COMMITTEE SUMMARY REPORTS

BOD20/03.24 **Audit Committee Report 14 December 2023 and Minutes 27 September 2023**

Mrs Twigg (Chair of the Audit Committee and NED) presented the Audit Committee Report 14 December 2023 and Minutes 27 September 2023 and the following key points were noted:

(a) Internal Audit saw a lot of pressures to complete their Reports, some of which will have to be carried forward into next year as they were not completed this year.

(b) We always chose complex areas and do not expect assurance from this as we want to learn, grow and improve. Some of the partial assurances, if we had spent more time on, we could have achieved a reasonable assurance.

(c) We have learnt from the delays last year with External Audit and the completion of accounts. Things are going well so far this year with a lot of extra work to support.

Resolved - that the Audit Committee Report 14 December 2023 and Minutes 27 September 2023 be received and noted.

BOD21/03.24 **Integrated Care Executive February 2024**

Resolved – that the Integrated Care Executive Summary Report February 2024 be received and noted.

BOD22/03.24 **Charity Trustee Minutes 12 October 2023**

Resolved – that the Charity Trustee Minutes 12 October 2023 be received and noted.

BOD23/03.24 **Quality Committee Summary and Minutes**

Mr James (Chair of the Quality Committee and NED) presented the Quality Committee Minutes 26 October 2023, Summary Report and Minutes 30 November 2023 and 21 December 2023 and the following key points were noted:

(a) The format for presenting the Summary Report and Minutes has changed with a reduced Summary Report and minutes accompanying this with any issues to escalate.

(b) There was 1 escalation in the November minutes regarding the Electronic Discharge Summary (EDS). The issue came from the Maternity Monthly Report with a breakdown in the system for the EDS being sent to Primary Care. An investigation in Maternity was undertaken and it was found that this was a wider issues across the Trust. Regular updates will be presented to the Quality Committee.

Resolved – that the Quality Committee Minutes 26 October 2023, Summary Report and Minutes 30 November 2023 and 21 December 2023 be received and noted.

COMMITTEE MINUTES

BOD24/03.24 **Foundation Group Board and Action Log 7 February 2024**

Resolved – that the Foundation Group Board minutes and Action Log 7 February 2024 be received and noted.

BOD25/03.24 **Any Other Business**

There was no further business to discuss.

BOD26/03.24 **Questions from Members of the Public**

Q1. How many stroke patients from Hereford Hospital have been sent to University Hospital Birmingham for a mechanical thrombectomy in the last 6 months?

A1. The CMO advised that we sent 7 patients in the last 6 months which is an expected number.

Q2. Will the new stroke service link with Worcester Hospital and the appointment of an ACP affect the “send to Birmingham service?”

A2. The CMO advised that this will not affect the service. The pathway will remain the same for patients requiring mechanical thrombectomy.

Q3. Will Martha's Law (second opinion from another Consultant upon request on a 24/7 basis) be implemented at Hereford Hospital? If not, why not? If not, is there a Plan B?

A3. The CMO advised that we are working towards implementing this. We are planning to extend our Critical Care Outreach to a 24 hour service. A Business Case will be presented to a future Trust Management Board. This is run by specialist nurses who can support doctors and nurses on the wards. They will offer the first port of care to patients/relatives wanting a second opinion on critically ill patients. There is no date set as yet for implementation as we are working up the first stage.

The Managing Director advised that we are one of only a few Trusts that do not have 24/7 Critical Care Outreach. This is needed but is at an additional cost. The CMO and the Deputy CMO are working on improving the care of our deteriorating patients who do not warrant being transferred to ITU but are very sick. We will need to reconfigure how we deliver critical care to our patients.

Mrs Martin (NED) accepted the limitations with our urgent service model and funding and encouraged relatives to raise any concerns with the clinical team and to ask for a review. We will be able to support this despite not having a 24 hour Critical Care Outreach.

Q4. In the Board papers there is much concern about the increased level of violence to Trust staff, particularly in ED.

How many verbal assaults have there been on Trust staff in the last 6 months? 71

How many physical assaults have there been on Trust staff in the last 6 months? 66

How many warning letters has the Trust issued to protagonists involved in these staff assaults? 7

How many protagonists have police arrested for assaulting staff in the last 6 months? Information not held by Trust – requested from police.

How many warning letters have the police sent to protagonists who have assaulted staff in the last 6 months? Information not held by Trust – requested from police. **AD**

How many protagonists have been prosecuted, or are awaiting trial for assaulting staff in the last 6 months? Information not held by Trust – requested from police.

A4. The CSPO will provide a response in the minutes.

The Chairman reiterated that it is totally unacceptable for any member of the public to be aggressive towards any member of staff.

Q5. I note that the average, at the end of each month, there are 92 patients in acute beds that are ready for discharge but there is nowhere for them to go. Can the Board please give further details of why discharges are delayed and who is responsible for these delays and what are the prospects for improvement are? (In relation to the Care Quality Commission Inspection of ED).

A5. The CEO advised that the relevant questions are in the Staff Survey which will be included in the Report being presented to the next Board meeting.

The Chief Transformation and Delivery Officer advised that we have 46 patients waiting to be discharged (20 in Community Hospitals). Category 1 patients are waiting on average 5½ days. A lot of work is being done across Herefordshire to improve this with our partners. A process is being looked at to ensure that there is a sensible solution to this to ensure that patients get to the right area as quickly as possible. We meet with colleagues on a regular basis to discuss delays.

The Chairman also noted the hospital functional decline that patients can suffer from due to delays along with the cost implication.

The Managing Director advised that there are a number of Herefordshire Pathways with a lot of improvement work being carried out by the Chief Transformation and Delivery Officer and Herefordshire Council. She was concerned about Powys Social Care and the 20 delays with their patients. We are exploring with the Deputy CFO whether we can level penalties to this. We recognise how difficult this is in rural communities.

Resolved – that:

(A) The Questions from Members of the Public be received and noted.

(B) The Chief Strategy and Planning Officer will provide a response in the minutes to the questions raised around violence in the Emergency Department. **AD**

BOD27/03.24 **Date of next meeting**

The next meeting was due to be held on 4 April 2024 at 1.00 pm via MS Teams.

WYE VALLEY NHS TRUST
ACTIONS UPDATE: BOARD OF DIRECTORS, 4 APRIL 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
BOD11/12.23 Finance Report 07.12.23	(E) The Chief Finance Officer will provide the cash plan which underpins the cash borrowing for PDC funding.	KO	Meeting arranged.
BOD12/03.24 Climate Change Adaptation Plan 07.03.24	(B) The Chief Strategy and Planning Officer will circulate the Climate Change Adaptation Plan to the Foundation Group.	AD	Completed.
BOD15/03.24 Patient Experience Quarterly Report 07.03.24	(B) The Chief Nursing Officer will review the age profile for the national Care Quality Commission led Maternity Survey.	LF	The Care Quality Commission send out the survey and therefore we do not have any influence over the age profile.
BOD18/03.24 Staff Survey 07.03.24	(B) The full Staff Survey will be presented to the April Board of Directors meeting.	GE	Completed – On agenda.
BOD26/03.24 Questions from Members of the Public 07.03.24	(B) The Chief Strategy and Planning Officer will provide a response in the minutes to the questions raised around violence in the Emergency Department.	AD	Completed – Within the minutes.
ACTIONS IN PROGRESS			
N/A	N/A	N/A	N/A

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	Chief Executive Officer Update Report
Status of report:	**☐Approval ☐Position statement ☒Information ☐Discussion**
Report Approval Route:	Board of Directors
Lead Executive Director:	**Chief Executive**
Author:	Glen Burley, Chief Executive Officer
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

To update the Board on the reflections of the CEO on current operational and strategic issues.

2. Recommendation(s)

For Information

3. Executive Director Opinion[1]

Assurance can be provided that the information within this update report is accurate and up to date at the time of writing.

4. Please tick box for the Trust's 2023/24 Objectives the report relates to:

Quality Improvement

☐ ***Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes***

☐ ***Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)***

☒ ***Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care***

Digital

☐ ***Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy***

☐ ***Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways***

Productivity

☐ ***Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations***

☐ ***Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre***

Sustainability

☐ ***Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff***

☐ ***Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process***

Workforce

☐ ***Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners***

☐ ***Develop a 5 year 'grow our own' workforce plan***

Research

☐ ***Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate***

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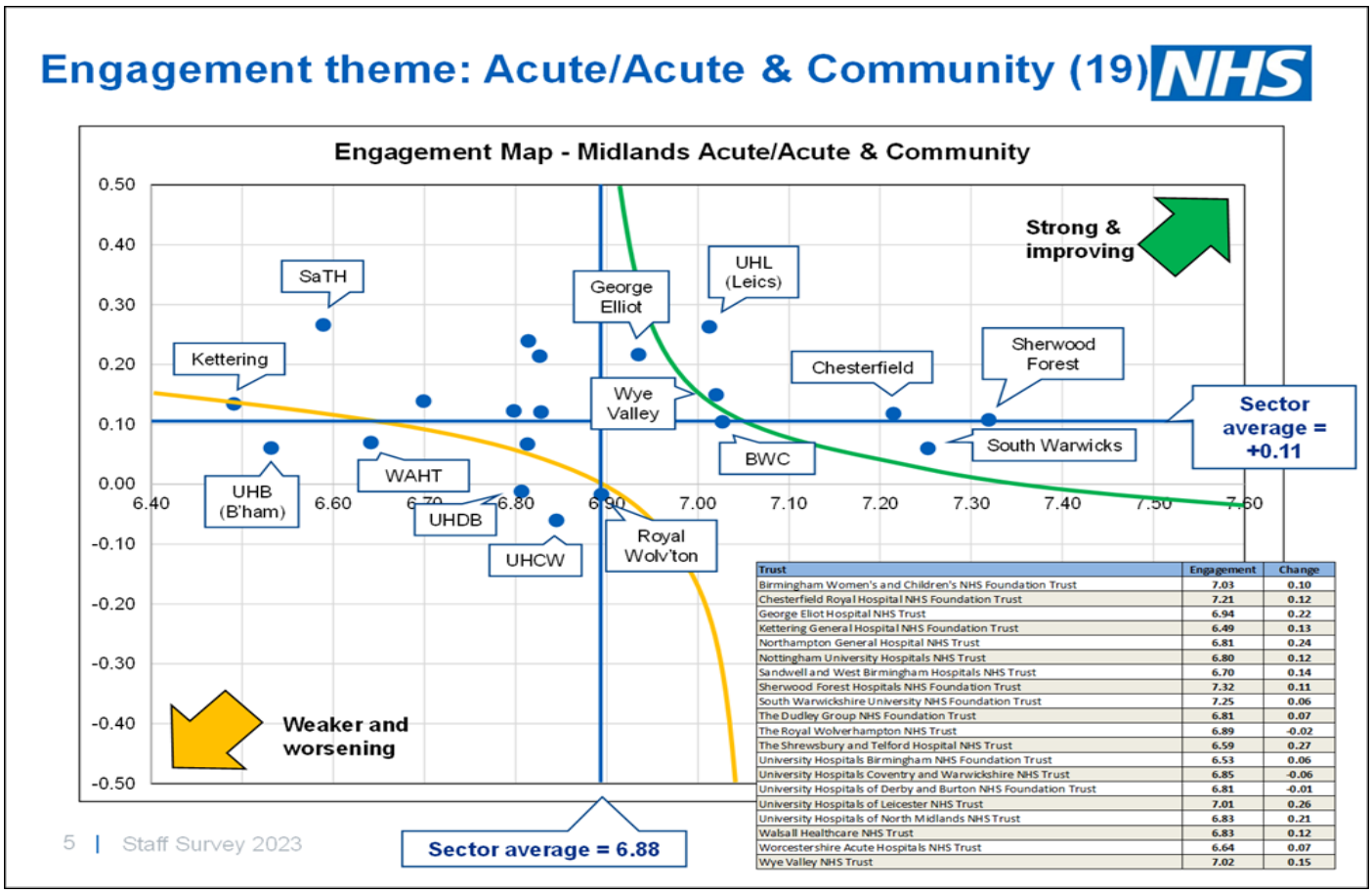
1. WVT Further Improved in the NHS Staff Survey

The latest Annual NHS Staff Survey results were published a few weeks ago and the full results have been shared with the Board. It is really encouraging to see further improvement in all areas with some of the best overall results in the Region.

The staff engagement lead at NHS England also tracks some of the key questions from the Survey as a lead indicator to predict other indicators of safety and productivity. The analysis below is part of that work. This table shows an 'engagement map' of the Trust in the Midlands. This shows the engagement score (x-axis) versus the change from last year (y axis) with the national average for the sector also displayed.



Trust	Engagement	Change
Birmingham Women's and Children's NHS Foundation Trust	7.03	0.10
Chesterfield Royal Hospital NHS Foundation Trust	7.21	0.12
George Eliot Hospital NHS Trust	6.94	0.22
Kettering General Hospital NHS Foundation Trust	6.49	0.13
Northampton General Hospital NHS Trust	6.81	0.24
Nottingham University Hospitals NHS Trust	6.80	0.12
Sandwell and West Birmingham Hospitals NHS Trust	6.70	0.14
Sherwood Forest Hospitals NHS Foundation Trust	7.32	0.11
South Warwickshire University NHS Foundation Trust	7.25	0.06
The Dudley Group NHS Foundation Trust	6.81	0.07
The Royal Wolverhampton NHS Trust	6.89	-0.02
The Shrewsbury and Telford Hospital NHS Trust	6.59	0.27
University Hospitals Birmingham NHS Foundation Trust	6.53	0.06
University Hospitals Coventry and Warwickshire NHS Trust	6.85	-0.06
University Hospitals of Derby and Burton NHS Foundation Trust	6.81	-0.01
University Hospitals of Leicester NHS Trust	7.01	0.26
University Hospitals of North Midlands NHS Trust	6.83	0.21
Walsall Healthcare NHS Trust	6.83	0.12
Worcestershire Acute Hospitals NHS Trust	6.64	0.07
Wye Valley NHS Trust	7.02	0.15

It is encouraging to see the Group results together on this chart. Both South Warwickshire FT and George Eliot NHS Trust are in the upper right-hand quadrant with WVT. Worcestershire Acute Hospitals NHST is in the opposite quadrant. Having only joined the Group in August our aim will be to demonstrate that our approach of sharing best practice between the 4 Trusts in the Group will have a positive impact on their results in the next annual survey which will be carried out at the end of this summer.

2. The Budget and the NHS

The main headlines of the Spring Budget were that the Chancellor announced a £2.5bn revenue funding increase for the NHS in 2024/25, a £3.4bn increase in capital funding for NHS technological and digital transformation over three years from 2025/26 and £35m over three years from 2024/25 to improve maternity safety.

The £2.5bn revenue funding increase for the NHS will protect current funding levels in real terms covering agreed pay awards and inflation assumptions. It is unclear at this stage to what extent this will support the NHS to continue reducing waiting times and improve performance. These details will be set out in Planning Guidance which, at the point of writing this note, still had not been released. The DHSC revenue budget now stands at £171.8bn (24/25). Of which the NHSE allocation is £155.1bn. The £3.4bn additional capital funding will double the investment in digital over the next three years and will be split across several areas:

- £1bn to use data to reduce time spent on administrative tasks e.g. AI to automate back-office functions.
- £2bn to support electronic patient records, upgrading MRI scanners with AI and digitising transfers of care.
- £430m to support access for patients e.g. the NHS App.

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In return, NHSE has committed to 1.9% average productivity growth from 2025/26 to 2029/30, rising to 2% over the final two years. The government expects that this will unlock £35bn in productivity savings from 2025/26 to 2029/30 and will convene an external expert advisory panel to support delivery.

This represents a substantial increase on historical NHS productivity growth. NHS England will start reporting against new productivity metrics regularly from the second half of 2024/25 at a national integrated care board and trust level. New incentives will be introduced to reward providers that deliver productivity improvement at a local level. Further detail will be set out in the summer.

The government will also work with NHS England to reduce the costs of agency staffing, including ending the use of off-framework agency staffing from July 2024. Alongside this, NHS England will introduce a wider set of measures to review agency price caps, tighten controls and rules around agency staffing, and improve transparency.

The government has framed the NHS productivity plan as a “blueprint for other parts of the public sector to adopt” and is investing £800m in wider public services (including the police and justice system) to drive productivity growth. Relevant government departments will develop detailed productivity plans in the run up to the next spending review, which will put in place a public sector productivity improvement strategy.

The Chancellor also announced £35m investment over three years from 2024/25 to improve maternity safety across England. This will fund several measures, including the roll out of the Avoiding Brain Injuries in Childbirth Programme and Maternity and Neonatal Voice Partnerships. Also, £45m of additional funding for was announced for medical charities research agendas, including £3m for Cancer Research UK.

The Office for Budget Responsibility (OBR) published its Economic and Fiscal Outlook (EFO) alongside the Budget. Overall, the medium-term fiscal outlook has remained relatively similar to the OBR’s forecasts in November, with the Chancellor again prioritising tax cuts over public services spending. Key points from the OBR’s revised forecasts Consumer price index (CPI) inflation forecasts revised downwards: CPI inflation in the final quarter of last year was 0.6 percentage points lower than the OBR’s November forecast at 4.2%. The OBR is forecasting inflation will fall faster than its previous forecasts to average at 2.2% over 2024 and 1.5% over 2025. Larger than anticipated falls in energy prices is the primary driver of lower inflation forecasts. As with CPI inflation, growth is expected to slow over the short term, with the OBR forecasting 1.5% in 2024 and 1.2% in 2025 – around 0.5 percentage points lower than their November forecast.

The Chancellor held firm on his commitment for total Public Sector revenue spending to increase by 1% in real terms, and capital spending is expected to be frozen in cash terms. However, the OBR continues to assume that spending on the NHS will grow by 3.6% a year in real terms, in line with.

3. Productivity Improvement

The announcement of a significant focus on productivity was not unexpected and plans to increase the focus on this have already been included in our Annual Objectives. For a little while now I have been having discussions with senior NHSE colleagues about how we could improve the measurement of productivity and the approach to improvement. I have also advocated for a better mechanism of incentivisation to be introduced as I feel that we are in danger of creating a financial regime which rewards spending. It was, therefore, encouraging to see this referenced too and hope to get closer to the details over the coming weeks.

As the Budget announcements identified, we will soon have access to a Trust and System level dashboard which signals opportunities for improvement. My expectation is that this will draw heavily on the Model Hospital data as well as other metrics such as temporary staffing costs, sickness levels, and theatre utilisation. For some time now we have been examining the variation in these areas across the Group and improvement of these metrics has been a key element of the CPIP plans in each Trust.

We feel, however, that the Group is in a relatively unique position to use internal benchmarking to go further. The similarities of the operating model and scale of each Trust in the Group lend them more easily to benchmarking for improvement. Following approval by Group Strategy Committee we will soon be starting a programme across the Group which examines the details beneath the top 6 highest cost specialties in each Trust according to Model Hospital. This will be led by David Mowbray, Group Clinical Advisor, and supported by David Moon, Group Financial Advisor, with the support of a very experienced Operational Manager, Fiona Stevens.

In support of the general focus on productivity improvement we will also be commencing a series of on-line learning events for divisional leaders across the Group which ensures that the skills of demand and capacity management, team job planning, etc., are sharpened using internal expertise. The Group Strategy Committee has already agreed a common approach to team consultant Job Planning to support this.

4. Foundation Group Improvement Week May 13-17

Following on from last year's successful event, Improvement week is a chance for staff across the Group to join specially arranged sessions offering advice and insight into improving services, making all four Trusts better places to work and to receive care at.

Our Improvement Week provides real life examples of where individuals and teams have made a difference and improved the workplace and the quality of services we deliver. Throughout the week, the on line sessions will give key information on where improvements have been made across the Group, with advice and tips on how they can be implement in other areas

Sessions have been arranged to focus on:

Empowerment
Resilience
Relationships
Data driven improvement
Coproduction
Health inequalities
Innovation

5. MORE FROM OUT GREAT TEAMS – Update from the Integrated Care Division - April 2024

The Integrated Care Division have been responding to the winter pressures in a number of proactive and responsive ways.

They have provided 11 additional beds, which are unfunded, open throughout the winter period and the division has utilised existing resource and employed agency staff to ensure staffing levels remain within agreed levels. Our Urgent Community Response (UCR) team continues to strengthen and develop with month on month increase in referrals. The service received record referrals during January- these have been managed accordingly utilising other teams within the division to support all referrals. The next quarter will see a relaunch of the referral centre, Community Integrated Response Hub (CIRH) to ensure that its function is understood and fully utilised.

One of their key actions for winter was to increase the activity from the ambulance service to UCR. This work is progressing well and we are in contact at several points throughout the 7-day week, with colleagues in the ambulance service. The focus has shifted to direct Clinical Conversations so that a UCR clinician is the first point of contact for the ambulance service - this is currently being evaluated.

With the development of staff through the Advanced Clinical Practitioner (ACP) programme over the last 2 years we are now starting to see these staff qualify to ACP's. This is part of the Divisions "grow your own"strategy which we are starting to see the benefit of.

Discharge to assess focus continues. We are working with our system partners and have seen improvements particularly around Pathway 1 capacity. Work continues to improve time to discharge, via all Pathways, and the Discharge to Assess Board will monitor this going forward. The Discharge to Assess Board is co-chaired by our Associate Chief Operating Officer and the Herefordshire Council Commissioning Lead. This reflects our successful integrated approach to how we run our services.

We have also seen high levels of productivity from our newly created Bridging Team. This team was formed as response to significant Pathway 1 delays and a lack of capacity available in our LA commissioned Reablement service. The staff provide a bridge to enable the patient to be discharged and cared for at home, whilst waiting for the Home First service to take over. An evaluation of this service is in progress, but it is clear that this service provided excellent value for money. It is planned that, as the capacity within Pathway 1 improves, this service could be stood down over the summer months, and rapidly stood up again for winter, if required.

We have for some time been concerned about how long children are waiting to see a therapist. We are pleased to see this time reducing and will continue to focus on this to reduce further

5. Spring Going the Extra Mile Awards

Team Winner – Chemotherapy Nursing Team

The Chemotherapy team have maintained this service throughout a very difficult six months. Long term sickness in a number of key posts has meant that Ruth, Jody, Tracey and Hannah, have had to share management responsibilities in order to maintain the smooth running of the Chemotherapy Suite. All this and continue to provide the same level of clinical input.

Despite the increased pressure these nurses have endured each has demonstrated a determined resilience to uphold WVT Care Values, particularly accountability and excellence. They have all gone ‘the extra mile’ to ensure that patient care does not suffer, and other staff members have continued to feel supported.

We want to thank them for their hard work and resilience during this challenging time, they have shown outstanding teamwork and should be really proud of themselves.

Individual Winner – Maddy Roberts

Maddy Roberts has gone above and beyond whilst working with a student to respond to a need where clinical staff with English as an additional language adding cultural communication tools in an English NHS context. Maddy set in motion a resource to help clinical colleagues writing a leaflet called All Clear that covered paralanguage, non-verbal communication, open dialogue, and tips for enhancing communication.

Maddy also initiated a group of engagement volunteers to provide dementia patients with meaningful activities for social interaction and well-being and collated a ‘communication box’ that contained IPC-friendly games and art therapy colouring for each of the frailty wards.

What was supposed to be a onetime event, we called on Maddy to assist with our first induction and to co-present a module based on her All Clear leaflet, however now see Maddy as a perennial co-presenter, presenting a module on mealtime support.

Maddy does not accept second best, is extremely self-motivated and looks for excellence to equip others towards excellence. She is a proven team player by volunteering in her own time outside of her busy role within WVT. She shows compassion and respect for patients.

Individual Runner Up– Ericson Mojares

It was my sixth day on Wye ward and as you can imagine I was beginning to get a little bit of cabin fever. This particular morning, Ericson rocks in all bright and breezy and you cannot help but have a smile on your face even when you feel absolutely awful.

It was a challenging day on the ward and after a very difficult morning shift, it left Ericson and one nurse to cover the area, but Ericson did not show his struggles and instead worked harder and kept a smile on his face the whole time, having an eagerness to help anyone that needed it. No moaning, no looking like he really needed to just sit down, just a real eagerness to help to do his best for the patient’s.

His attitude to work makes being in hospital so much more bearable. He never tells you that he cannot follow through with something. Ericson is such a trooper for taking on the job of two people while still having a smile on his face and a spring in his step. He is an asset to Wye Ward.

Glen Burley
Chief Executive Officer

Integrated Performance Report

February 2024

Integrated Performance Report: Public Guidance Pack

Compassion • Accountability • Respect • Excellence

Managing Director – Executive Summary

Jane Ives
Managing Director

Despite the difficulties we have faced over the winter period and over the year, we will finish the year with some strong performance across a number of important areas.

The results of the staff survey that are in detail on todays agenda show good improvement on what were already strong metrics last year. My particular thanks go to Geoffrey Etule for his leadership of the people agenda, but this is a reflection of all of our managers and leaders across the trust. We have particularly strong indicators for staff feelings of autonomy and control at work which match the best nationally. I think this is a reflection of our investment in leadership development and improvement training over the years and focus on staff engagement. Of course there are areas for improvement and we will continue to work for further improvement.

The improvement is our staff experience are showing in our range of HR metrics which continue to be good.

We will finish the year with around 100 patients waiting over 65 weeks (English and Welsh which are reported separately), given the winter pressures and industrial action we have aced this is a really good results and we are well placed to meet the operating framework target of no patients waiting over 65 weeks by September 2024.

The national operating framework was released on March 27th and we plan to meet all of the operational targets. At the end of the year we had around 60 patients waiting over 62 days for their cancer treatment against a target of 71, we exceeded the faster diagnosis standard of 75% within 28 days and anticipate improvement in the proportion of patients treated within 62 days from referral as a result of these improvements as we enter the new year.

We received some additional investment (£100,000) in March and a challenge to improve our emergency access standards . A range of initiatives have been conducted under a test of change and we have seen a more than 10 point improvement over our January performance—one of the most improved in the country. This will give us access to some additional capital next year and we are working through which changes can be made permanent. In the meantime the work with Herefordshire council to improve the productivity of our discharge pathways have made a significant improvement to pathway 1 (home with support) and we now have the lowest number of delays for patients waiting for this pathways for some years.

Whilst we still have patients boarding on our wards , the numbers have reduced and our ambition is to eliminate the need for boarding with further improvements to our system urgent care pathways. This is one of the priority areas for the One Herefordshire partnership for the coming year as improvement will need whole system transformation.

Our mortality metrics have continued to show improvement based on our approach to learning from deaths. We are ready to launch the Herefordshire medical examiner service that will review all deaths, not just those in hospital. The national date for commencement has not yet been agreed, but we are prepared.

Lastly financially we are set to achieve our revised financial trajectory for the year just ended. The financial challenge for 2024/25 is significant and demands higher levels of productivity and costs improvement than we have delivered in the last year.

Our Quality & Safety – Executive Narrative

Chizo Agwu
Chief Medical Officer

Lucy Flanagan
Chief Nursing Officer

CQUINS Q3 Performance

The Trust performance at Q3 for the CQUINS programme is detailed in the table below. Overall the Trust is performing well, either partially or fully achieving all CQUINS in the improvement project section. CQUIN 01 and 13 are data collection only and do not have an associated improvement project. For each CQUIN there is an improving picture with compliance increasing quarter on quarter with the exception of CQUIN 14 where there has been a reduction. Despite operational pressures seen in Q3, staff have worked hard to maintain the data collection for CQUINS and attend improvement meetings and contribute to the ongoing projects.

The five national indicators adopted by the Trust for 2023/24									
No	Area	CQUIN	Compliance Measure	Q1	% Q1	Q2	% Q2	Q3	% Q3
CQUIN 05	Medical	Identification and response to frailty in emergency departments	10% - 30%		73%		80%		86%
CQUIN 06	Clinical Support	Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service.	0.5% - 1.5%	N/A	Whole period result	N/A	Whole period result	N/A	Whole period result
CQUIN 07	Trustwide	Recording of and response to NEWS2 score for unplanned critical care admissions	10% - 30%		26%		45%		76%
CQUIN 12	Trustwide	Assessment and documentation of pressure ulcer risk (acute & community)	70% - 85%		81%		89%		93%
CQUIN 14	Integrated Care	Malnutrition screening for community hospital inpatients	70% - 90%		88%		86%		77%
Additional CQUINs that will be reported on in 2023/24									
CQUIN 01	Trust wide	Flu vaccinations for frontline healthcare workers	75% - 80%	N/A	N/A	N/A	N/A		38.0%
CQUIN 13	Integrated Care	Assessment, diagnosis and treatment of lower leg wounds	25% - 50%		54%		55%		61%

CQUINS 2024-25

It has been announced that the CQUINS programme has been suspended for 2024-25 to allow review of the current scheme. There is an indication the national team may suggest local projects that could be undertaken but this will not be mandated. This has been taken into consideration in development of the Trust Quality Priorities for 2024-25.

Quality and Safety – Staffing February Data

Fill Rate and CHPPD Data

	Day		Night		
	RN Fill	HCA Fill	RN Fill	HCA Fill	Overall (Actual) CHPPD
Primrose Unit	102%	80%	98%	93%	9.0
Maternity Ward	93%	100%	91%	91%	6.3
Children's Ward	118%	208%	127%	110%	16.0
Lugg Ward	103%	121%	133%	158%	6.9
Wye Ward	128%	82%	116%	102%	6.9
Cardiac Care Unit	100%	96%	100%	100%	11.5
Leominster Community Hospital	149%	109%	100%	186%	7.7
Bromyard Community Hospital	103%	167%	100%	238%	7.8
Ross Community Hospital	104%	126%	100%	132%	6.6
Teme Ward	118%	68%	95%	56%	10.1
Redbrook Ward	93%	99%	98%	103%	6.3
Special Baby Care Unit	95%	-	86%	-	16.2
Intensive Care Unit	123%	-	100%	-	28.9
Gilwern Ward	166%	141%	111%	155%	7.7
Acute Medical Unit	141%	92%	111%	138%	8.5
Ashgrove Ward	129%	97%	121%	118%	7.8
Dinmore Ward	134%	98%	100%	135%	6.8
Garway Ward	112%	112%	104%	127%	7.6
Frome Ward	126%	88%	103%	102%	6.5
Arrow Ward	148%	90%	154%	104%	8.2
Women's Health	101%	95%	100%	-	8.7

There are ward areas that due to the increases in acuity and dependency of our patients and due to significant increases in boarding patients have required additional staff over the establishment levels.

Children's Ward – Due to additional HCA support for CAMHS patients. Children's Nurse and HCA supporting Paediatric ED, not within funded establishment.

Lugg, and Wye Ward – Increase in patient acuity.

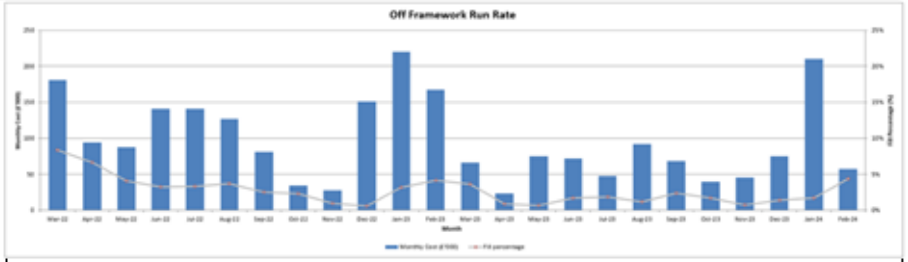
Community Hospital – Due to high dependency patients and patients needing 1:1 care. Additional Beds in Leominster and Bromyard.

Frailty Wards – Due to high patient dependency and additional boarding patients during the day and night. Nursing provision for Frailty SDEC, not within funded establishment.

AMU - Due to high patient acuity and dependency.

Arrow Ward – Due to number of patients requiring non-invasive ventilation (NIV)

Frome – Band 5 registered nurse backfilling Band 4 gap, yet overall fill within expected range



Agency use has significantly increased in January and February and is largely driven by operational pressures, additional beds, boarding patients and increasing acuity and/or dependency of patients. Thornbury use has reduced to more normal levels in February, the spike in January related to an increasing number of ITU patients outside of the ITU bed base and a patient on Ashgrove ward requiring an ITU nurse 24/7

A significant proportion of temporary workforce demand has been driven by the following

- Frailty SDEC (to be funded through business planning)
- Surgical SDEC (to be funded through business planning)
- Changes to ED staffing in response to the CQC inspection
- Additional beds at community hospitals
- Escalation areas being open all month (daycase)
- Escalation beds in endoscopy recovery and external corridor in ED for parts of the month

- The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.

- Questions score towards one or more non-clinical domains:
    - Cleanliness
    - Food/Hydration
    - Privacy Dignity & Wellbeing
    - Condition, Appearance and Maintenance
    - Dementia
    - Disability

- A total score as a percentage is produced for each domain at site and organisation level, as well as a national and a regional result.

Wye Valley NHS Trust 2023 PLACE results

Individual sites	Cleanliness Score %	Food Score %	Organisational Food Score %	Ward Food %	Privacy, dignity & wellbeing Score %	Condition, appearance & maintenance Score %	Dementia Score %	Disability Score %	2023 Average score %	2022 Average score %
COUNTY HOSPITAL	98.2%	90.0%	94.6%	88.0%	81.1%	97.9%	74.9%	77.2%	87.7%	91%
BROMYARD HOSPITAL	99.6%	90.3%	87.3%	94.3%	81.0%	95.4%	71.6%	71.6%	86.4%	88%
ROSS HOSPITAL	98.3%	93.8%	92.0%	96.1%	82.3%	94.8%	80.7%	82.6%	90.1%	87%
LEOMINSTER HOSPITAL	99.5%	93.0%	92.0%	94.3%	77.8%	91.8%	74.5%	77.6%	87.6%	91%
Weighted Organisation average	98.4%	90.5%	93.8%	89.4%	81.0%	97.1%	75.3%	77.4%	87.9%	89%
National Average	98.4%	92.0%	91.2%	92.9%	89.2%	95.9%	85.6%	85.6%	91.3%	89%

Key

- On or Greater than National Average
- Under national Average – within 5%
- Under national Average – greater than 6% below national average

Herefordshire & Worcestershire ICS 2023 PLACE results

Organisation Name	Organisation Type	Cleanliness Score %	Food Score %	Organisational Food Score %	Ward Food %	Privacy, dignity & wellbeing Score %	Condition, appearance & maintenance Score %	Dementia Score %	Disability Score %	Average score %
WYE VALLEY NHS TRUST	ACUTE - MULTI-SERVICE	98%	91%	94%	89%	81%	97%	75%	77%	88%
HEREFORDSHIRE AND WORCESTERSHIRE HEALTH AND CARE NHS TRUST	COMMUNITY	100%	85%	86%	84%	95%	95%	78%	79%	88%
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	ACUTE - LARGE	98%	85%	89%	84%	83%	96%	75%	80%	86%
National average		98%	92%	91%	93%	89%	96%	86%	86%	91%

Key

- On or Greater than National Average
- Under national Average – within 5%
- Under national Average – greater than 6% below national average

Foundation Group 2023 PLACE results

Organisation Name	Organisation Type	Cleanliness %	Food %	Organisational Food %	Ward Food %	Privacy, dignity & wellbeing %	Condition, appearance & maintenance %	Dementia %	Disability %	Average score %
WYE VALLEY NHS TRUST	ACUTE - MULTI-SERVICE	98%	91%	94%	89%	81%	97%	75%	77%	88%
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	ACUTE - TEACHING	100%	94%	98%	93%	84%	99%	67%	71%	88%
GEORGE ELIOT HOSPITAL NHS TRUST	ACUTE - SMALL	99%	93%	96%	91%	83%	99%	85%	86%	91%
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	ACUTE - LARGE	98%	85%	89%	84%	83%	96%	75%	80%	86%
National average		98%	92%	91%	93%	89%	96%	86%	86%	91%

Key

On or Greater than National Average

Under national Average – within 5%

Under national Average – greater than 6% below national average

WVT Actions

	County	Bromyard	Leominster	Ross	Overall actions
Cleanliness	32	2	2	8	44
Condition, appearance & maintenance	18	8	10	8	44
Dementia & Disability	99	29	20	20	168
Food	22	9	8	7	46
Privacy, dignity & Wellbeing	44	10	11	13	78
Total actions	**215**	**58**	**51**	**56**	**380**

Top themes per domain

Cleanliness - 18 themes

- Dusty door frames
- Toilets/ bathrooms
- External glazing

Condition, appearance & maintenance - 11 themes

- Paving slabs
- Insufficient storage
- Overgrown foliage/ weeds
- Floors damaged

Dementia & Disability - 15 themes

- Clock / date not displayed
- Non compliant colour usage/contrast
- Signage non compliant

Food - 6 themes

- Full compliance with new food standards not achieved
- General food assessment, service & presentation
- Below expectation -food tasting

P,D & W - 22 themes

- Insufficient room/ space provision
- Limited access to entertainment
- Patient data on display

Next steps

- Full analysis of results underway by PLACE working group

- Results being reviewed by relevant Committee
  - ✓ Condition and Maintenance to Estates & Facilities committee
  - ✓ Cleanliness to Cleanliness and Estates & Facilities committee
  - ✓ Dementia, disability & P,D &W actions to the Vulnerable patient committee
  - ✓ Food to Nutritional Steering Group/ Dietetic Lead

- Process to capture all actions under review – Crucial gain assurance actions reviewed/ actioned appropriately

- Implementing PLACE lite from April 2024 to ensure:
  1. Areas not captured in 2023/24 audit are reviewed using same tool
  2. Regular review of Patient facing areas

Our Performance – Executive Narrative

Andy Parker

Chief Operating Officer

Yet again the hard work of our teams over a challenging winter period, which has included numerous period of Industrial Action, have shown how, despite ongoing pressure, we continue to deliver excellent care to the patients of Herefordshire and Powys.

Firstly, our Stroke Teams, across our acute and communities service, have for the first time ever for Wye Valley NHS Trust, been rated at Level A for our Sentinel Stroke National Audit Programme [SSNAP] standards for the period of September to December 2023. This is the highest level of SSNAP score that can be achieved and even more remarkable when we are only one of two Trusts achieving this score across the whole of the Midlands Region during this period.

Secondly, our Frailty teams work on their Frailty Same Day Emergency Care [SDEC] has also been recognised as " Good Practice" by the team at NHS Providers during March. It profiles the work our Frailty team undertake across our Acute Floor and how this new facility, that opened in September last year, is benefiting our elderly patients. Highlighting how our front door frailty team combined with a Frailty SDEC is a clear example of benefiting patients and flow along with positive feedback and experience for patients.

Well done Stroke and Frailty teams

Our test of change month to improvement our 4 hour Emergency Access Standard [EAS] is a week away from being completed and has shown some real improvements in our Urgent and Emergency Care [UEC]. There has been a 12% improvement in our EAS performance, when compared with January 2024, mainly driven by "Patient Streaming" by a Senior Nurse at our ED reception, improvements to our minor illness and minor injuries pathways and increase capacity with our SDEC capacity including weekends.

There is much to evaluate and quickly adapt and learn from that has occurred during March that must form the workstreams of our UEC plans for 2024/25, along with wider Trust and System develops so that we can deliver 77% EAS by March 2025.

We have also seen a record months, across January and February, of our Urgent Community Response [UCR] team assisting West Midlands Ambulance Service [WMAS] with 999 calls directly from their Computer Aided Dispatch system, allowing Emergency Paramedics to attend more serious calls in our community. WMAS referrals make up almost half the referrals to our URC team and as we move into April 2024 our teams are looking to increase the age range for these referrals.

We continue to see challenges related to delayed discharges. There are significant issues with Powys with these delays disproportionate to Powys admission and inpatient numbers. We have a number of escalation meetings with leads for Powys Adult Social Care including additional silver calls and offers of support from Herefordshire system around assessing, brokerage and bedded placement capacity. NHS England Region are also supporting escalation with discussions with wider Welsh Health and expert advise from Regional Adult Social Care. Herefordshire Discharge Pathway 1 delays are seeing improvement following the Discharge to Access Sprint programme of work.

Across our Planned Elective Care pathways we have seen improvements to the number of patients seen per Theatre lists compared with 2019/20 and an increase in the number of Theatre sessions used along with our continue high benchmarking of our Value Weight Activity [VWA]. Which measures activity comparison against 2019/20 based on, not just activity numbers, but complexity and treatment. This continues to place the Trust as having the highest, or second highest, level of VWA in the Midlands Region.

However, unfortunately, we are predicting to end the year with a handful of long waiting 78 week wait patients and c130 long waiting 65 week wait patients. More than we were predicting but with our Elective Surgical Hub coming on line in July we should resolve these long waiting patients in by the end of the summer

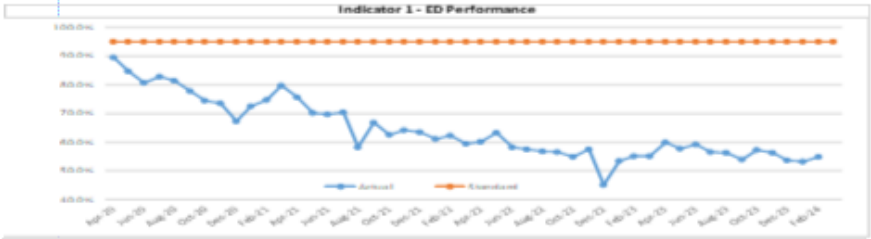
Our Cancer Performance was a concern in January, despite an improvement in our 28 day Fast Diagnosis Standard. [FDS] However, early indications are February and March have shown a significant improvement in FDS, our percentage of patients treated in 62 days and the number of patients waiting over 62 days to start treatment.

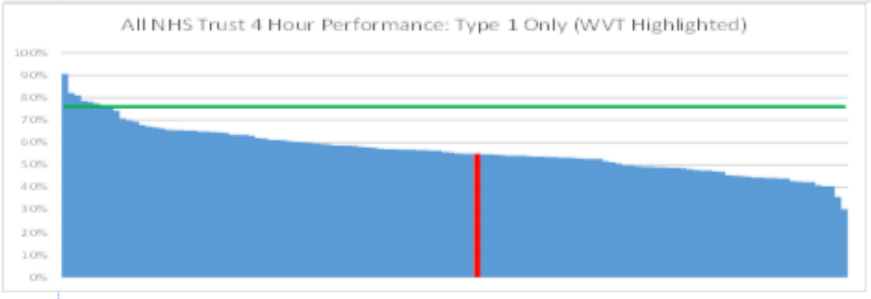
Operational Performance – Urgent and Emergency Care [UEC] / Emergency Department [ED] Performance

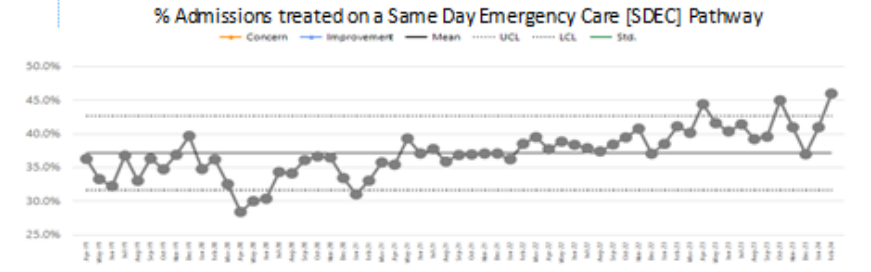
We are driving this measure because:

The National 4 Hour Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at the Emergency Department [ED] where clinically appropriate. Performance has been adversely affected by year on year increases and higher acuity in emergency presentation to our ED.

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation - cause for concern (indicator where LOW is a concern)	Reasonable Assurance







Performance and Actions

- 5730 patients attended ED in February. The range of attendances varied from 161 to 239 with 198 being the average daily attendances . Increase over January.
- 1,464 ambulances conveyed to the Trust in month. The range in month was 46 to 74. This includes 11.4% from Powys [203]
- Ambulance handover delays over 1hr were 17% [249] of all conveyances and 66% [963] of all ambulance conveyances had a handover within 30 minutes. Improvement over January.
- Same Day Emergency Care [SDEC] treated 1,062 of all admissions [46% of all admissions] via a Same Day pathway within no overnight admissions.

Current schemes for Test of Change in March with oversight via Valuing Patients Time Programme Board [VPTB]:

- Increase use of Virtual Ward and focus on increased use of Outpatient Parenteral Antibiotic Therapy (OPAT) Service
- Implement senior streaming at ED reception. Streaming involve staking a brief history and performing basic observations if appropriate. This information may also be used to streaming a patient to the most appropriate pathway early and their support triage prioritisation.
- Increase the capacity within our minors area, both workforce and physical capacity.
- Increase Medical SDEC capacity by undertaking some clinical task outside of the acute floor footprint
- Increase the cohort of patient eligible for Surgical SDEC
- Increase the capacity with Primary Care to receive an increased number of patients booked into in hours and out of hours clinics.

Risks:

- Sustained pressure in ED attendances and continued challenges with demand and high acuity with fluctuating high levels of attendances and Ambulance conveyances
- Workforce constraints due both medical and nursing teams across the acute floor and our inpatient areas.
- System patient flow constraints due to workforce and capacity.

What the chart tells us:

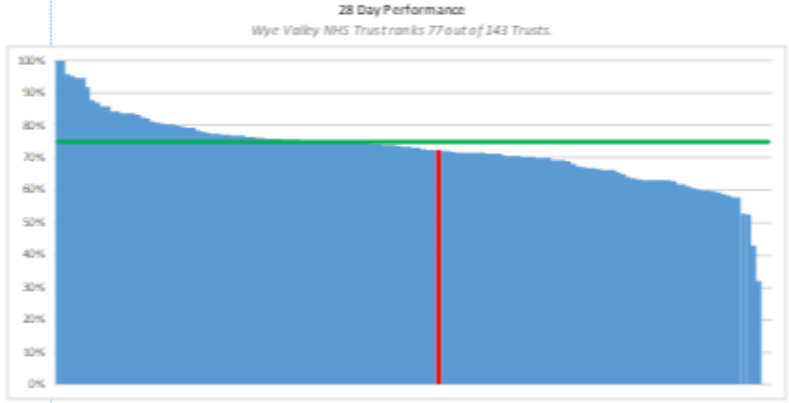
Performance consistently above 80% early in the period but as volume of attendances started to increase with relaxation of national COVID rules and IPC challenges performance started to suffer. Improved performance seen again from December 2020 to March 2021 but coinciding with reduced volumes of attendances.
February Type 1 4hour Performance was 54.9%

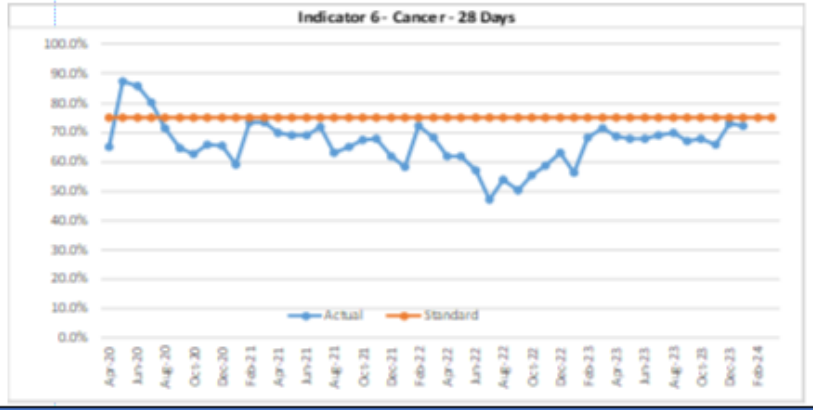
Operational Performance – Cancer Performance 28 Days Fast Diagnosis Standard [January 24]

We are driving this measure because:

Cancer is one of the leading causes of mortality in the UK. There are nine main operational standards for cancer waiting times and three key timeframes in which patients should be seen or treated as part of their cancer pathway. Two of the key measures is 75% of patients getting a cancer diagnosis, or having cancer ruled out, within 28 days of being urgently referred by their GP for suspected cancer and 85% start first treatment within 62 days.

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance





Performance and Actions

Referrals

- Cancer referrals remain high with a 46% increase compared with 3 years ago, an additional 3885 patients, also 11% above our planning assumptions for 2023/24.
- Colorectal referrals have remain high at a 66% increase compared to three years ago (921 additional referrals). The fecal immunochemical test (FIT) pathway is now live within primary care but there have been issues where old referral forms are still being used due to primary care roll out. This has now been picked up and we should see a reduction in referrals over the next few months.

Main Issues impacting on 28 day performance and actions:

- Histology still have a number of consultant vacancies and specimens continue to be sent out to insourcing companies and bank locums. Currently working with information to have a dashboard of turn around times which will show a true representation of bottlenecks within the specialty pathways.
- Computed Tomography (CT) Colonography (CTC) booking time is around 14 days due to an increase in demand, 10 additional radiographers have started via an international programme and once induction period is completed will be able to start on the CT rota, releasing trained radiographers to increase CTC capacity.
- Radiology scan to reporting times remain the same as they continue to use telemedicine clinic for cancer reporting, all scans are being reported within a maximum of 3 days.
- Endoscopy booking are exceeding 14 days rather than the internal target of 7 days, an action plan is being developed with the management team to reduce to the target

Risks:

- Cancer referrals continuing to remain above 19/20 levels /Histology Endoscopy and Radiology capacity still remains to be an issue.

What the charts tells us:

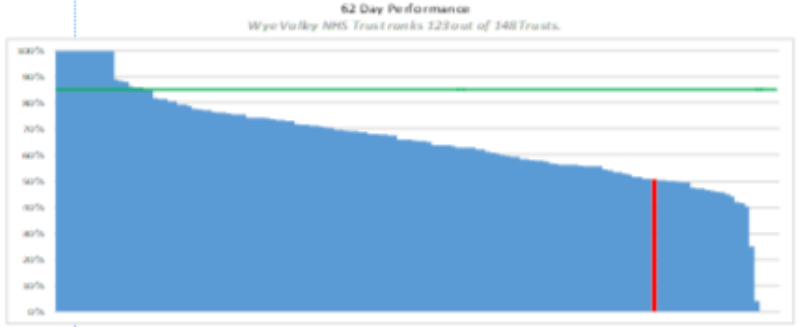
- 28 Day faster diagnosis = Performance against this target was 72.4% and remained below the target of 75% and below our trajectory for the month.

Operational Performance – Cancer Performance 62 days Start of Treatment Standard [January 24]

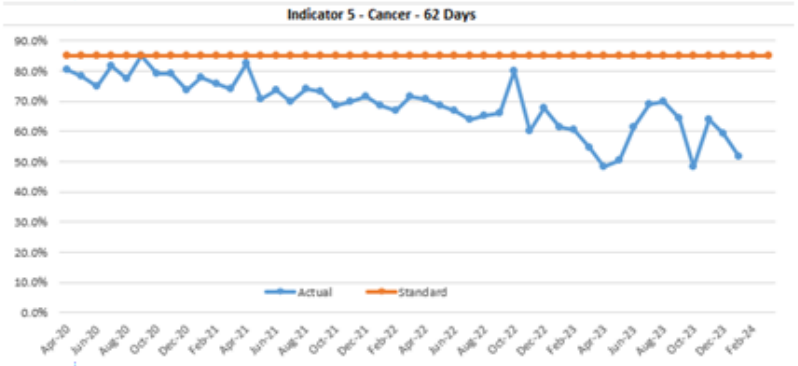
We are driving this measure because:

Cancer is one of the leading causes of mortality in the UK. There are nine main operational standards for cancer waiting times and three key timeframes in which patients should be seen or treated as part of their cancer pathway. Two key measures are monitored below. 75% of patients getting a cancer diagnosis, or having cancer ruled out, within 28 days of being urgently referred by their GP for suspected cancer and 85% start first treatment within 62 days

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



62 Day Performance



Performance and Actions

62 Days:

- The trust position for 62 days in January was 50% with 37 patient breaches, The pressures have been the same related to the Faster Diagnosis Standard performance with bottlenecks earlier on in the pathway and theatre capacity.
- For both February our over 63 day position decreased to 99 compared to 118 in January and this was due to the challenges discussed on the previous slide. For the end of March we are confident we will meet our fair shares trajectory of 71 patients.
- Currently all specialties are meeting a 5 day turnaround time of reviewing cancer results and informing patients of their diagnosis and plan. This is a significant improvement from previous months and is a now a daily ongoing review.

Key Actions:

- Non specific symptom pathway provisional go live date 1st May 2024— signed off at internal governance meetings and now being reviewed at external governance meetings.
- Upper Gastrointestinal [GI] are implementing telephone triage clinics to encourage more patients to go to straight to test, this is being developed currently with the Clinical Lead and General Manager.
- Our electronic patient system to be updated with cancer performance targets, to support with teams being able to booking in breach order.
- Cancer navigators to continue with a 50 patient deep dive weekly to show an delays in specialty pathways.
- Wye Valley Trust clinical and operational representation on foundation group meetings to look at delays in Urology pathway.
- Best practice timed pathway dashboard being developed to show Wye Valley Performance in relation to targets set.

Risks:

- Histopathology / Radiology vacancies—further workforce challenges ongoing
- Impact of further Industrial Action

What the charts tells us:

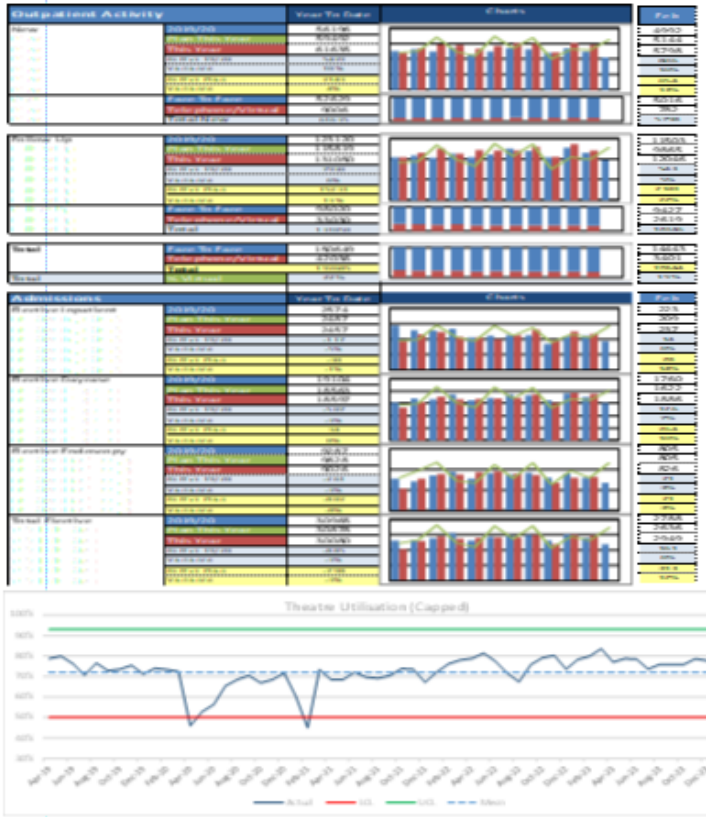
- 62 day Treatment standard = The Trust performance was 50 % against a target of 85%.
- Number of patients waiting over 63 days did increase to 99 patients at the end of February compared with 118 the end of January.

Operational Performance – Referral to Treatment Performance / Activity / Productivity

We are driving this measure because:

Referral to Treatment [RTT] aims to set out clearly and succinctly the rules and definitions for referral to treatment consultant-led waiting times to ensure that each patient's waiting time clock starts and stops fairly and consistently. The maximum waiting time for non-urgent, consultant-led treatments is 18 weeks for English patients and 26 weeks for Welsh patients from when the referral is received by the Trust either booked through the NHS e-Referral Service, or when a referral letter received. Activity plans are measured against the Trusts agreed plans as part of the annual Business Planning process with commissioners

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

Activity Summary:

- New Outpatients [OP] activity was 13% above plan in February. Elective inpatient was 14% above plan in February . Elective Day Cases was 12% above plan for February.

104 week waits:

- We had 1 patient waiting 104 weeks at the end of February —an Orthodontic patients that will be treated in March.
- The ongoing issue of Orthodontics patients waiting beyond 104 weeks for treatment will be resolved by the end of March. However, challenges now exist with a shortfall of medical cover from April onwards and we are working across the Integrated Care System [ICS], and beyond, to find a short to medium term solution.

78 weeks waits:

- 13 English patients were waiting greater than 78 weeks at the end of February. These were 7 Orthopaedic patients, 2 Cornea Transplant Ophthalmology patients, 1 Gastroenterology patients, 1 General Surgery patient and 2 Cardiology patients.
- 3 Welsh patients were waiting greater than 78 weeks at the end of February. 1 Cardiology patient, 1 General Surgery patient and 1 Orthopaedic patients.
- Our predicted end of March position for our 78 weeks long waiting elective patients is down to 8 patients in total, 7 English and 1 Welsh. 3 Cornea Transplant Ophthalmology patients awaiting viable tissue for surgery and 5 Orthopaedic patients.

65 week waits:

- Our predicted 65 week position at the end of March is likely to be c130 patients in total. 90 English and 40 Welsh patients. Nationally for 24/25 the aim will be no patients waiting beyond 65 weeks for elective treatment by the end of September this year. Ours plans is to achieve this by the end of July.

<u>Theatre Productivity</u>

- Theatre utilisation exceeding 2019/2020 levels: most recent 6 month rolling average 76.4%, compared to 74.5% for the same 6 months in 2019/20
- In February, 6 of 10 specialties delivered an improvement compared to January
- Average number of cases per list over the last 6 months is on par with the same period in 2019/20: 19/20 3.1 cases, 22/23 3.2 cases Total theatre activity continues to increase: 794 cases were undertaken in February, up on 761 in January and against the last 6 month mean of 713 and 688 for the first 6 months of 23/24

Risks

- Workforce challenges to meet activity plan due to recruitment of substantive and Locum staff and risks around Industrial action. Along with continued high level of referrals. Up to Month 11 at 9% above 2019/20.

What the chart tells us:

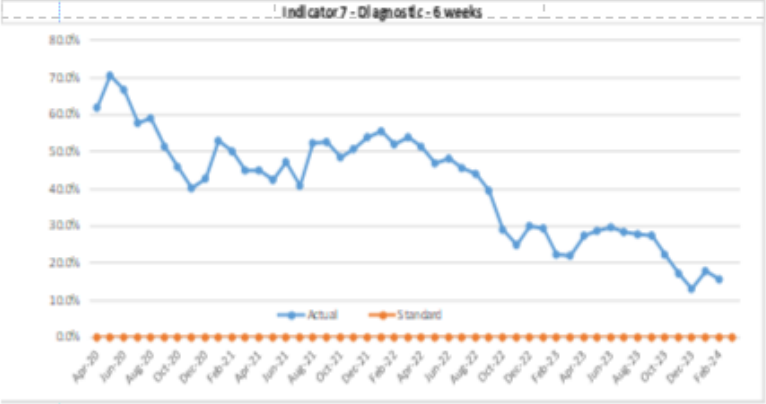
- Performance against English RTT standards in February was 56.3% - 0.9% decrease since last month. Performance against the Welsh RTT standards in February was 67.6% - 0.8 % increase since last month

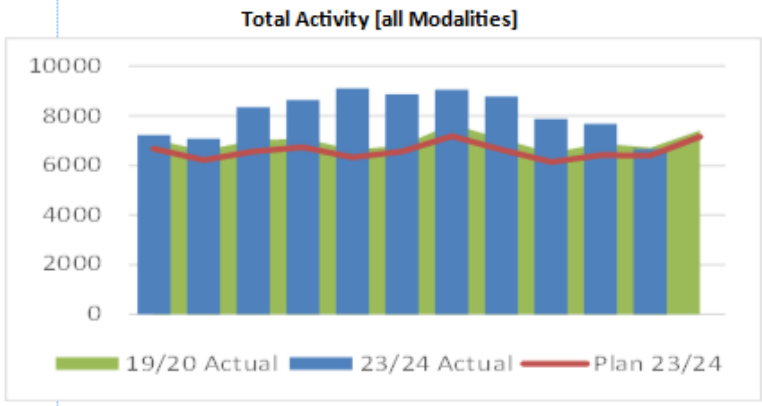
Operational Performance – Diagnostic Performance

We are driving this measure because:

Diagnostic waiting times is a key part of the RTT waiting times measure. Referral to Treatment [RTT] which may include a diagnostic test. Therefore, ensuring patients receive their diagnostic test within 6 weeks is vital to ensuring the delivery of the RTT waiting times standard of 18 weeks / 26 week standard . Less than 1% of patients should wait 6 weeks or more for a diagnostic test.

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance





Performance and Actions

Overall Diagnostics delivered 104% of Februarys Activity plan, but just below 100% of the same month in February 2020:

- Magnetic Resonance Imaging [MRI] achieved 87% of 2019/20, 95% of 2023/24 plan activity last month but remain above both year to date.
- Computerized Tomography [CT] achieved 112% of 2019/20 and 111% of 2023/24 plan activity last month
- Non-Obstetric Ultrasound [NOUS] achieved 77% of 2019/20 and 89% of 2023/24 plan activity last month.
- Bone Density Scans [DEXA] scanning restarted in March but reports are still not being distributed. This is being managed closely with a weekly taskforce, attended by all involved stakeholders and is chaired by the Chief Transformation and Delivery Officer.
- Maximum appointment wait times for MRI prostate and CT Colonoscopy [CTC] on average were 7 and 12 days respectively, a slight improvement from last month.
- Reporting turnaround times for MRI prostate and CTC was 1 day for both modalities, while all cancer reporting turnaround for MRI and CT achieving less than 3 day in month.

Audiology:

- Audiology 6 week wait position in month 11 was 56% of patient waiting less than 6 weeks, compared to a month 9 position of 44%.
- Audiology 13 week waiters also had a slight deterioration from last month from 55 to 62 patients. Action plans have been put in place by the operational management teams to improve the deteriorating position, including reviewing booking rules and exploring additional room capacity. Once these actions have been completed over the next two weeks, we expect to see a truer position to enable us to forecast a 13 and 6 week recovery.

Echocardiography [Echos]:

- Delivered 112% above 2022/23 planning levels in February. Waiting times have increased slightly up to 9-10 weeks due to short term sickness in the team in March, this will be impacted further when our Echo Lead leaves end of March. We have additional locum support throughout April which we are confirming dates and a substantive staff have offered additional hours throughout April which will support bridging the gap.

Endoscopy

- Delivered more activity than plan and than 19/20 in February with additional Endoscopist that has been appointed to backfill sessions along with improved ring fenced slots for suspected cancer.

Risks:

- Workforce challenges to deliver activity plans and the ability to backfill Endoscopy sessions.

What the charts tells us:

- Diagnostic 6 weeks waits, overall, continue to recover from the impact Covid had on the overall waiting lists. Fluctuations in the recovery mirrors operational pressures with Covid through the various surges over the last two years.
- Reduction in the number of patients waiting over 6 weeks for a diagnostic test over last 4 months . End of February 84.4% of patients now waiting less than 6 weeks for a diagnostic test.

Our Workforce – Executive Narrative

Geoffrey Etule

Chief People Officer

1 Page summary of key points

The BMA have obtained a new mandate following further balloting of junior doctors and now have the option to call for more industrial action between April and September 2024 if no agreement is reached with the government.

Consultants are considering a revised pay offer from the government and no further dates for strike action have been announced. .

Sickness absence has dropped to 5.7% in February and we should see a reduction in absence over the next few months as we approach spring. The main reasons for sickness absence are winter ailments, gastro problems and mental health conditions. HR teams supported by OH, the staff physiotherapist and staff mental health & wellbeing nurse continue to sensitively support the management of sickness absence and the close monitoring and management of sickness absence remains a key priority area for the HR team. The monitoring of sickness absence will continue through monthly F&PE meetings.

Staff turnover remains at 10.1% and HR teams are actively engaged in divisional recruitment & retention working groups to ensure that local actions are being implemented to fill vacancies and maintain low staff turnover. Turnover for qualified nurses & midwives has reduced from 15.24% (Nov 22) to 8.92% (Feb 24). Staff turnover for band 2 hcsw staff now stands at 12.83% (Feb 24) from a previous high of 28.3% in 2022

Active work continues to fill our vacancies through ongoing international recruitment and engagement with international recruitment agencies. Over the past year 100 international nurses have joined the Trust and this is having an impact in reducing agency expenditure. Work continues with the DWP/Jobcentre plus officers in filling our support worker level vacancies.

We promoted Ramadan and provided guidance documents to line managers to show support to our Muslim colleagues and our ongoing commitment to equality, diversity & inclusion.

The results of the NHS Staff Survey (2022/23) for WVT are very positive and we continue to make good progress and have seen significantly higher results in 6 out of 8 elements of the NHS People Promise for staff. A paper on the Survey is on the agenda for the Board.

A comprehensive Health & Wellbeing Strategy for staff (*Helping You To Help Yourself)* has been ratified by TMB and is included with the papers for the Board. The Strategy is being supported by officers from Natural England and Forestry England.

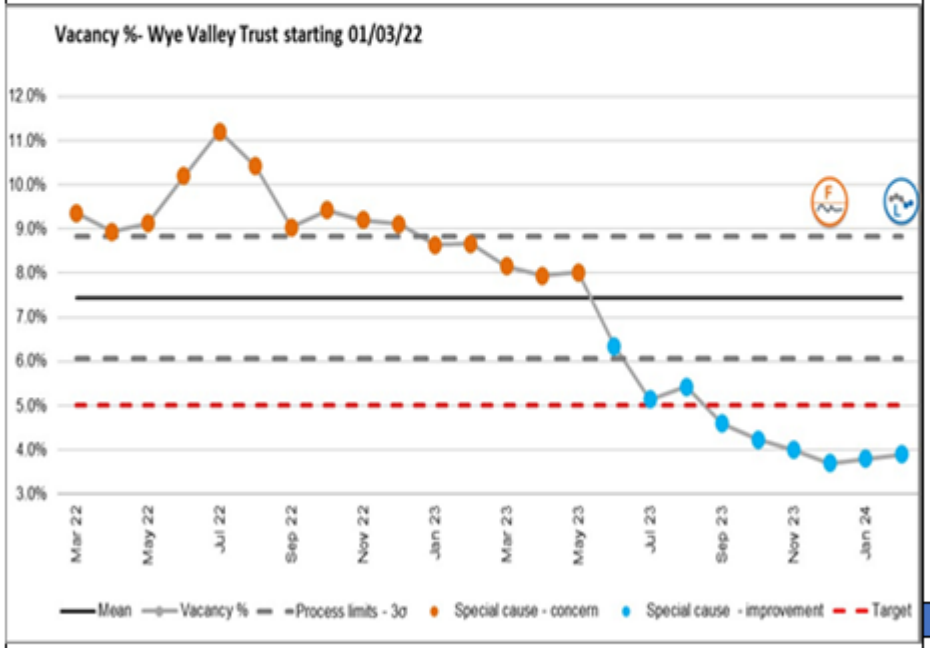
Our Workforce – Vacancy

We are driving this measure because:

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care.

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
8.7%	8.7%	7.9%	8.0%	6.3%	5.1%	5.4%	4.6%	4.2%	4.0%	3.7%	3.8%	3.9%

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

HCSW – . the WVT pay and career progression framework for band 2 /3 staff continues to have a positive impact on recruitment & retention and we have been able to maintain less than 20fte vacancies over the past year.

N&M - 100 new international nurses have joined WVT and we are finalising our international recruitment plan for 2024/25 considering ongoing national recruitment challenges for qualified nurses.

Surgical Elective Hub – we continue to work with the surgical division on the work force required for the elective hub. 2 ODPs, 20 theatre nurses for scrub/recovery and 3 ophthalmology nurses have been recruited.

M&D - Fortnightly meetings with chief medical officer, medical staffing manager & strategic medical HR Lead to review progress with vacancies and cases of concern. The new medical appointments are 1 consultant in emergency medicine, 1 consultant in trauma & orthopaedics and 1 locum consultant in acute medicine. Overseas recruitment of medics to continue in 2024/25. We currently have 40.9wte vacancies.

Pharmacy - taking a number of steps to fill vacancies including advertising all jobs as open to flexible working, extending relocation packages, highlighting opportunities for personal and career development. 3 junior pharmacists recruited recently.

Community Diagnostic Centre programme - the CDC programme for recruiting international staff is well under way and 10 radiographers have now joined the Trust. 2 locum consultant radiologists will be joining WVT in April

Risks: Clinical vacancies , Band 2 HCSW vacancies

What the chart tells us:

The rolling 12 month position shows a significant reduction in vacancies over the past year.

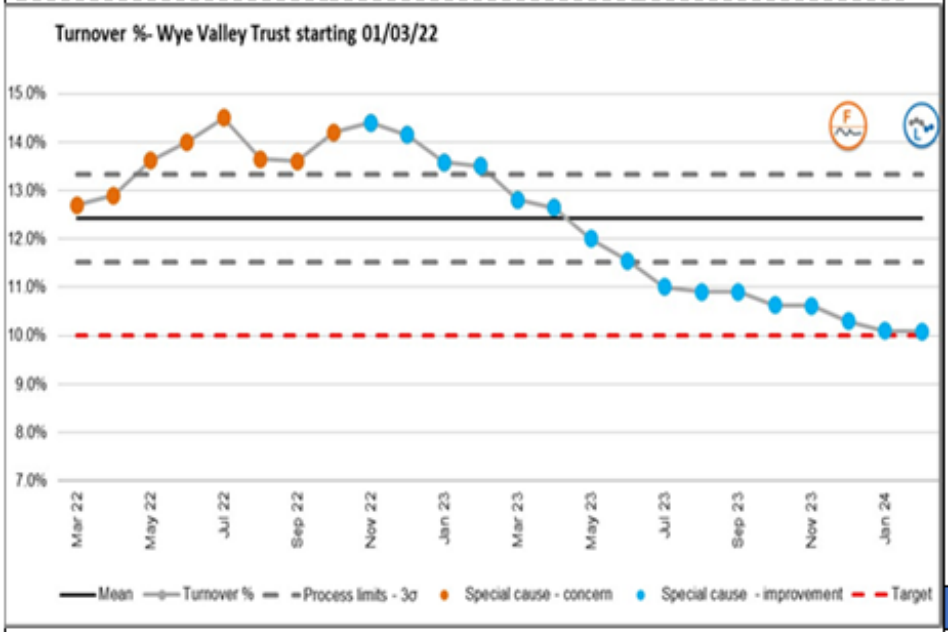
Our Workforce – Turnover

We are driving this measure because:

To improve retention of staffing levels, maintaining standards to provide high quality care as well as reducing the reliance on temporary staffing namely agency.

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
13.5%	12.8%	12.6%	12.0%	11.5%	11.0%	10.9%	10.9%	10.6%	10.6%	10.3%	10.1%	10.1%

Assurance	Variation	Data Quality Mark
		
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

The overall rolling 12 month turnover at Trust level is at 10.1% for February 2024.

Staff turnover continues to improve and we now have the lowest turnover rate at WVT from a high of over 15% to 10.1 % in the past 4 years.

Turnover for qualified nurses & midwives has reduced from 15.24% (Nov 22) to 8.92% (Feb 24). Staff turnover for band 2 hcsw staff now stands at 12.83% (Feb 24) from a previous high of 28.3% in 2022.

To support our grow our own staff strategy, 16 healthcare support workers will be commencing the trainee nursing associate programme through the University of Worcester programme in March so they can become qualified nurses in future. This will enhance recruitment & retention of nursing staff at the trust over the coming years and reduce our reliance on international staff.

To aid recruitment & retention, we are using HR Roadshows to promote apprenticeships to clinical and non clinical staff. We currently have 147 apprenticeships in different departments including wards areas, finance, hr, pharmacy and podiatry.

All divisions have a comprehensive call to action retention plan and divisional recruitment & retention working groups are in place to analyse new starter surveys and exit interview data so local actions can be implemented as appropriate. The WVT recruitment & retention working group oversees the work of divisional groups with a focus on exit interview surveys and recruitment & retention areas of concern. This ensures actions are being progressed in a timely manner to aid recruitment & retention of staff across the trust.

Risks: Growing staff turnover

What the chart tells us:

The rolling 12 month position shows an improved position in staff turnover.

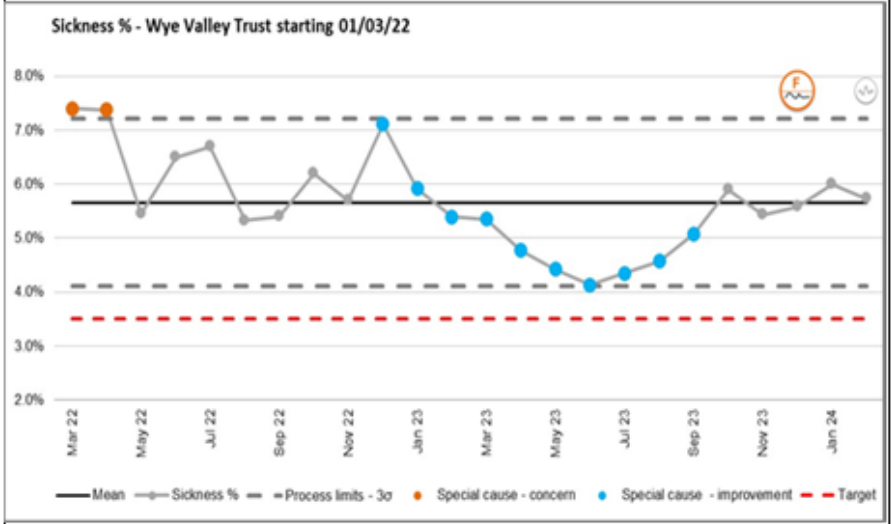
Our Workforce – Sickness

We are driving this measure because:

Due to increased scrutiny and higher levels, aiming to reduce this so wards are appropriately staffed to provide high quality care as well as reducing the reliance on temporary staffing namely agency.

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
5.4%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

Sickness absence has reduced at Trust level from 6.0% to 5.7%.

The main reasons for absence are colds/winter ailments, gastrointestinal problems, mental health issues and long term conditions.

To ensure close monitoring and management of sickness absence, Divisional teams are required to present detailed absence reports at F&PE meetings with absence heat maps, costs, no. of sickness reviews and % of return to work interviews conducted. These reports are important to show concrete actions being taken to manage sickness absence effectively across WVT.

HR teams continue to sensitively support the management of long and short term sickness absence and considerable work continues to be done to enhance the wellbeing staff support offer including fast track OH referrals, wellbeing training, more psychological and team based wellbeing support for staff. The wide range of health & wellbeing initiatives (mental health wellbeing nurse, staff physiotherapist, schwartz rounds, employee assistance programme, NHS apps and support lines, face to face counselling, clinical psychology) are still in place for staff.

The management of absence remains a key priority area for HR and case by case reviews are undertaken by HRBPs and OH for all long term sickness absence and short term absence cases of concern to ensure the absence process is being managed appropriately. The HR team are also following NHSE Improving Attendance Toolkit, in managing sickness absence. A comprehensive health & wellbeing strategy (*Helping You To Help Yourself)* has been developed offering support and calling on staff to take more ownership and responsibility for their wellbeing.

Risks:

What the chart tells us:

The rolling 12 month position shows a fluctuating picture and we should see a reduction in sickness absence over spring / summer months

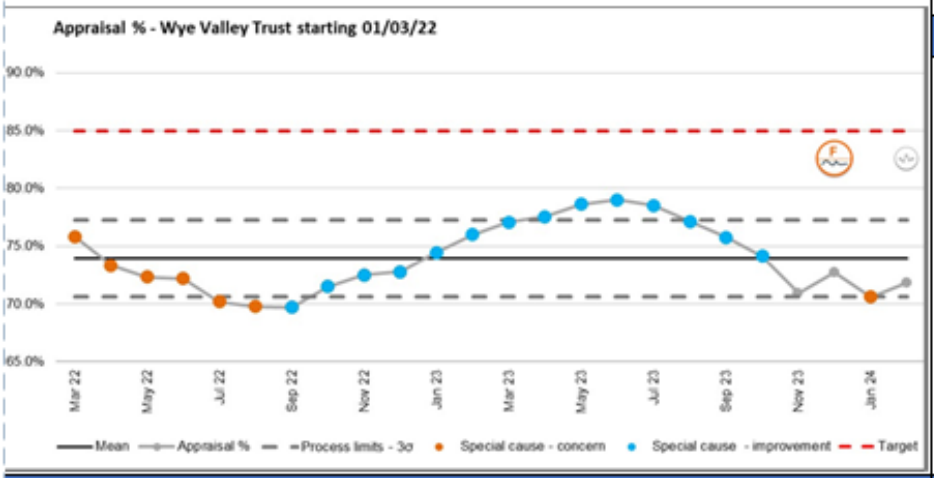
Our Workforce – Appraisal

We are driving this measure because:

To make sure staff feel heard and valued maintaining high standards set.

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
76.0%	77.1%	77.5%	78.6%	79.0%	78.5%	77.1%	75.7%	74.1%	70.9%	72.7%	70.6%	71.8%

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

Operational pressures continue to have a significant impact on WVT and NHS wide management capacity to complete performance appraisals.

The CPO has written to all Divisional leaders seeking reassurance that all outstanding appraisals will be completed by 30th June. This will continue to be reviewed at F&PE meetings.

Risks:

What the chart tells us:

The rolling 12 month position shows a fluctuating low picture across the Trust.

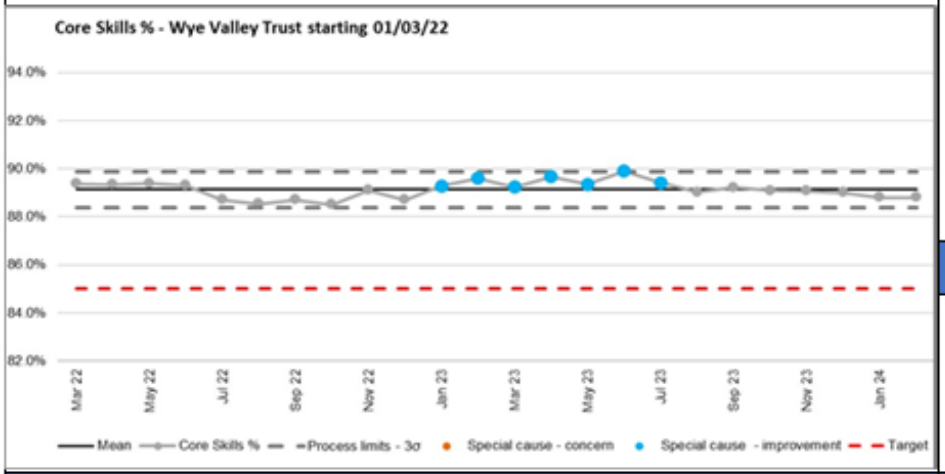
Our Workforce – Core Skills

We are driving this measure because:

To make sure all our staff core training is up to date, to ensure high quality of care.

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
89.6%	89.2%	89.7%	89.3%	89.9%	89.4%	89.0%	89.2%	89.1%	89.1%	89.0%	88.8%	88.8%

Assurance	Variation	Data Quality Mark
		
The system is expected to consistently Fail the target	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

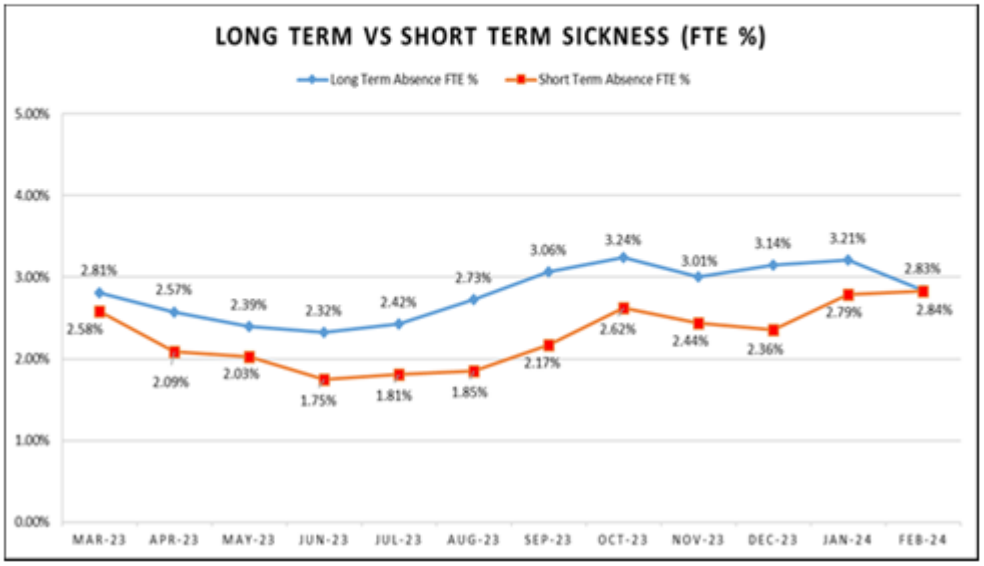
The Trust continues to make good progress in this area. This will continue to be reviewed at F&PE meetings

Risks:

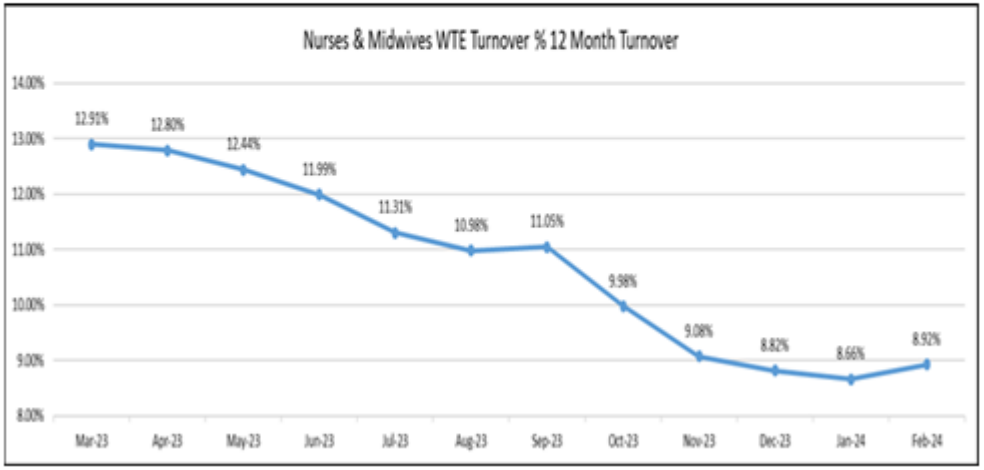
What the chart tells us:

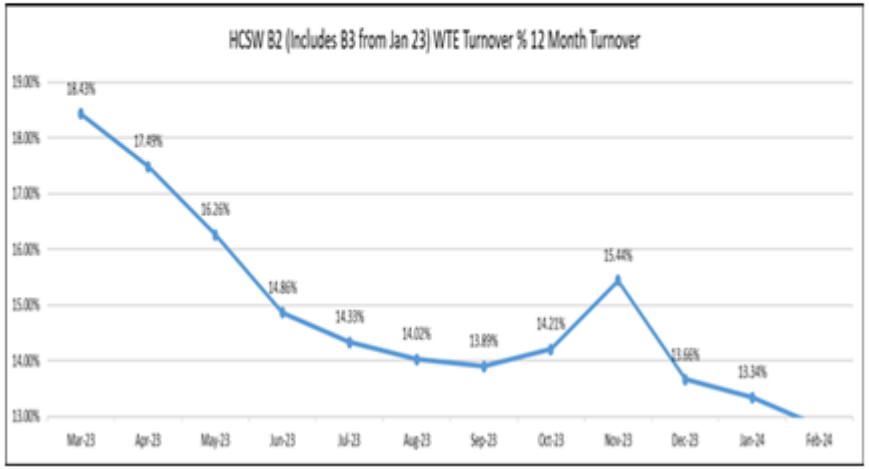
The rolling 12 month position remains fairly consistent above target across the period between March 2022 and February 2024.

The Trust has seen a reduction in sickness absence and this should continue over the coming months. Through our workforce programmes we continue to maintain good performance in staff turnover for key staff groups.



Main reasons for absence – Top 5 – Feb 24	%
Cold, cough, Flu, Influenza	28.78 %
Gastrointestinal problems	17.69 %
Anxiety/stress/depression/other psychiatric illnesses	12.30 %
Pregnancy related disorders	6.32%
Headache/migraine	5.16%





Our Finance – Executive Narrative

Katie Osmond
Chief Finance Officer

Income & Expenditure Performance

The financial position at the end of month 11 (February) is a deficit of £12.7m which is £3.6m adverse to the planned deficit at this point in the year and in line with achieving our revised forecast deficit of £13.3m. This is a change to the reported position at month 10 where we were reporting a deficit of £22.6m and a forecast of £26.9m. The change is due to £13m of additional national support and further support to cover the costs of industrial action.

Sustained focus on elective recovery is evidenced through a positive value weighted activity metric, and performance on variable elective income and we are maintaining our year to date performance against 2019/20. A level of activity continues to be delivered through premium cost capacity such as outsourcing which delivers a lower margin. Delivery of our productivity work streams including theatres and outpatients will support financial improvement. Though reliance on premium cost agency workforce has reduced compared to the prior year, usage remains high linked to acuity, vacancies and impact of industrial action; our controls remain in place. We continue to see the impact of inflationary pressure on our non pay spend, above the levels we had assumed within the plan. Efficiency delivery is behind plan at this point in the year; significant operational focus and cross divisional working continues to mitigate the shortfall.

The wider Herefordshire and Worcestershire Integrated Care System (ICS) position to the end of month 11 is adverse to plan, reflective of the level of challenge within the plans, premium capacity utilisation and inflationary pressures such as on medicines.

Capital

The capital programme for 2023/24 includes high value projects to deliver the new Elective Surgical Hub (ESH), a Community Diagnostics Centre (CDC) and the Integrated Energy scheme phase 2 (IES). Expenditure to date totals £27.1m. The forecast for the year has reduced to reflect the timing of expenditure on CDC and IES across financial years, along with an expected underspend against ICS capital of £0.8m. For the IES scheme, this is expected to cause a CDEL overspend in 2024/25 of £7m as the associated grant income is unable to be deferred. This has been escalated to the regional capital team.

Cash

The cash balance at the end of February reduced slightly compared to the previous month but remains higher than planned. Our prompt payment metric deteriorated in November and December, as the cash position became more challenging, but has seen sustained improvement into February. An MOU is in place for further revenue PDC support draws in quarter 4, with £7.3m planned to be drawn in March (taking total drawn this year to £17.98m).

Revenue PDC cash support will continue to be required in 2024/25 due to the planned deficit. A request has been submitted to NHSE to draw up to £9.8m in June 2024.

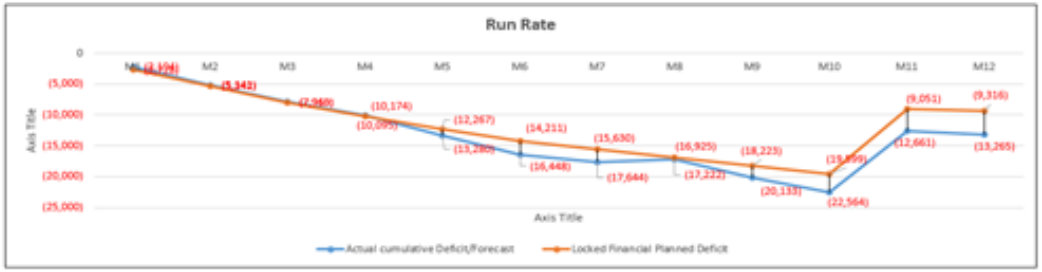
Our Finance – Year to Date Income and Expenditure

We are driving this measure because:

The Income and Expenditure plan reflects the Trust's operational plan, and the resources available to the Trust to achieve its objectives. Variances from the plan should be understood, and wherever possible mitigations identified to manage the financial risk and ensure effective use of resources.

STATEMENT OF COMPREHENSIVE INCOME - To Month 11 - 29th February 2024 - 2023/24

	2023-24 ANNUAL BUDGET	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	YEAR TO DATE CUMULATIVE VARIANCE	VARIANCE IN CURRENT MONTH
	£000	£000	£000	£000	£000
Contract Income	299,231	273,288	279,221	5,933	654
Excluded Drugs	12,847	11,770	12,747	977	464
Non Contracted Activity (NCA's)	1,635	1,499	1,799	300	12
Other Income for Patient Care	10,733	10,552	10,026	(525)	76
Donations For Non Current Assets	20,500	18,051	8,227	(9,824)	(2,422)
Other Non Patient Income	8,110	7,361	7,531	170	13
COVID Funding	332	297	304	7	(6)
NHSE - central (22/23 pay award)			0	0	0
Total Operating Income	**353,387**	**322,818**	**319,854**	**(2,964)**	**(1,209)**
Pay Expenditure	208,395	191,114	195,760	(4,645)	(1,276)
Non Pay Expenditure	88,661	81,372	125,779	(44,407)	(39,758)
Excluded Drugs	23,262	21,339	22,016	(677)	57
Total Operating Expenditure	**320,318**	**293,825**	**343,555**	**(49,730)**	**(40,977)**
EBITDA	**33,070**	**28,993**	**(23,700)**	**(52,693)**	**(42,185)**
Depreciation	13,637	12,502	12,392	110	18
Gain or loss on asset disposal	0	0	0	0	0
Interest Receivable	1,393	1,351	1,351	0	0
Interest Payable on Loans	265	243	189	54	13
Interest Payable on PFI	6,377	5,846	2,102	3,744	3,744
Dividends on PDC	3,868	3,546	2,338	1,207	1,207
Operating Surplus/ (Deficit)	**10,318**	**8,208**	**(39,371)**	**(47,577)**	**(37,203)**
Technical Adjustments					
Donated Assets - Additions	20,500	18,051	8,227	(9,824)	(2,422)
Donated Asset Depreciation	(864)	(792)	(798)	6	(2)
Donated Assets Adjustment	**19,636**	**17,259**	**7,429**	**(9,830)**	(2,420)
IFRS16 PFI re-measurement adjustment	0	0	(34,141)	(34,141)	(34,141)
Adj. financial performance retained Surplus/ (Deficit)	**(9,316)**	**(9,051)**	**(12,659)**	**(3,607)**	**(643)**



Performance and Actions

The position at the end of month 11 (February) was a deficit of £12.7m. This was behind the current plan with an overall adverse variance of £3.6m year to date.

- Pay is overspending overall with high use of temporary staffing, and increased costs due to Industrial action, offset by some slippage on recruitment linked to capacity and unfilled vacancies. This net position includes agency — 8.1% of total pay costs in February which has increased slightly from the previous month. Medical bank use at premium rates further increases this to 16.8% of overall pay. This is driven by volume and price.
- The plan includes a significant level of additional capacity provided to achieve the operational plan, particularly recovering elective activity.
- We continue to experience significant cost pressures in staffing and non pay cost linked to the urgent care pathways, increased volumes and acuity of patients and ongoing inflationary impacts, plus the impact of industrial action.
- The Trust has set an annual cost improvement (efficiency) target of £15.7m (of which £2.5m is a further stretch target). Delivery is currently behind plan and mitigations are being identified.

Risks:

Key Financial risks

- Stretch target (£2.5m not delivered).
- Income including potential for funding misalignment with commissioners
- CPIP Cost Efficiency delivery recurrently
- Level of Agency (as % of pay)
- Impact of inflation on non pay expenditure run rates

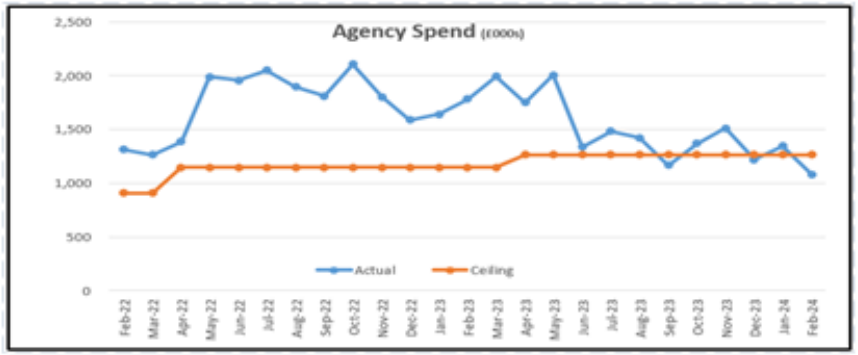
What the chart tells us:

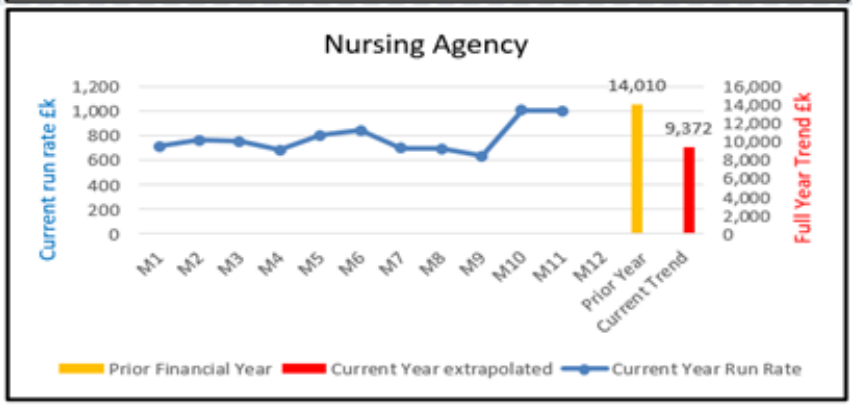
Known financial risks are putting greater pressure on delivery of our planned financial position. A mid year review / national exercise has taken place.

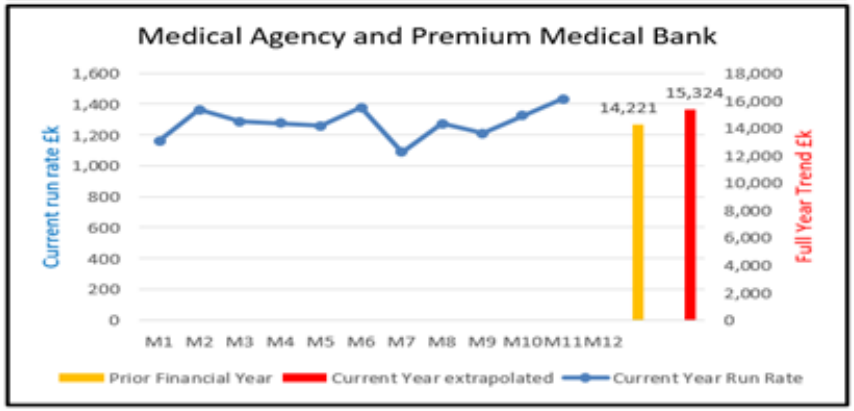
Our Finance – Agency Spend

We are driving this measure because:

Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and delivering the financial plan. Agency spend is well above the NHS Agency Cap Ceiling and is adversely impacting on our use of resources.







Performance and Actions

Agency represents 7.62% of total pay costs year to date. This benchmarks poorly, and is above the NHS Agency Cap Ceiling. There is still a considerable way to get back to an acceptable baseline trend. All agency spend year to date (and excluding premium cost medical bank) has been £14.9m. This represents a premium above the cost of corresponding substantive pay cost for the equivalent clinical hours.

- **Nursing agency:** Increased control actions through NARP, together with the Master Vend contract rate changes have shown improvement since the prior year. The Trust spent £14.0m on nurse agency in the prior year (22-23) and the extrapolated current year position would be £9.4m which is more in line with 21-22.
- **Medical staffing agency and premium cost bank:** Commercial agency and Internal Medical Bank often have a correlation depending upon availability and route into the Trust. Medical bank typically still involves high premium rates, even if marginally lower than agency on average. Medical agency and bank run rates have fluctuated in year though remain higher than planned. The Trust spent £14.2m in the prior year (22-23) and the extrapolated run rate (£15.3m) would not deliver the target spend for the year. Targeted MARP schemes including enhanced controls are delivering financial improvement, though new workforce gaps, the impact of industrial action and demand / acuity pressures are eroding the benefit of this. MARP has increased the focus on medical bank requirements and the approvals process.

Risks:

- Level of Agency (% of pay)
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and Demand price pressures
- Impact of Industrial Action

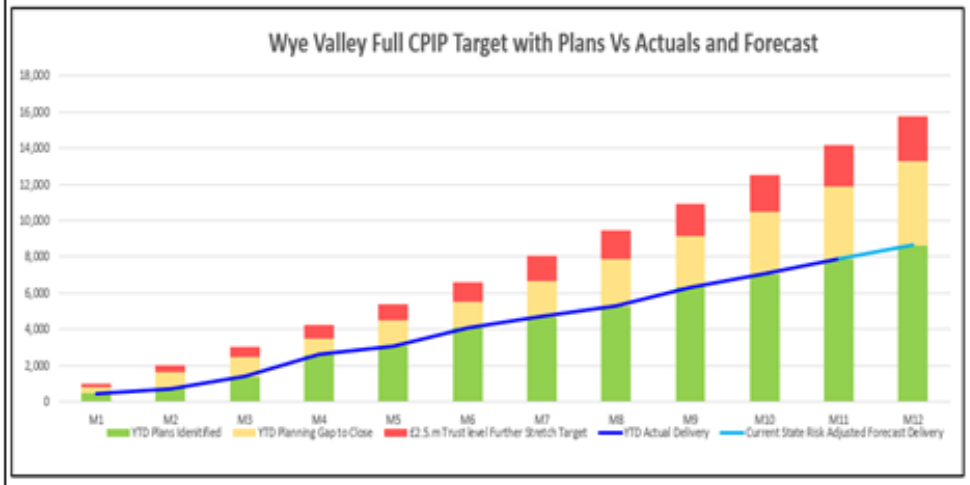
What the chart tells us:

Despite good progress in targeted areas, agency (and premium medical bank) use remains at unsustainable levels and poses a to achievement of the financial plan.

Our Finance – Cost Improvement Programme

We are driving this measure because:

Delivering our cost efficiency programme is key to successfully mitigating financial risk and delivering the financial plan. Maximising recurrent efficiencies is critical to our financial sustainability and tackling our underlying deficit in the medium term.



Performance and Actions

The £15.7m target breaks down into two areas: £13.2m cost out efficiency (of which we are targeting a £7.6m agency reduction); and a further £2.5m stretch target accepted by the Trust as part of concluding the financial plan. Progress is being made against the cost out efficiency requirement though the stretch remains unmitigated.

Operational challenges over quarter 4 hampered the pace of full identification of recurrent plans to meet the cost out efficiency requirement meaning there is still a large shortfall in identified recurrent schemes. Inflationary impacts, increased demand and the impact of industrial action mean that some of the financial improvement has inevitably been cost avoidance to stabilise the run rate rather than delivery of recurrent efficiency to improve the bottom line. Increased scrutiny and oversight is in place including weekly progress tracking and escalation through TMB and F&PE meetings.

From month 6, there were no longer sufficient non recurrent mitigations to fully address the shortfall as known financial risks put greater pressure on delivery of our planned financial position.

A mid year financial review took place during October; in respect of CPIP with a focus on risk assessing delivery of existing plans and identifying potential mitigations to close the gap. Focus continues through the F&PE meetings, TMB and a refreshed monthly CPIP meeting to maximise delivery in year, albeit recognising an increased proportion will be non recurrently delivered.

Risks:

- Cost Improvement (CPIP) underachieves or only achieves non recurrent delivery. Mitigation - Refreshed CPIP guidance and governance, training programme being launched. Progress will be closely monitored and routinely reported to the Board.

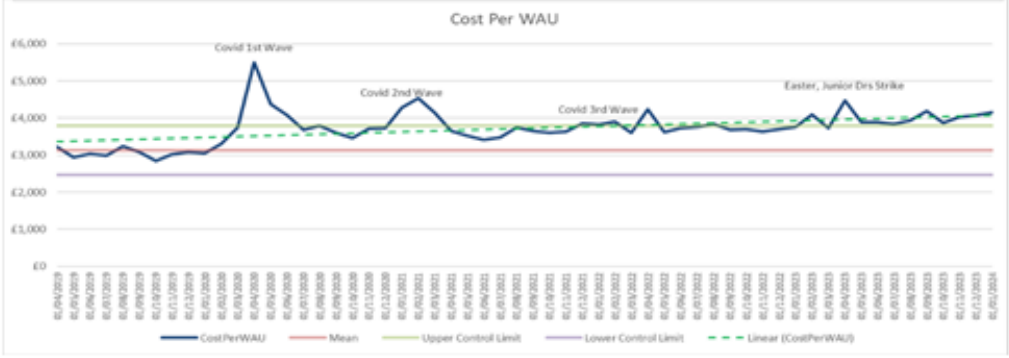
What the chart tells us:

There remains a shortfall in plans to deliver the planned level of CPIP, and delivery has been impacted by a range of factors. Focus is on converting opportunities into deliverable schemes, wherever possible recurrent schemes to support run rates into 2024/25.

Our Finance – Productivity Improvement

We are driving this measure because:

Delivering productivity improvements is key to successfully mitigating financial risk and delivering the financial plan. Maximising the activity we undertake within the resources available will ensure best use of system resources and support financial sustainability.



Care must be taken when comparing WAU's reported in different places, as data sources must be consistently applied and will vary. The graphs here apply the WAU methodology to the same defined data sources consistently each month so may be compared as a trend (and across the Foundation Group).

Performance and Actions

Our revised operational target requires us to deliver 102% of 19/20 activity (OP New, Inpatient/daycase & endoscopy. OPFU's are capped at 75% of 19/20 activity.) This is a further reduction to reflect the impact of industrial action.

•Using our financial assessment at the end of February we would have reflected over performance of £2.2m (£1.8m in January). However in February we were notified by NHSE they were planning to use the month 8 performance as the basis for settling the year end ERF values. •We have therefore capped the ERF using m8 performance at £1.6m. Further work is ongoing with regional and national teams to secure further ERF

Cost per Weighted Activity Unit (calculated and reported one month in arrears) remains above the target level though has stabilised. This is a long term trend measure, however as productivity improves we would expect to see a reduction in the cost per WAU.

Risks:

- Deterioration in the operational performance resulting in clawback of system elective activity . Mitigation - Additional capacity funding provided to the Divisions, close monitoring of activity performance and productivity.

What the chart tells us:

Despite the significant operational challenges activity levels are recovering to the planned levels, particularly for elective inpatient and day cases. The increased cost base driven by high agency use, coupled with lower than planned activity levels drive a high cost per WAU. Whilst some productivity initiatives have started to deliver, we are not yet seeing the overall level of productivity required.

Our Finance – Capital and Cash

We are driving this measure because:

With limited capital it is important that we invest wisely to maintain our infrastructure, and ensure benefits are realised from strategic developments. Availability of cash is critical for the Trusts continued operations, and is a key early warning metric given the challenged financial environment.

Scheme Type	Interim Annual Plan £k	Full year Forecast £k	YTD Plan £k	YTD Actual £k	YTD Variance £k
Digital Total	1,250	1,047	1,110	689	421
Equipment Total	1,593	1,634	1,407	1,440	(33)
Estates Total	1,630	992	1,444	145	1,299
Total Core Operating (ICS) Capital	**4,473**	**3,673**	**3,961**	**2,274**	**1,687**
ESH	12,602	12,829	11,130	10,222	908
CDC	10,296	4,900	7,760	1,909	5,851
Frontline Digitalisation PDC Total	3,300	500	2,910	0	2,910
Total National Programme Funding Bids	**26,198**	**18,229**	**21,800**	**12,131**	**9,669**
Donated Assets/Grant IES	20,600	12,767	18,195	12,660	5,535
Grand Total	**51,271**	**34,669**	**43,956**	**27,065**	**16,891**

Cash Balance

Month	Performance	Target	Direction	Rating
December	23.5	20.2		
January	22.6	20.6		
February	18.9	21.1		

The cash balance at the end of February reduced slightly compared to previous month but remains higher than planned. The main reason for the reduced balance is the level of capital spend increasing as we progress toward the year-end.

Better Payment Practice Code

Month	Performance	Target	Direction	Rating
December	43.1%	95.0%		
January	95.9%	95.0%		
February	96.3%	95.0%		

In February, the Trust paid 96.3% of invoices within 30 days (95.8% by invoice value). An increase on January when we achieved the 95% target, that we had previously missed, due to action taken to maintain cash balances.

Performance and Actions

Capital: The overall capital expenditure at Month 11 is £27m which represents 78% of the total forecast. There is a significant amount of expenditure forecast to take place in March which requires close management. The forecast outturn position is £16.6m lower than the original annual plan and reflects changes to nationally funded programmes and a £0.8m reduction in spend against ICS capital. CDC and ESH are projected to spend below plan in 2023/24 and some front line digitalisation bids in the initial plan have not been successful and have therefore been removed from the forecast.

Cash: The cash balance at the end of February reduced slightly compared to previous month but remains higher than planned. The main reason for the reduced balance is the level of capital spend increasing as we progress toward the year-end.

Revenue support PDC has been received in March. Phasing of contract payments from the ICB continues to assist with payment of the quarterly PFI unitary charge. This arrangement is expected to continue in 2024/25.

Risks:

- General risk regarding the delivery of the capital programme although funding approval for ESH and the CDC has now been received.
- Ability to fully deliver the forecast with £7.6m of expenditure forecast during March. Mitigation: close monitoring of delivery dates.
- Insufficient capital to deliver critical / high risk infrastructure replacements. Mitigation: work with system and regional partners.
- Cash availability and prompt payments worsen due to deficit plan. Mitigation: focus on delivery of financial plan, and rolling cash flow forecasts.

What the chart tells us:

Capital expenditure is broadly in line with forecast, and cash balances whilst sufficient, continue to require careful management over the next few months and into the new financial year.

Our Finance – Statement of Financial Positon

We are driving this measure because:

Our Statement of Financial Position (Balance Sheet) is a core financial statement and reflects the overall financial position of the Trust in terms of its assets and liabilities. It provides insight across revenue and capital funding streams, and beyond the current financial year.

Statement of Financial Position

January 2024	2022/23	2023/24				2023/24 Full Year		
	Accounts £000s	M11 Plan £000s	M11 YTD £000s	Variance £000s	YTD Change £000s	Plan £000s	Actual £000s	Variance £000s
NON-CURRENT ASSETS:								
Property, Plant and Equipment	125,505	153,423	144,900	8,523	19,395	164,723	164,723	0
Intangible Assets	18,462	14,810	13,745	1,065	(4,717)	16,233	16,233	0
Trade and Other Receivables	573	817	488	329	(85)	817	817	0
TOTAL Non Current Assets	**144,540**	**169,050**	**159,133**	**9,917**	**14,593**	**181,773**	**181,773**	**0**
CURRENT ASSETS:								
Inventories	5,316	4,780	5,377	(597)	61	4,780	4,780	0
Trade and Other Receivables	21,085	13,709	32,626	(18,917)	11,541	13,712	13,712	0
Cash and Cash Equivalents	34,969	25,226	18,909	6,317	(16,060)	21,652	34,738	13,086
TOTAL Current Assets	**61,370**	**43,715**	**56,912**	**(13,197)**	**(4,458)**	**40,144**	**53,230**	**13,086**
TOTAL ASSETS	**205,910**	**212,765**	**216,045**	**(3,280)**	**10,135**	**221,917**	**235,003**	**13,086**
CURRENT LIABILITIES								
Trade and other payables	(45,361)	(26,694)	(42,177)	15,483	3,184	(27,659)	(39,019)	(11,360)
Borrowings - Loans, PFI and Finance Leases	(5,779)	(6,454)	(9,932)	3,478	(4,153)	(6,516)	(6,516)	0
Provisions	(55)	(46)	(46)	0	9	(46)	(46)	0
Total Current Liabilities	**(51,195)**	**(33,194)**	**(52,155)**	**18,961**	**(960)**	**(34,221)**	**(45,581)**	**(11,360)**
NET CURRENT ASSETS/(LIABILITIES)	**10,175**	**10,521**	**4,757**	**5,764**	**(5,418)**	**5,923**	**7,649**	**1,726**
TOTAL ASSETS LESS CURRENT LIABILITIES	**154,715**	**179,571**	**163,890**	**15,681**	**9,175**	**187,696**	**189,422**	**1,726**
NON-CURRENT LIABILITIES:								
Borrowings - Loans, PFI and Finance Leases	(31,138)	(26,535)	(56,707)	30,172	(25,569)	(26,415)	(26,415)	0
Provisions	(1,686)	(1,579)	(1,659)	80	27	(1,579)	(1,579)	0
Total Non-Current Liabilities	**(32,824)**	**(28,114)**	**(58,366)**	**30,252**	**(25,542)**	**(27,994)**	**(27,994)**	**0**
ASSETS LESS LIABILITIES	**121,891**	**151,457**	**105,524**	**45,933**	**(16,367)**	**159,702**	**161,428**	**1,726**
TAXPAYERS EQUITY								
Public dividend capital	270,216	306,304	293,212	13,092	22,996	313,521	315,248	1,727
Revaluation reserve	21,051	30,874	21,050	9,824	(1)	30,874	30,874	0
Income and expenditure reserve	(169,376)	(185,721)	(208,738)	23,017	(39,362)	(184,693)	(184,694)	(1)
TOTAL	**121,891**	**151,457**	**105,524**	**45,933**	**(16,367)**	**159,702**	**161,428**	**1,726**

Performance and Actions

General

The table identifies the statement of financial position as at 29 February 2024 against the plan.

Non-Current Assets

Non-Current assets increased by £3.3m in month due to capital expenditure (offset by depreciation and amortisation).

Current Assets

Accounts Receivable have remained largely static, compared to the previous month. Cash held decreased by £3.6m in the month as a result of capital expenditure - net increases in accounts payable and receipt of capital PDC.

Current Liabilities

Current liabilities have reduced by £1.7m compared to last month largely due to accounts payable as payments have been released from cash balances upon receipt of PDC.

Non-current liability movements reflect the restatement of PFI liabilities under IFRS 16 and also include lease liabilities.

Taxpayers Equity

The income and expenditure reserve reflects the deficit for the year to date and PDC has increased due to receipt of additional funds for our capital programme and cash to support our deficit.

Risks:

- The deficit plan presents an ongoing risk to the strength of the SOFP.

What the chart tells us:

Current assets outweigh current liabilities, largely due to the year to date deficit.

Quality of Care, Access & Outcomes

Sub Domain	KPI	Subject	Target	Target Expectation	Variation	Exception	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Cancer	28 day referral to diagnosis confirmation to patients	Cancer	>= 75.0%	Variable	Improvement - High		67.8%	69.0%	69.8%	66.9%	67.9%	65.8%	72.9%	72.4%	
	2 Week Wait all cancers	Cancer	>= 93.0%	Variable	Concern - Low		86.2%	83.5%	86.3%	78.7%	86.4%	80.4%	88.3%	90.1%	
	Urgent referrals for breast symptoms	Cancer	>= 93.0%	Variable	Common Cause	Yes	18.2%	47.8%	71.1%	53.8%	71.4%	53.3%	90.5%	95.8%	
	Cancer 31 day diagnosis to treatment	Cancer	>= 96.0%	Variable	Concern - Low	Yes	83.3%	86.7%	92.4%	87.4%	78.4%	80.0%	73.8%	69.1%	
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Cancer			Common Cause		11	11	6	10	14	9	8	12	
	Cancer 62 days urgent referral to treatment	Cancer	>= 85.0%	Fail	Concern - Low		61.4%	69.1%	69.8%	64.3%	48.4%	64.0%	59.2%	51.7%	
	Cancer 62-Day National Screening Programme	Cancer	>= 90.0%	Variable	Common Cause						50.0%	100.0%	100.0%	60.0%	
	Cancer consultant upgrade (62 days decision to upgrade)	Cancer	>= 85.0%	Variable	Common Cause		75.0%	81.5%	80.8%	70.8%	55.2%	81.0%	73.9%	48.1%	
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Cancer			Common Cause		108	72	87	109	113	126	117	142	
Primary care and community services	Community Service Contacts - Total	Primary care and community			Improvement - High		103.2%	106.2%	114.2%	101.7%	115.2%	104.9%	107.0%	121.4%	113.7%
	Urgent Response > 1st Assessment completed on same day (facilitated discharge &	Primary care and community	80.0%	Pass	Concern - Low	Yes	96.4%								
	Urgent Response > 1st Assessment completed within 2 hours (admission	Primary care and community	70.0%	Variable	Concern - Low	Yes	50.0%								
	% emergency admissions discharged to usual place of residence	Primary care and community	>= 90.0%	Variable	Common Cause	Yes	90.8%	89.9%	90.1%	91.0%	90.8%	90.9%	91.1%	90.0%	89.7%
Urgent and emergency care	A&E Activity	Urgent and emergency care			Improvement - High		98.0%	98.4%	101.8%	101.8%	104.6%	104.7%	103.0%	103.4%	109.3%
	Ambulance handover within 30 minutes	Urgent and emergency care	>= 98.0%	Fail	Concern - Low	Yes	81.7%	81.4%	83.1%	76.9%	80.7%	73.0%	73.6%	64.4%	65.8%
	Ambulance handover over 60 minutes	Urgent and emergency care	<= 0.0%	Variable	Concern - High		4.6%	6.4%	3.7%	9.9%	6.6%	12.1%	13.2%	20.1%	17.0%
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Urgent and emergency care			Improvement - High		108.1%	111.1%	112.3%	118.6%	119.1%	112.9%	114.0%	117.5%	123.6%
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Urgent and emergency care	>= 40.0%	Variable	Improvement - High		41.0%	40.0%	42.0%	44.0%	45.0%	42.0%	41.0%	43.0%	46.0%
	A&E - % of patients seen within 4 hours	Urgent and emergency care	>= 95.0%	Fail	Concern - Low		59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%
	A&E - Percentage of patients spending more than 12 hours in A&E	Urgent and emergency care			Improvement - High		13.8%	14.0%	17.3%	15.9%	14.3%	16.0%	17.3%	19.1%	16.9%
	A&E - Time to treatment	Urgent and emergency care			Common Cause		0	0	0	0	0	0	0	0	0
	Time to be seen (average from arrival to time seen - clinician)	Urgent and emergency care			Improvement - Low		2.3%	2.3%	1.7%	1.9%	1.7%	1.9%	1.8%	1.7%	1.7%
	A&E Quality Indicator - 12 Hour Trolley Waits	Urgent and emergency care	<= 0	Fail	Concern - High		259	178	213	181	213	253	230	305	
	A&E - Unplanned Re-attendance with 7 days rate	Urgent and emergency care	3.0%	Pass	Common Cause		7.8%	7.8%	8.5%	9.0%	7.7%	8.6%	8.7%		

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Elective care	>=	92.0%	Fail	Concern - Low		59.4%	57.2%	57.7%	57.7%	58.6%	59.6%	57.9%	57.2%	56.3%
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Elective care	>=	95.0%	Fail	Concern - Low		67.1%	68.0%	65.5%	64.9%	66.2%	67.4%	65.5%	66.8%	67.6%
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Elective care				Improvement - High		26710	26882	27963	27857	27260	26915	27031	26837	27256
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Elective care	<=	0	Fail	Concern - High		1688	1804	1853	1959	1981	1782	1636	1446	1287
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Elective care	<=	0	Fail	Improvement - Low		18	36	30	34	33	18	16	7	16
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting	Elective care	<=	0	Fail	Improvement - Low		1	2	1	1	4	4	3	1	1
	GP Referrals	Elective care				Improvement - High	Yes	119.9%	99.9%	116.6%	118.3%	110.3%	117.1%	97.7%	104.0%	118.9%
	Outpatient Activity - New attendances (% v 2019/20)	Elective care				Improvement - High		118.1%	106.1%	117.8%	113.3%	111.2%	112.9%	100.6%	111.5%	116.1%
	Outpatient Activity - New attendances (volume v plan)	Elective care				Improvement - High	Yes	86.1%	117.4%	121.7%	81.8%	111.8%	88.4%	121.2%	114.4%	112.7%
	Total Outpatient Activity (% v 2019/20)	Elective care				Improvement - High		121.1%	102.1%	117.0%	109.8%	101.4%	110.2%	101.2%	108.8%	108.2%
	Total Outpatient Activity (volume v plan)	Elective care				Improvement - High	Yes	90.9%	115.8%	138.3%	85.6%	112.9%	92.9%	132.6%	125.5%	118.9%
	Total Elective Activity (% v 2019/20)	Elective care				Improvement - High	Yes	104.9%	88.6%	107.1%	99.9%	95.5%	100.8%	91.4%	98.6%	105.8%
	Total Elective Activity (volume v plan)	Elective care				Improvement - High	Yes	79.6%	111.4%	128.3%	79.9%	104.4%	84.0%	112.0%	103.5%	111.9%
	Elective - Theatre utilisation (%) - Capped	Elective care	>=	85.0%	Fail	Common Cause		78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	74.4%	77.7%
	Cancelled Operations on day of Surgery for non clinical reasons	Elective care				Common Cause	Yes	24	30	36	30	15	29	31	65	36
	Diagnostic Activity - Computerised Tomography	Elective care				Improvement - High		139.9%	144.9%	143.7%	142.8%	129.7%	129.6%	119.4%	124.9%	111.0%
	Diagnostic Activity - Endoscopy	Elective care				Improvement - High	Yes	79.4%	76.9%	93.4%	83.2%	86.3%	131.1%	158.0%	142.8%	150.3%
	Diagnostic Activity - Magnetic Resonance Imaging	Elective care				Common Cause	Yes	171.3%	161.5%	204.4%	185.4%	158.1%	180.9%	148.0%	113.6%	95.3%
	Waiting Times - Diagnostic Waits >6 weeks	Elective care				Improvement - Low		29.8%	28.4%	27.7%	27.6%	22.5%	17.2%	13.2%	17.9%	15.6%
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Elective care		90.0%	Variable	Common Cause	Yes	94.0%	93.1%	93.6%	95.4%	96.2%	92.9%	92.2%	91.3%	92.1%
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Elective care	<=	15.0%	Variable	Concern - High		21.3%	20.9%	17.1%	23.9%	23.3%	22.9%	23.8%	24.3%	24.3%
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Elective care	<=	34.0%	Fail	Concern - High		57.0%	55.5%	60.0%	61.7%	63.6%	66.0%	64.9%	63.8%	64.6%
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Elective care	<=	60.0%	Fail	Concern - High		89.6%	91.5%	91.8%	93.4%	92.5%	92.6%	92.5%	88.4%	88.2%
	Maternity Activity (Deliveries)	Elective care				Improvement - High	Yes	98.5%	91.3%	106.6%	98.5%	92.7%	97.0%	95.1%	140.6%	115.0%

Outpatient transformation	DNA Rate (Acute Clinics)	Outpatient transformation	<=	40.0%	Pass	Concern - High		6.1%	5.9%	6.1%	6.4%	6.8%	6.5%	6.9%	6.5%	6.2%
	Outpatient - % OPD Slot Utilisation (All slot types)	Outpatient transformation	>=	90.0%	Fail	Common Cause		86.7%	85.5%	84.1%	85.1%	81.9%	86.3%	83.6%	83.3%	86.5%
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Outpatient transformation				Improvement - High	Yes	122.6%	100.2%	116.7%	108.2%	97.1%	108.9%	101.5%	107.6%	104.7%
	Outpatient Activity - Follow Up attendances (volume v plan)	Outpatient transformation				Improvement - High	Yes	93.3%	115.1%	147.2%	87.6%	113.5%	95.1%	138.5%	131.2%	122.1%
	Outpatients Activity - Virtual Total (% of total OP activity)	Outpatient transformation	<=	25.0%	Fail	Improvement - Low		23.4%	23.4%	21.2%	22.0%	21.7%	20.7%	20.4%	20.7%	19.1%
Prevention and long term	Maternity - Smoking at Delivery	Prevention and long term				Common Cause		9.2%	9.5%	10.3%	12.2%	5.7%	6.9%	8.1%	2.8%	13.1%
Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Safe, high quality care	<=	90.0%	Variable	Concern - High		97.8%	96.7%	95.5%	99.3%	99.6%	99.6%	98.8%	100.0%	100.0%
	Bed occupancy - Community Wards	Safe, high quality care	<=	90.0%	Variable	Concern - High		96.3%	94.4%	97.4%	96.1%	96.6%	100.0%	99.2%	89.5%	89.5%
	Mixed Sex Accommodation Breaches	Safe, high quality care	<=	0	Variable	Improvement - Low		110	75	109	52	81	49	28	24	65
	Patient ward moves emergency admissions (acute)	Safe, high quality care				Common Cause		7.4%	7.3%	10.5%	7.1%	9.4%	8.7%	8.1%		
	ALoS - General & Acute Adult Emergency Inpatients	Safe, high quality care	<=	5	Variable	Common Cause		4	4	4	4	4	4	4	4	4
	ALoS – General & Acute Elective Inpatients	Safe, high quality care	<=	3	Variable	Common Cause		2	2	3	2	2	2	2	2	2
	Medically fit for discharge - Acute	Safe, high quality care		5.0%	Pass	Common Cause		24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	22.7%	
	Medically fit for discharge - Community	Safe, high quality care		10.0%	Pass	Concern - Low	Yes	58.9%	57.9%	45.4%	54.3%	43.6%	39.4%	43.6%	50.1%	
	Emergency readmissions within 30 days of discharge (G&A only)	Safe, high quality care		5.0%	Pass	Improvement - High		9.4%	10.8%	10.2%	10.9%	11.6%	11.4%	11.2%		
	HSMR - Rolling 12 months	Safe, high quality care	<=	100	Fail	Concern - High		114	116	118	115	111	113	112		
	Mortality SHMI - Rolling 12 months	Safe, high quality care	<=	100	Fail	Improvement - Low		101	103	103	103	102				
	Never Events	Safe, high quality care		0	Variable	Concern - Low		0	0	0	0	0	0	0	0	0
	MRSA Bacteraemia	Safe, high quality care		0	Variable	Improvement - High	Yes	0	0	0	0	0	0	0	0	1
	MSSA Bacteraemia	Safe, high quality care				Common Cause	Yes	1	2	0	1	4	4	2	1	2
	Number of external reportable >AD+1 clostridium difficule cases	Safe, high quality care		44	Fail	Common Cause		6	1	0	2	3	3	4	3	3
	Number of falls with moderate harm and above	Safe, high quality care				Common Cause		3	2	4	0	0	5	3	2	2
	Pressure sores (Confirmed avoidable Grade 3,4)	Safe, high quality care	<=	0	Variable	Common Cause	Yes	3	2	2	1					
	Serious Incidents	Safe, high quality care				Common Cause	Yes	6	7	6	5					
	VTE Risk Assessments	Safe, high quality care	>=	95.0%	Fail	Concern - Low		90.9%	90.5%	90.9%	89.1%	88.5%	89.8%	88.0%	87.0%	87.8%

Safe, high quality care	WHO Checklist	Safe, high quality care	>=	100.0%	Variable	Common Cause	Yes	99.8%			99.4%			99.4%		
	% of people who have a TIA who are scanned and treated within 24 hours	Safe, high quality care	>=	60.0%	Variable	Common Cause		87.0%	68.8%	43.8%	44.7%	62.9%	64.3%	48.1%	53.5%	66.7%
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving	Safe, high quality care	>=	90.0%	Variable	Common Cause	Yes	0.0%	100.0%	60.0%	33.3%	100.0%	100.0%	0.0%	66.7%	60.0%
	Stroke Indicator 80% patients = 90% stroke ward	Safe, high quality care	>=	80.0%	Variable	Common Cause		88.9%	77.1%	79.1%	70.0%	85.2%	90.9%	90.6%	79.1%	72.7%
	Number of complaints	Safe, high quality care				Common Cause		51	40	21	30	35	34	25	28	29
	Number of complaints referred to Ombudsman	Safe, high quality care	<=	0	Variable	Common Cause	Yes	0	0	0	0	1	0	0	0	0
	Complaints resolved within policy timeframe	Safe, high quality care	>=	90.0%	Fail	Concern - Low		31.4%	50.0%	41.9%	36.8%	32.4%	52.2%	17.1%	34.6%	37.9%
	Friends and Family Test - Response Rate (Community)	Safe, high quality care	>=	30.0%	Variable	Concern - Low		0.1%								
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Safe, high quality care	>=	95.0%	Variable	Common Cause		79.6%	72.9%	73.0%	68.2%	71.8%	73.1%	72.9%	77.0%	75.7%
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Safe, high quality care	>=	95.0%	Variable	Concern - Low		87.4%	86.2%	81.0%	86.8%	85.0%	87.9%	82.0%	85.7%	81.7%
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Safe, high quality care	>=	95.0%	Variable	Common Cause	Yes	100.0%								
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Safe, high quality care	>=	95.0%	Variable	Common Cause		100.0%	100.0%	94.0%	96.3%	92.9%	89.7%	87.2%	96.7%	92.6%
	Friends and Family Test: Response rate (A&E)	Safe, high quality care	>=	25.0%	Variable	Improvement - High		20.5%	17.0%	20.0%	19.0%	20.0%	19.0%	19.0%	21.0%	21.0%
	Friends and Family Test: Response rate (Acute inpatients)	Safe, high quality care	>=	30.0%	Fail	Improvement - High		19.0%	17.0%	15.0%	16.0%	15.0%	15.0%	15.0%	18.0%	16.0%
	Friends and Family Test: Response rate (Maternity)	Safe, high quality care	>=	30.0%	Variable	Common Cause		1.5%	46.0%	46.0%	26.0%	22.0%	32.8%	31.0%	23.0%	23.0%

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	NHS Staff Survey 2023
Status of report:	☐**Approval** ☒**Position statement** ☒**Information** ☒**Discussion**
Report Approval Route:	Click or tap here to enter text.
Lead Executive Director:	**Chief People Officer**
Author:	Geoffrey Etule, Chief People Officer
Documents covered by this report:	NHS Staff Survey - 2023

1. Purpose of the report

The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. It asks NHS staff in England about their experiences of working for their respective NHS organisations and the survey provides essential information to employers and national stakeholders about staff experience across the NHS in England. Participation is mandatory for trusts and voluntary for non-trust organisations.

Over 1.2 million staff across NHS organisations were invited to take part in the 2023 survey and the median response rate was 45%. The WVT response rate was 34% which is reasonable considering severe operational pressures faced by the Trust over the past year.

The 2023 results for WVT shows good progress with above average scores in all areas of the survey (compassionate & inclusive, recognised & rewarded, voice that counts, safe & healthy, always learning, work flexibly, we are a team, staff engagement, morale). This is attributable to a number of leadership, workforce & OD initiatives that have been implemented at the Trust over the past few years.

The overall Staff Survey results for the Group are positive with SWFT staying in the top performing group. WVT is now very close to SWFT in a number of areas and is amongst the top performing Trusts in the Midlands.

2. Recommendation(s)

The Board is asked to consider the Staff Survey report and note the actions being taken to ensure that WVT continues to thrive in the annual staff survey and is recognised as a good model employer of choice. Updates on progress being made in addressing the areas of concern highlighted in the survey will be presented to the Board over the coming months.

3. Executive Director Opinion[1]

The Trust continues to make positive progress in the annual Staff Survey and this is due to the leadership and workforce interventions that have been introduced at WVT over the past few years.

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

4. Please tick box for the Trust's 2024/25 Objectives the report relates to:	
Quality Improvement ☐ ***Develop a business case and implement our blueprint for integrated urgent and emergency care with our One Herefordshire partners*** ☐ ***Work with partners to ensure that patients can move to their chosen destination rapidly, reducing discharge delays*** ☐ ***Work with partners to deliver the improvement plan for Children's services*** ***Digital*** ☐ ***Implement an electronic record into our Emergency Department that integrates with other systems*** ☐ ***Deliver the final elements of our paperless patient record plans in order to improve efficiency and reduce duplication*** ☐ ***Maximise the functionality of EMIS with 1H partners and the shared care record*** ***Productivity*** ☐ ***Deliver our Elective Surgical Hub project and associated productivity improvements in order to increase elective activity and reduce waiting times*** ☐ ***Continue our Community Diagnostic Centre project in order to improve access to diagnostics for our population*** ☐ ***Create system productivity indicators to understand the value of public sector spending in health and care***	***Sustainability*** ☐ ***Work with Group partners to identify fragile services and develop plans to make them more sustainable utilising the scale of the group and existing networks*** ☐ ***Redesign selected services to focus more on prevention in order to reduce secondary care activity*** ☐ ***Build our Integrated Energy Solution on the County Hospital site to reduce carbon emissions*** ***Workforce*** ☒ ***Deliver plans for 'grow our own' career pathways that provide attractive roles for applicants*** ☒ ***Increasing the number and quality of green spaces for staff and improve the catering offer at the County Hospital in order to improve the working environment for staff*** ☒ ***Embed EDI objectives in our performance appraisals in order to make a demonstrable improvement in EDI indicators for patients and staff*** ***Research*** ☐ ***Increase both the number of staff that are research active and opportunities for patients to participate in research through our academic programme in order to improve patient care and be known as a research active Trust*** ☐ ***Continue to progress our plans for an Education Centre in order to develop our workforce and attract and retain staff***

WVT NHS STAFF SURVEY – 2023

1.0 Overview

1.1 The NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. Each year, the survey is conducted between October and November, with the results being published by March.

1.2 Over 1.2 million staff across NHS organisations were invited to take part in the 2023 survey and the median response rate was 45%. The WVT response rate was 34% which is reasonable considering severe operational pressures faced by the Trust over the past year.

1.3 This paper provides a summary of key developments in the 2023 Staff Survey and the full report for WVT is enclosed for the Board.

2.0 NHS Context & People Promise

2.1 The NHS National Staff Survey results for 2023 highlight a broadly positive picture, with progress made across several key themes despite the ongoing operational challenges brought about by industrial action and winter style related pressures across the NHS.

2.2 This year's results illustrate an improvement in five of the eight key indicators surveyed, including four People Promise indicators - covering recognition and reward, learning, working flexibly and team working.

2.3 The two other People Promise indicators surveyed, for compassionate and inclusive leadership and whether staff have a voice that counts, remained stable.

2.4 There has been positive progress in improved morale, driven by a reduction in staff saying they were thinking of leaving the NHS, while the measure of staff engagement remained stable.

2.5 Improvements were seen on most health and wellbeing measures, backed by a small fall in the metric indicating experience of bullying, harassment and abuse in the workplace. The health and safety indicator was not reported for 2023 due to an issue with data collection.

2.6 Key measures of staff experience also improved, with an increase in staff willing to recommend the NHS as a place to work. Similarly, the percentage of staff that would recommend their organisation as a place to get care increased, although this figure is still lower than in 2019.

2.7 On equality and diversity scores were broadly stable, with a small improvement on the measure of inclusion. There remained a significant equality gap in the experience of women, Black Minority Ethnic, disabled and LGBTQ+ staff.

2.8 For the 2023 Survey, a new question was introduced for 2023 on sexual harassment in NHS workplaces and this highlighted some concerns and the need for ongoing action on this issue in NHS workplaces.

2.9 Overall, the largest increase in the 2023 Survey was the measure for learning and development which saw particular improvement on experience of appraisals. There was also improvement on the team working measure NHS wide. Recognition and reward saw improvements in staff satisfaction on pay and on feeling recognised and valued. This was backed by a small decrease in staff thinking of leaving the NHS and scores on staff freedom to speak up remained broadly stable.

3.0 WVT Overview

3.1 A summary of the 2023 results for WVT shows good progress with **above average scores in all areas of the survey** (*compassionate & inclusive, recognised & rewarded, voice that counts, safe & healthy, always learning, work flexibly, we are a team, staff engagement, morale*). This is attributable to a number of leadership, workforce & OD initiatives that have been implemented at the Trust over the past few years.

People Promise elements and themes: Overview

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People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.36	6.17	6.84	-	5.89	6.45	6.90	7.02	6.08
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	1350	1351	1315	-	1293	1341	1350	1353	1349

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

3.2 The 2023 data for WVT shows a **statistically significant higher change in five areas** highlighted below i.e. we are *recognised and rewarded, we are always learning, we work flexibly, staff engagement and morale*. This is reflective of the concerted efforts and investments we have made to improve these areas.

Appendix B: Significance testing – 2022 vs 2023

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Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.32	1247	7.36	1350	Not significant
We are recognised and rewarded	5.94	1246	6.17	1351	Significantly higher
We each have a voice that counts	6.81	1229	6.84	1315	Not significant
We are safe and healthy	5.96	1231	-	-	-
We are always learning	5.55	1203	5.89	1293	Significantly higher
We work flexibly	6.21	1241	6.45	1341	Significantly higher
We are a team	6.83	1244	6.90	1350	Not significant
Themes					
Staff Engagement	6.87	1250	7.02	1353	Significantly higher
Morale	5.86	1249	6.08	1349	Significantly higher

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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3.3 The table below provides a high level summary on the key People Promise questions of the survey. The main areas of some concern where WVT is slightly below average scores for NHS organisations are in Q25a, Q25b and Q25d. WVT has seen improvements in these areas in the 2023 survey and no area is rated as being amongst the worst NHS organisations in the survey. In terms of violence & aggression which was a major area of concern in previous surveys, actions implemented at WVT since 2021 continue to have a positive impact.

3.4 It should be noted that the scores for WVT in the table below are close to the average NHS scores and the overall staff survey scores for WVT are largely positive. Dissatisfaction with levels of pay especially by junior doctors has led to ongoing industrial action across the NHS and many staff remain dissatisfied with their pay considering the cost of living crisis.

PEOPLE PROMISE ELEMENTS /THEMES - 2023	**WVT**	**Average**	**Best**	**Worst**
1. We are compassionate and inclusive				
Q25a – Care of patients / service users is my organisation's top priority	**>72.32%**	**74.83%**	**86.57%**	**60.55.%**
Q25b – My organisation acts on concerns raised by patients / service users	**>68.75%**	**69.78%**	**82.34%**	**53.59%**
Q25d – If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	**>58.10%**	**63.32%**	**88.82%**	**44.31%**
Q25c– I would recommend my organisation as a place to work	**>60.52%**	**60.52%**	**77.09%**	**44.05%**
2. We are recognised and rewarded				
Q4a – The recognition I get for good work	**>57.94%**	**53.55%**	**61.58%**	**45.64%**
Q4b – The extent to which my organisation values my work	**>46.60%**	**44.28%**	**55.53%**	**31.72%**
Q4c – My level of pay	**>35.61%**	**30.61%**	**37.78%**	**23.49%**
Q9e – My immediate manager values my work	**74.73%**	**71.39%**	**80.03%**	**65.51%**
3. We have a voice that counts				
Q20a – I would feel secure raising concerns about unsafe clinical practice	71.48%	70.24%	77.96%	63.19%
Q20b – I am confident that my organisation would address my concern	56.18%	55.90%	69.29%	43.62%
Q25e – I feel safe to speak up about anything that concerns me in this organisation	60.84%	60.89%	73.98%	50.32%
4. We are safe & healthy				
Q3g – I am able to meet all the conflicting demands on my time at work	**49.45%**	**46.63%**	**57.08%**	**37.52%**
Q5a – I have unrealistic time pressures	**27.21%**	**25.08%**	**33.29%**	**20.88%**
Q11a – My organisation takes positive action on health & wellbeing	**56.52%**	**56.95%**	**72.85%**	**44.63%**
Q11c – During the last 12 months have you felt unwell as a result of work related stress?	**39.19%**	**41.57%**	**32.39%**	**49.97%**
Q13a – In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public	**11.92%**	**14.98%**	**7.71%**	**22.90%**
5. We are always learning – above average scores for WVT in key questions posed				
6. We work flexibly – above average scores for WVT in all questions posed but NHS wide concerns remain				

7. We are a team – above average scores for WVT in key areas and good feedback for support from immediate managers				
8. Engagement – significant improvement with above NHS average results				
9. Morale – significant improvement with above NHS average results				

4.0 WVT Directorates

4.1 The data below indicates that the Surgical Division is the most improved and the Medical Division is now the most challenged Division with below average scores in all 8 areas of the survey. A working group with representatives from the Division will address the main issues of concern highlighted by staff in the Division.

Directorates	
Clinical Support	*Above WVT scores in 7 out of 8 areas*
Corporate Division	*Above WVT scores in all 8 areas*
Integrated Care Division	*Above WVT scores in 3 out of 8 areas*
Medical Division	*Below WVT scores in all 8 areas*
Surgical Division	*Above WVT average scores in 3 areas & close to average scores in all areas – most improved Division*

4.2 WVT wide Divisional staff engagement listening events (*InTouch campaign*) introduced last year are being planned to run again from May to August. This will also provide an avenue for staff in the Medical Division to identify local actions to be implemented in order to address areas of concern highlighted in the survey.

5.0 WVT Staff Groups

5.1 The data below and further analysis of the survey indicates that additional prof scientific & technical staff, healthcare scientists and the medical & dental staff group continue to have the lowest positive scores in the staff survey. As part of growing our own staff strategy, the new WVT pay & career progression framework for clinical healthcare support workers is having a good impact as feedback received from this group is more positive and no longer red rated. The WVT leadership development programme now includes a specific day for consultants and the Chief Medical Officer is leading more specific interventions for medical staff with Associate Medical Directors. Medical staff will also be invited to staff engagement listening events over the coming months to help identify local solutions to areas of concern. Targeted interventions will also be developed working with healthcare scientists.

Red rated in most areas	
➢ Additional Prof Scientific & Technical	
➢ Healthcare Scientists	
➢ Medical & Dental	
Amber / Green rated mainly with some red areas	
➢ Nursing & Midwifery	
➢ Allied Health Professionals	
➢ Estates & Ancillary	
Green rated mainly	

➢ Admin & Clerical ➢ Additional Clinical Services	

5.2 Workforce Race Equality Standard (WRES) 2023

5.2.1 Information from the 2023 staff survey still indicates that Black, Asian & Minority Ethnic staff are still reporting a poorer experience compared to white colleagues in terms of harassment, bullying or abuse and equal opportunities. Data from NHS Employers indicates that unfortunately this is still the case across many organisations in the NHS.

5.2.2 The Trust has established the Black, Asian & Minority Ethnic (BAME) network, the LGBTQ+ network and the Disability network for WVT employees. These staff networks are maturing and over time will be able to drive forward and support strategic equality & diversity issues affecting staff at the Trust.

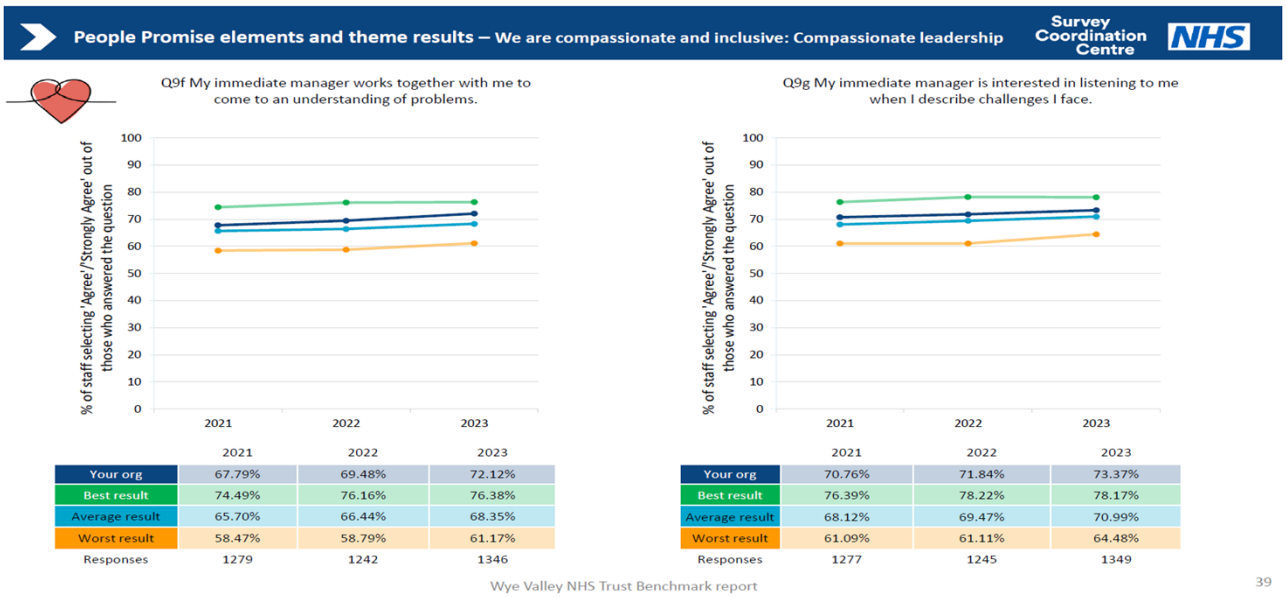
5.3 Workforce Disability Equality Standard (WDES) 2023

5.3.1 The staff survey also indicates that staff with a long term condition or illness, are still reporting a less favourable experience in terms of harassment, bullying or abuse at work. This is also the case in many NHS organisations and the WVT Disability network and Health & Wellbeing group are implementing initiatives to support disabled staff at the Trust. The WVT managing attendance policy has been reviewed and provisions have been made with a revised disability health passport to offer more support for disabled staff. The Trust is also working with the Access to Work Officers from the DWP in supporting disabled staff at work.

6.0 Notable Highlights – People Promise 2023 Survey

6.1 Information from the staff survey shows a pattern of consistent good performance in notable areas of the survey. **It is worth noting that WVT has not been rated as being amongst the worst NHS organisations in any area of the survey.**

6.2 WVT employees have provided very positive scores for support received from **their immediate line managers** as indicated in the charts below. This provides a good platform for the Trust to build on and work with line managers in getting them to take more ownership in enhancing the working experience of staff in key areas of the staff survey.



	2021	2022	2023
Your org	67.79%	69.48%	72.12%
Best result	74.49%	76.16%	76.38%
Average result	65.70%	66.44%	68.35%
Worst result	58.47%	58.79%	61.17%
Responses	1279	1242	1346

	2021	2022	2023
Your org	70.76%	71.84%	73.37%
Best result	76.39%	78.22%	78.17%
Average result	68.12%	69.47%	70.99%
Worst result	61.09%	61.11%	64.48%
Responses	1277	1245	1349

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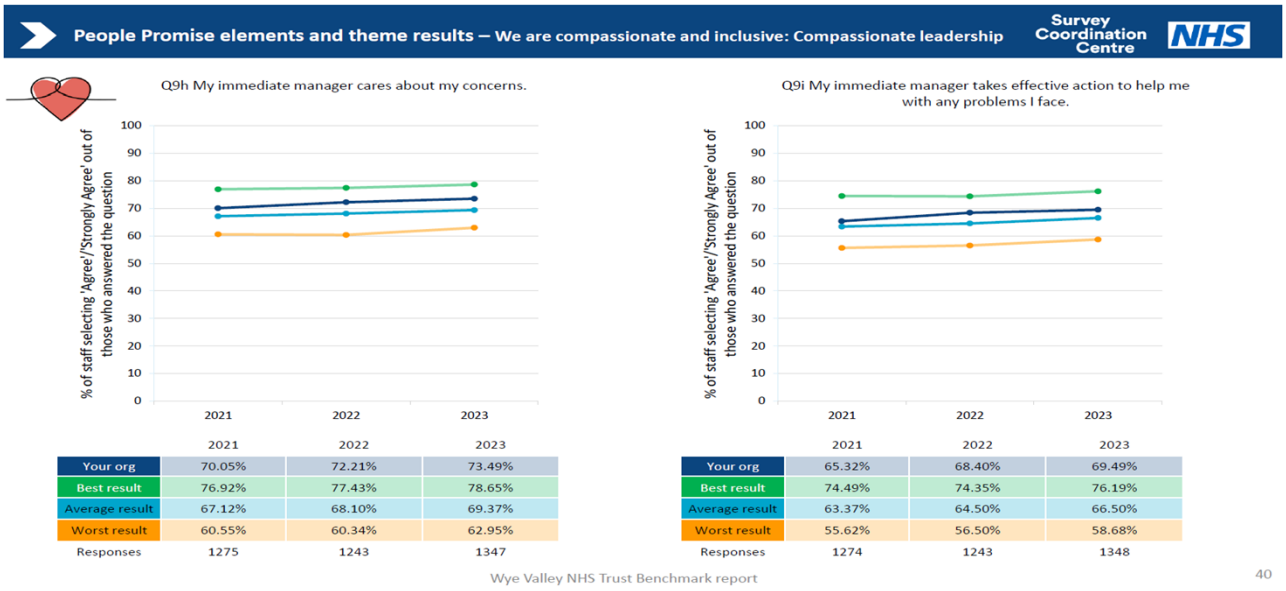


6.2 The Trust made reasonable progress in key questions about patient care in the 2023 survey as captured below.

Q25a – Care of patients / service users is my organisation's top priority

2018	2019	2020	2021	2022	2023
72.0%	*75.7%*	*77.2%*	*73.3%*	*70.9%*	*72.32%*

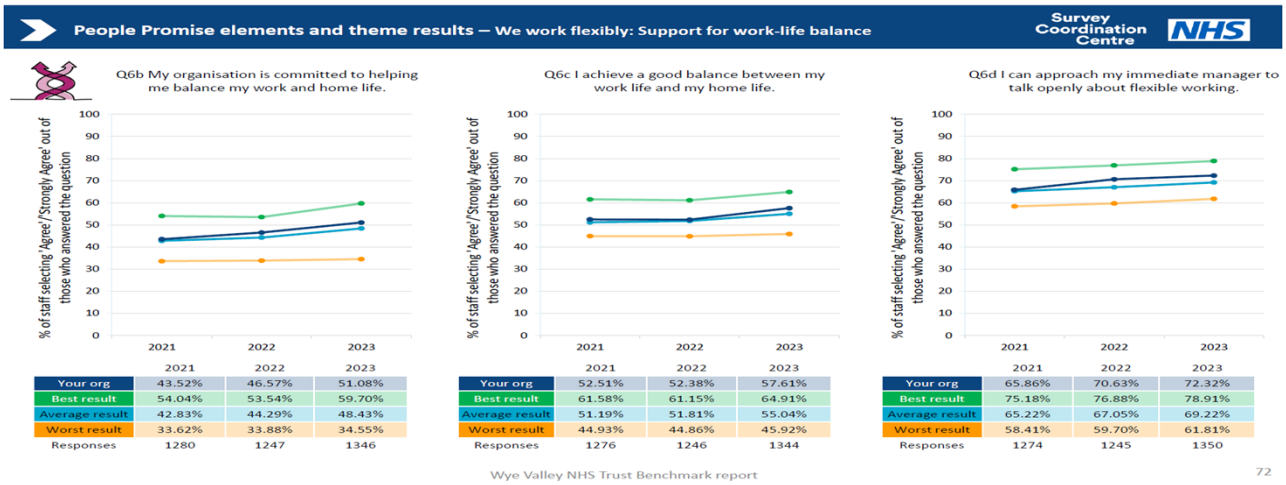
Q25c – I would recommend my organisation as a place to work

2018	2019	2020	2021	2022	2023
60.2%	*64.6%*	*69.5%*	*61.0%*	*59.5%*	*60.52*

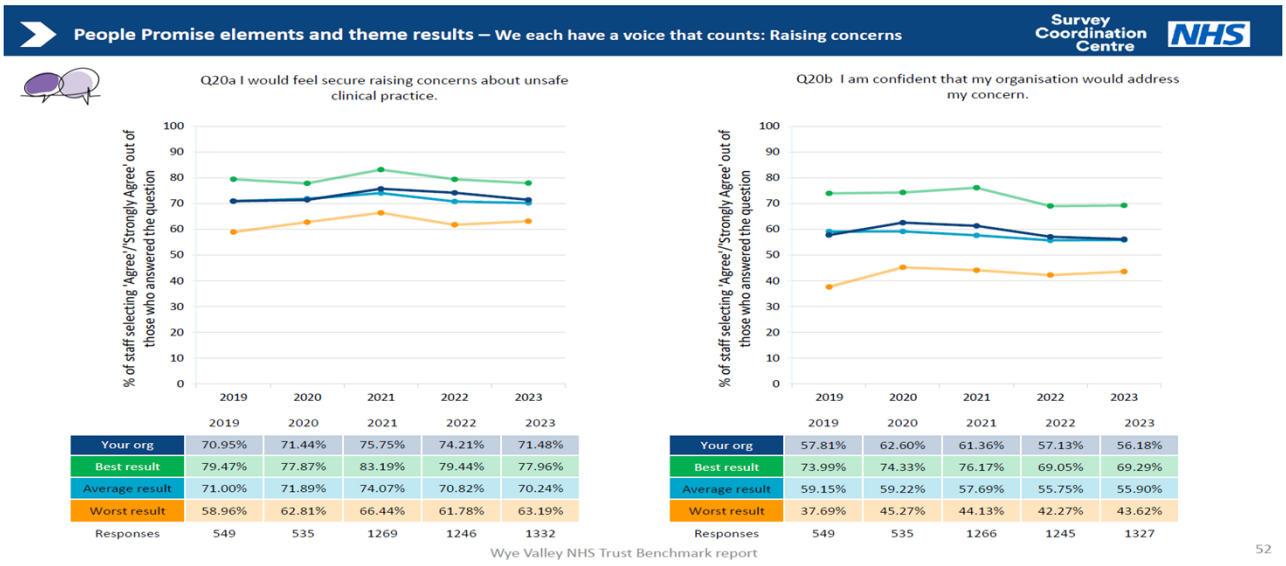
Q25d – If a friend of relative needed treatment I would be happy with the standard of care provided

2018	2019	2020	2021	2022	2023
62.7%	*66.7%*	*70.6%*	*62.7%*	*57.1%*	*58.10*

Flexible Working – significant improvements in flexible working following the *Yes To Flex* strategic objective.



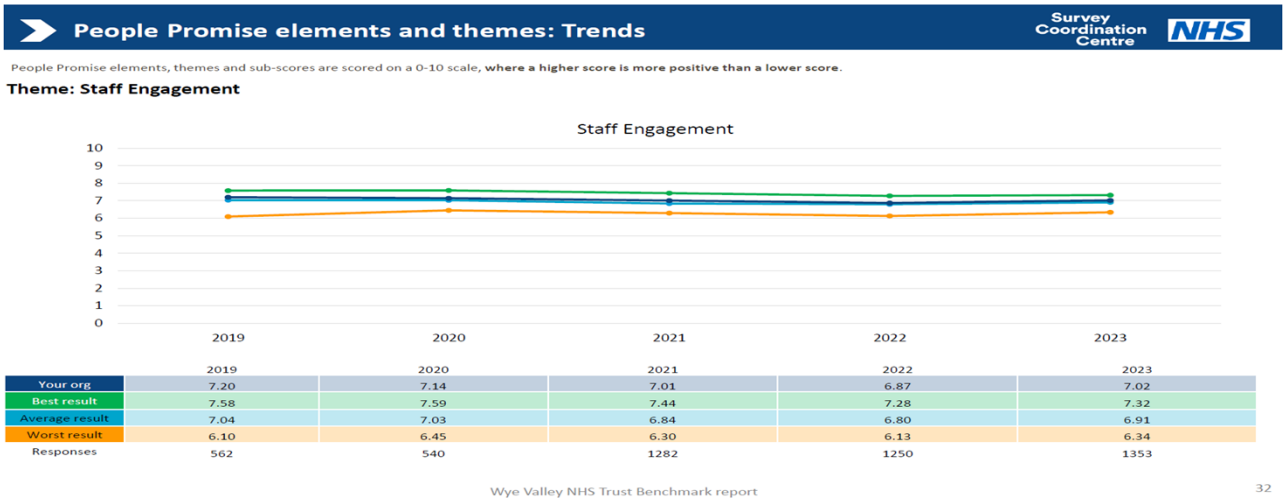
Voice that counts – WVT has maintained above NHS average scores.



	2019	2020	2021	2022	2023
Your org	70.95%	71.44%	75.75%	74.21%	71.48%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	549	535	1269	1246	1332

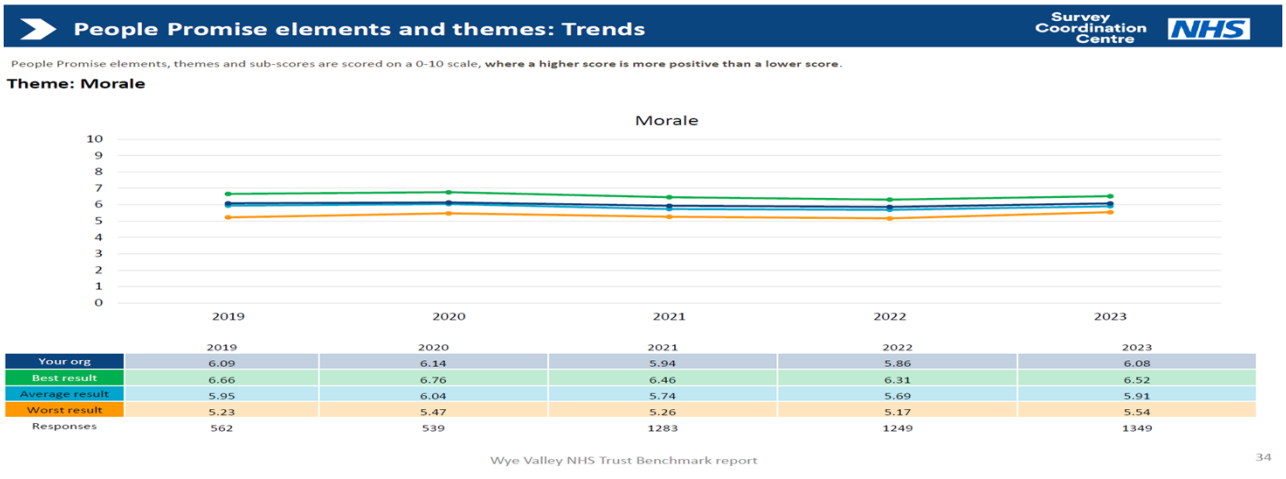
	2019	2020	2021	2022	2023
Your org	57.81%	62.60%	61.36%	57.13%	56.18%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%
Responses	549	535	1266	1245	1327

Staff Engagement – *InTouch* campaign contributed to significant improvement in staff engagement.



	2019	2020	2021	2022	2023
Your org	7.20	7.14	7.01	6.87	7.02
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	562	540	1282	1250	1353

Morale – leadership and workforce initiatives contributed to significant improvement in morale.



	2019	2020	2021	2022	2023
Your org	6.09	6.14	5.94	5.86	6.08
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	562	539	1283	1249	1349

7.0 Group results

7.1 The overall staff survey results for the Group has SWFT staying in the top performing Group. WVT is now very close to SWFT in a number of areas and GEH has seen substantial improvements. Worcester hospital has the lowest scores within the Group. The results continue to show positive progress at WVT over the past few years and WVT is now amongst the top 5 high performing Trusts in the Midlands.

Group results on People Promises

People Promise	Sector 22	Sector 23	GEH (22)		GEH (23)		SWFT (22)		SWFT (23)		WVT (22)		WVT (23)		WAH (22)		WAH (23)	
1. Compassion & Inclusion	7.16	7.24	6.95	v	7.22	^	7.60	^	7.67	^	7.32	v	7.36	^	7.10		7.10	=
2. Recognition & Reward	5.71	5.91	5.58	v	5.95	^	6.06	v	6.26	^	5.97	v	6.18	^	5.60		5.80	^
3. A Voice that Counts	6.63	6.69	6.49	v	6.72	^	7.00	=	7.04	^	6.79	v	6.82	^	6.40		6.50	^
4. Safe and Healthy	5.87	6.07	5.74	v	6.10	^	6.08	^	6.26	^	5.99	v	6.21	^	5.80		5.90	^
5. Always learning	5.38	5.63	5.34	^	5.74	^	5.80	^	6.08	^	5.53	=	5.86	^	5.10		5.30	^
6. We work Flexibly	5.98	6.17	5.85	v	6.29	^	6.43	^	6.66	^	6.24	^	6.45	^	5.90		6.20	^
7. We are a Team	6.62	6.73	6.41	v	6.71	^	6.96	^	7.04	^	6.82	^	6.91	^	6.40		6.50	^

Sector results all up on last year by 10 to 20 points
Group Trusts all up also, although WAHT static on Compassion and Inclusion
SWFT and WVT all above sector
GEH moved from none above sector to 5/7 above
WAHT below sector in all but 'We work Flexibly"
Colour coding – Green indicates better than sector average. Arrows indicate Trust level trend. Do not have WAHT 2021 comparisons

Overall Group Rankings

Group Rankings	GEH	SWFT	WVT	WAH
1. Compassion & Inclusion	3	1	2	4
2. Recognition & Reward	3	1	2	4
3. A Voice that Counts	4	1	2	3
4. Safe and Healthy	4	1	2	3
5. Always learning	3	1	2	4
6. We work Flexibly	3	1	2	4
7. We are a Team	4	1	2	3
Overall Engagement Score	3	1	2	4
Overall Morale Score	3	1	2	4
Care Top Priority (25a)	2	1	3	4
Recommend Work (25c)	2	1	3	4
Recommend Care (25d)	2	1	3	4
Act on F2SU (20b)	3	1	2	4
Improvement (3f)	3	2	1	4
Descrimination Staff (16b)	4	1	2	3
Flexible work (4d)	4	1	2	3

8.0 WVT Workforce & OD initiatives

8.1 WVT has introduced a number of workforce initiatives over the past few years in order to be recognised as a good model employer of choice, and also to address the areas covered by the staff survey. Our workforce & organisational development strategy with key themes & enablers supports our position as a model workplace for all employees.

8.2 The table below provides information on current workforce initiatives at WVT aligned to the People Promise elements & themes of the staff survey. These initiatives are ongoing and will continue over the next year as they are designed to enhance the working culture and working environment for all employees. HR business partners have Divisional plans aligned to the People Promise and are involved in driving local staff engagement programmes.

Compassionate & inclusive	Recognised & rewarded	Voice that counts	Safe & healthy	Always learning	Work flexibly	We are a team	Staff engagement	Morale
• Staff networks – BAME, Disability, LGBTQ+ • FTSU process • Cultural ambassadors • Civility saves lives sessions • WVT strategic EDI group • ICS EDI projects • NHS EDI programmes • Mental health first aiders • Menopause passport • Disability/health passport	• GEM awards • HCSW B2/3 pay & career dev't framework • B5/6 nursing review • WVT rec & ret group • Divisional rec & ret group • WVT staff benefits • Quarterly HR road shows	• Trade union forums – JNCC, LNC • Staff networks • FTSU Guardian • FTSU champions • Exec director open door sessions • Rumour mill • HR policies & procedures • New starter surveys • Rumour mill	• Halo leisure programmes • Schwartz rounds • Mental health training • West Mids Thrive at work actions • NHS wellbeing framework actions • Menopause Charter & group • University projects (MHFA, connecting staff with nature • NHS charities bids	• Growing our own staff • Apprentices hips • CPD funds • Variety of staff devt programmes • Leadership & mgt development • T&D prospectus	• Call to action retention plan • Expanding flexi working options – term time, annualised hrs, hybrid • E-rostering option for self rostering • Advertising all jobs as open to flexi working • HR policies & procedures	• Team events • Team building sessions • Insights discovery sessions • Staff & team dev't sessions	• Exec director open door sessions • Informal drop in sessions • Walking the floor events • Regular meetings with trade union reps • WVT hapi app • Trust Talk • Regular staff comms • Wide use of screen savers	• Regular staff comms on WVT, ICS dev'ts • Dept meetings • FTSU feedback sessions

Actions for the Medical Division, Medical Staff & Healthcare Scientists

The results of the 2023 staff survey highlights the need for further interventions in the Medical Division and also for medical & dental staff and healthcare scientists employed at WVT. A working group with representatives from the Medical and Clinical Support Divisions will be set up to review and implement targeted actions to address the issues affecting staff in these areas.

9.0. Way forward

9.1 The Board is asked to consider the staff survey report and note the actions being taken to ensure that WVT continues to thrive in the annual staff survey and is recognised as good model employer of choice.

9.2 Updates on progress being made in addressing the areas of concern highlighted in the survey will be presented to the Board over the coming months.

Survey Coordination Centre

NHS

Wye Valley NHS Trust

2023 NHS Staff Survey

Breakdown report

Contents (1)

Contents (2)

This breakdown report for Wye Valley NHS Trust contains results by breakdown area for People Promise element and theme results from the 2023 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this breakdown report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

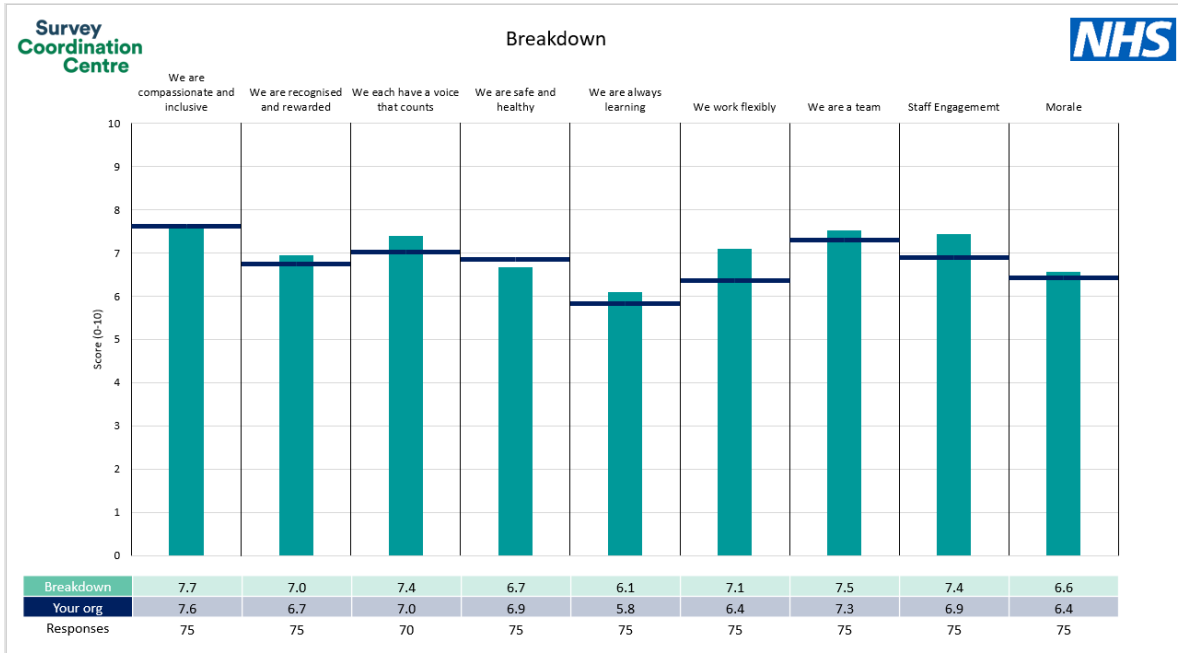
The breakdowns used in this report were provided and defined by Wye Valley NHS Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a breakdown area is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the breakdown and trust scores.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.7	7.0	7.4	6.7	6.1	7.1	7.5	7.4	6.6
Your org	7.6	6.7	7.0	6.9	5.8	6.4	7.3	6.9	6.4
Responses	75	75	70	75	75	75	75	75	75

! Note: when there are less than 10 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Survey Coordination Centre

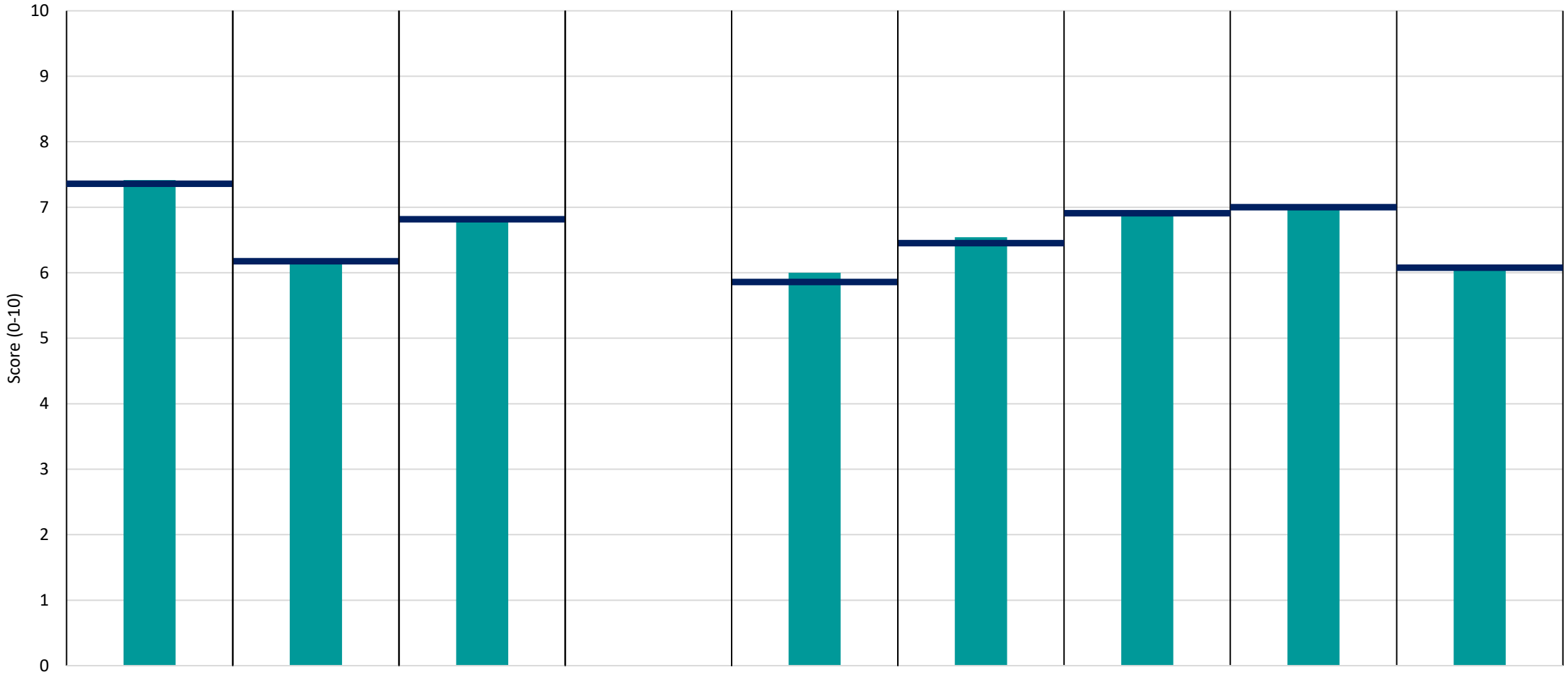
NHS

Breakdowns 1

Wye Valley NHS Trust

2023 NHS Staff Survey

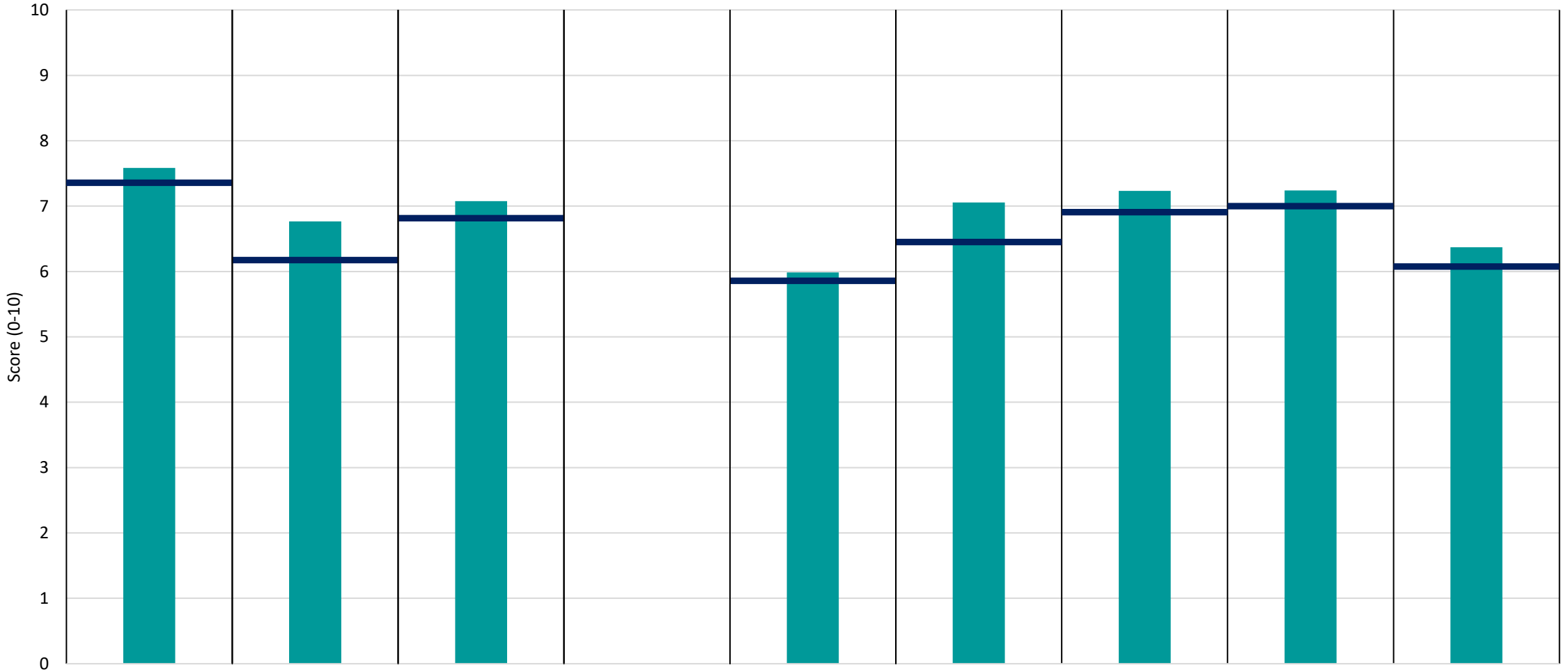
Clinical Support Services Division



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.41	6.16	6.85	-	6.00	6.54	6.95	7.04	6.10
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	244	244	241	-	229	243	243	244	244

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

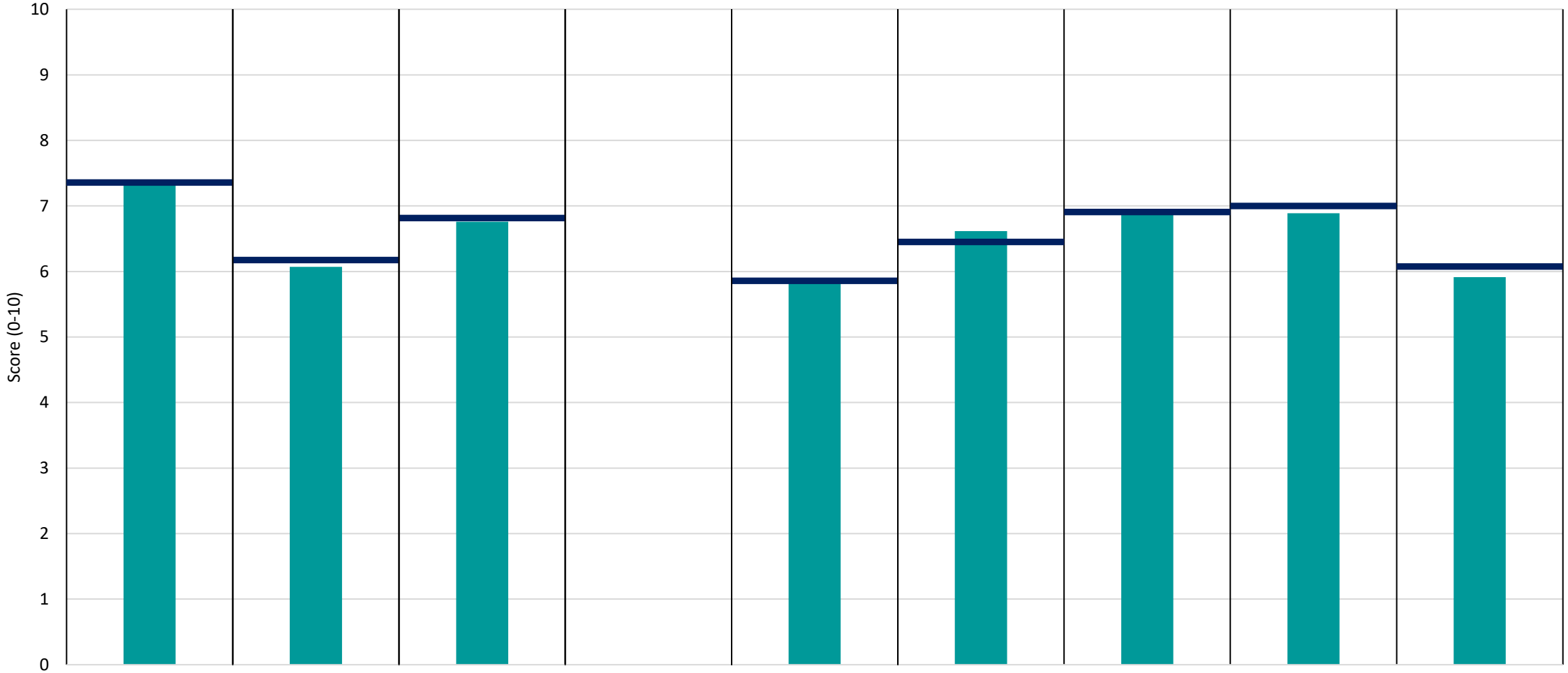
Corporate Division



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.58	6.77	7.08	-	5.98	7.06	7.23	7.24	6.37
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	250	250	247	-	246	251	250	251	250

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

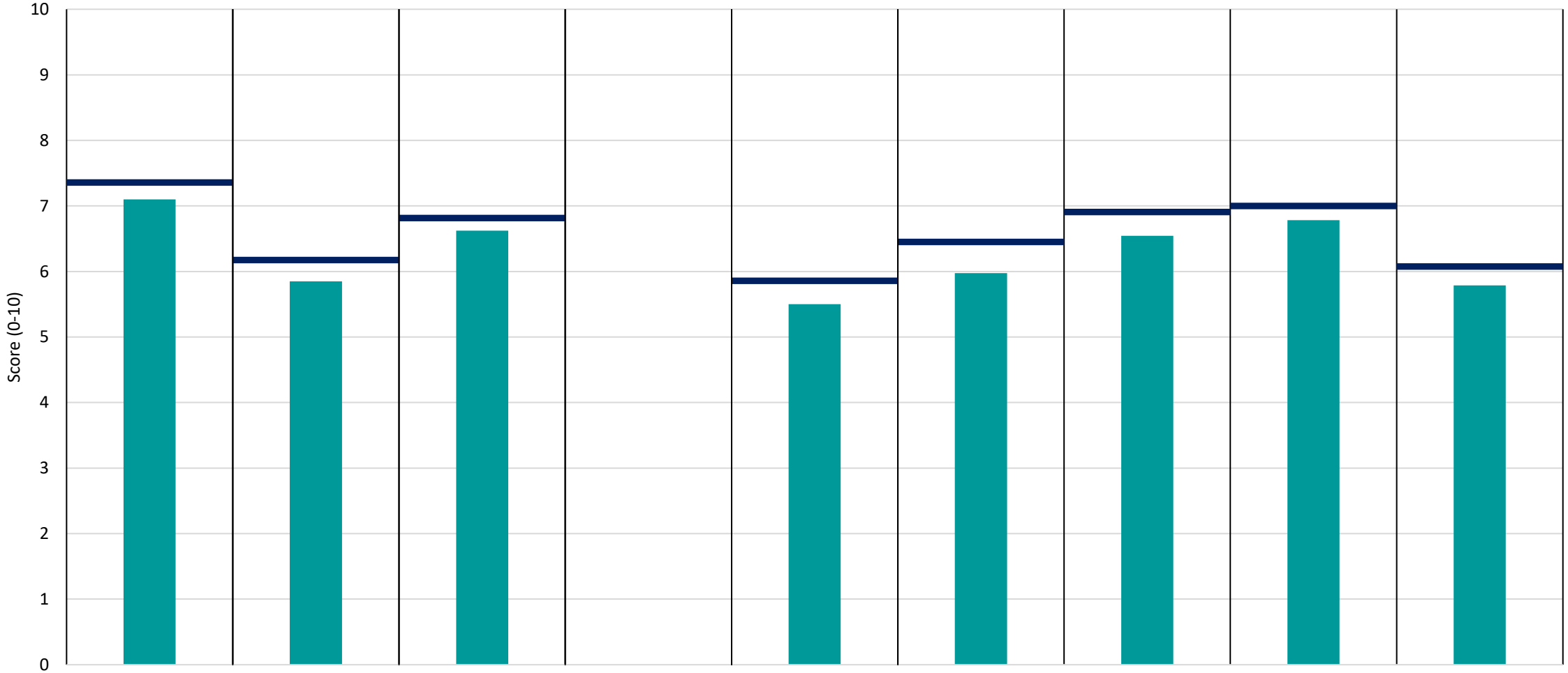
Integrated Care Division



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.34	6.07	6.76	-	5.87	6.61	6.95	6.89	5.92
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	236	237	234	-	232	235	236	237	237

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

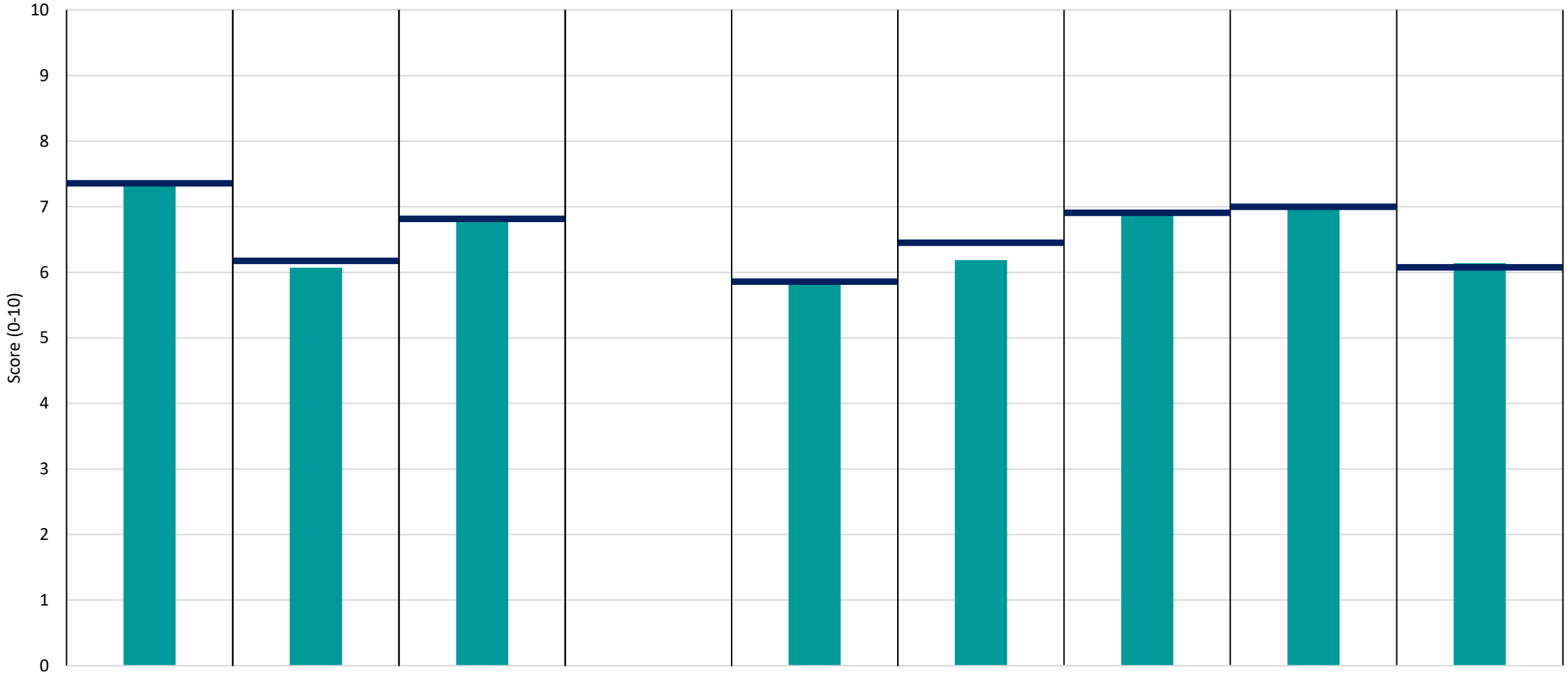
Medical Division



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.10	5.85	6.62	-	5.50	5.97	6.54	6.78	5.79
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	235	237	228	-	222	231	236	236	235

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Surgical Division



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.35	6.07	6.78	-	5.89	6.19	6.87	7.02	6.14
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	385	383	365	-	364	381	385	385	383

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Survey Coordination Centre

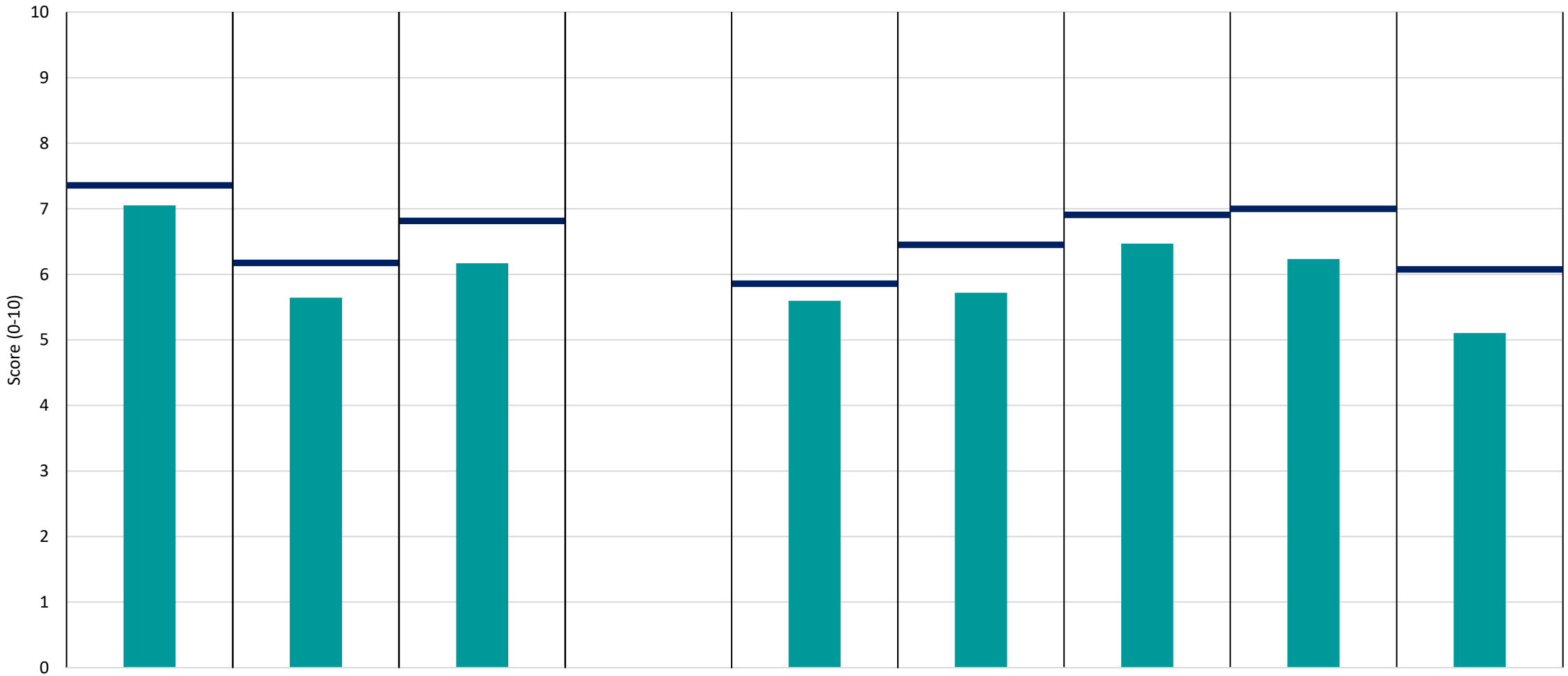
NHS

Breakdowns 2

Wye Valley NHS Trust

2023 NHS Staff Survey

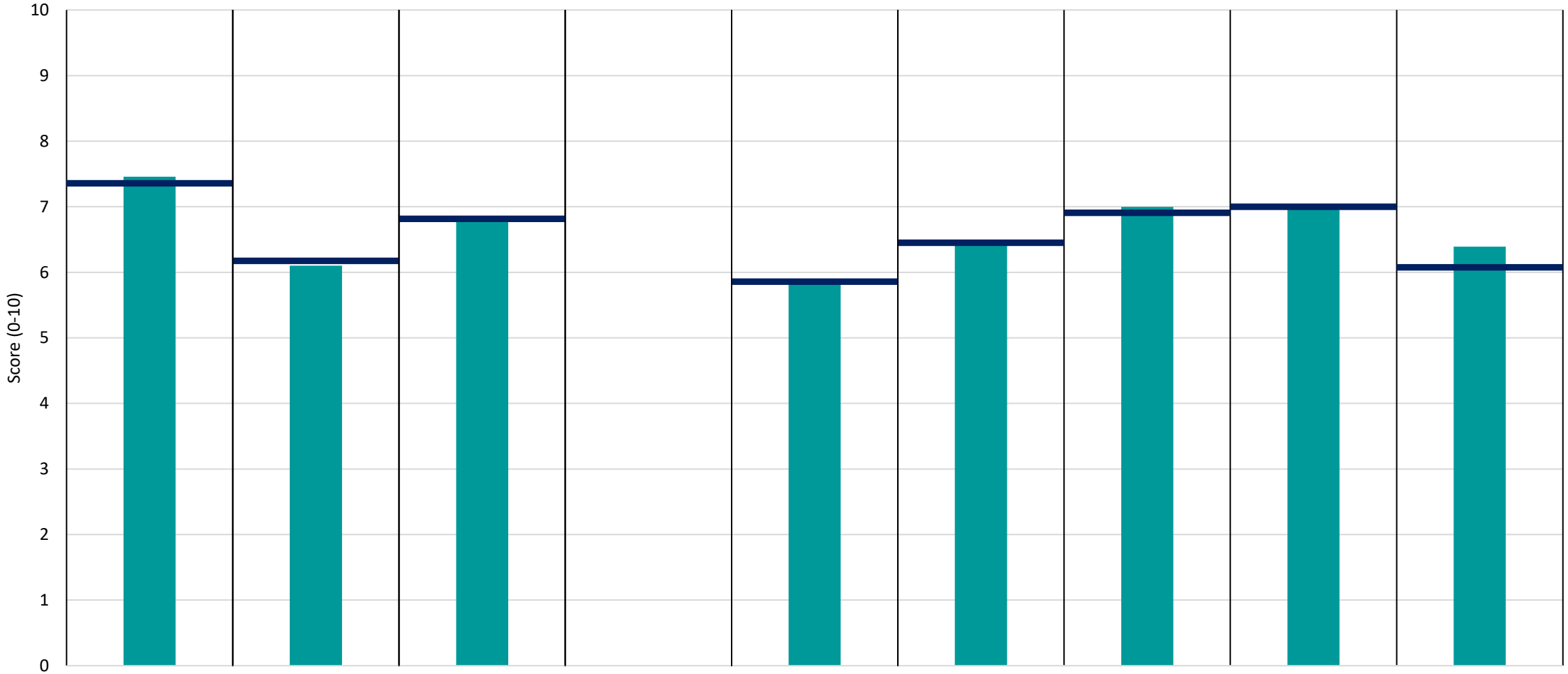
Add Prof Scientific and Technic



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.05	5.64	6.17	-	5.60	5.72	6.47	6.23	5.11
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	45	45	44	-	42	44	45	45	45

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

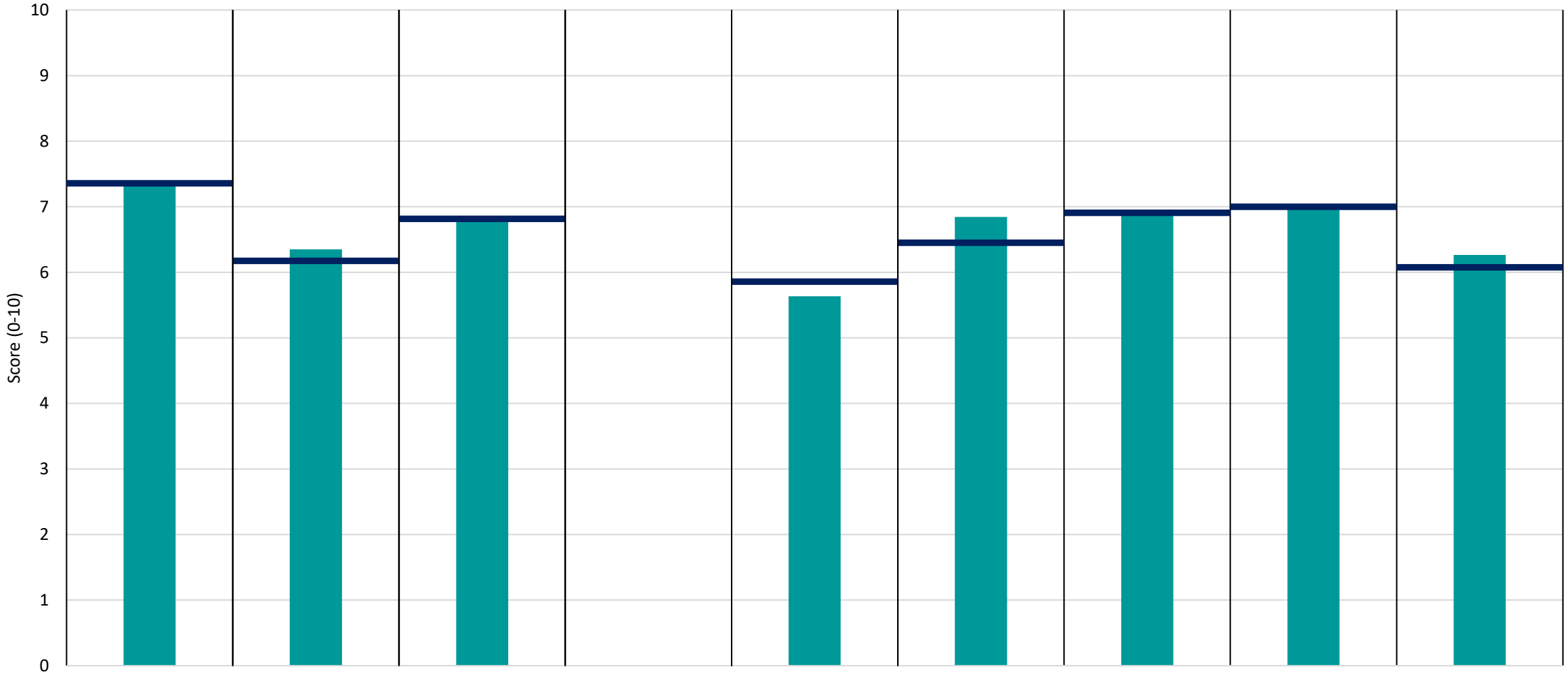
Additional Clinical Services



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.46	6.10	6.83	-	5.88	6.43	7.00	7.03	6.39
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	189	188	182	-	175	186	189	189	188

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

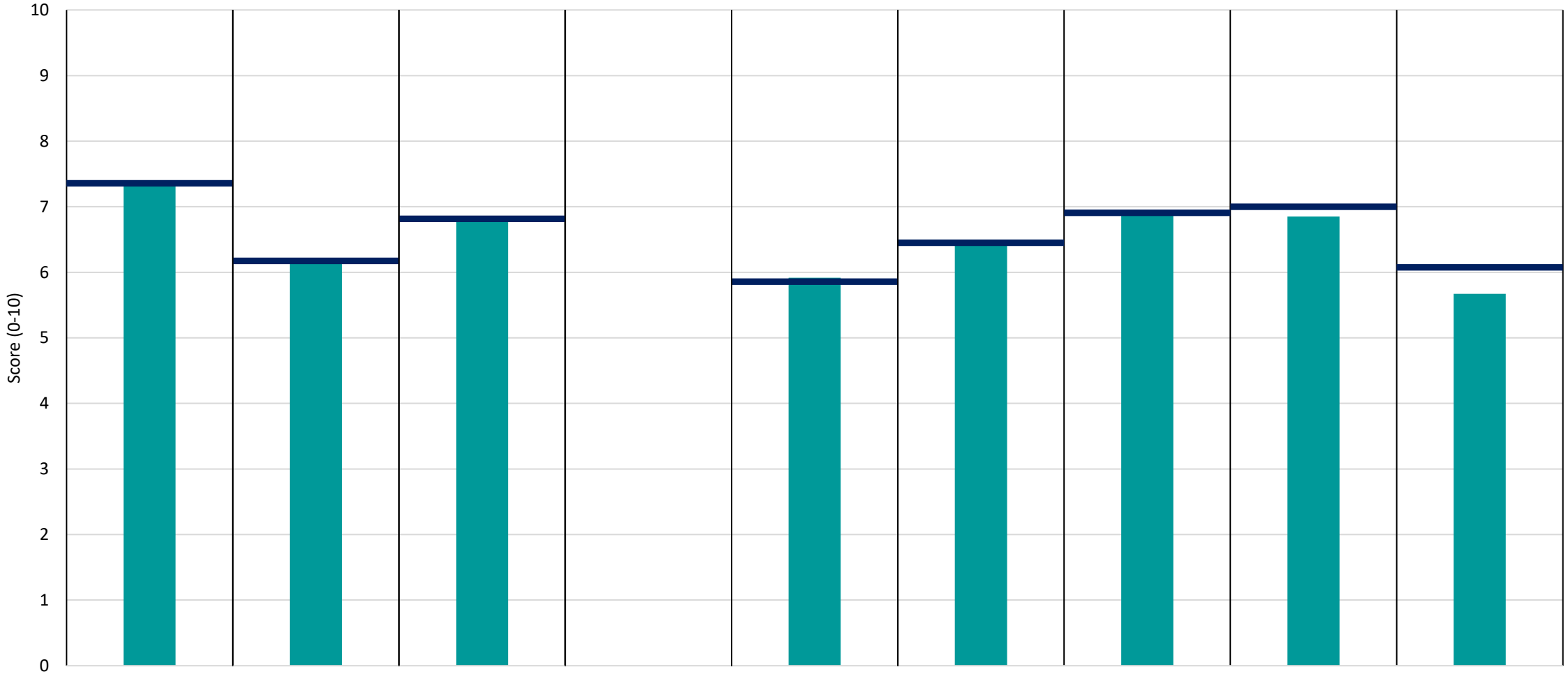
Administrative and Clerical



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.40	6.35	6.84	-	5.63	6.84	6.96	7.04	6.27
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	459	459	452	-	442	458	459	459	458

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

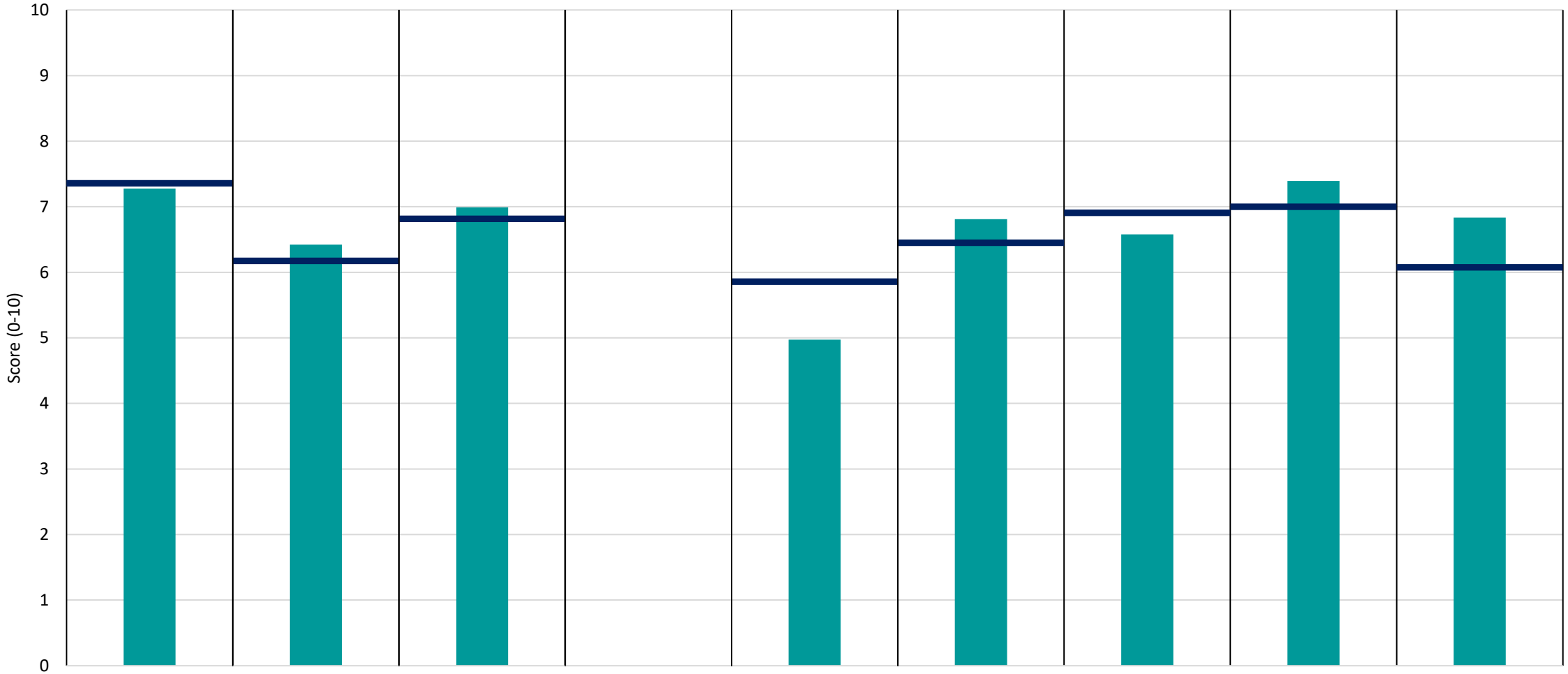
Allied Health Professionals



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.35	6.14	6.80	-	5.92	6.47	6.87	6.85	5.67
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	150	150	148	-	146	148	150	150	150

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

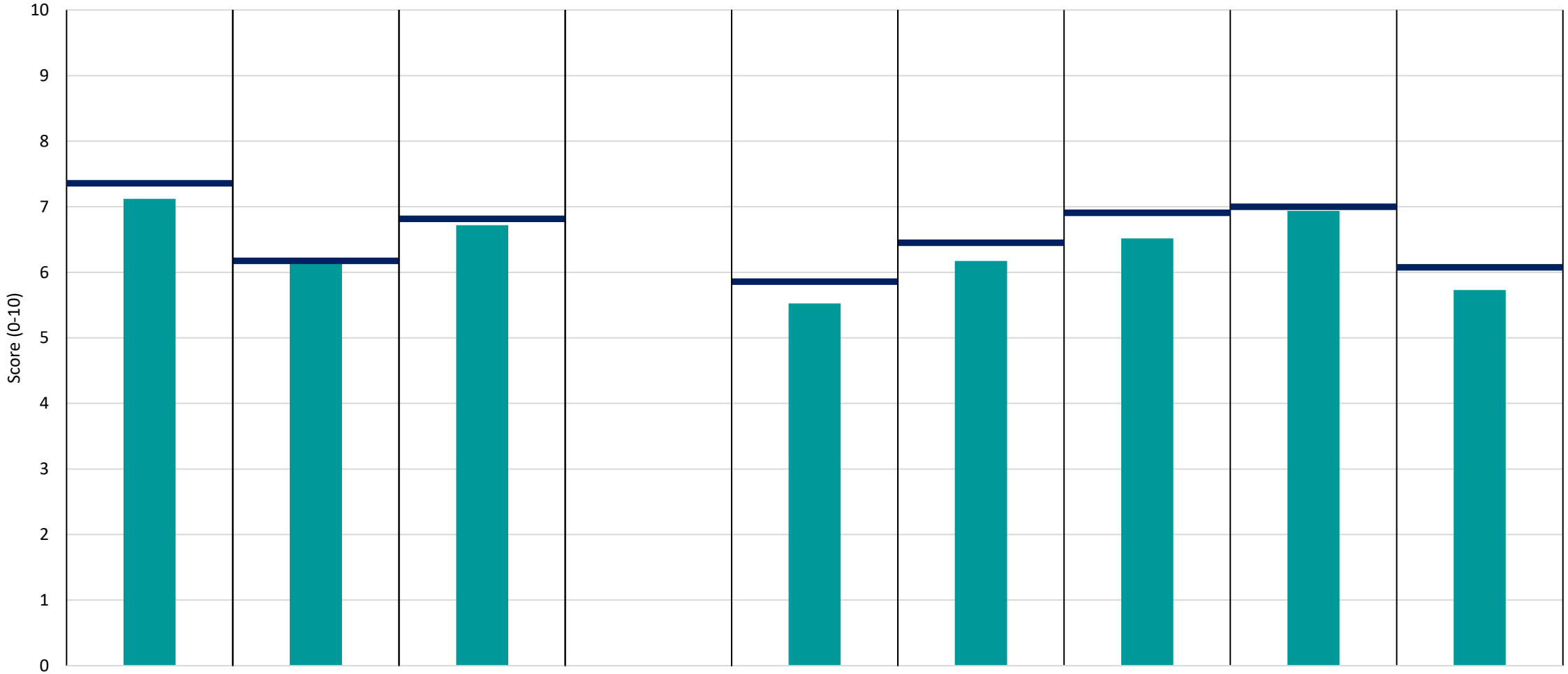
Estates and Ancillary



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.28	6.42	6.99	-	4.97	6.81	6.58	7.39	6.83
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	32	32	29	-	29	32	32	33	32

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

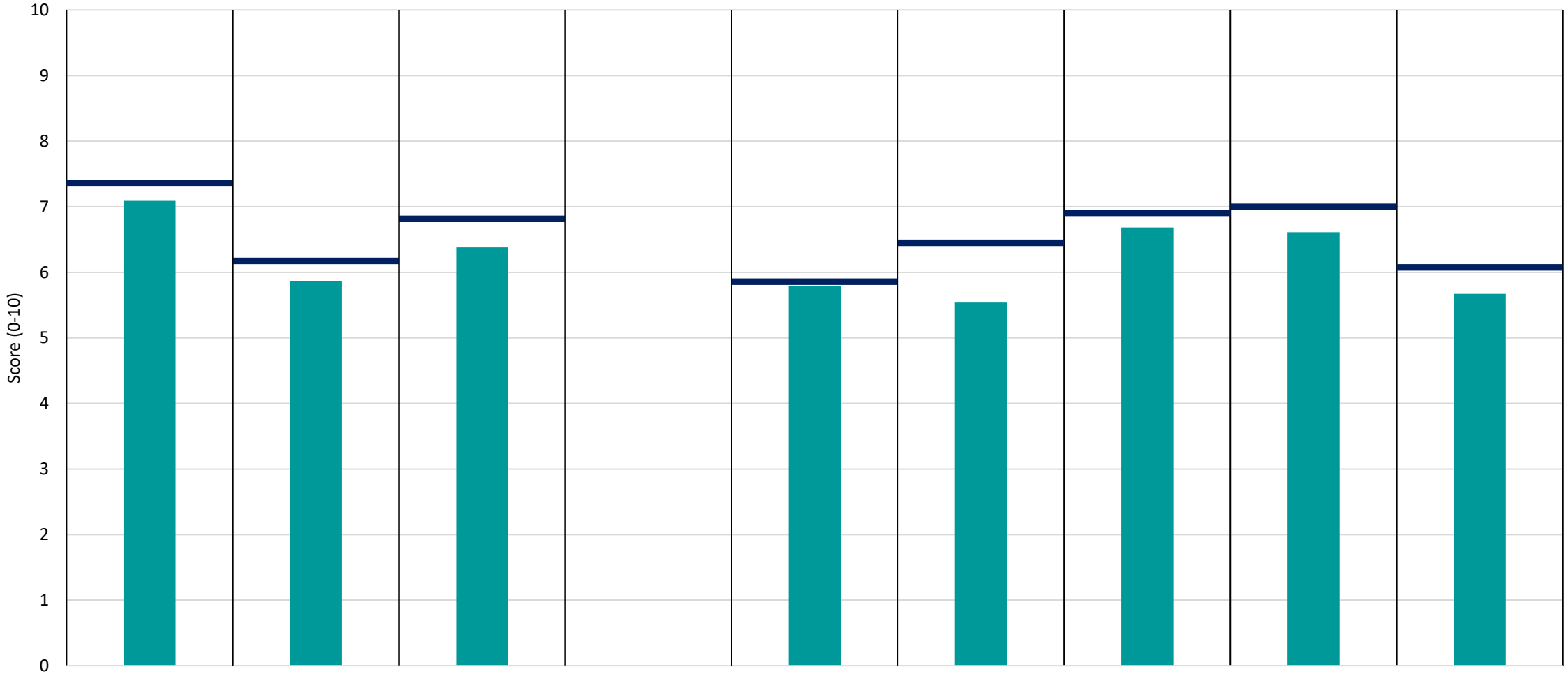
Healthcare Scientists



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.12	6.14	6.72	-	5.53	6.17	6.52	6.94	5.73
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	37	38	37	-	36	37	37	38	37

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

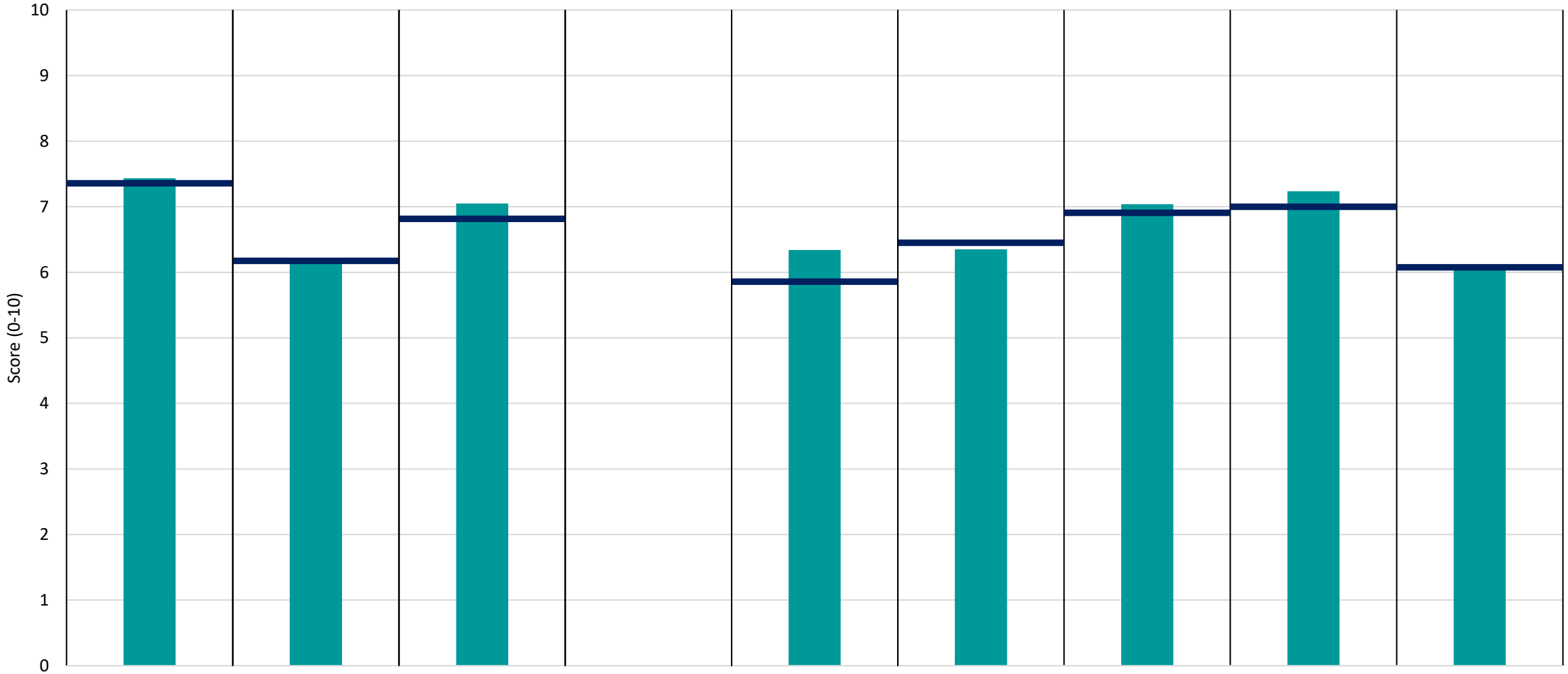
Medical and Dental



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.09	5.87	6.38	-	5.79	5.54	6.68	6.61	5.67
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	130	130	127	-	127	128	130	130	130

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Nursing and Midwifery Registered



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Breakdown	7.43	6.17	7.05	-	6.34	6.35	7.04	7.24	6.07
Your org	7.36	6.18	6.82	-	5.86	6.45	6.91	7.00	6.08
Responses	308	309	296	-	296	308	308	309	309

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Survey Coordination Centre

NHS

Wye Valley NHS Trust

NHS Staff Survey Benchmark report 2023

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Introduction

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

About this report

This benchmark report for Wye Valley NHS Trust contains results for the 2023 NHS Staff Survey, and historical results back to 2019 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations*.

Please note: Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

Please note: 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from the Staff Survey website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

* The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor. Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q26d, Q31b		

Report structure

Survey Coordination Centre NHS

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

Note, where there are fewer than 10 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Note, 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.
Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES).**

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2022 vs 2023.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Using the report

Survey Coordination Centre

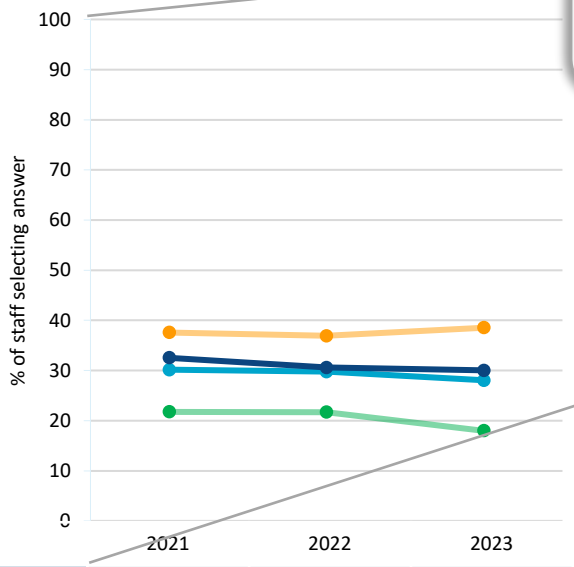
NHS

Note this is example data

Key features

Question number and text (or summary measure) specified at the top of each slide.

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

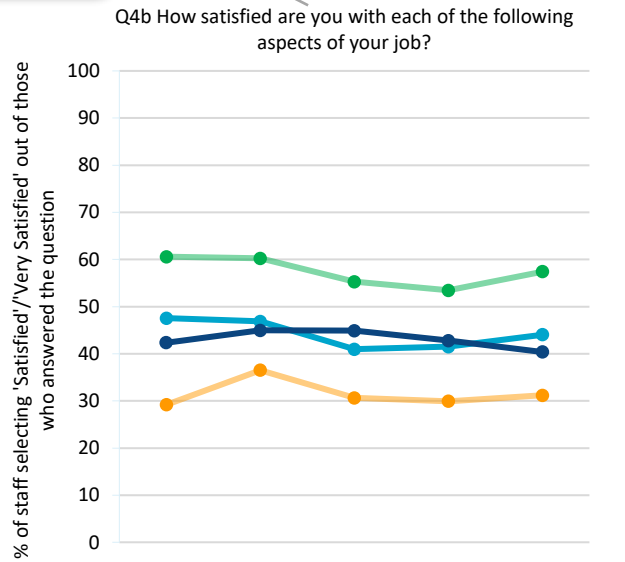


	2021	2022	2023
Your org	32.6%	30.6%	30.0%
Best result	21.8%	21.7%	18.0%
Average result	30.2%	29.8%	28.1%
Worst result	37.6%	36.9%	38.5%
Responses	480	500	515

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst **results.**

Tips on how to read, interpret and use the data are included in the Appendices



	2019	2020	2021	2022	2023
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	53.5%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

Number of responses for the organisation for the given question.

Note charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2021, 2022 and 2023 portions of the chart and table.

Survey Coordination Centre

NHS

Organisation details

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Organisation details

Survey Coordination Centre NHS

Wye Valley NHS Trust

2023 NHS Staff Survey

Organisation details

Completed questionnaires	1356
2023 response rate	34%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2023 benchmarking group details

Organisations in group: 122

Median response rate: 45%

No. of completed questionnaires: 477643

For more information on benchmarking group definitions please see the Technical document.

Survey Coordination Centre

NHS

People Promise elements, themes and sub-score results

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

NHS

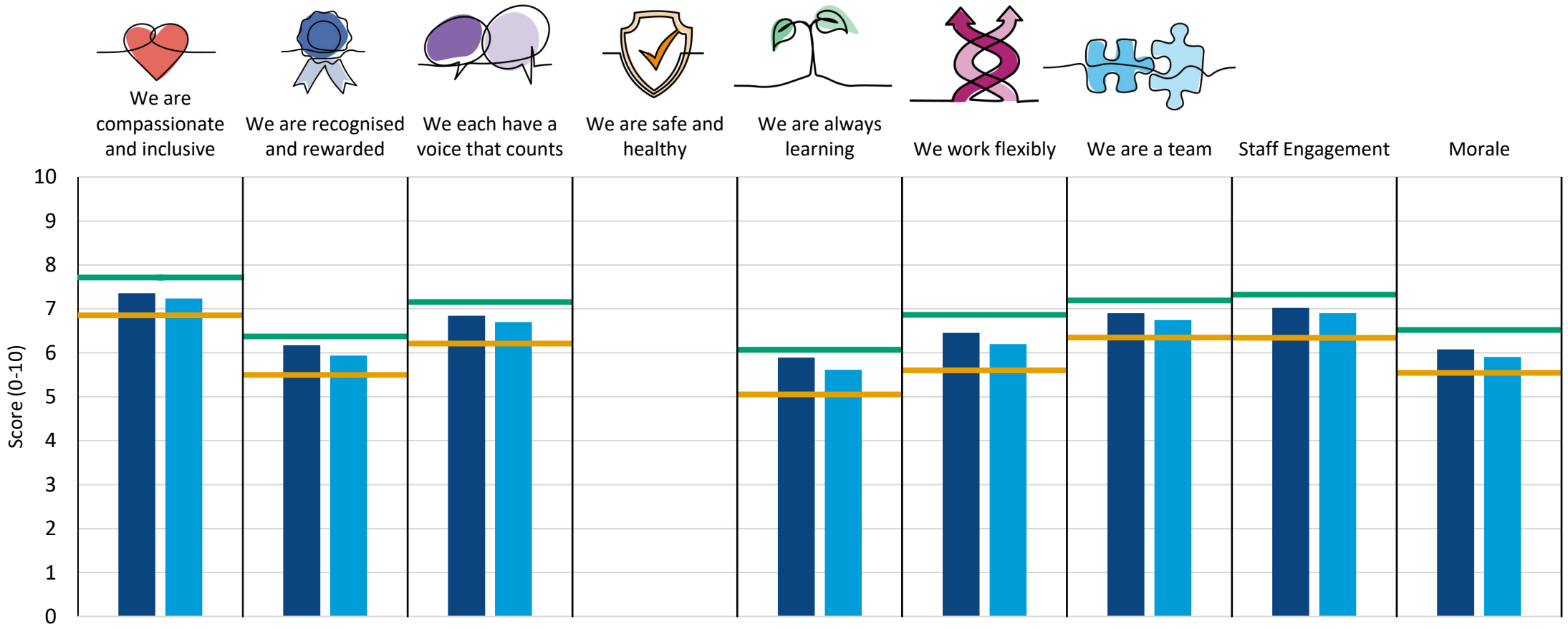
People Promise elements, themes and sub-scores: Overview

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Overview

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.36	6.17	6.84	-	5.89	6.45	6.90	7.02	6.08
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	1350	1351	1315	-	1293	1341	1350	1353	1349

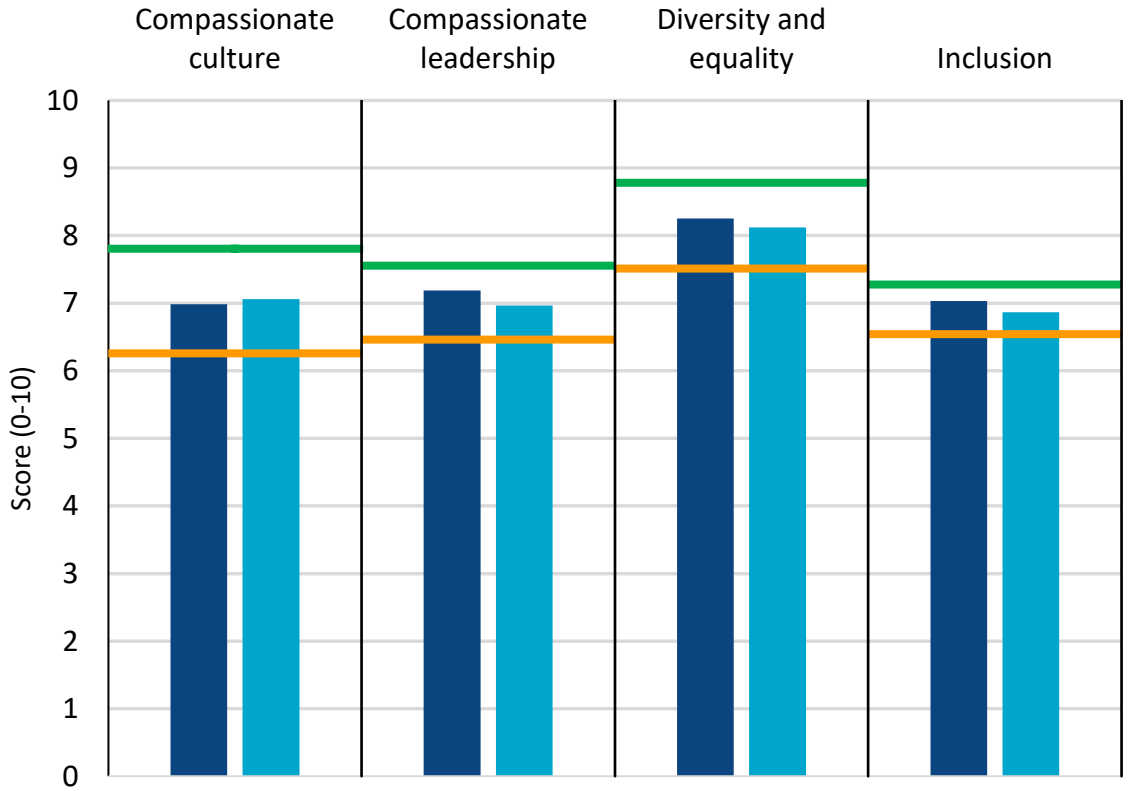
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

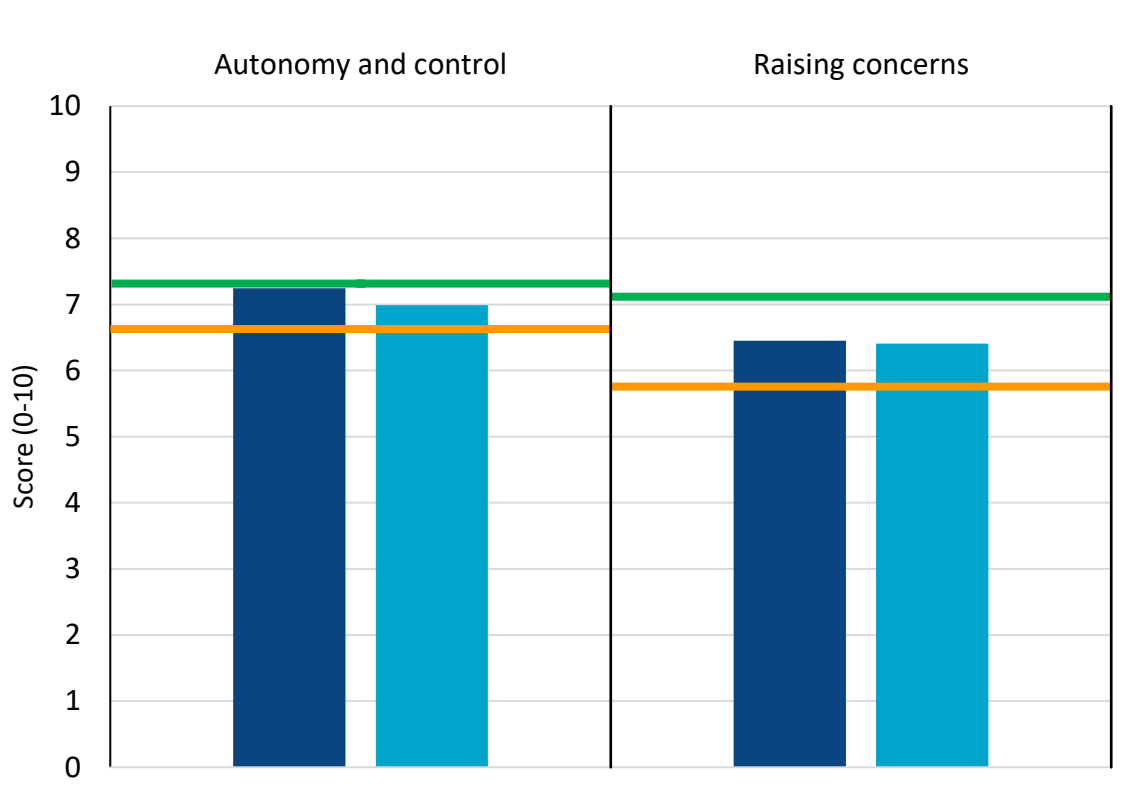
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.98	7.19	8.25	7.03
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	1342	1349	1341	1346

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	7.24	6.45
Best result	7.31	7.12
Average result	6.99	6.41
Worst result	6.63	5.76
Responses	1349	1320

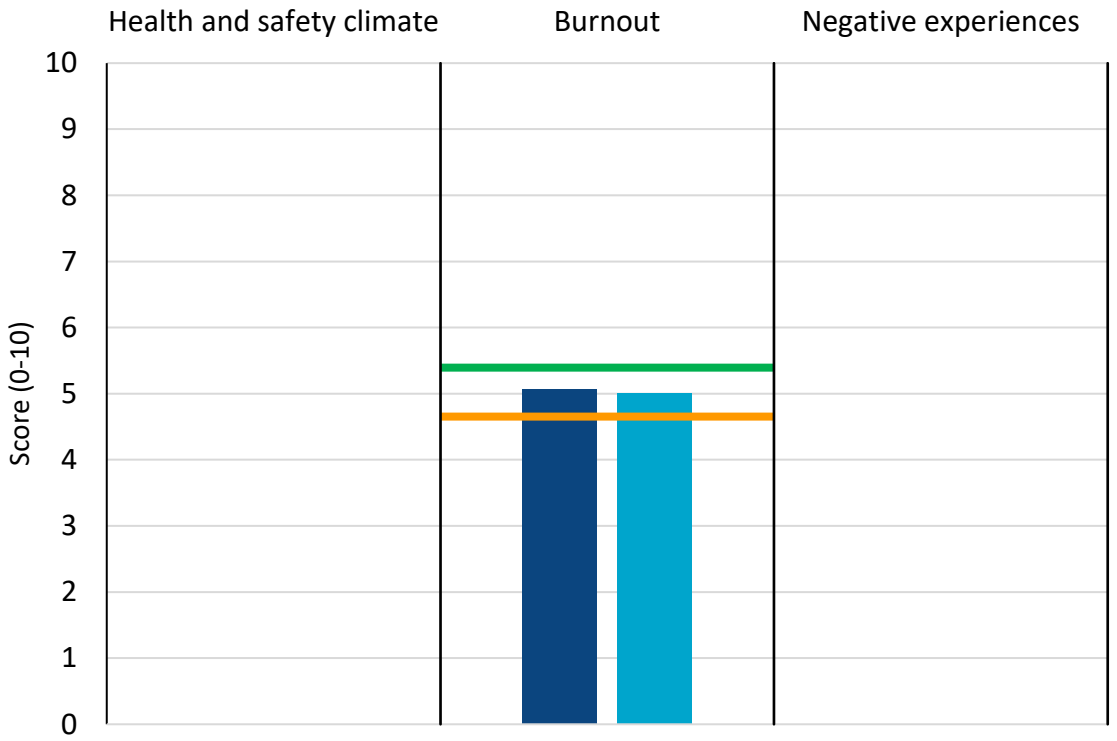
Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

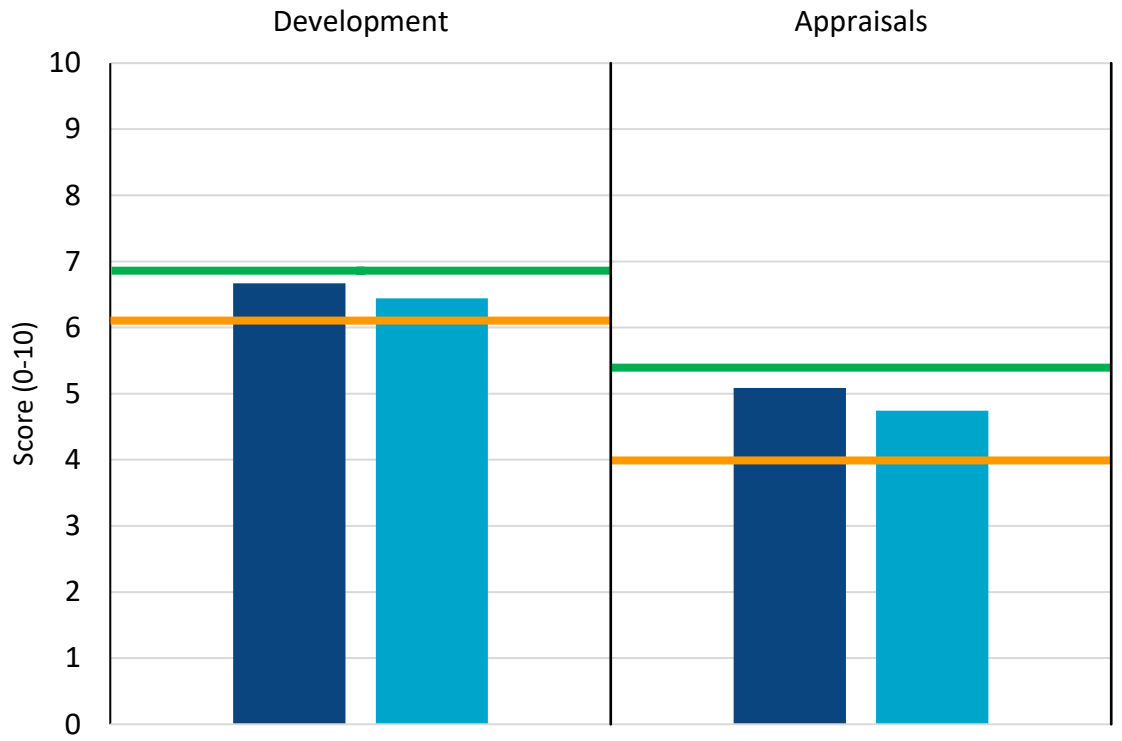
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	-	5.07	-
Best result	-	5.39	-
Average result	-	5.00	-
Worst result	-	4.65	-
Responses	-	1339	-

Promise element 5: We are always learning



	Development	Appraisals
Your org	6.67	5.09
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	1343	1297

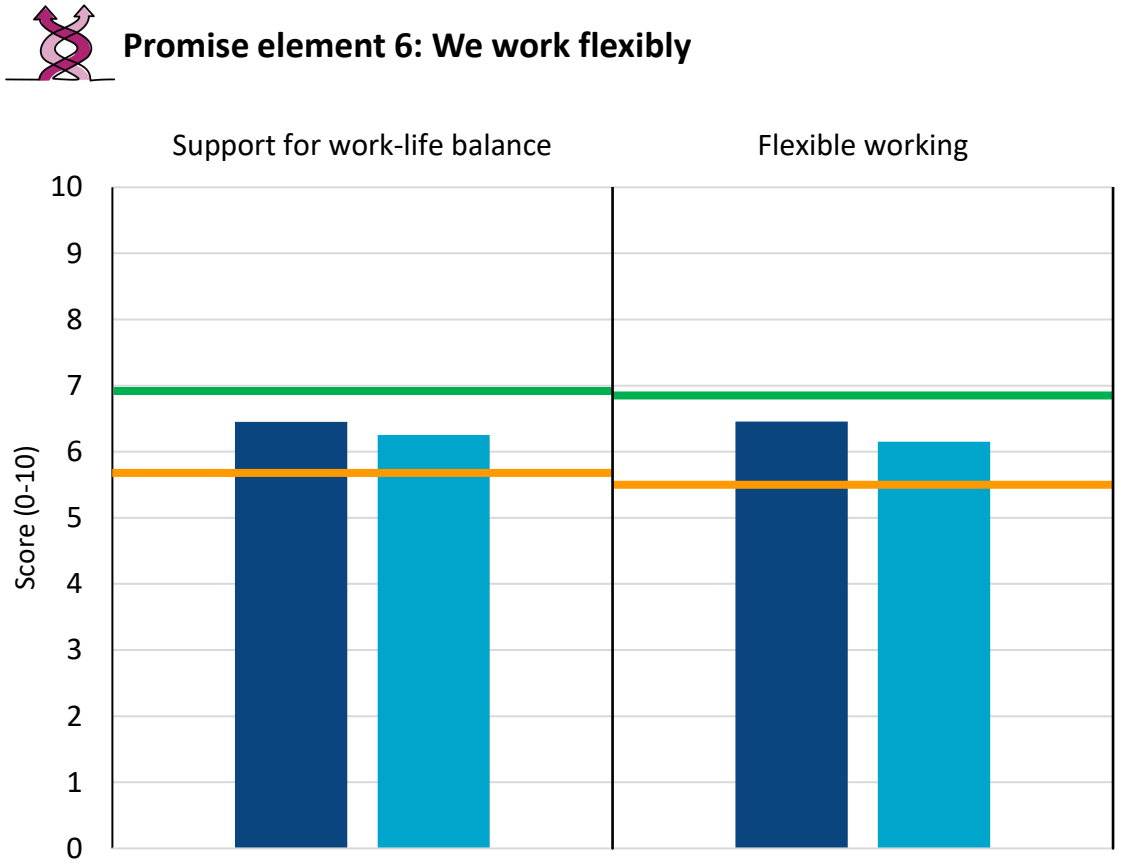
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

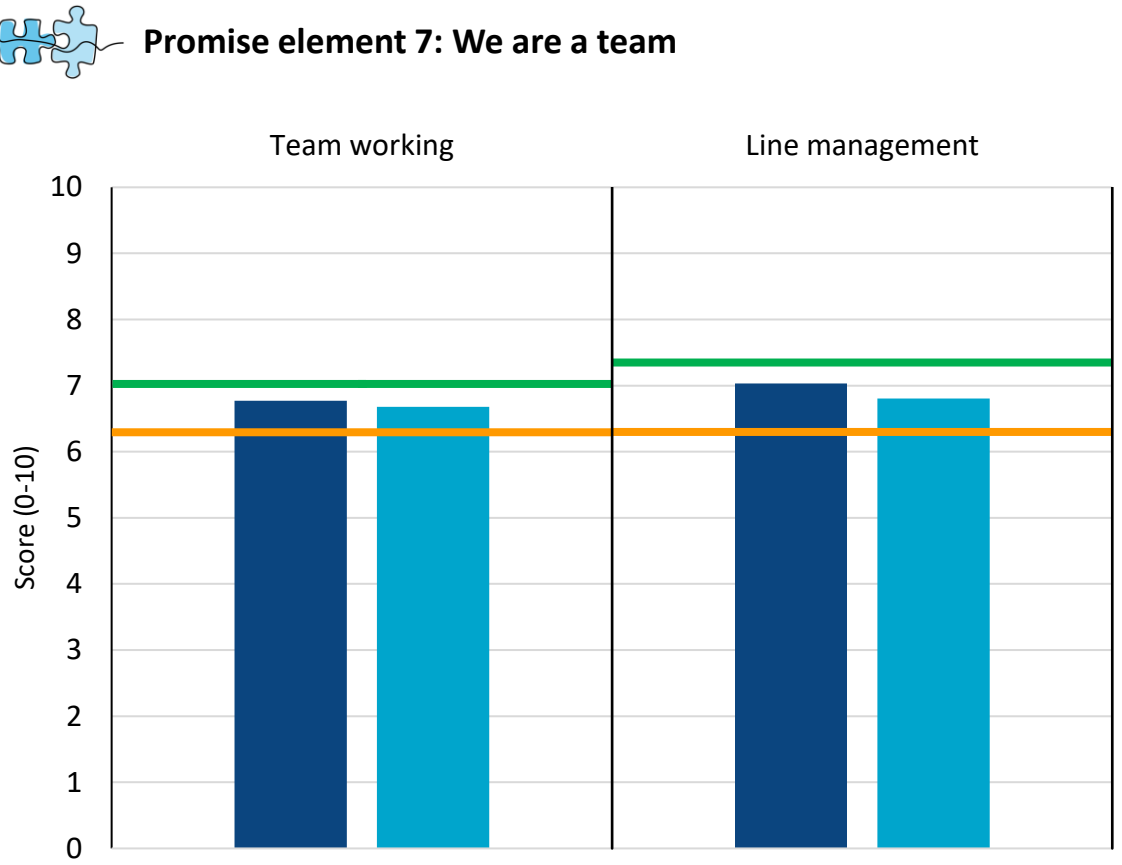
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.45	6.46
Best result	6.92	6.85
Average result	6.25	6.15
Worst result	5.68	5.50
Responses	1350	1343

Promise element 7: We are a team



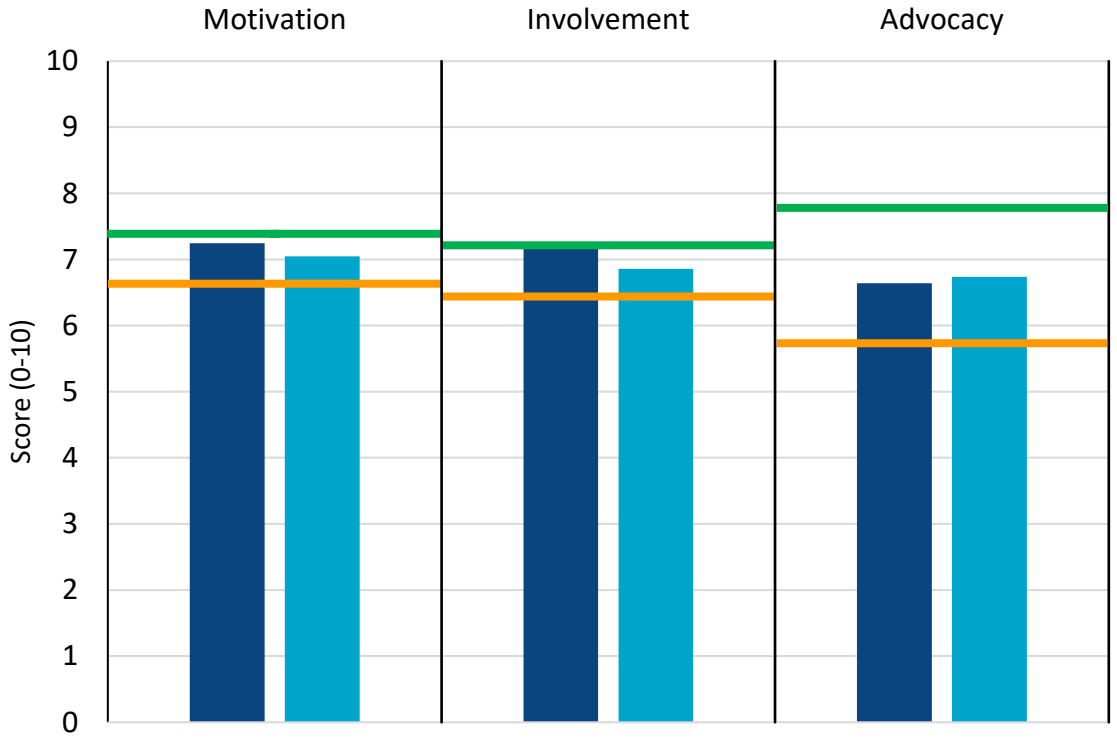
	Team working	Line management
Your org	6.77	7.03
Best result	7.03	7.35
Average result	6.68	6.80
Worst result	6.29	6.30
Responses	1351	1350

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre

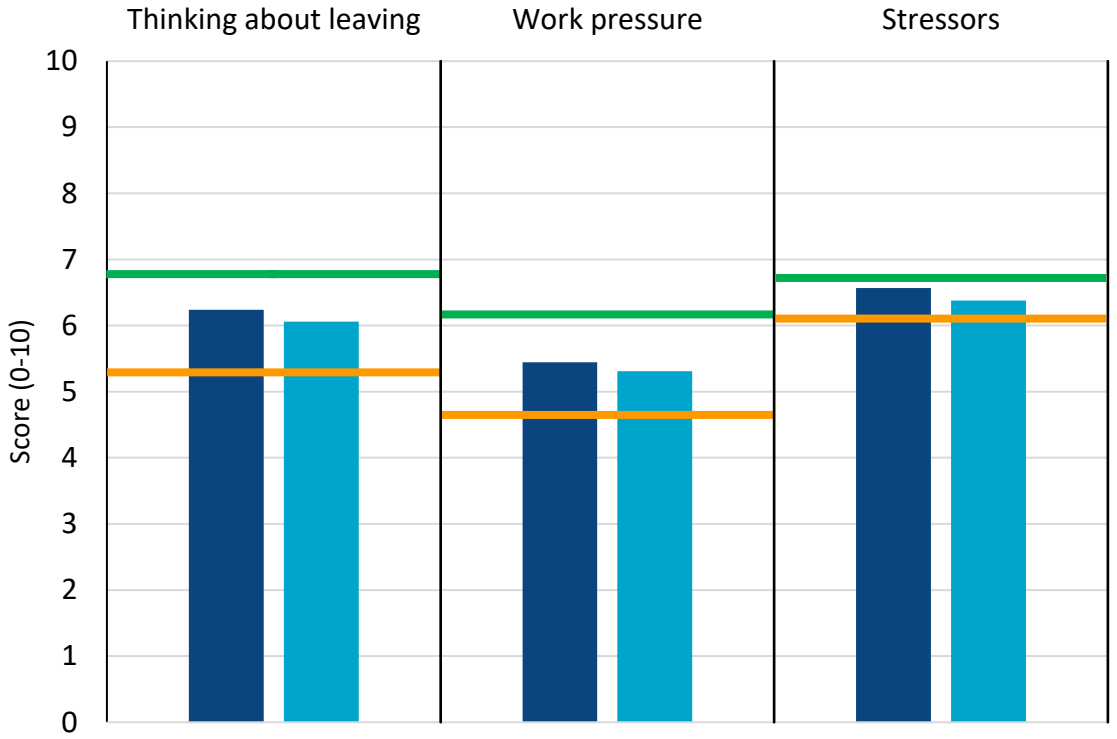
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.24	7.18	6.64
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73
Responses	1341	1349	1342

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.24	5.44	6.56
Best result	6.78	6.17	6.72
Average result	6.06	5.31	6.38
Worst result	5.29	4.65	6.11
Responses	1340	1349	1347

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

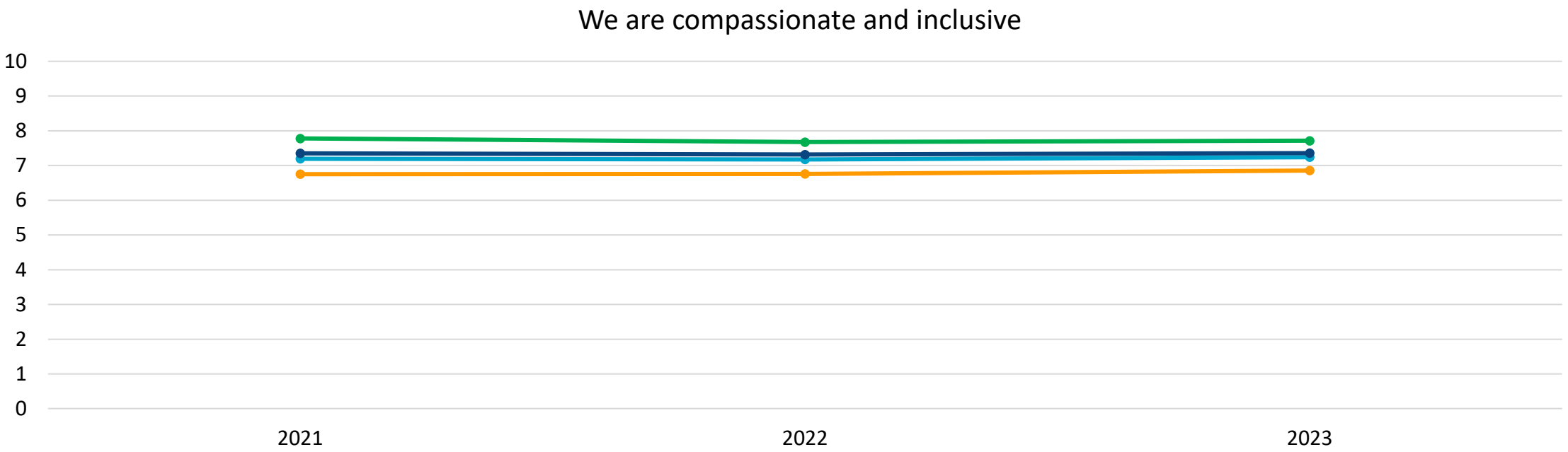
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	2021	2022	2023
Your org	7.35	7.32	7.36
Best result	7.78	7.67	7.71
Average result	7.20	7.18	7.24
Worst result	6.75	6.76	6.85
Responses	1282	1247	1350

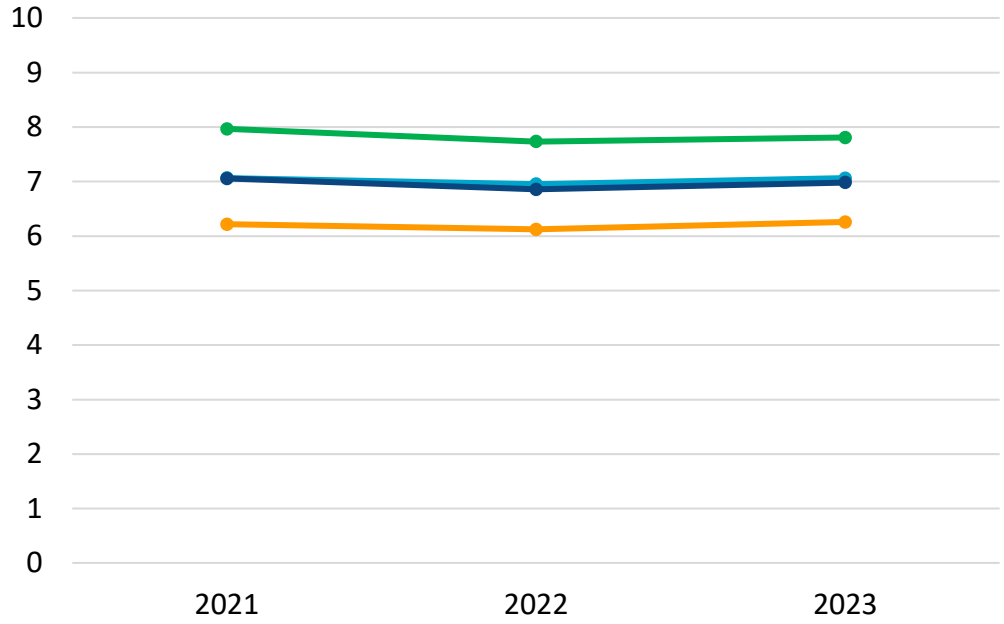
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

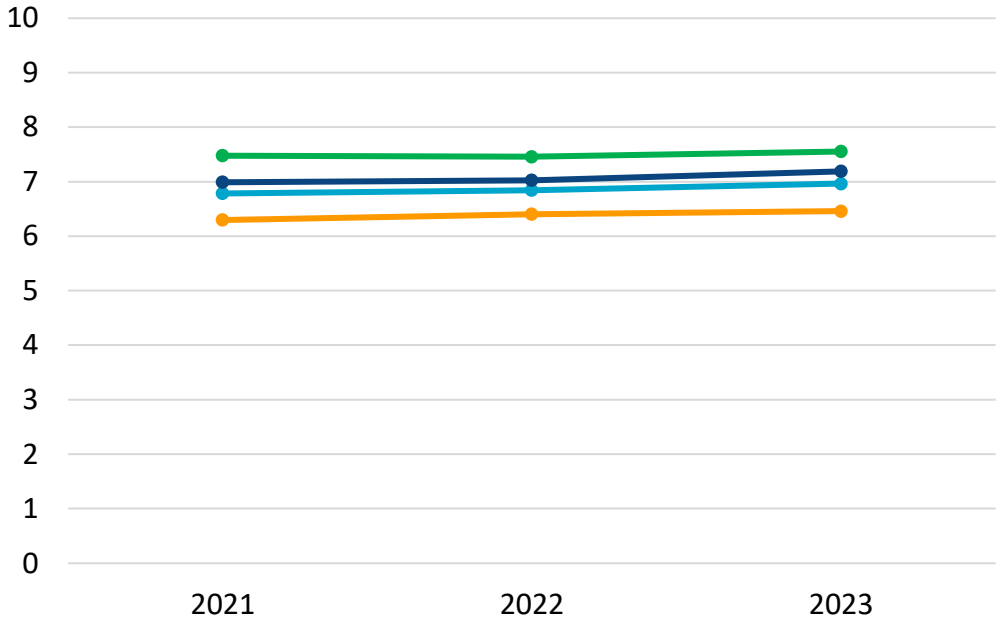
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023
Your org	7.06	6.86	6.98
Best result	7.97	7.74	7.81
Average result	7.06	6.95	7.06
Worst result	6.22	6.12	6.26
Responses	1272	1245	1342

Compassionate leadership



	2021	2022	2023
Your org	6.99	7.03	7.19
Best result	7.48	7.46	7.55
Average result	6.78	6.84	6.96
Worst result	6.30	6.40	6.46
Responses	1278	1246	1349

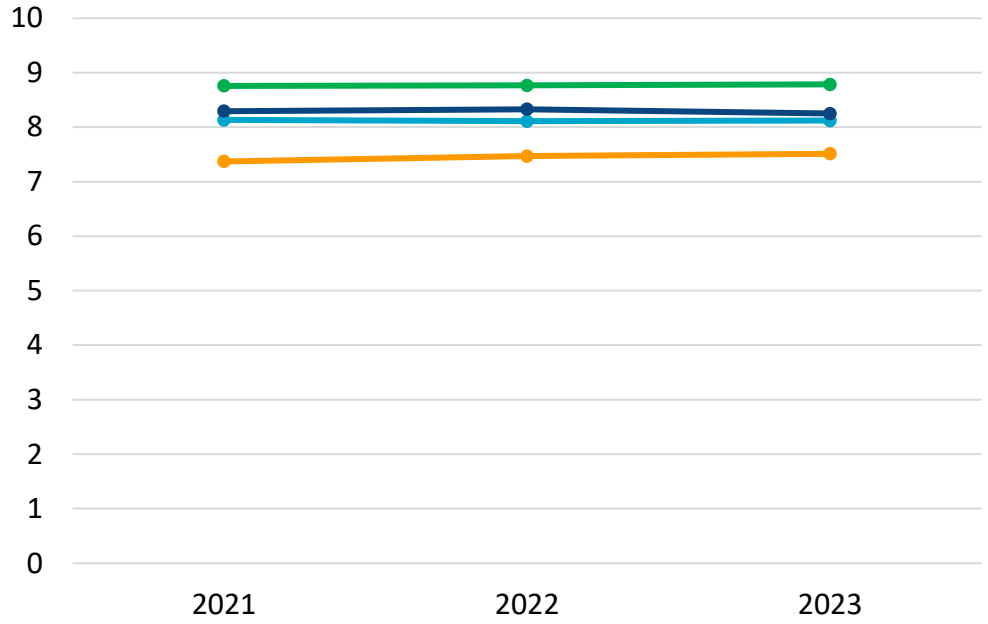
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

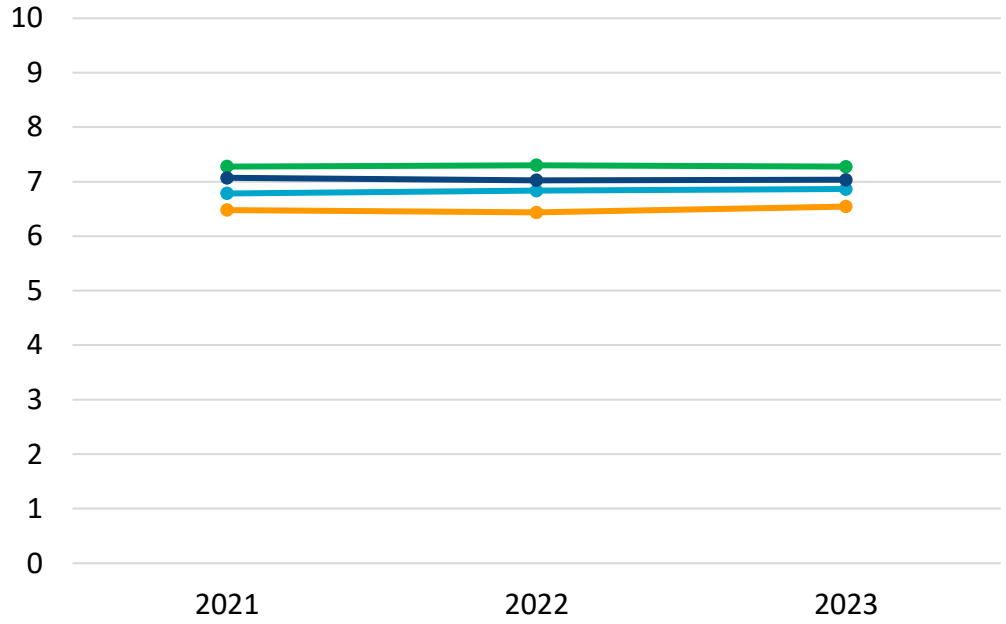
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023
Your org	8.29	8.33	8.25
Best result	8.76	8.77	8.78
Average result	8.13	8.11	8.12
Worst result	7.37	7.47	7.51
Responses	1281	1248	1341

Inclusion



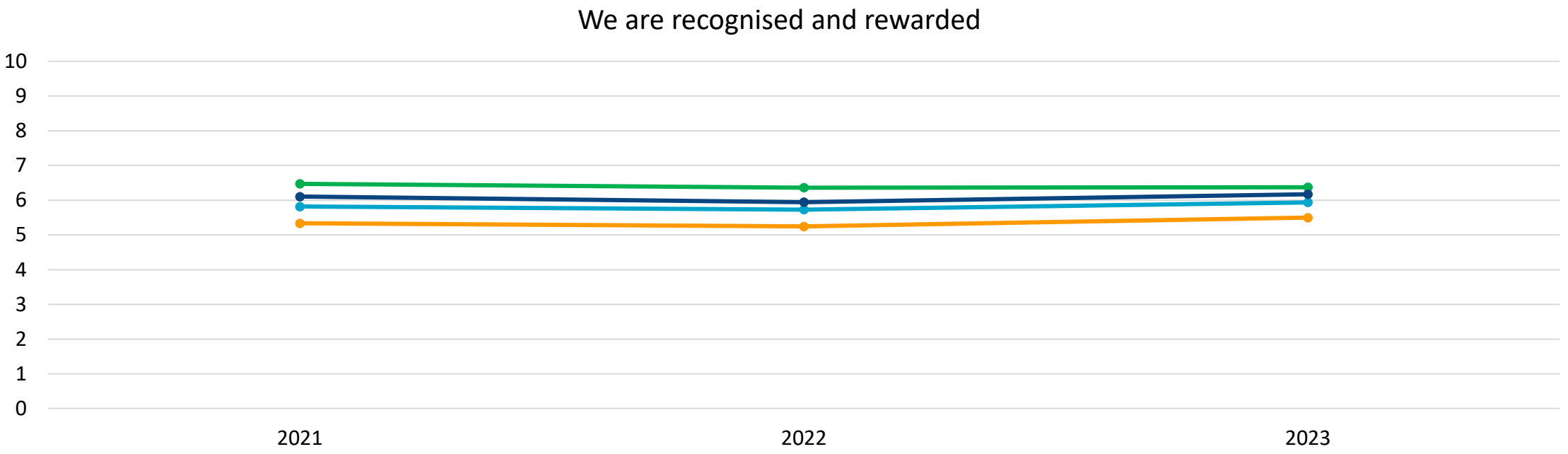
	2021	2022	2023
Your org	7.07	7.02	7.03
Best result	7.28	7.30	7.27
Average result	6.78	6.83	6.86
Worst result	6.48	6.44	6.54
Responses	1274	1243	1346

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 2: We are recognised and rewarded



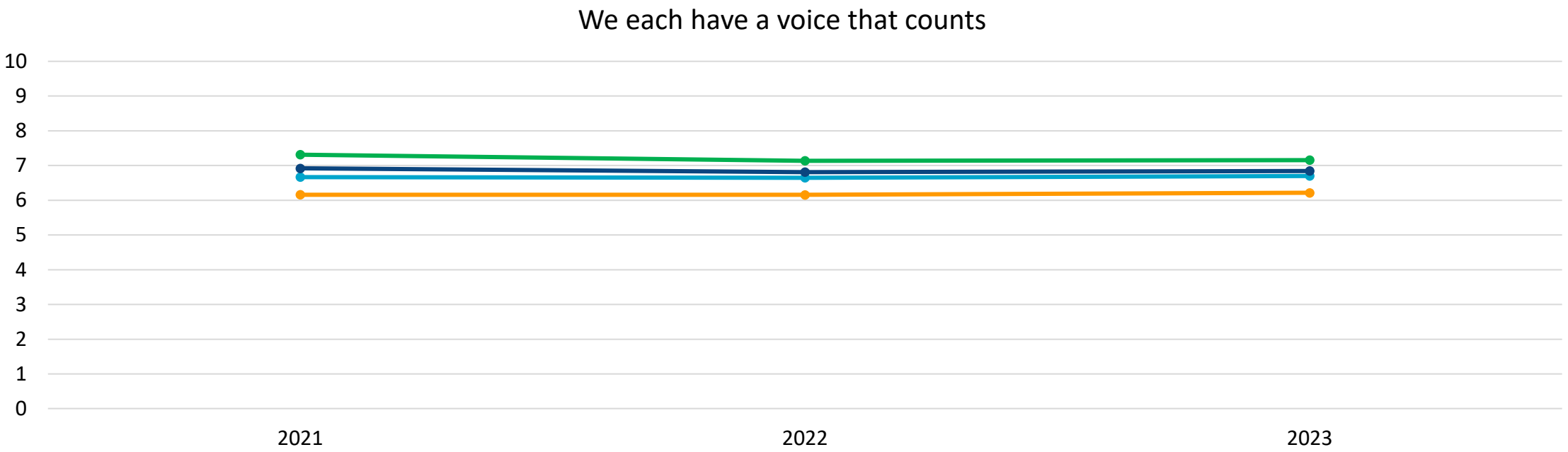
	2021	2022	2023
Your org	6.10	5.94	6.17
Best result	6.47	6.36	6.37
Average result	5.82	5.73	5.94
Worst result	5.34	5.24	5.50
Responses	1277	1246	1351

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts



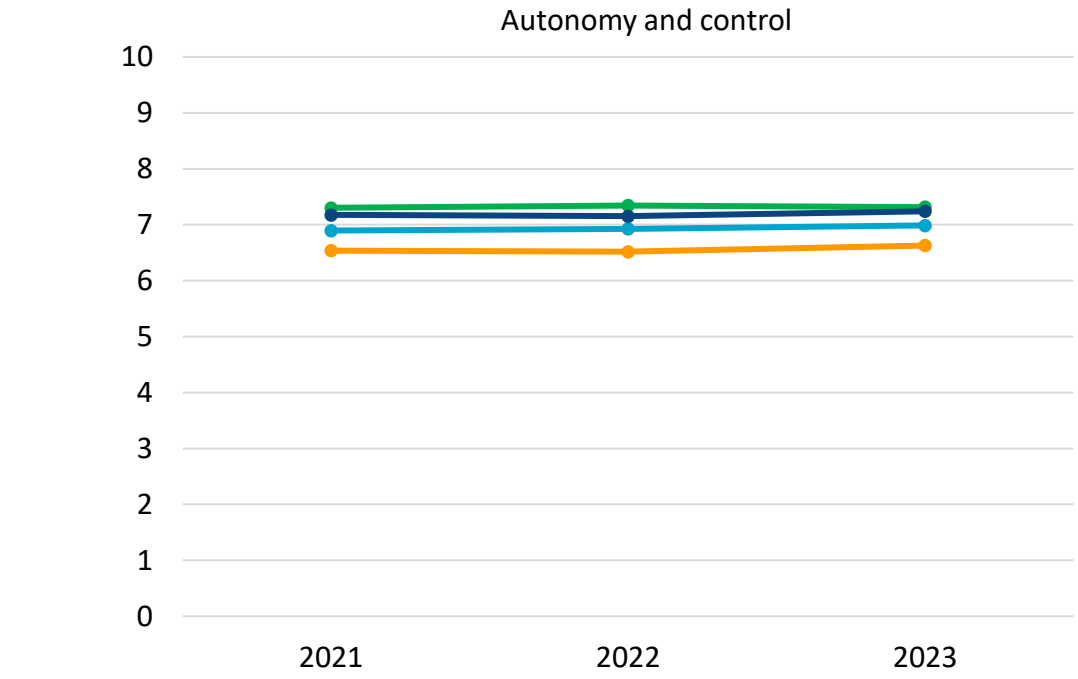
	2021	2022	2023
Your org	6.92	6.81	6.84
Best result	7.31	7.14	7.16
Average result	6.67	6.65	6.70
Worst result	6.16	6.16	6.21
Responses	1260	1229	1315

People Promise elements, themes and sub-scores: Sub-score trends

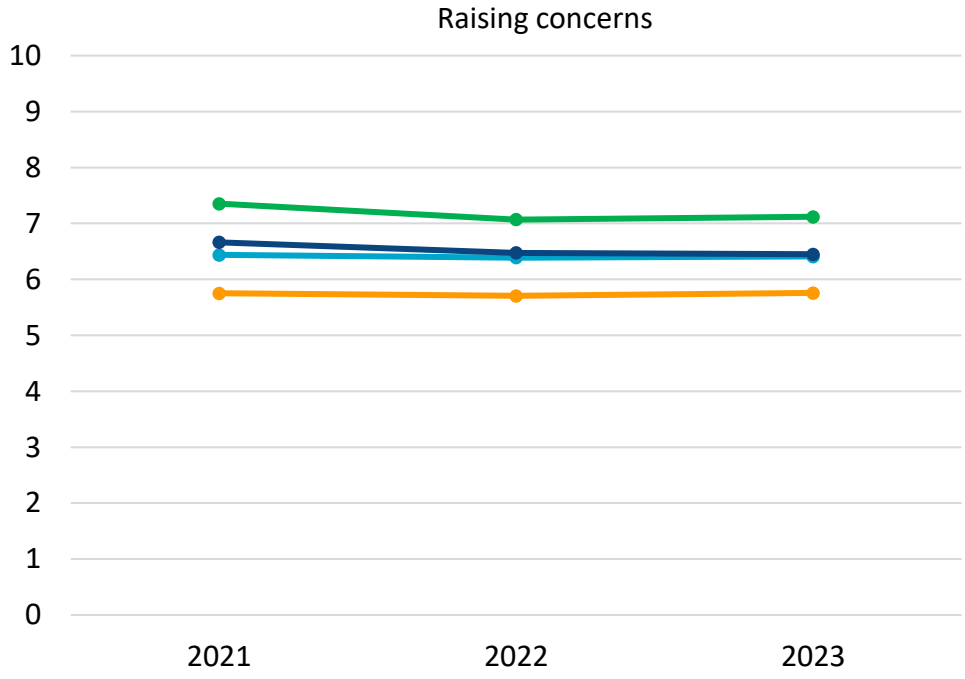
Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts



	2021	2022	2023
Your org	7.17	7.15	7.24
Best result	7.30	7.35	7.31
Average result	6.90	6.93	6.99
Worst result	6.54	6.52	6.63
Responses	1281	1246	1349



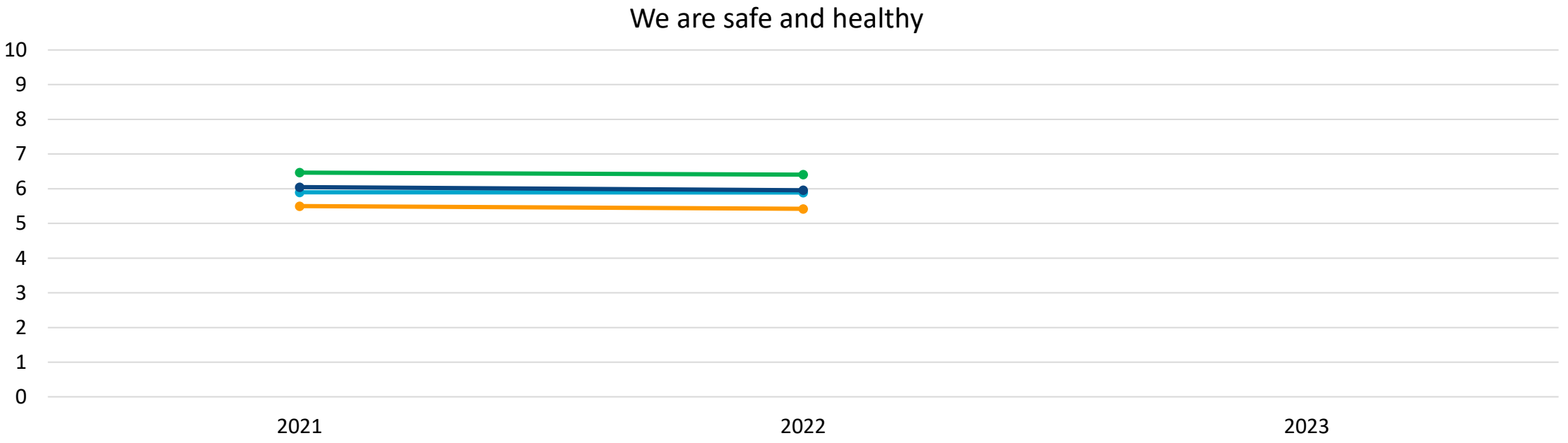
	2021	2022	2023
Your org	6.66	6.48	6.45
Best result	7.35	7.07	7.12
Average result	6.44	6.39	6.41
Worst result	5.75	5.71	5.76
Responses	1262	1237	1320

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	2021	2022	2023
Your org	6.05	5.96	
Best result	6.47	6.41	
Average result	5.90	5.89	
Worst result	5.50	5.42	
Responses	1271	1231	

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

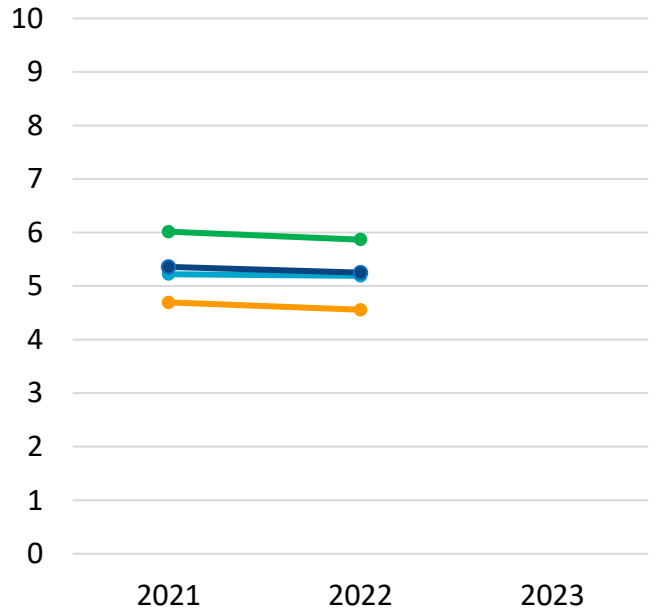
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

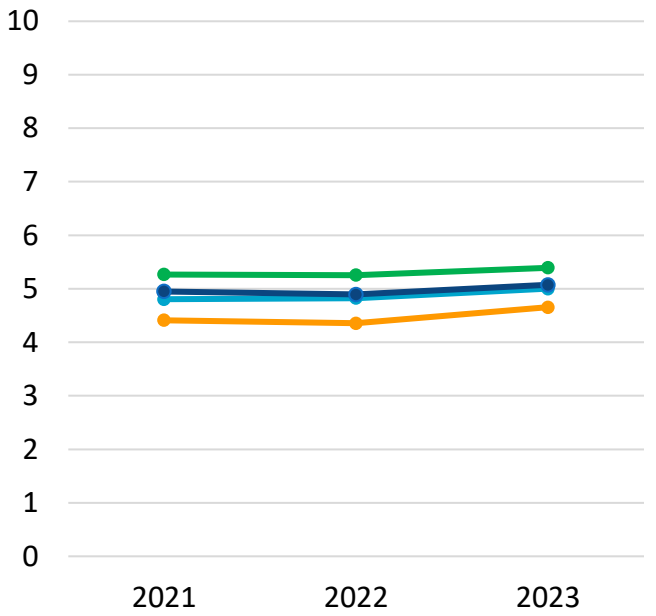
Promise element 4: We are safe and healthy

Health and safety climate



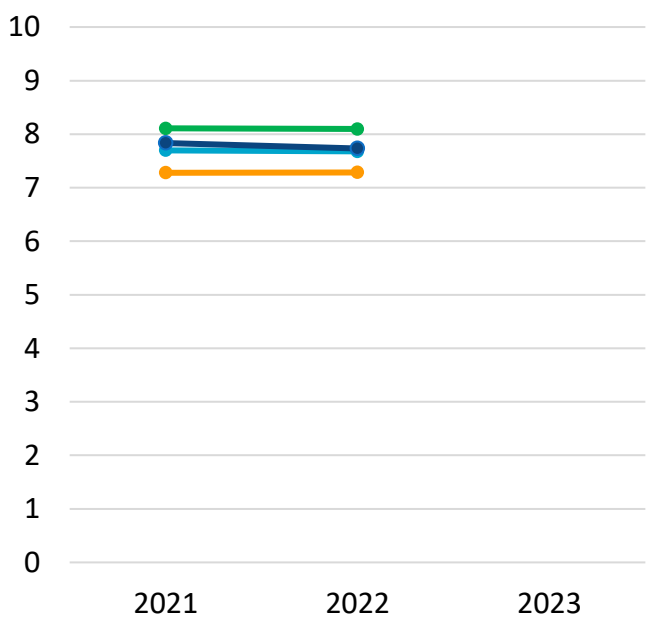
	2021	2022	2023
Your org	5.36	5.25	
Best result	6.01	5.87	
Average result	5.22	5.19	
Worst result	4.69	4.56	
Responses	1283	1245	

Burnout



	2021	2022	2023
Your org	4.95	4.89	5.07
Best result	5.27	5.25	5.39
Average result	4.80	4.82	5.00
Worst result	4.41	4.35	4.65
Responses	1280	1244	1339

Negative experiences



	2021	2022	2023
Your org	7.83	7.73	
Best result	8.11	8.10	
Average result	7.70	7.68	
Worst result	7.28	7.29	
Responses	1274	1245	

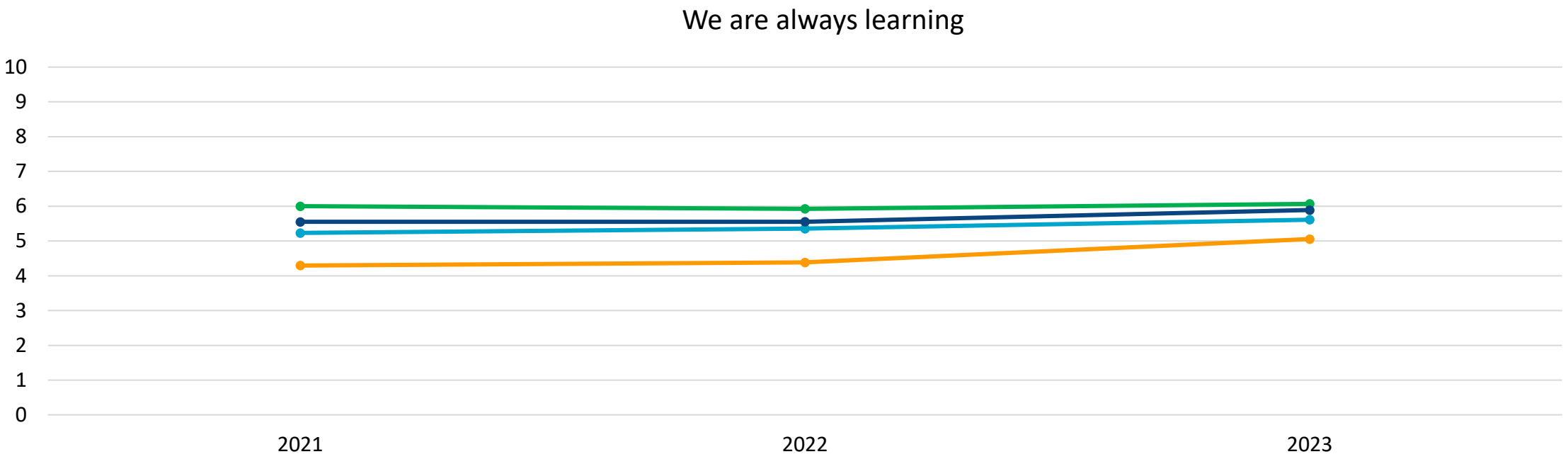
Note. 2023 results for 'Health and safety climate' and 'Negative experiences' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements and themes: Trends

Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning



	2021	2022	2023
Your org	5.55	5.55	5.89
Best result	6.00	5.92	6.07
Average result	5.23	5.35	5.61
Worst result	4.30	4.38	5.05
Responses	1182	1203	1293

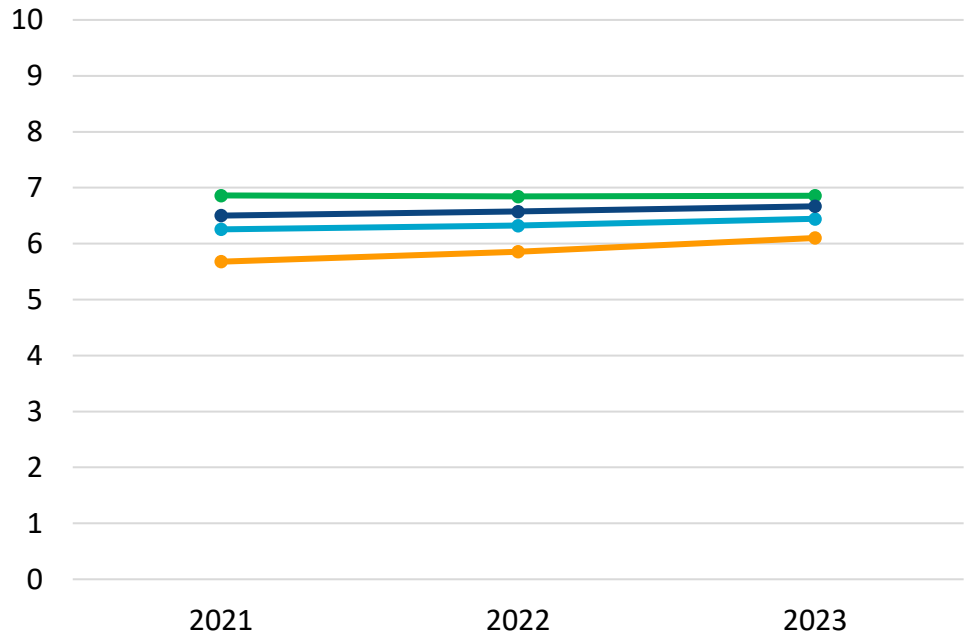
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

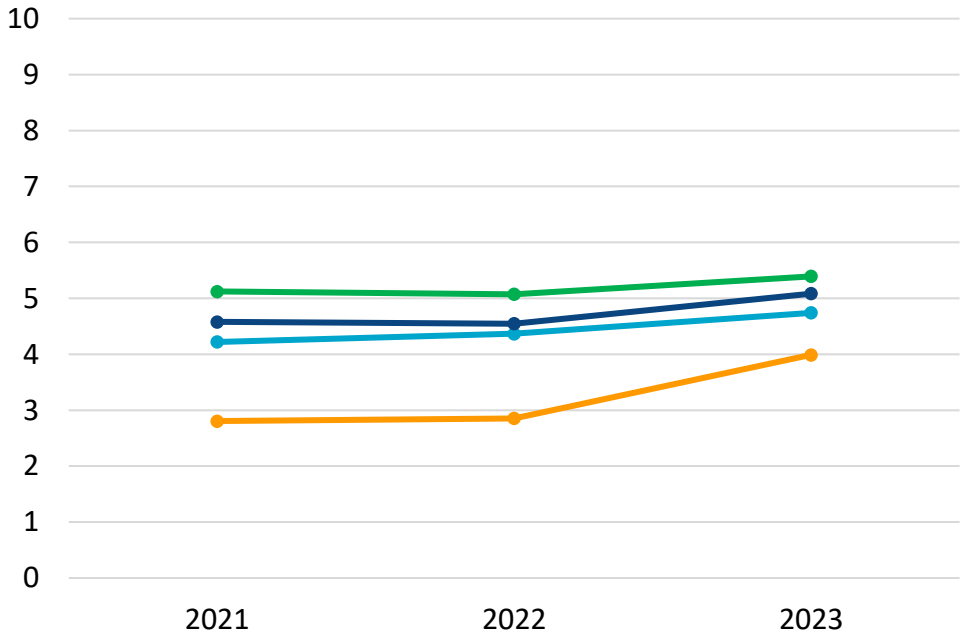
Promise element 5: We are always learning

Development



	2021	2022	2023
Your org	6.50	6.58	6.67
Best result	6.86	6.84	6.86
Average result	6.26	6.32	6.44
Worst result	5.68	5.86	6.10
Responses	1271	1249	1343

Appraisals



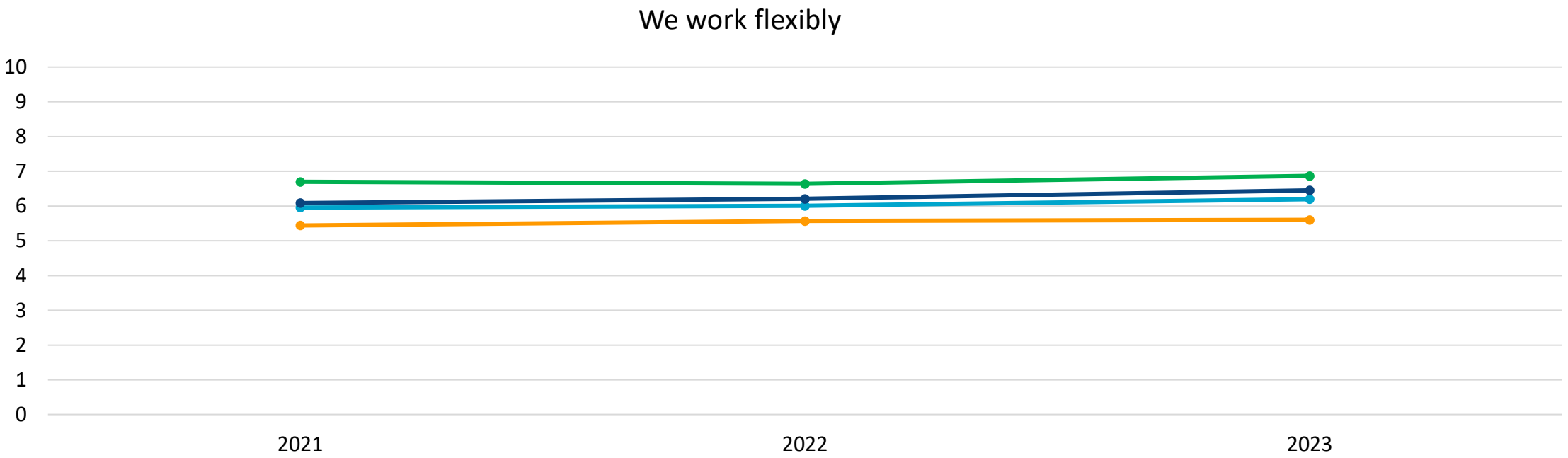
	2021	2022	2023
Your org	4.58	4.55	5.09
Best result	5.12	5.07	5.39
Average result	4.22	4.37	4.74
Worst result	2.81	2.85	3.99
Responses	1188	1208	1297

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	2021	2022	2023
Your org	6.09	6.21	6.45
Best result	6.70	6.64	6.87
Average result	5.96	6.01	6.20
Worst result	5.44	5.57	5.60
Responses	1271	1241	1341

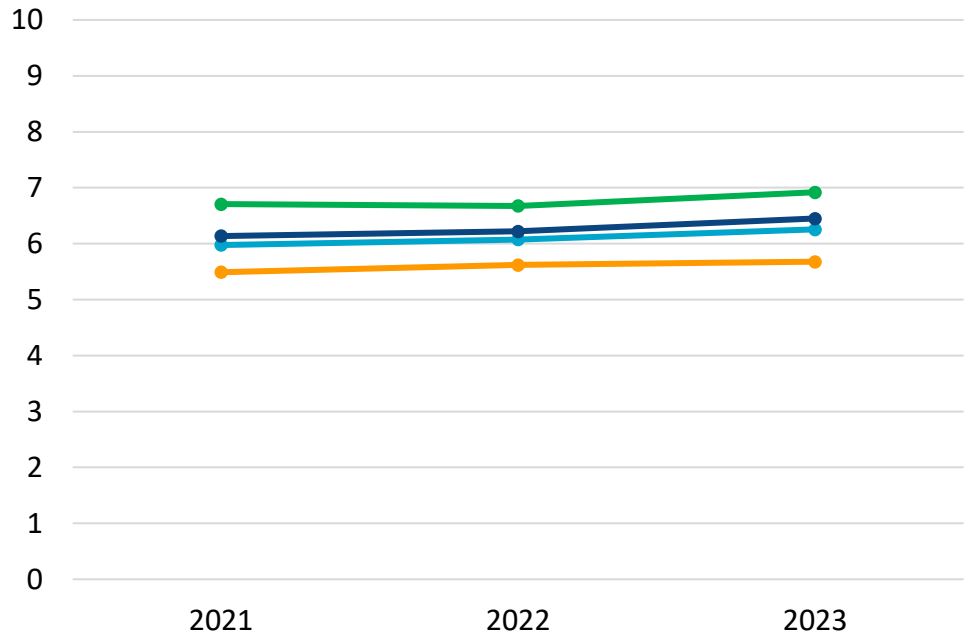
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

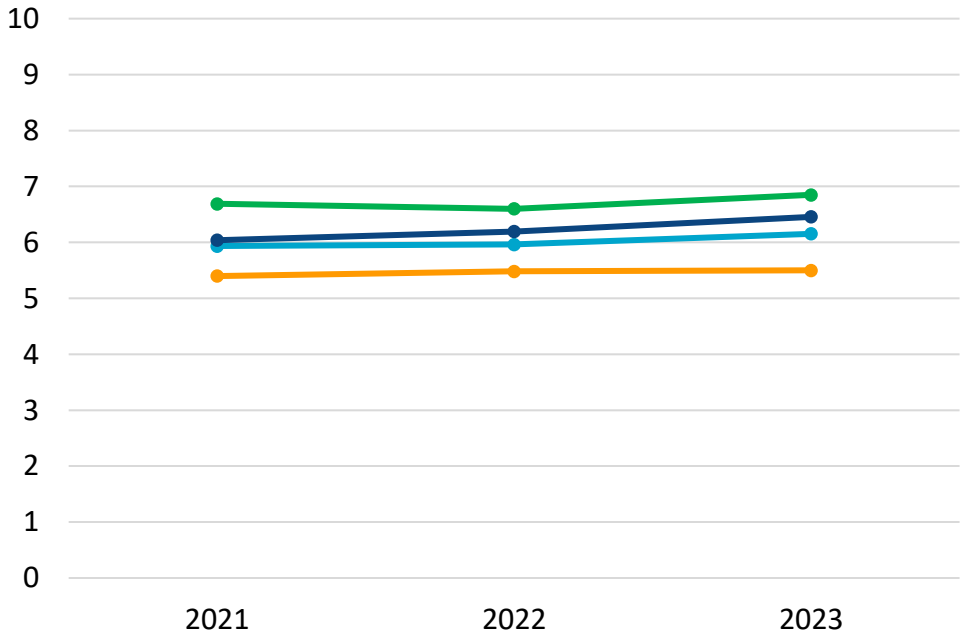
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023
Your org	6.14	6.22	6.45
Best result	6.71	6.68	6.92
Average result	5.98	6.08	6.25
Worst result	5.49	5.62	5.68
Responses	1281	1246	1350

Flexible working



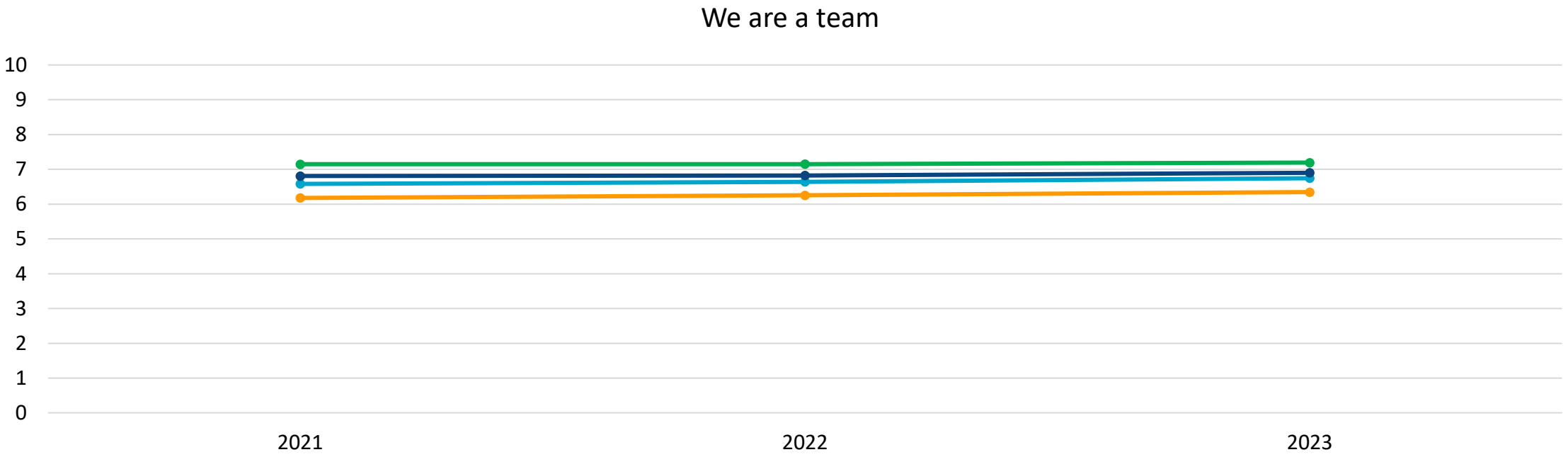
	2021	2022	2023
Your org	6.04	6.20	6.46
Best result	6.69	6.60	6.85
Average result	5.93	5.96	6.15
Worst result	5.40	5.48	5.50
Responses	1273	1244	1343

People Promise elements and themes: Trends

Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 7: We are a team



	2021	2022	2023
Your org	6.81	6.83	6.90
Best result	7.15	7.15	7.19
Average result	6.58	6.64	6.75
Worst result	6.18	6.25	6.35
Responses	1275	1244	1350

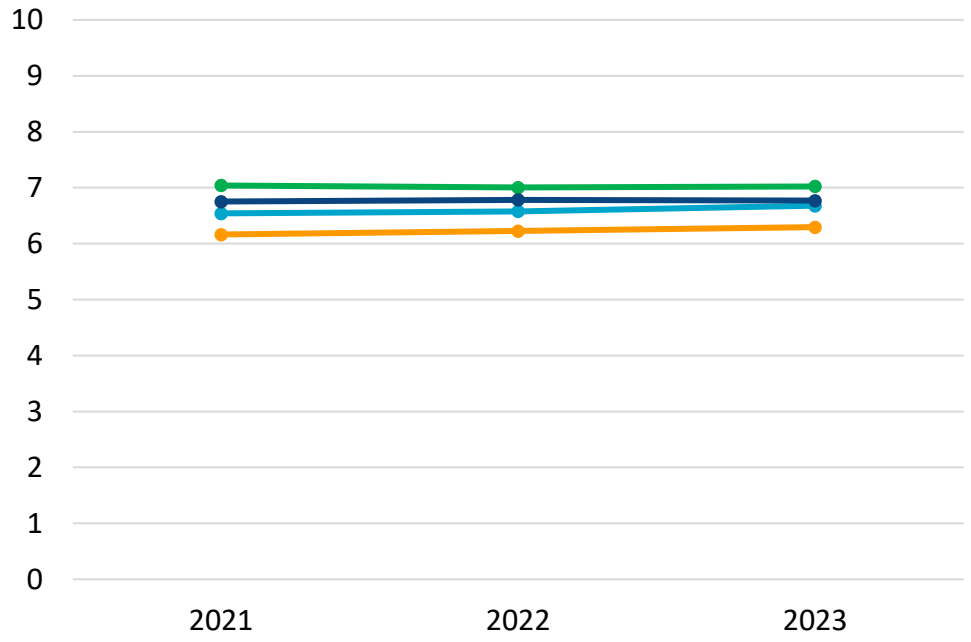
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

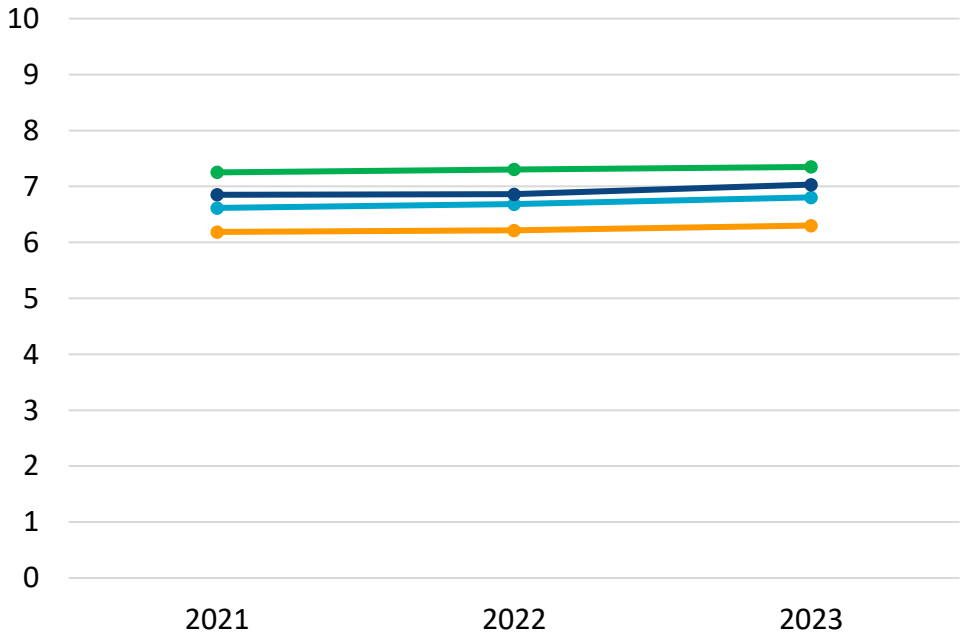
Promise element 7: We are a team

Team working



	2021	2022	2023
Your org	6.75	6.78	6.77
Best result	7.04	7.00	7.03
Average result	6.54	6.58	6.68
Worst result	6.16	6.23	6.29
Responses	1280	1246	1351

Line management



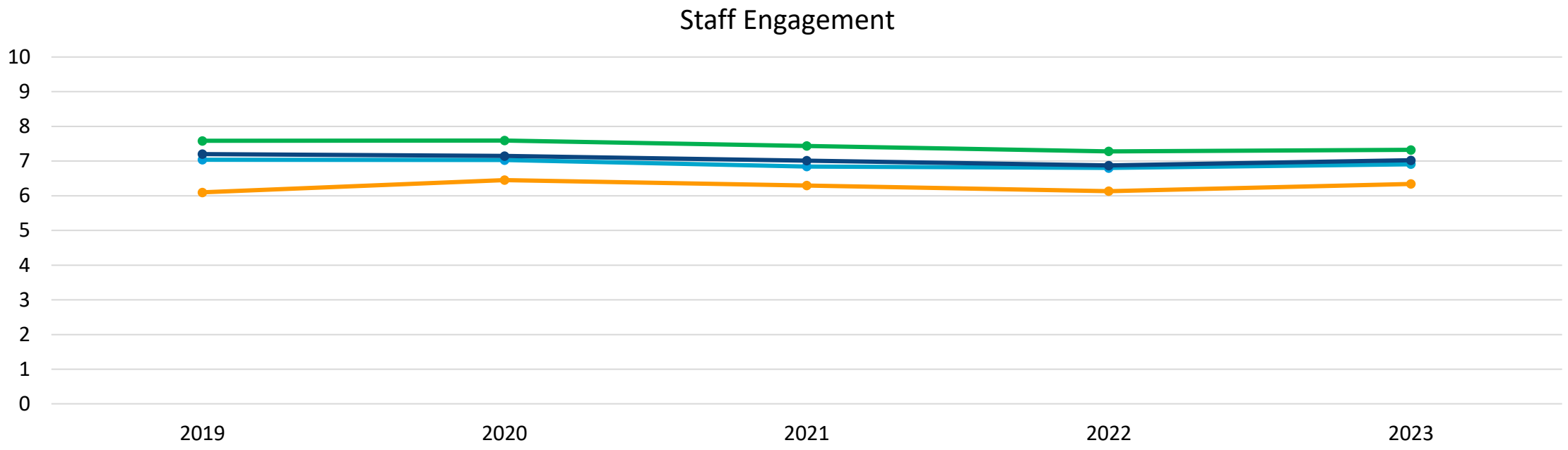
	2021	2022	2023
Your org	6.85	6.86	7.03
Best result	7.25	7.30	7.35
Average result	6.61	6.68	6.80
Worst result	6.19	6.21	6.30
Responses	1278	1246	1350

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement



	2019	2020	2021	2022	2023
Your org	7.20	7.14	7.01	6.87	7.02
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	562	540	1282	1250	1353

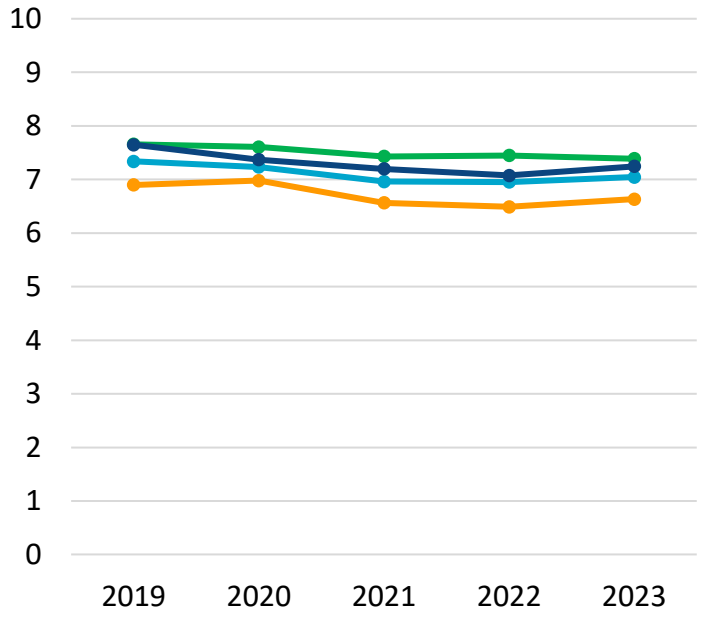
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

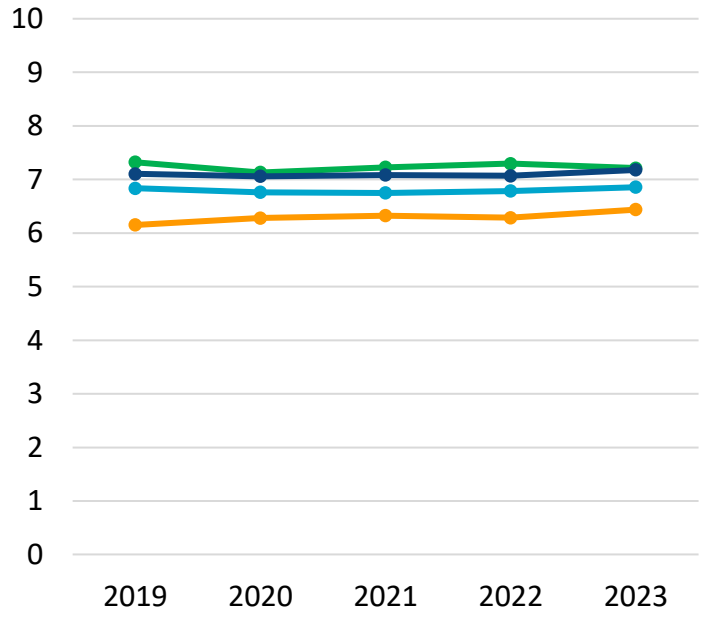
Theme: Staff Engagement

Motivation



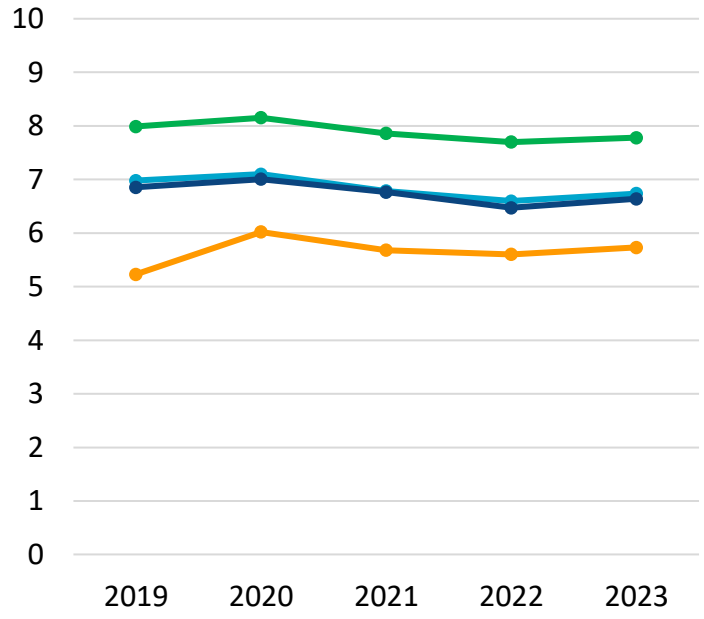
	2019	2020	2021	2022	2023
Your org	7.65	7.37	7.20	7.07	7.24
Best result	7.66	7.61	7.43	7.45	7.39
Average result	7.34	7.23	6.96	6.95	7.04
Worst result	6.90	6.98	6.56	6.49	6.63
Responses	556	538	1269	1236	1341

Involvement



	2019	2020	2021	2022	2023
Your org	7.10	7.06	7.08	7.07	7.18
Best result	7.32	7.13	7.22	7.29	7.21
Average result	6.83	6.76	6.75	6.79	6.86
Worst result	6.15	6.28	6.32	6.29	6.44
Responses	562	540	1280	1246	1349

Advocacy



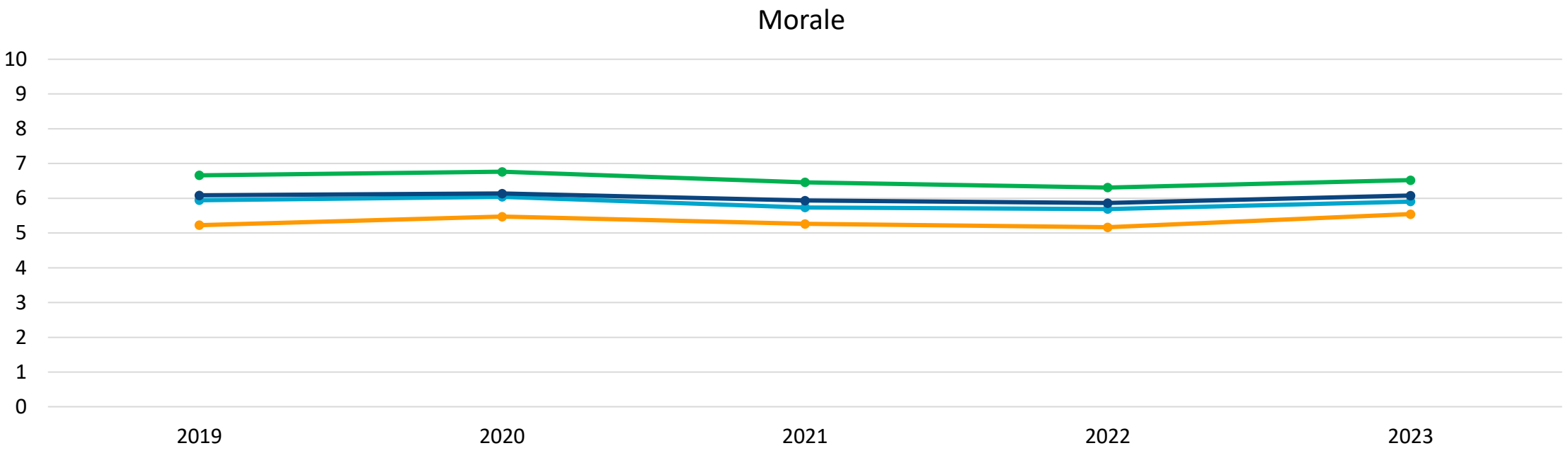
	2019	2020	2021	2022	2023
Your org	6.85	7.01	6.76	6.47	6.64
Best result	7.99	8.15	7.86	7.70	7.78
Average result	6.98	7.10	6.78	6.60	6.74
Worst result	5.23	6.02	5.68	5.60	5.73
Responses	551	538	1271	1245	1342

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Morale



	2019	2020	2021	2022	2023
Your org	6.09	6.14	5.94	5.86	6.08
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	562	539	1283	1249	1349

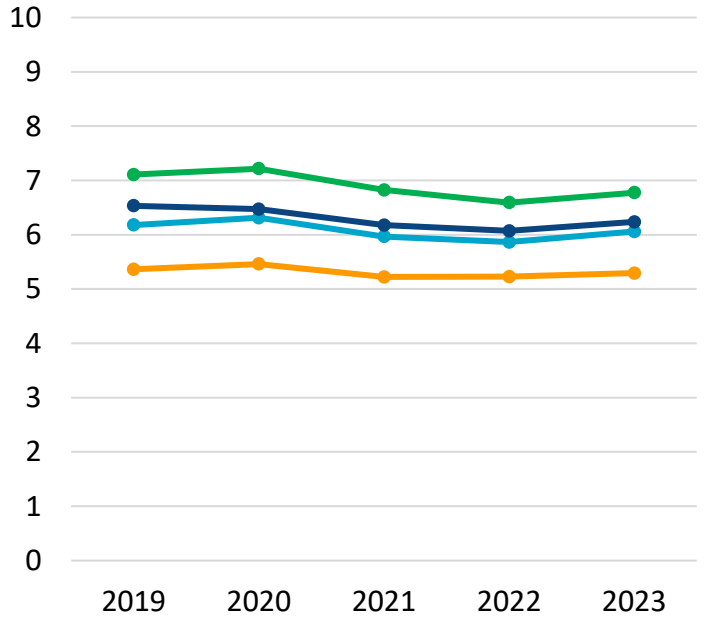
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

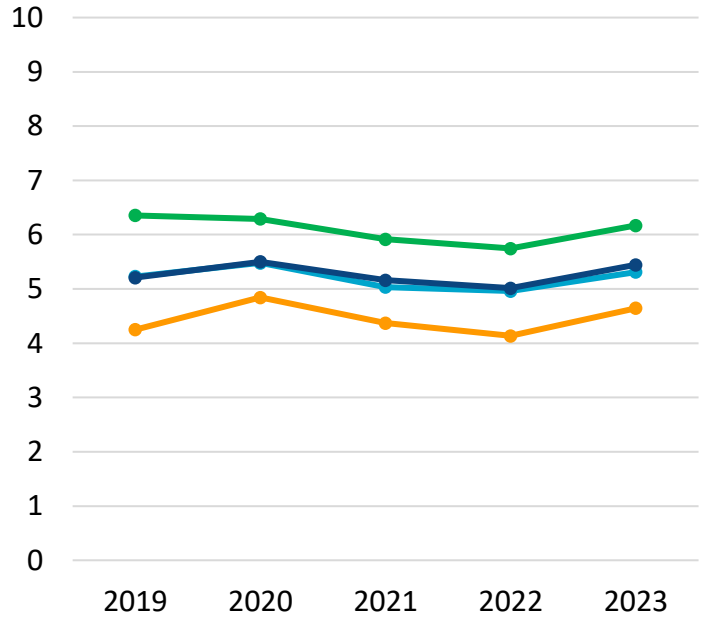
Theme: Morale

Thinking about leaving



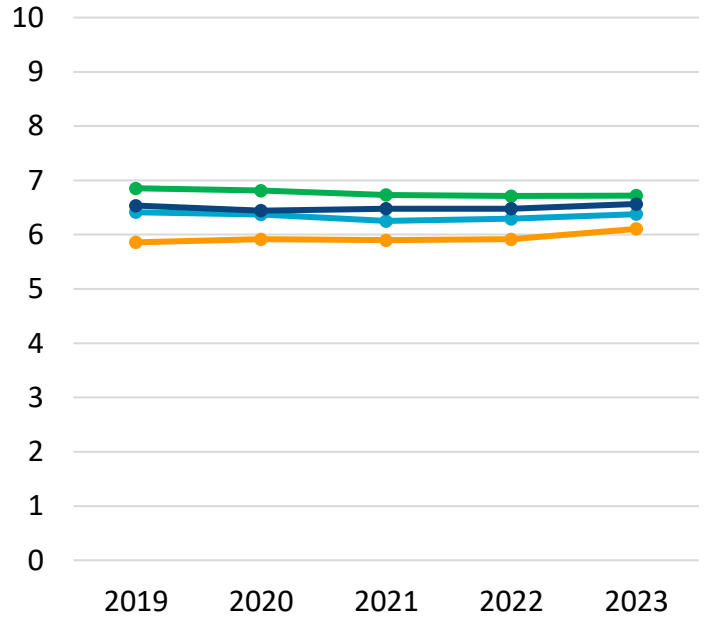
	2019	2020	2021	2022	2023
Your org	6.53	6.47	6.18	6.07	6.24
Best result	7.11	7.22	6.83	6.59	6.78
Average result	6.18	6.31	5.97	5.86	6.06
Worst result	5.36	5.46	5.22	5.23	5.29
Responses	551	537	1268	1248	1340

Work pressure



	2019	2020	2021	2022	2023
Your org	5.21	5.50	5.16	5.02	5.44
Best result	6.35	6.29	5.91	5.75	6.17
Average result	5.23	5.48	5.03	4.96	5.31
Worst result	4.25	4.84	4.37	4.14	4.65
Responses	562	538	1282	1244	1349

Stressors



	2019	2020	2021	2022	2023
Your org	6.54	6.44	6.48	6.48	6.56
Best result	6.85	6.81	6.73	6.71	6.72
Average result	6.41	6.37	6.25	6.29	6.38
Worst result	5.86	5.91	5.90	5.92	6.11
Responses	560	536	1280	1246	1347

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive

Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

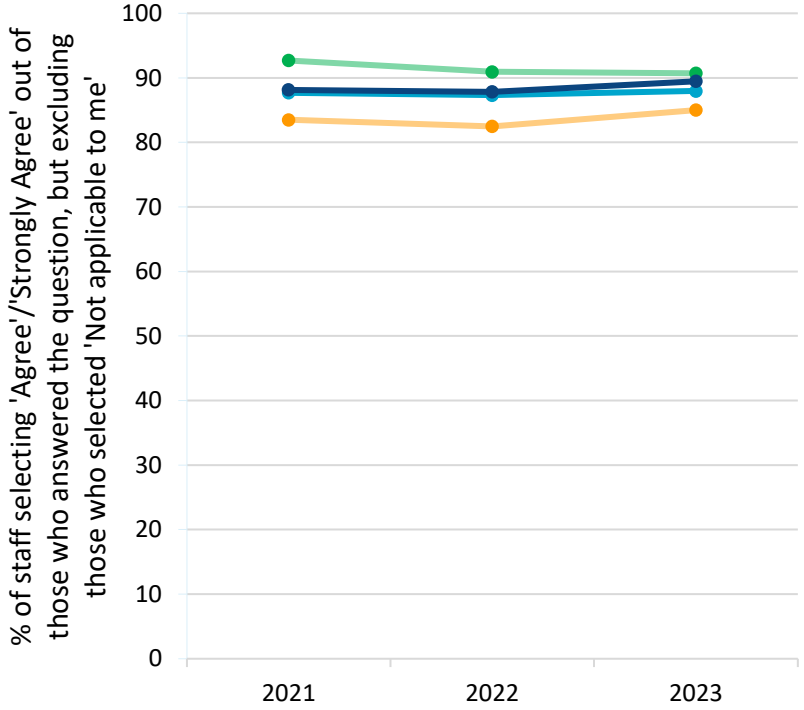
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

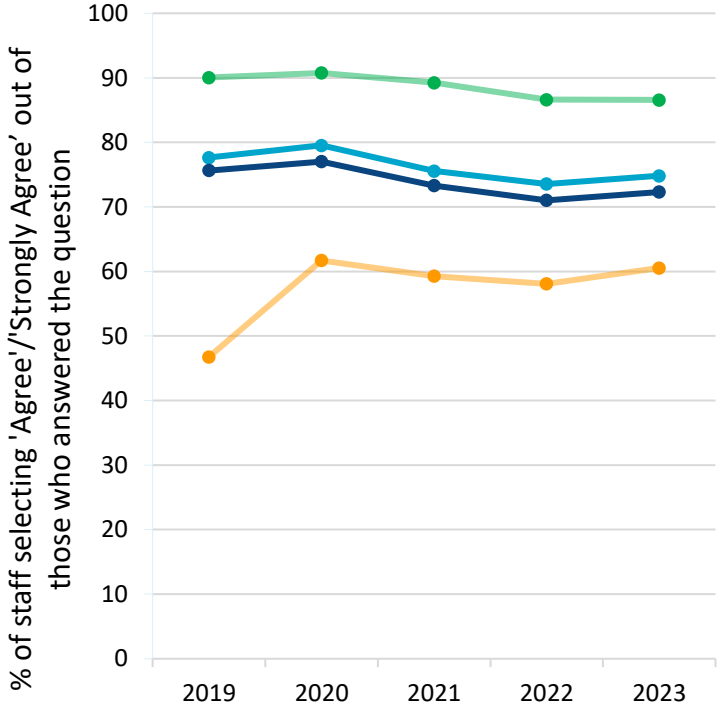
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6a I feel that my role makes a difference to patients / service users.



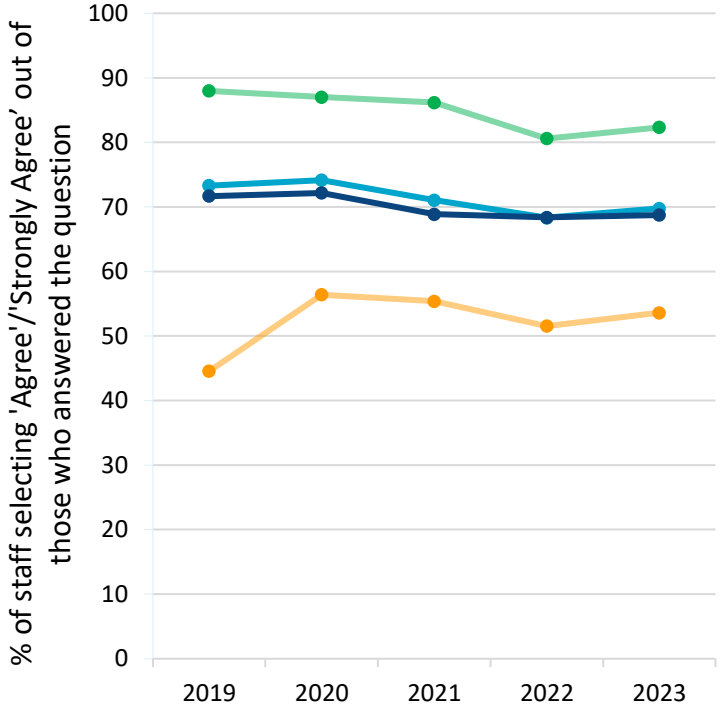
	2021	2022	2023
Your org	88.13%	87.83%	89.48%
Best result	92.70%	90.93%	90.71%
Average result	87.70%	87.31%	87.96%
Worst result	83.51%	82.48%	85.01%
Responses	1234	1214	1283

Q25a Care of patients / service users is my organisation's top priority.



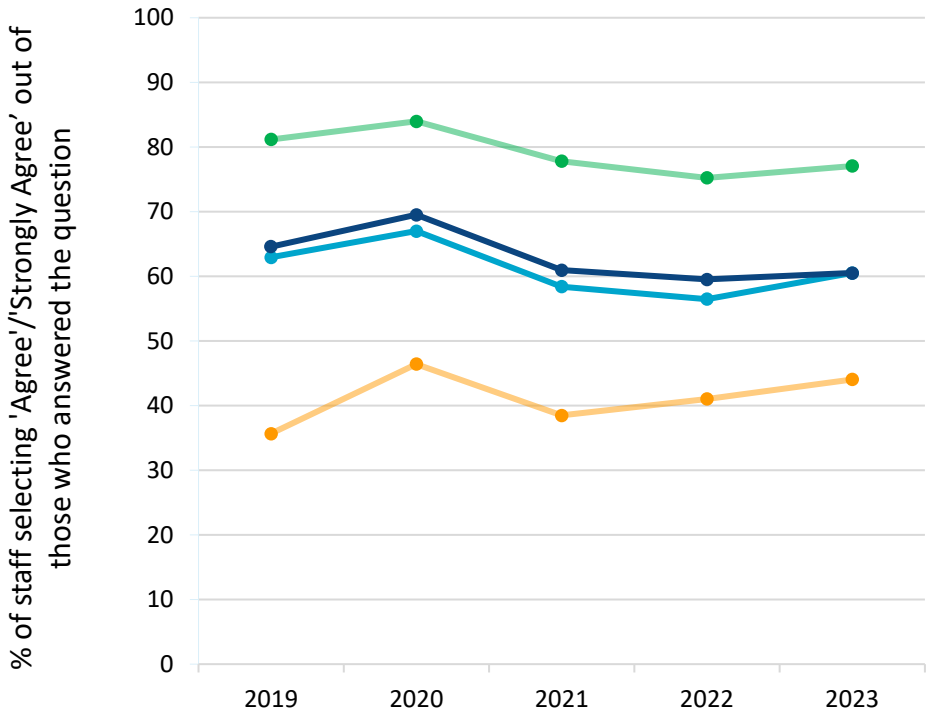
	2019	2020	2021	2022	2023
Your org	75.61%	77.02%	73.32%	71.03%	72.32%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	552	538	1272	1244	1341

Q25b My organisation acts on concerns raised by patients / service users.



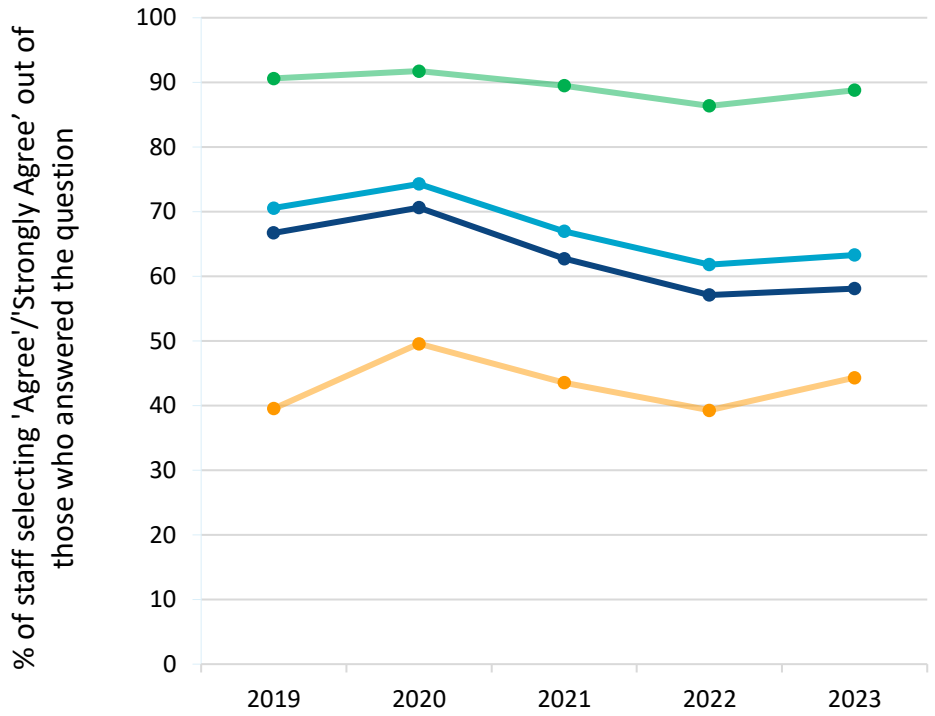
	2019	2020	2021	2022	2023
Your org	71.66%	72.18%	68.87%	68.39%	68.75%
Best result	87.98%	87.02%	86.18%	80.61%	82.34%
Average result	73.32%	74.14%	71.07%	68.32%	69.78%
Worst result	44.56%	56.41%	55.39%	51.54%	53.59%
Responses	551	538	1268	1243	1335

Q25c I would recommend my organisation as a place to work.



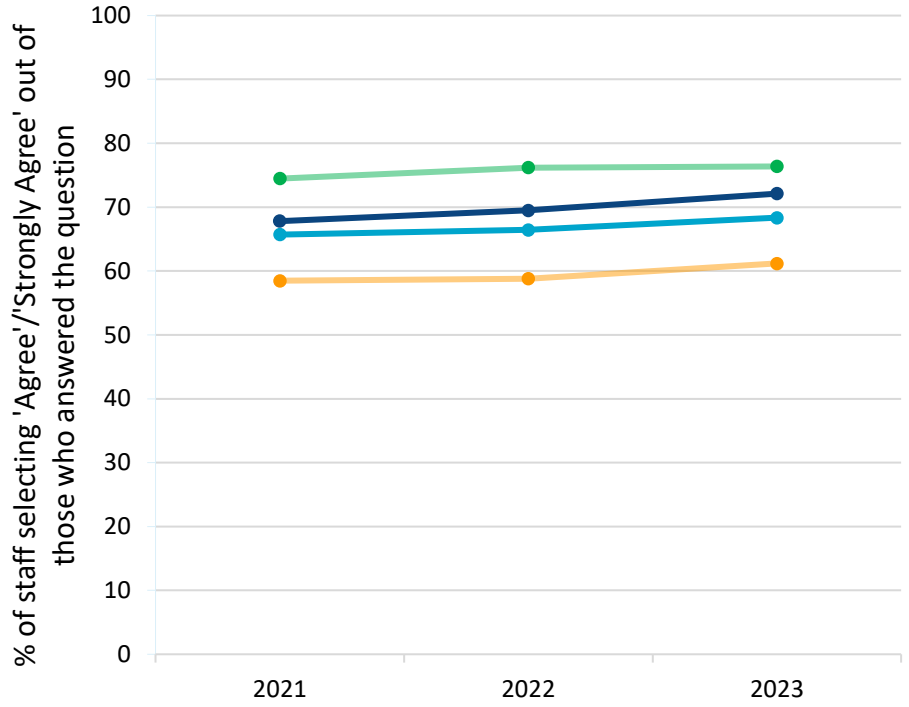
	2019	2020	2021	2022	2023
Your org	64.59%	69.53%	60.97%	59.52%	60.52%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	551	538	1269	1242	1341

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



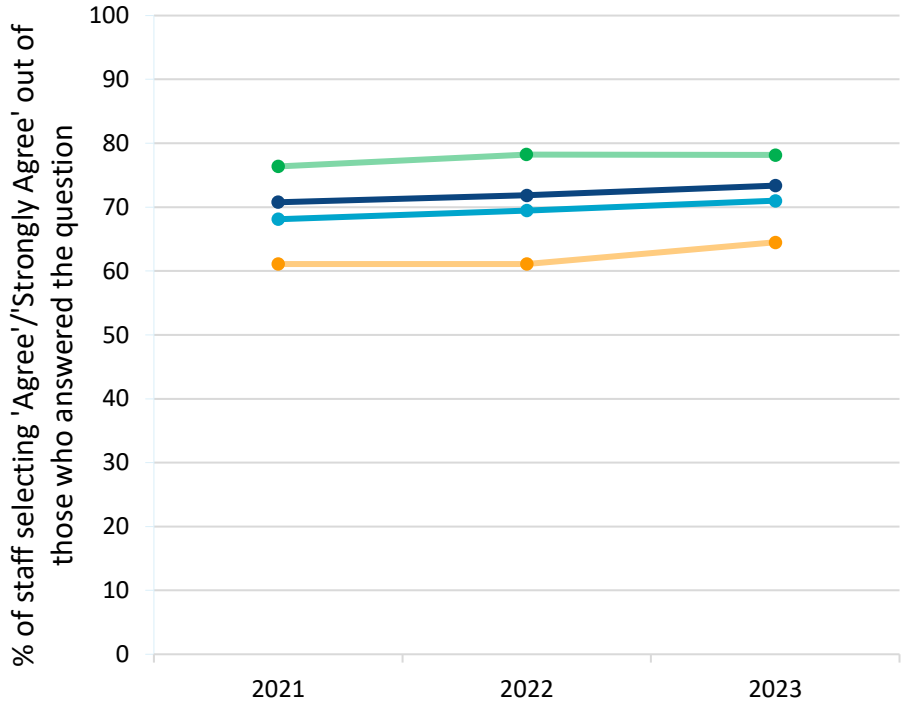
	2019	2020	2021	2022	2023
Your org	66.73%	70.64%	62.73%	57.13%	58.10%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	550	538	1264	1242	1337

Q9f My immediate manager works together with me to come to an understanding of problems.



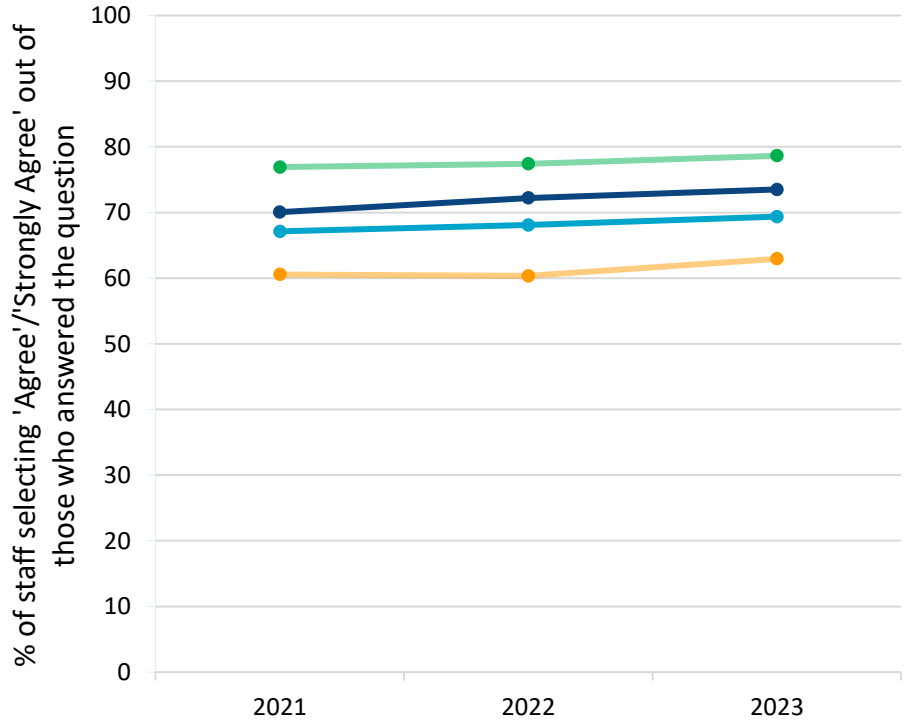
	2021	2022	2023
Your org	67.79%	69.48%	72.12%
Best result	74.49%	76.16%	76.38%
Average result	65.70%	66.44%	68.35%
Worst result	58.47%	58.79%	61.17%
Responses	1279	1242	1346

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



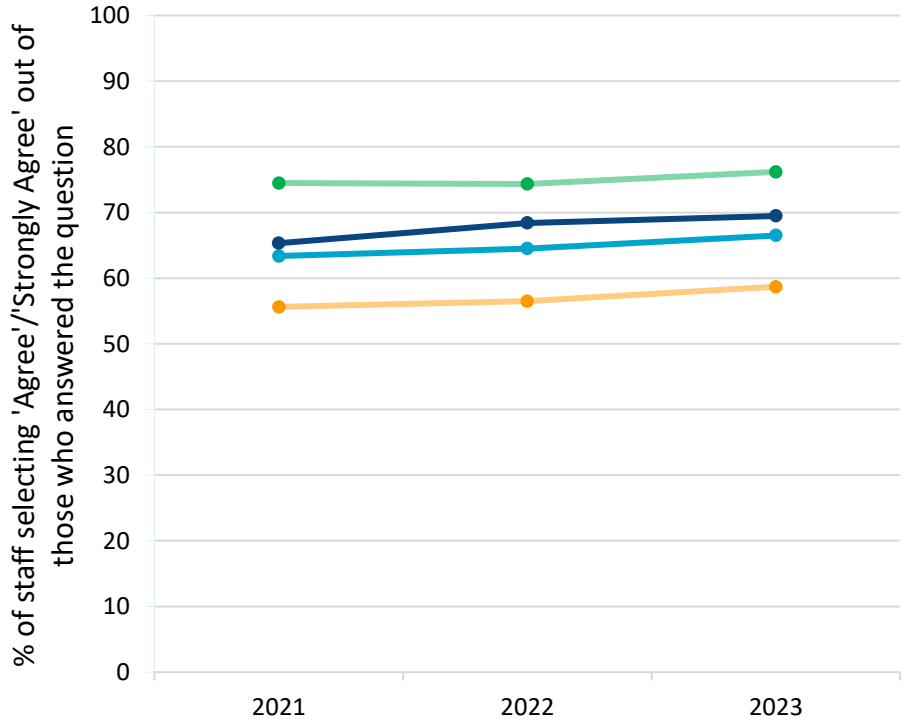
	2021	2022	2023
Your org	70.76%	71.84%	73.37%
Best result	76.39%	78.22%	78.17%
Average result	68.12%	69.47%	70.99%
Worst result	61.09%	61.11%	64.48%
Responses	1277	1245	1349

Q9h My immediate manager cares about my concerns.



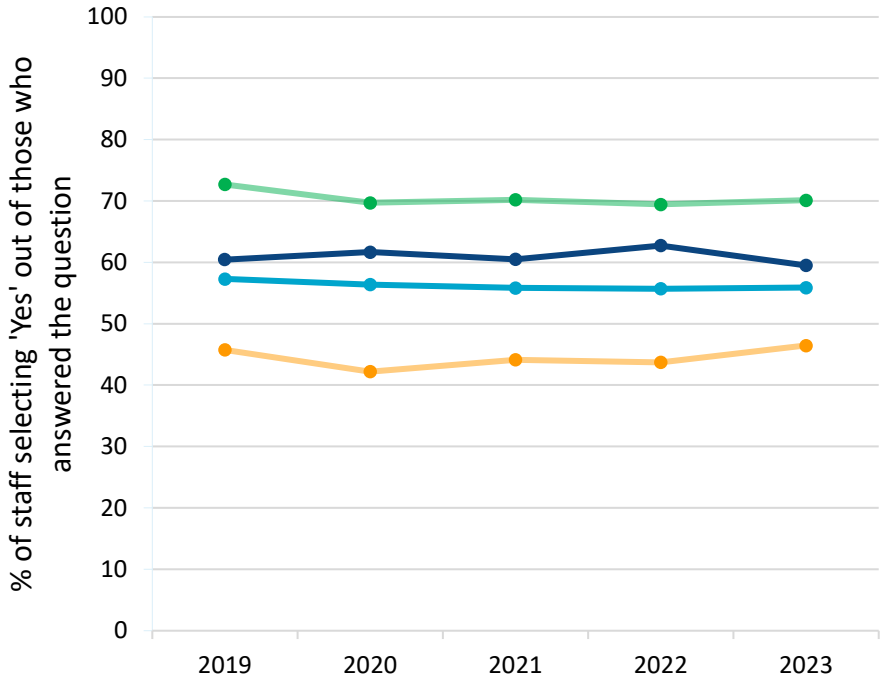
	2021	2022	2023
Your org	70.05%	72.21%	73.49%
Best result	76.92%	77.43%	78.65%
Average result	67.12%	68.10%	69.37%
Worst result	60.55%	60.34%	62.95%
Responses	1275	1243	1347

Q9i My immediate manager takes effective action to help me with any problems I face.



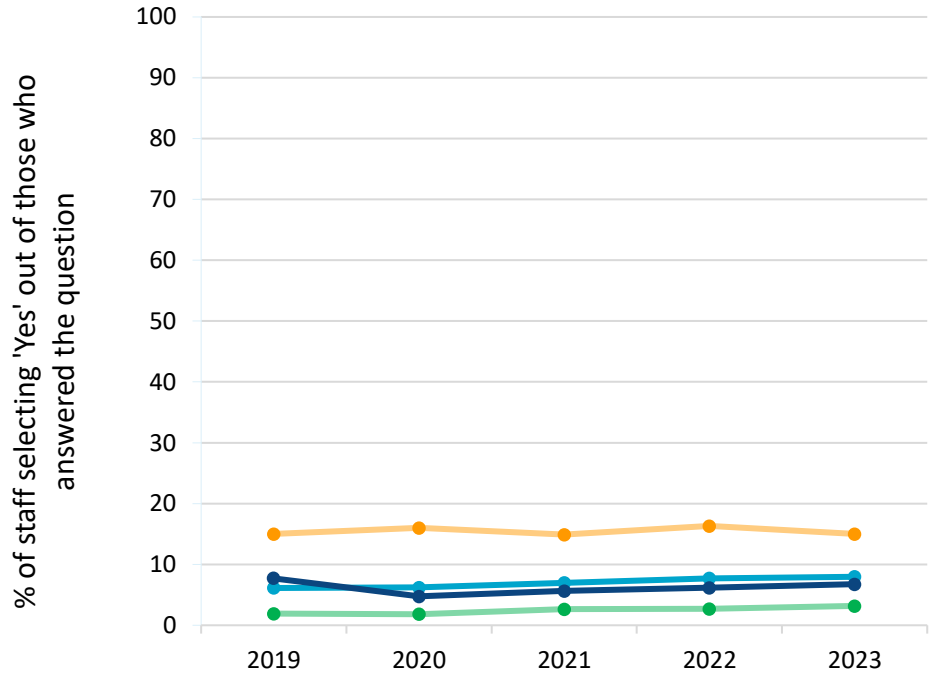
	2021	2022	2023
Your org	65.32%	68.40%	69.49%
Best result	74.49%	74.35%	76.19%
Average result	63.37%	64.50%	66.50%
Worst result	55.62%	56.50%	58.68%
Responses	1274	1243	1348

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



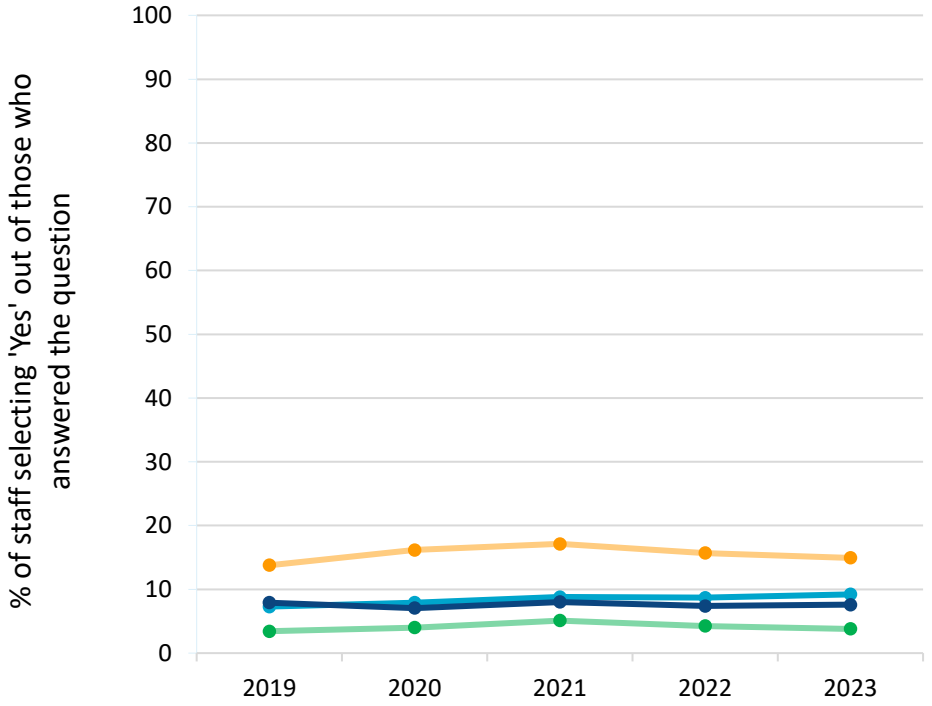
	2019	2020	2021	2022	2023
Your org	60.46%	61.68%	60.49%	62.74%	59.52%
Best result	72.70%	69.70%	70.19%	69.43%	70.11%
Average result	57.31%	56.38%	55.83%	55.69%	55.89%
Worst result	45.74%	42.19%	44.12%	43.72%	46.44%
Responses	559	536	1257	1233	1325

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



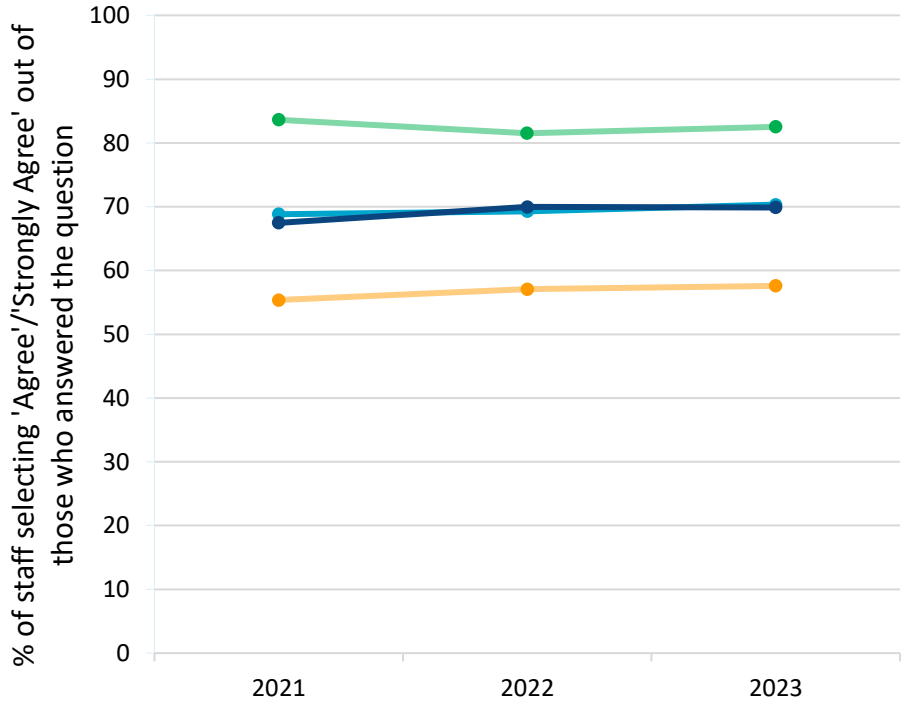
	2019	2020	2021	2022	2023
Your org	7.71%	4.75%	5.64%	6.18%	6.74%
Best result	1.91%	1.83%	2.64%	2.69%	3.17%
Average result	6.15%	6.21%	6.98%	7.71%	7.99%
Worst result	14.99%	15.99%	14.91%	16.33%	15.02%
Responses	554	534	1277	1248	1339

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2019	2020	2021	2022	2023
Your org	7.88%	7.07%	8.01%	7.39%	7.59%
Best result	3.41%	3.99%	5.09%	4.24%	3.79%
Average result	7.29%	7.90%	8.78%	8.69%	9.20%
Worst result	13.78%	16.17%	17.12%	15.70%	14.93%
Responses	550	532	1272	1245	1335

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

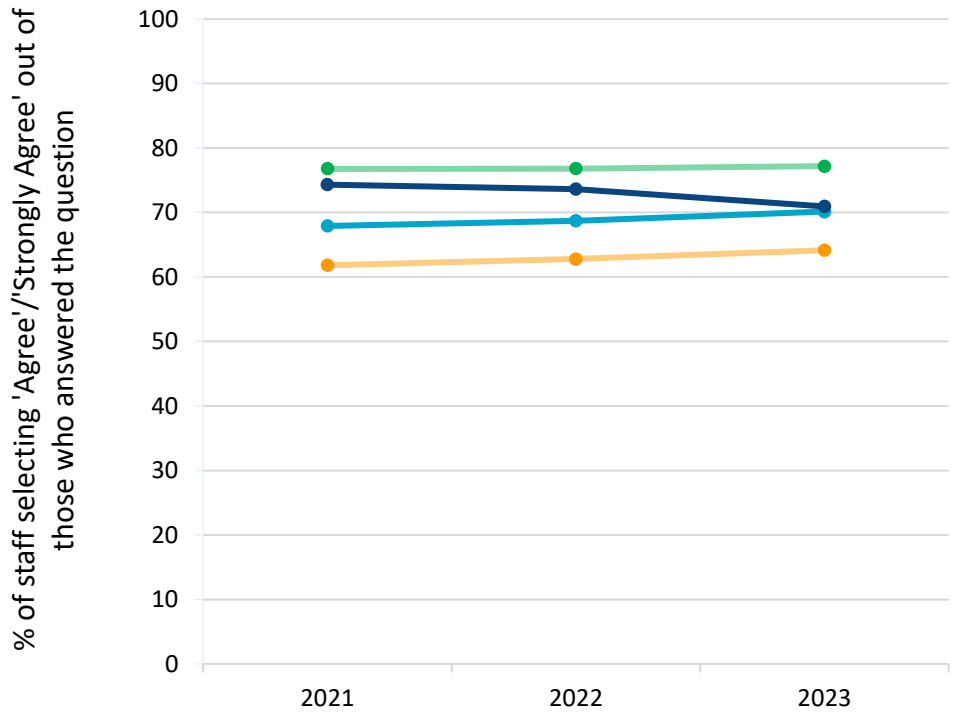


	2021	2022	2023
Your org	67.48%	69.97%	69.91%
Best result	83.66%	81.52%	82.55%
Average result	68.83%	69.29%	70.33%
Worst result	55.37%	57.06%	57.60%
Responses	1272	1247	1333

Survey Coordination Centre

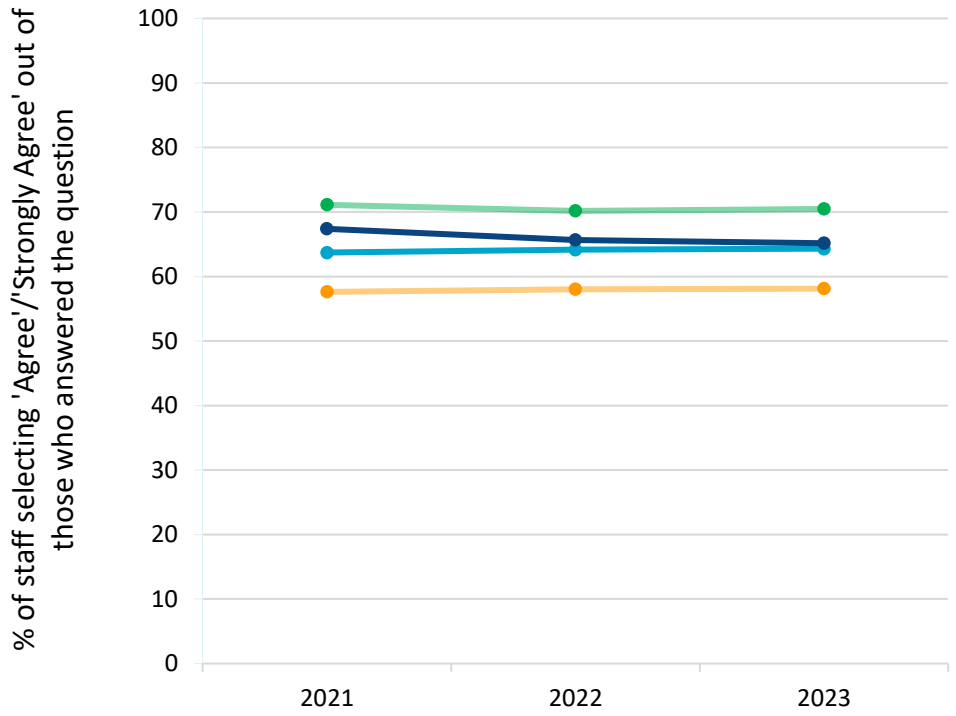
NHS

Q7h I feel valued by my team.



	2021	2022	2023
Your org	74.31%	73.62%	70.94%
Best result	76.79%	76.81%	77.16%
Average result	67.92%	68.70%	70.12%
Worst result	61.81%	62.78%	64.16%
Responses	1270	1243	1347

Q7i I feel a strong personal attachment to my team.

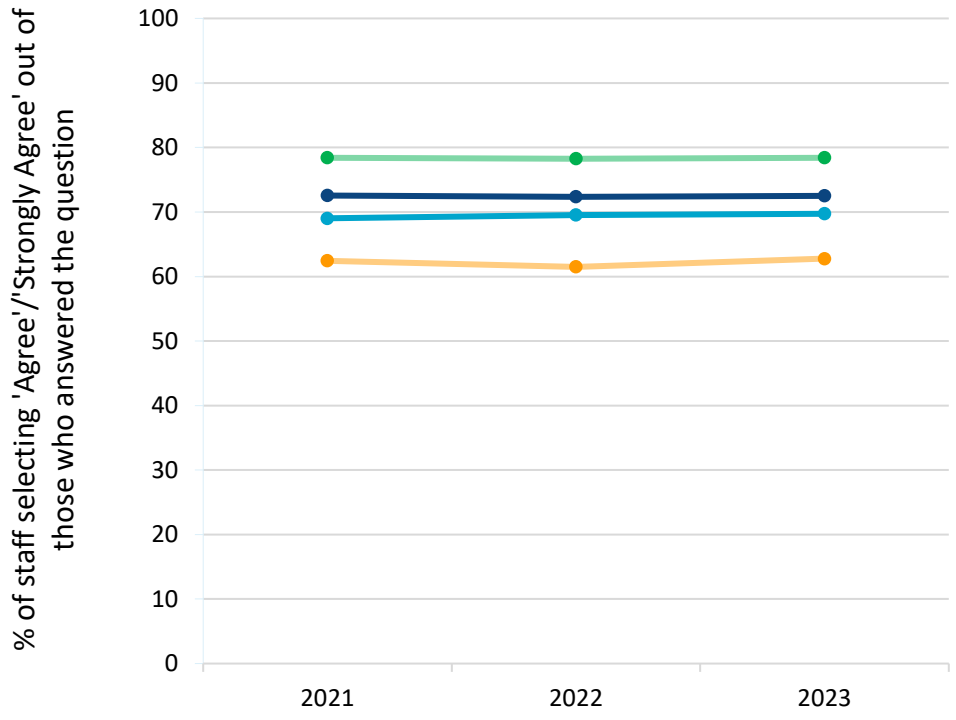


	2021	2022	2023
Your org	67.39%	65.67%	65.16%
Best result	71.13%	70.17%	70.48%
Average result	63.71%	64.17%	64.32%
Worst result	57.63%	58.03%	58.14%
Responses	1271	1241	1344

Survey Coordination Centre

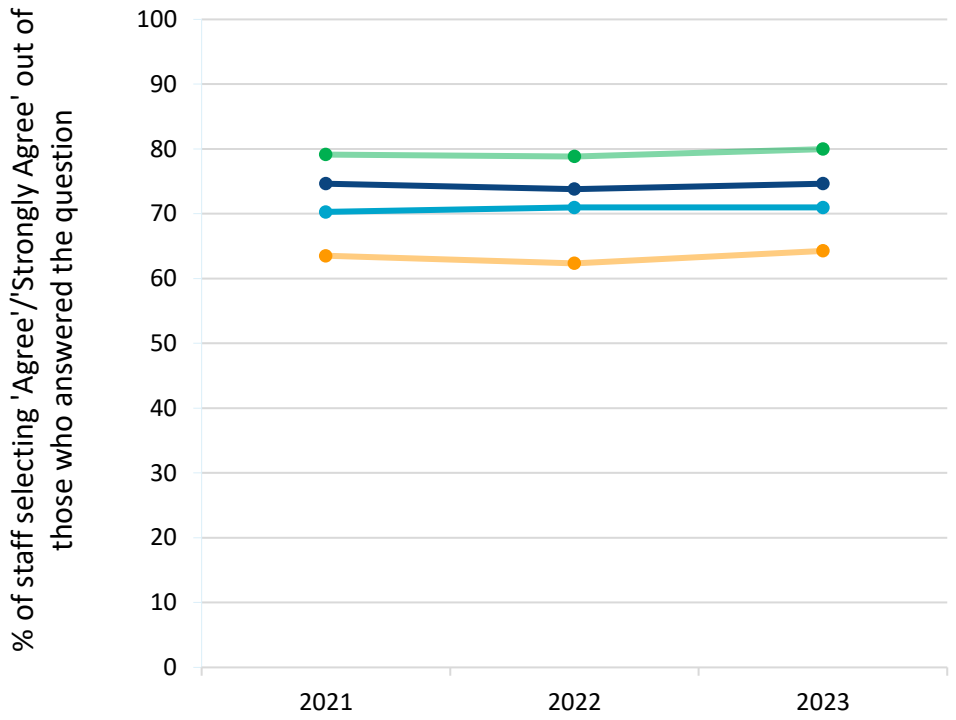
NHS

Q8b The people I work with are understanding and kind to one another.



	2021	2022	2023
Your org	72.55%	72.37%	72.52%
Best result	78.43%	78.25%	78.42%
Average result	69.01%	69.54%	69.73%
Worst result	62.44%	61.50%	62.78%
Responses	1273	1243	1342

Q8c The people I work with are polite and treat each other with respect.



	2021	2022	2023
Your org	74.62%	73.81%	74.63%
Best result	79.13%	78.83%	79.99%
Average result	70.27%	70.96%	70.95%
Worst result	63.50%	62.35%	64.27%
Responses	1274	1244	1343

Survey Coordination Centre

NHS

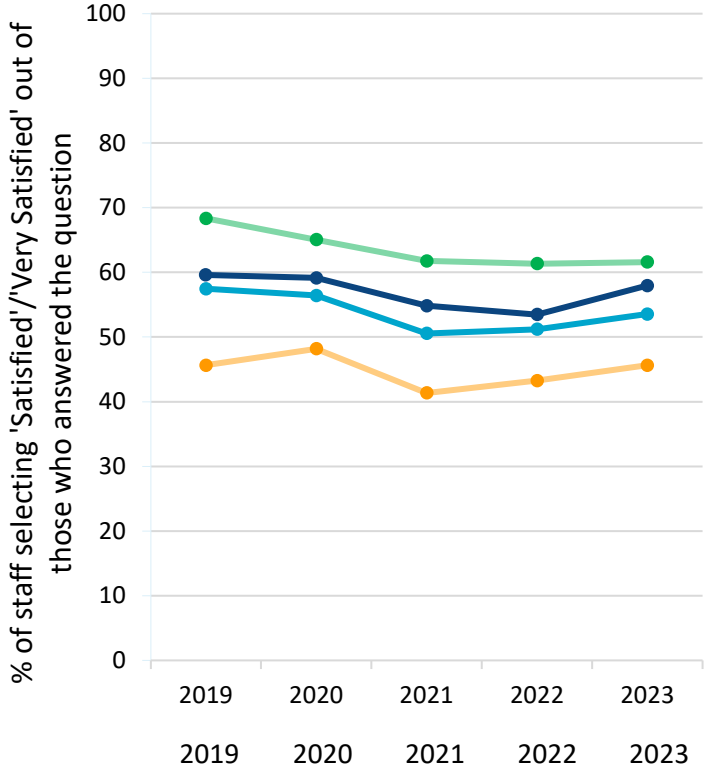
People Promise element – We are recognised and rewarded

Questions included:

Q4a, Q4b, Q4c, Q8d, Q9e

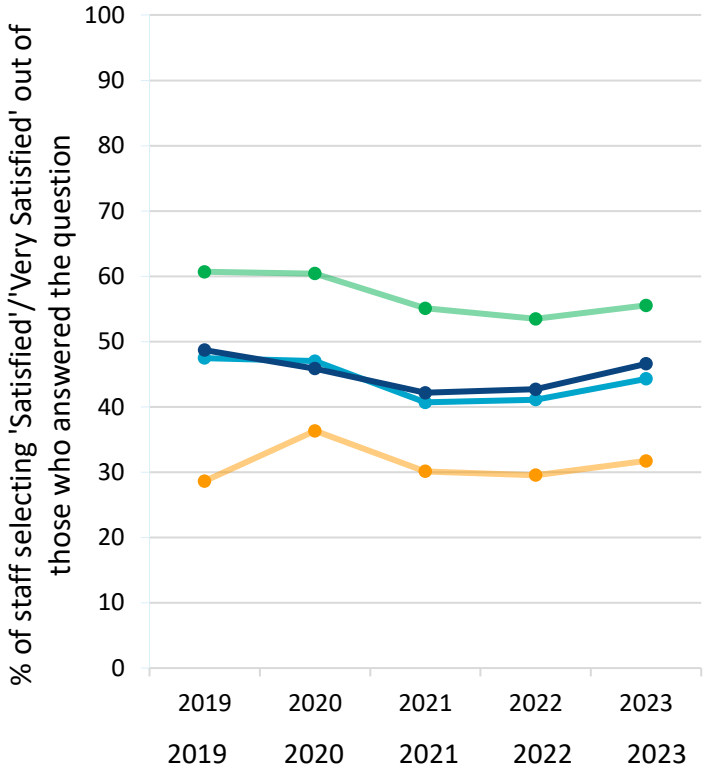
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



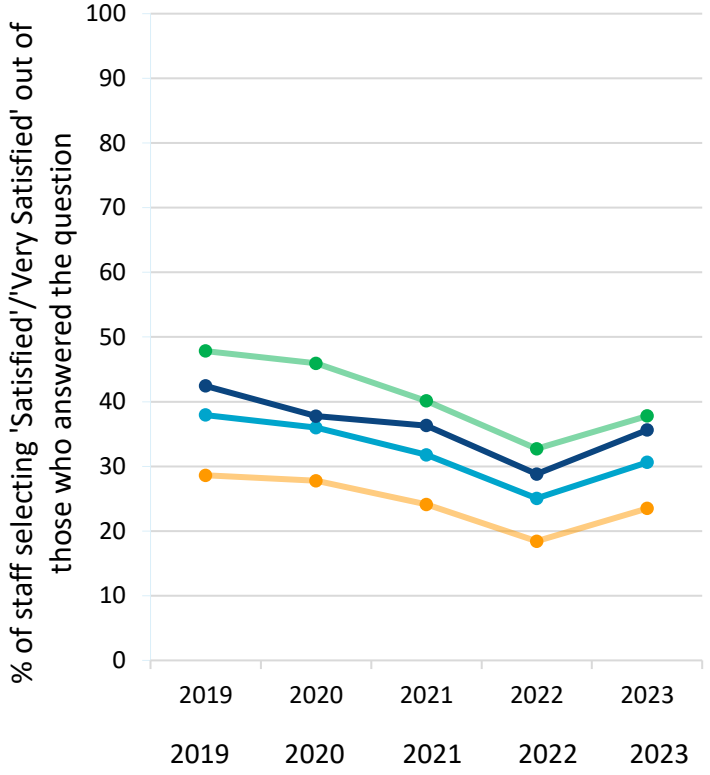
	2019	2020	2021	2022	2023
Your org	59.58%	59.14%	54.82%	53.46%	57.94%
Best result	68.34%	65.04%	61.75%	61.35%	61.58%
Average result	57.46%	56.42%	50.55%	51.18%	53.55%
Worst result	45.63%	48.18%	41.36%	43.25%	45.64%
Responses	560	539	1276	1246	1350

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



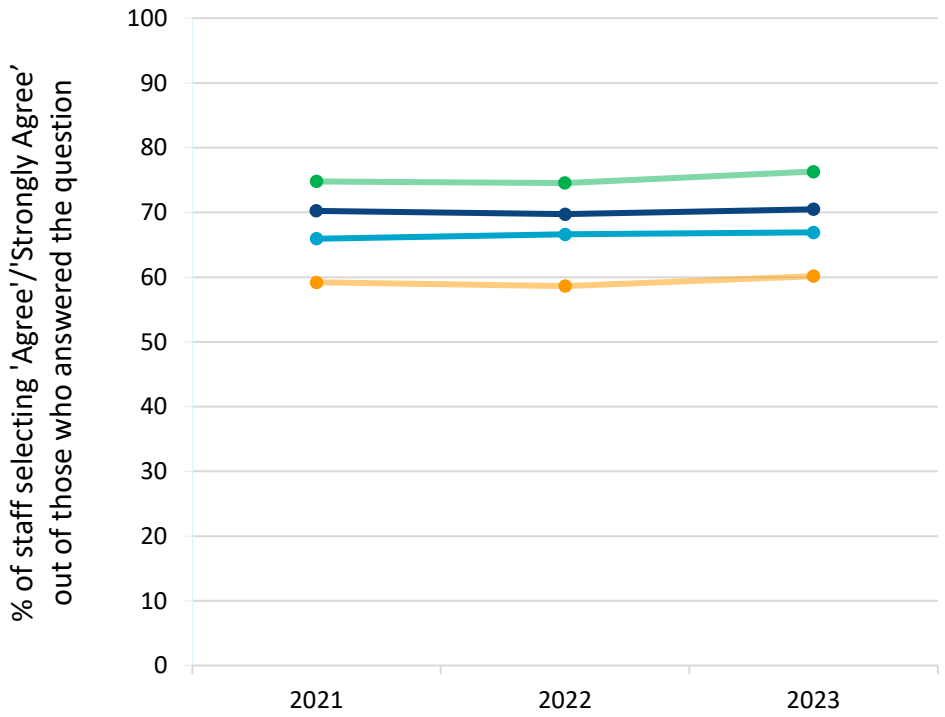
	2019	2020	2021	2022	2023
Your org	48.69%	45.86%	42.16%	42.70%	46.60%
Best result	60.68%	60.41%	55.10%	53.47%	55.53%
Average result	47.48%	47.00%	40.68%	41.11%	44.28%
Worst result	28.63%	36.32%	30.11%	29.53%	31.72%
Responses	561	537	1274	1244	1348

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



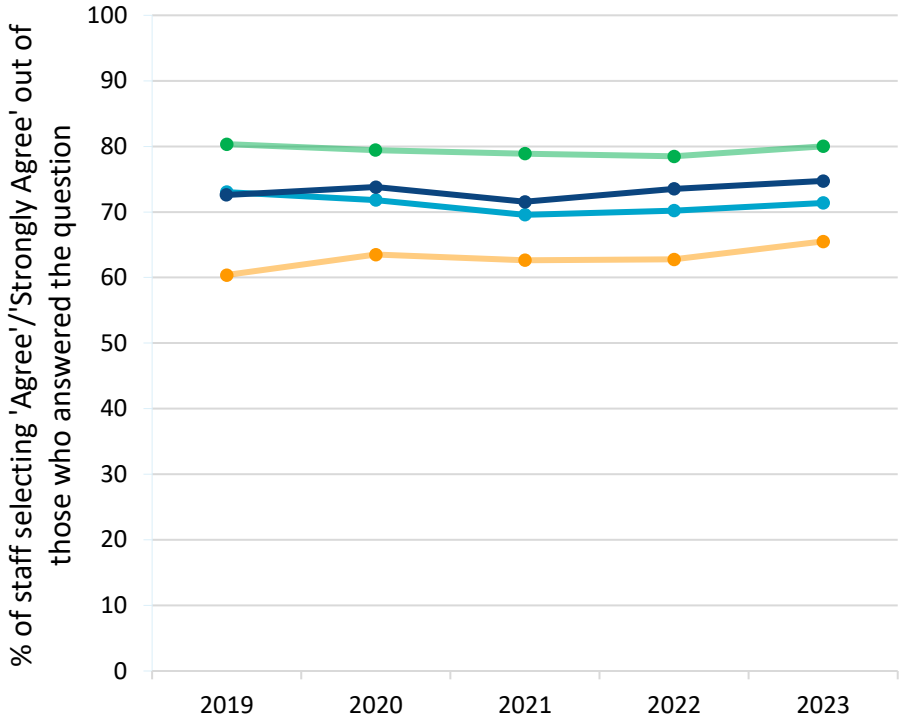
	2019	2020	2021	2022	2023
Your org	42.41%	37.76%	36.31%	28.81%	35.61%
Best result	47.83%	45.94%	40.11%	32.72%	37.78%
Average result	37.95%	35.97%	31.78%	25.05%	30.61%
Worst result	28.62%	27.76%	24.12%	18.41%	23.49%
Responses	562	537	1276	1243	1349

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



	2021	2022	2023
Your org	70.24%	69.74%	70.49%
Best result	74.80%	74.54%	76.31%
Average result	65.94%	66.61%	66.91%
Worst result	59.19%	58.63%	60.16%
Responses	1276	1242	1343

Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	72.58%	73.80%	71.55%	73.52%	74.73%
Best result	80.34%	79.41%	78.91%	78.48%	80.03%
Average result	73.03%	71.81%	69.57%	70.22%	71.39%
Worst result	60.37%	63.50%	62.64%	62.77%	65.51%
Responses	558	536	1275	1246	1347

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

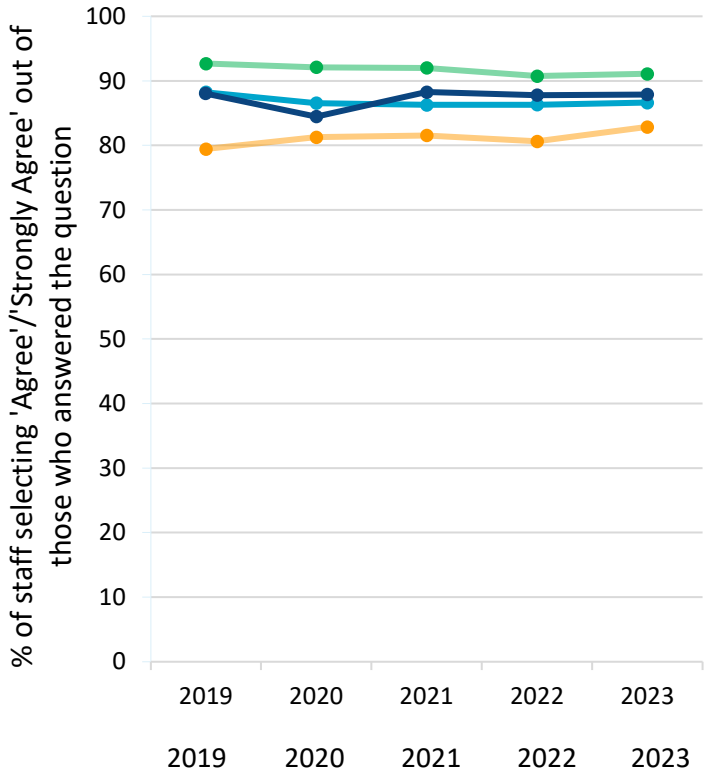
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

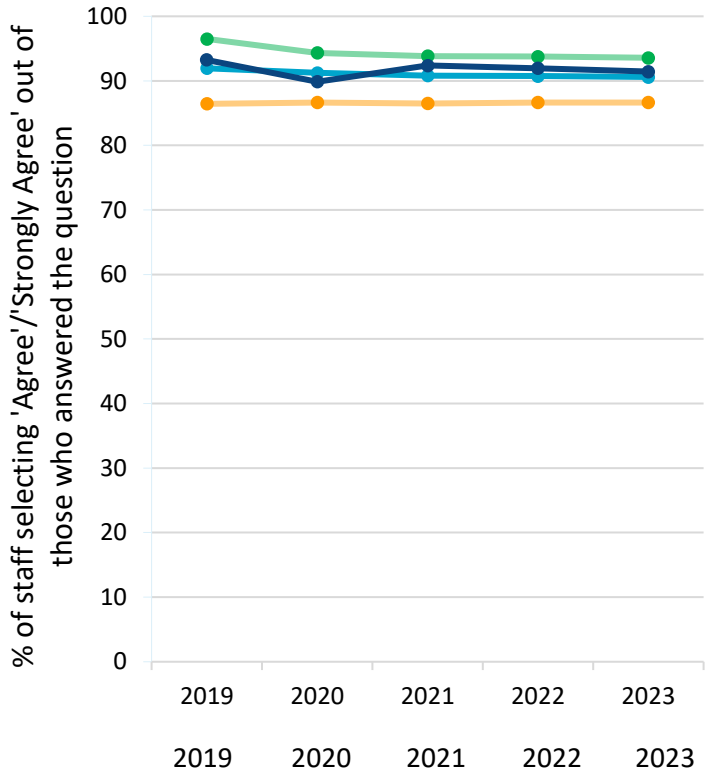
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



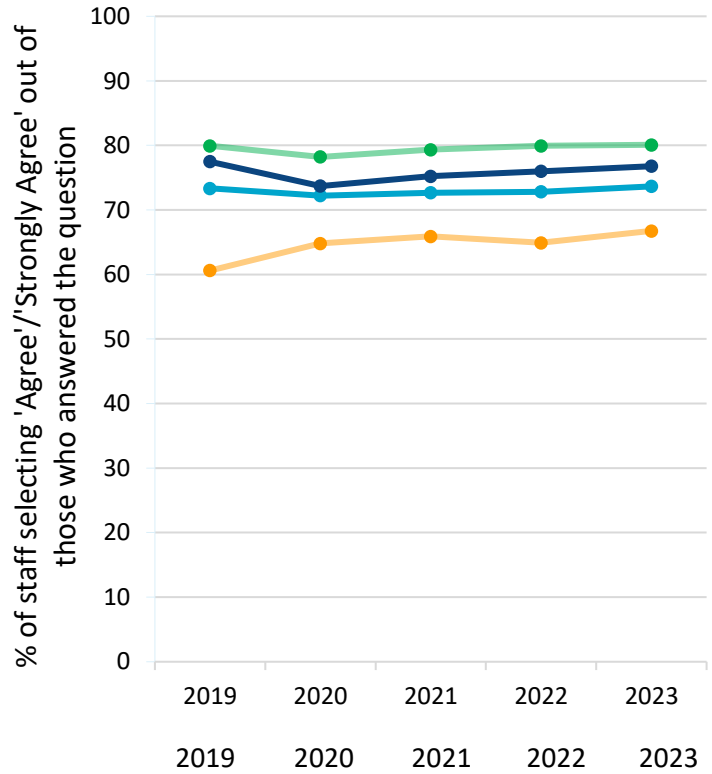
	2019	2020	2021	2022	2023
Your org	88.01%	84.47%	88.26%	87.79%	87.89%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	562	536	1278	1248	1353

Q3b I am trusted to do my job.



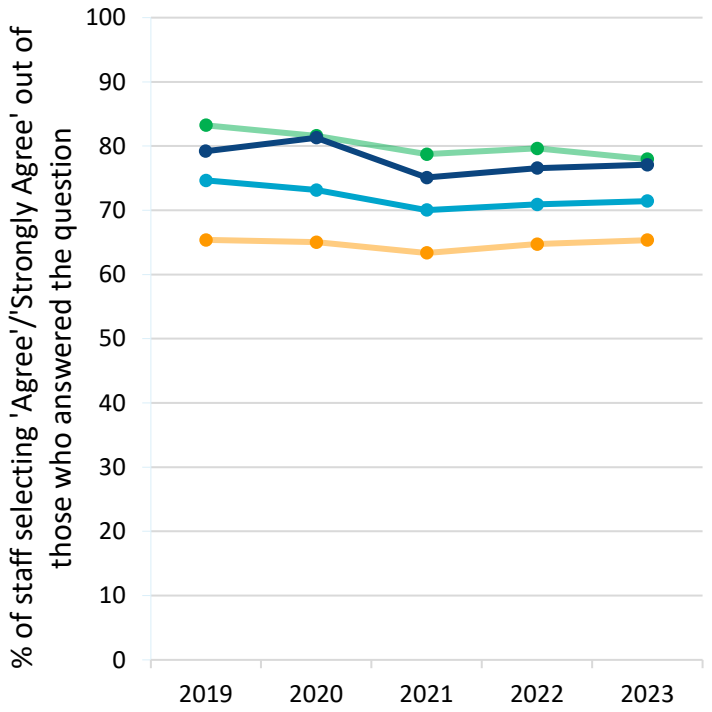
	2019	2020	2021	2022	2023
Your org	93.24%	89.87%	92.38%	91.96%	91.42%
Best result	96.50%	94.35%	93.84%	93.78%	93.56%
Average result	91.97%	91.23%	90.82%	90.74%	90.58%
Worst result	86.45%	86.64%	86.51%	86.64%	86.64%
Responses	561	533	1276	1247	1351

Q3c There are frequent opportunities for me to show initiative in my role.



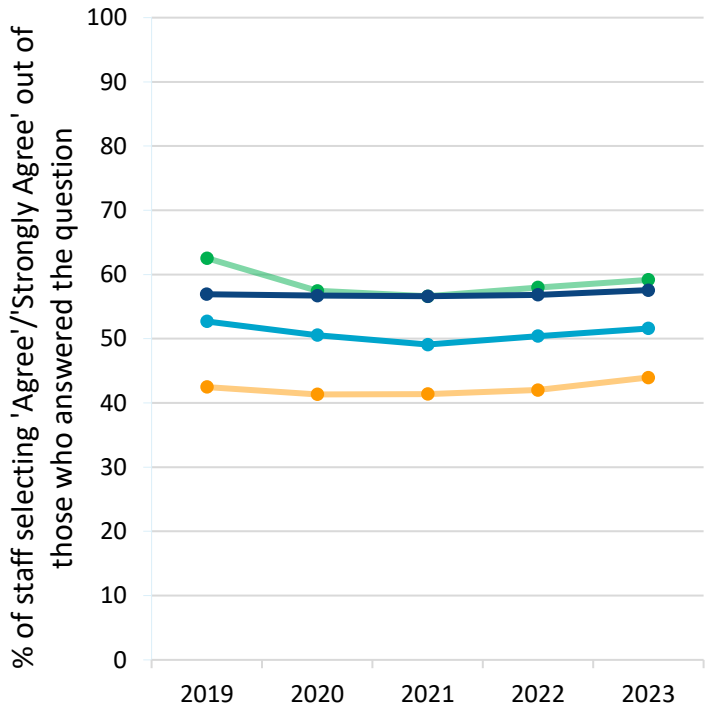
	2019	2020	2021	2022	2023
Your org	77.45%	73.70%	75.23%	75.99%	76.79%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	562	539	1273	1239	1348

Q3d I am able to make suggestions to improve the work of my team / department.



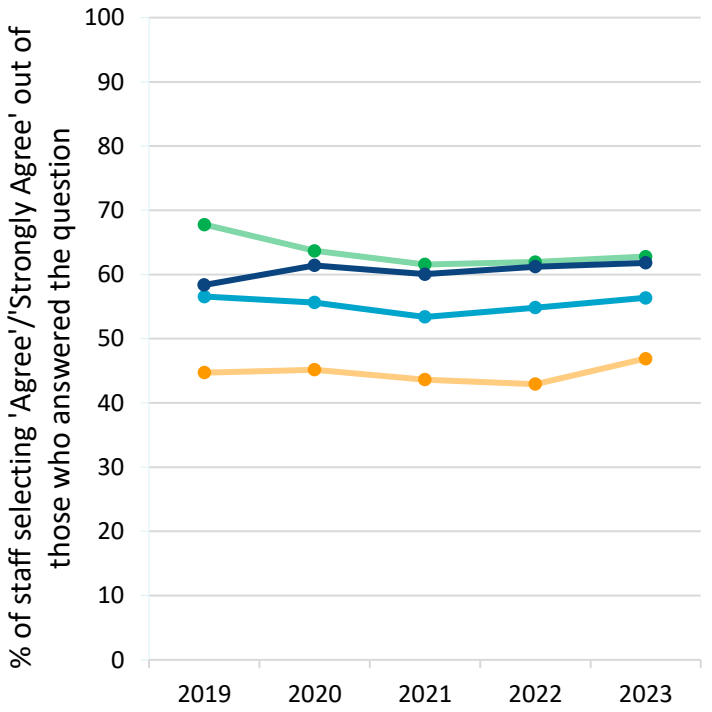
	2019	2020	2021	2022	2023
Your org	79.20%	81.30%	75.08%	76.57%	77.10%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	562	536	1275	1242	1341

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



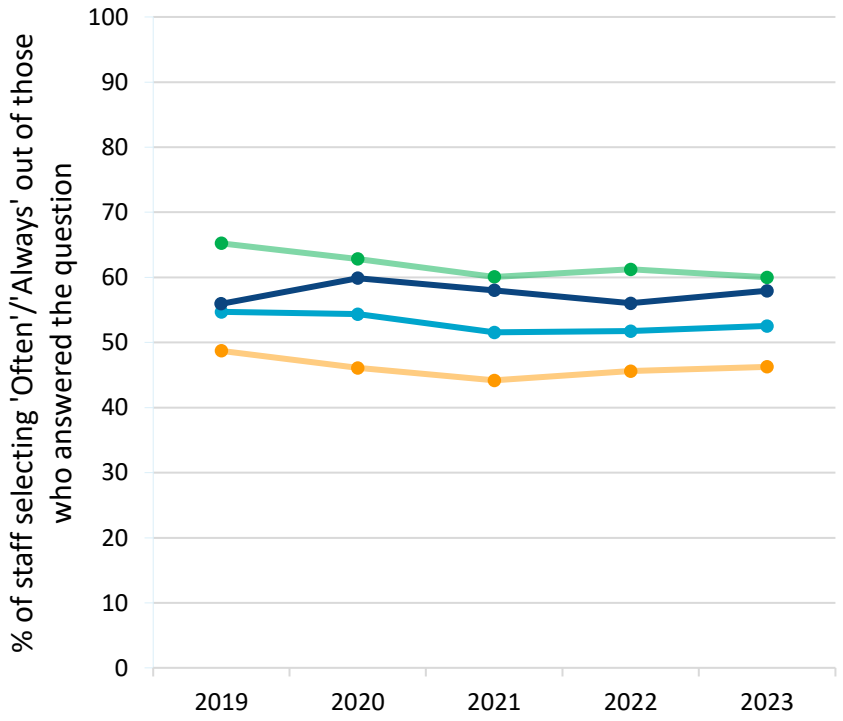
	2019	2020	2021	2022	2023
Your org	56.91%	56.70%	56.61%	56.84%	57.55%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	560	539	1279	1245	1347

Q3f I am able to make improvements happen in my area of work.



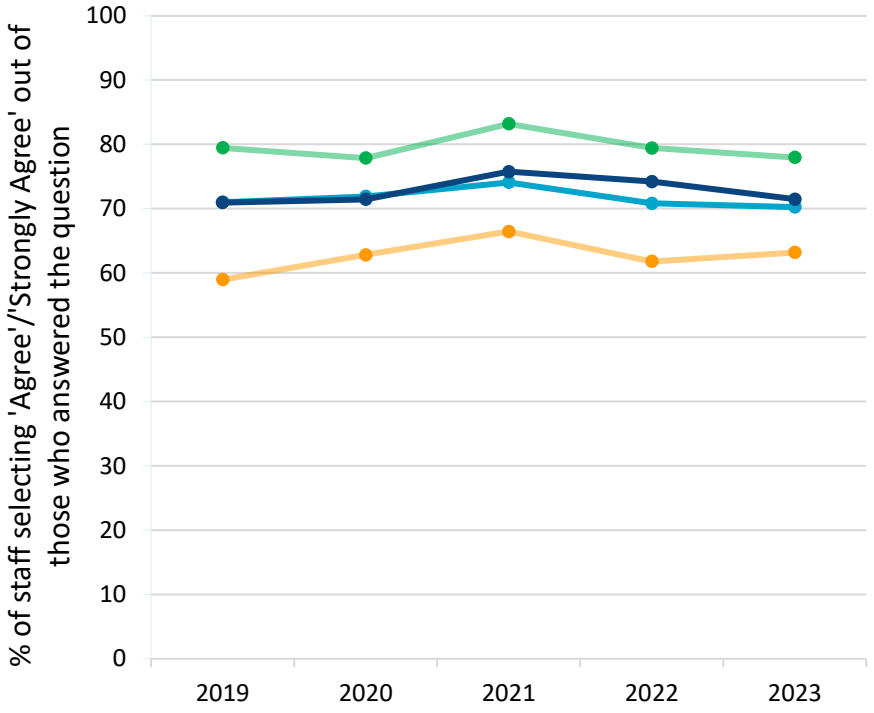
	2019	2020	2021	2022	2023
Your org	58.37%	61.41%	60.05%	61.22%	61.83%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	560	539	1276	1243	1343

Q5b I have a choice in deciding how to do my work.



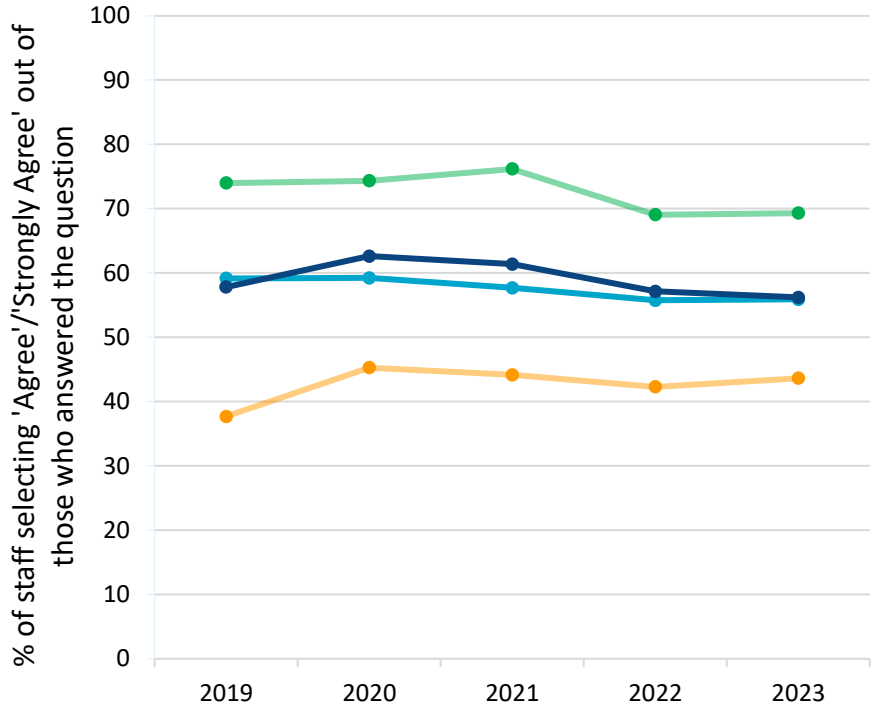
	2019	2020	2021	2022	2023
Your org	55.93%	59.90%	58.02%	56.02%	57.94%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	559	535	1276	1243	1340

Q20a I would feel secure raising concerns about unsafe clinical practice.



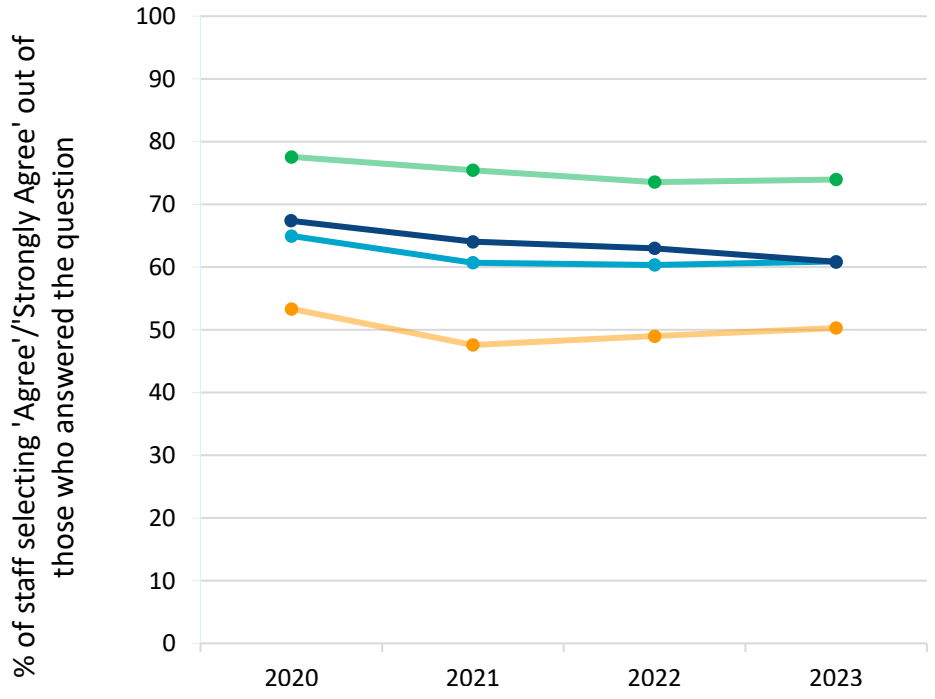
	2019	2020	2021	2022	2023
Your org	70.95%	71.44%	75.75%	74.21%	71.48%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	549	535	1269	1246	1332

Q20b I am confident that my organisation would address my concern.



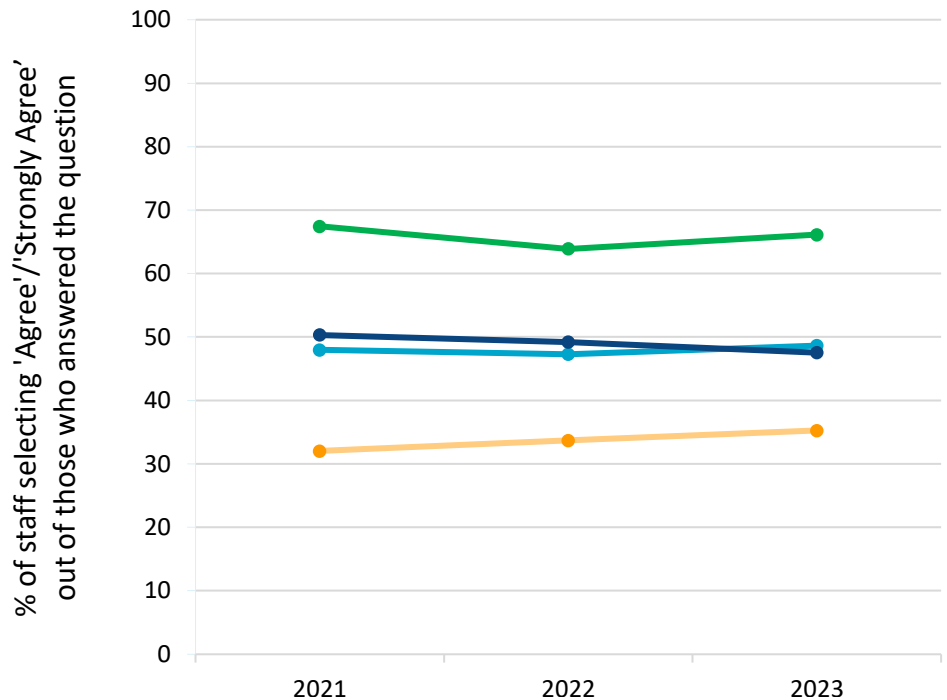
	2019	2020	2021	2022	2023
Your org	57.81%	62.60%	61.36%	57.13%	56.18%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%
Responses	549	535	1266	1245	1327

Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	67.41%	64.07%	63.02%	60.84%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	538	1268	1241	1338

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	50.32%	49.20%	47.53%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	1269	1242	1339

Survey Coordination Centre

NHS

People Promise element – We are safe and healthy

Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

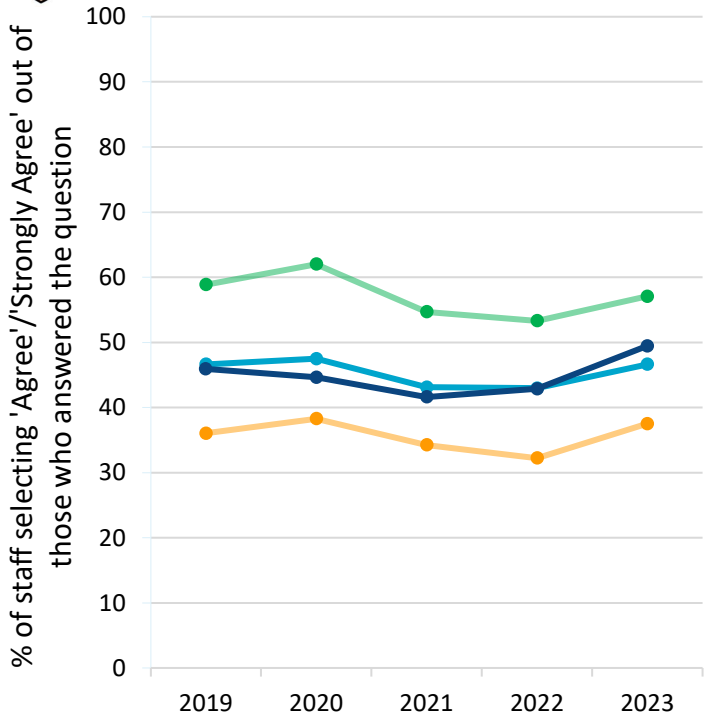
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

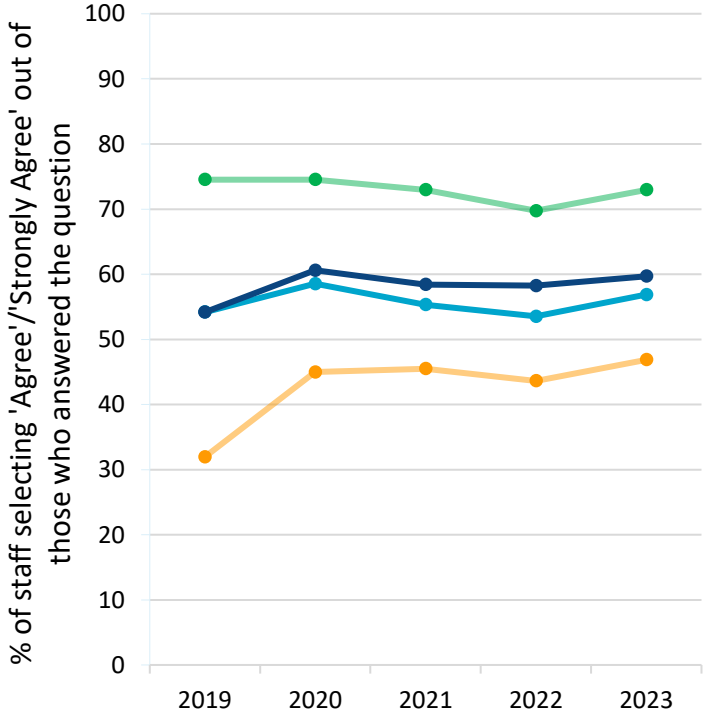
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3g I am able to meet all the conflicting demands on my time at work.



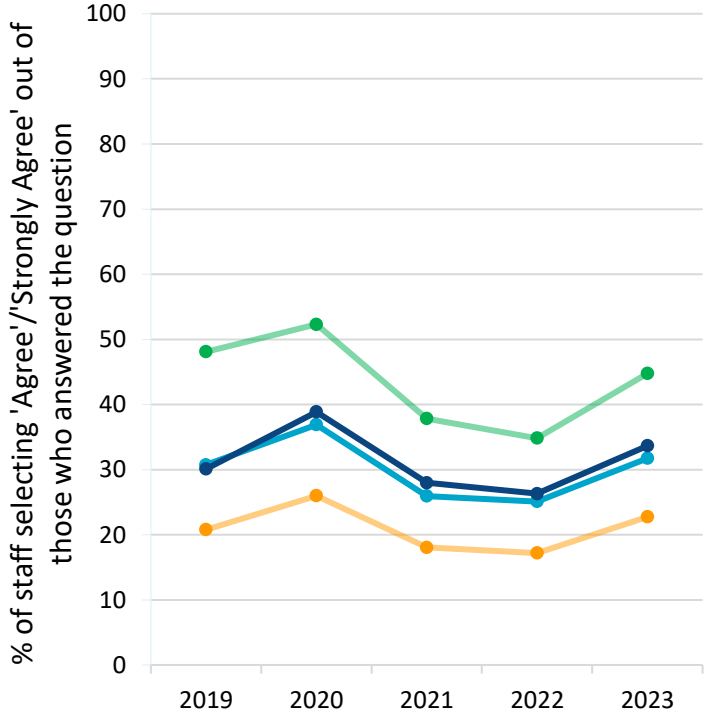
	2019	2020	2021	2022	2023
Your org	45.94%	44.65%	41.61%	42.87%	49.45%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	561	536	1270	1242	1338

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	54.16%	60.59%	58.43%	58.24%	59.70%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	562	536	1275	1239	1338

Q3i There are enough staff at this organisation for me to do my job properly.

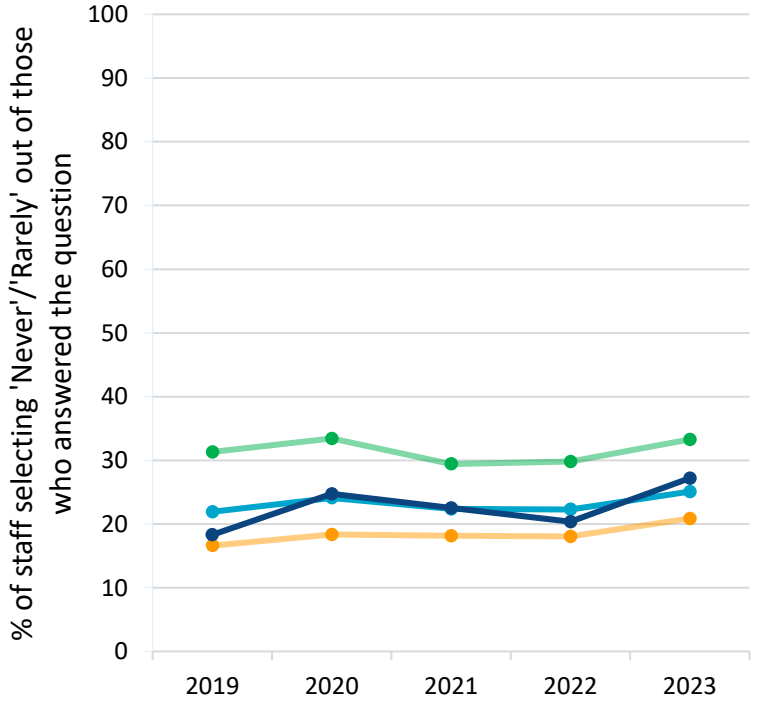


	2019	2020	2021	2022	2023
Your org	30.10%	38.87%	27.98%	26.32%	33.67%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	560	535	1279	1242	1347

Survey Coordination Centre

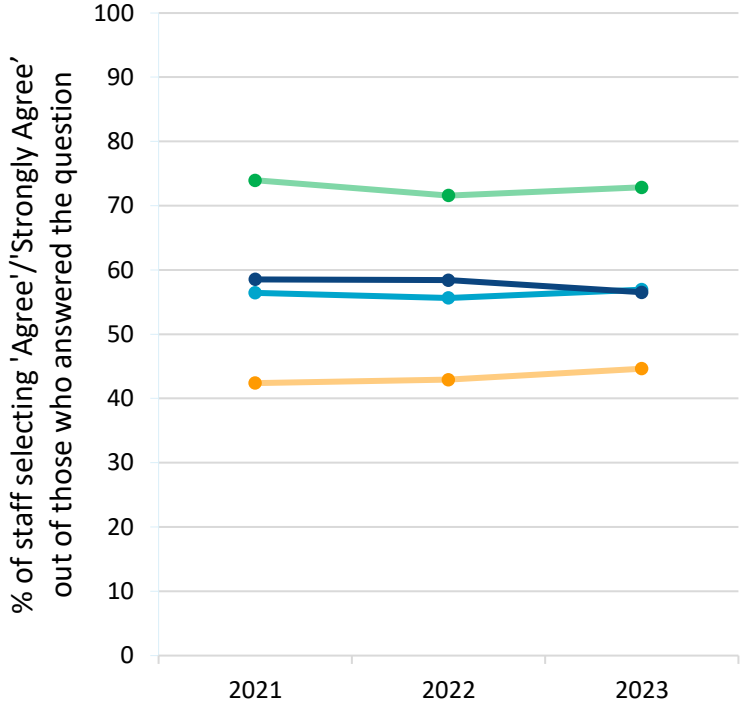
NHS

Q5a I have unrealistic time pressures.



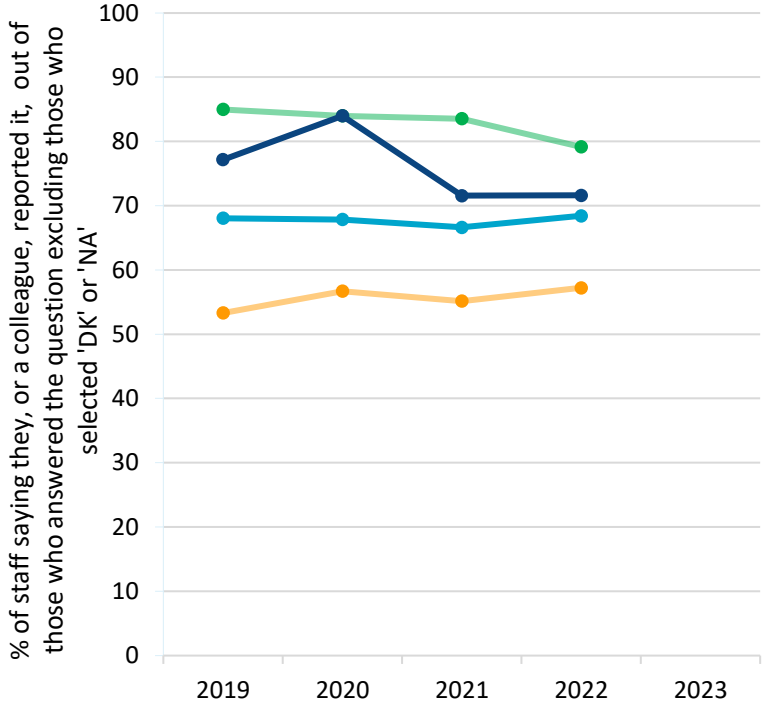
	2019	2020	2021	2022	2023
Your org	18.33%	24.75%	22.53%	20.36%	27.21%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	560	536	1276	1245	1347

Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023
Your org	58.50%	58.41%	56.51%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%
Responses	1277	1245	1326

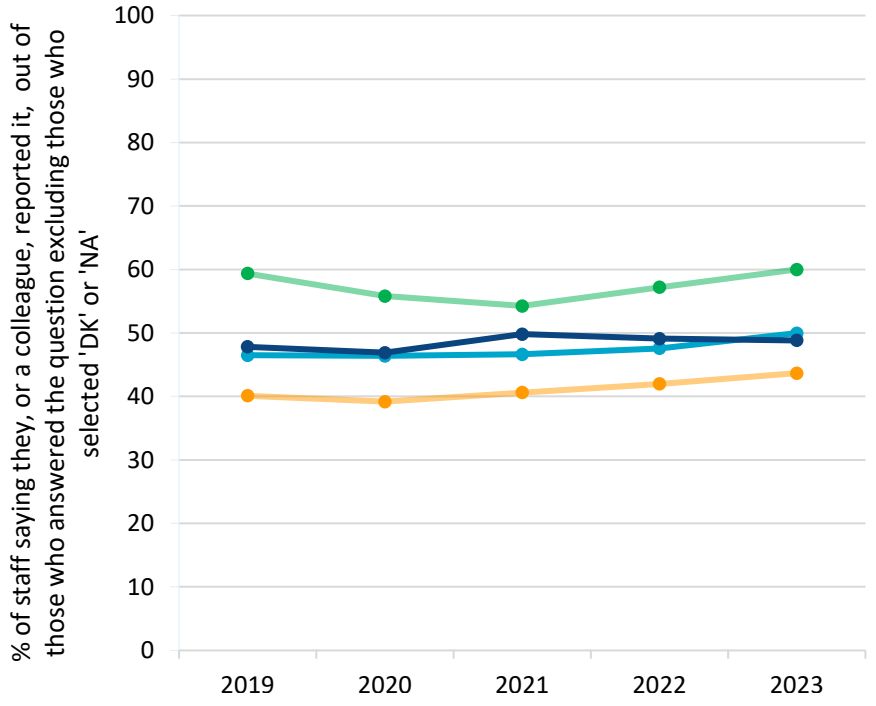
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	77.15%	83.98%	71.55%	71.60%	
Best result	84.97%	83.98%	83.53%	79.14%	
Average result	68.03%	67.86%	66.62%	68.43%	
Worst result	53.29%	56.69%	55.14%	57.21%	
Responses	61	46	139	107	

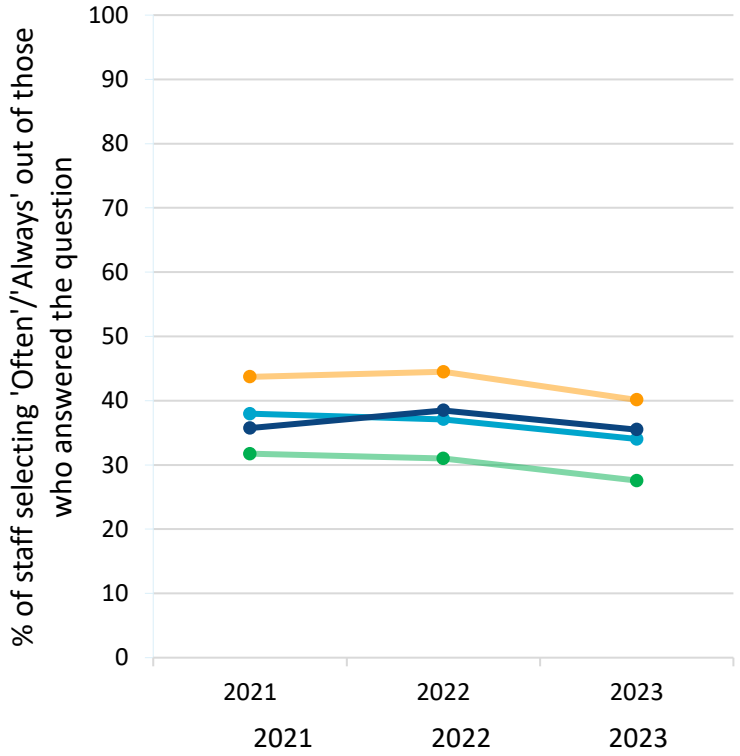
Note. 2023 results for Q13d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



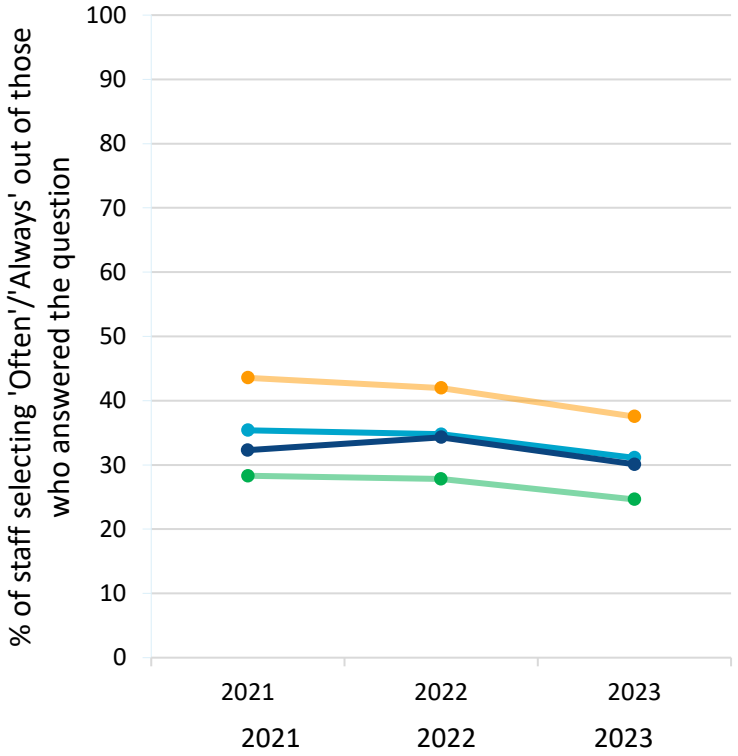
	2019	2020	2021	2022	2023
Your org	47.80%	46.88%	49.81%	49.12%	48.82%
Best result	59.36%	55.82%	54.24%	57.20%	60.00%
Average result	46.49%	46.39%	46.64%	47.58%	49.96%
Worst result	40.11%	39.16%	40.62%	41.97%	43.66%
Responses	193	198	419	452	404

Q12a How often, if at all, do you find your work emotionally exhausting?



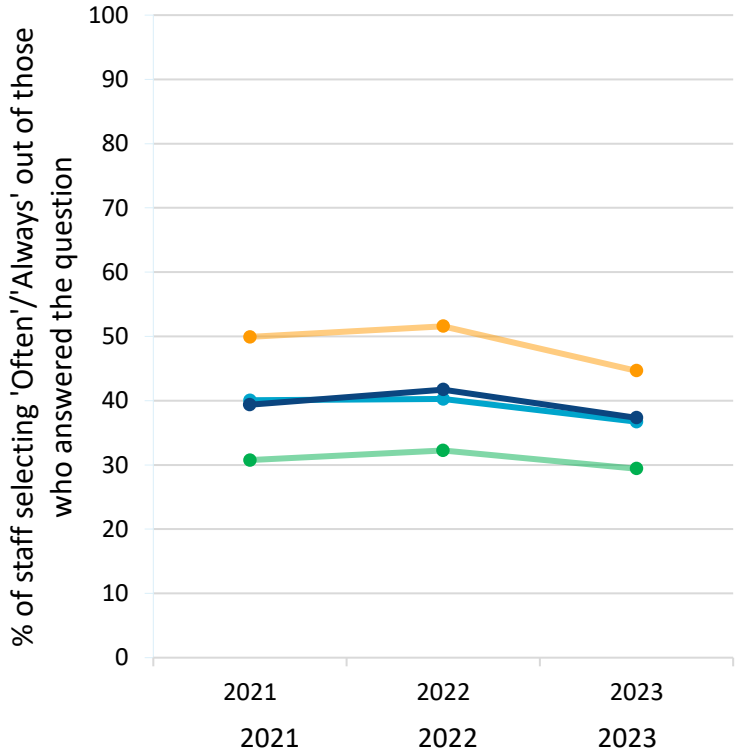
	2021	2022	2023
Your org	35.75%	38.48%	35.50%
Best result	31.73%	30.99%	27.56%
Average result	37.97%	37.10%	34.03%
Worst result	43.72%	44.49%	40.14%
Responses	1280	1243	1340

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022	2023
Your org	32.27%	34.30%	30.08%
Best result	28.30%	27.84%	24.64%
Average result	35.39%	34.77%	31.12%
Worst result	43.56%	41.98%	37.54%
Responses	1279	1243	1336

Q12c How often, if at all, does your work frustrate you?

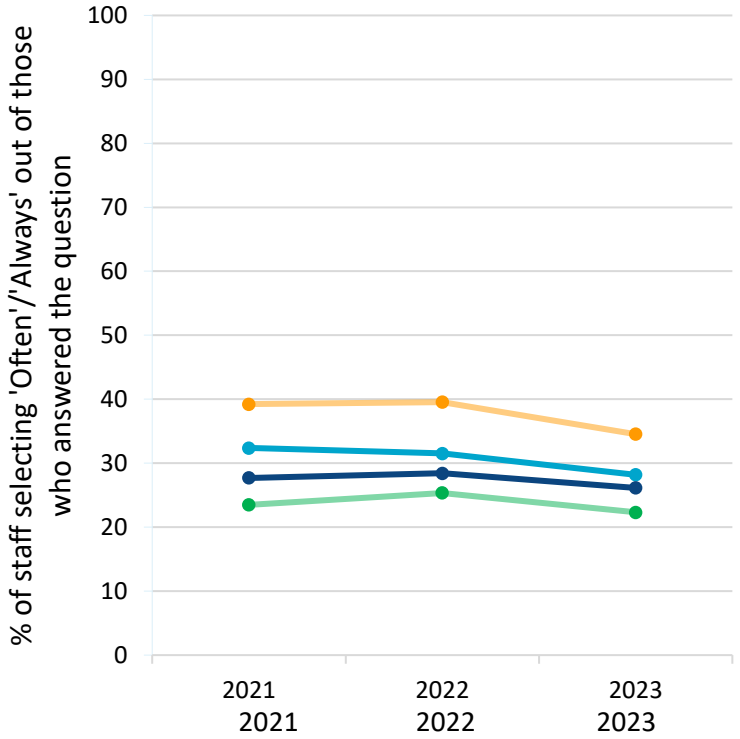


	2021	2022	2023
Your org	39.39%	41.72%	37.34%
Best result	30.75%	32.24%	29.42%
Average result	40.06%	40.25%	36.71%
Worst result	49.91%	51.58%	44.65%
Responses	1281	1242	1335

Survey Coordination Centre

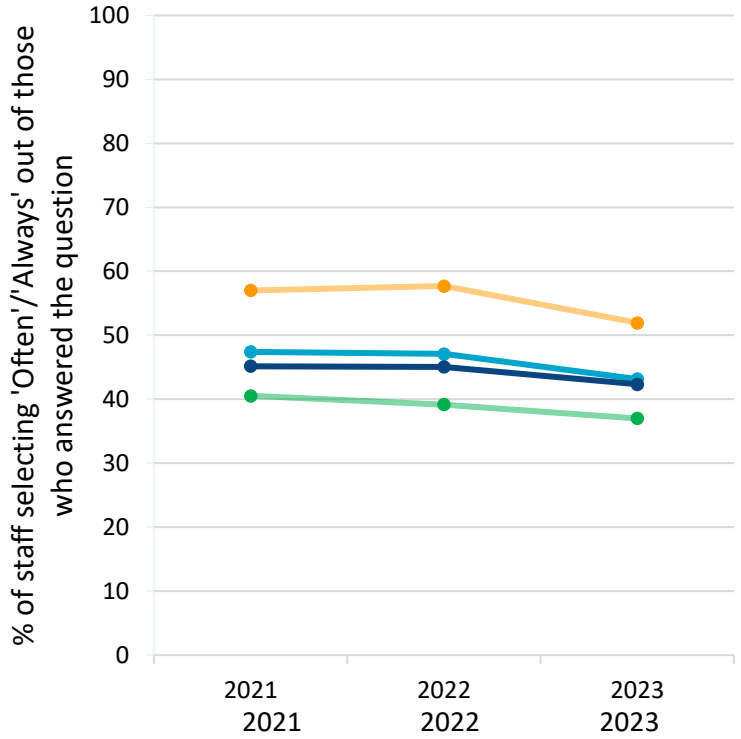
NHS

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



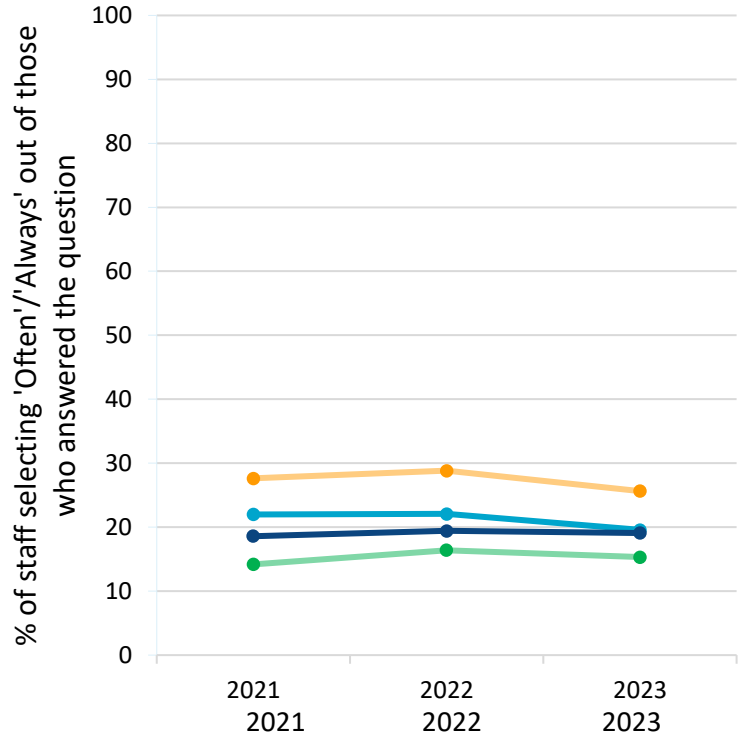
	2021	2022	2023
Your org	27.72%	28.43%	26.16%
Best result	23.50%	25.32%	22.32%
Average result	32.39%	31.53%	28.22%
Worst result	39.23%	39.56%	34.55%
Responses	1279	1237	1336

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022	2023
Your org	45.15%	45.05%	42.34%
Best result	40.53%	39.15%	37.02%
Average result	47.40%	47.08%	43.17%
Worst result	57.02%	57.69%	51.94%
Responses	1276	1243	1339

Q12f How often, if at all, do you feel that every working hour is tiring for you?

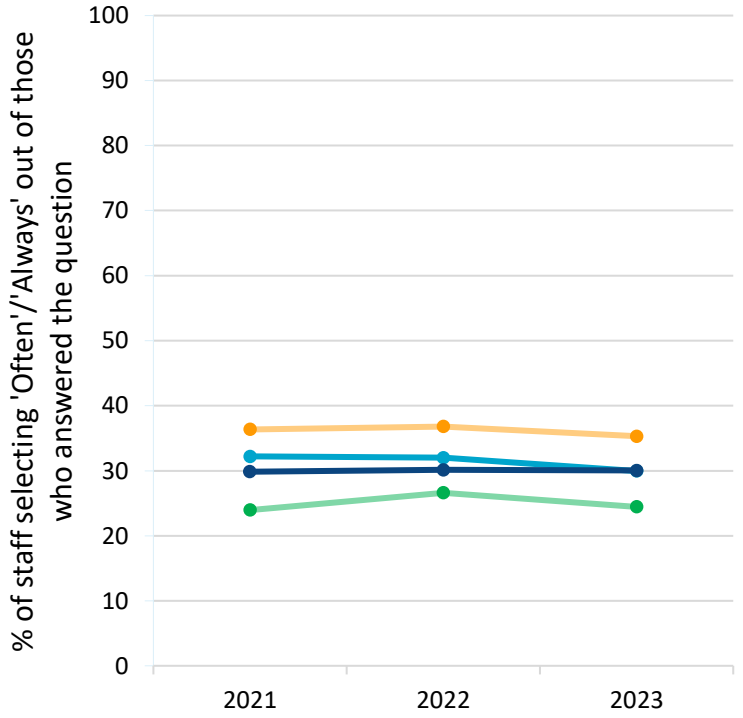


	2021	2022	2023
Your org	18.59%	19.42%	19.10%
Best result	14.19%	16.40%	15.32%
Average result	21.99%	22.07%	19.59%
Worst result	27.62%	28.83%	25.65%
Responses	1276	1238	1334

Survey Coordination Centre

NHS

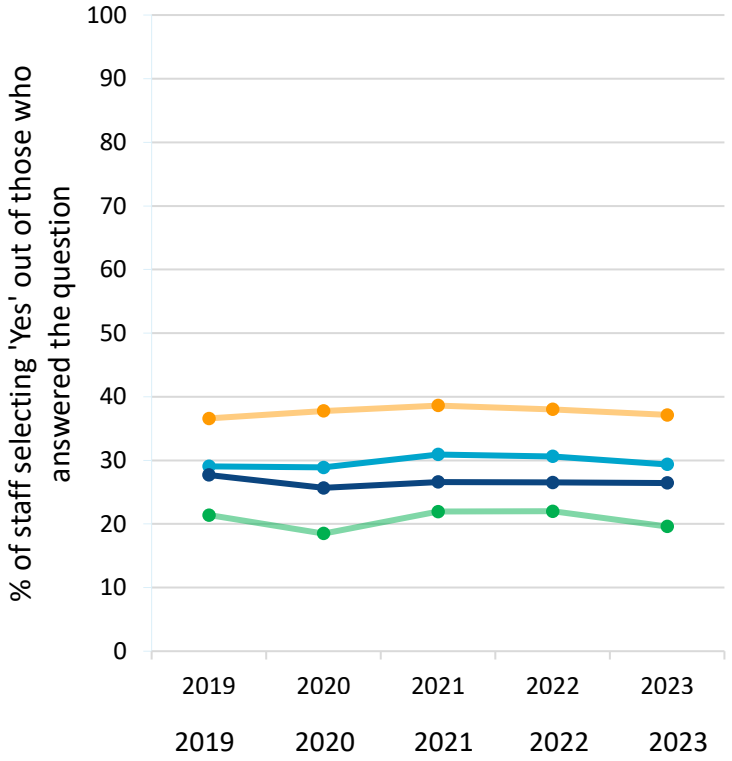
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023
Your org	29.85%	30.13%	30.05%
Best result	23.96%	26.60%	24.45%
Average result	32.21%	32.01%	29.98%
Worst result	36.37%	36.81%	35.30%
Responses	1278	1242	1335

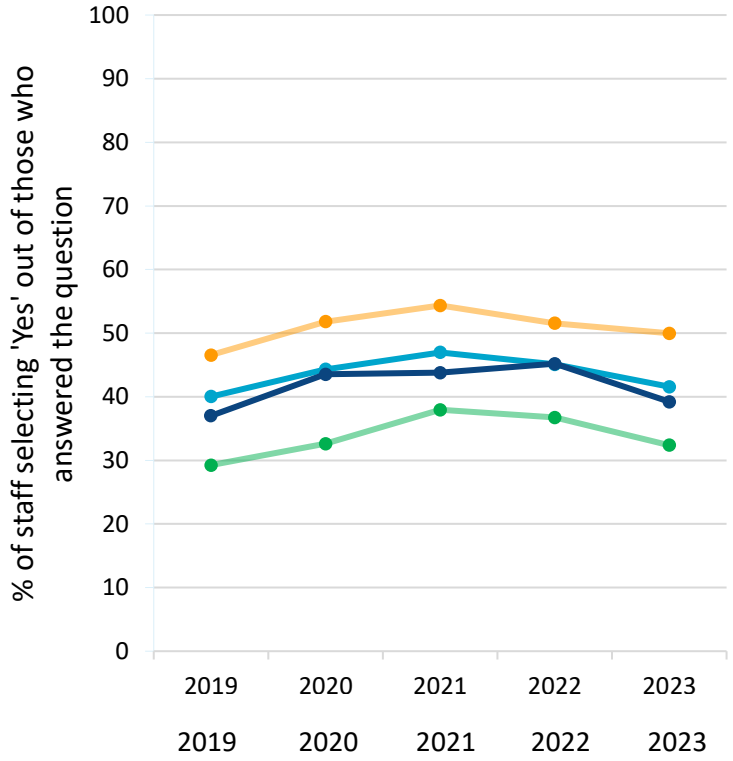
Survey Coordination Centre NHS

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



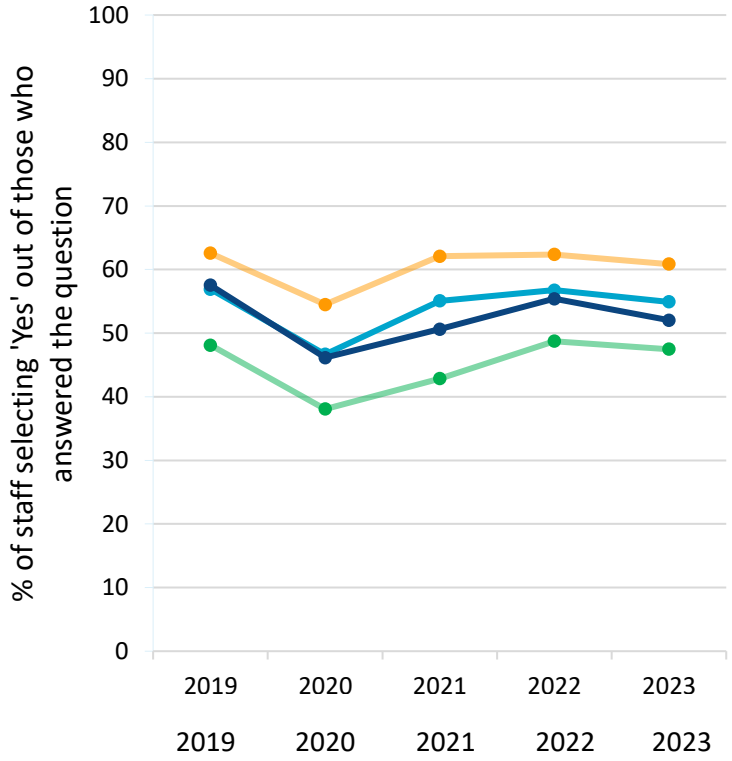
	2019	2020	2021	2022	2023
Your org	27.68%	25.66%	26.58%	26.53%	26.46%
Best result	21.38%	18.49%	21.95%	22.00%	19.59%
Average result	29.05%	28.90%	30.92%	30.62%	29.36%
Worst result	36.57%	37.76%	38.62%	38.01%	37.13%
Responses	558	535	1276	1243	1336

Q11c During the last 12 months have you felt unwell as a result of work related stress?



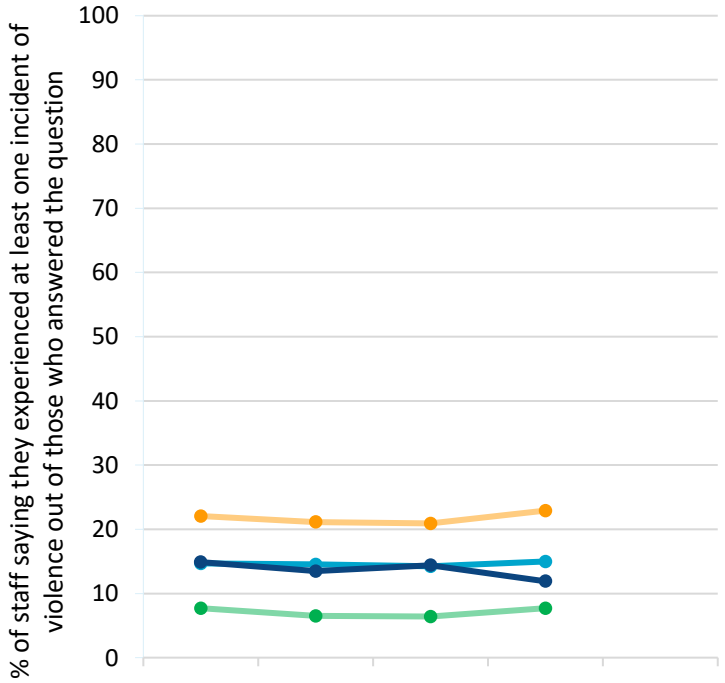
	2019	2020	2021	2022	2023
Your org	37.01%	43.52%	43.77%	45.17%	39.19%
Best result	29.25%	32.61%	37.94%	36.73%	32.39%
Average result	40.03%	44.31%	46.97%	45.09%	41.57%
Worst result	46.55%	51.81%	54.35%	51.55%	49.97%
Responses	559	536	1278	1244	1331

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



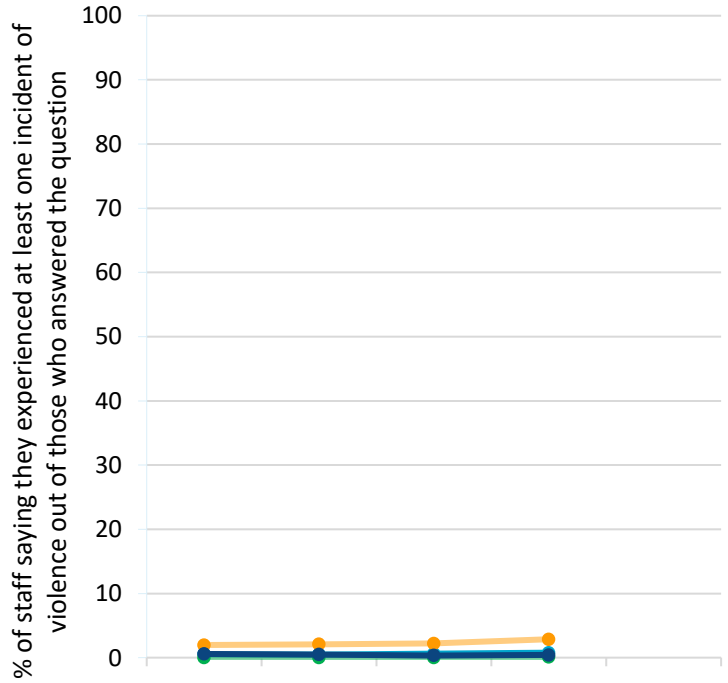
	2019	2020	2021	2022	2023
Your org	57.54%	46.14%	50.63%	55.40%	52.02%
Best result	48.09%	38.07%	42.84%	48.74%	47.48%
Average result	56.90%	46.68%	55.07%	56.76%	54.92%
Worst result	62.56%	54.49%	62.09%	62.37%	60.87%
Responses	559	532	1272	1240	1324

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



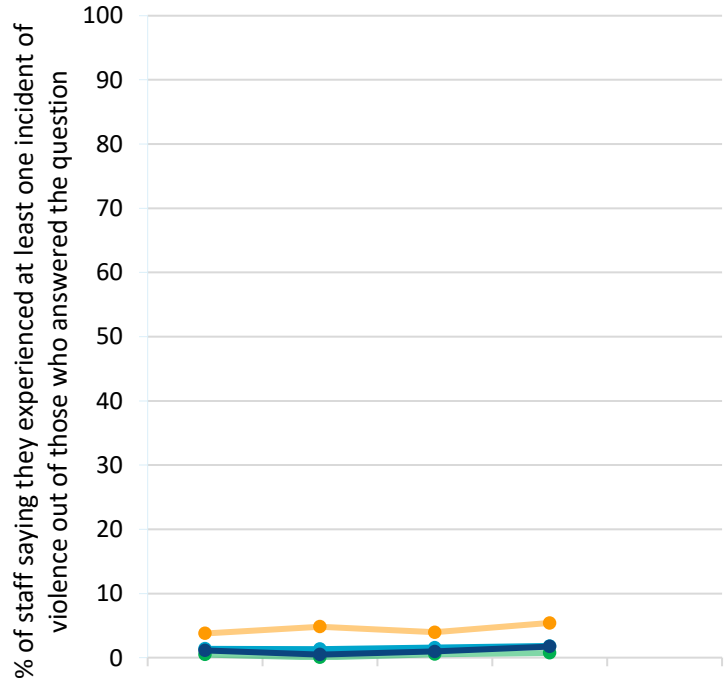
	2019	2020	2021	2022	2023
Your org	14.91%	13.48%	14.41%	11.92%	
Best result	7.71%	6.51%	6.42%	7.71%	
Average result	14.67%	14.54%	14.22%	14.98%	
Worst result	22.06%	21.14%	20.92%	22.90%	
Responses	558	535	1280	1246	

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2019	2020	2021	2022	2023
Your org	0.57%	0.50%	0.36%	0.42%	
Best result	0.00%	0.00%	0.00%	0.11%	
Average result	0.54%	0.51%	0.63%	0.79%	
Worst result	1.98%	2.11%	2.23%	2.87%	
Responses	549	535	1261	1241	

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.

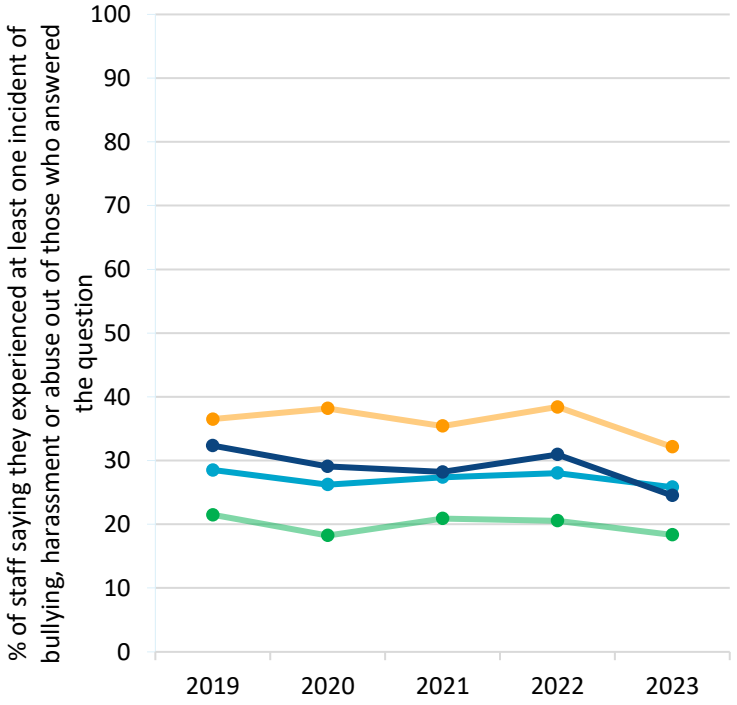


	2019	2020	2021	2022	2023
Your org	1.16%	0.50%	0.98%	1.74%	
Best result	0.52%	0.06%	0.56%	0.76%	
Average result	1.41%	1.36%	1.58%	1.82%	
Worst result	3.79%	4.85%	3.97%	5.40%	
Responses	549	536	1261	1236	

Note. 2023 results for Q13a-c have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

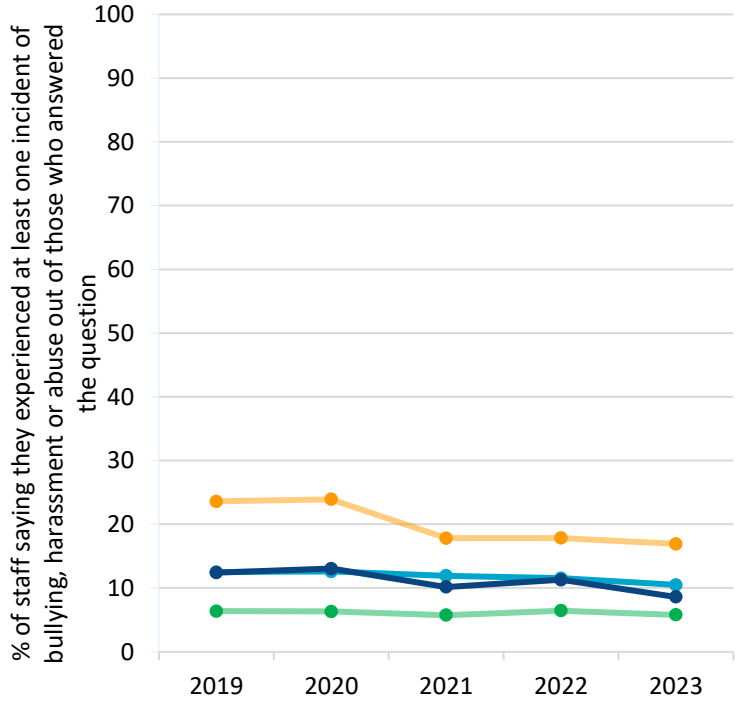
Survey Coordination Centre NHS

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



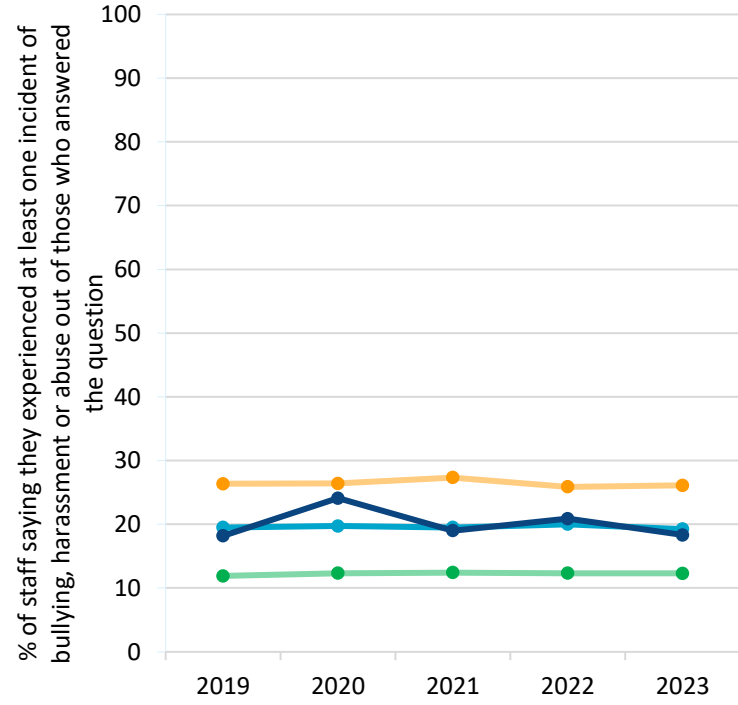
	2019	2020	2021	2022	2023
Your org	32.33%	29.05%	28.21%	30.94%	24.52%
Best result	21.48%	18.24%	20.91%	20.55%	18.33%
Average result	28.51%	26.23%	27.39%	28.03%	25.82%
Worst result	36.49%	38.19%	35.40%	38.39%	32.15%
Responses	557	531	1273	1242	1333

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



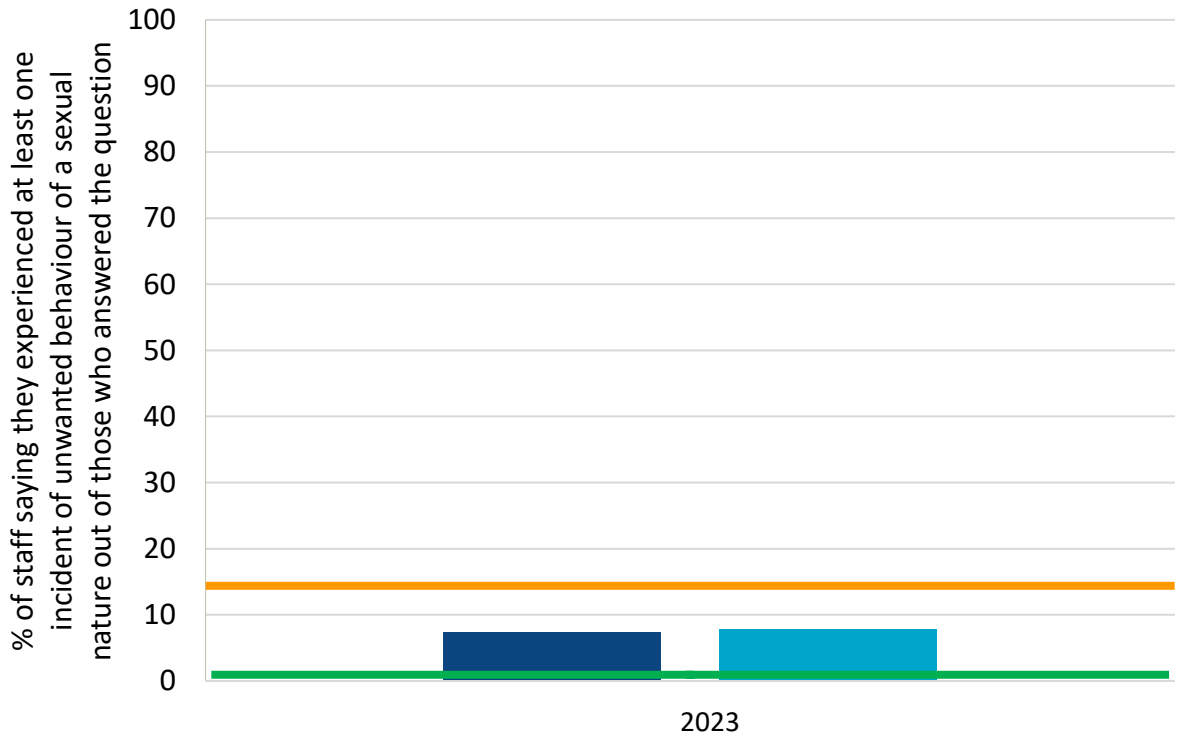
	2019	2020	2021	2022	2023
Your org	12.38%	13.04%	10.16%	11.29%	8.59%
Best result	6.37%	6.31%	5.73%	6.45%	5.78%
Average result	12.48%	12.60%	11.91%	11.55%	10.49%
Worst result	23.60%	23.90%	17.82%	17.85%	16.90%
Responses	547	532	1261	1234	1329

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



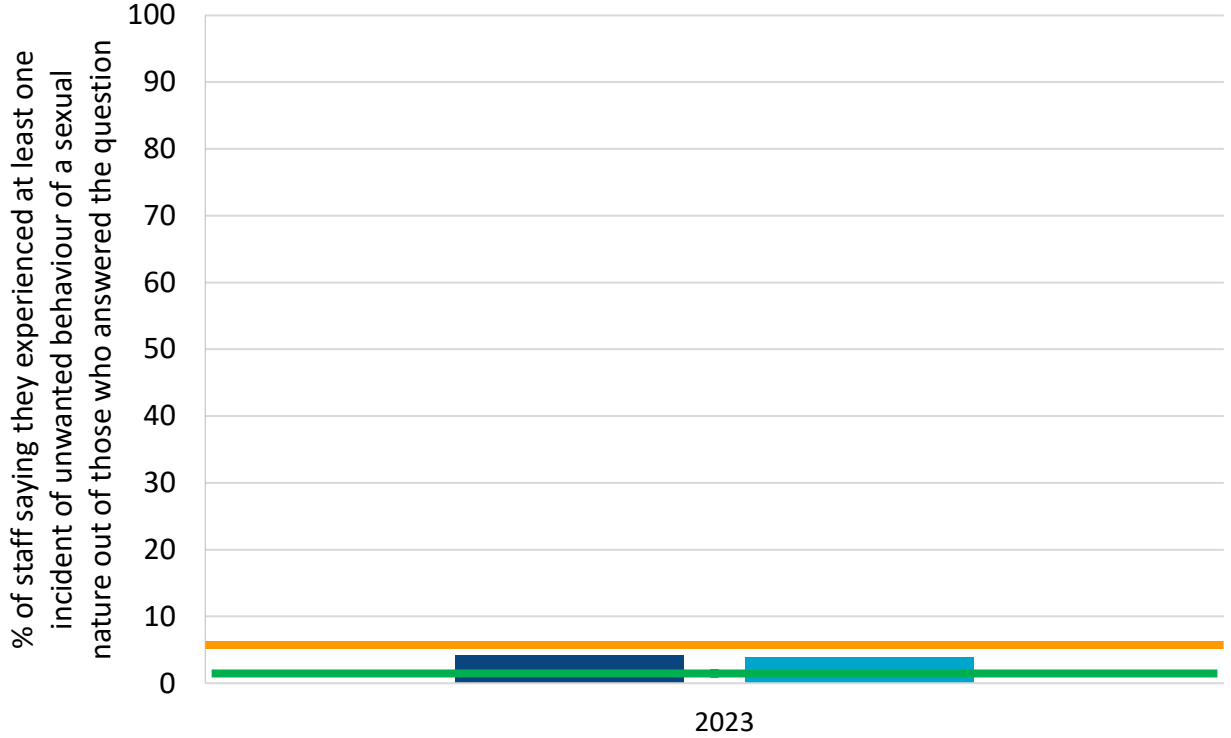
	2019	2020	2021	2022	2023
Your org	18.16%	24.09%	19.01%	20.87%	18.31%
Best result	11.88%	12.31%	12.42%	12.32%	12.30%
Average result	19.50%	19.73%	19.50%	19.99%	19.25%
Worst result	26.36%	26.39%	27.32%	25.87%	26.09%
Responses	547	529	1261	1233	1331

Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



Your org	7.41%
Best result	0.93%
Average result	7.73%
Worst result	14.39%
Responses	1341

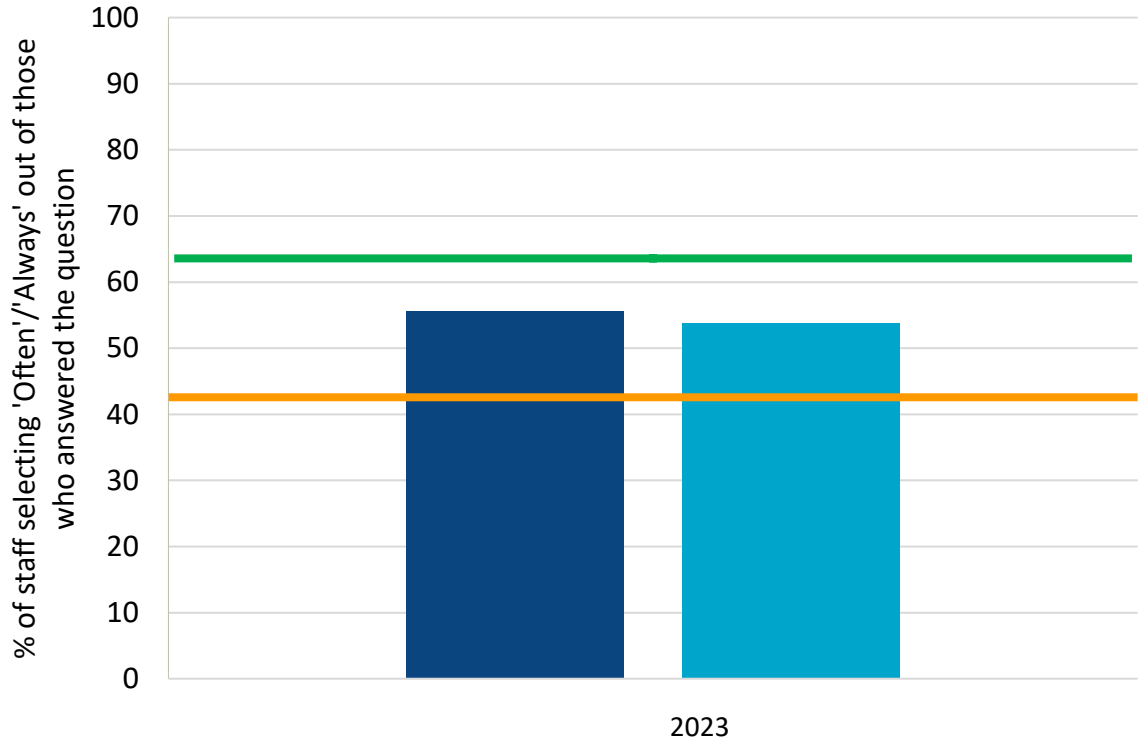
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



Your org	4.16%
Best result	1.44%
Average result	3.82%
Worst result	5.73%
Responses	1337

*These questions do not contribute towards any People Promise element score, theme score or sub-score

Q22 I can eat nutritious and affordable food while I am working



Your org	55.53%
Best result	63.59%
Average result	53.77%
Worst result	42.58%
Responses	1336

*These questions do not contribute towards any People Promise element score, theme score or sub-score

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

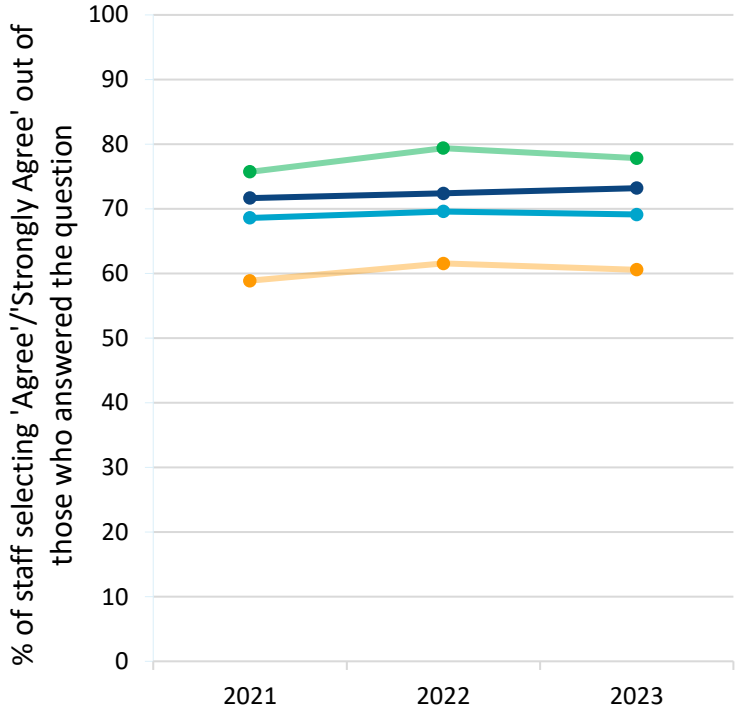
Appraisals – Q23a*, Q23b, Q23c, Q23d

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

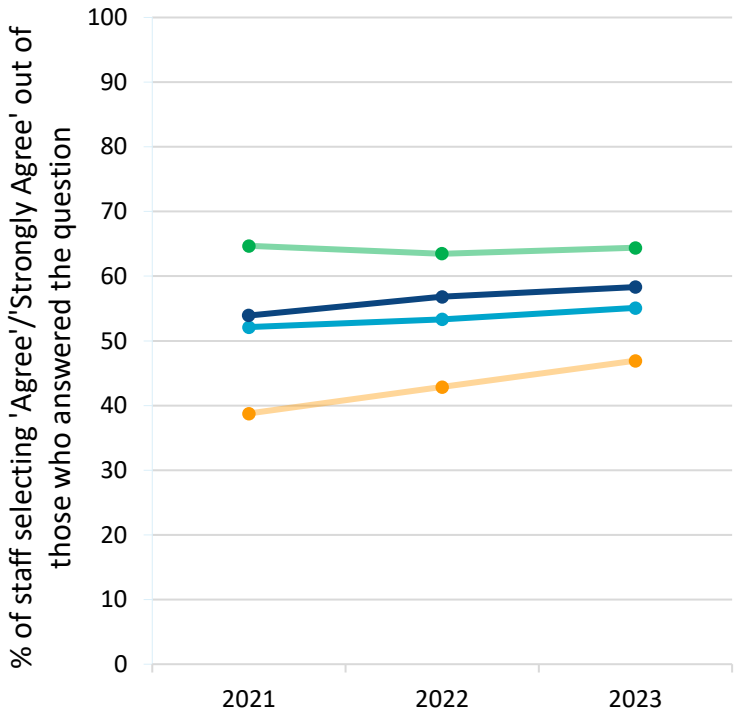
Survey Coordination Centre NHS

Q24a This organisation offers me challenging work.



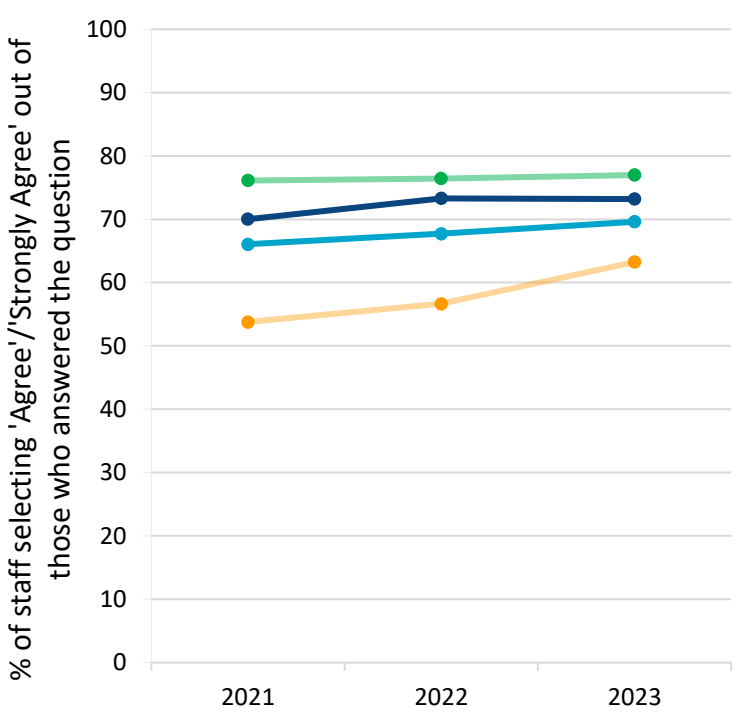
	2021	2022	2023
Your org	71.64%	72.38%	73.19%
Best result	75.71%	79.35%	77.83%
Average result	68.60%	69.57%	69.12%
Worst result	58.88%	61.55%	60.58%
Responses	1268	1248	1340

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023
Your org	53.89%	56.81%	58.34%
Best result	64.69%	63.48%	64.38%
Average result	52.12%	53.34%	55.07%
Worst result	38.74%	42.85%	46.92%
Responses	1268	1249	1340

Q24c I have opportunities to improve my knowledge and skills.

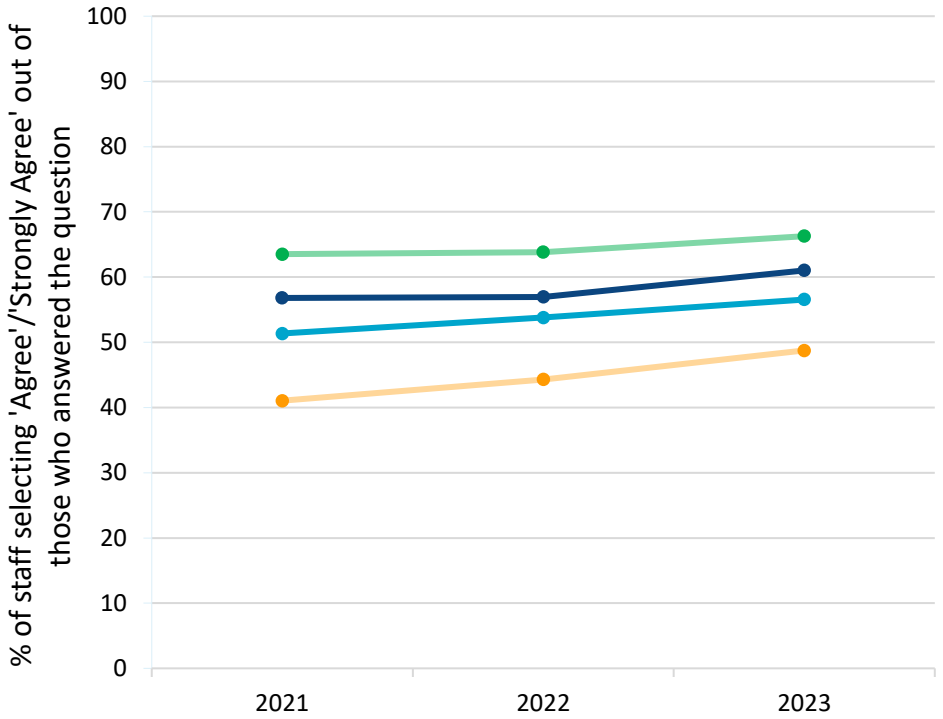


	2021	2022	2023
Your org	70.01%	73.29%	73.20%
Best result	76.13%	76.43%	76.99%
Average result	66.04%	67.72%	69.61%
Worst result	53.76%	56.66%	63.25%
Responses	1271	1248	1342

Survey Coordination Centre

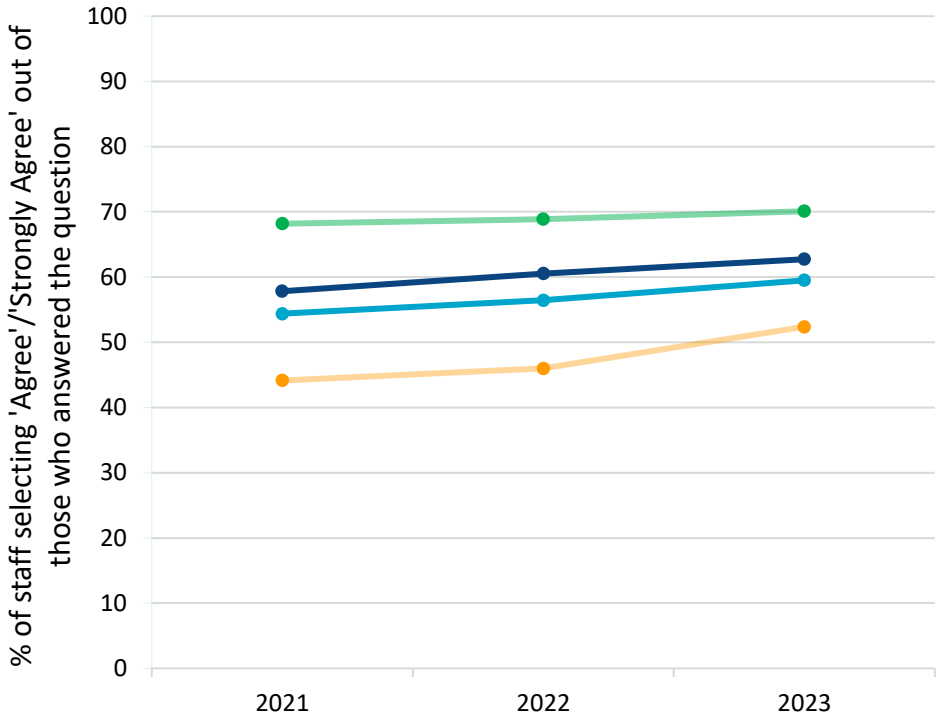
NHS

Q24d I feel supported to develop my potential.



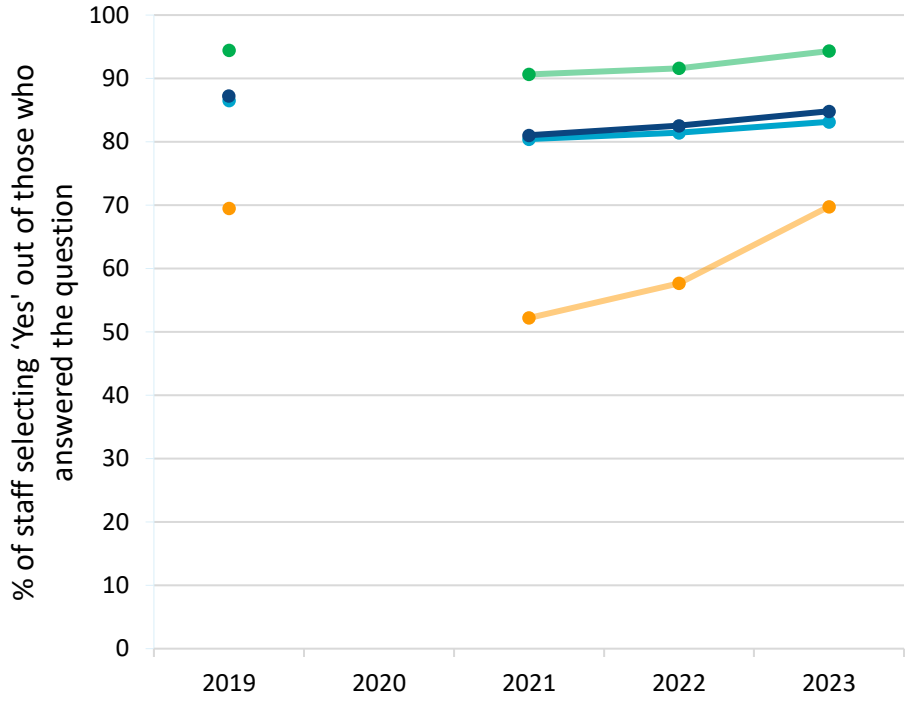
	2021	2022	2023
Your org	56.78%	56.97%	61.02%
Best result	63.51%	63.83%	66.27%
Average result	51.34%	53.79%	56.56%
Worst result	41.04%	44.30%	48.75%
Responses	1262	1249	1338

Q24e I am able to access the right learning and development opportunities when I need to.



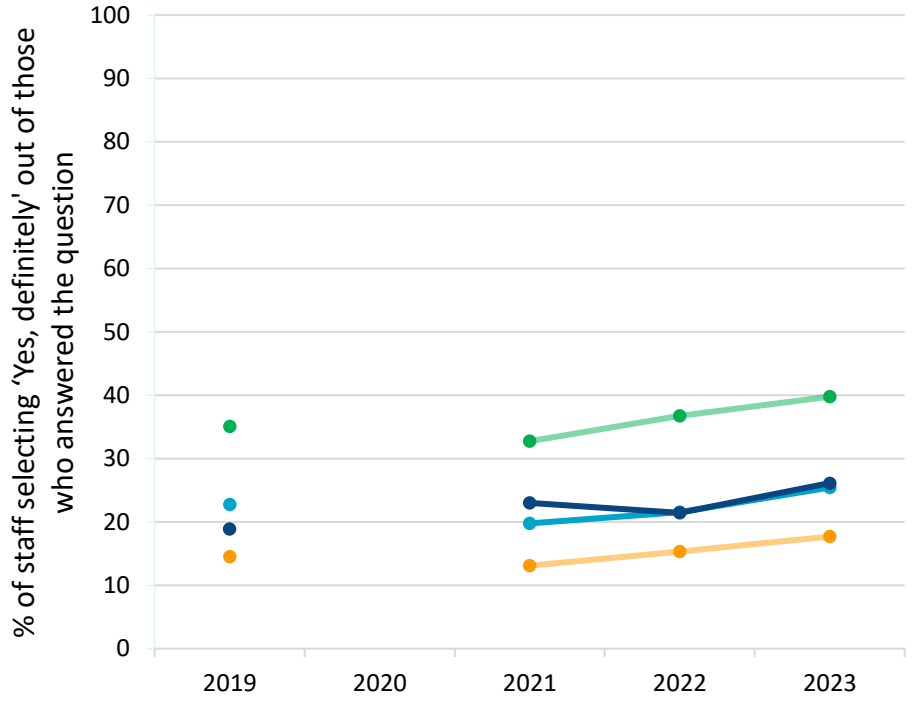
	2021	2022	2023
Your org	57.84%	60.55%	62.75%
Best result	68.20%	68.89%	70.11%
Average result	54.38%	56.44%	59.52%
Worst result	44.16%	45.98%	52.38%
Responses	1264	1242	1336

Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	87.19%	-	81.02%	82.54%	84.81%
Best result	94.45%	-	90.63%	91.59%	94.32%
Average result	86.53%	-	80.40%	81.41%	83.12%
Worst result	69.48%	-	52.20%	57.65%	69.76%
Responses	552	-	1250	1241	1339

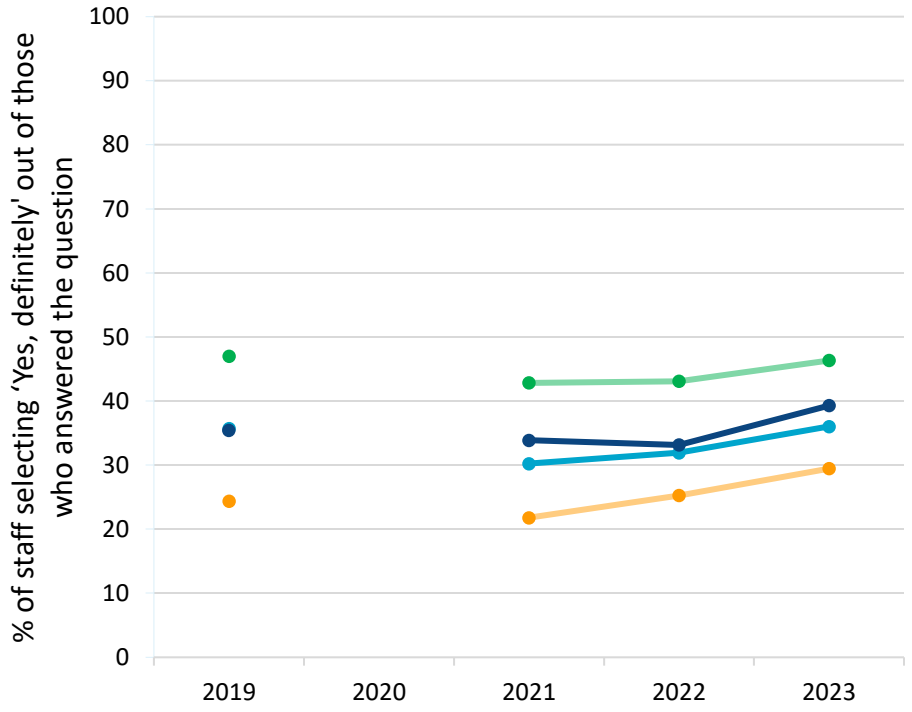
Q23b It helped me to improve how I do my job.



	2019	2020	2021	2022	2023
Your org	18.88%	-	23.01%	21.44%	26.12%
Best result	35.12%	-	32.75%	36.74%	39.78%
Average result	22.76%	-	19.79%	21.56%	25.44%
Worst result	14.56%	-	13.13%	15.33%	17.71%
Responses	476	-	1000	1026	1132

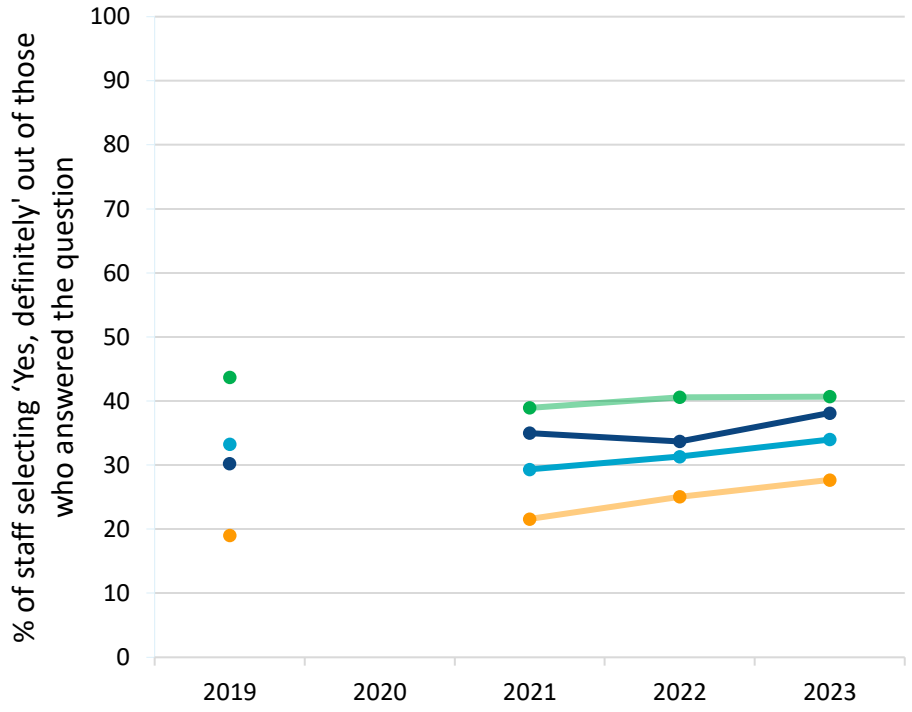
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2019	2020	2021	2022	2023
Your org	35.37%	-	33.88%	33.14%	39.28%
Best result	47.00%	-	42.85%	43.07%	46.33%
Average result	35.71%	-	30.21%	31.92%	36.02%
Worst result	24.35%	-	21.78%	25.24%	29.43%
Responses	476	-	997	1023	1125

Q23d It left me feeling that my work is valued by my organisation.

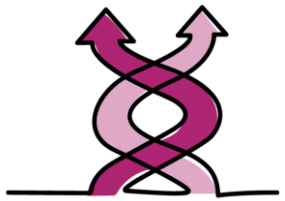


	2019	2020	2021	2022	2023
Your org	30.20%	-	35.00%	33.69%	38.10%
Best result	43.71%	-	38.94%	40.60%	40.68%
Average result	33.25%	-	29.33%	31.33%	34.00%
Worst result	18.99%	-	21.57%	25.05%	27.66%
Responses	473	-	1003	1025	1129

Survey Coordination Centre

NHS

People Promise element – We work flexibly



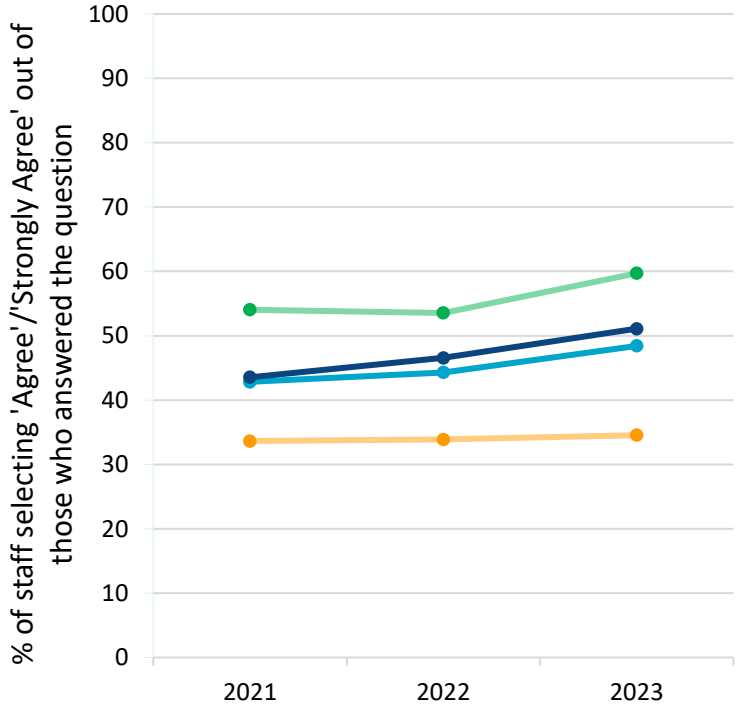
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

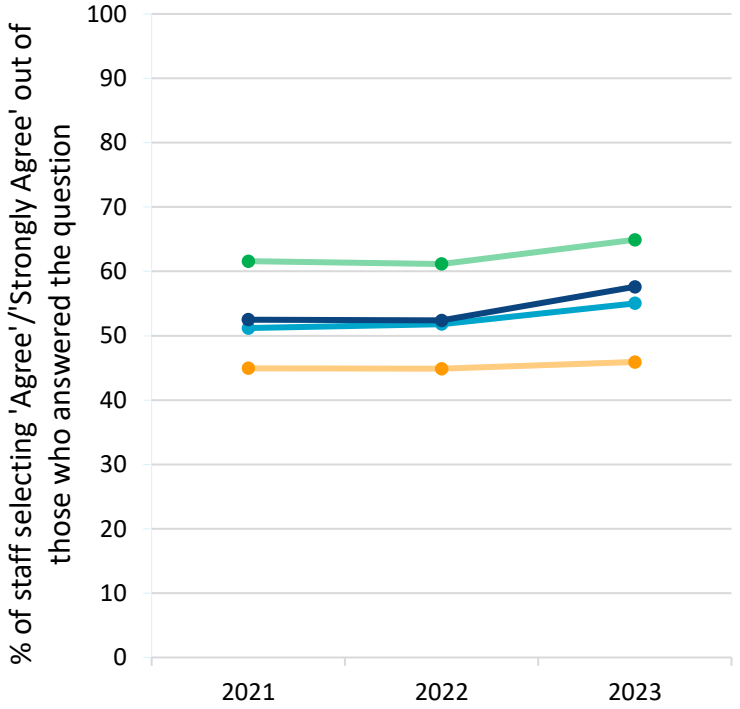
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6b My organisation is committed to helping me balance my work and home life.



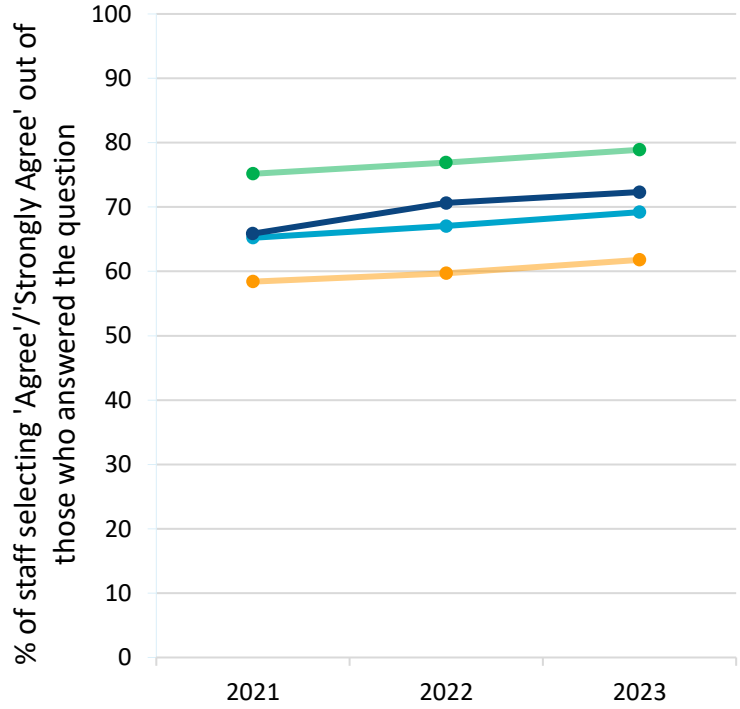
	2021	2022	2023
Your org	43.52%	46.57%	51.08%
Best result	54.04%	53.54%	59.70%
Average result	42.83%	44.29%	48.43%
Worst result	33.62%	33.88%	34.55%
Responses	1280	1247	1346

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023
Your org	52.51%	52.38%	57.61%
Best result	61.58%	61.15%	64.91%
Average result	51.19%	51.81%	55.04%
Worst result	44.93%	44.86%	45.92%
Responses	1276	1246	1344

Q6d I can approach my immediate manager to talk openly about flexible working.

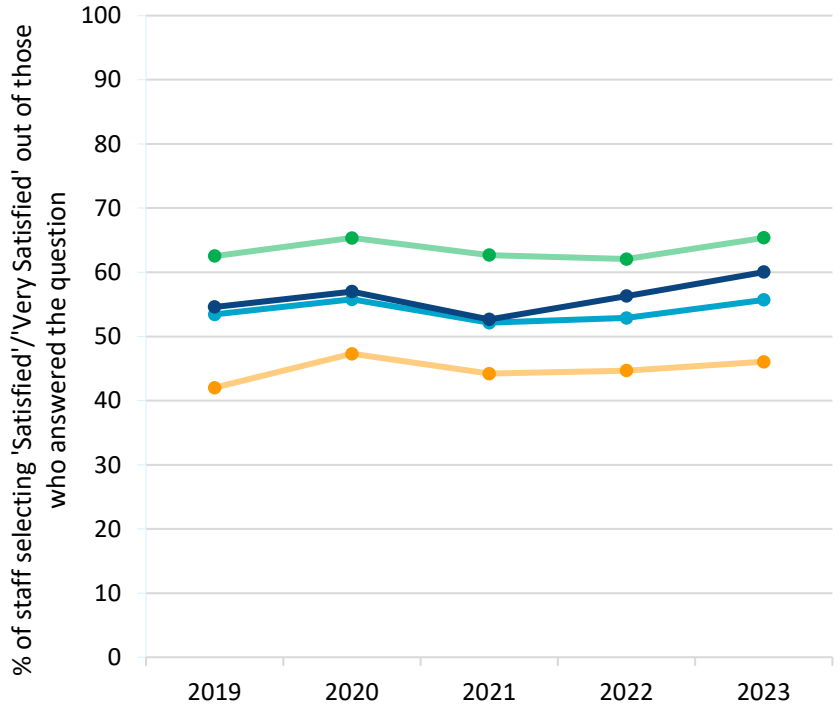


	2021	2022	2023
Your org	65.86%	70.63%	72.32%
Best result	75.18%	76.88%	78.91%
Average result	65.22%	67.05%	69.22%
Worst result	58.41%	59.70%	61.81%
Responses	1274	1245	1350

Survey Coordination Centre

NHS

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

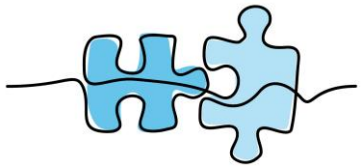


	2019	2020	2021	2022	2023
Your org	54.59%	57.00%	52.65%	56.30%	60.05%
Best result	62.54%	65.35%	62.69%	62.05%	65.39%
Average result	53.43%	55.77%	52.13%	52.89%	55.70%
Worst result	42.02%	47.31%	44.22%	44.69%	46.05%
Responses	561	538	1273	1244	1343

Survey Coordination Centre

NHS

People Promise element – We are a team



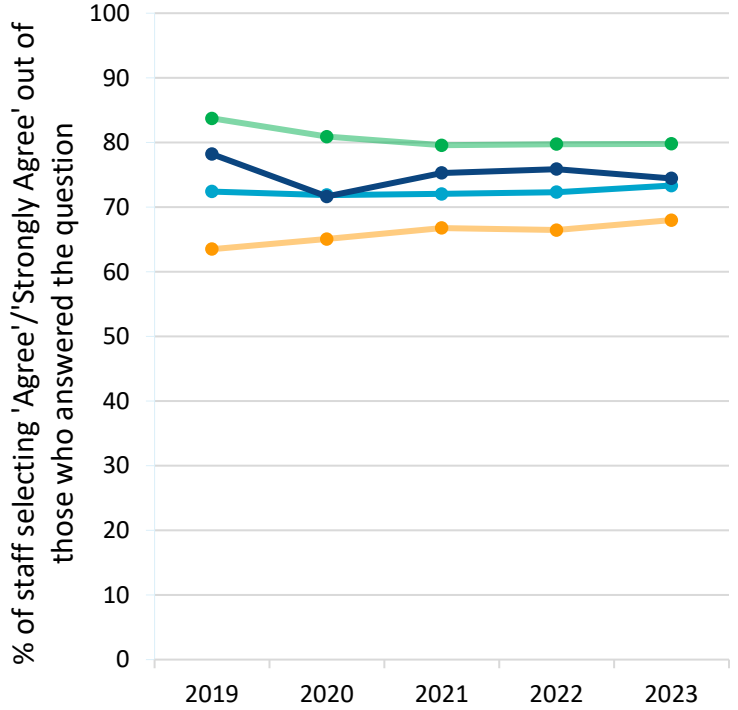
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

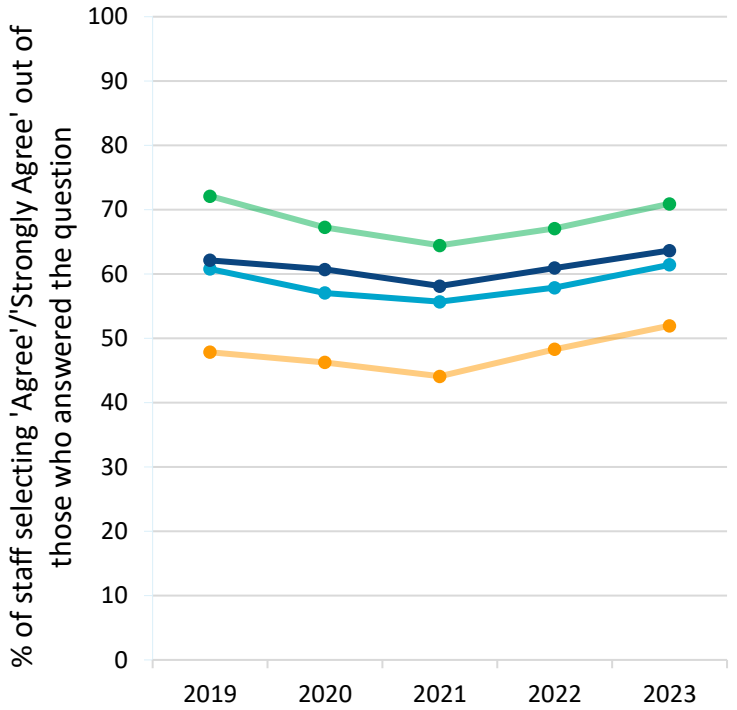
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q7a The team I work in has a set of shared objectives.



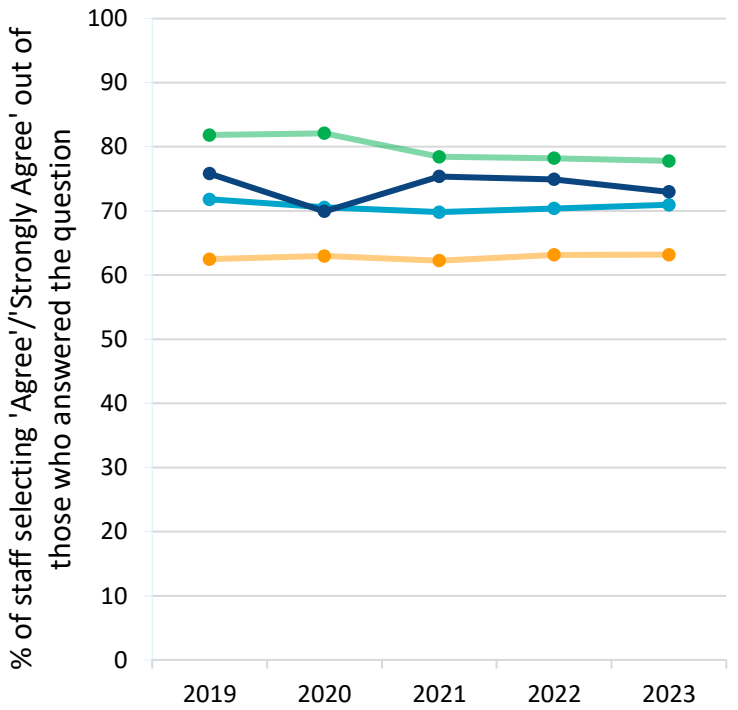
	2019	2020	2021	2022	2023
Your org	78.23%	71.66%	75.30%	75.89%	74.45%
Best result	83.74%	80.91%	79.58%	79.76%	79.81%
Average result	72.42%	71.88%	72.05%	72.32%	73.34%
Worst result	63.51%	65.07%	66.78%	66.46%	68.00%
Responses	561	534	1275	1245	1347

Q7b The team I work in often meets to discuss the team's effectiveness.



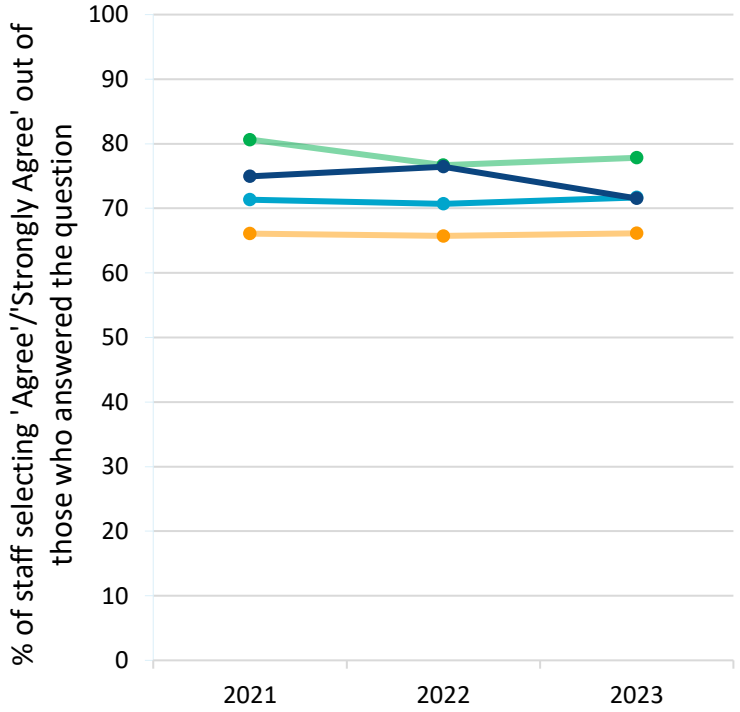
	2019	2020	2021	2022	2023
Your org	62.13%	60.72%	58.12%	60.94%	63.65%
Best result	72.10%	67.26%	64.44%	67.09%	70.92%
Average result	60.78%	57.06%	55.69%	57.87%	61.43%
Worst result	47.86%	46.25%	44.09%	48.30%	51.95%
Responses	562	538	1274	1243	1347

Q7c I receive the respect I deserve from my colleagues at work.



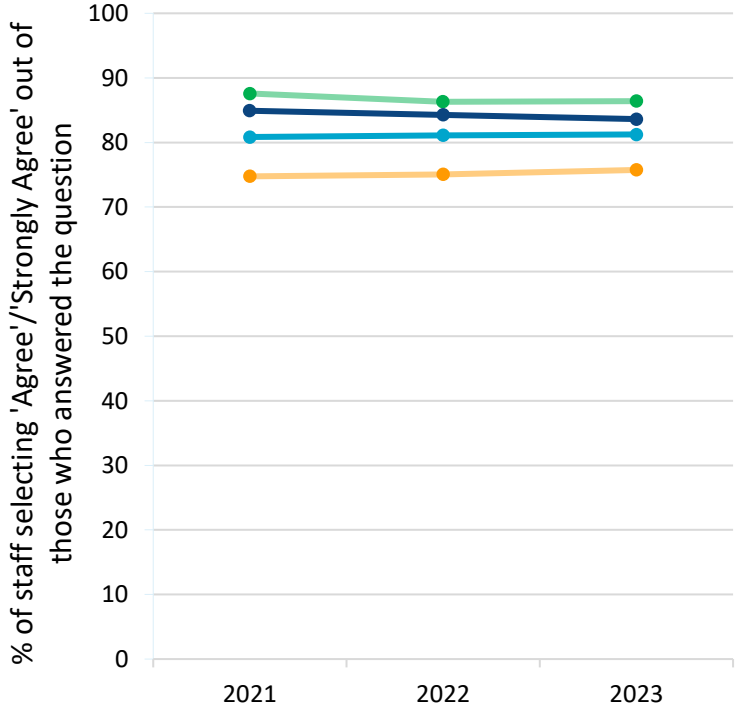
	2019	2020	2021	2022	2023
Your org	75.82%	69.93%	75.38%	74.91%	72.98%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	560	537	1277	1245	1349

Q7d Team members understand each other's roles.



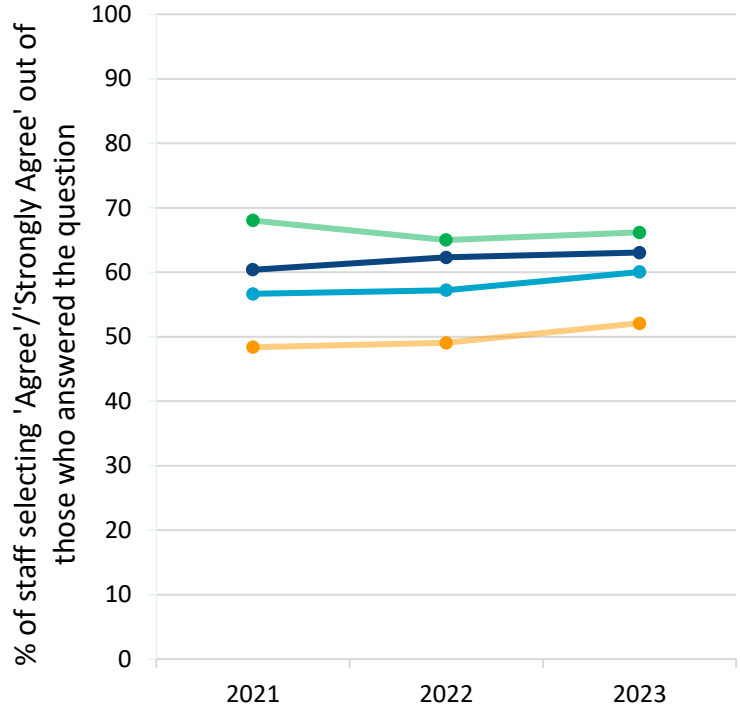
	2021	2022	2023
Your org	74.94%	76.44%	71.54%
Best result	80.62%	76.69%	77.83%
Average result	71.35%	70.69%	71.68%
Worst result	66.09%	65.73%	66.13%
Responses	1273	1245	1346

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023
Your org	84.89%	84.27%	83.62%
Best result	87.58%	86.31%	86.41%
Average result	80.85%	81.10%	81.23%
Worst result	74.77%	75.07%	75.77%
Responses	1271	1244	1350

Q7f My team has enough freedom in how to do its work.

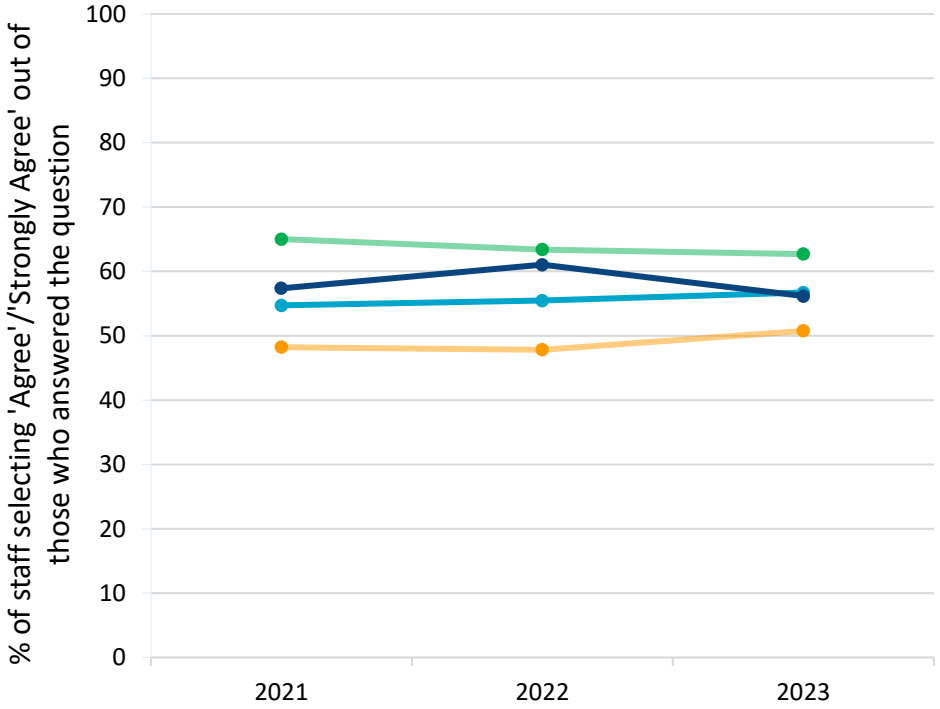


	2021	2022	2023
Your org	60.40%	62.31%	63.04%
Best result	68.05%	64.98%	66.18%
Average result	56.64%	57.22%	60.06%
Worst result	48.40%	49.06%	52.08%
Responses	1272	1241	1344

Survey Coordination Centre

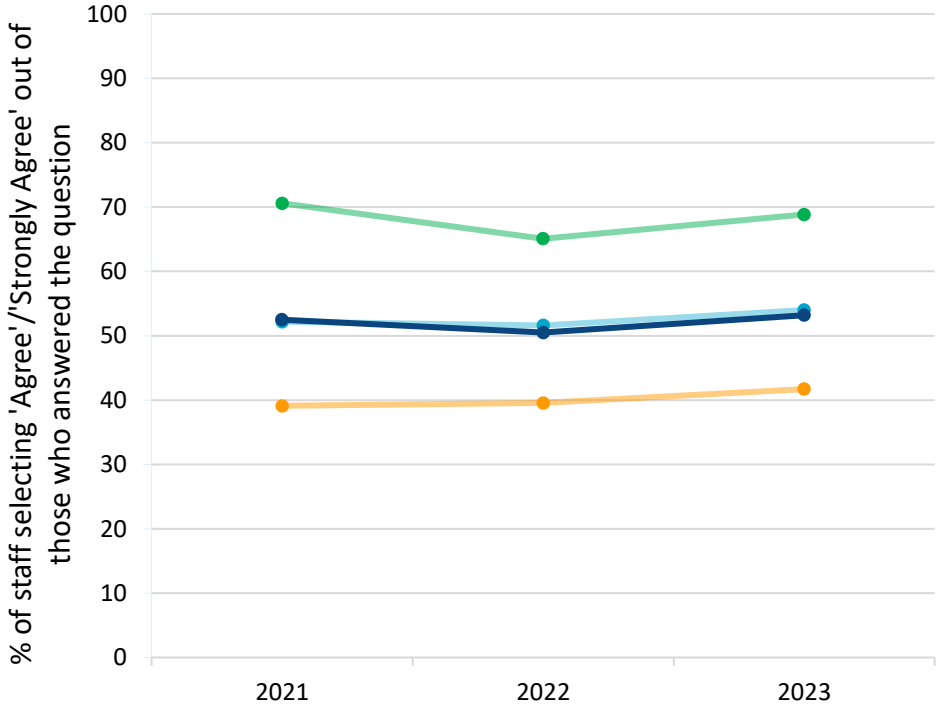
NHS

Q7g In my team disagreements are dealt with constructively.



	2021	2022	2023
Your org	57.37%	61.02%	56.16%
Best result	65.00%	63.36%	62.70%
Average result	54.72%	55.46%	56.71%
Worst result	48.24%	47.83%	50.76%
Responses	1271	1241	1347

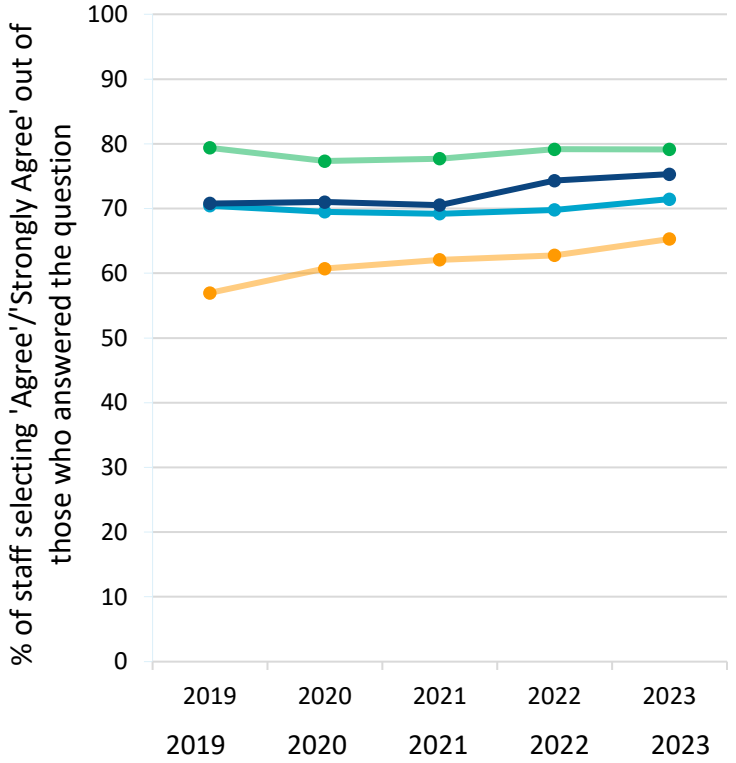
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023
Your org	52.51%	50.49%	53.20%
Best result	70.58%	65.06%	68.83%
Average result	52.17%	51.61%	54.00%
Worst result	39.09%	39.54%	41.71%
Responses	1272	1245	1343

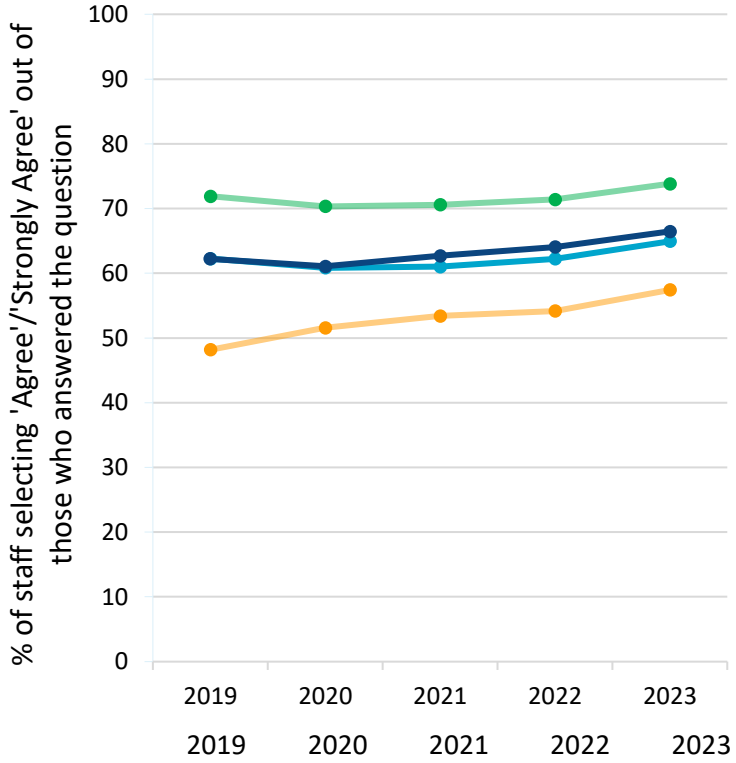
Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



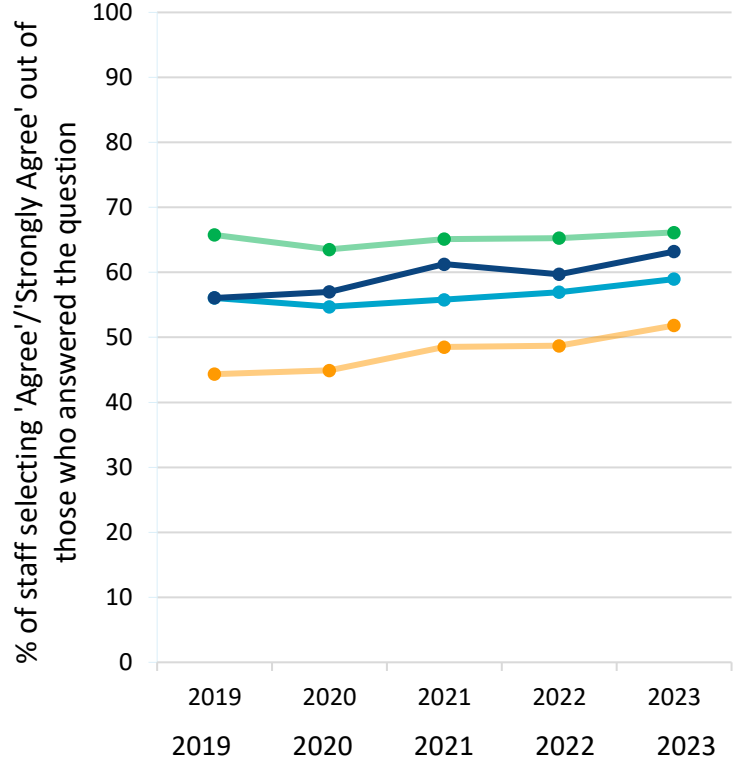
	2019	2020	2021	2022	2023
Your org	70.76%	71.00%	70.54%	74.33%	75.31%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	557	537	1279	1244	1347

Q9b My immediate manager gives me clear feedback on my work.



	2019	2020	2021	2022	2023
Your org	62.22%	61.06%	62.71%	64.06%	66.44%
Best result	71.89%	70.33%	70.57%	71.39%	73.81%
Average result	62.26%	60.85%	61.01%	62.21%	64.96%
Worst result	48.18%	51.57%	53.40%	54.16%	57.43%
Responses	557	537	1276	1243	1349

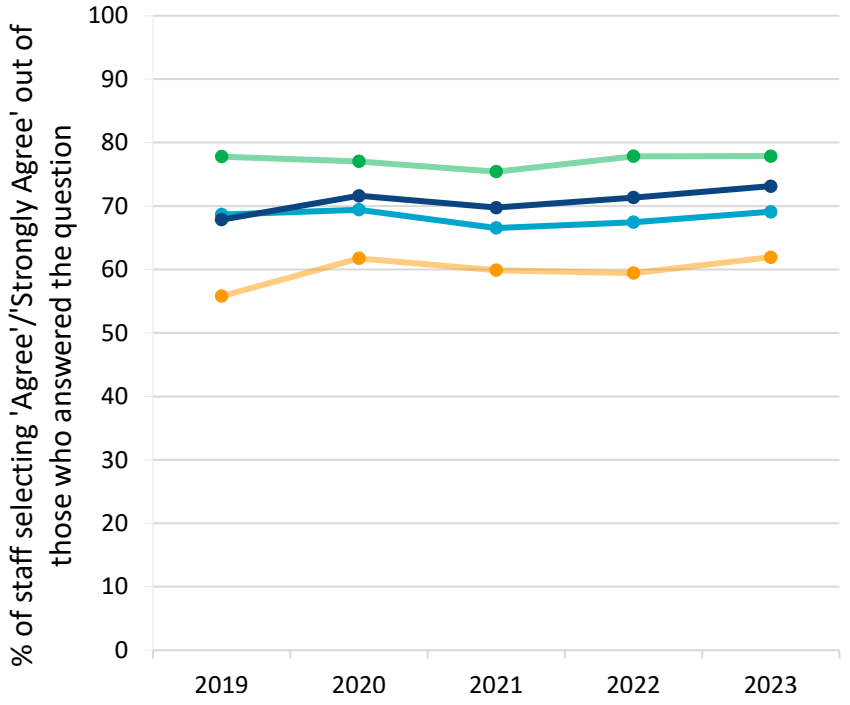
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2019	2020	2021	2022	2023
Your org	56.04%	57.01%	61.27%	59.70%	63.20%
Best result	65.77%	63.52%	65.12%	65.27%	66.13%
Average result	56.07%	54.71%	55.78%	56.95%	58.97%
Worst result	44.34%	44.91%	48.51%	48.70%	51.84%
Responses	557	535	1275	1245	1347

Survey Coordination Centre NHS

Q9d My immediate manager takes a positive interest in my health and well-being.



	2019	2020	2021	2022	2023
Your org	67.84%	71.61%	69.75%	71.32%	73.13%
Best result	77.80%	77.02%	75.43%	77.84%	77.87%
Average result	68.65%	69.43%	66.55%	67.45%	69.10%
Worst result	55.79%	61.76%	59.90%	59.42%	61.93%
Responses	557	537	1277	1244	1349

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

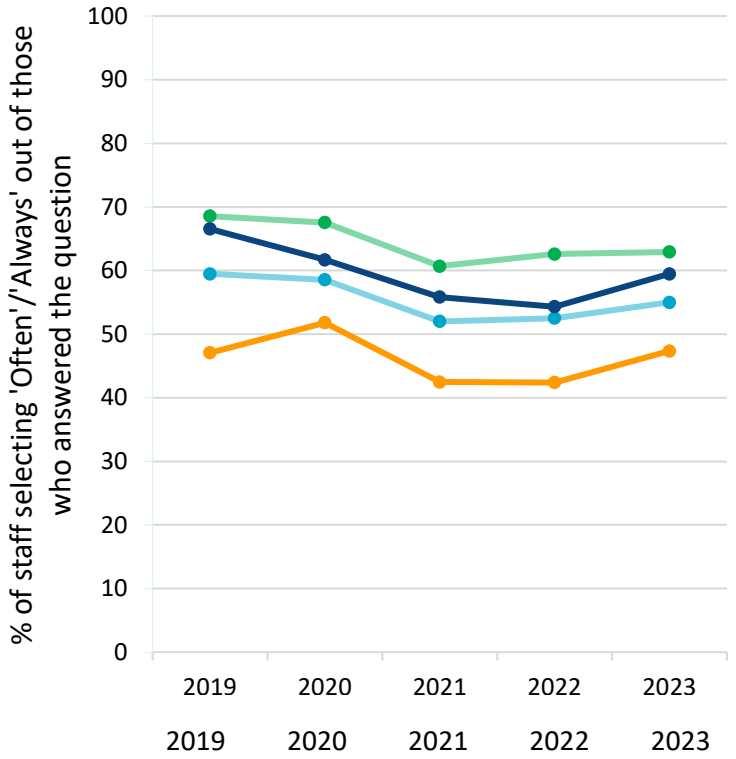
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

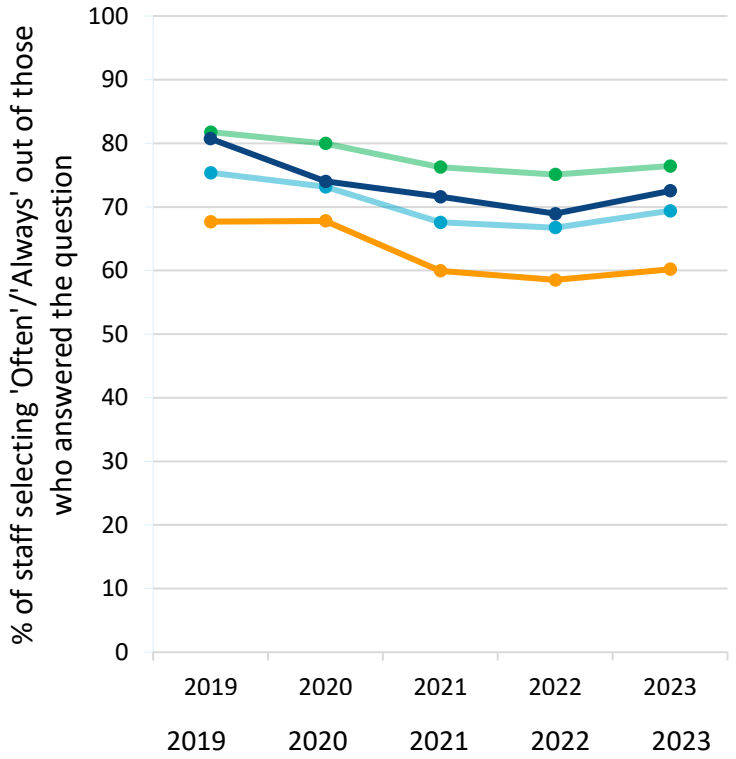
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



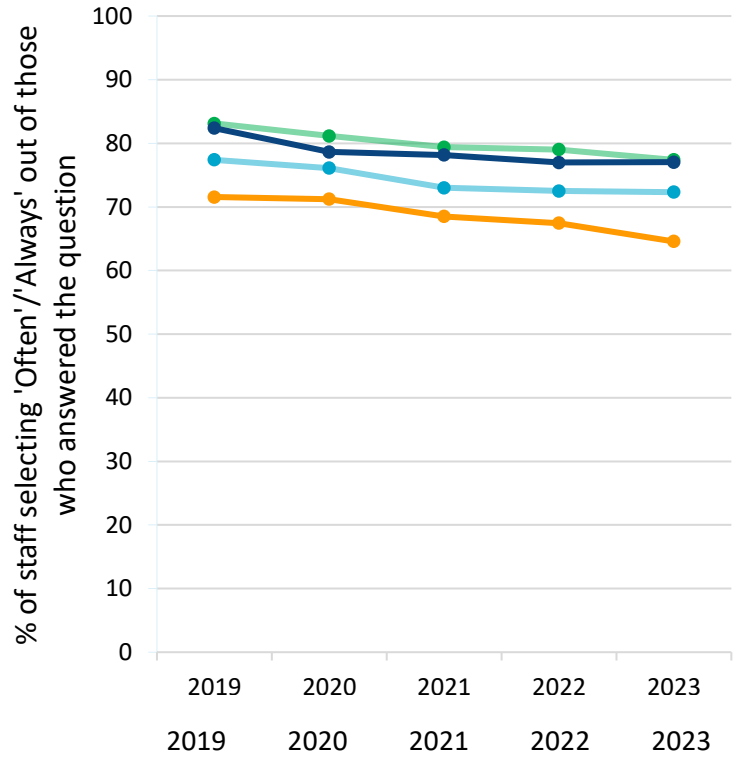
	2019	2020	2021	2022	2023
Your org	66.52%	61.69%	55.83%	54.33%	59.47%
Best result	68.55%	67.55%	60.68%	62.60%	62.92%
Average result	59.47%	58.55%	52.01%	52.49%	55.00%
Worst result	47.07%	51.81%	42.48%	42.39%	47.34%
Responses	561	540	1272	1240	1343

Q2b I am enthusiastic about my job.



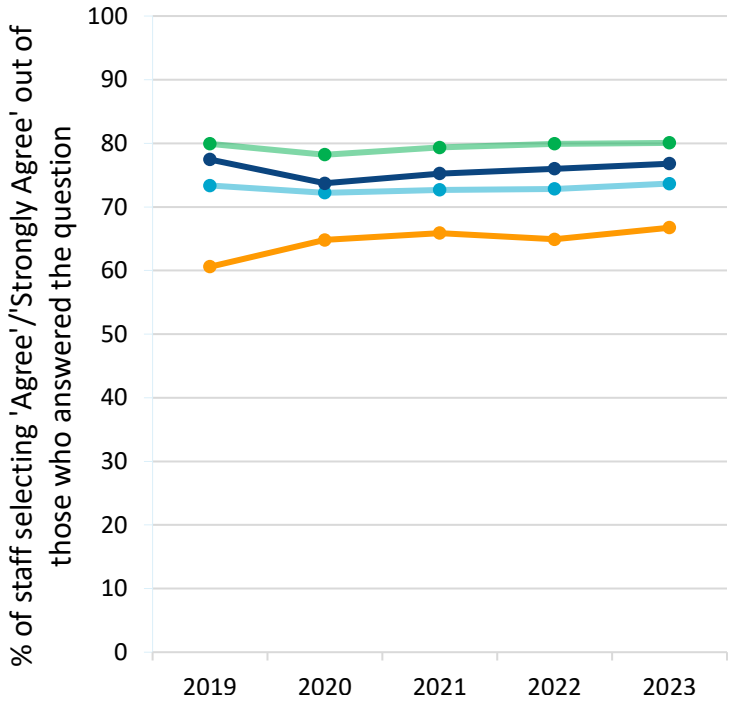
	2019	2020	2021	2022	2023
Your org	80.73%	74.02%	71.59%	68.94%	72.54%
Best result	81.75%	79.97%	76.25%	75.09%	76.43%
Average result	75.37%	73.16%	67.57%	66.74%	69.39%
Worst result	67.68%	67.81%	59.95%	58.50%	60.20%
Responses	557	536	1268	1237	1343

Q2c Time passes quickly when I am working.



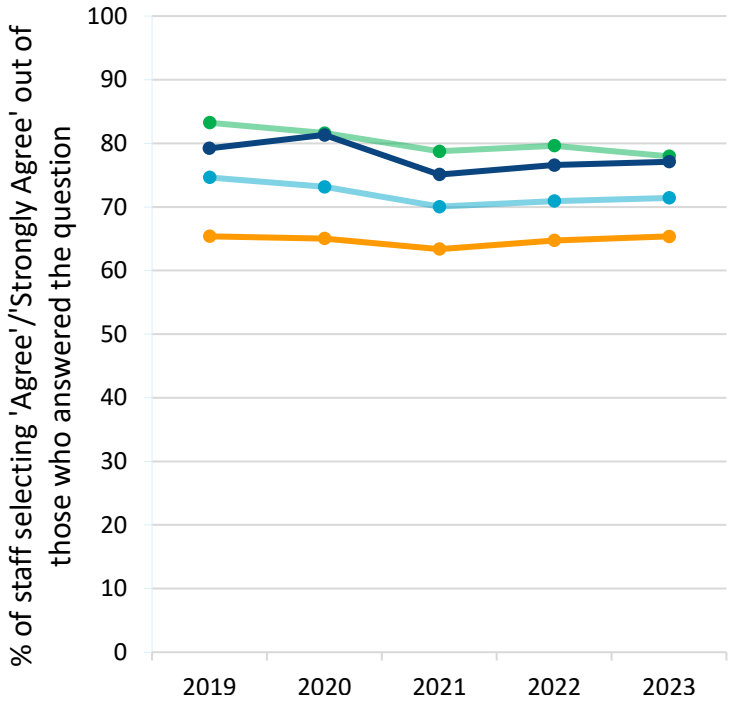
	2019	2020	2021	2022	2023
Your org	82.37%	78.65%	78.17%	76.99%	77.04%
Best result	83.13%	81.17%	79.41%	79.01%	77.42%
Average result	77.41%	76.10%	73.00%	72.50%	72.33%
Worst result	71.54%	71.21%	68.52%	67.44%	64.58%
Responses	554	534	1269	1237	1342

Q3c There are frequent opportunities for me to show initiative in my role.



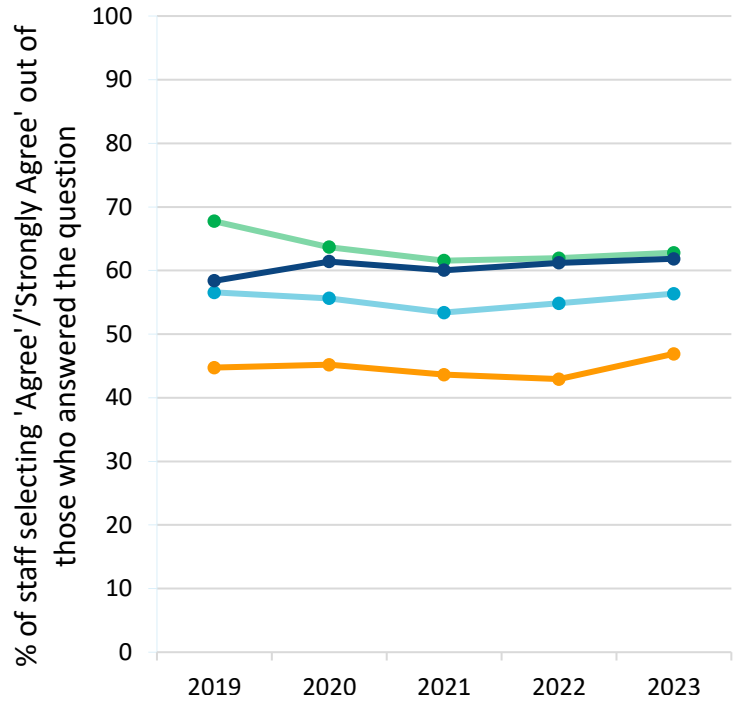
	2019	2020	2021	2022	2023
Your org	77.45%	73.70%	75.23%	75.99%	76.79%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	562	539	1273	1239	1348

Q3d I am able to make suggestions to improve the work of my team / department.



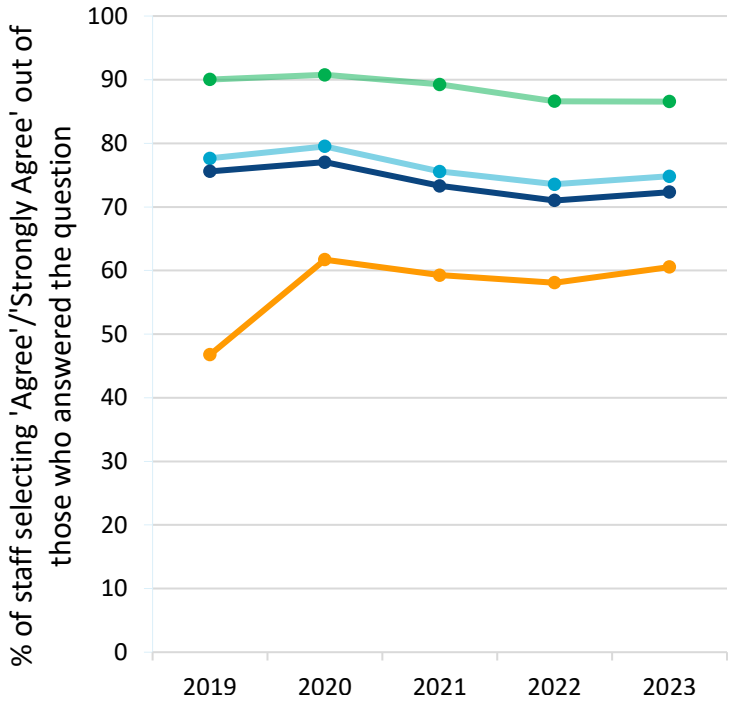
	2019	2020	2021	2022	2023
Your org	79.20%	81.30%	75.08%	76.57%	77.10%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	562	536	1275	1242	1341

Q3f I am able to make improvements happen in my area of work.



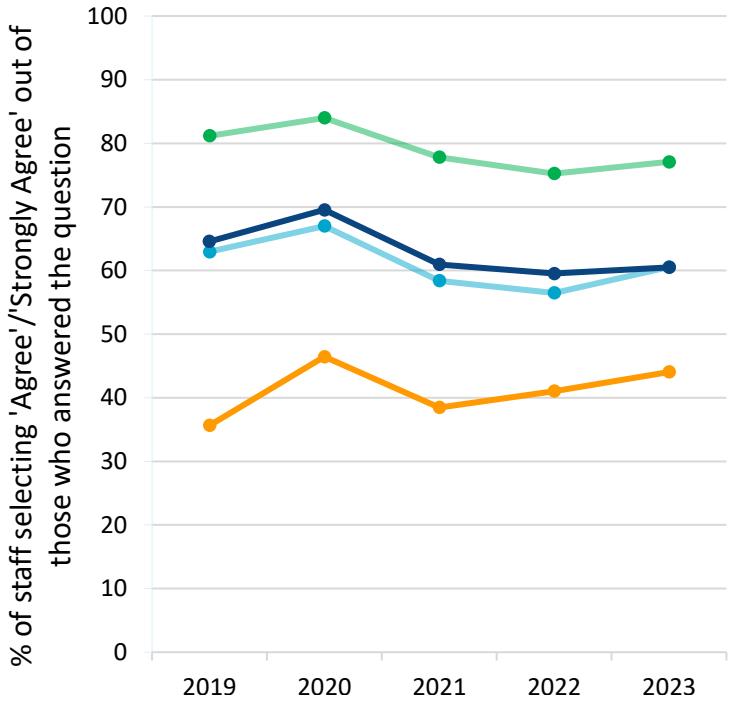
	2019	2020	2021	2022	2023
Your org	58.37%	61.41%	60.05%	61.22%	61.83%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	560	539	1276	1243	1343

Q25a Care of patients / service users is my organisation's top priority.



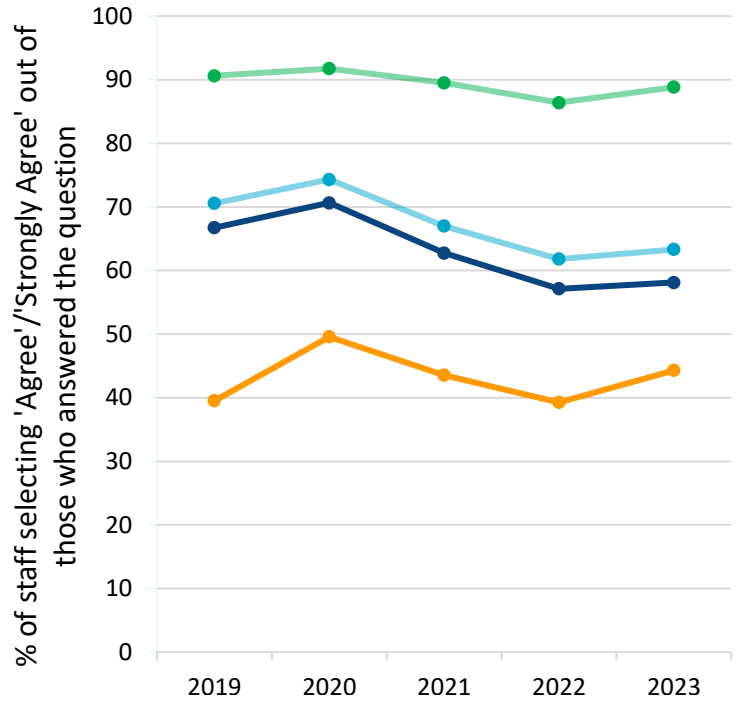
	2019	2020	2021	2022	2023
Your org	75.61%	77.02%	73.32%	71.03%	72.32%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	552	538	1272	1244	1341

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	64.59%	69.53%	60.97%	59.52%	60.52%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	551	538	1269	1242	1341

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	66.73%	70.64%	62.73%	57.13%	58.10%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	550	538	1264	1242	1337

Survey Coordination Centre

NHS

Theme - Morale

Questions included:

Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

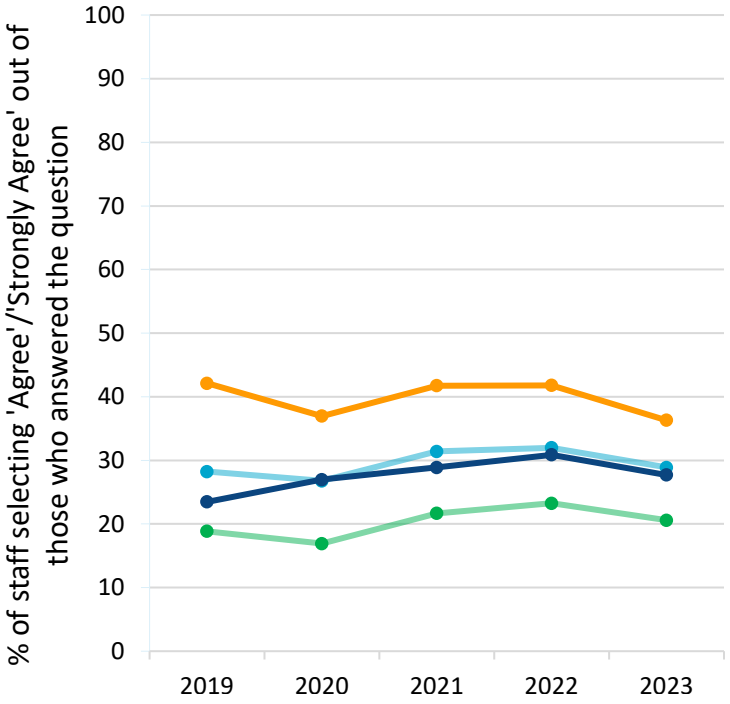
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

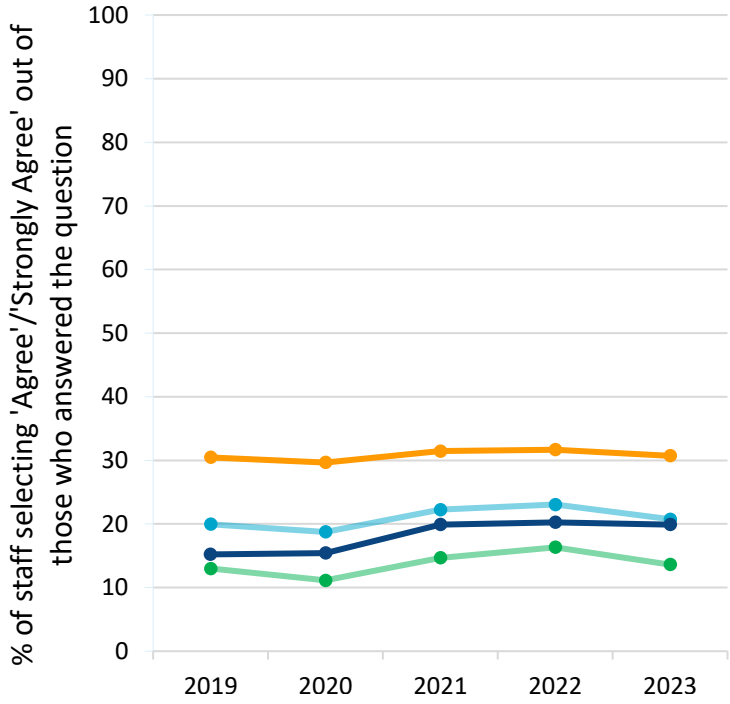
NHS

Q26a I often think about leaving this organisation.



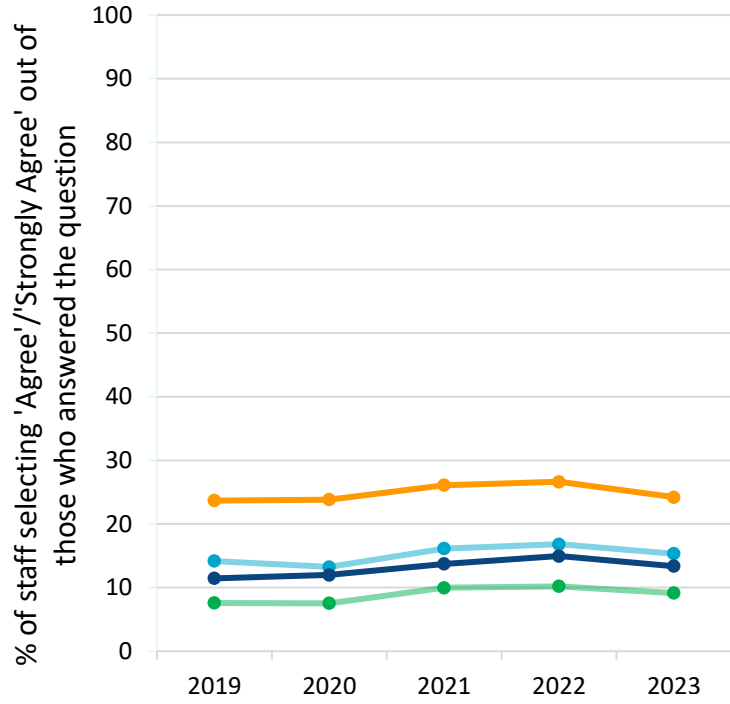
	2019	2020	2021	2022	2023
Your org	23.44%	26.96%	28.88%	30.88%	27.71%
Best result	18.85%	16.90%	21.67%	23.25%	20.57%
Average result	28.22%	26.78%	31.40%	31.98%	28.89%
Worst result	42.13%	36.96%	41.75%	41.80%	36.31%
Responses	551	536	1270	1249	1340

Q26b I will probably look for a job at a new organisation in the next 12 months.



	2019	2020	2021	2022	2023
Your org	15.22%	15.43%	19.92%	20.27%	19.90%
Best result	12.98%	11.12%	14.66%	16.34%	13.63%
Average result	19.95%	18.76%	22.23%	23.05%	20.74%
Worst result	30.46%	29.66%	31.44%	31.68%	30.73%
Responses	551	537	1266	1245	1337

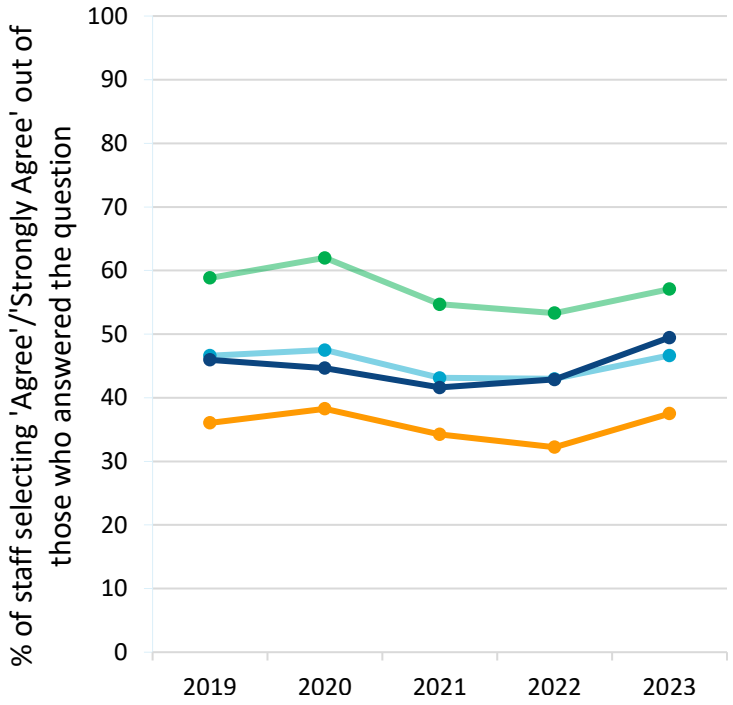
Q26c As soon as I can find another job, I will leave this organisation.



	2019	2020	2021	2022	2023
Your org	11.43%	11.97%	13.71%	14.95%	13.37%
Best result	7.58%	7.52%	9.98%	10.19%	9.13%
Average result	14.18%	13.25%	16.14%	16.82%	15.32%
Worst result	23.67%	23.82%	26.10%	26.61%	24.21%
Responses	551	535	1262	1247	1331

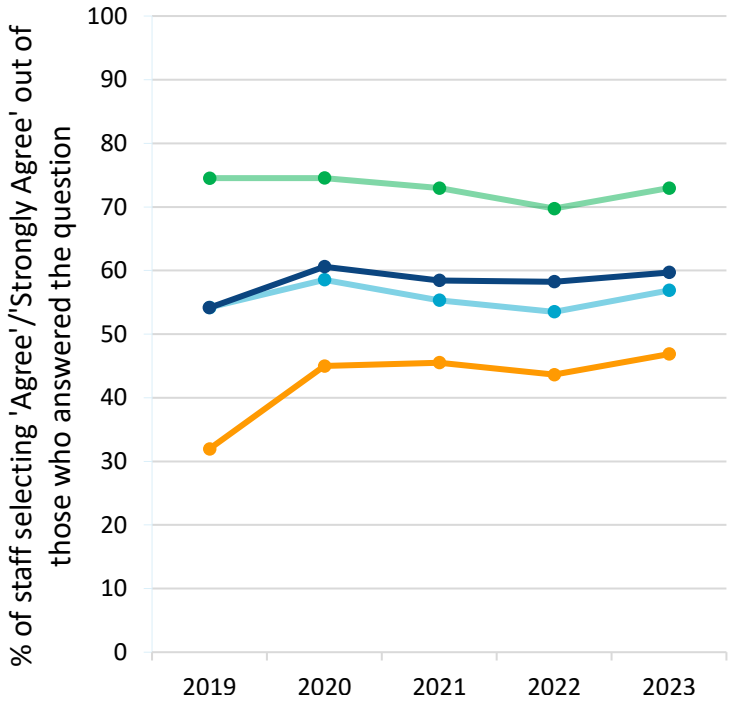
Survey Coordination Centre NHS

Q3g I am able to meet all the conflicting demands on my time at work.



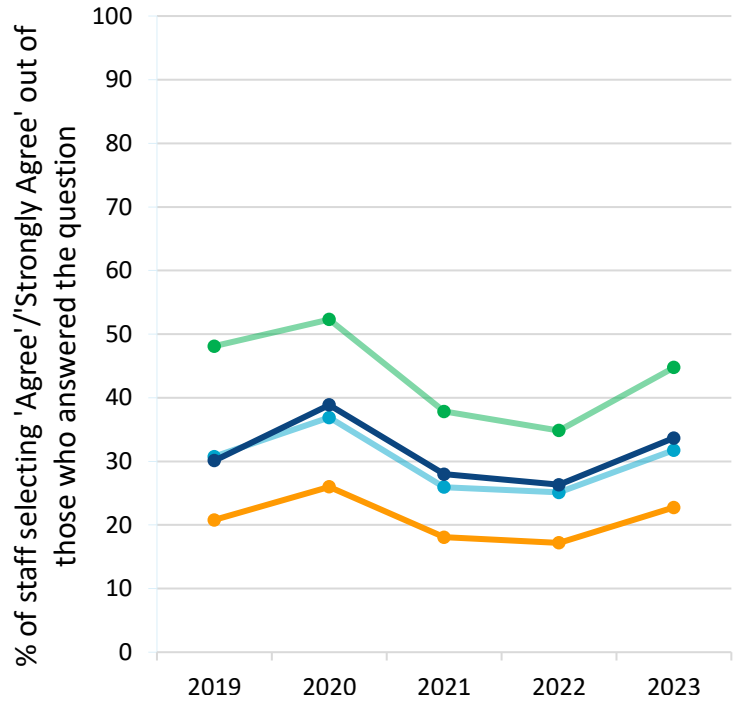
	2019	2020	2021	2022	2023
Your org	45.94%	44.65%	41.61%	42.87%	49.45%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	561	536	1270	1242	1338

Q3h I have adequate materials, supplies and equipment to do my work.



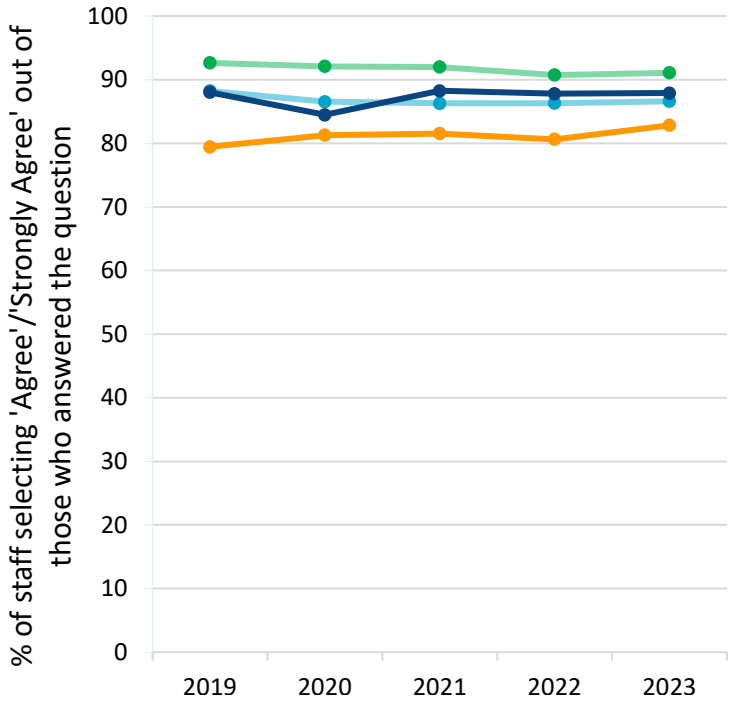
	2019	2020	2021	2022	2023
Your org	54.16%	60.59%	58.43%	58.24%	59.70%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	562	536	1275	1239	1338

Q3i There are enough staff at this organisation for me to do my job properly.



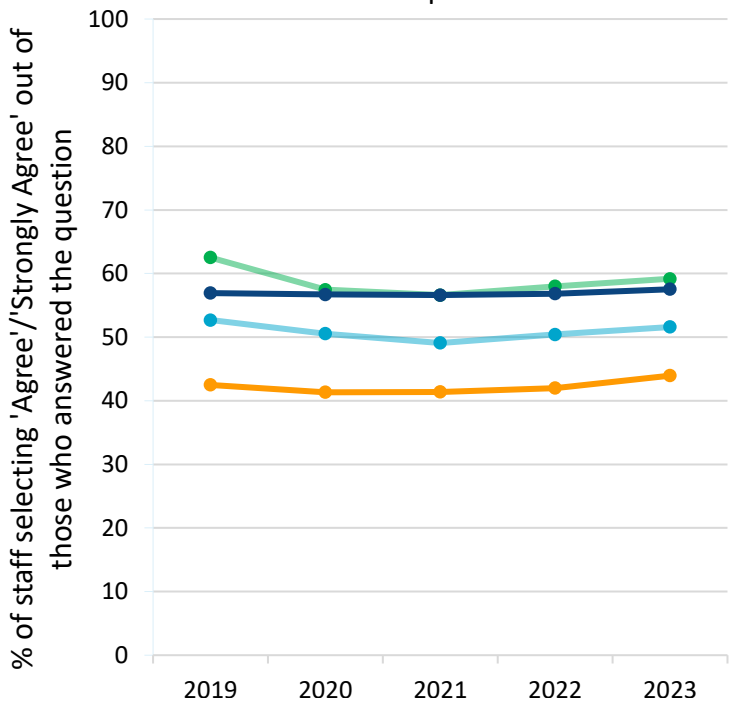
	2019	2020	2021	2022	2023
Your org	30.10%	38.87%	27.98%	26.32%	33.67%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	560	535	1279	1242	1347

Q3a I always know what my work responsibilities are.



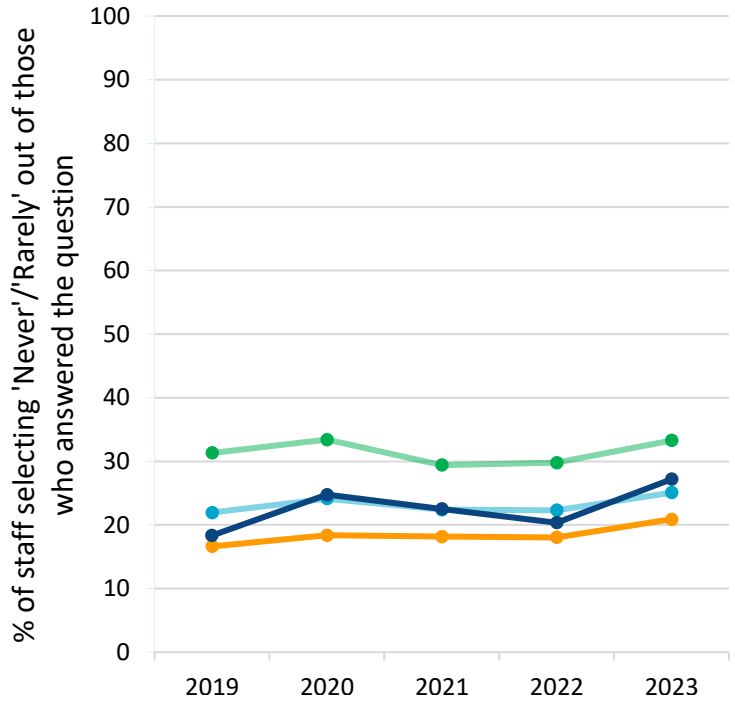
	2019	2020	2021	2022	2023
Your org	88.01%	84.47%	88.26%	87.79%	87.89%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	562	536	1278	1248	1353

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



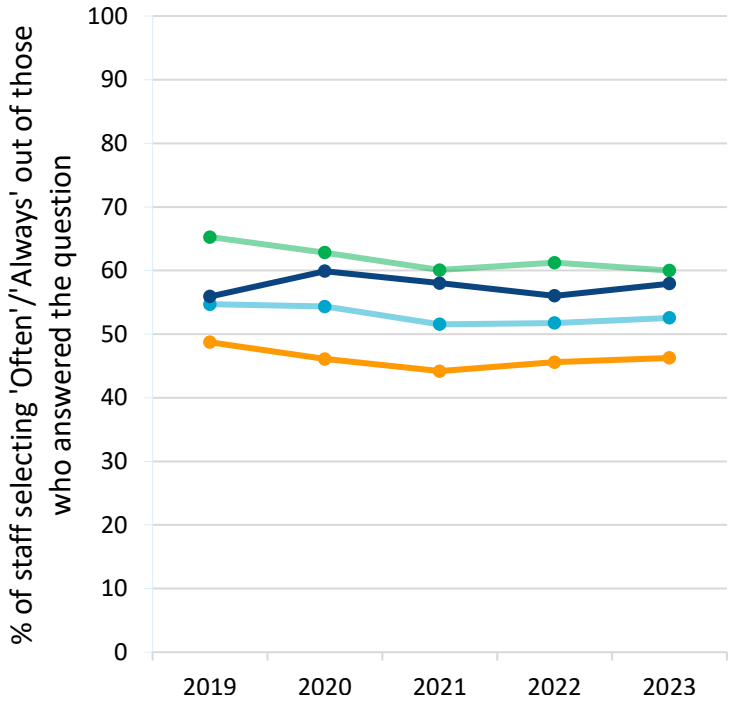
	2019	2020	2021	2022	2023
Your org	56.91%	56.70%	56.61%	56.84%	57.55%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	560	539	1279	1245	1347

Q5a I have unrealistic time pressures.



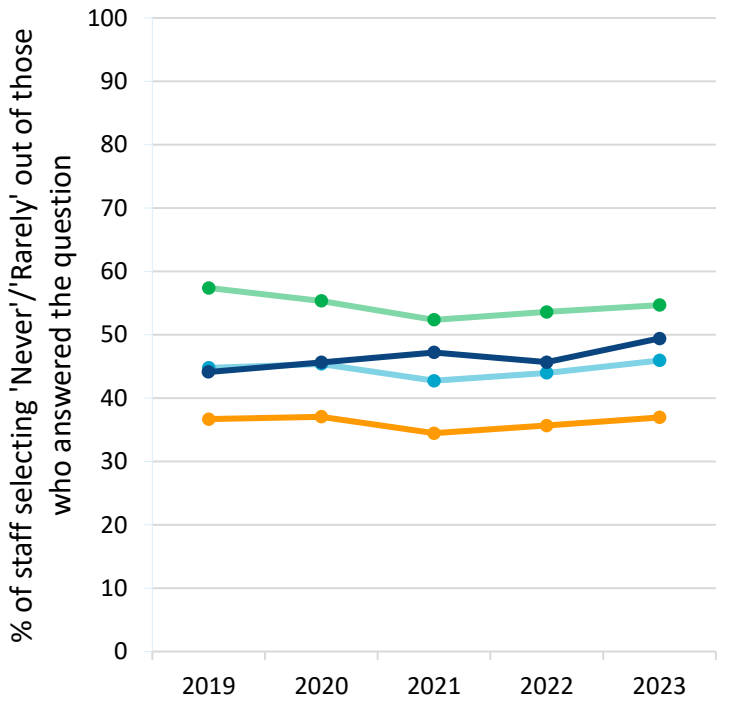
	2019	2020	2021	2022	2023
Your org	18.33%	24.75%	22.53%	20.36%	27.21%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	560	536	1276	1245	1347

Q5b I have a choice in deciding how to do my work.



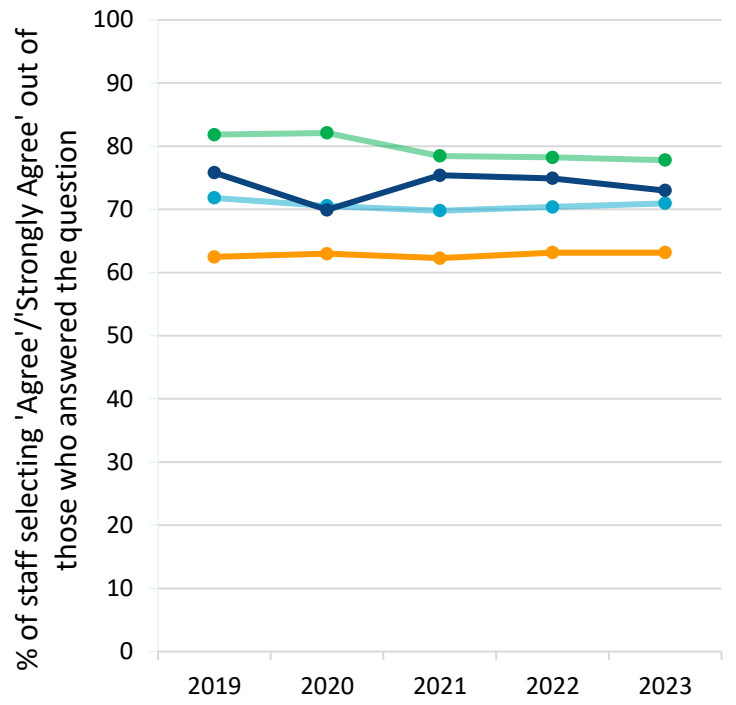
	2019	2020	2021	2022	2023
Your org	55.93%	59.90%	58.02%	56.02%	57.94%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	559	535	1276	1243	1340

Q5c Relationships at work are strained.



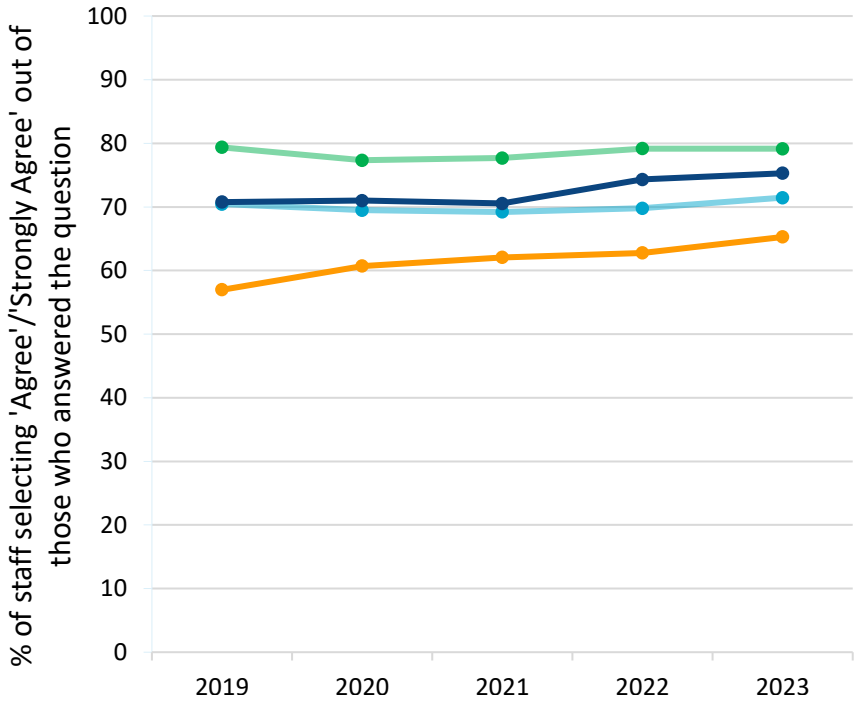
	2019	2020	2021	2022	2023
Your org	44.10%	45.65%	47.21%	45.66%	49.42%
Best result	57.40%	55.35%	52.37%	53.60%	54.70%
Average result	44.78%	45.38%	42.74%	43.99%	45.96%
Worst result	36.68%	37.06%	34.45%	35.67%	36.97%
Responses	558	533	1274	1240	1344

Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	75.82%	69.93%	75.38%	74.91%	72.98%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	560	537	1277	1245	1349

Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	70.76%	71.00%	70.54%	74.33%	75.31%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	557	537	1279	1244	1347

Question not linked to People Promise elements or themes

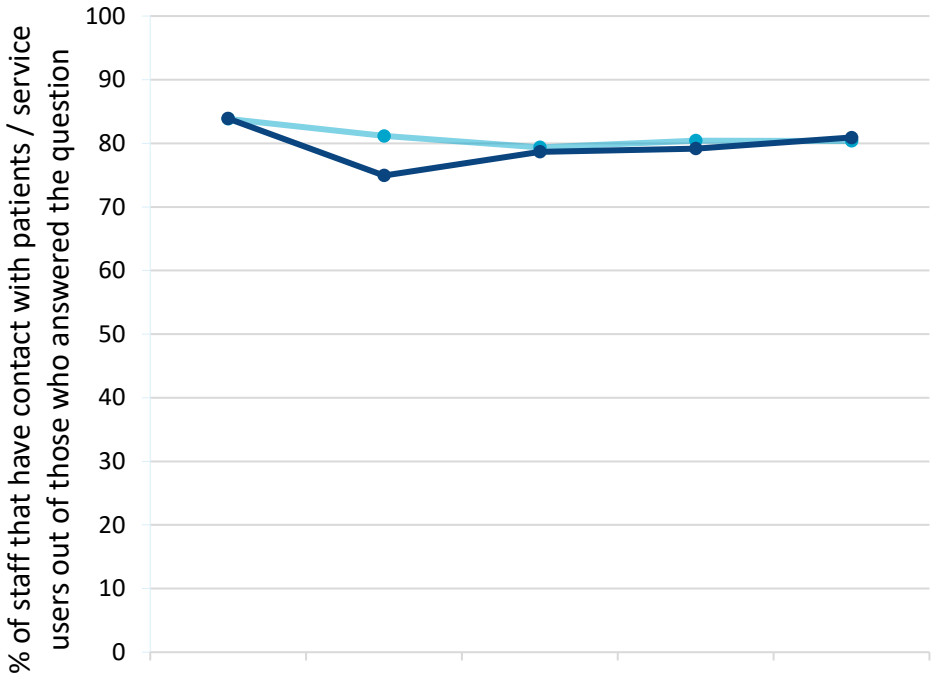
Questions included:*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

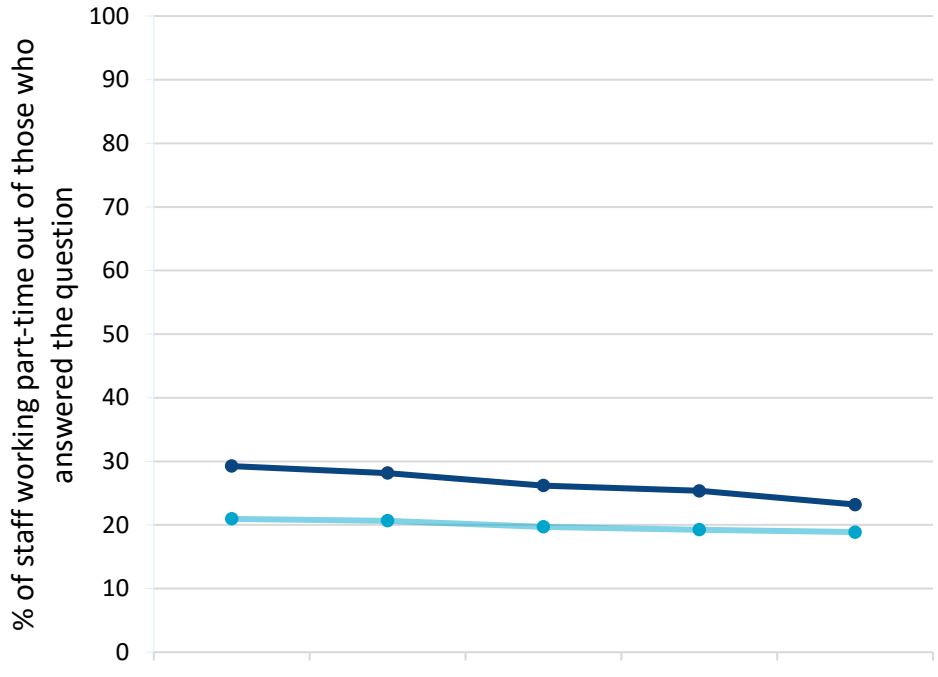
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



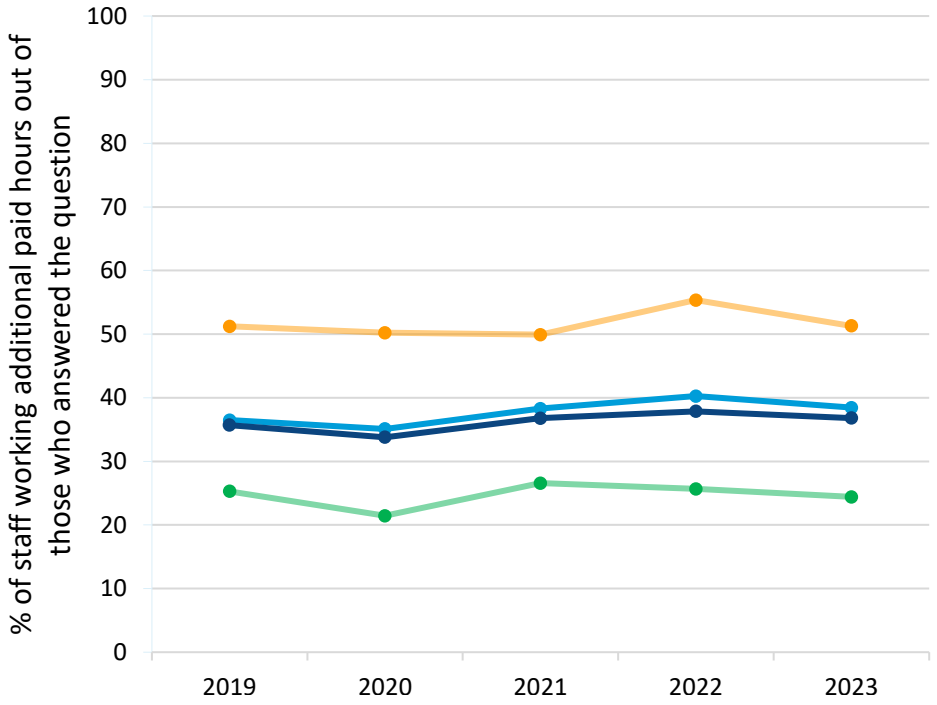
	2019	2020	2021	2022	2023
Your org	83.87%	74.95%	78.67%	79.18%	80.91%
Average	83.86%	81.16%	79.36%	80.42%	80.37%
Responses	558	539	1275	1244	1341

Q10a How many hours a week are you contracted to work?



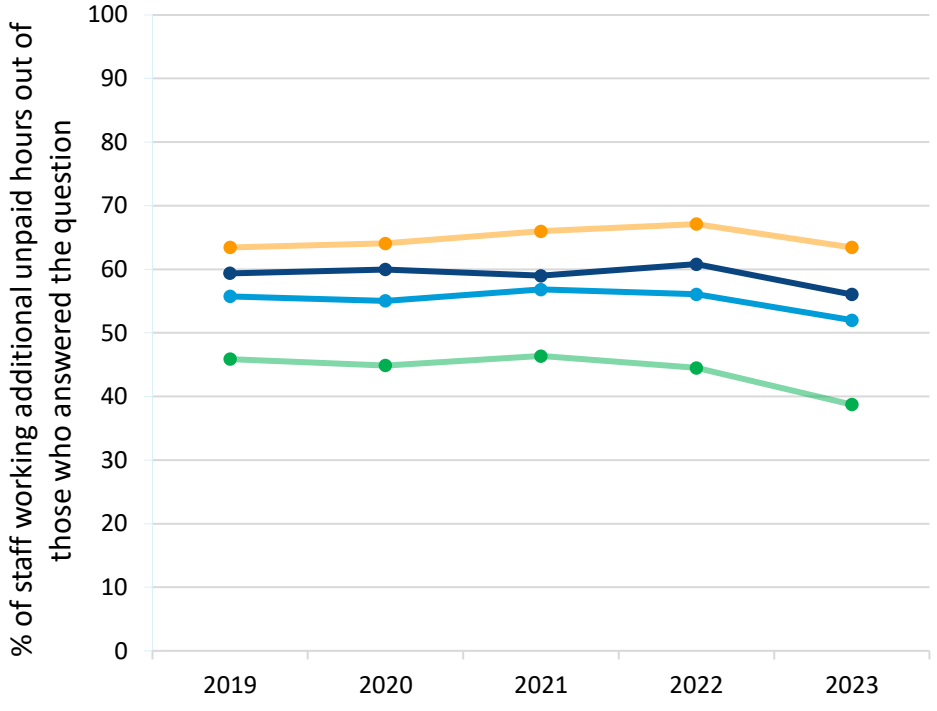
	2019	2020	2021	2022	2023
Your org	29.23%	28.16%	26.20%	25.35%	23.21%
Average	20.97%	20.66%	19.69%	19.24%	18.88%
Responses	561	515	1233	1199	1271

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



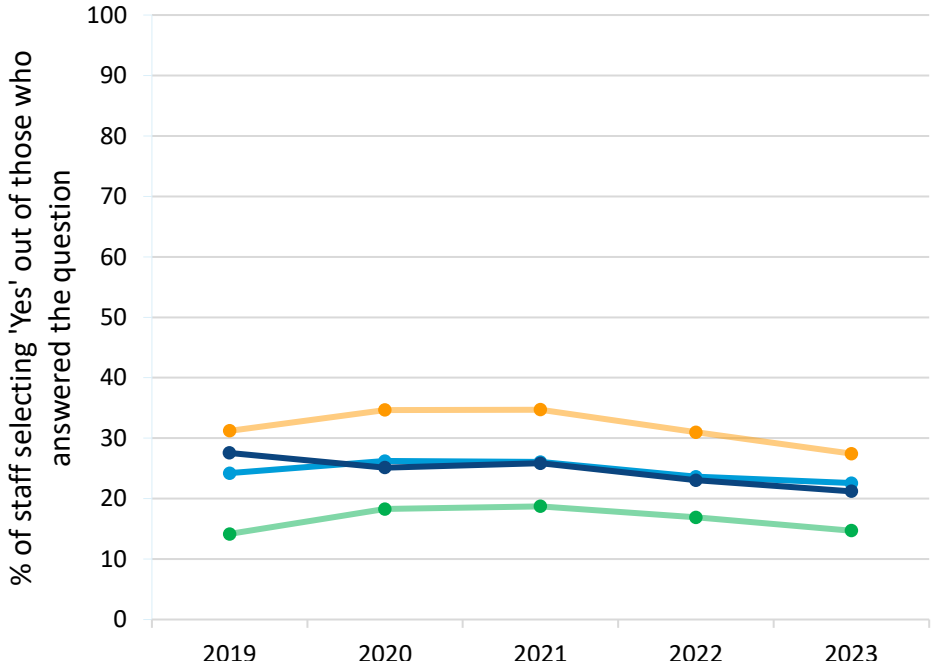
	2019	2020	2021	2022	2023
Your org	35.68%	33.80%	36.79%	37.86%	36.81%
Lowest	25.29%	21.45%	26.56%	25.66%	24.41%
Average	36.47%	35.09%	38.29%	40.25%	38.45%
Highest	51.23%	50.22%	49.92%	55.35%	51.29%
Responses	539	524	1218	1177	1287

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2019	2020	2021	2022	2023
Your org	59.34%	59.96%	58.97%	60.80%	56.05%
Lowest	45.87%	44.88%	46.37%	44.50%	38.73%
Average	55.74%	55.02%	56.83%	56.06%	52.00%
Highest	63.43%	64.06%	65.99%	67.12%	63.45%
Responses	539	526	1231	1192	1295

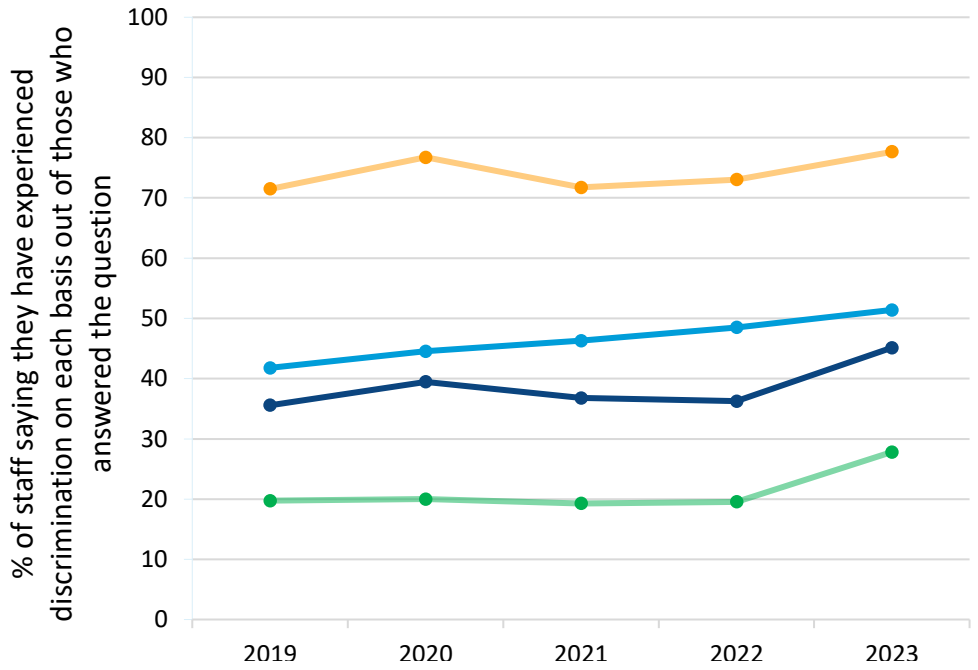
Q11e* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	27.58%	25.13%	25.84%	23.04%	21.21%
Best result	14.16%	18.27%	18.73%	16.91%	14.70%
Average result	24.21%	26.23%	26.05%	23.64%	22.57%
Worst result	31.23%	34.66%	34.72%	30.98%	27.44%
Responses	315	242	574	658	635

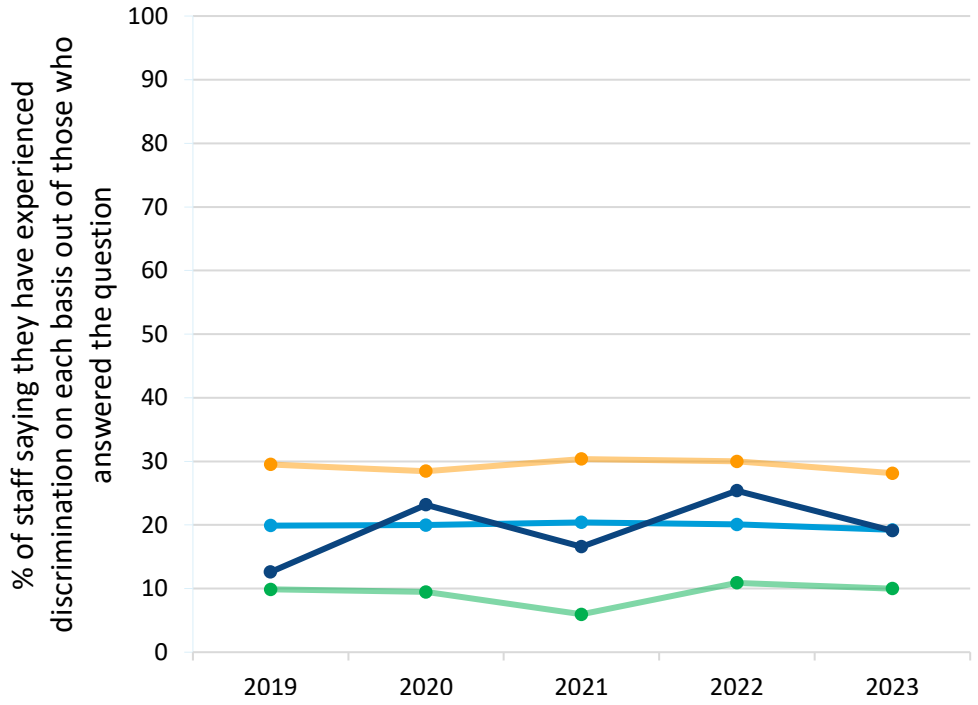
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.



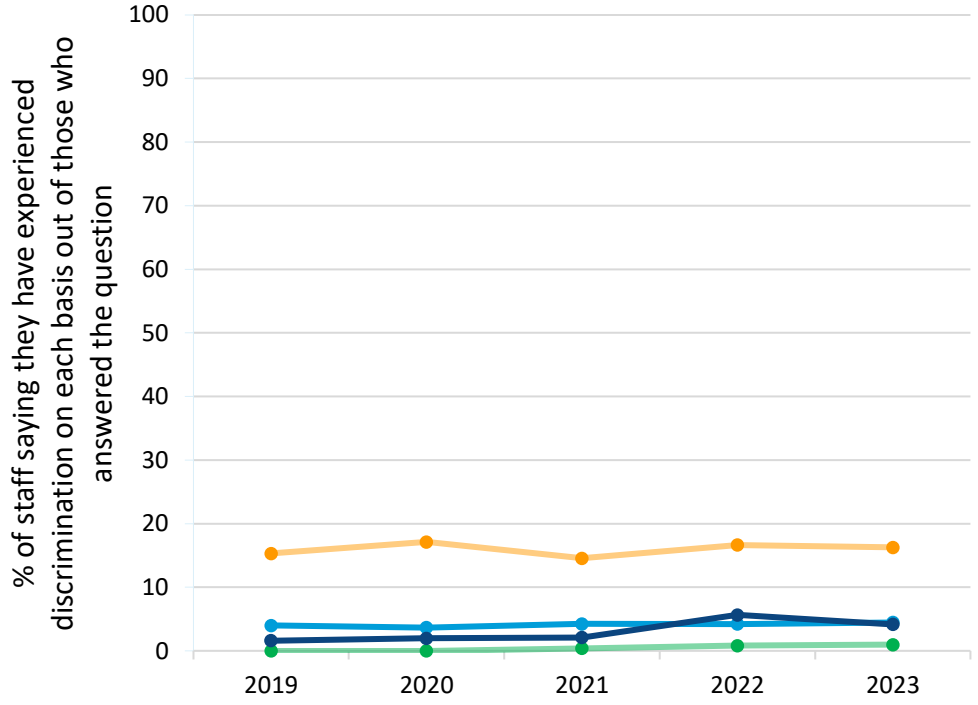
	2019	2020	2021	2022	2023
Your org	35.58%	39.46%	36.79%	36.25%	45.12%
Best result	19.75%	20.01%	19.29%	19.55%	27.81%
Average result	41.77%	44.53%	46.29%	48.50%	51.38%
Worst result	71.50%	76.72%	71.74%	73.03%	77.66%
Responses	70	49	138	140	151

Q16c.2 On what grounds have you experienced discrimination? – Gender.



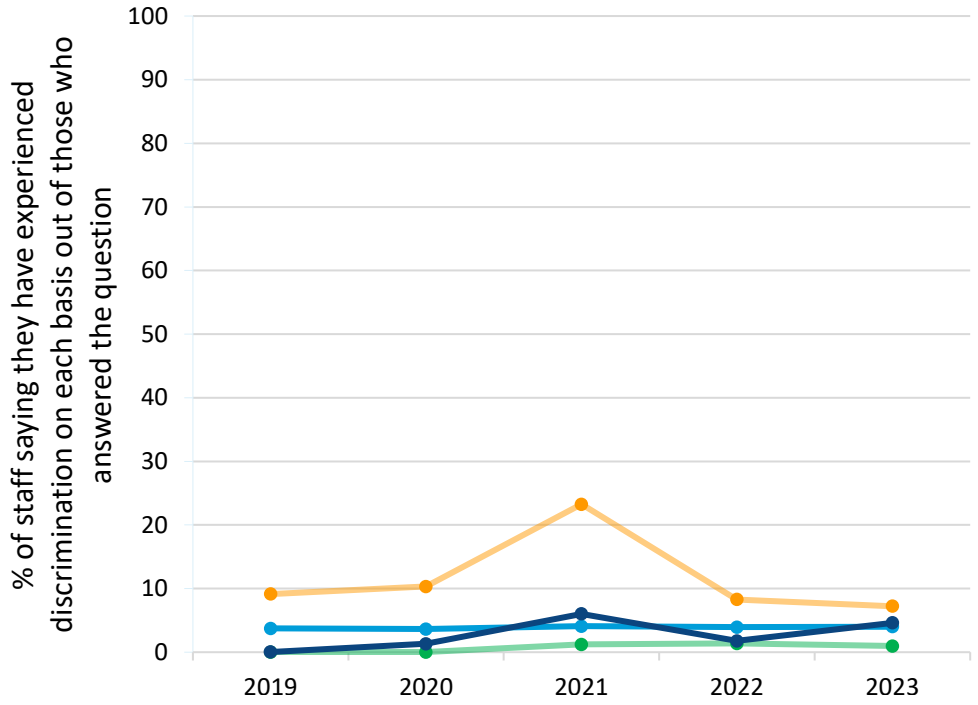
	2019	2020	2021	2022	2023
Your org	12.58%	23.17%	16.58%	25.39%	19.10%
Best result	9.88%	9.46%	5.94%	10.90%	9.99%
Average result	19.91%	19.98%	20.41%	20.09%	19.22%
Worst result	29.51%	28.46%	30.36%	29.99%	28.12%
Responses	70	49	138	140	151

Q16c.3 On what grounds have you experienced discrimination? – Religion.



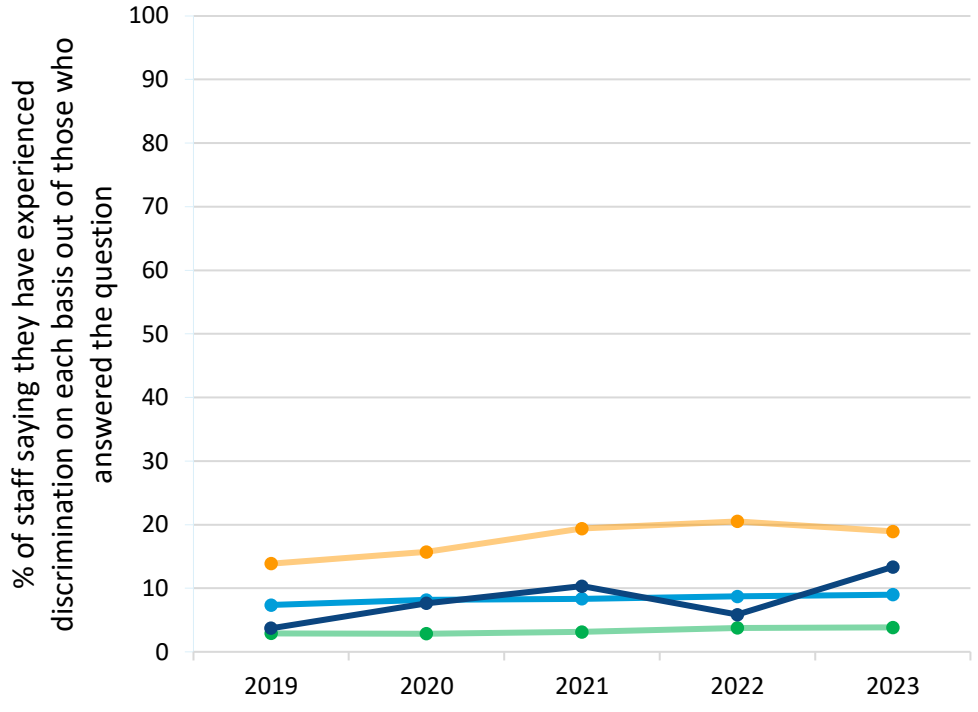
	2019	2020	2021	2022	2023
Your org	1.61%	1.98%	2.11%	5.65%	4.17%
Best result	0.00%	0.00%	0.41%	0.83%	0.98%
Average result	4.01%	3.68%	4.25%	4.23%	4.47%
Worst result	15.33%	17.13%	14.56%	16.66%	16.27%
Responses	70	49	138	140	151

Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.



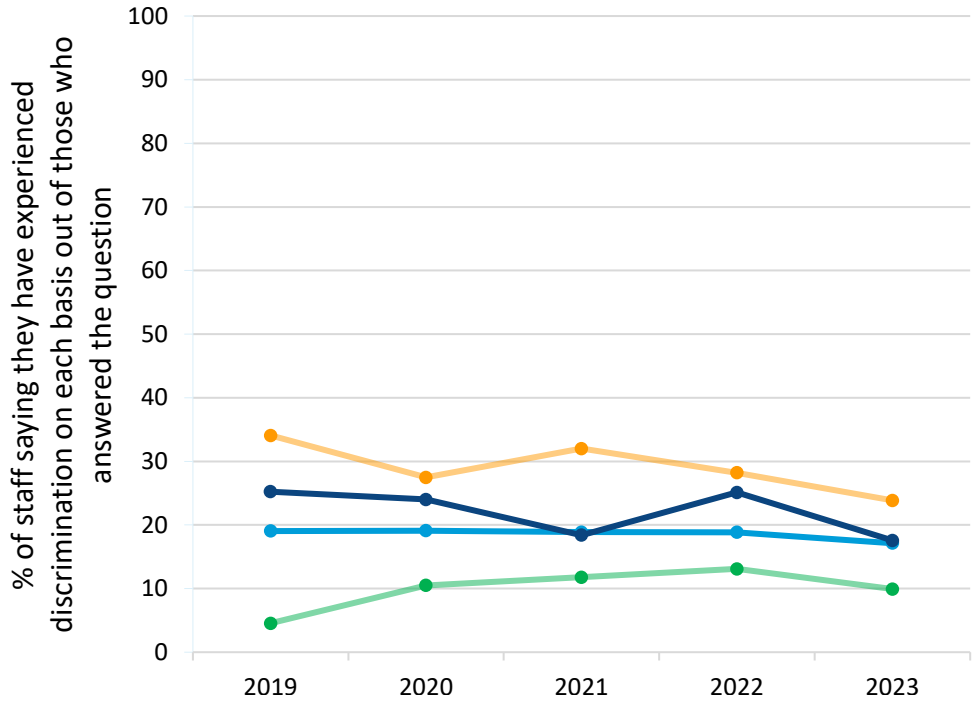
	2019	2020	2021	2022	2023
Your org	0.00%	1.33%	6.03%	1.76%	4.60%
Best result	0.00%	0.00%	1.21%	1.38%	0.97%
Average result	3.74%	3.63%	4.09%	3.93%	4.00%
Worst result	9.14%	10.33%	23.26%	8.28%	7.22%
Responses	70	49	138	140	151

Q16c.5 On what grounds have you experienced discrimination? – Disability.



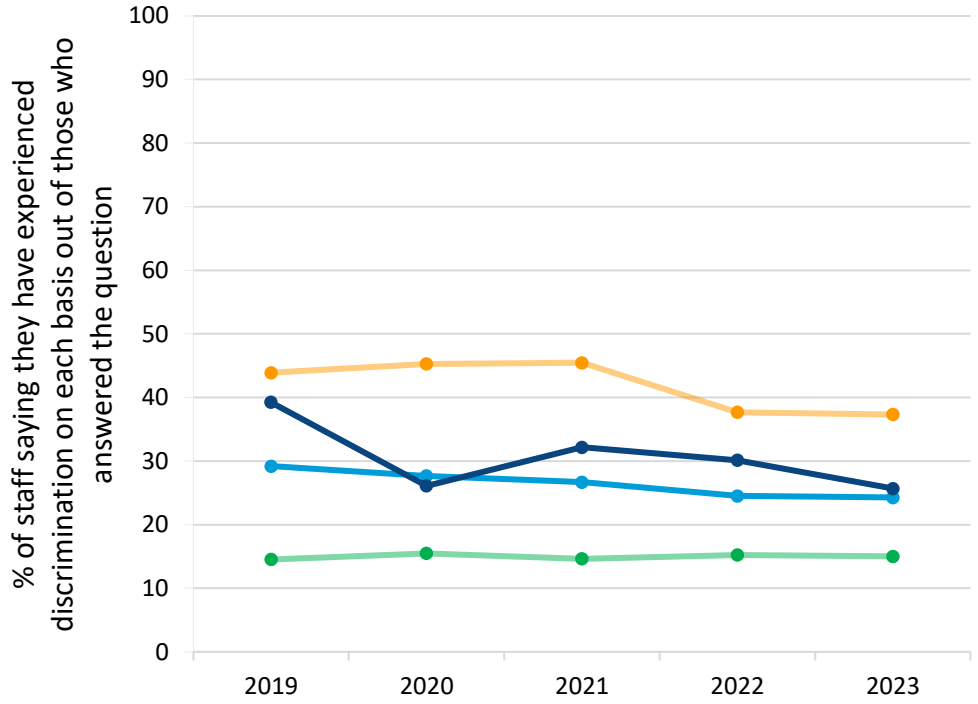
	2019	2020	2021	2022	2023
Your org	3.72%	7.65%	10.33%	5.85%	13.35%
Best result	2.91%	2.86%	3.14%	3.77%	3.86%
Average result	7.37%	8.17%	8.36%	8.74%	9.01%
Worst result	13.87%	15.73%	19.39%	20.53%	18.93%
Responses	70	49	138	140	151

Q16c.6 On what grounds have you experienced discrimination? – Age.



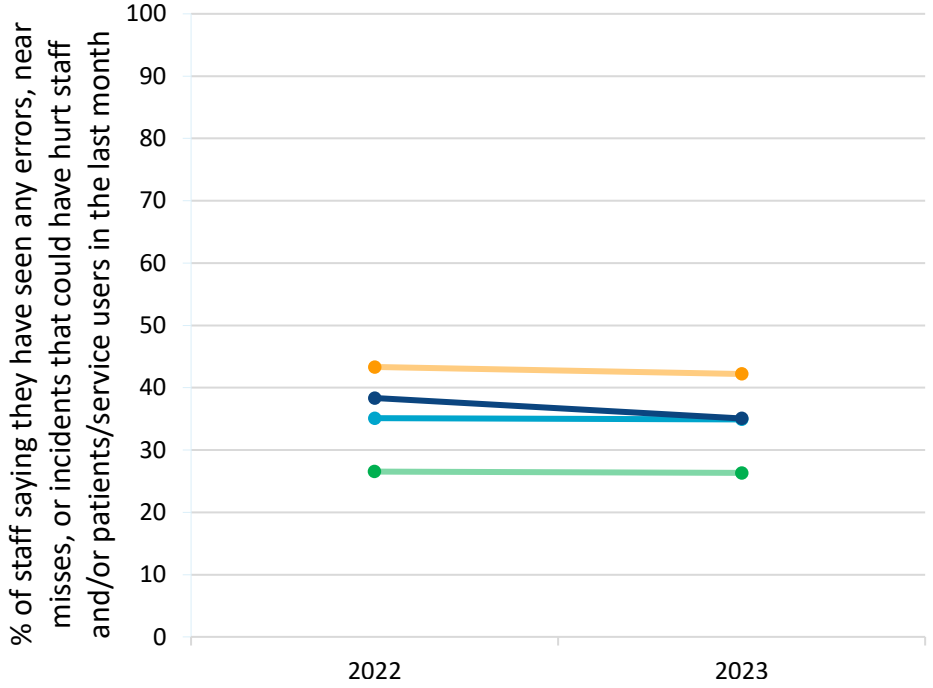
	2019	2020	2021	2022	2023
Your org	25.25%	24.00%	18.40%	25.11%	17.57%
Best result	4.55%	10.50%	11.78%	13.08%	9.92%
Average result	19.05%	19.09%	18.89%	18.84%	17.15%
Worst result	34.06%	27.49%	32.01%	28.20%	23.85%
Responses	70	49	138	140	151

Q16c.7 On what grounds have you experienced discrimination? – Other.



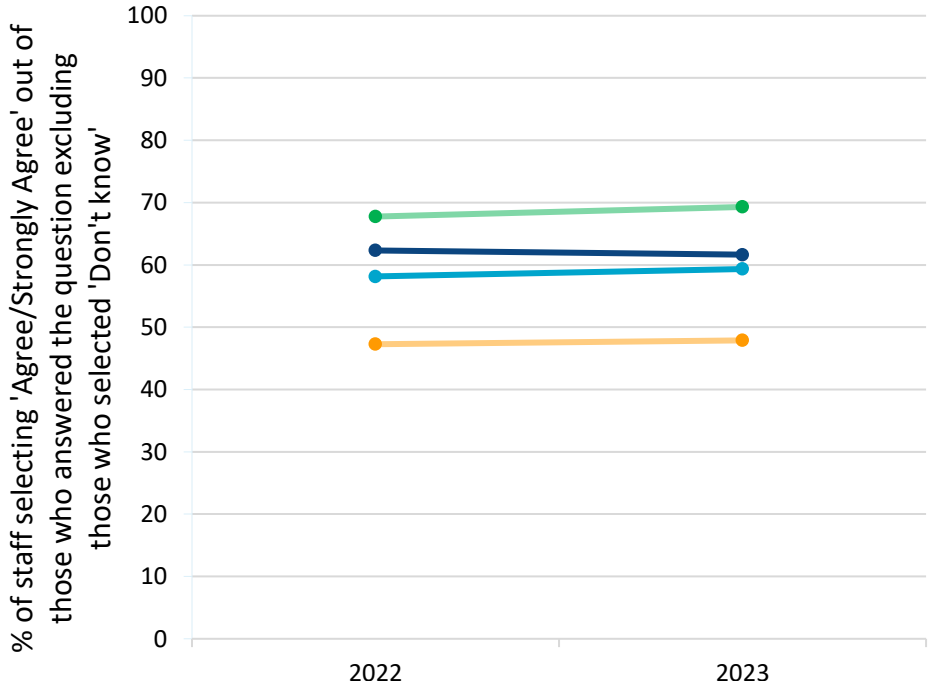
	2019	2020	2021	2022	2023
Your org	39.24%	26.11%	32.17%	30.14%	25.69%
Best result	14.53%	15.51%	14.64%	15.24%	15.03%
Average result	29.20%	27.66%	26.69%	24.52%	24.27%
Worst result	43.90%	45.27%	45.46%	37.68%	37.34%
Responses	70	49	138	140	151

Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



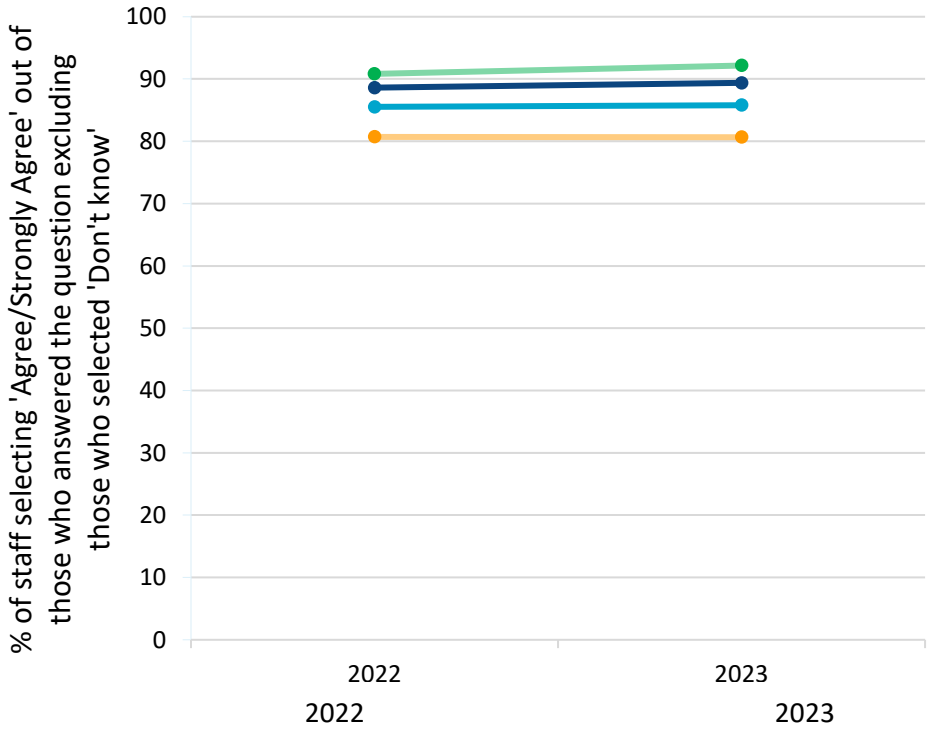
	2022	2023
Your org	38.33%	35.08%
Best result	26.54%	26.31%
Average result	35.09%	34.92%
Worst result	43.33%	42.20%
Responses	1239	1323

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



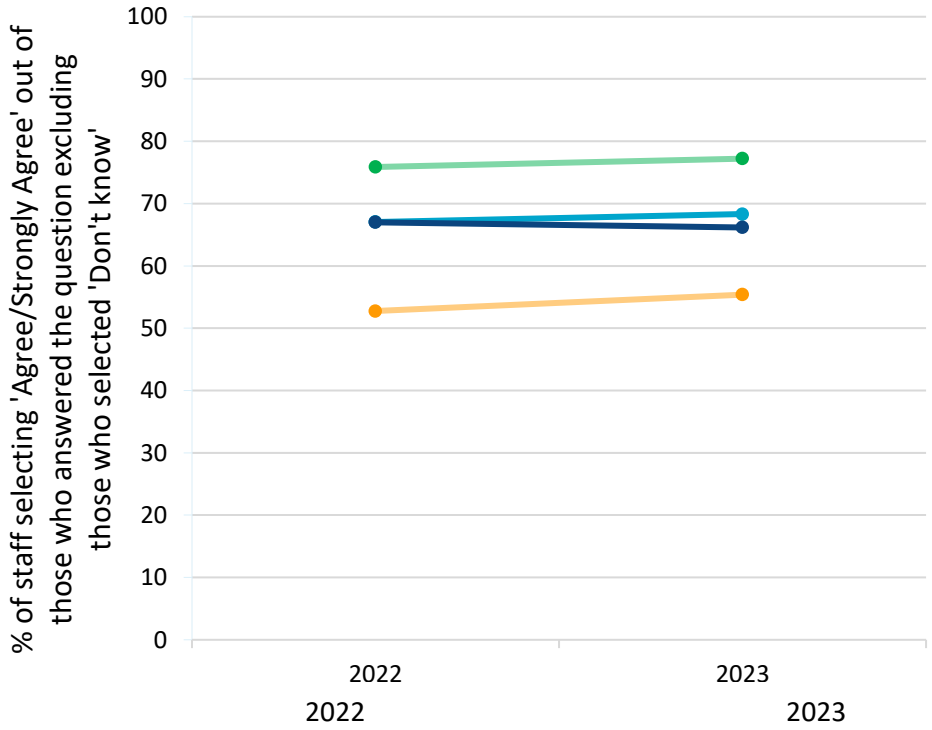
	2022	2023
Your org	62.33%	61.63%
Best result	67.74%	69.31%
Average result	58.15%	59.36%
Worst result	47.28%	47.88%
Responses	959	1013

Q19b My organisation encourages us to report errors, near misses or incidents.



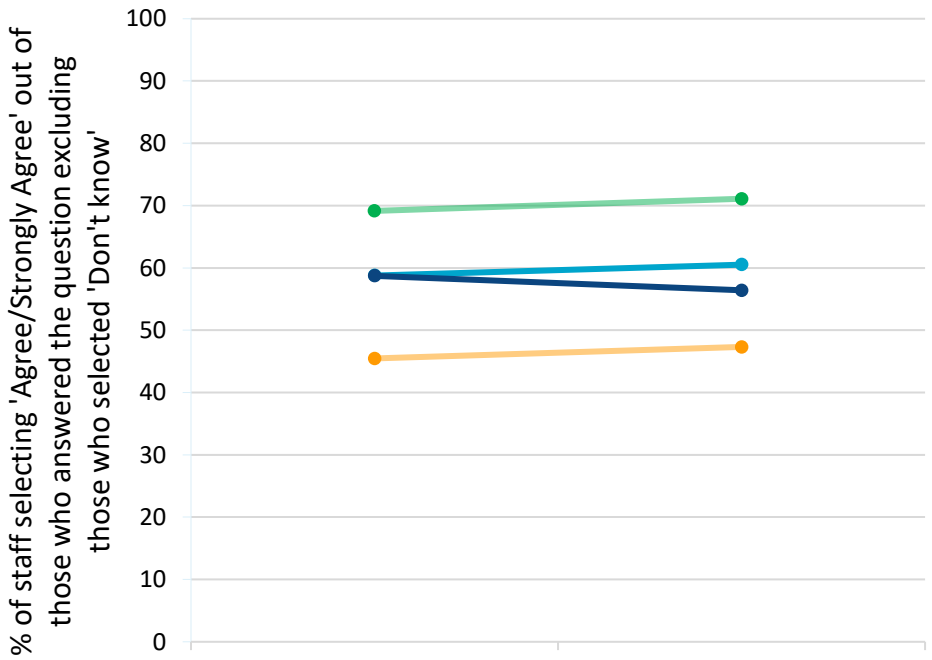
	2022	2023
Your org	88.60%	89.37%
Best result	90.82%	92.17%
Average result	85.51%	85.79%
Worst result	80.70%	80.69%
Responses	1203	1285

Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



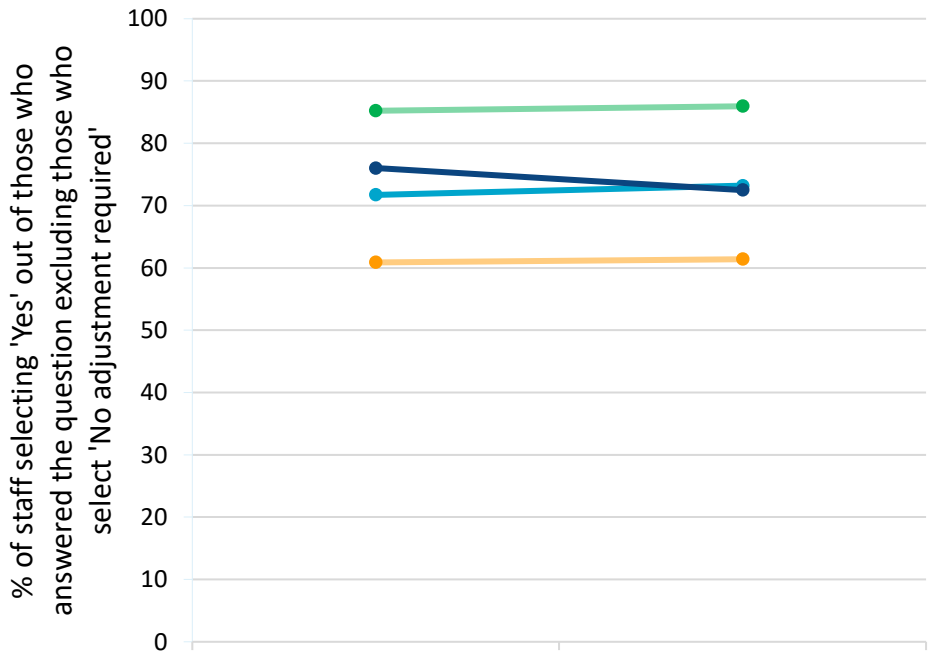
	2022	2023
Your org	67.00%	66.19%
Best result	75.89%	77.22%
Average result	67.04%	68.30%
Worst result	52.76%	55.39%
Responses	1097	1161

Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



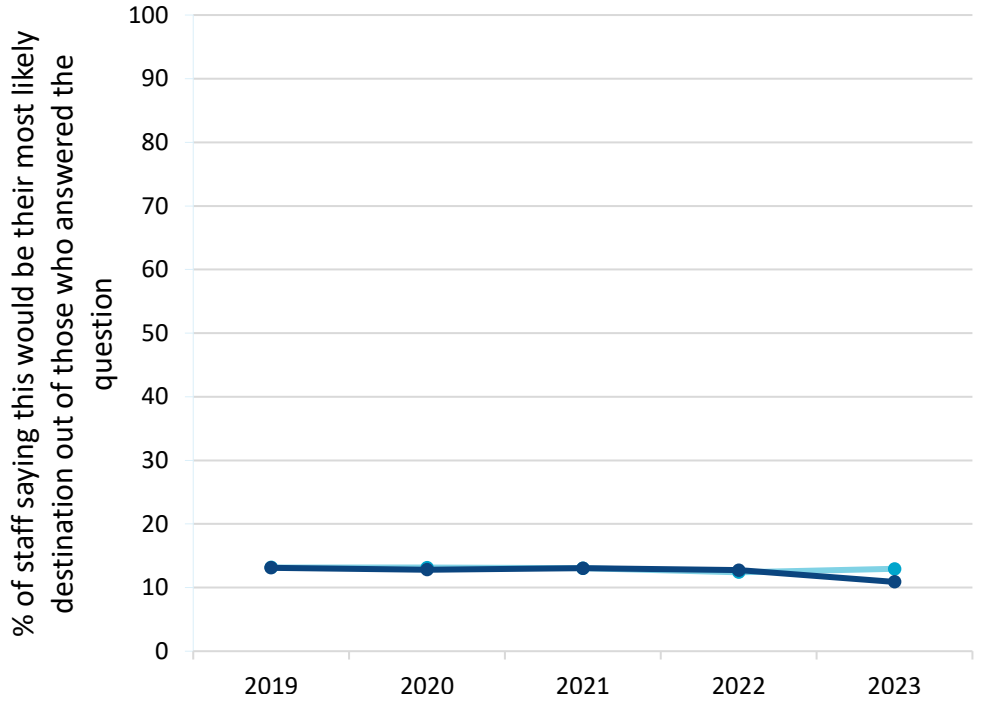
	2022	2023
Your org	58.73%	56.40%
Best result	69.13%	71.09%
Average result	58.78%	60.53%
Worst result	45.47%	47.31%
Responses	1109	1173

Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



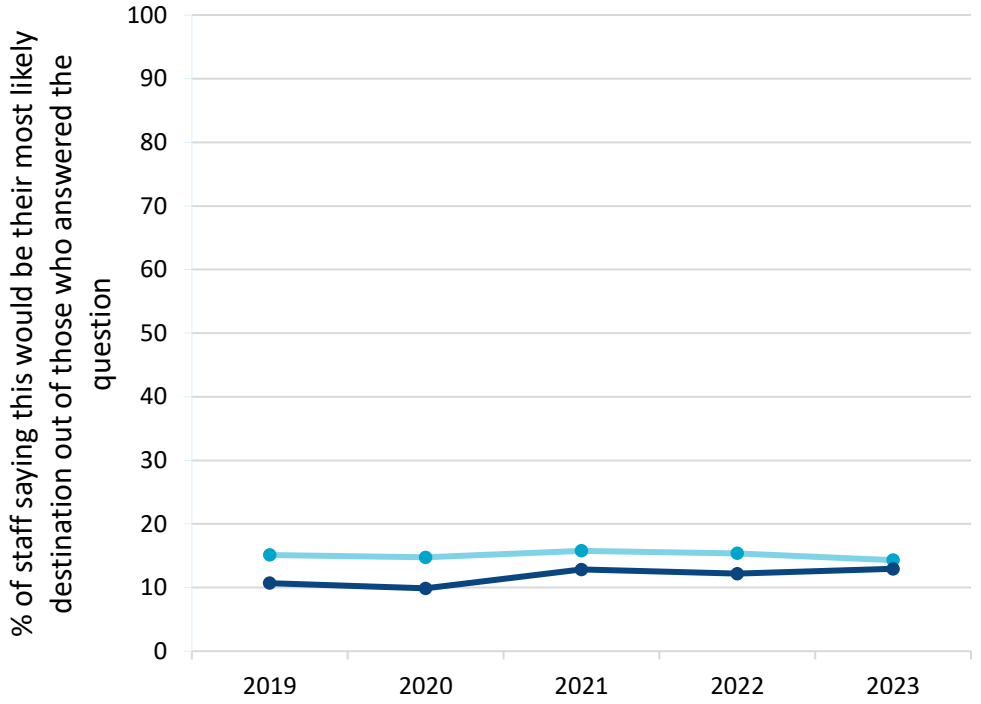
	2022	2023
Your org	76.02%	72.49%
Best result	85.20%	85.95%
Average result	71.72%	73.19%
Worst result	60.88%	61.41%
Responses	155	187

Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



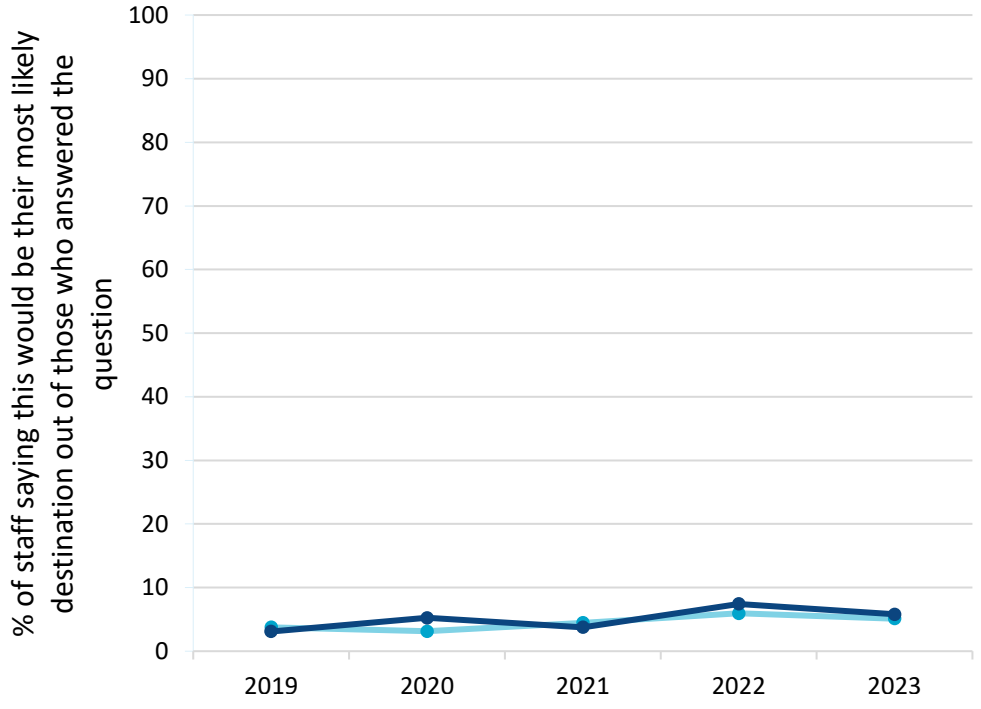
	2019	2020	2021	2022	2023
Your org	13.11%	12.82%	13.03%	12.73%	10.91%
Average	13.18%	13.13%	13.04%	12.40%	12.94%
Responses	450	476	1090	1076	1137

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



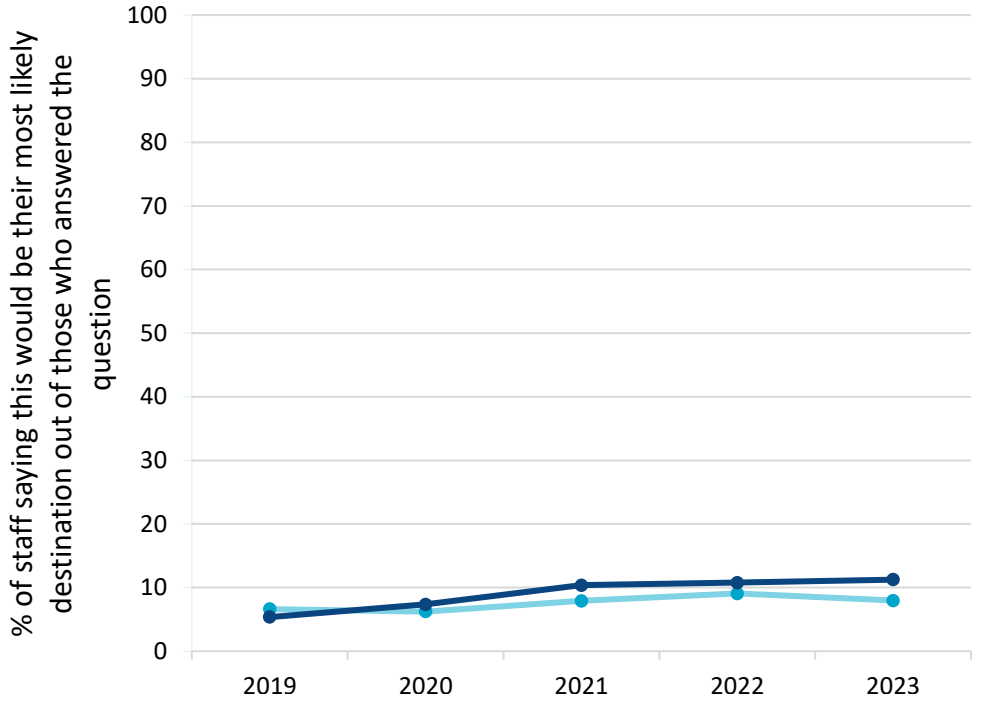
	2019	2020	2021	2022	2023
Your org	10.67%	9.87%	12.84%	12.17%	12.93%
Average	15.12%	14.76%	15.78%	15.37%	14.32%
Responses	450	476	1090	1076	1137

Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



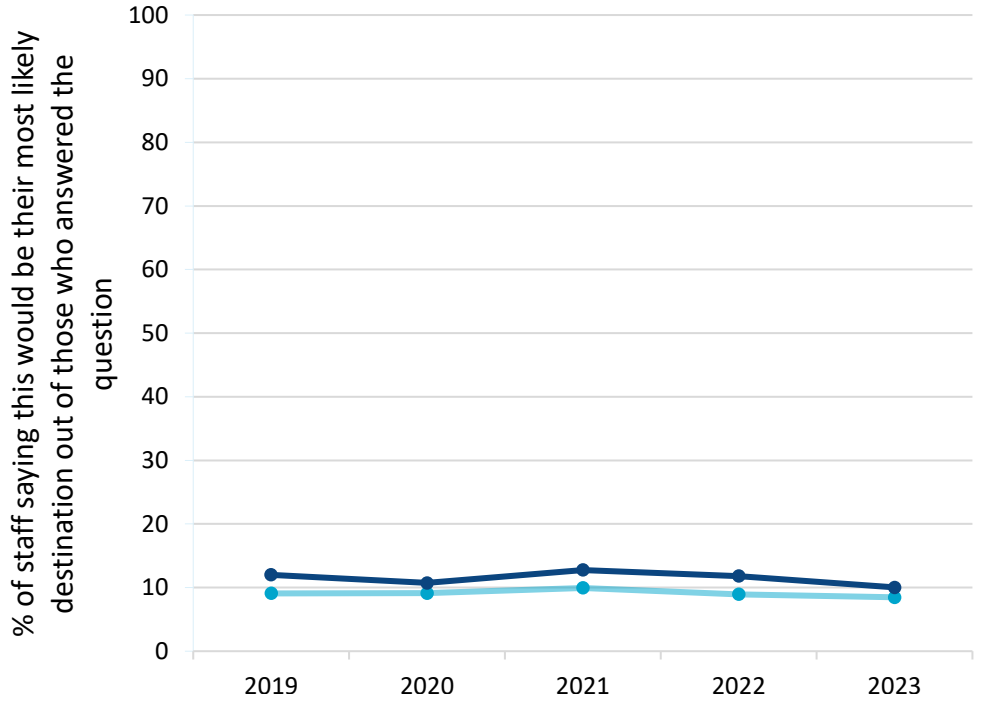
	2019	2020	2021	2022	2023
Your org	3.11%	5.25%	3.76%	7.43%	5.80%
Average	3.76%	3.12%	4.47%	5.95%	5.12%
Responses	450	476	1090	1076	1137

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



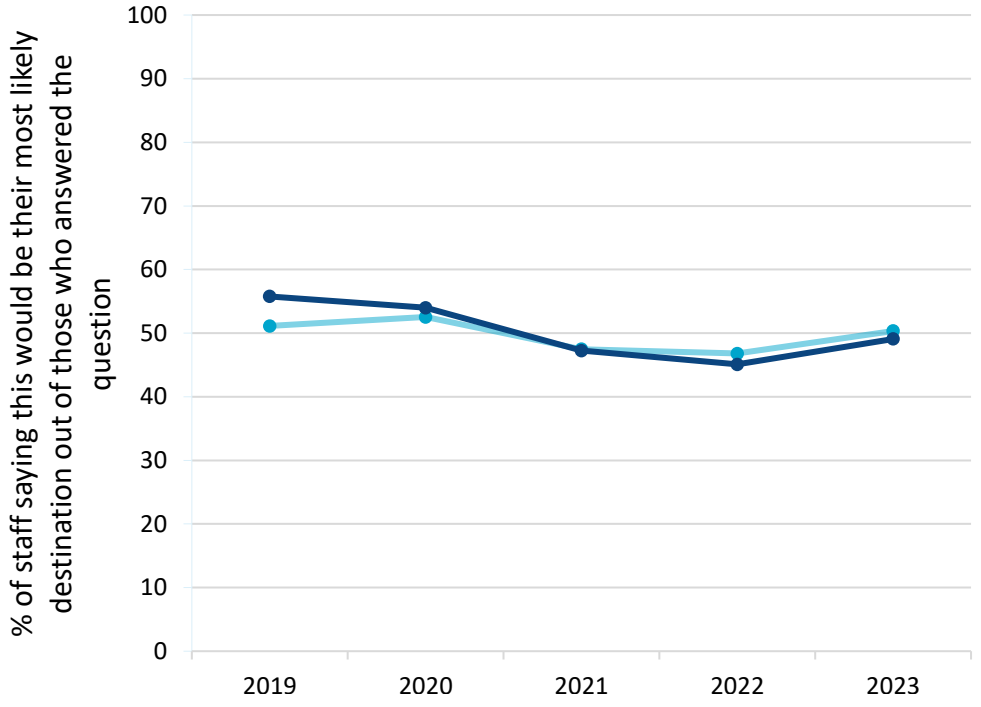
	2019	2020	2021	2022	2023
Your org	5.33%	7.35%	10.37%	10.78%	11.26%
Average	6.63%	6.23%	7.91%	9.06%	7.96%
Responses	450	476	1090	1076	1137

Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2019	2020	2021	2022	2023
Your org	12.00%	10.71%	12.75%	11.80%	10.03%
Average	9.09%	9.13%	9.95%	8.94%	8.45%
Responses	450	476	1090	1076	1137

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2019	2020	2021	2022	2023
Your org	55.78%	53.99%	47.25%	45.07%	49.08%
Average	51.12%	52.53%	47.46%	46.79%	50.34%
Responses	450	476	1090	1076	1137

Survey Coordination Centre

NHS

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Equality Standards

Survey Coordination Centre NHS

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word ‘adequate’ was updated to ‘reasonable’.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

Survey Coordination Centre NHS

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Survey Coordination Centre

NHS

Workforce Race Equality Standards (WRES)

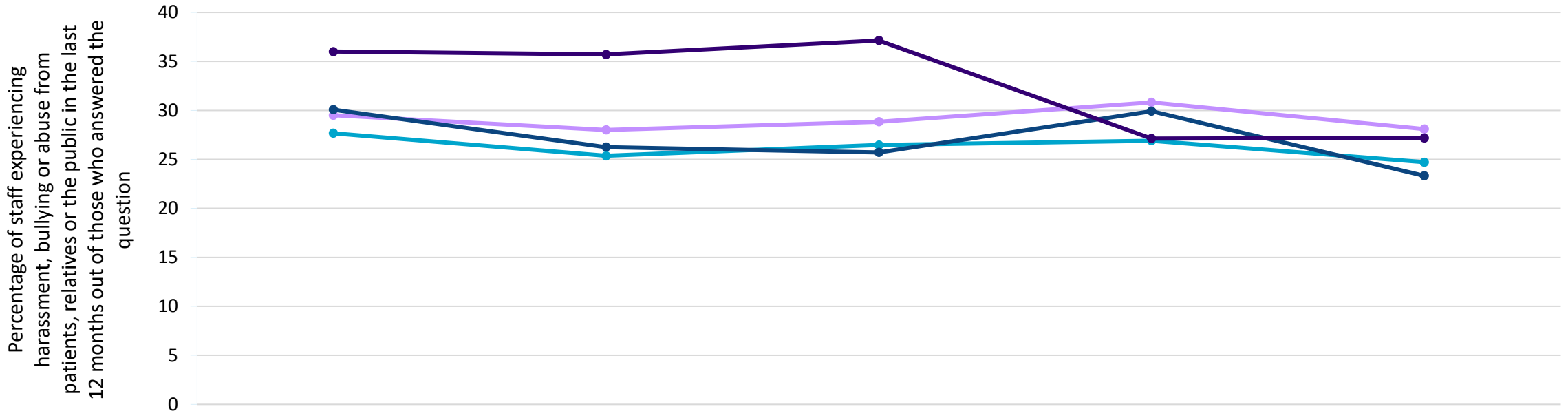
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the median for the benchmark group.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



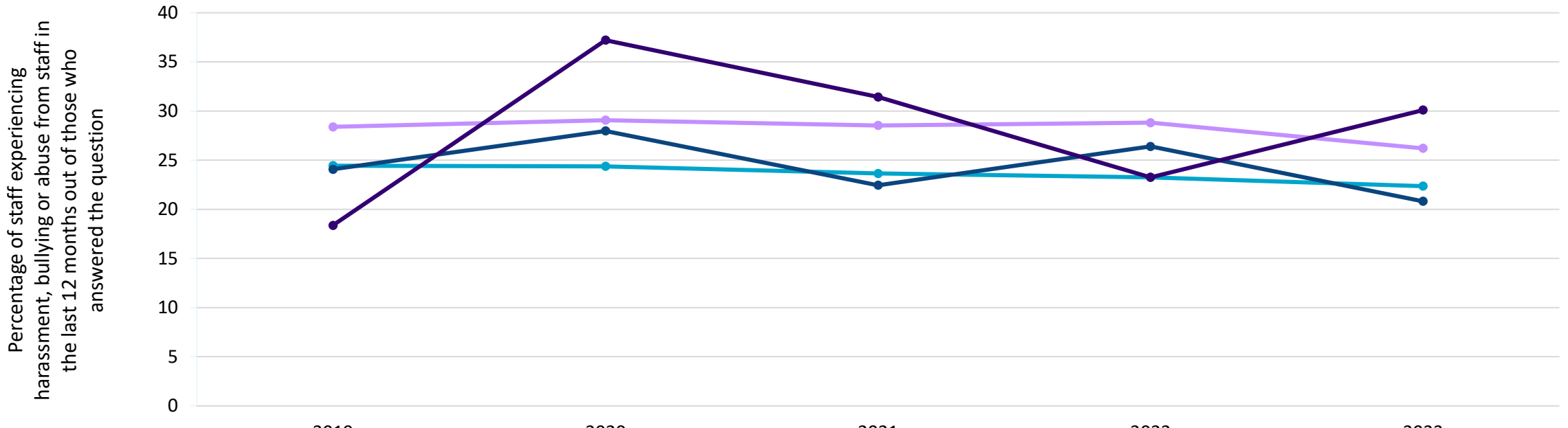
	2019	2020	2021	2022	2023
White staff: Your org	30.08%	26.26%	25.72%	29.93%	23.33%
All other ethnic groups*: Your org	36.00%	35.71%	37.14%	27.13%	27.18%
White staff: Average	27.67%	25.36%	26.47%	26.91%	24.72%
All other ethnic groups*: Average	29.51%	28.01%	28.84%	30.82%	28.11%
White staff: Responses	492	476	1147	1096	1106
All other ethnic groups*: Responses	50	42	105	129	206

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



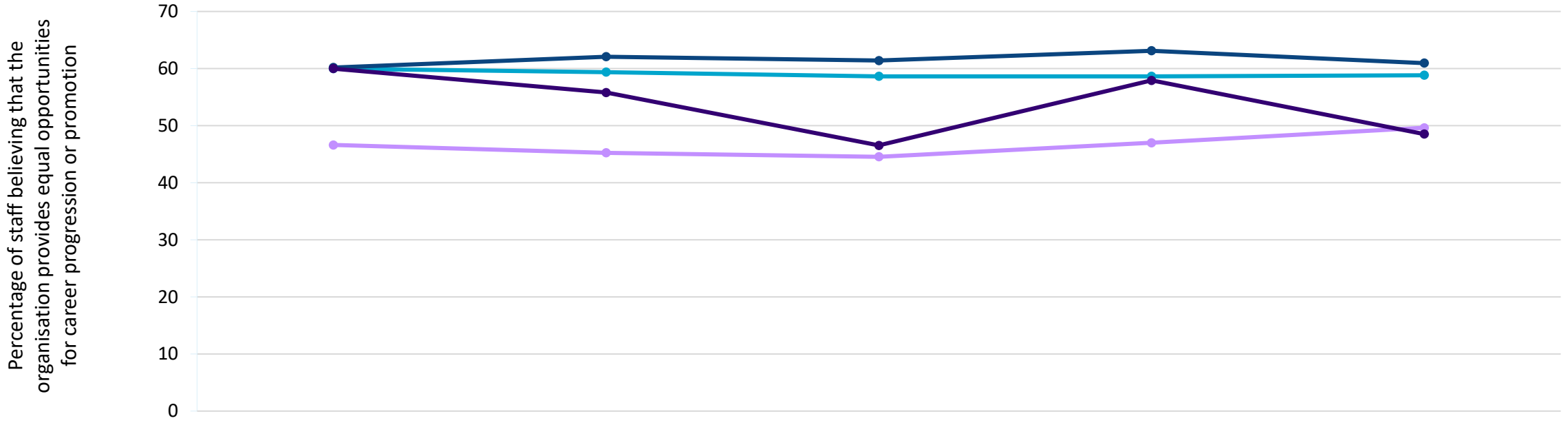
	2019	2020	2021	2022	2023
White staff: Your org	24.07%	27.97%	22.45%	26.39%	20.81%
All other ethnic groups*: Your org	18.37%	37.21%	31.43%	23.26%	30.10%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	486	479	1145	1095	1105
All other ethnic groups*: Responses	49	43	105	129	206

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



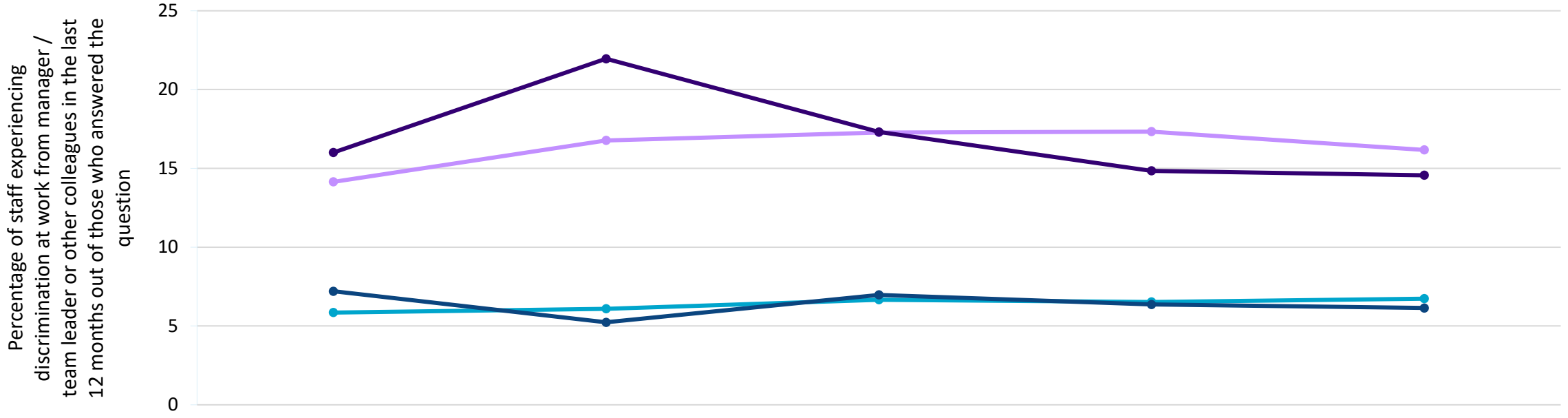
	2019	2020	2021	2022	2023
White staff: Your org	60.20%	62.08%	61.41%	63.12%	60.96%
All other ethnic groups*: Your org	60.00%	55.81%	46.53%	57.94%	48.53%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	495	480	1135	1090	1099
All other ethnic groups*: Responses	50	43	101	126	204

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	7.20%	5.23%	6.97%	6.36%	6.14%
All other ethnic groups*: Your org	16.00%	21.95%	17.31%	14.84%	14.56%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	486	478	1148	1100	1108
All other ethnic groups*: Responses	50	41	104	128	206

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

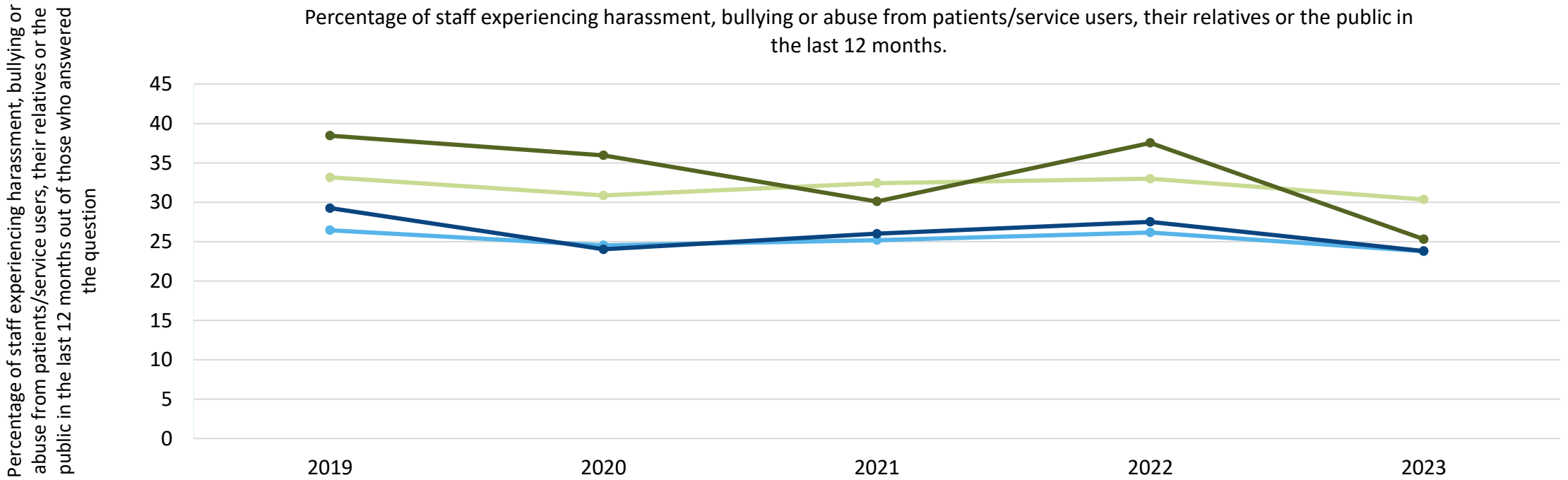
Workforce Disability Equality Standards (WDES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

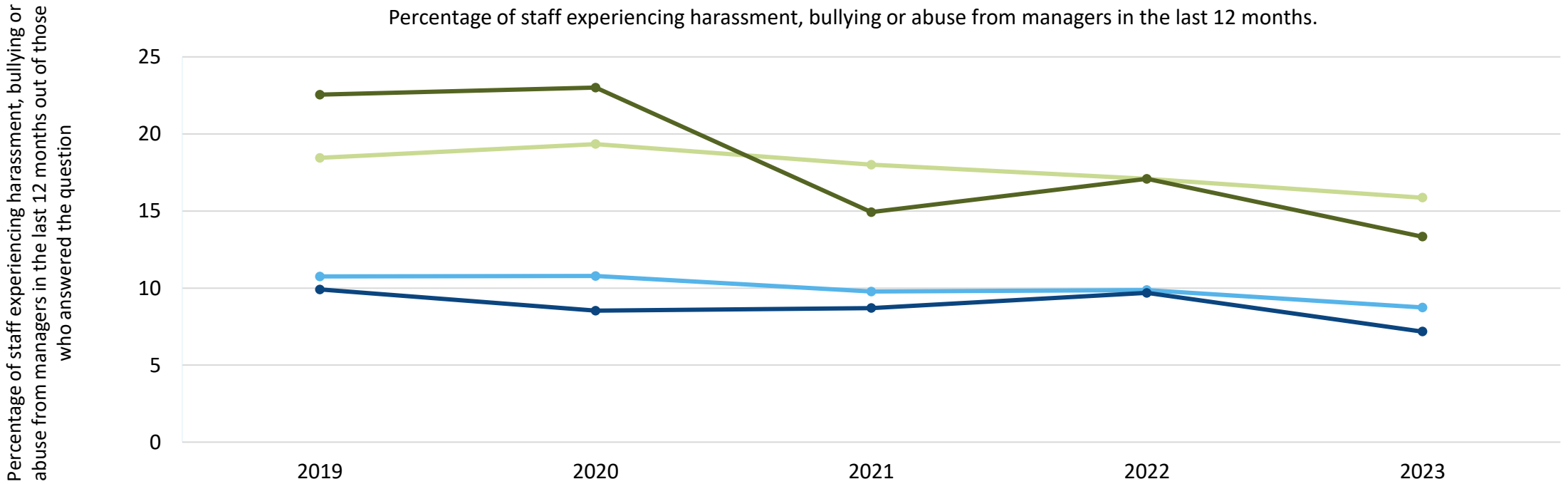
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	38.46%	35.96%	30.10%	37.55%	25.32%
Staff without a LTC or illness: Your org	29.25%	24.02%	26.01%	27.51%	23.81%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	104	114	289	277	316
Staff without a LTC or illness: Responses	441	408	965	956	991

Workforce Disability Equality Standards

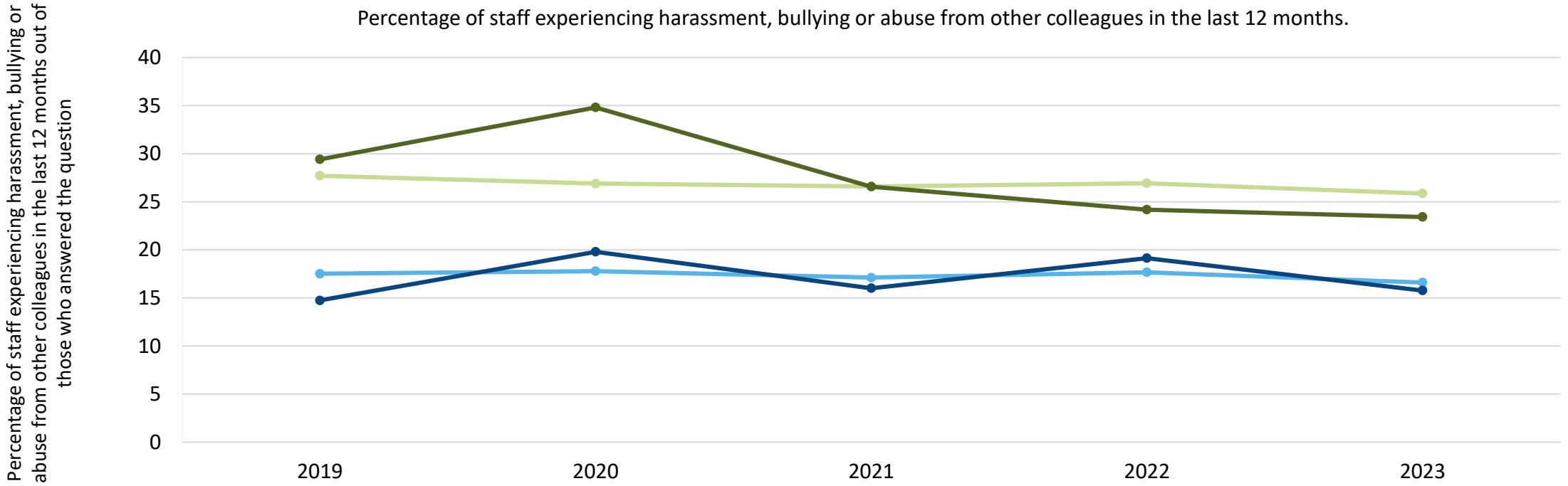
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	22.55%	23.01%	14.93%	17.09%	13.33%
Staff without a LTC or illness: Your org	9.91%	8.54%	8.70%	9.68%	7.18%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	102	113	288	275	315
Staff without a LTC or illness: Responses	434	410	954	950	989

Workforce Disability Equality Standards

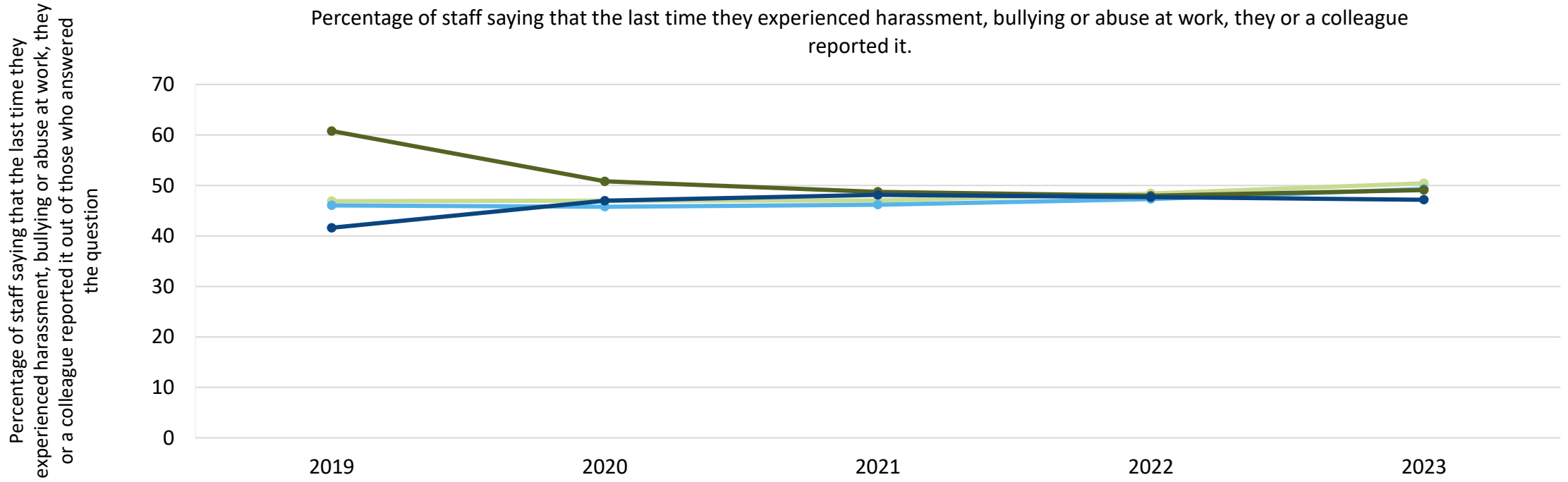
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	29.41%	34.82%	26.57%	24.18%	23.42%
Staff without a LTC or illness: Your org	14.75%	19.80%	16.00%	19.14%	15.77%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	102	112	286	273	316
Staff without a LTC or illness: Responses	434	409	956	951	989

Workforce Disability Equality Standards

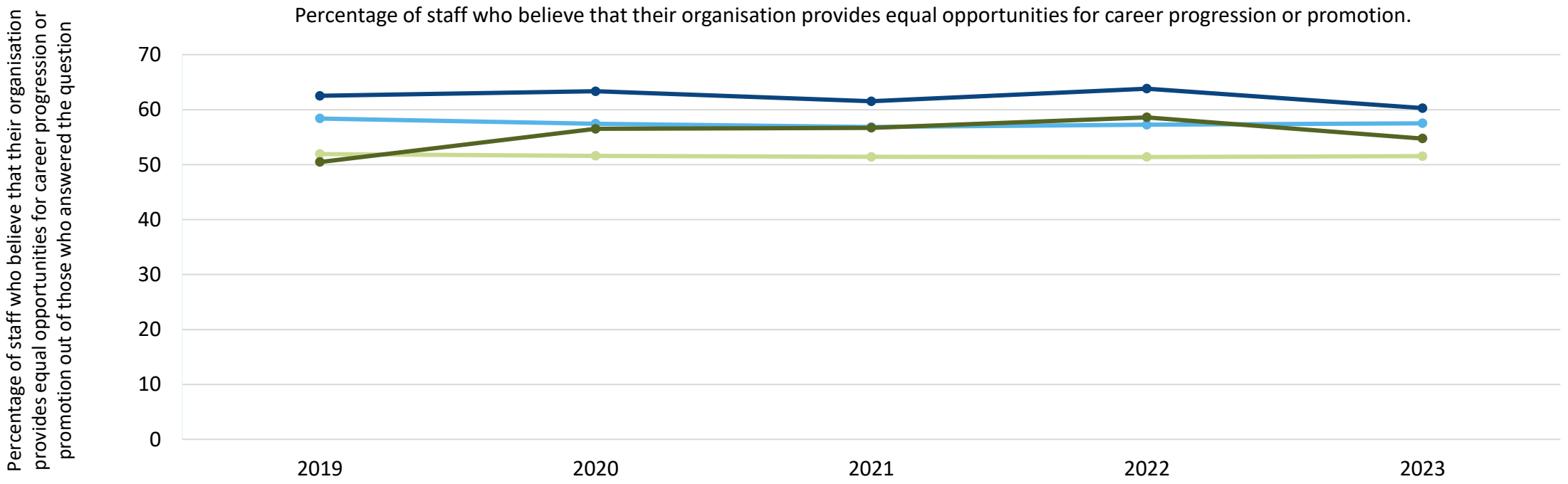
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	60.78%	50.82%	48.74%	47.97%	49.11%
Staff without a LTC or illness: Your org	41.61%	46.97%	48.14%	47.69%	47.18%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	51	61	119	123	112
Staff without a LTC or illness: Responses	137	132	295	325	284

Workforce Disability Equality Standards

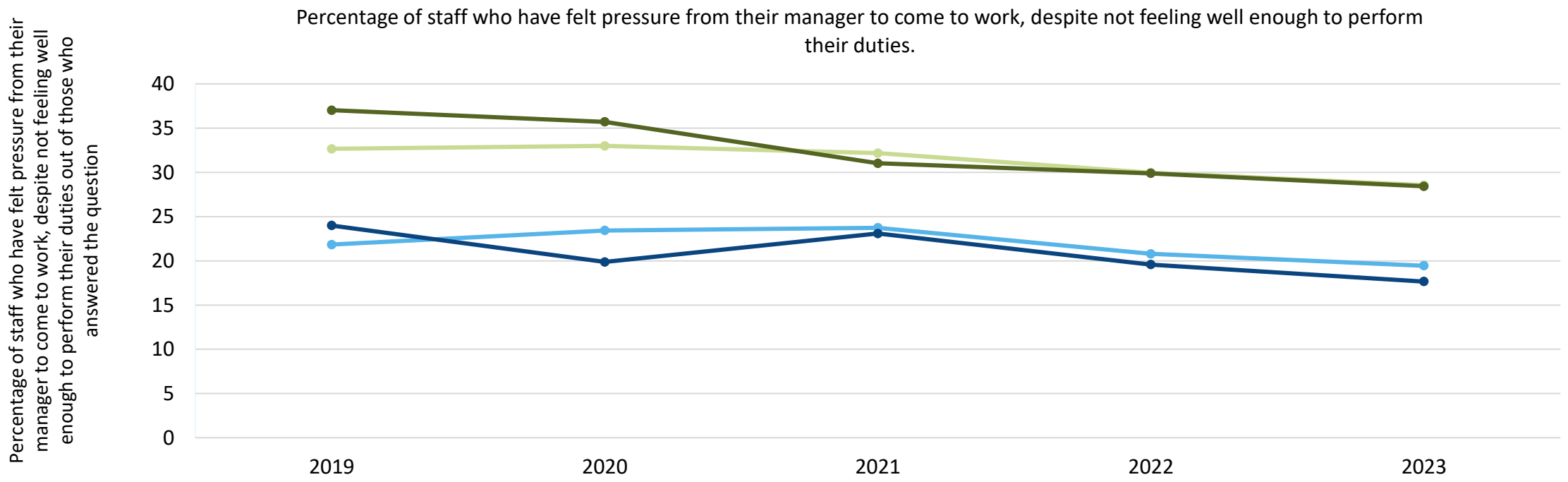
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	50.48%	56.52%	56.69%	58.61%	54.75%
Staff without a LTC or illness: Your org	62.53%	63.35%	61.53%	63.83%	60.29%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	105	115	284	273	316
Staff without a LTC or illness: Responses	443	412	954	951	982

Workforce Disability Equality Standards

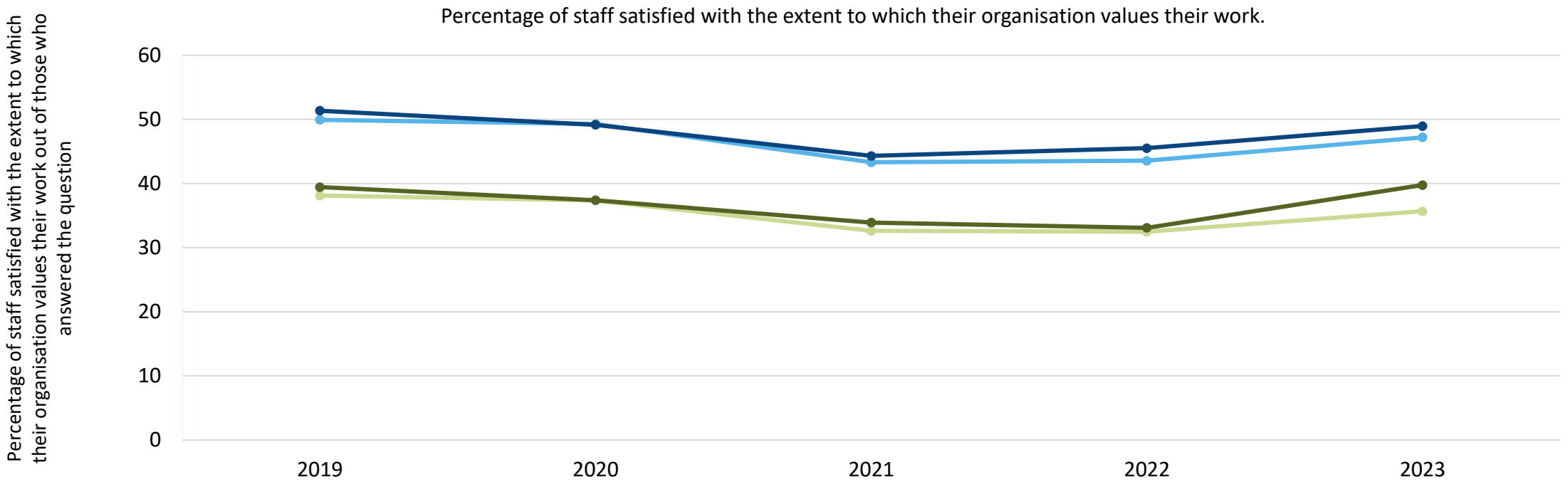
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	37.04%	35.71%	31.03%	29.89%	28.43%
Staff without a LTC or illness: Your org	24.00%	19.88%	23.10%	19.57%	17.66%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	81	70	174	184	197
Staff without a LTC or illness: Responses	225	166	394	470	419

Workforce Disability Equality Standards

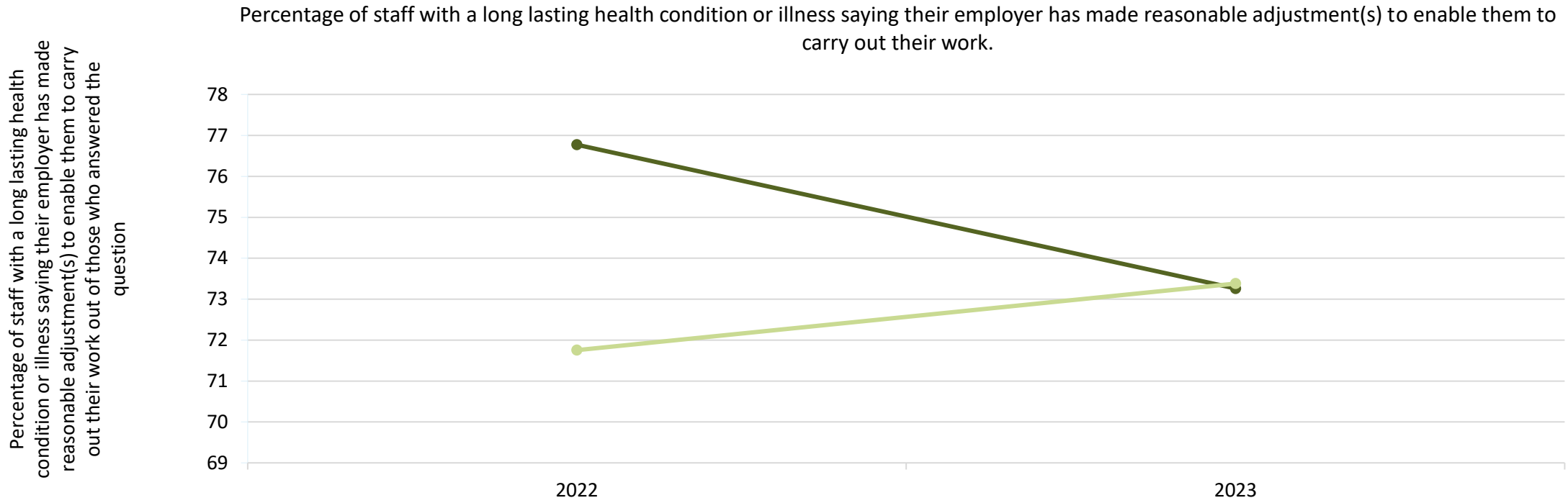
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	39.42%	37.39%	33.91%	33.09%	39.75%
Staff without a LTC or illness: Your org	51.35%	49.15%	44.31%	45.51%	48.95%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	104	115	289	275	322
Staff without a LTC or illness: Responses	446	413	966	958	999

Workforce Disability Equality Standards

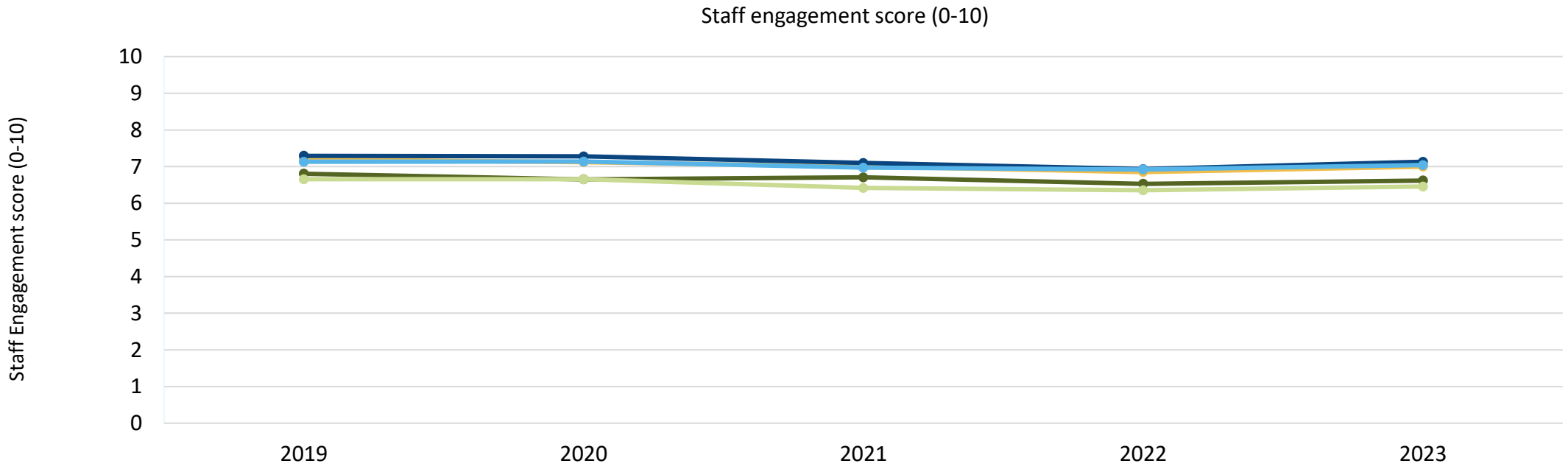
Survey Coordination Centre NHS



	2022	2023
Staff with a LTC or illness: Your org	76.77%	73.26%
Staff with a LTC or illness: Average	71.76%	73.38%
Staff with a LTC or illness: Responses	155	187

Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Organisation average	7.20	7.12	7.01	6.85	7.00
Staff with a LTC or illness: Your org	6.81	6.65	6.71	6.53	6.62
Staff without a LTC or illness: Your org	7.30	7.28	7.10	6.93	7.13
Staff with a LTC or illness: Average	6.65	6.65	6.42	6.35	6.46
Staff without a LTC or illness: Average	7.13	7.14	6.97	6.92	7.04
Staff with a LTC or illness: Responses	104	115	290	275	322
Staff without a LTC or illness: Responses	446	415	973	964	1003

Note. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

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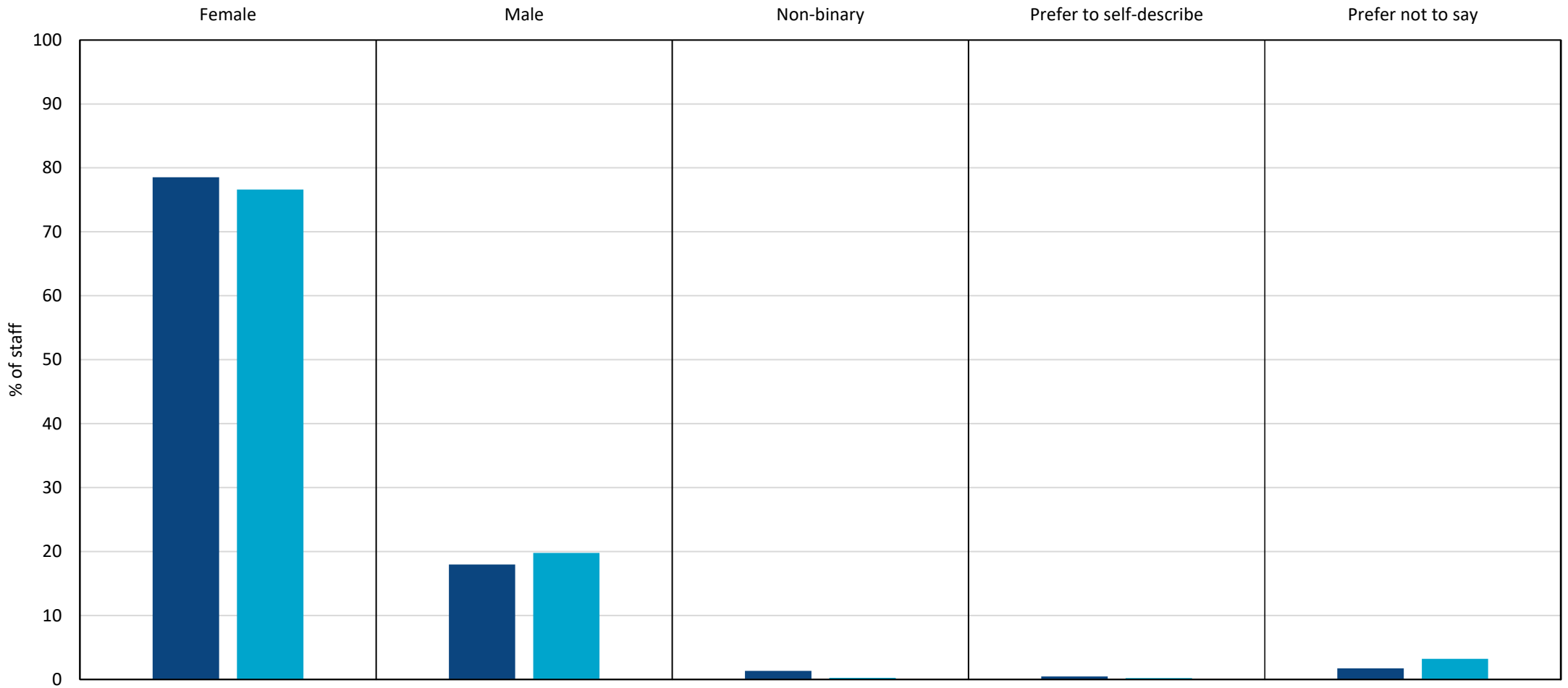
NHS

About your respondents

This section shows demographic and other background information for 2023.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	78.53%	17.98%	1.34%	0.45%	1.71%
Average	76.60%	19.78%	0.24%	0.18%	3.22%
Responses	1346	1346	1346	1346	1346

Background details – Is your gender identity the same as the sex you were registered at birth?

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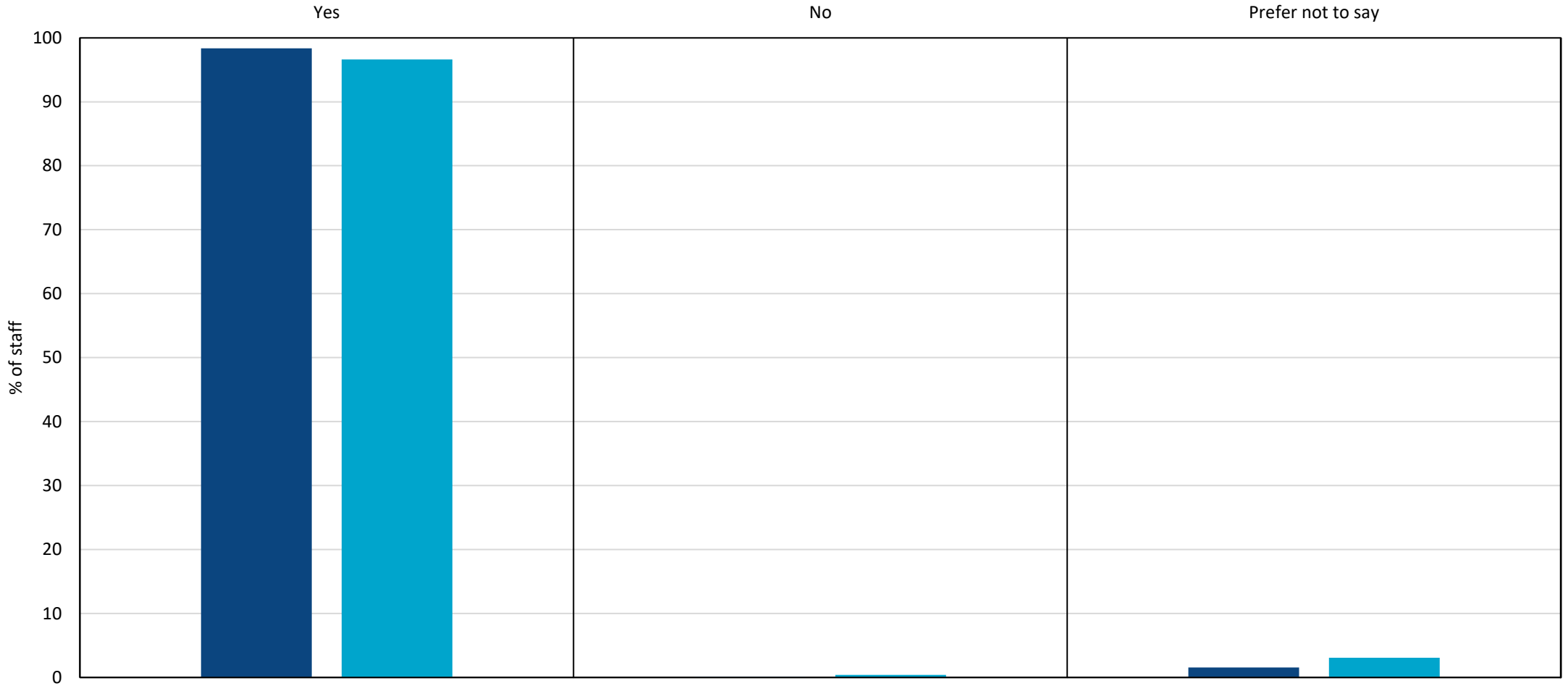
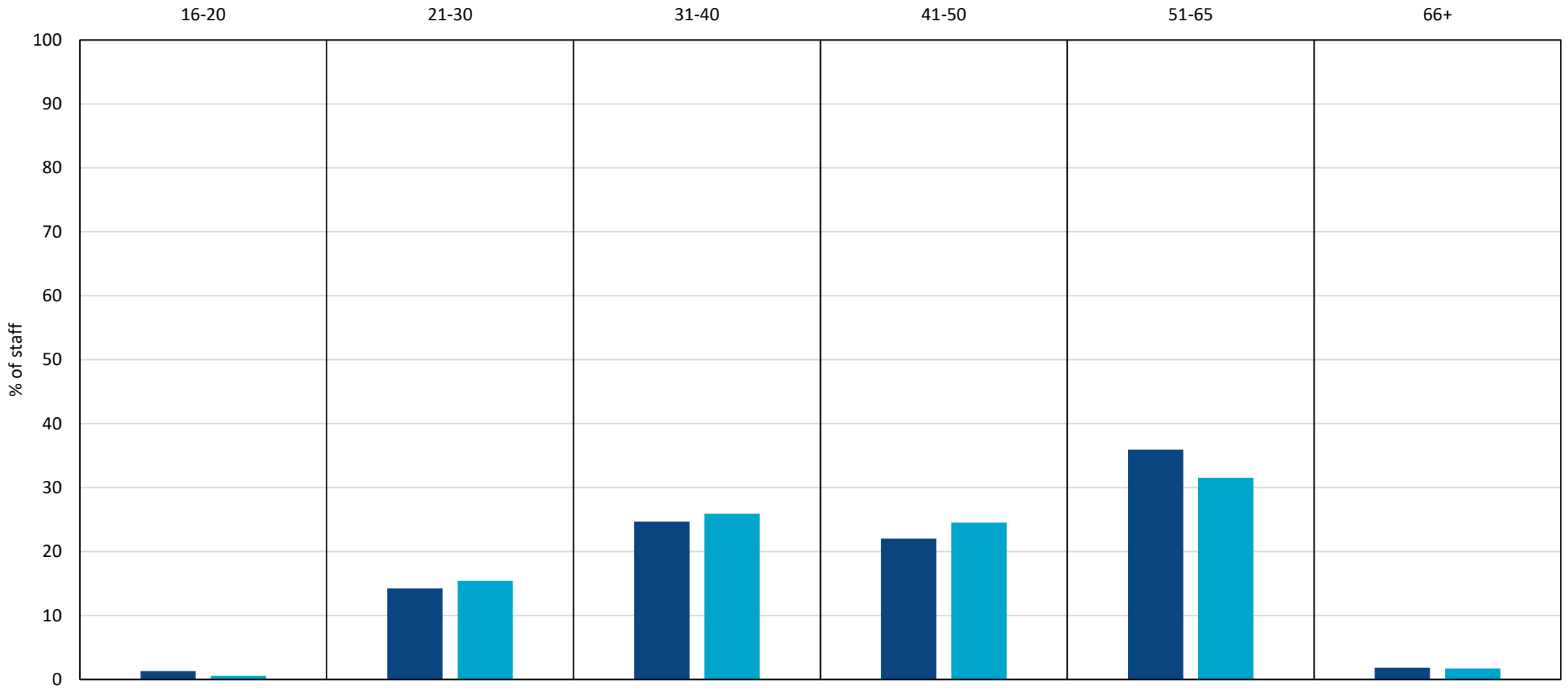


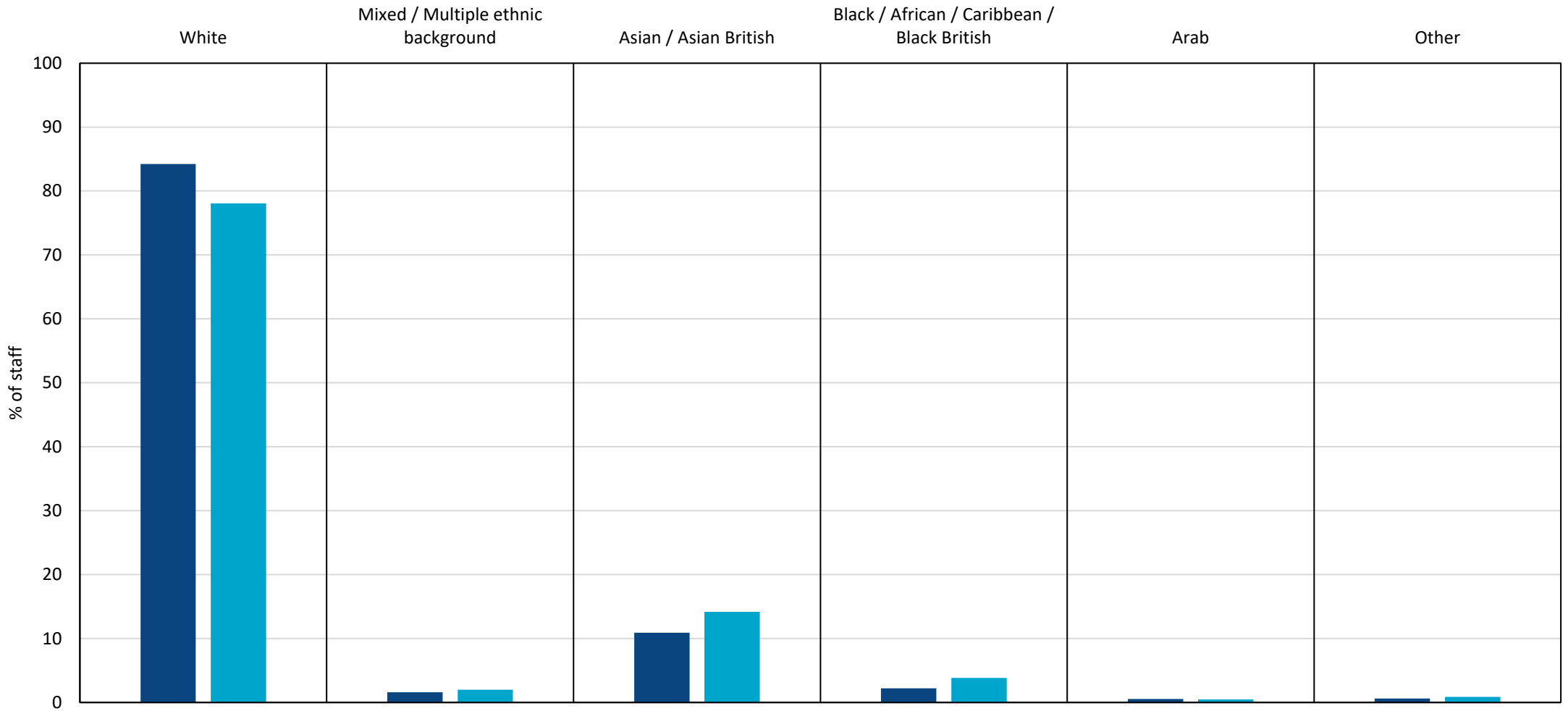
	Yes	No	Prefer not to say
Your org	98.36%	0.09%	1.56%
Average	96.62%	0.37%	3.08%
Responses	1156	1156	1156

Background details - Age



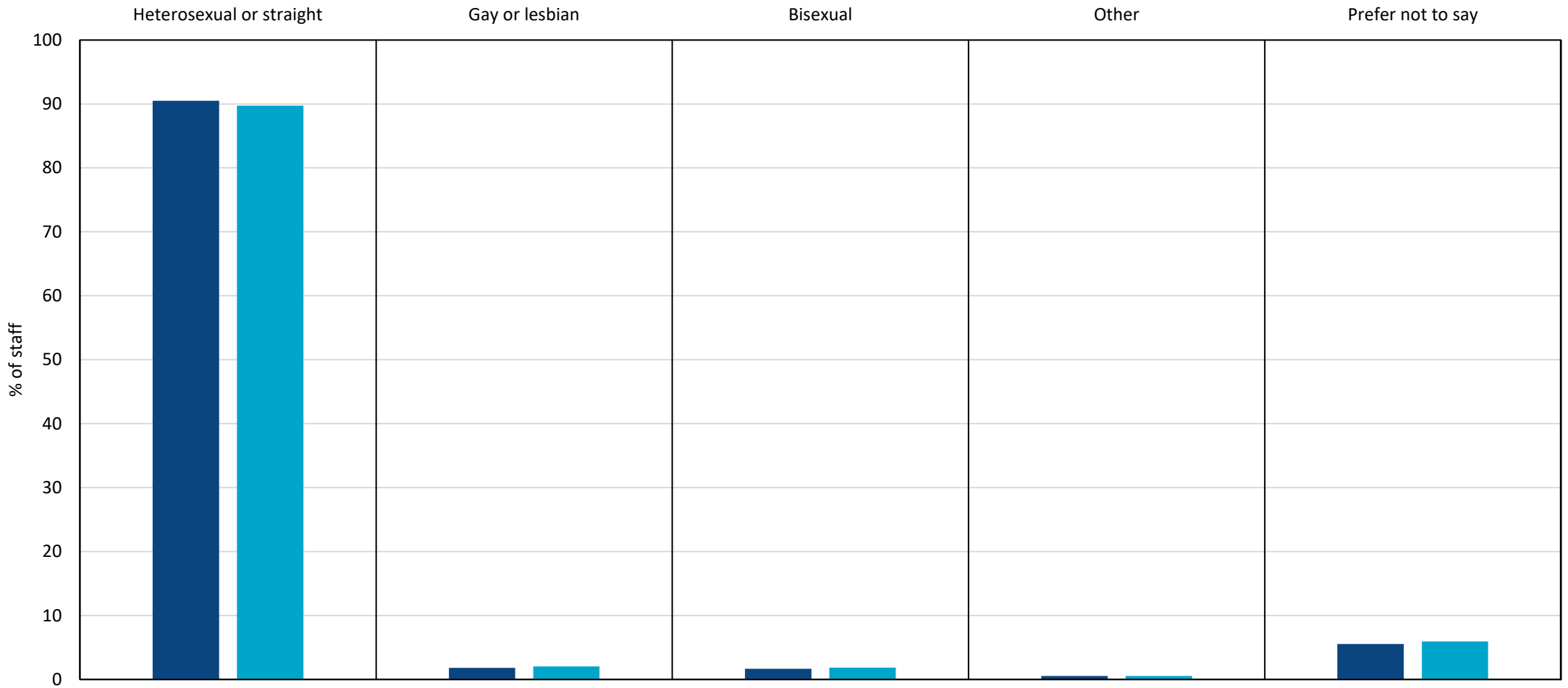
	16-20	21-30	31-40	41-50	51-65	66+
Your org	1.29%	14.23%	24.68%	22.03%	35.96%	1.82%
Average	0.55%	15.42%	25.91%	24.51%	31.50%	1.70%
Responses	1321	1321	1321	1321	1321	1321

Background details - Ethnicity



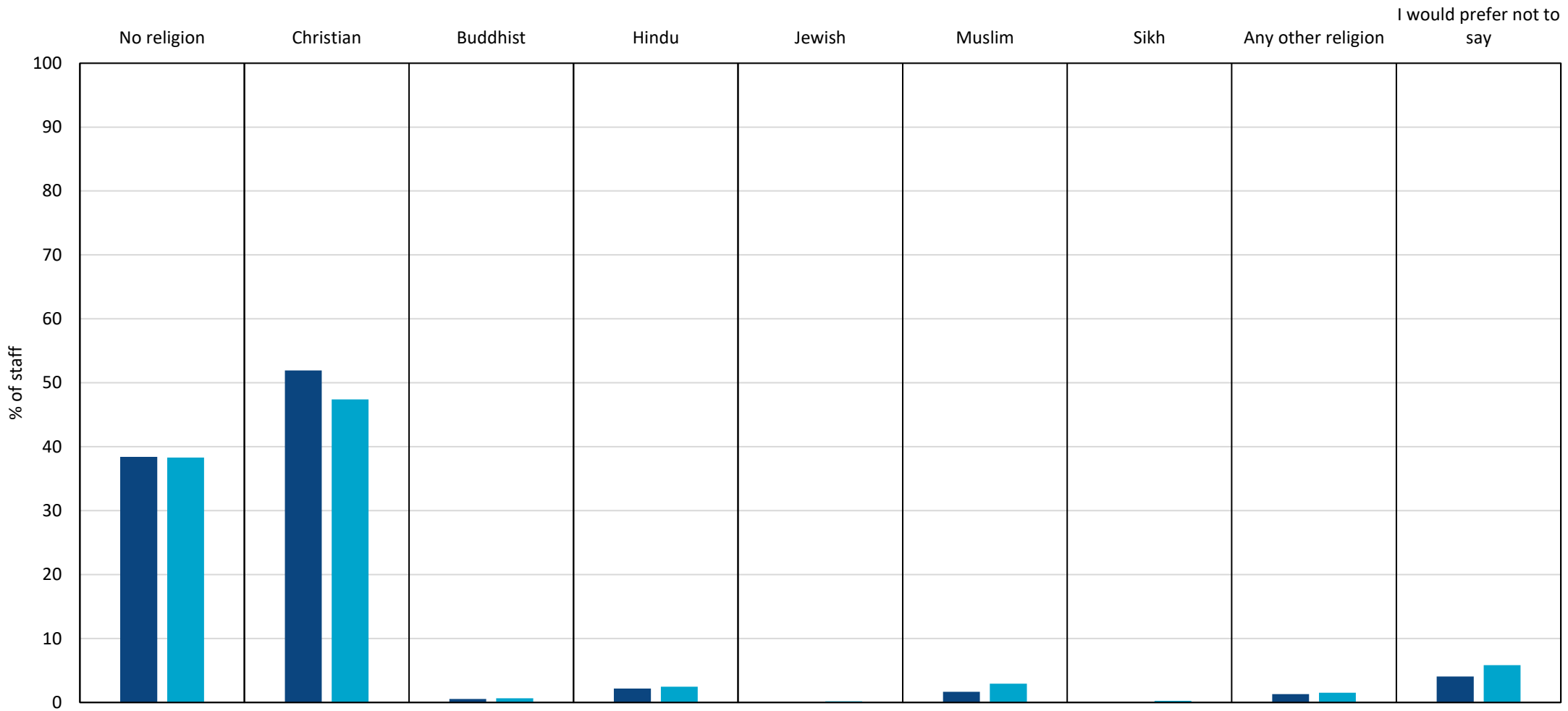
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	84.23%	1.58%	10.89%	2.18%	0.53%	0.60%
Average	78.07%	1.97%	14.15%	3.83%	0.44%	0.84%
Responses	1332	1332	1332	1332	1332	1332

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	90.49%	1.80%	1.65%	0.52%	5.54%
Average	89.71%	2.00%	1.84%	0.52%	5.94%
Responses	1335	1335	1335	1335	1335

Background details - Religion



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	38.41%	51.91%	0.53%	2.18%	0.00%	1.65%	0.00%	1.28%	4.05%
Average	38.30%	47.38%	0.65%	2.43%	0.15%	2.93%	0.23%	1.51%	5.80%
Responses	1333	1333	1333	1333	1333	1333	1333	1333	1333

Background details – Long lasting health condition or illness

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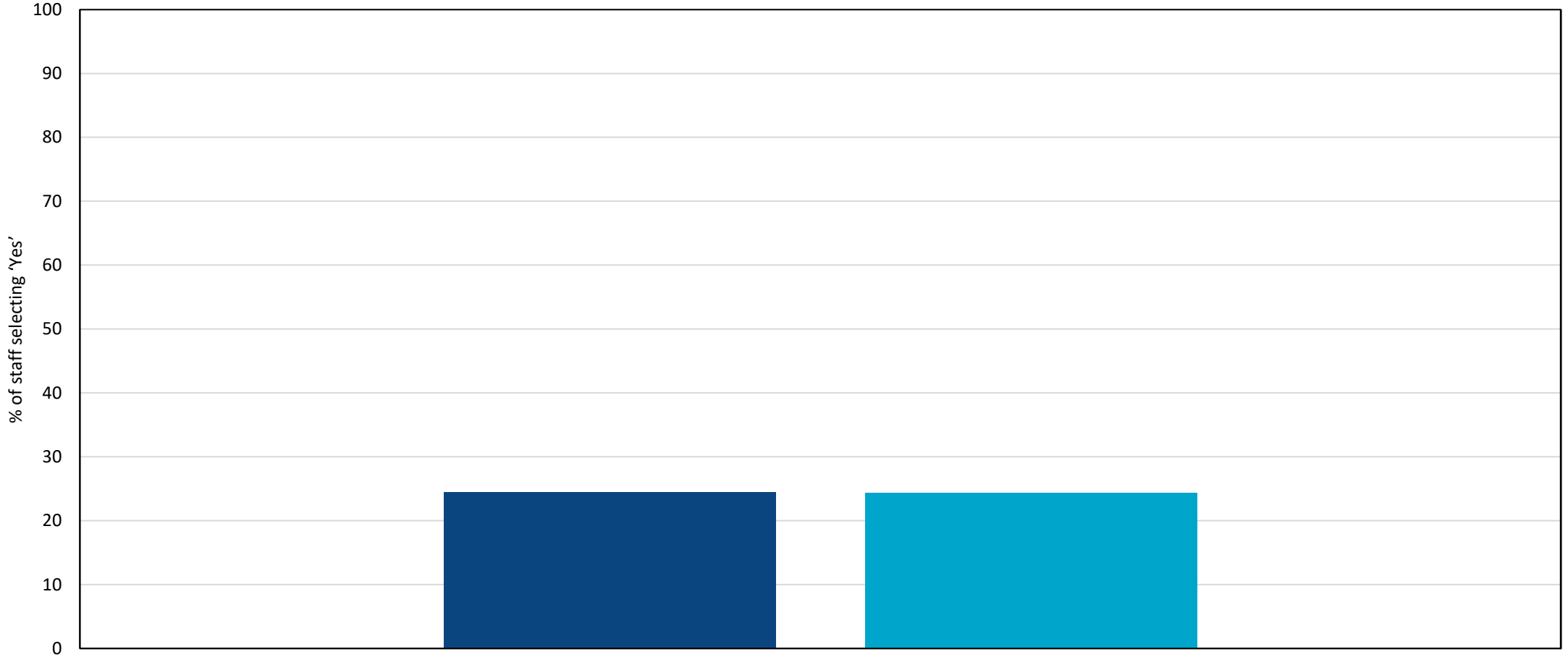
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Your org	24.42%
Average	24.33%
Responses	1327

Background details – Parental / caring responsibilities

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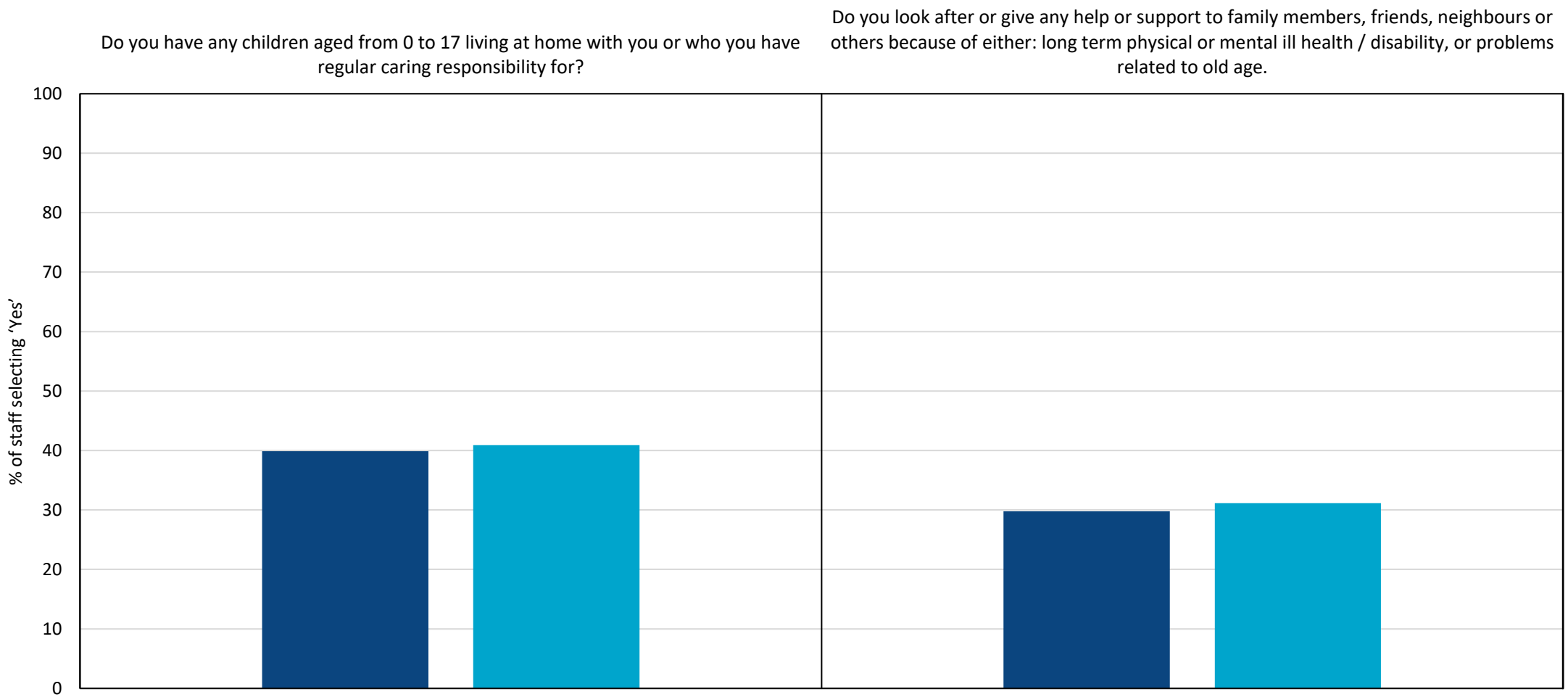
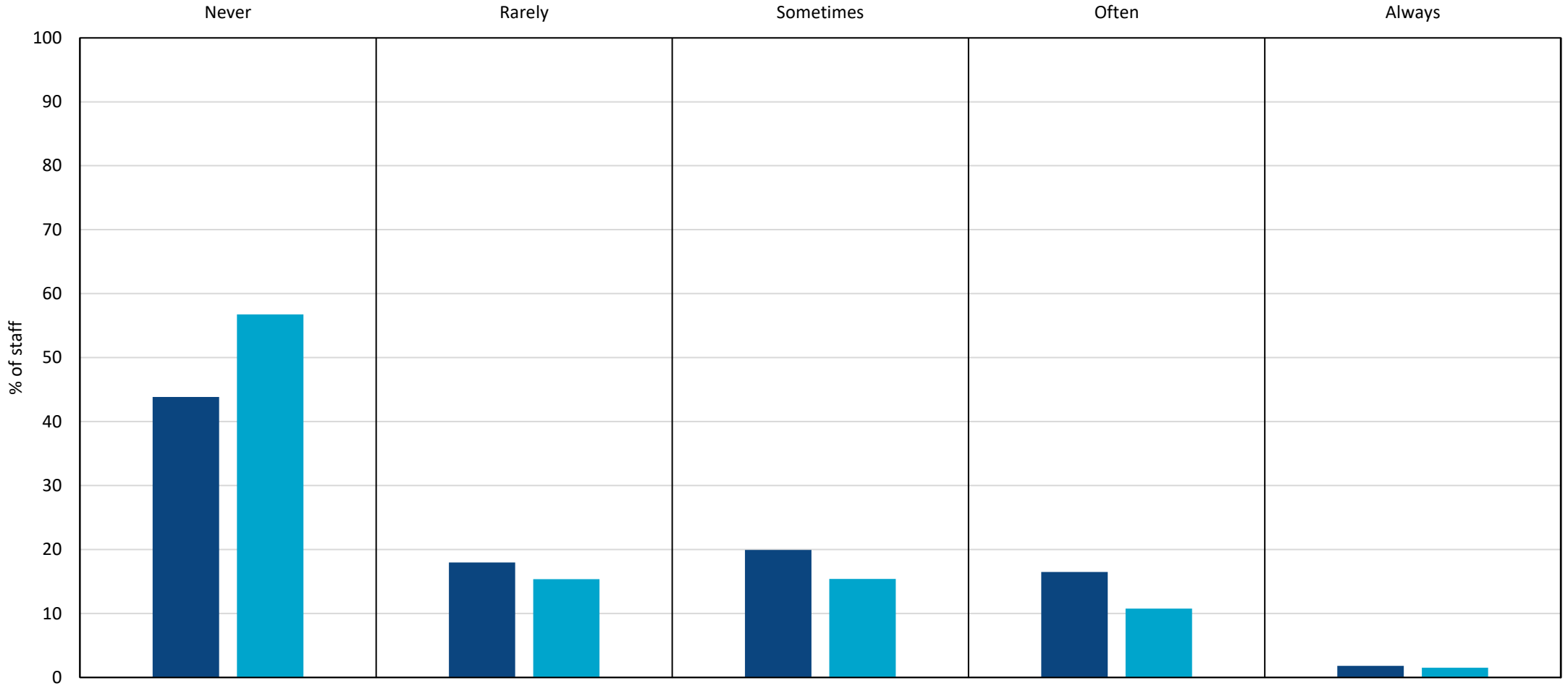


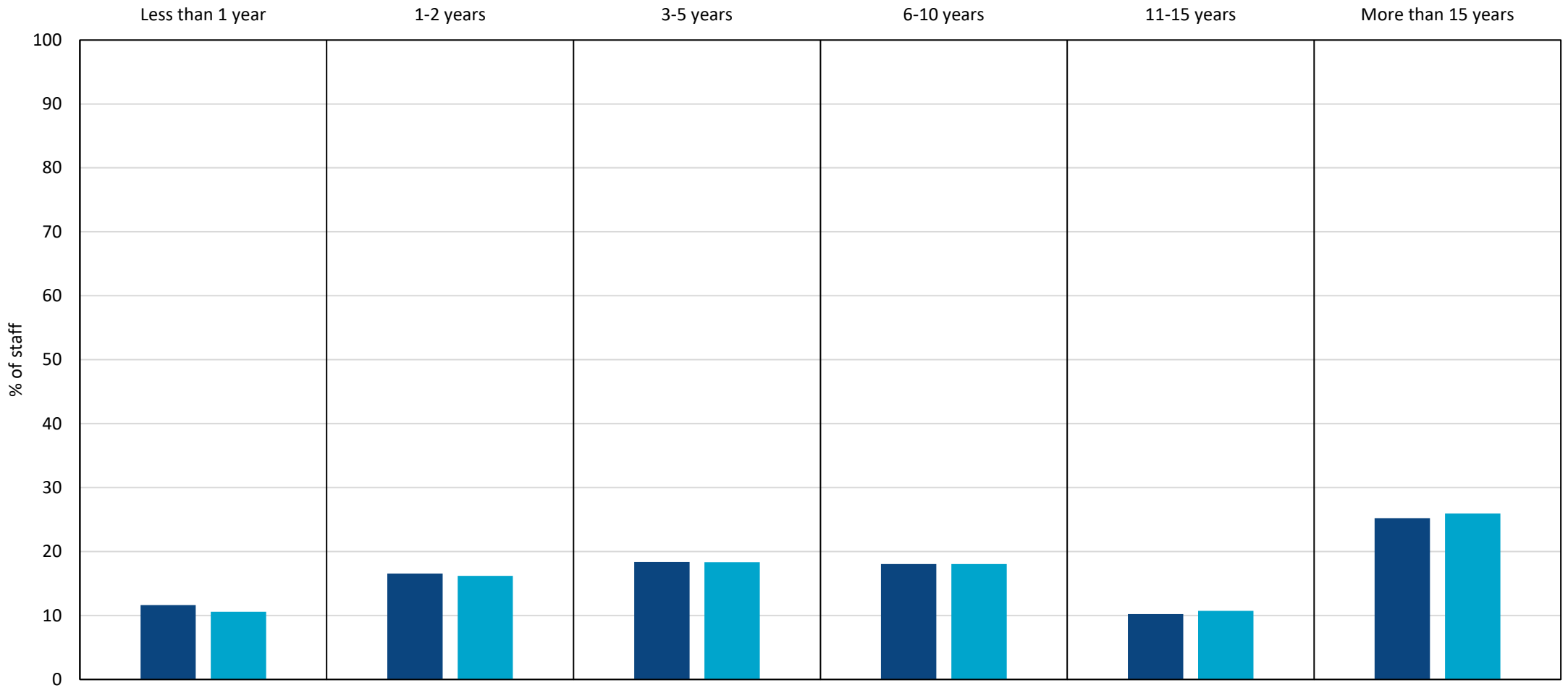
Your org	39.88%	29.76%
Average	40.90%	31.16%
Responses	1334	1314

Background details – How often do you work at/from home?



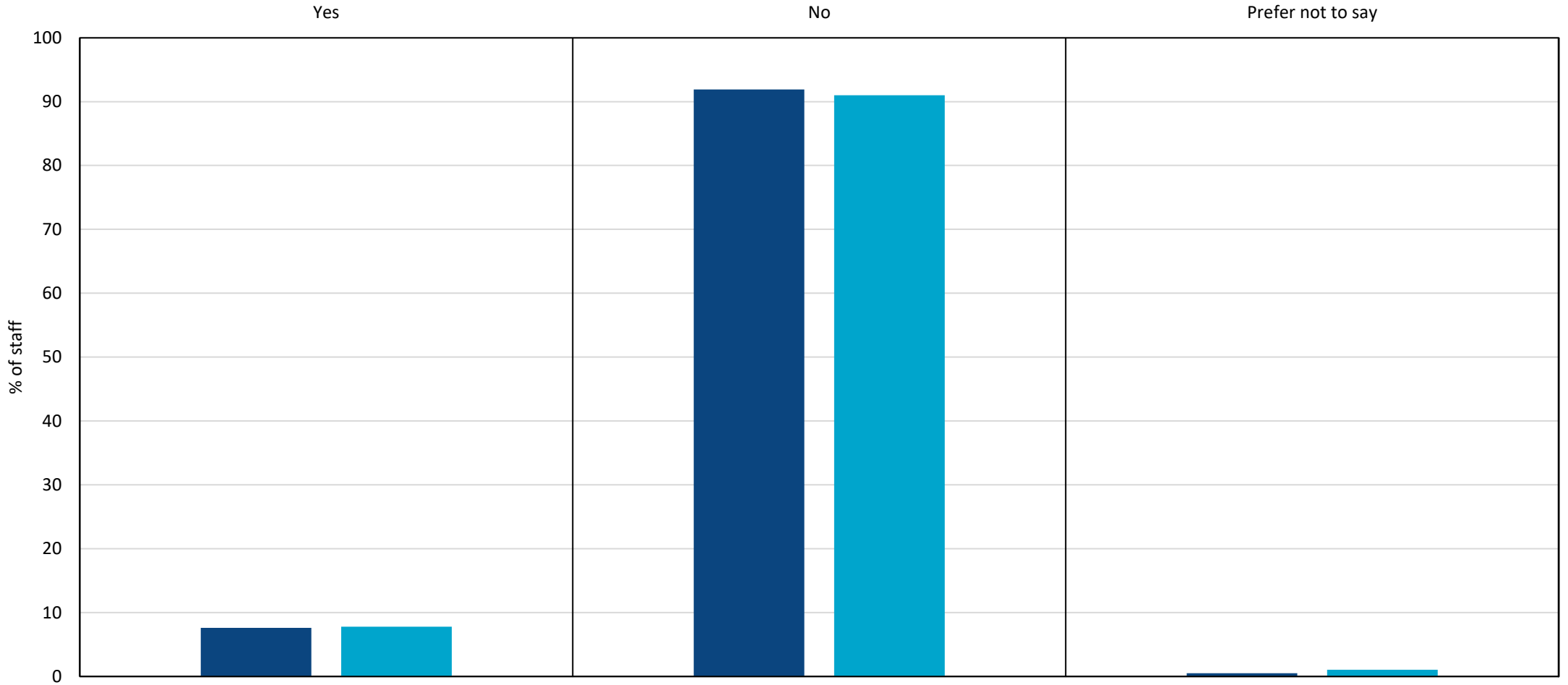
	Never	Rarely	Sometimes	Often	Always
Your org	43.83%	17.98%	19.91%	16.49%	1.78%
Average	56.75%	15.34%	15.41%	10.73%	1.52%
Responses	1346	1346	1346	1346	1346

Background details – Length of service



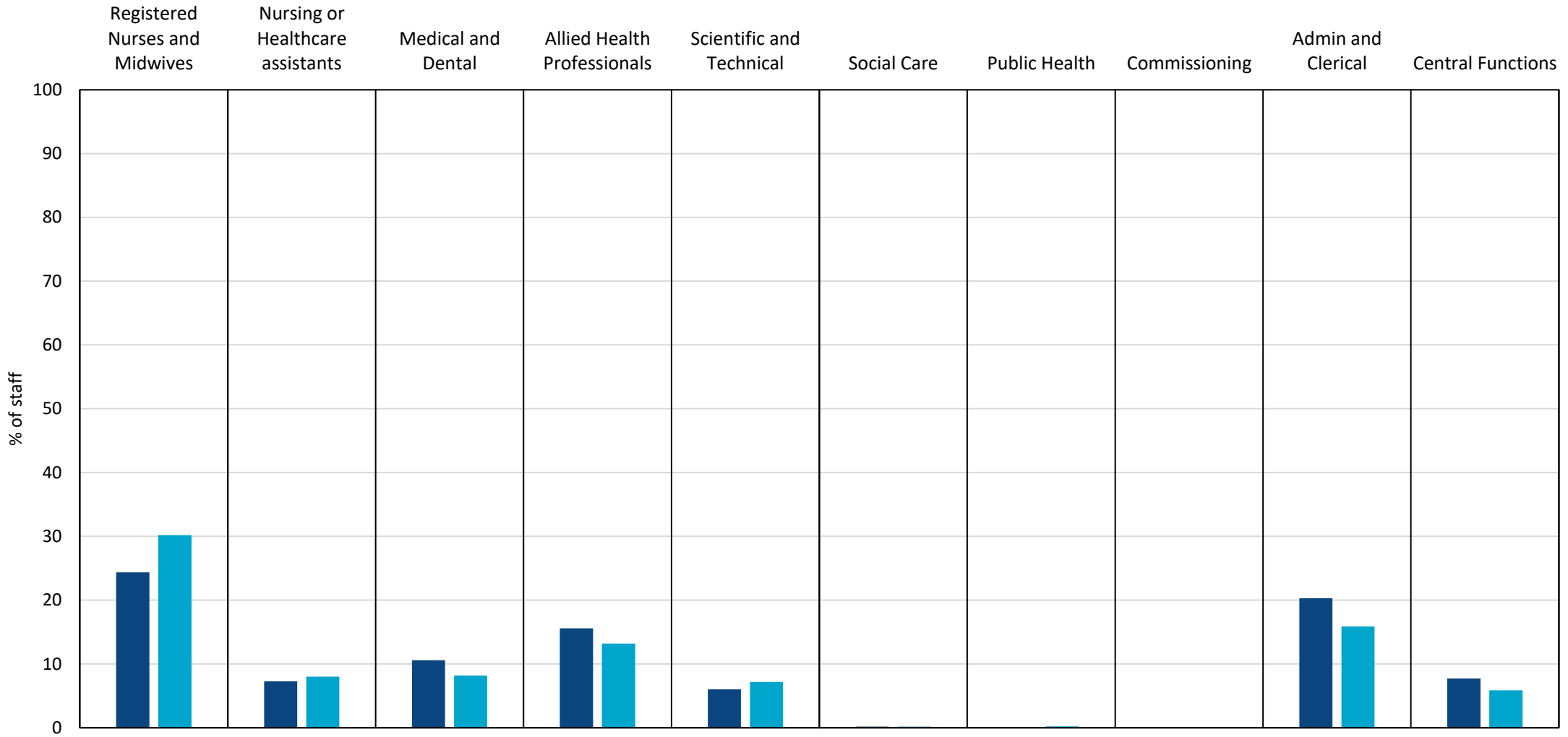
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	11.63%	16.55%	18.34%	18.05%	10.22%	25.21%
Average	10.57%	16.18%	18.32%	18.03%	10.71%	25.95%
Responses	1341	1341	1341	1341	1341	1341

Background details – When you joined this organisation were you recruited from outside of the UK?



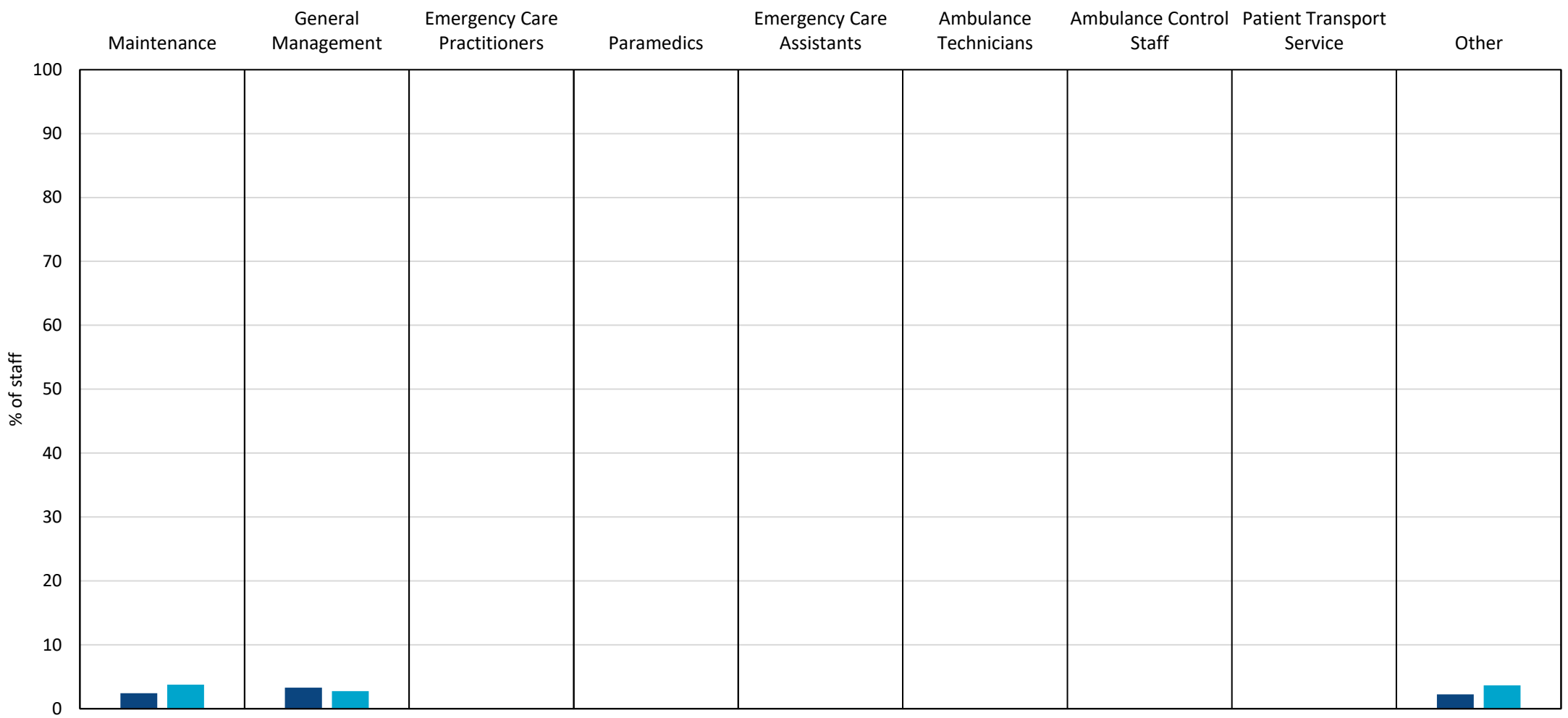
	Yes	No	Prefer not to say
Your org	7.61%	91.90%	0.49%
Average	7.79%	90.98%	1.04%
Responses	1222	1222	1222

Background details – Occupational group



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	24.34%	7.27%	10.56%	15.58%	5.99%	0.15%	0.07%	0.07%	20.30%	7.72%
Average	30.16%	8.01%	8.16%	13.19%	7.17%	0.15%	0.19%	0.07%	15.88%	5.86%
Responses	1335	1335	1335	1335	1335	1335	1335	1335	1335	1335

Background details – Occupational group



	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	2.40%	3.30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.25%
Average	3.76%	2.74%	0.02%	0.00%	0.03%	0.00%	0.00%	0.00%	3.63%
Responses	1335	1335	1335	1335	1335	1335	1335	1335	1335

Survey Coordination Centre

NHS

Appendices

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Appendix A: Response rate

Appendix A: Response rate

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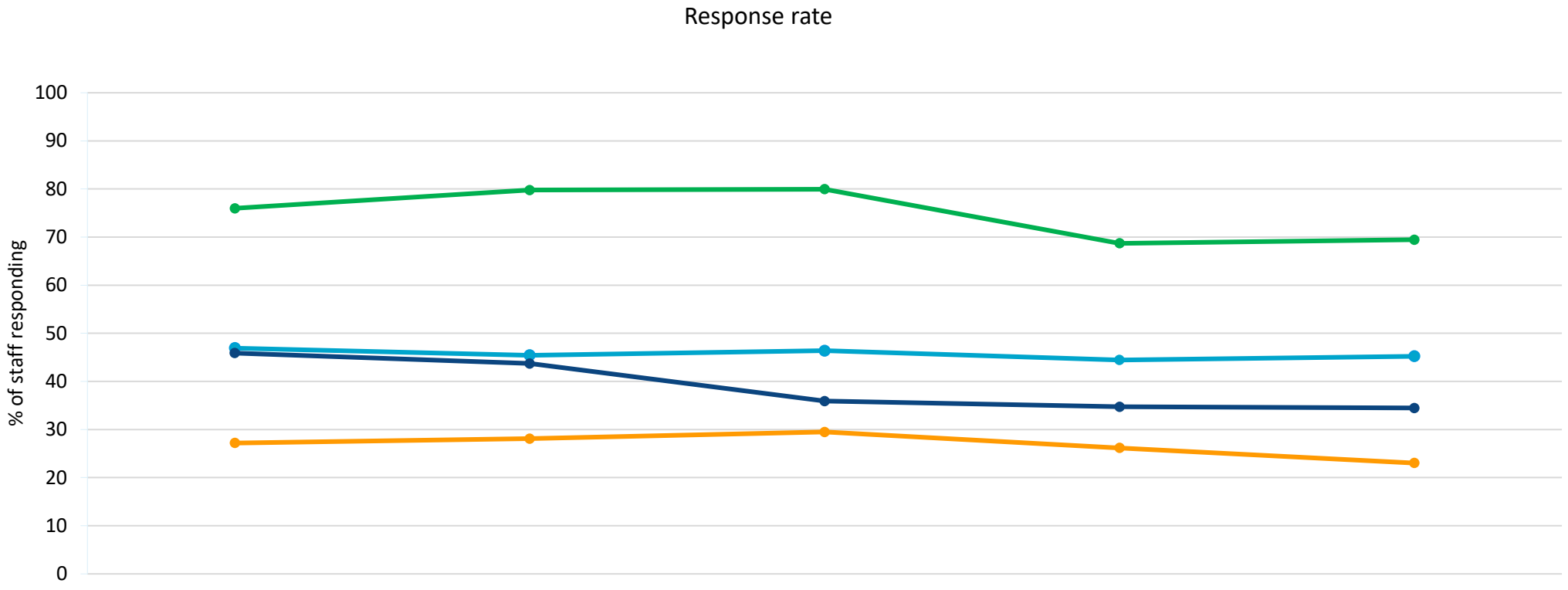

	2019	2020	2021	2022	2023
Your org	45.88%	43.71%	35.90%	34.71%	34.45%
Highest	75.96%	79.77%	79.95%	68.69%	69.45%
Average	46.93%	45.43%	46.38%	44.46%	45.23%
Lowest	27.20%	28.09%	29.47%	26.17%	23.03%
Responses	563	542	1284	1255	1356

Survey Coordination Centre

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Appendix B: Significance testing 2022 vs 2023

Appendix B: Significance testing – 2022 vs 2023

Survey Coordination Centre NHS

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.32	1247	7.36	1350	Not significant
We are recognised and rewarded	5.94	1246	6.17	1351	Significantly higher
We each have a voice that counts	6.81	1229	6.84	1315	Not significant
We are safe and healthy	5.96	1231	-	-	-
We are always learning	5.55	1203	5.89	1293	Significantly higher
We work flexibly	6.21	1241	6.45	1341	Significantly higher
We are a team	6.83	1244	6.90	1350	Not significant
Themes					
Staff Engagement	6.87	1250	7.02	1353	Significantly higher
Morale	5.86	1249	6.08	1349	Significantly higher

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

Survey Coordination Centre NHS

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note

The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the Staff Survey website.

A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

Note. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2023.

Note. 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Appendix C: 1. Reviewing People Promise and theme results

Survey Coordination Centre NHS

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

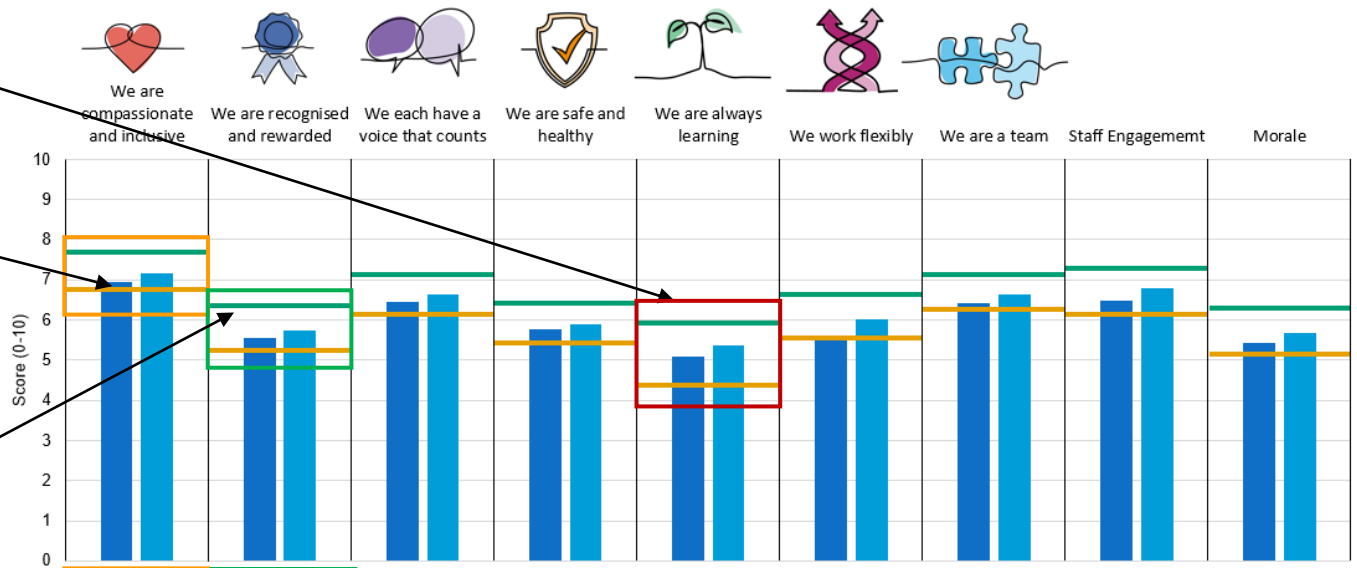
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	8284	8225	8175	8244	7877	8187	8264	8288	8294

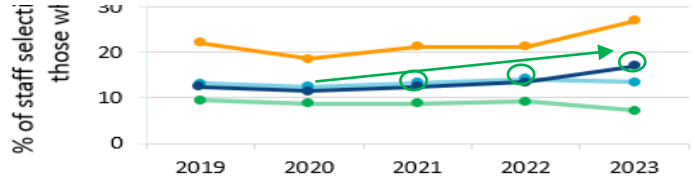
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.



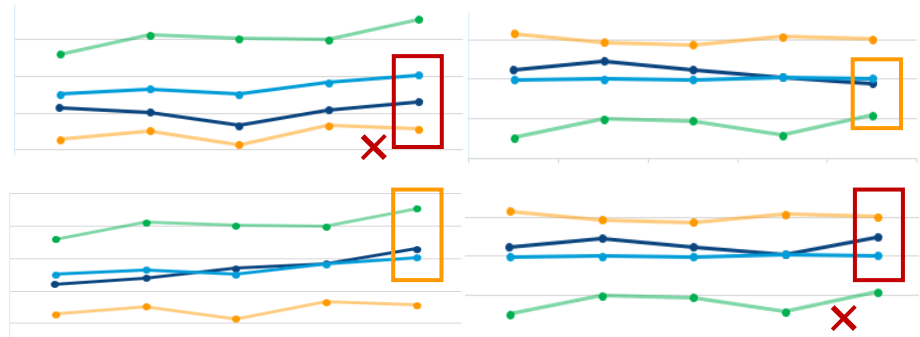
	2019	2020	2021	2022	2023
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	592

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✕ = Negative driver, org result falls between average and worst benchmarking group result for question

Appendix C: 3. Reviewing question results

Survey Coordination Centre NHS

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

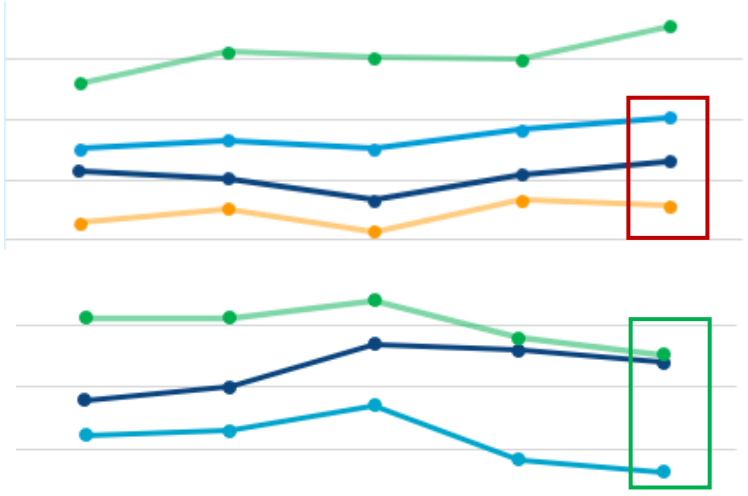
Identifying questions of interest

- **Pre-defined questions of interest – key questions for your organisation**

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

- **Identifying questions of interest based on the results in this report**

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS

Appendix D: Additional reporting outputs

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Appendix D: Additional reporting outputs

Survey Coordination Centre NHS

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs

Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.

Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Wye Valley NHS Trust.

National Briefing Document: Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.

Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	WVT Health & Wellbeing Strategy
Status of report:	☐**Approval** ☒**Position statement** ☒**Information** ☒**Discussion**
Report Approval Route:	Trust Management Board
Lead Executive Director:	**Chief People Officer**
Author:	Geoffrey Etule, Chief People Officer
Documents covered by this report:	WVT Health & Wellbeing Strategy

1. Purpose of the report

A healthy motivated workforce is integral to achieving better care for our patients. It is well known that organisations where staff members feel valued and positive about their health & wellbeing are more successful. Therefore, getting the best from our staff through enhancing their health and wellbeing at work is more important than ever.

The aim of the WVT Health & Wellbeing Strategy is to integrate health and wellbeing into our day to day activities, to enable us to create a positive and healthy environment for staff, patients and service users.

We are committed to optimising the wellbeing of our employees and the Strategy encourages all our people to take responsibility for their wellbeing i.e. *Helping You to Help Yourself*.

2. Recommendation(s)

The Strategy has been approved by TMB and the Board is asked to consider the Health & Wellbeing Strategy and to note the actions being taken to ensure that WVT continues to be recognised as good model employer of choice. Updates on progress being made in delivering the Strategy will be presented to the Board over the coming months**.**

3. Executive Director Opinion[1]

There is strong correlation between working environments where staff are more supported and wellbeing is good, and high quality patient care. The Strategy provides the platform for WVT to support staff in taking more ownership and responsibility for their wellbeing.

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

4. Please tick box for the Trust's 2024/25 Objectives the report relates to:	
Quality Improvement ☐ ***Develop a business case and implement our blueprint for integrated urgent and emergency care with our One Herefordshire partners*** ☐ ***Work with partners to ensure that patients can move to their chosen destination rapidly, reducing discharge delays*** ☐ ***Work with partners to deliver the improvement plan for Children's services*** ***Digital*** ☐ ***Implement an electronic record into our Emergency Department that integrates with other systems*** ☐ ***Deliver the final elements of our paperless patient record plans in order to improve efficiency and reduce duplication*** ☐ ***Maximise the functionality of EMIS with 1H partners and the shared care record*** ***Productivity*** ☐ ***Deliver our Elective Surgical Hub project and associated productivity improvements in order to increase elective activity and reduce waiting times*** ☐ ***Continue our Community Diagnostic Centre project in order to improve access to diagnostics for our population*** ☐ ***Create system productivity indicators to understand the value of public sector spending in health and care***	***Sustainability*** ☐ ***Work with Group partners to identify fragile services and develop plans to make them more sustainable utilising the scale of the group and existing networks*** ☐ ***Redesign selected services to focus more on prevention in order to reduce secondary care activity*** ☐ ***Build our Integrated Energy Solution on the County Hospital site to reduce carbon emissions*** ***Workforce*** ☒ ***Deliver plans for 'grow our own' career pathways that provide attractive roles for applicants*** ☒ ***Increasing the number and quality of green spaces for staff and improve the catering offer at the County Hospital in order to improve the working environment for staff*** ☐ ***Embed EDI objectives in our performance appraisals in order to make a demonstrable improvement in EDI indicators for patients and staff*** ***Research*** ☐ ***Increase both the number of staff that are research active and opportunities for patients to participate in research through our academic programme in order to improve patient care and be known as a research active Trust*** ☐ ***Continue to progress our plans for an Education Centre in order to develop our workforce and attract and retain staff***

WYE VALLEY TRUST HEALTH & WELLBEING STRATEGY

2024 - 2027

Optimising Your Wellbeing is our Commitment / Helping You to Help Yourself

Overview

A healthy motivated workforce is integral to achieving better care for our patients. It is well known that organisations where staff members feel valued and positive about their health & wellbeing are more successful. Therefore, getting the best from our staff through enhancing their health and wellbeing at work is more important than ever.

An effective employee health & wellbeing programme is at the core of how we fulfil our mission and carry out our operations. In our quest to create and sustain a healthy workplace, we are taking actions to ensure that our culture, leadership and people management practices are the bedrock on which to build a fully integrated wellbeing approach.

The aim of this Strategy is to work with our staff to integrate health and wellbeing into our day to day activities, to enable us to create a positive and healthy environment for staff, patients and service users. We are in the business of patient care and a healthy motivated workforce is integral to achieving better care for our patients. We are committed to optimising the wellbeing of our employees and we also encourage all our people to take responsibility for their wellbeing i.e. ***Helping You to Help Yourself.***

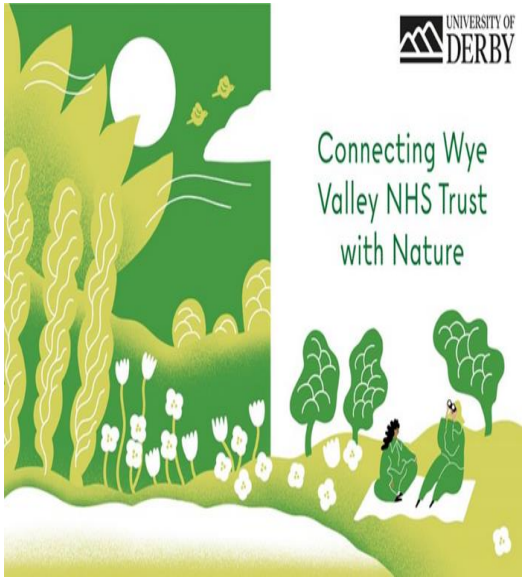
NHS Context

The NHS People Plan suggests that paying close attention to all the people we lead, understanding in detail the situations they face, responding empathetically and taking thoughtful and appropriate action to support their health & wellbeing is critical. As set out in the Department of Health document 'Healthy Staff, Better Care for Patients', there is a direct correlation between staff wellbeing and the quality of patient care delivered. There is strong evidence that patient care is dependent on staff who are well at work and Trusts need concentrated focus on staff health and wellbeing. There is strong correlation between working environments where staff are more supported and wellbeing is good and high quality patient care (Kings College London, 2013). There is also clear evidence that poor staff health and wellbeing has significant impact on the performance of NHS organisations (Michael West, 2018). Focusing on staff health and wellbeing delivers benefits for NHS organisations, their staff and ultimately patients.

Health & Wellbeing at WVT.

Promoting and supporting employee health & wellbeing is at the heart of our purpose to champion better work and working lives because effective workplace wellbeing programmes can deliver mutual benefit to our employees and the communities we serve. We believe that healthy workplaces help people to flourish and reach their potential. Creating a caring and compassionate environment that actively encourages our employees to look after their wellbeing benefits both employees and the organisation.

We have developed a culture that fosters workplace wellbeing with the provision of Occupational Health services and the introduction of a range of wellbeing initiatives through partnership working with external partners. Some of our key wellbeing achievements and highlights over the past three years are indicated below. These can be accessed through our WVT staff intranet https://wvt-intranet.wvt.nhs.uk



A holistic approach to wellbeing at WVT

Investing in employee wellbeing can lead to increased resilience, better employee engagement, reduced sickness absence and higher performance and productivity. To drive forward this agenda and gain real benefits, we will ensure that health & wellbeing programmes are not isolated from everyday business operations but are integrated throughout the Trust and embedded in our culture, leadership and people management practices, with line managers taking responsibility for their team's wellbeing.

We are developing a holistic framework to support the physical and mental health of our employees and offer a variety of sources of help such as counselling, employee assistance programme, NHS apps and occupational health services. All employees are encouraged to adopt a good self-care routine including a healthy approach to diet, nutrition and sleep.

Health and wellbeing is central to the development of our staff at WVT and in improving the care we deliver. That is why we are implementing this Strategy to form an integral part of our WVT vision, providing a working environment in which our staff are able to enhance and maintain their personal wellbeing and to reach their full potential. We aim to empower our staff by creating a culture that is inclusive and supportive, and by providing services that meet their needs based on the NHS Health and Wellbeing Framework, NICE guidelines promoting wellbeing at work, staff feedback and ideas generated from engagement campaigns and surveys.

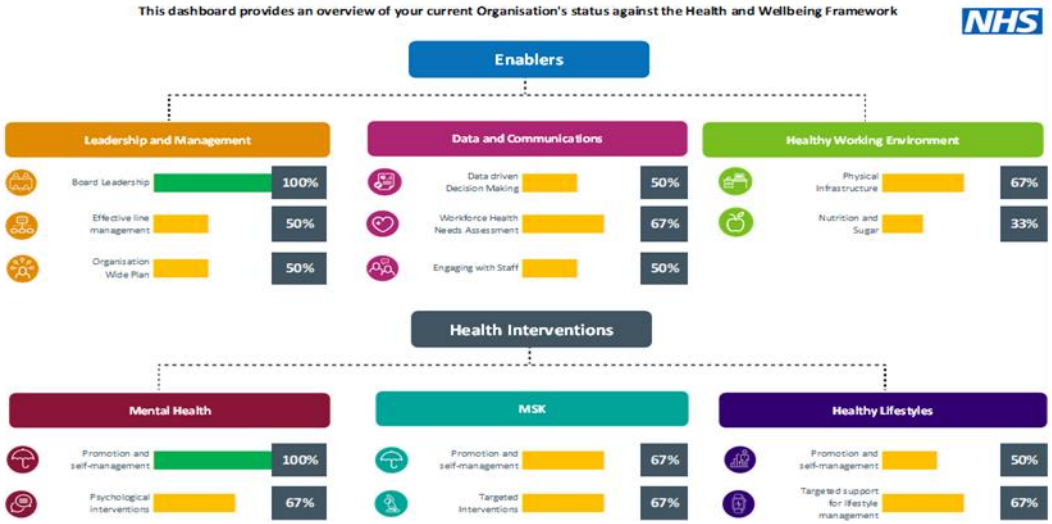
In our determination to maintain a healthy workplace we are looking beyond absence statistics and have identified three key areas to increase our focus on employee health & wellbeing namely, *a healthier and more inclusive culture, better work-life balance, better employee morale and engagement*. Providing mental health support at work to those in need is also important for the Trust.

Health & Wellbeing - Key domains

We will ensure that health and wellbeing isn't treated as an 'add-on' or 'nice-to-have' activity by placing employee wellbeing at the centre of our business operations. This will help to ensure that our approach to wellbeing is integrated across the organisation and taken seriously by all line managers and employees.

Using the NHS Health & Wellbeing Framework we have identified a range of inter-related 'domains' of employee wellbeing, guided by the principle that an effective employee health & wellbeing strategy needs to go far beyond a series of standalone initiatives. Our ambition is to build on the dashboard and improve the wellbeing scores in all areas over the next 3 years.

The underlying elements of the Framework include examples of workplace initiatives based on our unique needs and the NHS Health & Wellbeing Framework with key enablers and health interventions to support people's health. The summary page of the completed NHS Health & Wellbeing Framework dashboard for WVT (December 2023) is listed below. The full document is available on the WVT staff intranet.



Health & Wellbeing priorities

From the NHS Health & Wellbeing Framework dashboard, we have identified clear priorities for improving the health, wellbeing and safety of our staff so they can provide an excellent service to patients and service users. The main health and wellbeing actions and priorities over the next 3 years are presented in the table below. The Chief People Officer will oversee a comprehensive action plan to deliver these priorities.

Health & Wellbeing priority actions		
	Actions	
Leadership & management	• Named executive director and non-exec director to champion and sponsor health & wellbeing across WVT and ensure health and wellbeing is discussed at board meetings • Embed a culture throughout WVT focusing on a compassionate leadership style • Leadership – promote values-based leadership using the WVT leadership charter • Ensure appropriate funding to support health & wellbeing initiatives for employees	
Data & communication	• Analyse sickness absence data, staff surveys, exit interviews, OH data and HR kPIs on a regular basis to proactively identify and address any wellbeing concerns	
Healthy working environment	• Ensure staff have access to high quality and NHS accredited occupational health services • Good line management – ensure effective people management policies and training for line managers • Employee voice - continue to promote the role of the Speak up Guardian, champions and the availability of associated resources for raising concerns • Promote use of green spaces and the connecting staff with nature programme • Introduce the active bystander cultural change programme	
	Actions	
Mental health	• Continue to provide access to psychological and emotional wellbeing support through Schwartz rounds • Support the staff mental health & wellbeing nurse role • Support mental health first aiders / wellbeing champions • Continue to provide access to Employee Assistance Programme (EAP) and counselling support • Provide mental health awareness training to line managers • Develop mental health awareness among employees • Encourage open conversations about mental health and the support available to employees	
MSK	• Working environment – offer workplace risk assessments, display screen assessments and support flexible working • Support the staff physiotherapist role	
Healthy lifestyles	• Promote ***Helping You To Help Yourself*** slogan to all employees • Physical health – promote national health campaigns and employee support groups e.g. Menopause group • Physical safety – raise awareness about safe working practices, safe storage, safe equipment and personal safety training	

	• Physical activity – provide onsite health assessments, exercise classes and walking clubs • Healthy eating - promote healthy menu choices in the restaurant	
Financial wellbeing	• Pensions support – offer pensions support & guidance for staff • Retirement plans – support phased retirement and offer pre-retirement courses for people approaching retirement • Employee financial support- promote the Talk Community website and employee assistance programme offering debt counselling and signpost staff to external sources of free advice (e.g. Citizens Advice)	

Research shows that staff retention rates does improve when staff feel their employer cares and seeks to demonstrate caring through appropriate health and wellbeing interventions. This Strategy seeks to put in place support which aims to make improvements to staff retention. Feedback from the staff surveys shows that staff who benefit from health and wellbeing initiatives feel 'supported' and 'valued' and that these initiatives make a positive difference to the workplace. This Strategy aims to empower all staff to use the available infrastructure to support and improve their wellbeing.

Roles and responsibilities

Everyone has responsibility for fostering good health & wellbeing at WVT.

Adopting an organisational approach to employee wellbeing carries with it distinct responsibilities for particular employee groups.

Employees

Employees have a responsibility for looking after their own health and wellbeing, and will only benefit from wellbeing initiatives if they participate in the initiatives on offer and take care of their health and wellbeing outside work as well. WVT will encourage employees' involvement in wellbeing programmes by communicating how staff can access the support and benefits available to them on an ongoing basis.

HR professionals

HR professionals have a lead role to play in steering the health and wellbeing agenda at WVT and in integrating wellbeing practices into day-to-day operations. HR will communicate the benefits of a healthy workplace to line managers, who are responsible for implementing people management and wellbeing policies. HR will work closely with all departments and provide practical guidance to ensure that HR policies and practices are implemented consistently and with compassion.

Senior managers

All senior managers at WVT are fully committed to improving employee health & wellbeing and will ensure that wellbeing is a strategic priority embedded in the organisation's day-to-day operations and culture.

Line managers

Much of the day-to-day responsibility for managing employees' health and wellbeing at work falls on line managers. This includes spotting early warning signs of stress, making supportive adjustments at work, and nurturing positive relationships. Line managers are important role models in fostering healthy behaviour at work. All line managers will be equipped with the competence and confidence to go about their people management role in the right way with kindness and compassion. WVT managers are expected to understand the impact their management style has on employees and the wider organisational culture at work.

Occupational health

Occupational practitioners will work closely with HR professionals, line managers, health & safety leads in promoting and maintaining employee wellbeing and safety in the workplace.

Leadership
The Managing Director and Chief People Officer will provide leadership and champion the health and wellbeing work. This will enable the health and wellbeing of staff to be retained as a top priority across the Trust and to ensure that sustained progress is made to embed our action plans and key priorities.

Monitoring & review

There are a number of ways in which we will measure the impact of this Strategy;

- Monthly workforce KPIs which we report to the Board
- Analysis of feedback provided through the annual NHS Staff Survey, NHS Pulse Survey and local surveys
- HR analysis of exit interviews and employment cases
- Information from Occupational Health, HR and FTSU Guardian

The Strategy will be reviewed and refreshed in parallel with the annual business planning cycle or sooner if deemed necessary to ensure it remains aligned with the Trust's vision and emerging priorities. Annual reviews and progress reports will be provided to the Trust Management Board.

Appendix 1 – WVT Health & Wellbeing programmes at WVT

Mental health campaigns

Promoting and raising awareness about mental health and wellbeing at work through the national mental health productivity pilot programme

Connecting WVT staff with nature

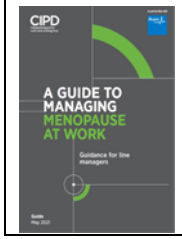
Programme with the university of Derby supported by Natural England to encourage staff to connect with nature for better health & wellbeing

Physical health

Working in partnership with Halo leisure providing onsite wellbeing programmes for staff across all sites

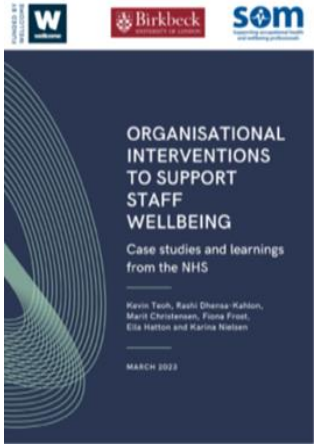
Staff support

Range of support programmes for staff

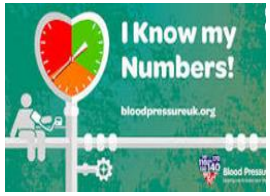


NHS Case study

Contributing to national wellbeing studies



National campaigns promotions



Appendix 2 – WVT Health & Wellbeing actions

Indicators	Actions required	Outcomes
Leadership & Management	• Executive lead and Non Exec leads for health & wellbeing	• G Etule, CPO • G Quantock, NED
Data & Communications	• HR KPIs • Staff surveys	• Green/Amber HR KPIs • Above NHS average staff survey results
Healthy Working Environment	• Access to NHS accredited OH service • FTSU Guardian and champions • Promotion of health and wellbeing programmes	• Accredited OH service in place for staff • FTSU Guardian and champions across all divisions • WVT health & wellbeing brochure • Promotion of national wellbeing programmes • Annual health & wellbeing week
Mental Health	• Psychological and emotional wellbeing support for staff • Mental health first aiders / wellbeing champions	• Schwartz rounds, EAP and NOSS counselling in place for staff • Mental health first aiders / wellbeing champions across all divisions • Mental health & wellbeing nurse
MSK	• MSK support for staff	• Dedicated staff physiotherapist in OH
Healthy Lifestyles	• Physical health support for staff • Guidance and support to staff	• Onsite exercise programmes for staff • WVT intranet with support and guidance for staff
Financial Wellbeing	• Guidance and support on financial wellbeing	• WVT intranet with guidance and support on financial wellbeing • Promotion of Talk Communities

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	Maternity Perinatal Quality Surveillance Report
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Quality Committee
Lead Executive Director:	**Chief Nursing Officer**
Author:	Associate Director of Midwifery
Documents covered by this report:	PQSM overview paper and dashboard

1. Purpose of the report

To present the monthly Perinatal Quality Surveillance Model and highlight any key exceptions or areas of focus for Board oversight.

2. Recommendation(s)

To receive the report.

3. Executive Director Opinion[1]

The scrutiny placed on maternity services nationally has led to a complex set of reporting requirements in order to provide assurance on the safety of our services. The team have met to scope the requirements and are working with the Local Maternity and Neonatal System. The Maternity incentive scheme year 6 (CNST 10) is due to be published in April 2024 and there is an indication that reporting expectations may change, the team will await publication prior to finalising the reporting arrangements for Board. In the interim Board will receive the mandated PQSM each meeting.

4. Please tick box for the Trust's 2023/24 Objectives the report relates to:

Quality Improvement

☐ ***Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes***

☐ ***Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)***

☐ ***Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care***

Digital

☐ ***Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy***

☐ ***Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways***

Productivity

☐ ***Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations***

☐ ***Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre***

Sustainability

☐ ***Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff***

☐ ***Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process***

Workforce

☐ ***Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners***

☐ ***Develop a 5 year 'grow our own' workforce plan***

Research

☐ ***Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate***

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

The Perinatal Quality Surveillance Model – January 2024

1. Purpose

1.1 The purpose of this report is to provide the Trust Board, the Local Maternity System (LMS), the Regional Chief Midwife, the Integrated Care System (ICS) and Care Commissioning Group (CCG) with a monthly overview to enable consistent and methodical oversight of maternity services, provide assurance and address any arising concerns in a timely manner.

1.2 This report covers the months of January 2024

The report addresses the following key areas:

- Activity
- Perinatal Morbidity and Mortality (Inborn)
- Maternal Morbidity and Mortality
- Insight (moderate incidents and above, new HSIB referrals, Healthcare Safety Investigation Branch (HSIB)/NHS Resolution/Care Quality Commission (CQC) or other organisation with a concern or request for action made directly with Trust, Coroner Regulation 28 made directly to Trust)
- Workforce
- Involvement (compliments, complaints, Staff feedback from frontline champions and service walk-abouts)
- Improvement (Clinical Negligence Scheme for Trusts) progress, Training Compliance, Continuity of Carer)

2. Background

2.1 The revised Perinatal Quality Surveillance Model was published by NHS England in December 2020 in order to identify Trusts that require support before serious issues arise. It seeks to provide a consistent and methodical oversight of all services, specifically maternity services. The model has also been developed to gather ongoing learning and insight, and to inform improvements in the delivery of perinatal services.

Wye Valley NHS Trust and its board, supported by the senior maternity and neonatal teams and the board-level Executive and Non-Executive safety champions, will ultimately remain responsible for the quality of the services provided and for ongoing improvement to these through the existing governance processes and monthly safety champions meetings. As the commissioners of maternity care, our local ICB also has a statutory role to improve quality, safety and outcomes for our patients. The quality model supports trusts and ICB's to discharge their duties, while providing a safety net for any emerging concerns, trends or issues that are not quickly identified and addressed.

The perinatal model is designed to function in the emerging architecture in the NHS, whereby Integrated Care Systems (ICS) (with full involvement of providers and commissioners) will be responsible for system planning, governance and accountability, management of performance and reducing unwarranted variation in care and outcomes. ICS are at different stages of development. It is, therefore, important that during this period of change, transitional arrangements for quality oversight are appropriate to each local system.

The 5 main principles of the Perinatal Quality Surveillance Model are:

1. Strengthening trust-level oversight for quality (helping to ensure that issues are addressed in a timely fashion without the need for external intervention).

2. Strengthening Local Maternity System and ICS role in quality oversight (enabling a system-wide view of quality).

3. Regional oversight for perinatal clinical quality (where specific insight from a range of system partners is linked into revising regional quality models through the chief midwife and lead obstetrician).

4. National oversight for perinatal clinical quality (if interventions do not resolve the quality issue or if they are so serious as to warrant immediate escalation).

5. Identifying concerns, taking proportionate action and triggering escalation at all levels of the model, the constituent parts have a clear sense of their role, remit and interventions at their disposal and of when to escalate issues.

3. Activity

The month of January saw an increase in the number of births from 136 up to 142. There was 1 set of twins taking the number of babies born up to 143.

The induction of labour rate dropped down to 44.4% for the month of January. A deep dive audit was completed into the induction of labours for December. All inductions were reviewed jointly by a midwife and consultant obstetrician. All induction of labours had a valid reason for offer of induction (in line with National and local guidance), there was no thematic learning identified from this review.

The Robson Group 5 data saw a slight increase in January up to 94.7%. Updated information is now available on the Trust maternity website and Badgernet app regarding VBAC (vaginal birth after caesarean section) information. This ensures women and birthing partners are receiving the most up to date information from the RCOG regarding their choices for mode of birth following a caesarean section. Work is ongoing across the LMNS on birth choices. It was agreed in February Finance, Performance and Exception Meeting that this workstream would be delayed until August as it has been superseded in priority by the roll out of the BSOTS Maternity Triage system.

4. Perinatal Morbidity and Mortality (Inborn)

There were no perinatal losses across the month of January.

5. Insight

There was 1 PSII reported during the month of January – detailed within the minimum data set.
There were no HSIB/MNSI referable cases during the month of January.
There were no concerns raised from the Healthcare Safety Investigation Branch (HSIB) during January.
There were no Coroner Regulation 28 made with the Trust during January.

6. Workforce

Metrics	Benchmark	Current position (MW)
Sickness rate	<3.5%	4.97%
Turnover rate (rolling)	National rate 9.2%	8.53%
Vacancy rate (MW)	<2%	0% (over recruited by 2.4wte)
Maternity Leave		5.52 wte
Midwife to birth ratio (in post)	1:26	1:22
1:1 care in labour	100%	100%
Delivery Suite coordinator supernumerary	100%	100%

There were 9 InPhase reports submitted relating to staffing during the month of January, but no patient harm was identified in any of these reviews.

During January there were rota gaps in the Obstetric team as outlined:

Duty	**Consultant gaps**	**Trend on prev month**	**Middle Grade gaps**	**Trend on prev month**
Antenatal Clinic	4.5 hours	Improved	45 hours	Stable
Delivery Suite / Maternity	60 hours	Improved	123.25	Improved

During December there were 8 rota gaps in the Anaesthetic team which shows a continued improving picture.

All gaps across all medical rotas were covered by existing members of the team.

The audit findings for the twice daily MDT ward rounds saw a slight increase up to 83% for January. We are looking to expand the audit to include the midday MDT safety huddle. This will ensure that where possible, an MDT safety huddle will occur each day at 12:30. At present it is not consistent.

7. Involvement

There were 19 compliments received for the month of January. There was 1 complaint and 1 concern received during the month of January (detailed within the minimum data set).

There were no safety concerns raised at the January safety champion's walkabout.

There were no claims, no inquests and no record requests during the month of January.

The January safety champion's walkabout took place out of hours (20.00 hrs to 23.00 hrs) in January and was undertaken by the Chief Nursing Officer and Non - Executive Safety Champion, accompanied by colleagues from maternity and neonates. Evening MDT handover was observed and delivery suite, maternity ward and SCBU visited.

8. Improvement

The LMNS completed the peer review against the 10 CNST standards in January and the final sign off was supported by Trust Board at the end of January. We successfully achieved 10 out of 10 for MIS year 5. We will now await the publication of MIS year 6 which is anticipated for April 2024.

We will continue to review all scenarios where a consultant obstetrician must attend and will now report on this monthly as per CNST year 5 requirements. The scenarios are as follows:

- Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU/ITU care is likely to become necessary
- Caesarean birth for major placenta praevia/abnormally invasive placenta
- Caesarean birth for women with a BMI > 50
- Caesarean birth < 28 weeks gestation
- Premature twins (< 30 weeks gestation)
- 4th degree perineal tear repair
- Unexpected intrapartum stillbirth
- Eclampsia
- Maternal collapse e.g. septic shock, massive abruption
- Post-partum haemorrhage > 2 litres where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated

During the month of January there was 1 case of a post-partum haemorrhage of over 2 litres. The obstetric consultant was called and attended. An MDT rapid review took place and it was found that care was appropriate and therefore the incident was downgraded.

There were no other cases that fit the above criteria.

Training compliance for the PROMPT update day continues to be monitored monthly as required for CNST compliance. Obstetric consultant figures have dropped slightly down to 88% with 1 obstetric consultant requiring an update. Plans are in place to ensure full compliance is achieved. Obstetric middle grades remain at 100% compliance. Anaesthetic consultants are 100% compliant and anaesthetic middle grades are now 93% complaint. The midwifery compliance has dropped slightly to 92%.

WVT - Perinatal Quality Surveillance Model

	CQC Maternity Ratings	Overall - Good	Safe - Requires improvement	Effective - Good	Caring - Good	Well-Led - Good	Responsive - Good						
	Maternity Safety Support Programme - No												
		Apr-23	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
	Activity												
	Total number of Births	125	161	130	137	146	131	140	130	136	142		
	Induction of Labour rate %	32.00%	35.40%	37.7%	38.7%	33%	29.00%	39.30%	36.20%	48.50%	44.40%		
	Unassisted Birth rate %	47.20%	42.90%	43.1%	34.3%	42.50%	35.10%	40.70%	43.10%	45.60%	45.80%		
	Assisted Birth rate %	12.00%	12.40%	10.0%	13.1%	10.30%	11.50%	12.10%	7.70%	16.20%	13.40%		
	Robson Category Group 1 (Nulliparous, single cephalic, > 37 weeks, spontaneous labour): number of C/S in group	3	7	3	3	0	10	4	4	3	5		
	Robson Category Group 1 (Nulliparous, single cephalic, > 37 weeks, spontaneous labour): total number of births in the group	14	23	16	13	19	24	21	12	12	19		
	Robson Category Group 1 (Nulliparous, single cephalic, > 37 weeks, spontaneous labour): percentage of RC Group 1 births	21.40%	30.4%	18.8%	23.1%	0.00%	41.70%	19.00%	33.30%	25.00%	24.30%		
	Robson Category Group 2 (Nulliparous, single cephalic, > 37 weeks, a) Induced b) CS before labour): number of C/S in group	13	22	20	17	24	17	26	24	23	25		
	Robson Category Group 2 (Nulliparous, single cephalic, > 37 weeks, a) Induced b) CS before labour): total number of births in the group	22	37	32	29	35	28	37	33	40	34		
	Robson Category Group 2 (Nulliparous, single cephalic, > 37 weeks, a) Induced b) CS before labour): percentage of RC Group 2 births	59.10%	58.2%	62.5%	48.6%	68.60%	60.70%	70.30%	72.70%	57.50%	73.50%		
	Robson Cateogory Group 5 (G2+, Previous CS, single cephalic,>37wks (a) Spontaneous labour (b) Induced (c) CS before labour): number of C/S in group	19	26	15	27	20	21	14	15	14	18		
	Robson Cateogory Group 5 (G2+, Previous CS, single cephalic,>37wks (a) Spontaneous labour (b) Induced (c) CS before labour): total number of births in the group	20	30	17	27	21	22	16	18	16	19		
	Robson Cateogory Group 5 (G2+ Previous CS, single cephalic,>37wks (a) Spontaneous labour (b) Induced (c) CS before labour): percentage of RC Group 5 births	95.00%	86.7%	88.2%	100.0%	95.20%	95.50%	87.50%	83.30%	87.50%	94.70%		
	Perinatal Morbidity and Mortality inborn												
	Total number of perinatal deaths												
	Number of late miscarriages 16 to 23+6 weeks excl TOP	1	0	0	1	1	1	1	2	0	0		
	Number of stillbirths (>=24 weeks excl TOP)	0	1	0	0	0	0	0	0	1	0		
	Number of neonatal deaths : 0-6 Days	0	0	0	0	0	0	1	0	0	0		
	Number of neonatal deaths : 7-28 Days	0	0	0	0	0	0	0	0	0	0		
	Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	0	0	1	0	0	0	0	0		
	Maternal Morbidity and Mortality												
	Number of maternal deaths (MBRRACE)	0	0	0	0	0	0	1	0	0	0		
	Insight												
	Number of inphase incidents graded as moderate or above/PSII reported (total)	0	0	0	0	2	0	1	0	0	1		
	New HSIB SI referrals accepted	0	0	0	0	1	0	0	0	0	0		
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0		
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0		
	Workforce												
	Minimum safe staffing in maternity services: Obstetric middle grade rota gaps (hours): Antenatal Clinic and Delivery Suite	189	173	301	56.75	128.5	162	284.75	217	127	168.25		
	Minimum safe staffing in maternity services: Obstetric Consultant rota gaps (hours): Antenatal clinic and Delivery Suite	71.5	54	13	206	142	213.3	59.25	243	262.25	64.5		
	Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	10	4	3	7	16	14	14	20	12	8		
	Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled shifts)	83	41	62	53.84	40.8	54	43	32	11	13		
	Vacancy rate for midwives (black = over establishment, red = under establishment	9.83	11.26	11.26	13.09	13.09	13.85	2.84	2.84	4.7	4.7		
	Datix related to workforce (service provision/staffing)	2	6	9	14	11	27	2	6	9	9		
	MDT ward rounds on CDS (minimum 2 per 24 hours)	83.4%	83%	90%	81%	83%	84%	97%	88%	82%	83%		
	One to one care in labour (as a percentage)	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Number of times maternity unit attempted to divert or on divert	0	0	0	0	1	1	0	0	0	0		
	Involvement												
	Service User feedback: Number of Compliments (formal)	17	30	21	14	22	20	15	23	21	19		
	Service User feedback: Number of Complaints (formal)	0	0	2	2	0	0	1	0	1	1		
	Staff feedback from frontline champions and walk-abouts (number of themes)	1	0	1	0	1	0	0	0	N/A	0		
	Improvement												
	Progress in achievement of CNST /10	10	TBC	TBC	TBC	TBC	TBC	TBC	TBC	10	10		
	Training compliance in maternity emergencies and multi-professional training: Midwives	89%	87%	82%	94%	89%	98%	85%	99%	99%	92%		
	Training compliance in maternity emergencies and multi-professional training: Obstetric Consultants	100%	100%	90%	89%	89%	90%	100%	100%	100%	88%		
	Training compliance in maternity emergencies and multi-professional training: Obstetric Middle Grades	88%	88%	88%	89%	89%	90%	85%	100%	100%	100%		
	Training compliance in maternity emergencies and multi-professional training: Anaesthetic Consultants								100%	100%	100%		
	Training compliance in maternity emergencies and multi-professional training: Anaesthetic Middle Grades								81%	81%	93%		
	Training compliance in maternity emergencies and multi-professional training: Maternity Support Workers								91%	91%	62%		
	Annual NLS update compliance: Paediatric Consultants								91%	91%	100%		
	Annual NLS update compliance: Paediatric Middle Grades								100%	100%	83%		
	Annual NLS update compliance: Paediatric Juniors								91%	91%	100%		
	Annual NLS update compliance: Neonatal Nurses								90%	90%	87%		

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	Audit Committee Summary Report 22 February 2024
Status of report:	**☐Approval ☐Position statement ☒Information ☐Discussion**
Report Approval Route:	Click or tap here to enter text.
Lead Executive Director:	Select Director
Author:	Nicola Twigg, Chair of Audit Committee/NED
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

To brief the Board on the main issues arising from the Audit Committee held on 22 February 2024.

2. Recommendation(s)

To receive the report.

3. Executive Director Opinion[1]

N/A

4. Please tick box for the Trust's 2022/23 Objectives the report relates to:

Quality Improvement

☐ Improve the experience of patients receiving care by improving our clinical communication

☐ Improve patient safety through implementing change as we learn from incidents and complaints across our system

☐ Reduce waiting times for diagnostics, elective and cancer care

☐ Develop a new integrated model for urgent care in Herefordshire improving access times and reducing demand for hospital care

Integration

☐ Make care at home the default by utilising our Community Integrated Response Hub to access a range of community responses that routinely meets demand on the day

☐ Reduce health inequalities and improve the health and wellbeing of Herefordshire residents by utilising population health data at primary care network level

☐ Improve quality and value for money of services by making a step change increase in the range of contracts that are devolved to the One Herefordshire Partnership

☐ Join up care for our population through shared electronic records and develop a patient portal to transform patient experience

Sustainability

☐ Create sufficient Covid-safe operating capacity by delivering plans for an ambulatory elective surgical hub

☐ Stop adding paper to medical records in all care settings

☐ Reduce carbon emissions by delivering our Green Plan to reduce energy consumption and reduce the impact of the supply chain

☐ Increase elective productivity by making every referral count, empowering patients and reducing waste

Workforce and Leadership

☐ Improve recruitment, retention and employment opportunities by taking an integrated approach to support worker development across health and care

☐ Develop our managers' skills and system leadership capability

☐ Continue to improve our support for staff health and wellbeing and respond to the staff survey

☐ Further develop place based leadership and governance through the one Herefordshire Partnership and Integrated Care Executive

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

Wye Valley NHS Trust
Trust Board Meeting – 4 April 2024
Summary of Audit Committee (AC) meeting held on 22 February 2024

MATTERS FOR PARTICULAR ATTENTION

Internal Audit –
RSM, UK Internal Auditors (IA) presented 3 audit reports for approval. The first report was to test the understanding & application of the Mental Health Act in respect of Deprivation Of Liberty Safeguards (DoLS). The report was delivered on an advisory basis only and was not graded however the Trust, Chief Nursing Officer presented a robust action plan which was already in place and gave the AC assurance that appropriate actions were already being undertaken

Sickness and Absence reporting was graded as Partial Assurance. The action plan was reviewed and given the importance of the robustness of the reporting figures in this respect, the AC has asked for a further report by the Trust, Chief People Officer at the April 2024 meeting in order to gain fuller assurance.

Directorate/Divisional Governance also received a grading of Partial Assurance and actions to rectify appropriate TOR's and governance reports have already been addressed.

The IA Report Progress report has shown some delays following resourcing issues over the winter period and as a result a couple of reports may fall into next year. Senior Trust Management have been advised and requests made to assist completion whilst maintaining actual effectiveness of completion.

Financial Update
Alison Stemp, Patient Experience Manager presented on the next steps in the process of loss of personal effects by patients and this will be followed up at subsequent AC's to review progress and improvement in the associated losses.

External Audit -
Deloittes LLP, External Auditors (EA) presented an update on the 2023/24 Audit Plan and confirmed that everything was on track for completion within the timeframes agreed as part of the plan presented by the Trust Finance Team in December 2023 and that the changes were having a tangible positive difference on completions at this stage. Particularly thanks were given by them to Heather Moreton and Suzi Joberns for their leadership in this respect.

OTHER MATTERS

Report	Discussion / Recommendation
Internal Audit	Emerging Risk Radar, Taking Action to Manage Risk & Drive Improvement and Global Internal Audit Standards papers were presented for information and discussion
Losses & Special Payments	Showed a quarter 3 improvement however year to date performance significantly higher than previous year
Finance	Recommendations in the ISA260 report from the external audit of 2022/23 accounts was for the Trust to maintain a list of financial reporting risks & report this periodically to the AC. Finance team presented reporting risks identified, proposed mitigations & subsequent actions.

Prepared by:-
Nicola Twigg, Chair of Audit Committee

WYE VALLEY NHS TRUST
Draft Minutes of the Audit Committee
Held on 14 December 2023 at 9:30 a.m. – 12:00 p.m.
Via MS Teams

Present:		
Nicola Twigg	NT	Audit Committee Chair & Non-Executive Director (NED)
In attendance:		
Mark Coton	MC	RSM Risk Assurance Services LLP., Assistant Manager, Internal Audit
Alan Dawson	AD	Chief of Strategy & Planning (for agenda item 4.2)
Mike Gennard	MG	RSM Risk Assurance Services LLP., Partner, Internal Audit
Sharon Hill	SH	Non-Executive Director (NED)
Ian Howse	IH	Partner, Risk Advisory Team, Deloittes LLP
Asam Hussain	AH	RSM Risk Assurance Services LLP.
Christian Homersley	CH	Associate Chief Estates & Capital Planning Officer (for agenda item 4.2)
Ian James	IJ	Non-Executive Director (NED)
Kieran Lappin	KL	Associate Non-Executive Director (ANED)
Heather Moreton	HM	Associate Chief Finance Officer (ACFO)
Michael McDonagh	MM	Medical ERostering Lead (For agenda item 5.2)
Frank Myers MBE	FM	Associate Non-Executive Director (ANED)
Katie Osmond	KO	Chief Finance Officer (CFO)
Louise Robinson	LR	Deputy Company Secretary (DCS)
Jo Rouse	JR	Associate Non-Executive Director (ANED)
Wendy Twigg	WT	Executive Assistance (for the minutes)

Minute		**Action**
AC001/12.23	**APOLOGIES FOR ABSENCE**	
	The meeting was recorded for the purpose of producing the minutes. Apologies were noted from Erica Hermon, (Associate Director of Corporate Governance). It was noted that this would be Mr Myers (ANED) last meeting as he would be stepping down as Associate Non-Executive Director from the Trust.	
AC002/12.23	**QUORUM & DECLARATION OF INTEREST**	
	The meeting was quorate. Mr Myers (ANED) expressed a declaration of interest, in that he has been appointed Chair of Community First in Herefordshire & Worcestershire.	
AC003/12.23	**MINUTES OF THE MEETING HELD ON THE 27TH SEPTEMBER 2023**	
	The minutes were agreed as an accurate record of the meeting.	
	Resolved – that the minutes of the meeting held on the 27th September 2023 be confirmed as an accurate record of the meeting and signed off by the Committee Chair.	

AC004/12.23	**MATTERS ARISING AND ACTIONS**	
	The complete actions were noted as completed on the action log. The actions in progress were reviewed and updated. AC08.2/09.22 - Losses & compensation – Mr Myers (ANED) questioned the process of loss of personal effects by patients and it was agreed that a proposed next steps is undertaken and brought back to a future Audit Committee. An exercise was proposed for Quarter 3 to review the areas that have received the most frequent level of loss of patients' effects on the wards and undertake direct engagement with ward sisters to put process in place to minimise losses. The issues have been raised at both Board and Quality Committee and will be presented as financial losses at Audit Committee. Mrs Twigg (NED & Chair) commented on a project to introduce a tray on the ward for patient's effects. Mr Myers (ANED) commented that a left luggage approach with lockers for patients should be considered. It was agreed that Mrs Twigg (NED & Chair) will speak to Ian James (NED) for a Quality Committee perspective. A discussion has taken place at Quality Committee and a review is underway. An action now sits on their action log for patient experience, with the outcome being reported to Audit Committee for financial loss review. For discussion on today's agenda, item 4.1. Agreed that an update will be provided at the February Audit Committee. **ACTION**	**Agenda item**
	AC03.6/06.23 – DHCS Gateway 5 Review Report (Hutted Wards) –The Chief of Strategy & Transformation (AD) requested that the lessons learnt report be presented to a future meeting. It was agreed that an update on the Treasury Department of Health review linked to the Trust's internal business case evaluation will be available to present to the February or April Audit Committee. **ACTION**	**April agenda**
	AC1A005/05.23 – Consultant Job Planning – Consultant Job Planning to be added as an agenda item to the December Audit Committee and every six months thereafter. The Job Planning Committee is established and ongoing. Job Plans are currently in the planning round in readiness for Business Planning. It was noted that there is a degree of risk with changeover of personnel, but there is consistency within the Medical workforce team. Update to be provided at the June meeting. **ACTION**	**June agenda**
	AC05.1/09.23 – Audit Committee Terms of Reference – Update on the implementation of training for Audit Committee members to enable effectiveness and the monitoring process. Meeting has taken place and appropriate actions taken to date with leavers and new starters. Policy to be reviewed and re-issued. Will be picked up in agenda item 5.1. **ACTION CLOSED**. AC05.1/09.23 – Audit Committee Terms of Reference – LCFS to be included in the membership of the Audit Committee Terms of Reference. **ACTION COMPLETED.**	

	AC05.1/09.23 – Audit Committee Terms of Reference – Mrs Twigg (NED & Chair) to add 'Consistency with ICS members' to the upcoming meeting agenda with the ICS. Meeting held with the ICB and Audit Committee Chair and the Associate Director of Corporate Governance and now part of ICB risk review work programme. Work is ongoing and will be reviewed at the June Audit Committee. **ACTION**	**June agenda**
	AC05.2/09.23 – Code of Governance – A Board Workshop to be arranged to include discussion on the capturing of information from meetings as part of the annual effectiveness review. It was confirmed that the workshop will take place in March 2024. **ACTION CLOSED.**	
	AC05.5/09.23 – A joint workshop to be held by Procurement on the effectiveness of the Atamis tool. Workshop to be arranged in the new year with the Foundation Group on 'Contract Management & Atamis'. Carry forward to April meeting. **ACTION**	**April agenda**
	AC6.3.4/09.23 – Cleanliness Standards Audit – The new Non-Executive and Associate Non-Executive Directors to be invited to undertake cleanliness walk arounds. The item was discussed at Quality Committee. Walk arounds are in the process of being arranged. **ACTION CLOSED**	
	AC6.3.4./09.23 – Cleanliness Standards Audit – The Senior Facilities and Contracts Manager to be contacted to obtain further narrative on the service provided by Sodexo to provide assurance. It was confirmed that this item forms part of the Quality Committee with Audit Committee to receive confirmation once agreement reached for assurance. Agreed to **CLOSE ACTION**	
	AC6.3.4./09.23 – Cleanliness Standards Audit – The Chief of Strategy & Planning to provide information on elements of the PFI contract that are not being delivered. It was confirmed that this item forms part of the Quality Committee agenda. Agreed to **CLOSE ACTION**	
	AC07.1/09.23 – LCFS Progress Report – The Sanctions and Redress Policy to be shared by the LCFS and a paper to be produced by the LCFS to clarify on declarations of interest. Action in progress and an update to be provided at the next meeting. **ACTION**	**BV**
	AC07.1/09.23 – LCFS Progress Report – Mr Myers (ANED) to send through the link to Committee members to the website for the Charities Commission guidance which outlines the declaration of interest and conflict of interest. **ACTION**	**FM**
	AC07.1/09.23 – LCFS Progress Report – The Chief People Officer to confirm that workforce related issues e.g. referrals are being discussed within the Workforce Committee. Assurance now received that the link between LCFS and workforce team relating to Counter Fraud referrals has improved. Agreed that Internal Audit include regular reporting on Counter Fraud activities in	

	alignment with workforce activities in the plan from a governance perspective. **ACTION CLOSED** AC08.4/09.23 Single Tender Waivers – Single Tender Waivers to be presented at the December meeting. Presented under agenda item 7.3. **ACTION CLOSED.** AC10/09.23 – AOB – The Executive Directors and Non-Executive Directors to discuss monitoring and reacting to concerns e.g. PFI Contract. Meeting held and NED's now also aligned to specific teams and new Safety walk process agreed. **ACTION CLOSED.**	
	Resolved – that the Action update be received and noted.	
AC4.1/12.23	**PATIENT PROPERTY UPDATE REPORT**	
	The Chief Finance Officer (CFO) presented the patient property update report and the following points were noted:- • A concern was raised regarding the financial losses and impact on patient experience and safety. A working group comprising of key stakeholders from acute and community has been set up to review the current policy and processes to support improvements and ensure a consistent Trust wide approach to the management of patient property; • An interim update was presented to identify the issues, the actions and progress to date and the future plan; • From a governance perspective Quality Committee review the issues through patient experience and Audit Committee from a financial perspective; • The Committee highlighted that a storage unit is required in each ward for items to be locked away, together with a receipting system. The CFO commented that the working group will obtain costings for the implementation of night safes for each ward, SafeSMart bags and boxes and trays for specific items in totality; • Mr James (NED) highlighted that the Audit Committee feedback regarding the time taken and apparent cost of some of the solutions against potential financial risks will be discussed through Quality Committee.	
	Resolved – that **A) The patient property update report be received and noted.**	
AC4.2/12.23	**PFI DISPUTE WHERE SERVICES ARE NOT RECEIVED OR NO LONGER REQUIRED**	
	The Associate Chief Estates and Capital Planning Officer (CH) presented the report and the following points were noted:- • The report was taken as read;	

	• The purpose of the report was to identify a current situation where the Trust is trying to reduce costs through ensuring all services in the PFI contract are being provided and are still required; • Following a review supported by external Consultants, a number of issues have been identified, some historical, have not been supported by available records; • It was noted that it would be extremely difficult to not pay the PFI tariff. The threshold for not paying the main invoice is incredibly high; • Several intensive reviews of contract management and service specifications have taken place on a no win no fee basis. Items are still being uncovered, the most material items with the strongest case are the teams priority; • Informal agreement has been reached to remove backdated items with some low value and some more material; • There is agreement on the Pharmacy food supplements, information awaited from Pharmacy to fix the cost and process; • In conclusion the team are raising invoices ahead of paying the next tariff which is due on the 2 January 2024. There will be a counter bill whilst this is being resolved. <u>Discussion</u> • Mrs Hill (NED) expressed concern over the process of any adjustments that can only be made from the date the change was requested, for example the barrier which was removed in 2005. The amount of time and lack of responsiveness from the PFI provider is an issue and the escalation process to address this. CH confirmed that if the Trust has not requested that a service is removed, payment is still required to the provider; • With regard to the services that the Trust are paying for and require the contractor to provide, some are not being provided and the contractors have been invoiced for the full effect of this financial year. If this issue does go to dispute, a legal argument will ensue based on the records that are available relating to the services they have not provided; • With regard to escalation and governance there is a regular partnership board which has been relatively successful in obtaining resolutions. AD commented that the partnership with Mercia and Sodexo has improved following a change in personnel and communication between the Trust and the PFI contractors. A PFI Liaison meeting was set up to address actions that were not being delivered, an improvement in engagement and delivery has been reported; • Mrs Twigg (NED & Chair) commented the Trust is now in negotiation with Mercia and Sodexo for the final 5 years of the contract. Collaboration with the contractors is key as the Trust could lose millions if this is not handled correctly;	

	• Mr Myers (ANED) highlighted that the Board was required to take a strong view and that the contract does not transcend common law and is worth contending. CH responded that a review took place over 10 years ago and concluded that it would be difficult not to pay the tariff. A Contract Manager and team were appointed to manage the PFI contract; • Mr Myers (ANED) commented on the payment mechanism and the £8 million pounds a quarter in tariff paid to the PFI contractor and questioned the possibility of deducting a proportion for the service the Trust had not received. Mrs Twigg (NED & Chair) confirmed that the financial implication of not paying the block payment to the PFI contract would be a risk to the organisation. CH responded that every invoice is challenged and that with regard to the common law CH has taken a legal advice and the PFI contractors can threaten the Trust with a court injunction to ensure that the tariff is paid; • Mrs Twigg (NED & Chair) agreed that it would be beneficial to conduct a follow up on the common law element from a legal perspective and a risk assessment on the cost of not paying versus the cost of the financial implications. **ACTION** • It was highlighted that independent payments are made to the PFI providers separate from the PFI tariff, which may produce leverage on services that are not being provided, parties should however adhere to the formal steps for the exit process; • The Chief Finance Officer (CFO) responded to a question regarding the payment authorisation of the PFI related expenditure greater that £500k and Board scrutiny. As this forms part of a signed and agreed contract for multiple years, the initial contract is presented to Board for the appropriate scrutiny and sign off by the Managing Director and CFO. There are base variations added to the life of the contract with each variation being subject to the approvals process having the same visibility at Board. It was agreed that the CFO conduct a review of contract variations, with the expectation that any variations over £500k would have been visible at Board. **ACTION** • Mr Lappin (ANED) commented on the delegated limits and the values given that all the variations will be to a single company, Mercia, and questioned if the approvals were cumulative or individual. The CFO responded that that each individual variation is treated in its own right and is subjected to delegated limits. It was agreed that a periodic review is undertaken to test the CCN's in aggregate to build into the schedule for annual planning and reset the value of the PFI leading into the following years. **ACTION** • The Internal Auditors will add 'review of contract variations' to the long list next year and add to Internal Audit framework. **ACTION** • CH confirmed that there had been over 3000 variations over the last twenty years and offered support to the Internal Auditors if required; • It was agreed that CH publish a structure chart of the team that manage the PFI contract and circulate. **ACTION**	**CH** **KO** **KO** **IA** **CH**

	Resolved – that **A) The PFI dispute where services are not received or no longer required update be received and noted.** **B) The Associate Chief Estates and Capital Planning Officer to conduct a follow up on the common law element on the PFI contract from a legal perspective and a risk assessment on the cost of not paying versus the cost of the financial implications.** **C) A review of contract variations to be undertaken relating to the PFI contract.** **D) A periodic review to be undertaken to test the CCN's in aggregate to build into the schedule for annual planning.** **E) Internal Auditors will add 'review of contract variations' to the long list next year and add to Internal Audit framework.** **F) A structure chart of the PFI contract team to be circulated to the Audit Committee.**	
AC05.3/12.23	**CONSULTANT JOB PLANNING UPDATE**	
	The Michael McDonagh, Interim Project Manager (MM) presented an update on Consultant Job Planning and the following points were noted:- • The current progress, future plans for 2024/25 and the audit that was conducted; • There has been a significant drop off in engagement to progress job plans with only 8% of all Consultant job plans signed off; • Following the audit there were 26 recommendations, 18 actions have been completed and the remainder are outstanding and are being addressed; • The aim is to sign off 80% of Consultant job plans by the end of the 2024/25 job planning round; • 100% of Consultant job plans to be actively recorded on the electronic job plan system; • Divisional and Personal Objectives to be included in job plans; • The Chief Medical Officer will take full responsibility for future job planning. Discussion • Mr James (NED) questioned the clinical governance of the project. MM responded that job planning is a record for the next job planning round, which is continually being reviewed. If the job plan does not change the sign off should be relatively simple. A monthly Job Planning Committee is chaired by clinical representatives and a monthly operational business planning meeting takes place to provide update and rigour; • Mrs Hill (NED) commented that NHSE are targeting the Trust on productivity and questioned if the time provided to clinicians to complete their job plans was being achieved. MM responded that	

	clinical admin is key and time is planned for the completion of the job plans; • The IA questioned the volume of job plans that are in situ and not fully signed off and if Consultants can be compared by undertaking a productivity review. MM responded that there is a risk to comparing Consultants. The CFO stated that it would be helpful to log clinician's engagement on the system from a productivity perspective; • It was agreed that an update would be provided from a leadership perspective from the Chief Medical Officer and Deputy Chief Medical Officer at the June meeting. **ACTION**	**June agenda**
	Resolved – that **A) The Consultant job panning presentation be received and noted.** **B) An update on Consultant job planning to be provided from a leadership perspective by the Chief Medical Officer and Deputy Chief Medical Officer at the June meeting.**	
AC005/12.23	**GOVERNANCE**	
AC05.1/12.23	**FOUNDATION GROUP AUDIT TERMS OF REFERENCE**	
	The Deputy Company Secretary (DCS) presented the draft Foundation Group Audit Terms of Reference (TOR) and the following points were noted:- • The purpose of the report is to agree the combined Terms of Reference for Audit Committee as previously agreed at Foundation Group Board for all the key Trust Committees; • South Warwickshire Foundation Trust (SWFT) approved the TOR, with 1 non material amendment noted regarding the Clinical Services Limited section not being applicable to George Eliot Hospital (GEH), Wye Valley Trust (WVT) and Worcester Acute Hospital Trust (WAHT). GEH and WAHT to approve in the New Year with all the combined TOR's to be approved at the Foundation Group Board in February; • The CFO commented that the training item, which was part of the action plan, is referenced and included.	
	Resolved – that **A) The Draft Foundation Group Audit Committee Terms of Reference be received and AGREED.**	
AC006/12.23	**INTERNAL AUDIT**	
AC06.1./12.23	**IA PROGRESS REPORT**	
	RSM, UK Internal Auditors (IA) presented the IA Progress Report and the following points were noted:- • The report was taken as read; • Two of the reports within the key messages had been completed and on the agenda;	

	• The Strategic Workforce Planning received a reasonable assurance opinion and the Business Case Process Review issued as an advisory with no assurance opinion provided; • Five reports were in progress and a separate six audits will be undertaken in the next quarter; • Due to the high number of reports outstanding, possibly nine, it was agreed that the March meeting would be cancelled and two separate dates, one in February and another in April would be arranged to accommodate the volume of reports. Mrs Twigg (NED and Chair) will link in the External Audit for confirmation of date. **ACTION**	**NT**
	Resolved – that **A) The IA progress report be received and noted.** **B) The Chair to discuss Audit Committee dates with the External Auditors to replace the March meeting.**	
AC06.2/12.23	**RECOMMENDATION TRACKER**	
	RSM, UK Internal Auditors (IA) presented the Recommendation Tracker and the following points were noted:- • The Internal Audit Management Actions Tracking report was taken as read. • Of the 69 actions, 21 were closed and implemented and 32 had revised dates. Many are related to the Financial Sustainability review, once concluded should reduce the number of actions; • Mrs Twigg (NED & Chair) confirmed that discussions had taken place with the CFO and IA regarding a way forward to address the revised dates.	
	Resolved – that the Recommendation Tracker update be received and noted.	
AC6.4./12.23	**STRATEGIC WORKFORCE PLANNING REPORT 2023/24**	
	RSM, UK Internal Auditors (IA) presented the Strategic Workforce Planning report 2023/24 and the following points were noted:- • The Strategic Workforce Planning report 2023/24 resulted in a reasonable assurance opinion; • HR expert led on the report and was complimentary about the Trust regarding the Strategy, which included a well led Trust, good levels of engagement, promotion of accurate and suitable processes which go beyond the minimum requirements; • Five actions were agreed linked to the review, with some areas of control weaknesses identified. These included a review and relaunch of the current strategy, improvements to data quality, especially the ESR system, improvement in levels of communication of the overall approach (including objectives, KPI's and timelines) to develop successful delivery and remove duplication of effort.	

	Resolved – that Strategic workforce planning report 2023/24 be received and noted.	
AC6.3./12.23	**BUSINESS CASE PROCESS REVIEW 2023/24**	
	RSM, UK Internal Auditors (IA) presented the Business Case Process Review 2023/24 and the following points were noted:- • The aim of the review is to provide assurance over the quality of Business Cases/Business Justifications and compliance with the Trust's agreed processes in their preparation and approval as detailed within the existing guidance; • An advisory with no assurance opinion was provided; • Eight management actions were raised for improvement or to consider to add into the guidance. Three medium actions, two related to guidance issues in respect of more detail on external business cases and also the role of the ICB for approval and one action relating to the clearing of the backlog of post implementation valuations for business cases caused mainly by the Covid pandemic; • AD commented that the guidance was beneficial and confirmed that all of the changes are now in the guidance from today and are on the agenda for Trust Management Board (TMB) tomorrow for approval.	
	Resolved – that **(A) The business case process review 2023/24 update be received and noted.**	
AC07/12.23	**FINANCIAL FOCUS**	
AC07.1/12.23	**ICS FINANCIAL REPORTING/GOVERNANCE UPDATE**	
	The Chief Finance Officer (CFO) provided a verbal update and the following points were noted:- • The Finance Forum remains well establishment and meets on a monthly basis. Mrs Hill (NED) represents WVT at the meeting. The System Investment and Expenditure Forum which meets fortnightly and was established to obtain oversight around vacancies, recruitment into vacancies and expenditure over £10K and has a role to play in Terms of Reference regarding investment from a medium term perspective; • The focus is now on reviewing vacancies that have been approved or spend over £10k in line with NHSE enhanced controls and 2024/25 and the risks and opportunities from a system perspective; • Internally, the in-year position and managing the finances across the winter has been key and business planning is well under way. Externally, a review of the frameworks and operational planning is underway moving into 2024/25 with a task and finish group set up to evaluate across the system. For the next meeting Audit Committee a much clearer view should be available in terms of assumptions for 2024/25 from a system and allocations perspective, investment considerations, risk share and where the decision governance sits.	

	<u>Resolved</u> – that the ICS financial reporting/governance update be received and noted.	
AC07.2/12.23	**<u>LOSSES AND SPECIAL PAYMENTS REPORT – QUARTER 2 2023/24</u>**	
	The Chief Finance Officer (CFO) presented the Losses and Special Payments report – Quarter 2 2023/24 updates and the following points were noted:- • The vast majority relate to Pharmacy and blood stock wastage; • The level of personal effects the loss is not a typical compared to what has been reported in the recent quarters and last year; • Mrs Hill (NED) questioned if patients had their own insurance for lost personal high value items and if this was included in the policy. Mrs Twigg (NED & Chair) responded that an ex gratia payment could be made rather than cost of replacement. The Associate Chief Finance Officer (ACFO) is linking in with the Associate Director of Quality Governance through the working group to review the process and policy for patient property. It was suggested that a disclaimer outlining WVT not taking responsibility for items being brought into the hospital should be an addition to the policy.	
	<u>Resolved</u> – that the Losses and Special Payment report Quarter 2 2023/24 updates was received and noted.	
AC07.3/12.23	**<u>SINGLE TENDER WAIVERS</u>**	
	The Chief Finance Officer (CFO) presented the Single Tender waivers and the following points were noted:- • The Single Tender waivers report covers the period from April through to November 2023. 10 waivers are listed within the report, which is an increase from the same period last year. Now that the 'No purchase order No pay' has been introduced this provides better visibility on where contracts are in place or where spend is committed and provides the opportunity to challenge and question on value for money. These will be reviewed on the Procurement work plan going forward; • Mr Lappin (ANED) commented that Mercia were not included and the CFO commented this was contracted spend. This will be reviewed as part of the contract variations in agenda item 4.2; • Mr Myers (ANED) commented on Yeoman's, the WVT storage facility for medical records. The CFO responded that the contract has not always been kept up to date however a reset for a review is in place.	
	<u>Resolved</u> – that the Single Tender waivers updates was received and noted.	
AC7.4/12.23	**<u>DRAFT ANNUAL ACCOUNTS AND AUDIT PROCESS IMPROVEMENT PLAN</u>**	
	The Associate Chief Finance Officer (ACFO) presented the draft annual accounts and audit process improvement plan and the following points were noted:-	

	• The report provides a summary of the improvement plan produced to address issues encountered during the 2022/23 annual accounts and audit process. It outlines the processes which are in place to monitor progress and identifies the progress made to date; • The number of sub projects reported were 102, the largest of which is business as usual, fixed assets and readiness for interim and full year end audit; • As at the end of November, 35 sub projects were due to be complete, of those 34% were fully completed, 63% were in progress and 3% has not been commenced; • A target due date has been set throughout the year. Progress is being monitored weekly; • Fixed Asset and control account reconciliation items progressing at a slower pace due to staff vacancies; • The ACFO confirmed that there is an improvement on last year with many of the improvements now embedded if not completed on the improvement plan by the 31 March 2024; • Mr Myers (ANED) requested clarification on the expression 'Business as Usual'. The ACFO responded that the meaning constitutes the team ensuring that there is tight journal backing, evidencing the day to day accounting, working papers are robust when accruing and making judgements and training on the non-Finance team on good receipting on invoicing. Mrs Twigg (NED & Chair) commented that 'Business as Usual' should be changed to 'General administration and training' for clarity. **ACTION**	**HM**
	<u>Resolved</u> – that **A) The draft annual accounts and audit process improvement plan update was received and noted.** **B) Amendment to wording in document from 'Business as Usual' to 'General administration and training'.**	
AC08/12.23	**<u>EXTERNAL AUDIT</u>**	
AC08.1/12.23	**<u>2023/24 AUDIT PLAN</u>**	
	The External Auditors (EA) presented the on the 2022/23 Accounts update and the following points were noted:- • The EA are feeling more positive now that the ACFO and the Finance team are taking forward the Audit Plan; • The EA highlighted that the IFRS16 will is expected for the PFI contract and requested that as soon as the calculations are completed it would be beneficial to share these before year end. Mrs Twigg (NED & Chair) requested that Mr Lappin (ANED), given his accountancy background would be advantageous to provide a review of the figures; • The EA's are working into the planning phase and are happy to continue as the EA's to the Trust.	

	<u>Resolved</u> – that the 2023/24 Audit Plan update was received and noted.	
AC10/12.23	**<u>AOB</u>**	
	• Mr Myers (ANED) offered any support to the Trust now that he is leaving after his 12 years' service; • Mrs Twigg (NED & Chair) thanked Mr Myers (ANED) for playing a huge critical part in the Audit Committee over years and thanked the Audit Committee member for their support over the last year in her role as Chair.	
AC12/12.23	**<u>DATE OF THE NEXT MEETING</u>** **14 March 2024 – 9:30 a.m. – 12:00 p.m. via TEAMS Date TBC**	

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	Charity Trustee Summary Report 14 March 2024
Status of report:	**☐Approval ☐Position statement ☒Information ☐Discussion**
Report Approval Route:	Click or tap here to enter text.
Lead Executive Director:	Select Director
Author:	Nicola Twigg, Chair of Audit Committee/NED
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

To brief the Board on the main issues arising from the Charity Trustee held on 14 March 2024.

2. Recommendation(s)

To receive the report.

3. Executive Director Opinion[1]

N/A

4. Please tick box for the Trust's 2022/23 Objectives the report relates to:

Quality Improvement

☐ Improve the experience of patients receiving care by improving our clinical communication

☐ Improve patient safety through implementing change as we learn from incidents and complaints across our system

☐ Reduce waiting times for diagnostics, elective and cancer care

☐ Develop a new integrated model for urgent care in Herefordshire improving access times and reducing demand for hospital care

Integration

☐ Make care at home the default by utilising our Community Integrated Response Hub to access a range of community responses that routinely meets demand on the day

☐ Reduce health inequalities and improve the health and wellbeing of Herefordshire residents by utilising population health data at primary care network level

☐ Improve quality and value for money of services by making a step change increase in the range of contracts that are devolved to the One Herefordshire Partnership

☐ Join up care for our population through shared electronic records and develop a patient portal to transform patient experience

Sustainability

☐ Create sufficient Covid-safe operating capacity by delivering plans for an ambulatory elective surgical hub

☐ Stop adding paper to medical records in all care settings

☐ Reduce carbon emissions by delivering our Green Plan to reduce energy consumption and reduce the impact of the supply chain

☐ Increase elective productivity by making every referral count, empowering patients and reducing waste

Workforce and Leadership

☐ Improve recruitment, retention and employment opportunities by taking an integrated approach to support worker development across health and care

☐ Develop our managers' skills and system leadership capability

☐ Continue to improve our support for staff health and wellbeing and respond to the staff survey

☐ Further develop place based leadership and governance through the one Herefordshire Partnership and Integrated Care Executive

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

WYE VALLEY NHS TRUST Charitable Funds Committee Board Meeting Report - 14th March 2024 | Via MS Teams

2202 / 2023 Accounts: Heather Moreton provided updates on the 2022-23 accounts. RD Accounting Ltd is conducting the audit, due to complete in April.

2023 – 2024 Quarter 3 Finance Report: Heather Moreton outlined income and expenditure figures, noting a delay in transferring funds to the CCLA account. Plans to update the Charity Commission website were discussed and Heather assured us the website would be updated to reflect our submission.

Charity Fundraiser Update: Alan Dawson updated on fundraising activities, including the very successful launch of a staff lottery and discussions on supporting external events.

NHS Charities Together Phase 2 Completion: Alan Dawson reported on the completion of Phase 2 funding, highlighting successful utilisation of funds.

Education Centre: Alan Dawson presented progress on the Education Centre, the potential to hold off on full fundraising versus fundraising for the building now was discussed. It was agreed to take forward fundraising, given WVT's commitment to the Education Centre.

Staff Health and Wellbeing: Geoffrey Etule proposed allocating £100,000 to support employee health and wellbeing programs in mental and occupational health. Discussion ensued regarding the effectiveness of existing initiatives and the need for ongoing evaluation. Geoffrey will amend the proposals.

Volunteering: Natasha Owen proposed funding for a volunteer manager and coordinator to expand volunteer roles within the Trust. Funding was approved for an 18-month period for the volunteer manager and coordinator role, subject to confirming from which funds the money will come.

Date of Next Meeting: 13th June 2024, 1300, via MS Teams

WYE VALLEY NHS TRUST

Minutes of the Charity Trustee
Held on 14th December 2023
Via MS Teams

Present:

Frank Myers MBE	FM	Chair and Associate Non-Executive Director (ANED)
Chizo Agwu	CA	Chief Medical Officer
Glen Burley	GB	Chief Executive
Eleanor Bulmer	EB	Associate Non-Executive Director (ANED)
Geoffrey Etule	GE	Chief People Officer
Alan Dawson	AD	Chief Strategy and Planning Officer
Lucy Flanagan	LF	Chief Nursing Officer
Russell Hardy	RH	Trust Chairman
Sharon Hill	SH	Non-Executive Director (NED)
Jane Ives	JI	Managing Director
Kieran Lapin	KL	Associate Non-Executive Director (ANED)
Frances Martin	FMa	Non-Executive Director (NED)
Katie Osmond	KO	Chief Finance Officer
Grace Quantock	GQ	Non-Executive Director (NED)
Louise Robinson	LR	Assistant Company Secretary
Nicola Twigg	NT	Non-Executive Director (NED)

In attendance:

Alison Bolton	AB	Fundraising Director
Katie Farmer	KF	Charity Fundraiser
Heather Moreton	HM	Head of Commissioning, Contracts and Income
Vicky Roberts	VR	Executive Assistant – For the minutes

Minute		Action
CT01/12.23	**Apologies for Absence**	
	Apologies were received from: Erica Hermon, Associate Director of Corporate Governance and Company Secretary and Andrew Parker, Chief Operating Officer.	
CT02/12.23	**Quorum**	
	The meeting was quorate.	
CT03/12.23	**Declarations of Interest**	
	Mr Myers noted that he will be taking a role with Community First in Herefordshire but would be leaving his position as Associate Non-Executive Director at Wye Valley Trust and would also be stepping down as Chair of WVT Charity Trustees.	

CT04/12.23	**Minutes of the meeting held on 29th June 2023 and 12th October 2023**	
	The minutes of the meetings held on 29th June and 12th October 2023 were agreed as an accurate record of the meeting and signed by the Chair.	
	Resolved – that the minutes of the meetings held on 29th June and 12th October 2023 be received and approved.	
CT05/12.23	**Matters Arising and Action Log**	
	It was noted that Grace Quantock, (NED) would be taking the role of Chair of Charity Trustees from Frank Myers, who would be stepping down from his role at the end of December 2023. All actions were reviewed and updated.	
	Resolved – that: The action log updates be received and noted	
CT06/12.23	**ITEMS FOR APPROVAL**	
	6.1 Charity Annual Report and Accounts 2022-23 Heather Moreton, Head of Commissioning, Contracts and Income, presented the Annual Report and charity accounts. The final signature is awaited but is expected within the next few weeks. The accounts remain unchanged and a draft of the annual report was shared. As income has exceeded £1M a full audit of the accounts is required. Deloitte are unable to undertake the work until a few months after the deadline to submit to the Charity Commission, and in order to minimise submission delay and increased costs, an alternative audit firm will be sought to undertake the work. In the meantime the Trustees were requested to endorse the draft accounts and annual report. Katie Osmond (KO) noted that historically, the same auditor has been used for both main accounts and for charity but going forward a different provider would be sought for charity accounts. Grace Quantock, NED (GQ), asked if any penalties are anticipated should there be a delay and also how is it noticed if the threshold is breached. Heather Moreton (HM) confirmed that there we no fines but that it may attract scrutiny so will need to prioritise this in the future.	

	It was agreed to work up a process for future should threshold be breached. A document will be worked up and brought back to future Trustee meeting. **ACTION** Frances Martin, NED (FMa) noted that as previously declared, she is a trustee of a charity in Worcester who have a small group of auditors who specialise in charities and would forward the name if helpful. **ACTION** Kieran Lapin, NED (KL) pointed out a necessary change in the report. Page 13 states Deloitte as auditors which will require change before final submission. **6.2 Charitable Funds Investment Policy** The CCLA account application has been delayed. All checks are now done and the account will be set up within the next few days. Investment Policy funds are currently split between 3 accounts: Barclays Business Premium Monmouthshire Building Society Nationwide Building Society The proposal for future investment is as follows: £50K to remain in the Barclays instant access account £500K to transfer to a Barclays 95 day notice account Balance £2.4M split between two shorter term, higher interest accounts. It was noted that the delay in moving funds could have resulted in £50K loss of income but the review has now allowed for more agility and movement between accounts. Periodic reviews will also take place in future. This proposal was endorsed by the Trustees.	**HM** **FMa**
	<u>Resolved</u> – that: **(A) The charity annual report and accounts 2022-23 update was received and endorsed** **(B) A document would be worked up to set out a process should future audit be necessary, and be brought back for approval** **(C) The charitable funds investment policy proposal was endorsed by the Trustees**	**HM**

CT07/12.23	**ITEMS FOR REVIEW AND ASSURANCE**	
	7.1 Charity Fundraiser Update Katie Farmer, Charity Fundraiser gave an update on fundraising activities and highlighted the following points: The renewal of the charity's membership of NHS Charities Together is imminent with renewal fee of £2350 based on the charity's income over the last 12 months. The Bromyard League of Friends Garden is due to be opened in January 2024. Glen Burley, Chief Executive (GB) asked if Grant Finder was a useful tool and also who was responsible for its use. It was confirmed that the Charity Fundraiser and Fundraising Director were both responsible and agreed that results of Grant Finder would appear in future reports. **7.2 Fundraising Director Update** Alison Bolton, Fundraising Director gave a verbal update and highlighted the following points: The majority of grants require a business case on application and as this is not currently available. A film, which is provided free from the film maker, is being produced to be sent out with grant applications which will describe what we are doing. Clips from the film can also be used on social media. A proposal for a staff lottery is also being worked up and is an item later on the agenda. **7.2.1 Chairman's Lunch** In order to energise local donors it is proposed to hold a lunch to continue to engage and develop relationships. The proposal document will be circulated following this meeting and suggestions from the group would be welcomed regarding venue and catering options. **7.3 Quarter 2 Finance Report** The Associate Chief Finance Officer (HM) presented the Quarter 2 Finance Report. The report was taken as read and the following points were noted: There has been significantly less income that in quarter 2 of last year. Expenditure looks high in quarter 2 due to a one off payment. The balance of funds, after taking out expenditure lies at £2.4M at end of September 2023.	

	It was noted that a large amount was transferred from the Charity to the Trust bank account. As purchases are made via the ledger, they initially come from the Trust bank account and monies are then transferred from the Charity accounts on a regular basis. Due to various pressures, this had not happened for 2 months hence, the high amount transferred. Reconciliations will appear in the report at future meetings. It was finally noted that staff should be reminded and encouraged to apply for charitable funds for building/environment improvements. Alan Dawson (AD) added that Capital Planning meetings are also used for promotion of funds from charity, noting that recently the MacMillan Renton Unit had used some charitable funds for a side room area for chemotherapy.	
	Resolved – that: **(A) The fundraising and finance updates were received and noted.**	
CT08/12.23	**Staff Lottery**	
	Alison Bolton, Fundraising Director, presented the proposal for a staff lottery to be launched at WVT. The paper was taken as read and the following points were noted: The Trustees were generally supportive provided that the scheme is legally proper and has some controls in place so it cannot be questioned. It was noted that there could be a small gambling risk but that staff will be limited to 3 tickets with a cap of £10. It was also noted that links to resources for gambling problems will be built in to the intranet page. It is proposed to circulate a launch letter to staff on 24th January. The Trustees agreed the proposal to launch the lottery in January 2024.	
	Resolved that: The Staff lottery proposal was received and approved	
CT09/12.23	**Any Other Business**	
	Russell Hardy, Trust Chairman (RH) thanked Mr Myers for his service as Chair of the Trustees and wished him well in future endeavours.	
	Resolved that:	
CT10/12.23	**Date of next meeting**	
	The next meeting is due to be held on 14th March 2024, 1300, via MS Teams	

Report to:	**Public Board**
Date of Meeting:	**04/04/2024**
Title of Report:	Quality Committee January 2024 Minutes and Escalation Report
Status of report:	☐**Approval** ☐**Position statement** ☐**Information** ☒**Discussion**
Report Approval Route:	NA
Lead Executive Director:	**Chief Nursing Officer**
Author:	Ian James, NED and Quality Committee Chair
Documents covered by this report:	NA

1. Purpose of the report

To present the minutes, to provide a summary of the Quality Committee proceedings and to escalate any matters of concern in support of Committee's purpose to provide assurance to Board that we provide safe and high quality services and in the way we would want for ourselves and our family and friends.

2. Recommendation(s)

To consider the summary report and minutes and to raise issues and questions as appropriate.

3. Executive Director Opinion[1]

NA

4. Please tick box for the Trust's 2023/24 Objectives the report relates to:

Quality Improvement

☐ ***Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes***

☐ ***Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)***

☐ ***Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care***

Digital

☐ ***Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy***

☐ ***Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways***

Productivity

☐ ***Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations***

☐ ***Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre***

Sustainability

☐ ***Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff***

☐ ***Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process***

Workforce

☐ ***Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners***

☐ ***Develop a 5 year 'grow our own' workforce plan***

Research

☐ ***Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate***

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

Matters for Noting

1. **Safeguarding** – Adults Safeguarding faces particular current challenges due to workforce capacity and high referral levels. This is reducing visibility on wards. Positively we now have now filled roles for MCA and DoLS and for Domestic Abuse. CQC have also challenged training levels for patient-facing clinicians, suggesting needs to be Level 3 rather than Level 2. We are assessing this with Foundation Group colleagues.

   Children's Safeguarding has recently been assessed through a statutory 'Section 11' audit and was found to be good with a commitment to improvement. Numbers of children subject to child protection in the county remain high and is reflecting in high referral rates to the MASH. The ICB has recently approved funding for an additional practitioner to work within the MASH.

   We continue to have a high number of Looked-After children in the county: 111 per 10,000 children, compared to an average of 70 per 10,000 for England. The Trust continues to provide senior leadership to the Improvement Board for Children and Young People in the county through the Chief Nursing Officer and the Chief Transformation and Delivery Officer.

2. **CQC Unannounced Inspection of ED – Action Plan -** Committee received a draft action plan following the CQC unannounced inspection in December. The formal CQC report is yet to be received but the draft plan demonstrates the immediacy of the Trust's response to the issues raised by the regulator.

3. **Mortality Report** - Main concern is the heart failure SHMI at 133. Having previously reviewed care of heart-failure recorded deaths and found no issues, we are assessing our coding of presenting issues together with admission rates. Committee also noted planned changes nationally to recording of admission rates which will from July exclude SDEC admissions. This will impact SHMI calculations; also different trusts are implementing at different times (we plan to change in April) so comparability of data will not be possible until the new recording system settles down.

4. **VTE Report -** We continue to struggle to meet the 95% assessment target (currently 83%) The CMO has initiated a new improvement plan under the leadership of the Deputy CMO. QC has previously been assured that notwithstanding need for improvement on assessments, we can show that patients do not suffer harm and the CMO confirmed that we are prescribing appropriately. Comparative evidence, however, suggests that we do not perform as well as our peers on hospital-acquired VTE and Pulmonary Embolism deaths. The numbers are small but QC will continue to track progress against comparators.

5. **Readmission Data -** Concerns about the Trust's readmission rates had been raised as these looked high. However a review of the data showed that this included planned admissions following Same Day Emergency Care. Excluding these meant a readmission rate of 5.5% which is within expected levels.

6. **Surgical Division Quarterly Report**

   Board will note the success in securing the re-tendered contract for health visiting and school nursing services, albeit with a smaller budget and with enhanced service provision, meaning we will need to change the focus and how we deliver the service.

   Committee noted continuing challenges with cancer diagnosis, with particular focus gynaecology referrals for colonoscopy and hysteroscopy, all of which are being addressed.

   Board will be aware of risks to orthodontic services due to our ongoing orthodontist vacancy. Short-term we are addressing this through contracting with an external provider, with a longer term plan to move this specialist service to Worcester.

7. **Staffing Report** – In addition to the monthly report, Quality Committee received the report following the bi-annual review of nurse staffing levels. This highlighted the success of our recruitment initiatives for both trained nurses and health care assistants where our vacancy rates continue to be well below national averages. The review indicates the need for additional staffing in a number of areas and the Trust Management Board is working through findings to assess how we meet the increased need.

8. **Maternity Services – CNST Sign-off -** QC agreed sign-off of the 10 standards subject to further clarification around Standard 9.

WYE VALLEY NHS TRUST
Minutes of the Quality Committee
Held on 25 January 2024 at 1.00 – 4.00 pm
Via MS Teams

Present:		
Ian James	IJ	Committee Chair and Non-Executive Director
Chizo Agwu	CA	Chief Medical Officer
Lucy Flanagan	LF	Chief Nursing Officer
Sharon Hill	SH	Non-Executive Director
Kieran Lappin	KL	Associate Non-Executive Director
Frances Martin	FM	Non-Executive Director
Grace Quantock	GQ	Non-Executive Director
Nicola Twigg	NT	Non-Executive Director
In attendance:		
David Allison	DA	Associate Chief Operating Officer, Medical Division – Arrived during Item 10
Claire Carlsen	CC	Associate Chief Operating Officer, Medical Division - For Item 13
Lynn Carpenter	LC	Quality and Safety Matron
Kirstie Gardner	KG	Named Nurse, Children in Care – For Item 4.1
Helen Harris	HH	Integrated Care Boards Representative
Rebecca Haywood-Tibbetts	RHT	Deputy Designated Nurse, Safeguarding, ICB – For Item 4.1
Rachael Hebbert	RH	Associate Chief Nursing Officer – Left during Item 12
Sarah Holliehead	SH	Associate Chief Nurse, Medical Division
Leah Hughes	LH	Operational Clinical Lead Radiographer – Left after Item 14
Rachel Jones	RJ	Quality Matron
Val Jones	VJ	Executive Assistant (for the minutes)
Hamza Katali	HK	Associate Chief Medical Officer, Clinical Support Division
Tom Morgan-Jones	TMJ	Deputy Chief Medical Officer
Emma Smith	ES	Associate Chief Nursing Officer – Surgery Division
Carl Stevenson	CS	Designated Individual / Trustwide Deputy Responsible - For Item 13
Aime Symes	AS	Associate Director of Midwifery
Amy Tootell	AT	Specialist Nurse Advisor Safeguarding Children – For Item 4.1
Anna Walker	AW	Head of Research Operations – For Item 5
Emma Wales	EW	Associate Chief Medical Officer, Medical Division - Left during Item 14

QC001/01.24	**APOLOGIES FOR ABSENCE**	
	Apologies were received from Ellie Bulmer, Associate Non-Executive Director, Dan Harding, Associate Director Diagnostic Programmes. Jane Ives, Managing Director, Tony McConkey, Clinical Director, Pharmacy & Medicines Optimisation, Natasha Owen, Associate Director of Quality Governance and Sue Moody, General Manager – Acute and Countywide Services.	
QC002/01.24	**QUORUM**	
	The meeting was quorate.	

QC003/01.24	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest received.	
QC004/01.24	**MINUTES OF THE MEETING HELD ON 21 DECEMBER 2023**	
	Resolved – that the minutes of the meeting held on 21 December 2023 be confirmed as an accurate record of the meeting and signed by the Committee Chair.	
QC005/01.24	**ACTION LOG**	
	(a) QC005/10.23 – (B) – Action Log - An update will be provided in the November Mortality Report on the background to the Trust being an outlier on a number of measures and our high readmission rates – This is covered on the agenda. (b) QC006/10.23 – (C) - Quarter 2 2023/24 Safeguarding Reports - An update on the meeting with the Adult Safeguarding Lead, Local Authority and the Adult Safeguarding Practitioner around more integrated working regarding appropriate safeguarding referrals will be included in the next Safeguarding Report – This is covered on the agenda. (c) QC006/10.23 – (F) - Quarter 2 2023/24 Safeguarding Reports - A chart of the days by which we are missing the target for the Initial Health Assessments for Children in Care will be included in the next Safeguarding Report – This is covered on the agenda. (d) QC005/12.23 – (B) - Action Log - Boarding Reports - The Chief Nursing Officer advised that the comments made at the November meeting on the Boarding Report will now be included in the January report – Action completed. (e) QC005/12.23 – (C) - Action Log - Cancer Patient Experience Survey Results – The Cancer Professional Lead and the Associate Director of Quality Governance will discuss when most appropriate to bring an update back to the Quality Committee on the Cancer Patient Experience Survey Results and in what format. The Chief Nursing Officer (CNO) advised that the Overarching Patient Experience Committee met recently. Part of their agenda was to discuss pulling together an overarching Action Plan for all of the themes coming out of all of our Patient Surveys, not just the Cancer Survey, and will be presented to a future Quality Committee meeting. Specific actions around specialities will come through the Clinical Support Division Quarterly Reports. (f) QC005/12.23 – (D) - Action Log - Quarter 2 2023/24 Safeguarding Reports – An update on the background to the change to the Trust following multi-agency procedures rather than having our own Policy will be provided in the next Safeguarding Quarterly Report – The Associate Chief Nursing Officer (ACNO) advised that an Adult Safeguarding Policy is being written and will be in line with other Policies within the ICS.	**CC/DH/ LH**

	(g) QC006/12.23 – (B) - Boarding / Operational Report - The Associate Chief Operating Officer, Medicine will review whether we have set some evaluation criteria for our new Discharge Co-ordinators. Work is still continuing on this as the Informatics Team had vacancies, which are now filled. (h) QC006/12.23 – (C) - Boarding / Operational Report - The Associate Chief Nurse (ACN), Medical Division will review and ensure that patients are being given the letter explaining the background and reason for boarding. The ACN, Medical Division advised that this is not occurring all of the time, noting that we are having up to 28 boarders a day and these are changing on a regular basis. Verbal communication is being provided in each case at the time of transfer. The CNO advised that the letter is available if it is helpful for a patient to receive it. It was agreed that verbal communication was acceptable for patients to be kept informed.	
	Resolved – that: **(A) The Action Log be received and noted.** **(B) Specific actions around specialities from the Cancer Patient Survey will come through the Clinical Support Division Quarterly Reports.**	**CC/DH/ LH**
	BUSINESS SECTION	
QC006/01.24	**QUARTER 3 2023/24 SAFEGUARDING REPORTS**	
	The ACNO, Deputy Designated Nurse, Safeguarding, (DDN) ICB, Specialist Nurse Advisor Safeguarding Children (SNASC) and the Named Nurse, Children in Care (NNCC) presented the Quarter 3 2023/24 Safeguarding Reports and the following key points were noted: Adult Safeguarding • This report was taken as read. This is now in the new format with the front section highlighting our concerns and what has gone well. • We are still reduced in our workforce capacity which is a risk. Initial conversations have been held with the Local Authority around streamlining and improving the quality of referrals, due to capacity problems we have not been able to move forward with a full MCA audit. The DDN, ICB is providing oversight/support for the team, but the main impact is that from an Adult Safeguarding perspective we are not as visible in the ward areas as we ordinarily be and this is a crucial part of our role. We are working on more temporary cover to improve this situation. To embed the processes, eg Mental Capacity Act and DOLS, we need to be more visible. • Positively, we do have new roles in place, Domestic Abuse Lead and Hospital IDVA who are in post and working on their priorities along with the DDN, ICB providing Adult Safeguarding supervision which we did not have previously within the team.	

	• Areas of concern are still around knowledge and understanding of Safeguarding DOLS and Mental Capacity Act. We are still awaiting the results of an internal audit that was undertaken at the end of last year. • Currently we train our clinical facing staff to Level 2 in Adult Safeguarding. The Care Quality Commission have picked this up on recent inspections for local Trusts and are saying that we now need to be training to Level 3 for all of our patient facing clinicians. We are looking into this and reviewing what other Trusts have done. • The CNO advised of the additional time required to train staff to Level 3 in Adults, which will be considered as well as learning how other Trusts are dealing with this to see how we can achieve this level of compliance without taking the clinical frontline staff away to undertake lengthy training sessions. • The DDN, ICB agreed that this is a massive piece of work to undertake. The intercollegiate document is not statutory, but it is what we would expect as good practice. . • Mr James (Chair of the Quality Committee and NED) questioned how are we going to undertake this assessment of what are priorities are and how we are going to achieve them. The CNO advised that she is planning to discuss this with the Foundation Group Chief Nurses along with discussing it with the CNO of the ICB at their next meeting. • Mr James (Chair and NED) highlighted the number of Domestic Homicide Reviews and queried if this was high compared to other areas. The DDN, ICB advised that we are seeing higher numbers of these Reviews coming through along with Adult Safeguarding Reviews which obviously puts more pressure on the team. We are seeing more Domestic Homicide Reviews generally due to the changes in guidance around doing a Review if a victim has died by suicide. We have 2 ongoing cases at the moment with the rest completed and awaiting for the Home Office to sign off (around a 6 month backlog). • Mr James (Chair and NED) noticed the Domestic Violence Referrals in Quarter 3 have increased on previous quarters, is this due to have an Advisor in post? The ACNO advised that this is the case as the new Lead and the IDVA have raised visibility around the need for these referrals. <u>Childrens Safeguarding</u> • Training levels have remained high which is positive. Level 1 compliance is at 90% and Level 2 at 88% and Level 3 at 84%.	**LF**

	• We have identified a Safeguarding Link with our Emergency Department (ED) and are working with them to increase the compliance within the Department. Overall compliance has increased to 78%, which has increased further since the report was written. The Emergency Nurse Practitioner compliance has also increased. The team are working with the Department to set up bite size teaching again and ED platforms that we can send out safeguarding messages. • Child Safeguarding Practice Reviews have all been completed and the actions are being monitored through the Safeguarding Partnership. • The SNASC and the Named Doctor have recently attended a Rapid Review for a Shropshire child who attended our Trust. We are awaiting the outcome of this Review and whether this is progressing to a Safeguarding Practice Review, and if it is, we will be working alongside Shropshire colleagues to complete that. • The Section 11 Safeguarding Audit has been completed and was checked and challenged with the Safeguarding Partnership and independent scrutineer. Safeguarding Children was deemed as good with a commitment to improvement. The 2 key themes that we picked up on that as a Trust we need to improve upon are some of the LADO processes (there has been an increase in LADO referrals for Trust staff) and also Safer Recruitment Training, which is being looked at as this was identified as being a need. • There was a Care Quality Commission review of Midwifery with the Safeguarding Element being assessed as good. • We do not currently have any risks but areas of concern include the MASH workloads remaining high which have increased year on year. The Band 7 role for MASH has now been approved and is out for advert. This will mean that there will be 2 Practitioners within the MASH team to manage that workload. • The Child Protection numbers for Herefordshire remain high at 252. The Safeguarding Partnership has now partnered with Leeds to support the improvement journey. There were dedicated Workshops just before Christmas for the Trust and other Health Staff looking at the Leeds Implementation Plan and how Herefordshire will follow this. • There is also concern around the number of escalations above Level 2 to Level 3 that get referred into the Safeguarding Partnership. The responses have been referred from Children's Social Care so that it appears at times that they do not fully understand the escalation process. This has been escalated through the Partnership meetings as an area that needs to be reviewed and improved upon.	

	• The CNO advised that herself, the Chief Medical Officer (CMO) and the Chief Operating Officer are meeting with colleagues from the Police, Local Authority and Mental Health Services tomorrow to discuss how we escalate concerns over a child or young person as well as the concerns that the SNASC has raised. • Mr James (Chair and NED) noted that on the Front Sheet, there was nothing in the risk escalations whereas some of the content of the report would be escalations for the Quality Committee. It would therefore be helpful to have these as bullet points for better understanding on the Front Sheet for future reports. <u>Looked After Children</u> • We are offering all Review Health Assessments within statutory timescales and we are able to attend all Safeguarding Meetings for Children in Care. • The challenge around consent continues but is improving. There seems to be a higher profile in the Childrens Services around getting medical consent and will be the next theme for the Corporate Parenting Ops Group. Work is being undertaken to put consent onto Mosaic which should help. There is good multi-agency working between Children's Services and our team in terms of improving consent. • There is a vacant Band 4 Administrator post. In light of the increase in the number of children in care, we have reviewed the administrative hours and we have been working with Finance and we have a possible restructure that would allow us to work smarter and have the right grades of administrative staff, eg a Band 4, Band 3 and Band 2. We do have a risk with administrative staff as we currently only have 1 member of staff covering the whole service. • The NNCC highlighted the number of Children in Care comparative our statistical neighbours and the rest of England is high. We currently have 111 children in care per 10,000 under 18 population. This is in contrast to Worcester who have 64 children per 10,000 and 88 in the West Midlands and 70 in England. • Of concern is clinic capacity and being able to offer Initial Health Assessments within 20 working days of receiving medical consent or request for an Initial Health Assessment for out of area children. We saw 18 children for Initial Health Assessments, 38% or 7 children were seen within 20 working days of receiving medical consent or request for an Initial Health Assessment from an external authority. Eleven children (61%) were offered an appointment after 20 working days and the longest wait was 43 days. A lot of these children came in Quarter 2 but due to Consultant leave etc, clinics were cancelled and they were brought into clinics in Quarter 3. • Currently children brought in now would not get an appointment until March, once we received medical consent. There are challenges around clinic capacity, detail included in the report.	**AT**

	• We continue to have nursing sickness within the team. This is expected to resolve in part in April. • There is also a huge amount of change in the Corporate Parenting Board around the Corporate Parenting Strategy. As the Board of Directors have not had an update regarding this recently, it may be helpful to provide a summary. • Mr James (Chair and NED) noted the issue around Corporate Parenting, and the need to review training. The CNO noted that around a year ago, the Corporate Director for Children and Young People at Herefordshire Council came to the Trust to provide an overview of our roles and responsibilities as Corporate Parents with further training provided if needed. Mrs Martin (NED) noted that this review may have been before our new Associate NEDs joined the Trust • Mrs Martin (NED) advised one of the outstanding actions from a previous Board Workshop was to confirm exactly what training Board Members, and in particular Non-Executive Directors, required. This is being reviewed by the Associate Director of Corporate Governance. • Mrs Martin (NED) highlighted the high number of children in care in Herefordshire is disproportionate to the population. This is being addressed as a multi-agency issue across the county but we need to ensure that we have good recruitment and retention and training which will help staff to be confident to able to support families and children to reduce this number. • Mr James (Chair and NED) noted that the expectation is that the numbers of children in care will reduce once we get other early help services in a fit state, but are the numbers of children coming into care reducing? The NNCC advised that this quarter we have seen a reduction in the number of new children in care but this is very variable and very difficult to predict. We are seeing that once children come into care, they stay for a long time. It has reduced from February last year when it was 115 per 10,000. • The CNO advised that herself and the Chief Transformation and Delivery Officer sit on the Local Authority Improvement Board for Children and Young People Services and also sit on the Children and Young Persons Partnership with the Local Authority. Obviously the Eleanor Brazil Report was published which has said that whilst services are improving, they were not improving rapidly enough and therefore the Improvement Boards priorities are being reviewed with a focus on refreshing the top 5 priorities. The CNO confirmed that they are prioritising our threshold. Their view is that our threshold is too low for putting individuals into care and onto a Child Protection Plan. The CNO will feedback after the meeting being held next week.	**LF**

	<u>Resolved</u> – that: **(A) The Quarter 3 2023/24 Safeguarding Reports be received and noted.** **(B) The Chief Nursing Officer will discuss the proposal around Level 3 Safeguarding training for key staff with the Foundation Group Chief Nurses along with discussing it with the Chief Nursing Officer, ICB at their next meeting.** **(C) Future reports for Child Safeguarding will have bullet point escalations on the Front Sheet.** **(D) The Chief Nursing Officer will feedback to the Quality Committee on the discussions held at the Local Authority Improvement Board for Children and Young People Services around the Trust's threshold for putting children into care and onto a Child Protection Plan.**	**LF** **AT** **LF**
QC007/01.24	**<u>RESEARCH AND DEVELOPMENT QUARTERLY UPDATE REPORT</u>**	
	The Head of Research Operations (HRO) presented the Research and Development Quarterly Update Report, which was taken as read, and the following key points were noted: • By the end of December 2023 we have recruited 381 trial participants into 22 different studies across a range of specialties in the Trust. We have opened 8 new studies to date this year. • In terms of overall research activity, we are virtually back to where we were pre-pandemic. Obviously during Covid, our priority was to recruit into Covid trials which we have stopped recruiting into now. • One of the priorities of the Strategy is to try and address this inequity across the Trust. • We also need to improve on the research that meets the needs of our local community. Currently we are very driven by the specialties that are already research active and where there is capacity within these clinical teams to provide support for research that is required. • We also have a number of trials where there is a significant amount of follow up to conduct as well with ongoing data that needs to be collected. We do not easily have the ability to report on this which makes it difficult to assess capacity. Therefore this is one of the areas that we are going to be prioritising this year. • Research management support at the Trust is provided through an agreement with Worcester where the HRO is based. One of her priorities was to get our new Research Strategy written. There is also a new Research Manager in post in October 2023.	

	• We have a very robust mechanism as dictated through trial protocols to report any adverse events immediately after they occur and there is a reporting mechanism that these events are reviewed at quarterly Research Meetings as well. There are no concerns around any adverse events and no serious breaches identified. • All our patients have the opportunity to participate in the NIHR Participant in Research Experience Survey. This is a national survey and all our patients can submit a survey once during their patient journey. Our responses are very good and our team are robust in ensuring that our patients have the opportunity to complete these surveys. We are currently in the 4th or 5th position of Trust in the West Midlands who participate in this survey. 91% of our patients feel that staff value their participation and 77% say that they would consider taking part in research again. • Staffing is always a challenge. The income streams that are used to fund our research activity come through the NIHR via our West Midlands core funding, through the Department of Health and Social Care Research Capability funding and through the income we are able to generate through our participation in trials. Our staffing costs always exceed our core funding, so to ensure that we are able to maintain a good, effective appropriately sized workforce is very important. Ensuring that our finances are sustainable is one of the biggest challenges. • We provide funding to our Pharmacy Department for the provision of and support of INP research and we are very grateful for that support. • We had the opportunity to bid for additional funding and we were successful in this which will enable us to support a new Data Officer and a new Band 6 Research Nurse for a year in the first instance but we have funding to carry these posts forward to 2 years. • The CMO advised that we are planning to have a Research Workshop. This will be a joint Workshop with the Three Counties University, supported by Jo Rouse, one of our ANEDs. • It was agreed to circulate the draft Research Strategy to the Committee for comments as this was not included in the Report. • The HRO advised that Worcester Acute has now joined the Foundation Group and are looking to set up a Foundation Group Research Group as well. • Mrs Hill (NED) wanted to ensure that we have the link between the job plans for new Consultant posts and working towards the local community issues. The CMO advised that this is not occurring currently, but this is our ambition. This will be discussed at the Workshop with the plan to develop this further.	**CA**

	<u>Resolved</u> – that: **(A) The Research and Development Quarterly Update Report be received and noted.** **(B) The draft Research Strategy will be circulated to the Quality Committee for comments.**	**CA**
QC008/01.24	**<u>CQC UNANNOUNCED INSPECTION ACTION PLAN/DRAFT REPORT</u>**	
	The CNO presented the CQC Unannounced Inspection Action Plan/Draft Report and the following comments were noted: • This is here for information. We had hoped that we would have had the report to accompany this. The CNO has spoken with the Care Quality Commission and they have confirmed that they are on track to send us the draft report by the end of next week. • The weekly meetings have been stood down to fortnightly meetings to ensure that we remain on track with the actions. • The ED Dashboard has now gone live which is very helpful.	
	<u>Resolved</u> – that the CQC Unannounced Inspection Action Plan/Draft Report be received and noted.	
QC009/01.24	**<u>MORTALITY REPORT</u>**	
	The CMO presented the Mortality Report, which was taken as read, and the following key points were noted: • Our rolling SHMI from August to July is 102.6.which is an increase. Looking at the crude mortality for August and September, there will be further increases. The crude mortality for December 2023 is very similar to December 2022. • Heart failure is our biggest SHMI at 133. This is reducing but is still high. A previous piece of work looked at patients who had died of heart failure and found no issues in care. We are taking a different approach looking regarding coding of patients who had heart failure but died of a different cause. We are also looking at our admission rates for heart failure to see whether that is higher than normal and if there is anything we can do in the community to prevent them being unnecessarily admitted. • To ensure that we are sharing learning from deaths, we are reforming the Mortality Committee with the first aim to re-establish the Mortality Leads. The Associate CMOs have been given the information on how to enable this.	

	• Mrs Martin (NED) questioned how much of this we are doing in conjunction with General Practice and other colleagues as we have a joined up mortality process but what are we doing around the coding issues and the presentations. The CMO advised that the coding issues are in house but we are planning for the work on heart failure to be much broader and involve our Primary Care colleagues. • Same Day Emergency Care (SDEC) constitutes 16% of our admissions and there is a national mandate that this will change and this data will come out of inpatient activity. Therefore the denominator will go down and we would expect our SHMI to change based on this. The mandate for everyone to change this is going to be in July but as a Trust we have decided to make the change in April to fit in with all the other data collection. • The CNO queried from July (as before that we will be counting differently), will we be able to benchmark again as everyone will be counting in the same way. The CMO advised that different places have changed at different times. For the Trusts that did change early, NHS Digital did put in an advisory on the data to advise that there is a data quality issue and gave the background to this. In July, we should therefore all be able to look at the same data. We have one of the highest comorbidity and CCI index which would be in keeping with our elderly population. • Mr James (Chair and NED) noted that we take assurance currently from these comparative figures (notwithstanding the data quality issues) and we need to be aware as everyone goes through this process this may not be the case.	
	<u>Resolved</u> – that the Mortality Report be received and noted.	
QC010/01.24	**<u>VTE REPORT</u>**	
	The CMO presented the VTE Report, which was taken as read, and the following key points were noted: • We are looking at the VTE assessment because DVT and PE are significant contributors to preventable deaths. • The national target for VTE risk assessment is 95%. As a Trust, we achieve 83% and have done so for some time. Medicine and Surgery are the areas that we need to improve upon. We also have higher hospital acquired VTE, eg readmission within 90 days compared to our peers. Although our numbers of PE deaths are low, we are still higher than compared to our peers. • To address this we have an Improvement Plan (detailed within the report).This requires a real focus by the leaders in our Divisions to ensure that this becomes business as usual. The Deputy CMO will be leading on this piece of work in the Thrombosis Committee.	

	• Mr James (Chair and NED) noted that we have always been given assurance that despite not meeting the targets, we could demonstrate that we were not causing harm to our patients. • The CMO advised that we are prescribing the medication but we are not doing the risk assessments. The CMO is confident that we will improve our numbers now that our Clinicians can see the impact of the risk assessment. • The CNO noted that we think our VTE performance is lower than the figures suggest as the cohorts that are included, excluded or assumed were not necessarily correct and questioned whether it was part of the Improvement Plan to look at the cohorts so that we are more confident in our data sharing. The CMO confirmed this, noting that this data refers specifically to Day Case where we assume 0% as these patients do not need an assessment. However, with boarding and escalation, we know that we actually do have inpatients in these areas. • The CNO advised that we thought that EPMA was the panacea to resolving the issue but realised that this was not the case and queried whether this was actually true. The CMO advised that. Clinicians are very good at prescribing and if we tied this to the screening tool that you could not prescribe without first undertaking a risk assessment then this would solve the issue. It is clear on the white board on the ward who has had screening and who has not. We also want a live dashboard that shows compliance as well. • The Associate Chief Medical Officer, Medical Division had been given the impression that the changes with EPMA and Maxims would be greater than they were. This data shows the importance of prescribing Enoxaparin and will help change behaviours. • The Integrated Care Boards Representative questioned whether we are expecting to see this report regularly and where will it be reported from. The CNO confirmed that this report is received already by the Quality Committee on a quarterly basis.	
	<u>Resolved</u> – that the VTE Report be received and noted.	
QC011/01.24	**<u>DETERIORATING PATIENT COMMITTEE REPORT</u>**	
	The CMO presented the Deteriorating Patient Committee Report, which was taken as read, and the following key points were noted: • To improve the care of patients who are deteriorating in our care we need to have timely detection that they are deteriorating, escalation and the speed of response and the quality of that response is important. • Benchmarking data in terms of detection is included in the report from ED. For patients with NEWS scores between 0 and 4 there are no concerns in terms of timely observations.	

	• For our deteriorating patients, NEWS score higher than 5, we only achieve between 36 to 40% compliance for timely observations. • Our next steps to improve from the baseline are to refresh the Terms Of Reference for the Deteriorating Patient Committee to ensure that it covers adults, Paediatrics and Obstetrics and will be able to provide assurance to this Committee around the quality of care. The current improvement work will include developing a live dashboard for all of the wards and to provide reports which will be scrutinised by the Committee, Trustwide Reports and also to challenge areas to development their own Improvement Plan. • We are in the process of developing a Business Case for 24 hour Critical Outreach. We have a good service currently but this only runs from 8.00 am to 8.00 pm. They are part of the response to the deteriorating patient and have the ability to act proactively and by supporting wards and highlighting any patients deteriorating. We are going to do an assessment of our need for either an HDU or high care area because that is a pressure area for ourselves, and also improving communication especially the transfer of information from one team to another. We are exploring how we embed communication amongst Clinicians. • Mrs Martin (NED) welcomed the Report and receiving more information around possibly having a 24/7 Hospital At Night facility which is an important piece of work, and would welcome the timescales around this. Mr James (Chair and NED) noted that this is one of our priorities and we will receive a regular quarterly report. • The ACNO, Surgery Division advised that the 24 Outreach sits within the Surgical Division. We have been trying to double up currently with some Outreach support due to the acuity of our patients. Although there will be a Quarterly Report, the paper will be presented to the Trust Management Board by the end of February.	
	<u>Resolved</u> – that the Deteriorating Patient Committee Report be received and noted.	
QC012/01.24	**<u>BOARDING OPERATIONAL REPORT</u>**	
	The Associate Chief Operating Officer, Medical Division presented the Boarding Operational Report and the following key points were noted: • **December Comparison** – We are now looking at the Boarders and the number of escalation beds and activity at the Front Door. We are also comparing this with the number of outliers (excluding Gilwern Ward) and Discharge Lounge activity. • It was a challenging month for Boarding along with the Junior Doctors strike running up to Christmas.	

	• The number of escalation beds correlates with activity through the Front Door and our ability to use the Discharge Lounge. Usage has improved overall but still remains variable. • **Discharge Lounge Analysis** – We undertook this analysis since April 2023. The Discharge Lounge was expanded in November and the criteria was changed. Our ongoing challenge is to get patients into the Discharge Lounge before 11.00 am. The peak times are between 11.00 am and 3.00 pm. There are a number of infection prevention issues at the hospital at the moment, and obviously these patients are not able to be moved to the Discharge Lounge. • There were no complaints received regarding Boarding in December. • The category on InPhase for Boarding is difficult to capture, so the Quality and Safety Team have done some work around this. From November they have added a question to the Incident Form – "Does this incident involve a Boarding patient?" • The Standard Operating Procedure has been reviewed which was issued on 19 January and is on the intranet. We have revised the maximum Boarding numbers on the wards. This has arisen from conversations with Ward Managers, Matrons, Clinical Leads and the Divisional Tri in Medicine and Surgery. This has led to the ring-fencing of certain beds and to protect the Procedure Rooms on Arrow and Lugg Wards due to some clinical incidents. We have a maximum number of Boarders agreed but when we have a critical incident or are in extremis, and it has been sanctioned by the Chief Operating Officer, CNO or the CMO, to board further. This list of numbers will be displayed in all wards and the Site Managers have a copy. This is referenced at every Bed Meeting. • The ACMO, Surgery Division, ACN, Medical Division and the Associate Chief Operating Officer, Medical Division undertook a walkabout last week of the wards to talk to staff and patients around Boarding. The Boarding on bays in Wye Ward allows patients to feel part of the bay and allows better access to the toilets. We have been signposting other wards to see if they can replicate this. • **Next Steps** – We need to continue to deploy the new Boarding Standard Operating Procedure, ensure better use of the Discharge Lounge, to embed the new Flow and Discharge Co-ordinator role and ensure that Boarding and the use of the Discharge Lounge is part of the Ward Huddles. • Mr James (Chair and NED) noted the importance of the small gains (eg flow and improving the environment) and focussing on the key areas.	
	<u>Resolved</u> – that the Boarding Operational Report be received and noted.	

QC013/01.24	**RE-ADMISSION DATA**	
	The CMO presented the Re-Admission Data Report, which was taken as read, and the following key points were noted: • This paper is being presented as an initial paper suggested that our re-admission were high at 30%. However, a deep dive showed that actually 40% of those are due to patients attending SDEC and were coming back for planned admissions. Without these patients, our actual re-admission rate was about 5.5%, well within expected levels. • This paper is to provide assurance to the Committee that we do not have an issue with re-admissions. • Mr James (Chair and NED) queried if all the SDEC re-admissions were planned as not all are. The CMO advised that this is the case. Ideally everything required is carried out at that time, but the practicalities mean that sometimes patients need to come back for further work to be done.	
	Resolved – that the Re-Admission Data Report was received and noted.	
QC014/01.24	**DIVISIONAL QUARTERLY REPORT – SURGICAL DIVISION**	
	The ACNO, Surgery Division presented the Divisional Quarterly Report, Surgical Division and the following key points were noted: • During this period we have seen 1 Patient Safety Incident. A cross Divisional approach was taken to this in relation to a patient who had died from a condition that covered Surgery, Medicine and Radiology. One of our Anaesthetists is undertaking this review. • There are a number of Serious Incidents that are still open in the Division, and 9 of those are overdue. Four of them have been submitted. • VTE compliance is an area of concern for the Division. We did a lot of work around this in the previous quarter regarding our VTE position in Gynaecology as this included our patients who come through our Gynaecology Assessment Area and they did not need to be included. Unfortunately we have seen in some of our Surgical Specialties a reduction in VTE performance. Some of this in December could be due to the Junior Doctors strike as two of these areas are normally over 90%. • Complaints remain a concern within the Division. The number of complaints being received versus the number we are managing to sign off and get out to our patients is now comparable, our issue is our backlog. We have 69 complaints overdue.	

	• A number of compliments have been received by the Division, some of which are included within the Report. A number are sent through directly to the Wards and the Patient and Advice Liaison Team rather than through Friends and Family. The themes from these are joint surgery on Teme Ward and also regarding our empathetic and caring approach to end of life care on Frome Ward. • Information on the Colorectal Audit is included in the Report. Following an incident, we undertook an Audit of all patients between 2015 and 2021 that we were concerned may have been lost to follow up and new processes put in place. In August 2023 a further incident was noted for a patient who should have been seen in 2020 who had been missed to follow up. When we reviewed the initial Audit findings we found that this was very much a clerical process of reviewing these patients with some being reviewed by the CNS where needed. The CNS, Colorectal Surgery therefore re-audited all of these patients (825) with details in the Report. • An incident was raised by a GP surgery regarding EDSs not being sent out. The information in the report is for assurance, with work ongoing around this. Actions are being put in place Trustwide to ensure that this does not occur again. • T&O Perfect Fortnight – This is in relation to our elective trauma services ensuring that we have adequate ward space, adequate theatre capacity and ensuring that patients are on the correct pathway for their care. During this fortnight, we saw some significant improvements. Theatre utilisation increased to 94%. Our length of stay for orthopaedic and elective reduced to 2.08 days. We saw 73% of our joint patients were discharged within 2 days post operatively. Some of the key things put in place during this time we feel can be sustained and embedded in practice. One of these is education sessions for patients. Our Charge Nurse on Teme Ward has been undertaking these programmes. • We are also doing a lot of work regarding scheduling of our patients, ensuring that our elective lists are booked early and ensuring that we review any cancellations on the day and all patients have their pre-operative assessment undertaken so that they can be booked as short notice if there is a cancellation. • Public Health Nursing Service – This is our Health Visiting / School Nurse Service. This has sat within the Trust for over 30 years and sits under the Local Authority for commissioning. A tender document was sent at the end of last year. The specification is quite different within the new tender document and unfortunately the funding was slightly lower than what we currently have. We were therefore being asked to increase what we undertook with slightly decreased funding. This has necessitated looking at a very different skill mix to undertake this. We have managed to avoid a management of change for staff by doing things gradually and in agreement with the Local Authority to implement our new service specification.	

	• Rather than going completely live in April, we are able to take a staggered approach. We are being asked to do 2 additional contacts. We do 5 universal contacts for all those under 5 currently (antenatal and birth checks and development checks). We are now being asked to undertake an additional contact at 4 – 6 months regarding weaning and dental health and an additional contact when children are 3¼ years in readiness for school. There is also an additional provision for teenagers and those of school age. • Surgical SDEC opened on 19 December. Until this point we ran our SDEC alongside medicine in the SDEC facility. This has led to increased flow through ED and reduced some congestion there and reduction in admissions requiring overnight stay. The next stage will be to develop a Virtual Surgical Ward and Hot Clinics and a Surgical Admissions Area within that footprint. • One of our Urology Nurses has been appointed to the Board of European Association of Urology Nurses. She does a lot of positive work nationally and internationally in relation to Urology Nursing. • It was confirmed that we had been reaccredited with our JAG rating. This means that we have provided evidence that we are providing a high quality service spanning both clinical, patient experience, workforce and training components. • We have been trying to increase our OGP workforce within Theatres. We are bringing in a number internationally which has been very successful alongside training some of our own staff. We have a number of OGP students at the moment. We have another 4 OGP students starting in the next cohort. • We have seen a real increase in gynaecology referrals over the last 2 years, particularly in relation to those on a 2WW pathway (68% increase). This has led to some long waits for colposcopy, being compounded as well by some Clinician sickness and staff vacancies. We now have a waiting time of 14 weeks. This has reduced since December at 18 weeks. We are reporting to NHSE on a weekly basis but we are on target to meet the trajectory and be back where we need to be by mid-February. We do have a Colonoscopist returning and we are carrying out additional clinics at the weekend to reduce the backlog. • Hysteroscopy appointments - we have 103 patients waiting for a new appointment. We took a paper to the last Trust Management Board as we have been given some money from Cancer Alliance to be able to outsource 50 patients which will reduce our backlog. We also have additional clinics throughout February. • We are seeing increasing scrutiny being in Tier 2 for our cancer services, particularly around 28 days diagnosis and 72 day performance. We have a robust action plan in place for each of the cancer services.	

	• Maxillofacial and Orthodontic Service – A lot of work has been done regarding this fragile and unstable service. We have had a review of all of our Orthodontic patients and we now have an Outsourcing Company who have been providing some elements of the service. We also have joint clinics set up with Worcester. The future plan is to move the service over to Worcester so that we will not be providing either of these services in the future. We have also asked for an external review due to concerns around some of our patients that have been on that pathway. The General Dental Council are currently supporting in relation to this review. • Mrs Martin (NED) queried what is happening about the Maternity EDS to ensure that this does not occur again. The CNO advised that we are bringing back an EDS Summary Report back to the Quality Committee. There was some immediate learning and things put in place to prevent this occurring again. The Associate Director of Quality Governance has been Chairing the groups with an update at the Finance and Performance Executive meeting and then the summary will be presented back to the Quality Committee. • The ICB Representative questioned around the overdue complaints, how old these are and what actions are in place and what resource there is to deal with these. The ACNO, Surgery Division advised that there are a variety of reasons why, some is capacity and some are multifactorial. We do have a Governance Team who are trying to get on top of this backlog and write some of these complaints but it does require clinical input as well. These are discussed weekly and are escalated to the Directorates and then up to Division. We are encouraging staff to talk to our complainants and make that telephone call early on to try to reduce the number of complaints that we have to produce lengthy responses to. • The Associate Chief Medical Officer, Clinical Support Division advised regarding the hysteroscopy backlog, we have had over 100 with 50 being outsourced along with a Perfect Week arranged week commencing 4 March. The current limitation we have in Womens Health is lack of adequate space to perform some of these minor interventions.	
	<u>Resolved</u> – that the Divisional Quarterly Report – Surgical Division be received and noted.	

QC015/01.24	**STAFFING REPORTS – BIANNUAL AND MONTHLY**	
	The ACNO, Surgery presented the Staffing Reports – Biannual and Monthly and the following key points were noted: Biannual Report • Safer Staffing is one of the essential Standards that we must undertake as Healthcare Providers and it is clear within Care Quality Commission regulations, NMC recommendations and National Policy. We have the National Quality Safeguarding Standards for Developing Workforce Safeguards. The appendix of the Report shows our compliance with this which is very good. There are a couple of areas that we need to improve upon. • Within staffing we use a triangulated approach to ensure safer staffing which is shown within the document provided. We need to have an evidence based tool and we use the Safer Nursing Curtail which is endorsed by NICE and is used by most Trusts nationally. We use patient outcomes, particularly nurse sensitive indicators but also look at our staff outcomes as well such as staff turnover, sickness and any staff vacancies as well as professional judgement to triangulate this. • We still have high volumes of nursing vacancies nationally, 42k vacancies across the country which is 10% of our nursing workforce. We have a 1.8% vacancy rate for our trained nurses. • We have high volumes of vacancies Health Care Assistant and undertook a large piece of work around developing support our staff and improve our recruitment process. Sickness levels have been stable over the last couple of years and in line with the national rates although our target rate is 3.5% and we are seeing a sickness rate of 7% and a rate of 11% for our Health Care Assistants. Maternity levels are also slightly higher for our Trust. • We are in the lower quartile for care hours per patient day (details within the report). We are lower than our peers and the national average for care hours per patient day. We have improved, 6 months ago we were in the lowest quartile and we are now in quartile 2. This is due to the additional staffing that we have been putting on wards. We have improved from having 7 care hours per patient day to 8 in the last 6 months but still below the mean and our peers.	

	• Time Out Allowance Hours – Currently we have an 18% time out allowance for our Health Care Assistants and 21% for our Registered Nurses. The tool that we use will not allow us to put a figure of below 22% in and there is a recommendation from the Carter Report which recommends a 25% allowance. If we were to uplift to the 22% allowance that is being recommended by the Safer Care Nursing Tool that would mean that we need an extra 10.45 Registered Nurses and 33 Health Care Assistants. If we went to the 25% recommended, we would be 41.8WTE Registered Nurses and an extra 52.6WTE Health Care Assistants needed. • The Safer Care Nursing Tool is an evidence based tool that we use twice a year to review all of our acuity and independency of our patients. This tool has just been reviewed and has changed slightly. Our next review to take place in February will be utilising this new tool and will give us more assurance around our nursing requirements for 1-2-1 and cohorted patients and mental health patients that are within our Trust that is not within the current tool. • Our acuity and dependency results are showing that we do need an uplift in establishment in a number of areas. These areas are within Community Hospitals. It is showing that we require an uplift in our care hours per patient day to ensure that we are providing safe patient care. The acuity data is showing that we require an uplift of 19WTE but we do feel that it is that high and we are continuing to do some work with our Community Hospitals. • We have a paper going to the Trust Management Meeting regarding Intensive Care which is looking at an increase in our nursing establishment. We are recommending an additional 9.3WTE to be able to ensure that we have the right volumes of staff and to reduce our agency spend. • There are a couple of areas which are not currently funded, eg where we have put additional nursing. A paper was taken to the Trust Management Board regarding those additional requirements. • We have a very clear, robust staffing plan for our new Theatre Hub. This is reliant on recruiting staff and our international nurse recruitment. ED staffing – we have seen an increase since the Care Quality Commission Inspection which now requires a full establishment review. The recommendations are within the Report. • The CNO noted that in the pack is included the table of areas where we have reached an agreement at the Trust Management Board in terms of next steps. Those areas highlighted in yellow we have agreed to fund and progress substantive recruitment immediately. The areas highlighted in amber are associated either with unfunded beds, escalation beds or additional beds that have no funding stream associated with them. We agreed at the Trust Management Board that it is difficult to recruit to these on a substantive basis as we only open them at times of extremis. These are in the pack as a reference for what we require of our temporary workforce requirement and to make provisions in budget setting.	

	Gilwern Ward is slightly separate to this as we do recruit to it substantively given that it has been open permanently despite not having a funding stream. The areas highlighted in green (Lugg and Dinmore Wards) will progress to a Business Justification to the Trust Management Board as soon as possible as this was agreed in principle that investment is needed in these 2 wards. We have agreed to do some further work around Community Hospitals prior to presenting a business justification to TMB. • The CNO and the ACNO, Surgery are the 2 individuals in the Trust who are fully trained in the evidence based tools and we can see from the application of the tool in the Community Hospitals that it has not been applied correctly which is why it is subject to some further work and discussion around what level of investment is required. • ED is complex and is driving an additional 24WTE equivalent workforce demand above their budgeted establishment is. We have agreed to build their roster template to reflect current staffing agreement so that we can hold them to account for reality rather than a roster template that does not resemble their current staffing. This will be subject to a Business Case which will need to be presented to the Trust Management Board for investment in the future. The discussion around headroom for Health Care Assistants was held at the Trust Management Board, and it was agreed at the Foundation Group Board that we would undertake some work across all the Trusts as none of us are at the Carter level of recommendations around 25% headroom. <u>Monthly Staffing Report</u> • Our agency and Thornbury spend had reduced, but during December and January, particularly with the Intensive Care Unit being an escalation area for large parts of January and an Intensive Care Unit patient requiring special care on another ward, we have seen a real increase.	
	<u>Resolved</u> – that the Staffing Reports – Biannual and Monthly be received and noted.	
	<u>MATERNITY</u>	
QC016/01.24	**<u>PQSM REPORT</u>**	
	The Associate Director of Midwifery (ADM) presented the PQSM Report, which was taken as read, and the following key points were noted: • We had 2 late losses during November which is a slight increase for us. For assurance, late losses are reported through our PQSM process which is a cross service review between us and Worcester with a full MDT on both sides. This is how we identify the learning we put into the minimum data set.	

	• There have been no moderate cases in November and no HSIB cases. We did receive one of our HSIB cases back this month and we will share the learning going forward. • The Obstetric Consultant workforce is primarily being covered by our staff in-house at the moment. We have recently recruited a long term Locum and interviews are planned for early February to fill some of the other gaps. Middle grade gaps are also improving in terms of recruitment and we have also managed to secure a SHO starting in February for 6 months. • We have had a reduction in the number of midwifery rota gaps, now down to 32 across the month which are filled internally. We have not used any agency now for a number of months. • There were 6 InPhase Reports relating to staffing and we will be utilising the information we gather from the Birth Rate + Report. • The CNO and the ADM looked at a Staffing Report provided by Worcester. We are just extracting the data from this to enable improvements to be made in how we report staffing data which will come through in future reports. • We have received a number of compliments and no complaints or concerns during November.	
	<u>Resolved</u> – that the PQSM Report be received and noted.	
QC017/01.24	**CNST 10**	
	The ADM presented the CNST 10 Report, which was taken as read, and the following key points were noted: • We are confirming compliance, which has been confirmed by the LMNS, with Safety Action 1, 2, 3, 4 and 5. In Safety Action 6 it is noted that a verbal update will be provided as we had a Sign Off Meeting yesterday in relation to the Saving Babies Lives content. During the meeting, everyone was satisfied that we can sign off and approve full compliance with the Saving Babies Lives element. • Safety Action 9 – We advised that compliance is anticipated but there is a further discussion required which is delegated responsibility to the CNO and Mrs Martin (NED) as our Maternity Safety Champion and NED and Mr James as the Chair of the Quality Committee. Compliance is confirmed with Safety Action 10.	

	• In Safety Action 8 we had to declare compliance of 90%, which was the initial rate set by NHS Resolution. They produced an addendum in October that advised we could be 80% by the 1 December in groups that were needed but we would need to be 90% within 12 weeks of that period. We chose 1 December as our start date when we were only 81% within the Anaesthetic Registrar Middle Grade group. We had provided an action plan at the last Quality Committee and Board of Directors for approval which was part of that process. The ADM confirmed the team of Anaesthetists have achieved the percentage required which is why we are able to declare compliance of Safety Action 8. • The CNO noted that what is key is the deadline for submission to NHS Resolution is 1 February. Standard 9 is subject to further discussion. The CNO has a meeting with the Chief Transformation and Delivery Officer after this meeting and potentially the LMNS, so we will need to respond quickly in order to make a judgement on that. We will either submit compliance with 9 or 10 out of 10 standards to NHS Resolution on the 1st February providing colleagues are in in agreement. This suggestion was accepted by the meeting.	
	Resolved – that the CNST 10 Report was received and noted.	
QC018/01.24	**CLINICAL EFFECTIVENESS AND AUDIT SUMMARY REPORT**	
	The Clinical Effectiveness and Audit Committee Chair presented the Clinical Effectiveness and Audit Summary Report, which was taken as read, and the following key points were noted: • The last meeting held on 11 January was a successful meeting with some very good practice areas. • The CQUINS that we have undertaken as a Trust are progressing well and have even exceeded in some of the targets. We have also been able to complete and publish all of the baseline submissions for the NICE Guidance. • We also approved the Paediatric and Anaesthesia Policy, This was to replace a previous outdated Policy with well-defined criteria for those children suitable to undergo safe anaesthesia in our hospital. This also took into account the rural nature of our hospital, with well-defined pre-operative assessment pathways. • We have some outdated LocSSIP Policies. The Deputy Chief Medical Officer post in the Division as recently been filled which should help improve this. • NatSIPs 2 was published in January 2023 which is focussed mainly on team working and pathways, ensuring that there is consistency in executing the Policies. We now have to ensure that these policies are abided by various multi-disciplinary teams.	

	• There were some national audits that we have not been able to successfully participate in. One of these is the national Ophthalmology Audit because we had to undertake this manually and it is almost impossible to get data manually. Some of the hospitals in the country who have successfully undertaken this Audit have a digitalised system which works effectively. • There was just one area to escalate – the NELA Audit. This is one of the general surgical audits. The recommendation from the last presentation was a request to have Admin support but due to various reasons we were unable to provide this support and is on the Risk Register.	
	Resolved – that the Clinical Effectiveness and Audit Summary Report be received and noted.	
	CONFIDENTIAL SECTION	
QC019/01.24	**HISTOPATHOLOGY LOOK BACK**	
QC020/01.24	**HUMAN TISSUE AUTHORITY**	
QC014.1/01.24	**Community Paediatrics (extract from Surgical Divisional Report**	
QC021/01.24	**PATIENT SAFETY INCIDENTS SUMMARY REPORT**	
QC022/01.24	**ANY OTHER BUSINESS**	
	There was no further business to discuss.	
QC023/01.24	**DATE OF NEXT MEETING** The next meeting is due to be held on 29 February 2024 at 1.00 pm via MS Teams.	

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
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
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
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
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
HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
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
MCA	Mental Capacity Act
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MASD	Moisture Associated Skin Damage
NEWS	National Early Warning Scores
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
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
PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PROMs	Patient Reported Outcome Measures
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
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