

Public Meeting

Thu 06 April 2023, 13:00 - 14:30

Microsoft

Agenda

13:00 - 13:00 **1. Apologies for Absence**

0 min

Russell Hardy

13:00 - 13:00 **2. Declarations of Interest**

0 min

Russell Hardy

13:00 - 13:00 **3. Minutes of the Meeting held on 2nd March 2023**

0 min

Decision *Russell Hardy*

 3 PUBLIC BOARD MINUTES -MARCH 2023 LF_KO - FINAL.pdf (13 pages)

13:00 - 13:00 **4. Matters Arising and Actions Update Report**

0 min

Discussion *Russell Hardy*

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

13:00 - 13:00 **5. Items for Review and Assurance**

0 min


5.1. Chief Executive's Report

Discussion *Glen Burley*

 6th April 2023 - WVT CEO Report - BOD - FINAL v2.pdf (7 pages)

5.2. Integrated Performance Report

Discussion *Jane Ives*

 5.2 Managing Director Intro - WVT IPR Month 10.pdf (2 pages)

5.2.1. Quality (Including Mortality)

Lucy Flanagan/David Mowbray

 5.2.1 Quality Indicators report March 2023 v2 April Board.pdf (6 pages)

5.2.2. Activity Performance

Andrew Parker

 5.2.2 WVT IPR Month 11 Final AP v2 April Board.pdf (6 pages)

5.2.3. Workforce

Geoffrey Etule

 5.2.3 - Workforce GE CPO Board Report - April 2023.pdf (7 pages)

5.2.4. Finance Performance

Katie Osmond

 5.2.4 WVT IPR Month 11 - Financial extract_KO.pdf (7 pages)

13:00 - 13:00
0 min

6. Items for Approval

6.1. Operational Planning: Financial Plan 2023/24

Decision *Katie Osmond*

 6.1 Financial Planning_202324_Mar Board_Final.pdf (8 pages)

6.2. Standing Orders and Standing Financial Instructions

Decision *Erica Hermon*

 20230328 - Trust Board report SO and SFIs.pdf (2 pages)

 20230328 Draft Standing Orders Standing Financial Instructions.pdf (86 pages)

13:00 - 13:00
0 min

7. Items for Noting and Information

7.1. Fit and Proper Persons

Discussion *Erica Hermon*


 20230328 - Board fit and proper persons report.pdf (2 pages)


7.2. Staff Survey Results

Discussion *Geoffrey Etule*

 Covering Report - NHS Staff Survey 2022.pdf (2 pages)

 Staff Survey report 2022 - 28.03.23.pdf (10 pages)

 Staff Survey Full Report RLQ-benchmark-2022.pdf (154 pages)

 Staff Survey Directorates RLQ-breakdown-2022.pdf (34 pages)

7.3. Committee Summary Reports

7.3.1. Quality Committee 23 February 2023

Discussion *Ian James*

 QC Board Summary Report - Feb 23 Public.pdf (3 pages)

7.4. Committee Minutes:

7.4.1. Quality Committee 26 January 2023

Information *Ian James*

 QC minutes January - For Public Board.pdf (13 pages)

13:00 - 13:00
0 min

8. Any Other Business

13:00 - 13:00 **9. Questions from Members of the Public**
0 min

13:00 - 13:00 **10. Acronyms**
0 min

 Z Acronyms - updated 17.01.23.pdf (3 pages)

13:00 - 13:00 **11. Date of Next Meeting: 1 June 2023**
0 min

The next meeting will be held on 1st June 2023 at 1:00 p.m.

WYE VALLEY NHS TRUST
Minutes of the Board of Directors Meeting
Held 2 March 2023 at 1.00 pm
Via MS Teams

Present:

Russell Hardy	RH	Chairman
Glen Burley	GB	Chief Executive
Andrew Cottom	AC	Non-Executive Director (NED)
Lucy Flanagan	LF	Chief Nursing Officer
Jane Ives	JI	Managing Director
Ian James	IJ	Non-Executive Director (NED)
Frances Martin	FMa	Non-Executive Director (NED)
David Mowbray	DM	Chief Medical Officer
Katie Osmond	KO	Chief Finance Officer
Nicola Twigg	NT	Non-Executive Director (NED)

In attendance:

Mehmood Akhtar	MA	Clinical Lead for the Elective Surgical Hub – For Item 6.4
Jon Barnes	JB	Chief Transformation and Delivery Officer
Alan Dawson	AD	Chief Strategy and Planning Officer
Geoffrey Etule	GE	Chief People Officer
Erica Hermon	EH	Associate Director of Corporate Governance
Christian Homersley	CH	Associate Chief Estates and Capital Planning Officer – For Item 6.4
Susie Joberns	SJ	Associate Chief Finance Officer – For Item 6.4
Val Jones	VJ	Executive Assistant (For the minutes)
Frank Myers, MBE	FM	Associate Non-Executive Director (ANED)
Andrew Parker	AP	Chief Operating Officer

The Chairman advised that we were trialling live streaming of the Public Board of Directors meeting for the first time.

The Employee of the Month award was presented to Chloe Cross, Admin Apprentice, Acute Floor. The Chair read out the reasons why Chloe had been nominated for this award.

The Team of the Month award was presented to the Health at Work Team. The Chair read out the reasons why the team had been nominated for this award.

Minute

Action

BOD01/03.23

Apologies for Absence

Apologies were received from Grace Quantock, Non-Executive Director.

BOD02/03.23

Quorum

The meeting was quorate.

BOD03/03.23

Declarations of Interest

There were no new declarations received.

BOD04/03.23

Minutes of the meeting held 19 January 2023

Resolved – that the minutes of the meeting held on 19 January 2023 be confirmed as an accurate record and signed by the Chairman.

BOD05/03.23

Matters Arising and Action Log

Resolved – that the Action Log be received and noted.

BOD06/03.23

Chief Executive's Report

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

- (a) Delivery Plan for Recovering Urgent and Emergency Care Services - There has been a National Strategy recently for Urgent Care. This was discussed in the planning guidance at the last Board meeting. The Chief Transformation and Delivery Officer talked through the local developments at the Board Workshop which are relevant to this plan. The plan starts necessarily with the additional beds and ambulance capacity. The CEO would rather the focus have been on improvements in other parts of the plan around best practice within hospitals and outside of this. A lot of been done locally around this. We still need more empty beds to get to the 92% bed occupancy rate which will enable us to admit patients automatically to the correct bed.
- (b) Managing Urgent Care Demand – We are looking at measures and comparing the three groups to enable improvement. Length of stay is not an ideal indicator to measure if optimising the Urgent Care footprint but we are reviewing all short, middle and long term stays. It tends to be older people who are admitted and have a longer length of stay.
- (c) More from our Great Teams – Update from the Integrated Care Division – There is a new leadership model in place which is very positive. This is a very integrated model that will be shared with the other members of the Foundation Group. The GP Federation are overseeing the Locality Managers. We have a more engaged workforce and great innovation with “grow your own” along with Allied Health Professionals.
- (d) The Chairman wanted to put on public record the thanks from the Board for all of the CEO's hard work behind the scenes which is undoubtedly benefiting us regionally and nationally.

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

BOD07/03.23

Integrated Performance Report

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

- a) At the last Public Board meeting, we were dealing with up to 80 – 90 additional patients in our bed base which is significantly over our bed capacity. We are still in that position but it is not as extreme. We had eight patients boarded overnight with a number of escalation beds open.

- b) There had been a lot of national media around A&E performance and the public may be concerned that Wye Valley Trust were highlighted as having the second worst performance in the country. To provide context to this, this performance includes Minor Injury Units and Walk In Centres. These tend to have a higher volume of patients with a lower acuity. It is impossible to compare like to like with all Trusts as we do not currently have any Minor Injury Units or Walk In Centres. Just comparing our A&E figures, we are well above the national average during the period reviewed. This news coverage is very dispiriting for staff when they are working so hard looking after patients along with our quick turnaround for ambulance handovers.
- c) Our performance in December for A&E was 56% which is very poor, with a target to achieve of 76% in a year, which we are planning on achieving. This is a poor performance from where we were a few years ago and a poor experience for patients and staff. We are relooking at our Urgent Care System along with Community Services and GP practices around how we can move patients from our Emergency Department and our bed base to other more appropriate settings.
- d) Our HR metrics are starting to improve, in particular retention rates which are beginning to stabilise. Appraisal rates are another area that is showing improvement.
- e) There are a number of Business Cases being presented today. The Elective Surgical Hub is very important for the Trust as we have never had capacity to manage all of our elective demand in the hospital, having to move some patients to other providers. This will enable us to manage all of our work for Herefordshire and mid Powys patients. For commercial reasons, the Business Case for the Surgical Robot for Herefordshire and mid Powys patients will be presented to the Private Board meeting. The Business Case for international nurse recruitment will help with our gaps with registered nurses. We are hoping to recruit another 120 nurses this year. This will hopefully be the last year that we require this volume.
- f) The Chairman questioned what the main concern for the Managing Director was. She advised that this was the ongoing pressures in Urgent Care although this was starting to improve. We have set an objective of no overnight boarders by the end of next week. We also have the planned Junior Doctors strike from 13 March as well. We will ensure that we are in the best possible position prior to this date as this will be an extremely difficult period to manage.

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

BOD08/03.23

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) C-Diff – Our year to date position is 34 cases with a trajectory of no more than 44 cases. We have been an extreme outlier in previous years for our rates and have been receiving intensive support from our NHSE colleagues.

Nationally post pandemic, C-Diff cases across the board have risen significantly in a number of Trust and across systems. Our performance has remained stable but due to the significant deterioration in other Trusts, we are no longer being regarded as extreme outlier. We are continuing to work on our improvement plan to reduce rates further.

- (b) Infection prevention – Cleaning remains a priority and our improvement plan focus this month was a trustwide mattress audit and a focus on commode and toilet aids cleanliness next month.
- (c) Performance against the 2021 Cleanliness Standards are included in the report. Achieving these targets has been difficult in previous quarters, it is pleasing to note that for the last quarter all clinical areas either achieved or exceeded this target.
- (d) We are expecting a further inspection from NHSI regarding cleanliness and C-Diff in April 2023.
- (e) It was agreed to include the Staffing Report within this report rather than as a separate report (which shows the January position). Fill rates are above planned levels and in excess of 100% in some areas, this is largely due to pressures with additional beds, escalation areas being open and boarding patients which have all driven the additional demand for staffing. This level of demand comes at a financial cost as we are reliant on agency nurses and Health Care Support Workers, although vacancies for the latter is improving.
- (f) Positively, we have since May last year, consistently achieved the target of less than 11% of women continuing to smoke at delivery. Our Smoking Advisors supporting mothers have enabled this achievement.
- (g) **Mortality** – The CMO advised that our SHMI reduced to 105 for October, which puts us in the lower group for this figure. Our HSMR has also dropped significantly.
- (h) Regarding our crude mortality rates, the most recent data has not shown any indication of a rise in mortality rates which is positive, although this does not include out of hospital deaths.
- (i) We have had an issue with coding which we have spent some time on reviewing. Our depth of coding for palliative care coding rates is not as good as it could be. A Task and Finish Group has been set up to review this.
- (j) Our outlier groups, including stroke, have improved. We have also successfully recruited two Community based Medical Examiners to support reviewing all deaths in the Community as well as in the Trust.
- (k) Mrs Martin (NED) was pleased to note that the CMO was cautiously optimistic over our mortality rates and the good news regarding the new GP colleagues supporting with mortality reviews.
- (l) Mr James (NED) noted that Serious Incidents relating to pressure ulcers is still a challenging area for us, noting the reduction in the number of Serious Incidents in our Community Hospitals, and questioned whether the work carried out in reducing these numbers will be introduced into the main hospital. The CNO advised that our Community Hospitals were subject to a

CQUIN which was a national quality improvement initiative. This involved assessing patients who were at risk of developing a pressure ulcer and putting in place appropriate remedial support. Whilst the risk assessment in standard practice the CQUIN did not apply to the acute trust, we have signed up to the CQUIN for all areas for 23/24 and aim for the acute trust to learn from the best practice achieved in the community hospitals.. The Pressure Ulcer Quality Improvement Plan will be presented to a future Quality Committee meeting..

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

BOD09/03.23

Activity Performance

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

- (a) We are seeing higher levels of emergency demand and bed occupancy, although there has been a slight respite during the last 48 hours. We are also making headway into reducing the number of boarding patients and have robust plans in place to reduce this by the end of next week. We may still have to have escalation beds open across the Acute Trust and Community Hospitals to manage ongoing pressures.
- (b) Ambulance Handover rates are very positive and we are in the top quarter for our figures in the region.
- (c) The current pressures have had a significant impact on elective activity with only seven elective beds available at some points. Our clinical and operational teams have put in a sterling effort to recover our Day Case rates during the latter part of January but this has had an impact on our inpatient activity and volumes. We are above 100% for productivity which is positive, but a long way to go to achieve our 2022/23 plans.
- (d) Our 28 day cancer standard is improving month on month. We had a surge in numbers in January which caused a slight downward trend, but this has recovered significantly during February.
- (e) Our 62 day cancer standard remains good but slightly below the national target.
- (f) There is a high degree of confidence that we will date and treat all our 78WW by the end of March bar two patients who are awaiting complex treatment.
- (g) The Junior Doctors strike from 13 – 15 March will create in effect a five day weekend, but we will endeavour to staff our inpatient areas during this time but this will impact on our services. There are plans in place to manage Urgent Care and emergency care and provide a safe service for our patients but this will impact on our elective activity and our long waiting patients. Our doors will remain open during this time but the COO urged members of the public to consider alternative options during this time. We will review taking down electives and outpatients over the course of the next week and will be advising patients once our plans are finalised to ensure a safe service for our inpatients and to keep the Emergency Department safely staffed. The CEO wanted to reassure the public of plans in place to safeguard our patients if the Junior Doctors strike takes place, but we do not want to cancel surgeries

and appointments until absolutely necessary in case of a break through with discussions.

- (h) The CEO highlighted that 104WW patients have been eradicated with 78WW patients the next milestone to achieve. Treating corneal graft patients is recognised as a national problem. The CEO congratulated the teams on their hard work in driving down our waiting times.
- (i) Mr Cottom (NED) queried the prospect of attaining the Elective Recovery Fund (ERF) figures of achieving 104% activity from 1 April. The COO advised that we are not yet achieving planned volumes of activity in terms of elective and valuated activity due to the complexity and case mix we are currently treating, but in actual terms we are over achieving against these figures and are planning to achieve the 2023/34 ERF figures of 106%.

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

BOD10/03.23

Workforce

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

- (a) A deep dive into sickness absence in all Divisions has been undertaken to ensure that the right measures are in place to support staff. We should therefore see a reduction in numbers over the next few months.
- (b) The Trust have signed up to the Menopause Workforce Pledge to provide more support for our staff. We are also working with other key employers regarding this.
- (c) Regarding recruitment, we are working with Job Centre Plus for local jobs for local people and going out for more international recruitment.
- (d) Our action plans on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Equality Delivery System (EDS2) are being published following reviews by our staff networks and members of the Trust Management Board (TMB).
- (e) We are seeing improvements in our KPIs and expect further improvements over the next three to five months. The Chairman noted that if we were able to half our sickness and absence rates, we would save about a third of our agency costs.
- (f) Mr Myers (NED) noted that it had been agreed that we would have an update on Exit Interviews with a narrative and summary of themes and felt that this would be useful to receive on a quarterly basis. **GE**
- (g) Mrs Twigg (NED) noted that the menopause was getting a high profile at the moment and queried how this issue could be quantified with the impact on the Trust regarding sickness figures relating to this issue. The Chief People Officer advised that we are undertaking further analysis around this and will include a summary in the next Workforce Summary Report. **GE**

Resolved – that:

(A) The Workforce Report be received and noted.

(B) A quarterly update and summary of themes on Exit Interviews will be included in the Workforce Report.

(C) A summary report of the analysis of the impact of menopause on our workforce will be included in the April Workforce Report.

GE
 GE

BOD11/03.23

Finance Performance

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

- (a) This report covers Month 10 with a continuing trend of our £6.6m deficit planned for year end. There are a number of challenges in achieving this figure but we are taking all mitigations possible. There is also a plan to bring the System final position in on plan.
- (b) Agency spend remains high at 11.5% of our pay bill. This increased pressure is linked to our Urgent Care pressures in January.
- (c) Our outturn trajectory is around £22m on agency for all areas. If this was converted into a substantive pay cost to equivalent clinical hours, this would be around a £10m cost saving. We are targeting for efficiencies in the Medical and Nurse Agency Reduction Performance Groups to track this.
- (d) Digital funding and programme capital – We have spent £4.4m year to date and are expecting a significant increase in spend by the end of the year.
- (e) We have focussed on resolving long standing accounts and our better pay performance has dipped due to this.
- (f) The CEO highlighted the big opportunity there is regarding reducing agency spend. We need to be as ambitious as we can be whilst aligning both quality and finance, and felt that there was a bigger opportunity than the £10m saving suggested. We need to break any roster management habits of using agency staff when perhaps not always needed.

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

ITEMS FOR APPROVAL

BOD12/03.23

Trust Strategy

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

- (a) The Trust Strategy will require reference to our Local Health and Wellbeing Strategy and will follow the same format across the Foundation Group.
- (b) This is our medium term strategy. The Board attended an away day last year to consider this with consistent narrative across the Foundation Group.
- (c) There is contextual information around the organisations main big five areas, included in the report. We have also updated elements of the existing strategy around which we frame all our objectives and plans and end up with an

updated strategic infographic. This will form the basis around future strategies.

- (d) The Managing Director noted that the new strategic diagram, included in the report, with helping people live better and healthier lives forms part of this. This is part of the One Herefordshire Strategy and we need to use the same health and wellbeing terminology across all three documents to ensure consistency. The only change we will want to make is once the Health Modelling Strategy is completed.
- (e) Mrs Twigg (NED) was concerned around the connections and the importance of the work needed. We need to give credence and grade the importance for each part to ensure they are explained in term of strategic reliance.

Resolved – that the Trust Strategy be received and approved with the comments made.

BOD13/03.23

Trust Objectives 2023/24

The CSPO presented the Trust Objectives 2023/24 and the following key points were noted:

- (a) The Trust Objectives are agreed on an annual basis.
- (b) These form the basis for the priorities for the organisation for the coming year. They are widely engaged on and considered at Foundation Group level where we have agreed a number of common themes and included local plans and national policies.
- (c) These will form the objectives for all staff across the organisation for next year.
- (d) We have tried to link them back to the KPIs produced for the Board of Directors meetings and the Finance and Performance Executive meetings to show how we are progressing in these areas and link back to the Trust Strategy.
- (e) There are six new strategic pillars included.
- (f) Mr James (NED) noted that our Research Objective highlights improving care, with health and wellbeing needed alongside this to be reflected as part of this objective.
- (g) The CEO advised that the Group Strategy was communicated earlier this week. A review of all of the Foundation Group objectives was undertaken and areas were found with common themes and these are being moved forward with all three Trusts to allow us to undertake these faster and more efficiently.
- (h) Mrs Twigg (NED) noted in some occasions we need to be more specific with what we are trying to achieve with our KPIs, The CEO advised that some of this detail will come out with the Board Assurance Framework which will assist with some of this granularity.

Resolved – that the Trust Objectives 2023/24 be received and approved.

BOD14/03.23

International Nurse Recruitment Business Case

The CNO and the CFO presented the International Nurse Recruitment Business Case and the following key points were noted

- (a) The Business Case was presented to the TMB prior to the bidding process offered by NHSE. The offer came in January and applications were due in February.
- (b) The TMB were supportive of us putting forward a bid to recruit 83 more international nurses between 1 April and end of November. It was agreed to put a case in for the whole year, ie 120 international nurses by the end of March 2024. This number is the maximum that we can support through the classroom and have the infrastructure to support. We have in excess of 80WTE vacancies and 30WTE staff off with sickness and maternity leave.
- (c) TMB supported Option 1 (one month's accommodation). We are seen as an exemplar site for our International Nurse Programme and therefore agreed to keep to the one month rental payment.
- (d) The CFO advised that this is an investment to save programme. There is a net cost to the organisation in 2023/24 but a net benefit with the reduction of agency spend. The net position for 2023/24 is factored into the Draft Financial Plan.
- (e) Mr James (NED) queried whether the significant number of nurses identified for the Elective Hub are included in this plan or separate. The CNO advised that of the 120 international recruits, 15 are designated for Theatres which covers some of the need.

Resolved – that the International Nurse Recruitment Business Case be received and approved.

BOD15/03.23

Elective Surgical Hub – Full Business Case - DRAFT

The CSPO, Clinical Lead for the Elective Surgical Hub, Associate Chief Estates and Capital Planning Officer and Associate Chief Finance Officer presented the Elective Surgical Hub – Full Business Case – DRAFT and the following key points were noted:

- (a) This is a summary of the Business Case as it is such a complex document. The full Business Case and associated documents are available separately.
- (b) The CSPO gave a presentation on the Business Case – **Recommendation** - The recommendation is to approve the draft Full Business Case which will then be submitted to NHSE. The document is a draft plan as we are awaiting planning permission which is the final part to be received. We have been advised that we should receive this tomorrow and that there are no major issues. Once received, we can finalise the Business Case and send it off to NHSE. NHSE have about five weeks to approve this, which is shorter than the usual timeframe.
- (c) **Introduction** - This was developed through the Project Team. There has been strong clinical input and full engagement of the Surgical Teams and the Clinical Support services. We have been awarded £18.5m from the TIF Phase 2 capital investment. This will enable a stepped change in improvement in the

way that elective care is managed, with a separate green pathway and at least to GIRFT productivity levels.

- (d) **Site Location** - This will be on the old site of Monnow and Leadon Wards. Enabling work has started on site.
- (e) **General Arrangement** - There will be two Day Case Theatres and a separate cataract suite. This has been designed around how the clinical teams will work. This is a one story building with the second floor for the plant works. We have looked at future expansion possibilities but we are unable to afford this in the current financial envelope. The steel structure will allow for expansion at a future date.
- (f) **Programme Of Events** - The plan is to open the Hub at the end of May 2024. Work will start on site in May 2023.
- (g) **Economic Case** - This creates value for money and enables patients to be treated more quickly and prevent loss of sight. This will provide an excellent return on our investment.
- (h) **Financial Case – Capital** - There is a gap between the current TIF allocation and the capital costs of £2.96m. Currently there is no further TIF funding available.
- (i) **Financial Case – Overall Impact** - The chart is included in the pack. This provides increased activity at an improved cost. This will improve the financial deficit of the Trust in the long term. This does require additional non-recurrent funding to cover the set up and the financial costs until this is up and running in 2025/26.
- (j) **Financial Case – Revenue Cost Detail** - There is a detailed workforce plan in place. In the Full Business Case the workforce demands have reduced from the Outline Business Case. This is subject to significant scrutiny. There are a number of outstanding actions around workforce which may further reduce costs. It is important that we benchmark services in this building to ensure that we benchmark well.
- (k) **Financial Cash – Cash Releasing Savings** - There are a number of discounted costs for providing Urgent Care at the Trust.
- (l) Mr Myers (ANED) noted that we have migrated some of our Ophthalmology Services away from our site to the Wye Clinic, and queried whether we have factored in the changes that this might have brought about. The Chairman advised that this scheme will allow us to repatriate a lot of work in the future. The Managing Director noted that this is about delivering all the work we need to on site.
- (m) The Managing Director noted the high level of productivity and queried if the team were happy and confident that all the clinical teams are committed to the delivery of this level of capacity. The Clinical Lead for the Elective Surgical Hub advised that meetings have been held with all stakeholders and we have identified the staffing levels required. He is confident that we will increase the number of patients being treated along with improving the service provided.

- (n) The CEO challenged both the operational costs and potential income possibilities. He felt that we could be making a bigger financial contribution than the figures currently suggest.
- (o) Mr Cottom (NED) queried if there was a workforce plan to support this in the appendices as it was not clear how we are recruiting to these posts and whether the candidates actually exist. The Chairman advised that we need to have confidence that the recruitment can occur alongside ensuring that we are not double counting staff that are working elsewhere that will be moving back to work in the Trust. The CSPO advised that in the summary plan there is a wider workforce plan which looks at the availability of staff from the Deaneries and Universities, but there is still a risk.

Resolved – that the Elective Surgical Hub – Full Business Case – DRAFT be received and approved.

ITEMS FOR NOTING AND INFORMATION

BOD16/03.23

Digital Programme Update

The CFO presented the Digital Programme Update, which was taken as read, and the following key points were noted:

- (a) The E-rostering Medical project is highlighted as red as the Digital project has not moved as far as expected. This is due to focusing on the job planning exercise which underpins the e-rostering system to ensure a strong foundation to drive benefit from this.

Resolved – that the Digital Programme Update be received and noted.

BOD17/03.23

Patient Experience Quarterly Report

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

- (a) The Business Case for text messaging was approved at TMB. The response rates have significantly improved and are in line with the national position. We are also receiving high positive responses from our patients experiences with very good results.
- (b) Linked to the texts is an opportunity to respond to our local survey, in addition our volunteer's conducted a specific survey in November for our inpatient bed base. The high level results from this are included in the report. We have received positive results around dignity and respect and cleanliness, but more work is required around food, discharge and communication.
- (c) Additional information around complaint response times is included in the report as requested. There are a range of response times, with Surgery recognising the work needed to improve their rates. Medicine receive the largest number of complaints but the vast majority are responded to within 40 days.
- (d) A deep dive into communication is included in the report as this is a particular issue for us, either as a particular complaint or part of a complaint and is increasing each year. The hot spots in the Trust are included within the report.

We are joining up with the valuing patients time work to prevent duplication. We will relaunch the Patient Experience Committee in April to focus on key areas for improvement.

- (e) The Chairman asked the Managing Director to reach out to Healthwatch for a regular session in our Board Workshop to talk about the overall health and care services in Herefordshire.

Jl

Resolved – that:

- (A) The Patient Experience Quarterly Report be received and noted.**
- (B) The Managing Director to invite Healthwatch to present a regular session at the Board Workshop to talk about the overall health and care services in Herefordshire.**

Jl

BOD18/03.23

Policy Panel Update

The Associate Director of Corporate Governance presented the Policy Panel Update, which was taken as read, noting that there has been good progress made since the last report.

Resolved – that the Policy Panel Update be received and noted.

COMMITTEE SUMMARY REPORTS

BOD19/03.23

Integrated Care Executive Summary Report 9 January 2023

Mrs Martin (Chair of the Integrated Care Executive and NED) presented the Integrated Care Executive Summary Report 9 January 2023, which was taken as read, noting that a workshop has been held and that the Chief Transformation and Delivery Officer is liaising with colleagues regards revising the Terms of Reference.

Resolved – that the Integrated Care Executive Summary Report 9 January 2023 be received and noted.

BOD20/03.23

Foundation Group Strategy Committee Summary Report 29 November 2022

Resolved – that the Foundation Group Strategy Committee Summary Report 29 November 2022 be received and noted.

BOD21/03.23

Quality Committee Summary Report 15 December 2022 and 26 January 2023

Resolved – that the Quality Committee Summary Report 15 December 2022 and 26 January 2023 be received and noted.

COMMITTEE MINUTES

BOD22/03.23

Foundation Group Board Minutes (and Action Log) 1 February 2023

Resolved – that the Foundation Group Board minutes (and Action Log) 1 February 2023 be received and noted.

BOD23/03.23

Quality Committee – 24 November 2022 and 15 December 2022

Resolved - that the Quality Committee minutes 24 November 2022 and 15 December 2022 be received and noted.

BOD24/03.23

Any Other Business

There was no further business to discuss.

BOD25/03.23

Questions from Members of the Public

Q1. CEO Report page 20/175 mentions “building a team who will be able to support with home care activity”. How large a team is envisaged? How many patients is it likely to support? The team will care for patients until a “longer term solution has been sourced”. Is there any estimate of how long this longer term solution will take? Is it possible that it could become permanent? Is this not a service that Social Services should be providing?

Further, Operational Performance page 30/175 it states “Further action planned - Local Authority to provide fully established Home First workforce through recruitment and/or temporary staffing...”

A1. The CEO confirmed that some additional funding has been provided to all Local Authorities this year along with recurrence to this funding. There is no doubt that if there is not enough capacity in these areas, more money will have to be spent as a public sector with regards to delays to flow out of hospital. We will support with whatever it takes to achieve better value of funding across the entire system. There is an integration Front Runner Programme running across the rest of the Foundation Group and we need to do something now rather than wait.

The Managing Director noted that there is some Better Care Funding services money available which was previously managed by the Clinical Commissioning Group and the Local Authority. This year it moved to more local provider ownership. Next year, we anticipate a Memorandum Of Understanding with our Commissioners to have a One Herefordshire owned decision about how we utilise this resource. In the interim, a shorter term decision has been made to have 8WTE NHS Support Workers to bridge the current gap for patients. This may or may not become a long term solution. We need to ensure that the whole system is in a better position before the next winter. We also need to better understand the Home Care provision. We are putting in a Discharge To Assess Board with responsibility for demand capacity and flow for all pathways to ensure that we have the right capacity in place. It is difficult to say with confidence whether this will ever be enough but we can do better than we are. There is also a new Council Commissioning team in place who are reviewing this.

The Chairman noted that we are spending tax payers’ money and as such, we all have a responsibility to get the best value from this to ensure we are spending this wisely. This is very much our focus. We are not focusing on who is doing what and where the money is coming from.

BOD26/03.23

Date of next meeting

The next meeting was due to be held on 6 April 2023 at 1.00 pm via MS Teams.

WYE VALLEY NHS TRUST
ACTIONS UPDATE: BOARD OF DIRECTORS, THURSDAY 6 APRIL 2023

AGENDA ITEM	ACTION	LEAD	COMMENT
BOD17/03.23 Patient Experience Quarterly Report 2 March 2023	(B) The Managing Director to invite Healthwatch to present a regular session at the Board Workshop to talk about the overall health and care services in Herefordshire.	JI	Completed – First Session 6 th April 2023
BOD10/03.23 Workforce 2 March 2023	(B) A quarterly update and summary of themes on Exit Interviews will be included in the Workforce Report.	GE	Completed: Included in report 6 th April 2023
ACTIONS IN PROGRESS			
BOD10/03.23 Workforce 2 March 2023	(C) A summary report of the analysis of the impact of menopause on our workforce will be included in the April Workforce Report.	GE	This is still work in progress as adjustments are being made to ESR and more guidance developed for line managers to ensure this is being captured appropriately. To be reported by July 2023.

WYE VALLEY NHS TRUST COVERING REPORT 2022-2023

Report to:	Public Board
Date of Meeting:	06/04/2023
Title of Report:	Chief Executive Officer Update Report
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Board of Directors
Lead Executive Director:	Chief Executive
Author:	Glen Burley, Chief Executive Officer
Documents covered by this report:	
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 Opinion¹	
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 2022/23 Objectives the report relates to:	
<p>Quality Improvement</p> <input type="checkbox"/> Improve the experience of patients receiving care by improving our clinical communication <input type="checkbox"/> Improve patient safety through implementing change as we learn from incidents and complaints across our system <input type="checkbox"/> Reduce waiting times for diagnostics, elective and cancer care <input checked="" type="checkbox"/> Develop a new integrated model for urgent care in Herefordshire improving access times and reducing demand for hospital care <p>Integration</p> <input type="checkbox"/> 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 <input type="checkbox"/> Reduce health inequalities and improve the health and wellbeing of Herefordshire residents by utilising population health data at primary care network level <input type="checkbox"/> 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 <input type="checkbox"/> Join up care for our population through shared electronic records and develop a patient portal to transform patient experience	<p>Sustainability</p> <input type="checkbox"/> Create sufficient Covid-safe operating capacity by delivering plans for an ambulatory elective surgical hub <input type="checkbox"/> Stop adding paper to medical records in all care settings <input type="checkbox"/> Reduce carbon emissions by delivering our Green Plan to reduce energy consumption and reduce the impact of the supply chain <input type="checkbox"/> Increase elective productivity by making every referral count, empowering patients and reducing waste <p>Workforce and Leadership</p> <input checked="" type="checkbox"/> Improve recruitment, retention and employment opportunities by taking an integrated approach to support worker development across health and care <input type="checkbox"/> Develop our managers' skills and system leadership capability <input checked="" type="checkbox"/> Continue to improve our support for staff health and wellbeing and respond to the staff survey <input type="checkbox"/> Further develop place based leadership and governance through the one Herefordshire Partnership and Integrated Care Executive

1) Integration Frontrunner Programme

After being formally announced as a national Integration Frontrunner in January 2023 our health and care colleagues in Warwickshire been working at pace to mobilise changes to their intermediate care pathways. The programme connects a small number of national 'frontrunner' sites which are exploring innovative ways to improve discharge. This has been ably led by Becky Hale in her joint role between SWFT and WCC and supported by Jennie Bannon, Deputy Chief Strategy Officer at SWFT. The main focus is to:

- Further develop pathway 1 discharge to assess services to enable people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.
- Develop a Hospital Discharge Community Recovery Service building on existing arrangements and ensuring compliance with Hospital Discharge Guidance. To go live from April 2023.
- Identify a lead commissioner across the Place footprint and test the impact of a singular approach to commissioning intermediate care post-discharge (discharge to assess).

A great deal of working is underway to mobilise the Community Recovery Service from April 2023 and to build from there. The pilot service will be a short term, non-chargeable service for up to 6 weeks and they are currently working on the following to support go live:

- New arrangements for commissioning domiciliary support across the county to enable services to start within 24 hours of people no longer meeting criteria to reside.
- Bolstering the efficiency of therapy resource and increasing capacity so more individuals have access to therapy alongside domiciliary care in line with their individual needs.
- Working with their contractor Millbrook to support faster access to equipment to support people to go home.
- Reviewing operational processes for hospital discharge (as is and to be).
- Consolidating the various care at home pathways in existence (this will be staged over the duration of the pilot) and introducing a single referral form and access point for the new Community Recovery Service.
- Working through recording and data requirements so they can monitor impact and activity.
- Financial modelling of service set up and operation (and considering how to monitor financial benefits of pilot).
- Communications plan for staff and the public.

They will be testing out the impact of the new service during the year on hospital length of stay and bed days lost, use of D2A beds and the need for long term care and support against the hypothesis we can demonstrate individual, system and financial benefits.

In addition to the above they are progressing 3 aligned work programmes under the umbrella of this work:

- Review and re-design of Continuing Healthcare process
- Considering the NHS as a provider of domiciliary care
- Progressing lead commissioning arrangements for discharge to assess (linked to the out of hospital contract review)

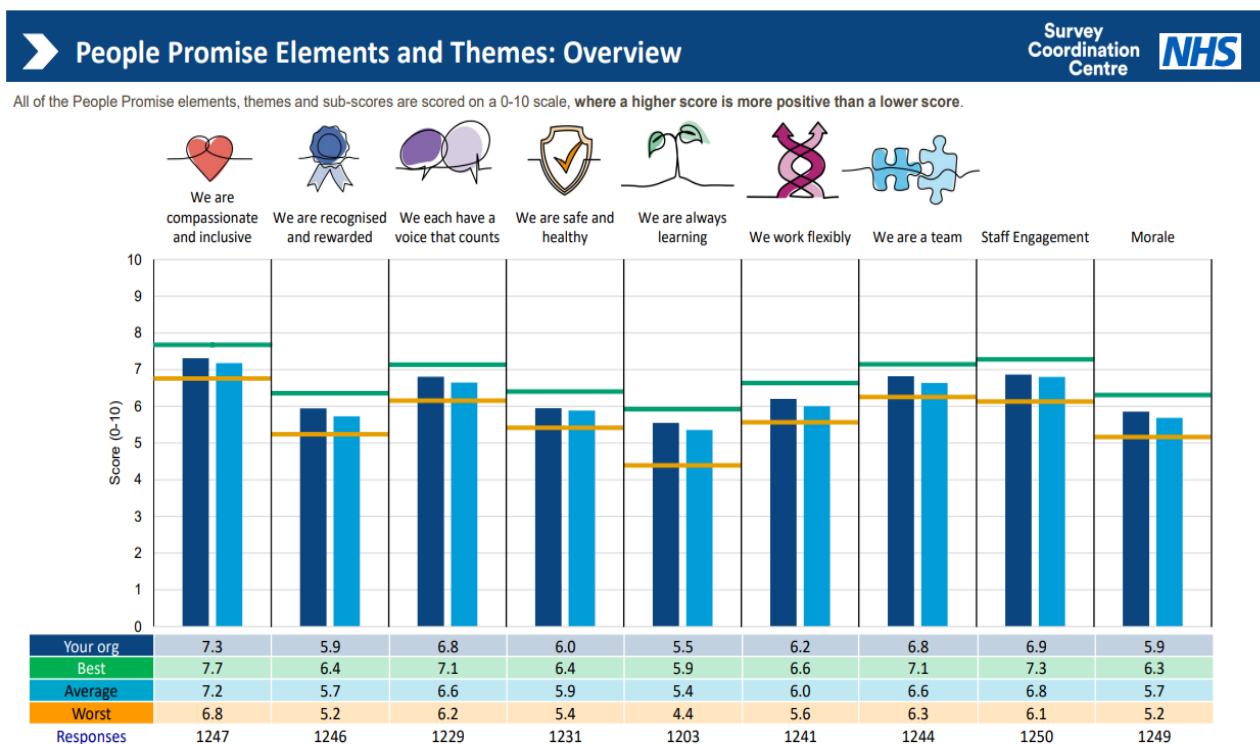
I am conscious that we have also developed some excellent discharge to assess pathways in Hertfordshire and in line with the principles of our Group model we will share our learning with this interesting work in Warwickshire to make sure that we continue to refine and improve flow.

2) National NHS Staff Survey

The biggest single survey of a workforce in the World, the latest NHS Annual Staff Survey was published in March. Our Trust report is included in full elsewhere on the agenda. In my view, the Survey is the most comprehensive indicator of the effectiveness, culture and safety of any NHS Trust. I was therefore pleased to see that the WVT report demonstrated further improvement on the position reported last year. The Health Service Journal looked specifically at the key question of whether staff would recommend their Trust as an employer. In our Acute provider category, which is by far the biggest category of providers, our results placed us in the top third of Trusts in the Region. Overall we came 7th out of 21 Trusts in the Midlands region.

More than 630,000 staff responded to the NHS staff survey between September and December 2022 – a 46% response rate, down from 48% in 2021. Nationally, across all trust types, 57.4% of staff said they would recommend their organisation as a place to work in 2022. That was down from 59.4% in 2021, and from 63.4% in 2019.

Whilst the above question is vitally important, there are many useful indicators in the Survey. There is also a section which shows how we benchmark against an amalgam of questions linked to the national People Promises. As you can see below, we scored above average in all areas.



Wye Valley NHS Trust Benchmark report

12

We are very pleased with progress so far but aim to continue our improvement trajectory. We will therefore be working hard at all levels in the organisation to yet again show an improving trend in next year's survey. Beneath the headlines, the data by team and staff group provides some useful insights into the areas that we need to address, and these will help to form the basis of an improvement plan that we will coproduce with staff side.

3) NHSE Headcount Reduction

Around 30-40% of posts across NHS England, Health Education England and NHS Digital will be cut over the next year as the organisations are merged. Plans for the merger of all three arm's-length bodies have been set out to the NHSE board. Based on 20,000 current roles, this will mean a reduction of 6,000-8,000 posts.

The restructure and post reductions will take place by April 2024, with NHSE, HEE and NHSD are due to merge legally this month. In a note to staff, Amanda Pritchard referred to combining "all NHS data, digital services and workforce functions.....we will bring together our corporate services and integrate currently separate NHS England and Health Education England regional teams". The organisations "will review all national programmes to ensure effective, streamlined delivery of key priorities and consider new ways of enabling sustainable improvement". They will also "review which functions we can delegate to [integrated care systems] and from national to regional teams" to "build on the delegation of direct commissioning functions [of primary care and specialised services], transferring roles to the wider system and explore what other functions would best be delegated or transferred locally".

4) Junior Doctors Strikes

Over the past few weeks a number of unions representing NHS staff have voted for strike action. In some cases, such as the RCN, the Unions considered strike action based on a ballot of staff in each individual organisation. Others took the approach of considering the votes of all members across the NHS. The BMA followed the latter approach and as a consequence their action from 13th to 16th March was the most significant disruption that we have faced as an organisation during this bout of industrial unrest. The term 'junior doctor' can be rather misleading as the group that this refers to are pretty much all doctors other than consultants. The walk out, which was for the entire 72 hour period, included no derogations other than the promise of a response should a mass casualty event occur in any particular site.

The planning involved in making sure that we kept patients safe and undertook as much normal work as possible was incredibly impressive and I would like to thank everyone, especially our operational managers for putting in place a well thought through, safe response. I would also like to thank the many other groups of staff – nurses, consultants, allied health professionals who helped to fill the gaps and worked flexibility throughout.

As I write this report there are encouraging signs that the Government may be reaching agreement in their disputes with other health staff. It is not for me to pass public comment on how any of these disputes should be resolved other than to say that they need to be.

5) More from our Great Teams – Update from the Surgical Division

Surgical Robot

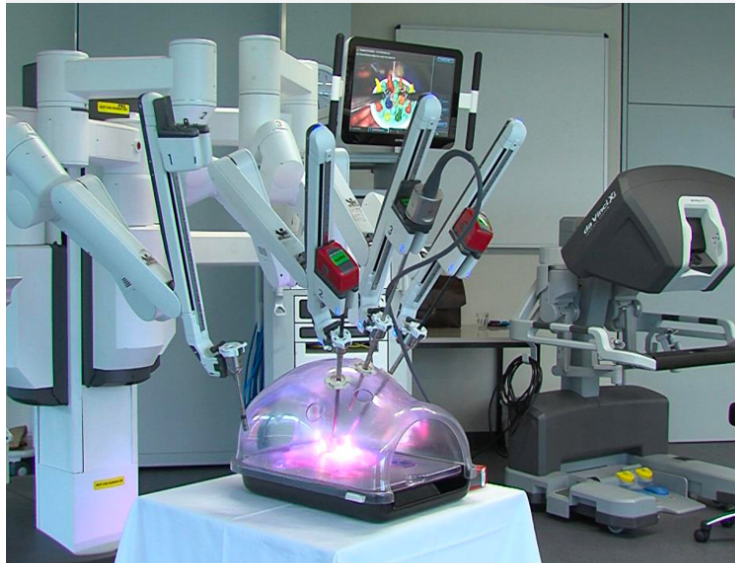
Robotic Assisted Surgery (RAS) enables surgeons to perform many types of complex procedures with more precision, flexibility and control than is possible with conventional Minimal Access Surgery (laparoscopic) techniques.

Following a successful external bid for funding the Da Vinci X surgical robot arrived on site on 17th March 2023. Simulation training to gain the competencies required to use the robot will now commence, each consultant is required to carry out 40 hours of simulation training. A project team has been established to ensure progress is monitored and appropriate governance is in place for training and implementation of the robot in practice.

It is anticipated that the first list utilising the robot, run by Urology, will take place in early May.

Introducing robotic surgery at the Trust will protect and retain services within the organisation, with the potential for increasing the number of services offered

Da Vinci X surgical system



Elective Surgical Hub (ESH)

Work is ongoing and a full business case in place for the development of an ambulatory elective surgical hub that includes daycase theatres and a dedicated Ophthalmology cataract theatre in a self-contained building located on the County Hospital site. The ethos of the clinical pathway is around high volume, lower complexity procedures operating six days a week, 50 weeks a year and would also free up capacity in main theatres for more complex cases. The aim is to increase overall theatre capacity by 43% on existing core capacity to support a sustainable waiting list position, improving equality of access for elective care across the ICS.

Surgical Bed Reconfiguration

Monnow and Leadon hutted wards were vacated in January 2022 following the occupation of the new frailty block. The opening of the new frailty block resulted in a reconfiguration of surgical and medical bed base. Whilst everyone has embraced the change, this configuration has not been without its challenges. Senior teams continued to monitor the use of the beds required by surgical patients and it became clear that the surgical division had more beds than where required to meet the needs of our surgical patients, meaning we often see medical outlier patients within our bed base. This resulted in:-

- Disruption to the surgical elective pathway
- Skills issues in managing medical patients
- Over-stretched medical outlier teams who have to review patients across numerous areas
- Increased length of stay
- Inappropriate placement of patients
- Extended stay in the day case environment

This led to a further ward reconfiguration in January/February 2023 to reduce the surgical bed base and increase the medical beds available, as can be seen in tables below:-

Medical Bed Base Feb 22		Surgical Bed Base Feb 22	
AMU	24	Frome Ward	34
Dinmore Ward	25	Primrose	6
Ashgrove Ward	25	Redbrook Ward	18
Garway Ward	21 (+ 4 F SDEC)	Teme Ward	20
Arrow Ward	24	Gilwern Ward	16
Wye Ward	26	ICU (Mix medical and surgical)	8
Lugg Ward	30		
Escalation Ward	7		
CCU	6		
Total	188	Total	102

Medical Bed Base Feb 23		Surgical Bed Base Feb 23	
AMU	24	Frome Ward	34
Dinmore Ward	25	Primrose	6
Ashgrove Ward	25	Redbrook Ward	18
Garway Ward	21 (+ 4 F SDEC)	Teme Ward	20
Arrow Ward	24	Escalation Ward	7
Wye Ward	26	ICU (Mix medical and surgical)	8
Lugg Ward	30		
CCU	6		
Gilwern Ward	16		
Total	197	Total	93

The following associated benefits of this configuration have been identified:

- Reduction in medical outlying patients
- Medical outlying patients cohorted in one location for the medical team
- Appropriate nursing skill mix for surgical and medical patients
- Improved recruitment and retention for surgical areas
- Improved gynaecological pathways
- Improved privacy and dignity for Gynaecology patients
- Reduction in inappropriate patients being placed in surgical wards and Day Surgery Unit

78 Week Performance

The Division have seen a huge improvement in 78-week performance in the past few months, with those remaining to be treated by month end now sitting at a total of 8 patients:

- 6 patients under Trauma & Orthopaedics
- 1 patient under ENT
- 1 patient under General Surgery

The Division have commenced planning for April and May cohorts.

Recruitment

The division has seen a significant reduction in vacancies over the past year, reducing from 130 in January 2022 to 70 in March 2023. In the past 2 months, we have seen recruitment into senior posts within the division, including a Consultant Midwife, Matron in Maternity and 2 Surgical Sisters posts.

Victoria Eye Centre Academy of Ophthalmology (VECAO)

The creation of an amalgamated nursing team across the Ophthalmology Outpatient Department and Ophthalmology Theatre has been a vision for the Ophthalmology team for a number of years. The Ophthalmology Academy aim is to transition eye services from two separate teams, theatres and Outpatients to one team under the management of the VECAO. This is now in shadow form and it due to be fully functional on 1st April 2023.

This will allow timely and equitable access to specialist eye care by a highly skilled eye care team, who are trained to work across the outpatient department, theatres and the cataract suite as a system.

6) Going the Extra Mile Awards – November 2022

Employee of the Month - Emma Bell, Paediatrics

“A&E were alerted a 12 year old in cardiac arrest at the start of my night shift on 13th November. Emma was contacted a couple of hours into the case by another paediatric nurse for some advice. When Emma heard the story, she got in her car and came to support us – a 40+ mile round trip.

Emma was not supposed to be at work and stayed until the early hours of the morning, making sure everything was completed safely, the family were cared for and the patient received dignity right to the very end. This alone shows Emma’s commitment to her job.

The care, compassion and professionalism Emma showed to the family and her colleagues were invaluable at such a sad time, and I was very grateful for her support.

Emma 100% has gone the extra mile and most certainly should be nominated this award”

Team of the Month – Ross Community Hospital – Peregrine and Merlin Wards

Since March 2022 Ross Community Hospital have been on a significant improvement journey. Issues around recruitment, staff engagement and concerns around quality of care had led to the need for an intensive programme of work to improve. RCH was not seen as somewhere people wanted to work.

The team, led by Matron Glenda Harris and Ward Manager Jo Cleall, have worked tirelessly to support the entire team on their improvement journey. All areas of concern have now seen improvements and the team are recruiting at a phenomenal scale due to the reputation of Ross CH as being a great place to work.

Improvements in quality indicators have been extensive and the team are leading the way in sharing their innovations with other areas in community services.

The entire team should be congratulated on how they have engaged with the improvement journey, under intense pressure, and are continually working to improve the quality of care they deliver, for the benefit of the residents of Herefordshire.”

Glen Burley
Chief Executive Officer

Integrated Performance Report

January 2023

[Integrated Performance Report: Public Guidance Pack](#)





Jane Ives
Managing Director

Whilst we remain below national targets in a number of areas it is pleasant to report on real progress against a number of our challenges.

Urgent care performance at 55% remains in the top half of regional performance but still far from where we would like to be performing. However, underneath that figure are some real improvements to same day emergency care—which has now reached 47% of all emergency admissions, the ring fencing of elective beds and we have eradicated the need for overnight boarding of patients on wards.

Our elective activity measured by value (recognising the complex case mix of longer waiting patients) at 107% of 2019/20 and is in the top 3 performance in the region. This means that at the year end we have only 6 patients who have been waiting for over 78 weeks. These have happened in the main because of the junior doctor strike.

The organisation has been complimented on its management of the strike action and in the end little elective activity was lost (around 88% of planned activity went ahead). We owe a debt of gratitude to our senior doctors and the wider clinical teams for their flexibility and hard work. Unfortunately we are going to be tested again after Easter with a further strike by junior doctors which will in effect create weekend levels of cover for 10 days. As this has never happened before in the NHS the consequences are unpredictable and concerning. We are doing everything we can to plan and prepare for the strike whilst hoping it will be averted.

The green shoots in our HR metrics have continued with lower sickness, and turnover and higher appraisal levels. We made a strategic intervention earlier this year to secure a new deal for our health care support workers which is now paying off with vacancies reduced by 50wte and turnover rates reduced from nearly 30% to 20%. The work to look at a new deal for our newly qualified registered nurses is nearly complete.

I am pleased that the texting service to survey our patients experience is achieving good response rates and we now have the ability to monitor patients experience nearly in real time. This is a welcome addition the way patients can feedback to us and we can respond to their needs.

Our mortality levels also continue to improve with a further improvement this month and the deep dive into stroke mortality has shown a SHMI of 90.5 which correlates to the highest SSNAP score in the region in the most recent quarterly audit.

The One Herefordshire Partnership continues to strengthen and we are agreeing a memorandum of understanding that will see delegation of a number of integrated services to the partnership to be overseen by the integrated care executive that we set up a year ago. This is a recognition of the maturity of the partnership and a level of trust in our system leadership. The partnership has developed a new integrated 'blueprint' for urgent care that will be our medium to long term strategic plan for sustainable emergency care for the future.

We will meet our financial target at the end of the year, albeit with rather too much non-recurrent cost and productivity improvement, which will have to be found recurrently in 2023/24.

The financial challenge in the coming financial year is going to be tough and our focus will be relentlessly on productivity improvement and recruitment and retention of our staff.

Our Quality & Safety – Executive Narrative



David Mowbray
Chief Medical Officer

In addition to the detail on the quality slides we would like to highlight;

Quality

The report includes the agreed Quality Priorities and CQUINS programme for 2023-24.

Recent concerns noted at the Clinical Effectiveness and Audit Committee in relation to the completion of four national audits have now been resolved.

Patient Experience

The Trust continues to receive positive feedback from the family and friends text messaging service. The Trusts response rate has improved from 6% (pre-text service) to 22% and is now in line with national thresholds. 92% of ratings are positive. The Patient Experience Committee will oversee how services are using the feedback to improve patient experience and triangulate the information with other forms of data (complaints, concerns and survey results).

The Patient Led Assessment of the Care Environment results were published on 23rd March 2023. The PLACE inspections involve patients or former patients who assess the care environment across six areas: cleanliness, food, privacy, dignity and wellbeing (PDW), condition, appearance and maintenance of buildings (CAM), and the extent to which the environment is able to support the care of those individuals with dementia or with a disability.

The unannounced assessments took place at the county hospital and three community hospital sites in November/December 2022 and it is pleasing to note that the Trust is continuing to make improvements in a number of areas, with the vast majority of areas showing an improvement following the previous assessments in 2019. The Trust also achieved higher performance than the national average in 19/32 standards.

Patient Safety

The Trust is currently transitioning from one electronic incident reporting system to another and will go live on 31st March 2023; this will enable the Trust to prepare for the new reporting requirements relating to the national patient safety strategy.



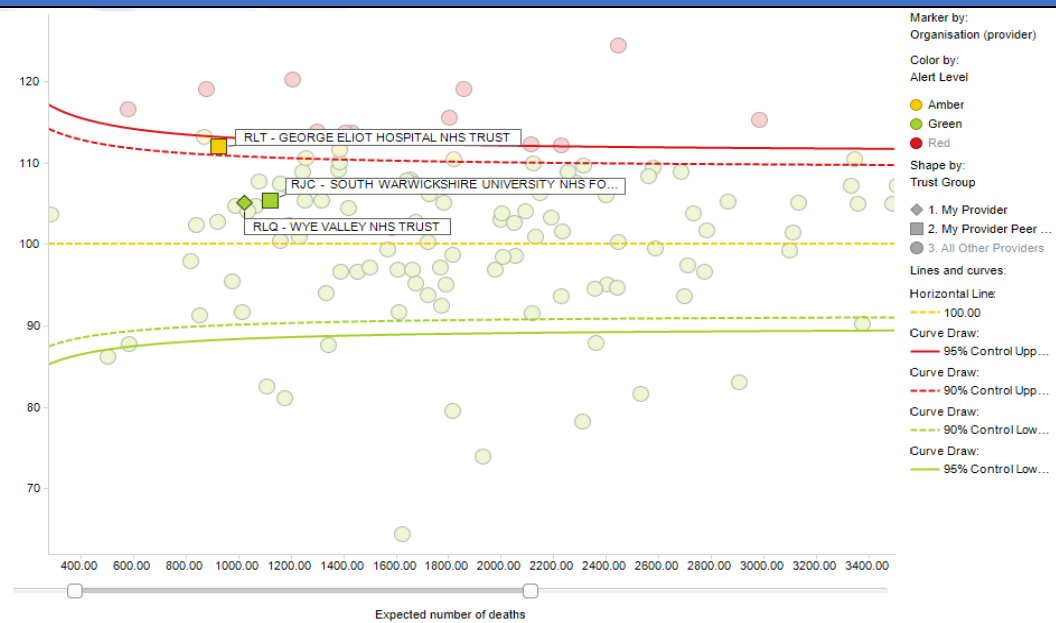
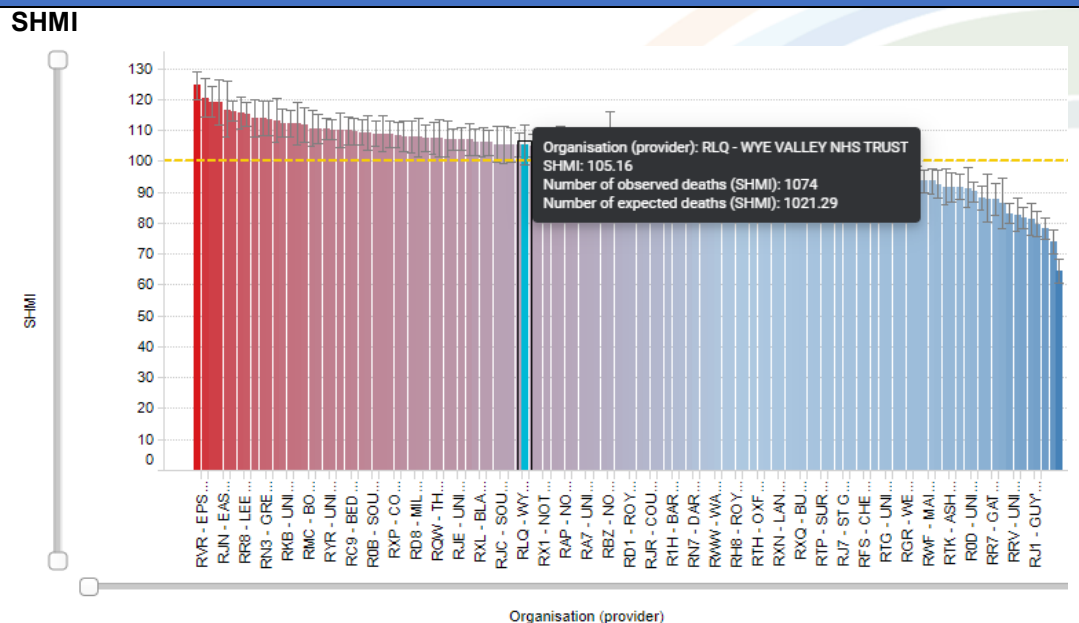
Lucy Flanagan
Chief Nursing Officer

Quality and Safety – Mortality

We are driving this measure because:

Mortality continues to report at 'higher than expected' levels for key national indicators, including SHMI.

Data



What the chart tells us:

- The latest **SHMI** (HES Based) from December 2021 to November 2022, shows Wye Valley NHS Trust at **105.2**, which is another further reduction of 0.3. This is the 11th consecutive reported reduction in our SHMI, and remains within an 'as expected' level of mortality. Further breakdown of the overall measure shows the in-hospital SHMI at 96, whilst the out of hospital remains high at 124.
- The latest reported **HSMR** (*in-hospital deaths only*), for the period of December 2021 to November 2022, is **109.2**, which equates to 86th out of 122 reporting Trusts. An initial analysis of the latest dataset is being undertaken in order to understand the potential reasons for the differing pictures between the HSMR and SHMI.
- In-hospital **crude mortality rate** for February 2023 is at **1.54%** for all admissions.
- The latest SHMI data indicates some continued reductions in our key outlier groups, which has contributed to our overall position. There have also been encouraging reductions in our respiratory groups for both COPD and Pneumonia. #NOF has reported another rise in the latest SHMI, which will be discussed at next week's #NOF pathway review meeting.

Key Actions:

Overall, this month has shown continued encouraging reductions in the key mortality indicators, especially some of our outlier groups. Here are some of the key actions this month:

- A Clinical Coding 'Task and Finish' group met earlier this month, with all the key stakeholders, a plan was developed to ensure a full understanding of our local coding performance data. This includes the development a coding dashboard, which will include several key measures and can be used to monitor our performance.
- Several planned pilots, across a variety of in- and out-of-hospital services, to embed an approach to Learning from Deaths. The new approach helps services identifies the cases to be reviewed; the review and assessment process; and critically how the learning is flagged through their own divisional governance structures.
- A summary of the stroke mortality reviews, from January 2022 to December 2022, has been included at the end of the monthly report to Quality Committee. The report outlines the background, approach, and findings from 58 mortality reviews. Overall, there was good standard of care provided to the patients reviewed with plenty of positive clinical interactions. There are plans to enhance the review process within Stroke services, which are outlined in the report.

Quality and Safety – CQUINS Q3 performance

We are driving this measure because:

The Trust participates in this national contractual programme to drive quality improvement in priority areas. The locally agreed contract includes 5 projects and performance up to Q3 is noted below.

Table 1

Number		CQUIN	Compliance Measure	Q1	% Q1	Q2	% Q2	Q3	% Q3
CCG1	Trust wide	Flu vaccinations for frontline healthcare workers	70% - 90%	N/A	N/A	N/A	N/A	●	42.5%
CCG5	Medical	Treatment of community acquired pneumonia in line with BTS care	45% - 70%	●	5%	●	14%	●	37%
CCG13	Integrated Care	Malnutrition screening in the community (Community Hospitals)	50% - 70%	●	39%	●	85%	●	91%
CCG14	Integrated Care	Assessment, diagnosis and treatment of lower leg wounds	25% - 50%	●	0%	●	38%	●	71%
CCG15	Integrated Care	Assessment and documentation of pressure ulcer risk (Community Hospitals)	40% - 60%	●	52%	●	87%	●	87%

Ref	Division	CQUIN	Measure
CQUINO 5	Medicine	Identification and response to frailty in emergency departments	10%- 30%
CQUINO 6	Clinical Support	Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	0.5%- 1.5%
CQUINO 7	Surgery	Recording of and response to NEWS2 score for unplanned critical care admissions	10%-30%
CQUIN1 12	Medicine, Surgery and Integrated Care	Assessment and documentation of pressure ulcer risk	70%-85%
CQUIN1 14	Integrated Care	Malnutrition screening in the community	70%-90%

Performance and Actions

- In all CQUINS with the exception of CCG1, the Trust has made an improvement in performance quarter on quarter during 2022-23.
- Significant improvements were noted in CCG13 and CCG15 in Community hospitals. The Trust chose to rollout these CQUINS to Acute as they link to Trust Quality Priorities and expand the potential for quality improvement across the Trust. Malnutrition has rolled out to Acute with initial scoping having taken place for Pressure Ulcer assessments and documentation. Both will continue as CQUINS for the Trust in 2023-2024 where CCG15 will apply to the Acute services also, so the Trust is in a good position to tackle this in the coming 12 months.
- Whilst improvements have been made in CCG5, the project is failing on one of the three criteria. The main failing point from this quarter is similar to the previous quarters, the pneumonia severity score not being documented during the ED or acute medical clerking. All other element of the criteria are in range of the CQUIN compliance.
- The Trust has failed to meet the compliance target for CCG1 Flu vaccination. Early indications suggest this is in line with a number of Trusts and possibly linked to 'vaccine fatigue'.

Risks:

There is a risk that the Trust will fail 2 out of the 5 CQUIN projects. One is confirmed non-compliance (CCG1) and CCG5 will be determined at the end of Q4. a double check to ensure all cases are included for CCG5 is being undertaken in Q4.

The first table shows the performance for the CQUINS for 22/23 - with a narrative in the performance section. The second table highlights those CQUINS selected for the incentivised programme for 23/24

Quality and Safety –Nutrition (MUST assessments)

We are driving this measure because:

Ensuring the Trust meets best practice requirements for nutrition is a quality priority for 2023-23. The CQUIN (CCG13) contributes to this priority. Whilst the CQUIN only relates to Community hospitals, the Trust have rolled this out to the acute wards in Q3 to expand the scope for improvement and address known issues.

The CQUIN criteria is; 70% of patients in community hospital beds has nutritional screening that meets the NICE Quality Standard QS24. The Trust use MUST scoring for this purpose.

Data

Chart one

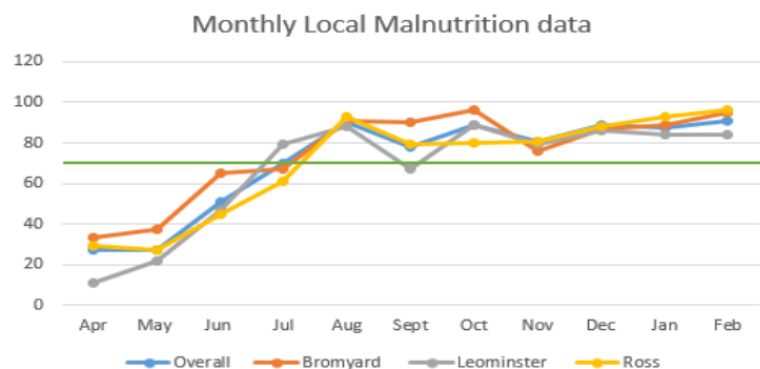


Chart two

WVT – Hereford County Hospital (258 patients)

	Yes	No	Not completed	N/A
MUST Completed in full?	35%	64%		
If MUST is 2 or above have they been referred?	70%	30%		
Is the MUST completed within 24hrs of admission?	92%	7%		
Weight recorded?	62%	38%		
Is it documented if weight is actual or estimated? (of those with a recorded wt)	9%	91%		
If MUST is above 1 is there a food chart in place?	69%	31%		
If there is a food chart in place is this filled in accurately?	66%	33%		
Has Ensure been prescribed if MUST is 2?	48%	52%		
If there a red tray if MUST is above 2?	32%	68%		

What the chart tells us:

- Chart one shows the compliance of the community hospitals over the year (to end of Q3) with this target.. All the community hospitals now achieve and exceed this target month on month.
- Chart two shows the results of the first sample audit of acute patients undertaken in Q3. Of the 258 patients sampled on 35% had a MUST screening documented.

Key Actions:

- An action plan for improvement is currently being developed centred on lessons learned from the community hospitals who commenced with equally poor results and have made significant improvements.
- More widely the Nutrition governance structure has been strengthened to support this work. A nutritional care group has been set up. The Nutritional Care Group is led by the Lead Dietician and focusses on all aspects of food and meal provision within the Trust. Due to operational pressures, a sufficient level of engagement in the Nutritional Care Group has been difficult to attain. Therefore, the Lead Dietician has developed a roving meeting model visiting individual ward areas in order to gain traction and real time feedback. This model will help support identifying educational needs to improve MUST screening.

Quality and Safety – Quality Priorities for 23/24

We are driving this measure because:

The Trust must develop a set of quality priorities each year; these are reported in the Annual Quality Account and should focus on key areas for improvement. The proposed priorities have been consulted upon, reviewed through the Trust Management Board and subsequently recommended for approval by the Quality Committee.

The proposed priorities were selected based on local, regional and national intelligence, CQC findings and those matters that remain a challenge for the trust.

At least 3 of the priorities link to the selected CQUINS for 23/24

Quality Priorities selected for 23/24

- To reduce Clostridioides infection rates and deliver our cleanliness strategy
- Improve VTE risk assessment and work towards exemplar status
- Reduce the incidence of avoidable hospital and caseload acquired pressure damage
- Improve the management of the deteriorating patient
- Use local and national intelligence to improve patient experience
- Ensure the Trust meets best practice standards for nutrition
- Embed the Mental Capacity Act and Deprivation of Liberty Safeguards policies and process into practice
- Ensure patients receive timely critical medications—including signing up to the Parkinson's campaign—“get it on time”

Key Actions

- Each Quality Priority has been assigned an overall lead
- The leads are responsible for developing the performance measures for the Quality Priority
- The Quality Committee will oversee progress against each Quality Priority through routine reporting
- Full progress will be reported through the Trusts Annual Quality Account in May 2024

Quality and Safety—Staffing

	Day		Night		Overall (Actual) CHPP
	RN Fill	HCA Fill	RN Fill	HCA Fill	
Primrose Unit	99.7%	83.1%	89.4%	74.1%	9.7
Maternity Ward	79.3%	82.1%	98.2%	96.4%	6.6
Children's Ward	133.5%	115.5%	113.1%	96.4%	11.9
Lugg Ward	103.6%	101.6%	107.6%	134.5%	6.2
Wye Ward	118.1%	80.3%	107.2%	88.4%	6.7
Cardiac Care Unit	100.0%	94.7%	100.2%	92.9%	11.8
Leominster Community Hospital	139.2%	100.8%	147.9%	148.8%	6.9
Bromyard Community Hospital	111.7%	96.7%	100.0%	126.8%	7.3
Ross Community Hospital	101.4%	112.0%	154.6%	118.8%	6.4
Teme Ward	107.2%	49.4%	78.2%	53.6%	10.2
Redbrook Ward	90.7%	114.2%	100.0%	103.6%	6.4
Special Baby Care Unit	94.6%	-	93.2%	-	10.4
Intensive Care Unit	107.1%	-	97.5%	-	28.2
Gilwern Ward	145.4%	115.1%	100.0%	103.6%	6.0
Acute Medical Unit	117.9%	86.0%	96.4%	115.5%	7.5
Ashgrove Ward	119.1%	112.9%	105.8%	134.5%	7.0
Dinmore Ward	127.8%	92.4%	106.0%	127.2%	6.6
Garway Ward	127.4%	105.3%	109.6%	135.6%	8.4
Frome Ward	88.1%	78.5%	103.6%	107.9%	6.6
Arrow Ward	131.9%	80.1%	136.3%	86.6%	7.2

Row Labels	Additional Clinical Services			Nursing and Midwifery Registered		
	FTE Budgeted	FTE Actual	FTE Variance	FTE Budgeted	FTE Actual	FTE Variance
229 Clinical Support Services Division	125.3	129.1	3.9	57.2	52.5	-4.7
229 Corporate Division	2.0	2.0	0.0	43.4	43.6	0.2
229 Integrated Care Division	161.1	147.3	-13.8	155.7	136.1	-19.6
229 Medical Division	246.8	216.0	-30.8	321.5	269.4	-52.2
229 Surgical Division	219.4	198.9	-20.5	466.3	448.9	-17.4
Grand Total	754.5	693.3	-61.2	1044.1	950.4	-93.7

What the chart tells us:

The chart with percentages measures the nurses and HCA's a ward/clinical area planned to have on duty when the rota was set and then compares this to what actually happened when the shift was worked, once sickness, unexpected leave, unfilled agency shifts and / or additional staff allocated. The data is aggregated for a whole month, in addition it calculates how many care hours each patient receives (CHPPD) in a 24 hour period given the actual staffing. CHPPD can be benchmarked against other trusts, as all trusts are required to collect data in this way. The HCA and nurse vacancy position is also included in the second table for context.

Performance and Actions

Due to the volumes of patients and an increase in acuity and dependency, requests for additional staff over the establishment levels have been made during February 2023 as follows:

Children's ward – Due to high acuity patients, increase in high dependency patients and high numbers of paediatric patients through ED, requiring additional nursing support. One nurse from the ward attends ED daily.

Wye Ward, AMU Lugg, Gilwern Ward – Increase in patient acuity and boarding patients.

Leominster Community Hospital – Increased bed numbers during part of the month requiring additional staff.

Bromyard Community Hospital – Increased bed numbers during part of the Month requiring additional staff.

Ross Community Hospital – Slight increase in bed numbers and patient requiring RMN support for part of the month.

Frailty Wards – Due to high patient acuity and dependency and boarding patients.

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

Actions

Acuity and dependency audit data, establishment reviews, quality outcomes and benchmarking is underway and will be presented to a future Quality Committee

The Nurse Agency Reduction programme is driving reduction in agency and is subject to separate reporting

Risks:

The Trust is heavily reliant on agency staff for health care assistant and registered nursing support which has a significant financial impact. Agency workers also offer poor continuity of care for patients.



Andy Parker

Chief Operating Officer

Every month has its challenges for our operational and clinical teams and another such month has passed where the continued efforts, flexibility and commitment of our amazing team is demonstrated yet again.

The decision by the members British Medical Association to undertake Industrial Action for all junior Doctors, across 14th to the 15th March saw our teams meet this challenge. Our plans included Consultants “acting down” to provide ward and emergency on call cover across 24/7, enhanced support rotas across all inpatient areas, our Incident Command and Control Room open across 14 hours of the day and daily Executive oversight and escalation .

Our planning and implementation of our response meant that over the period of the three days we were able to maintain as much elective activity as possible. Overall., compared with the 8 week average of Monday to Wednesday activity, we saw a 13% reduction in Outpatient activity and a 14% reduction in elective overnight and day case activity.

It is unfortunate that we had to cancel a number of appointments and surgery for patients but we successfully managed to keep this to an absolute minimum and managed to protect cancer and urgent pathways throughout, although some long waiting patients did have their surgery postponed.

We are now faced with another period of Industrial action from the 11th to the 15th April, which could prove more challenging, but the same approach and methodology that saw success utilised in March will be followed.

This month we had the outcome of Quarter 3 [October to December] Sentinel Stroke National Audit Programme [SSNAP] and WVT, again, achieved a SSNAP level B [second highest grading] and delivered the highest SSNAP score of any routinely admitting team across the West and East Midlands. Well done again Stroke team !!!

Our Urgent and Emergency [UEC] pathway remains under significant pressure from high attendances and week commencing 20th March we saw the second highest ED attendance this year, the highest week being over the pre-Christmas period, and during March the highest daily number of ED attendances the Trust has seen.

Despite this we continue to deliver a favourable Ambulance Handover position, regionally and nationally, to ensure Ambulance clinicians are able to respond to our local community, and our Same Day Emergency Care [SDEC] performance was the best month the Trust has seen in terms of % admissions managed on a SDEC pathway and overall number of patients.

However, our overall 4-hour Trust performance is not where we would want it be for our patients and, although national when comparing Type 1 Emergency Department [ED] performance we are often above the national average, there is much more to do.

As we work through our Valuing Patient Time agenda to improve flow and across the Trust, in partnership with Herefordshire system partners, the Medical Division have developed there own ED Action Plan to deliver improved Clinical Quality Indicators [CQIs] by reducing the time for decision making in ED, reviewing the current processes across the Acute Floor which includes peer reviews from colleagues across the Foundation Group including benchmarking productivity data.

And finally, I would like to note the following improvements in month, that are covered later in my report:

- Diagnostic reduction in patients waiting greater than 6 weeks
- Reduction in the number of long waiting elective patients waiting over 78 weeks
- Stabling the number of long waiting cancer patients waiting over 63 days over the winter period despite increased referrals

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



The system is expected to consistently Fail the target

Variation



Special cause variation - cause for concern (indicator where LOW is a concern)

Data Quality Mark



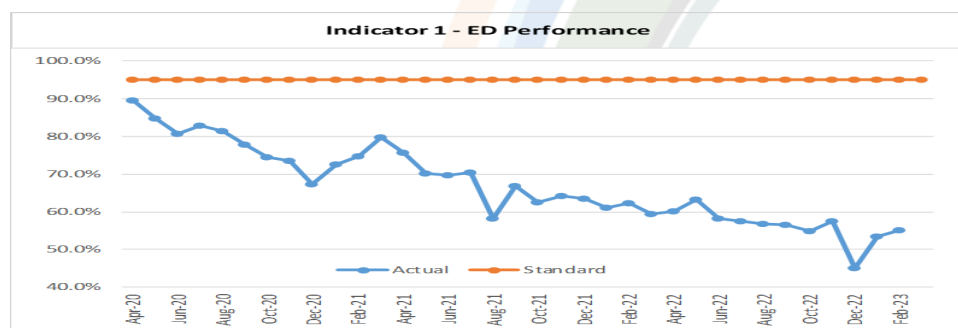
Reasonable Assurance

Performance and Actions

- 5,234 people attended ED in February which was 75 fewer than January however there were 14 patients more per day through February with 28 days in month causing that reduction of activity overall. The range of attendances was 151 through to 228 with 7 days having 200 or more attendances.
- 1,511 ambulances conveyed to the Trust in month which was 115 fewer than last month despite having 2 per day more than January. The range in month was 30 to 68 with 8 days having 60 or more conveyances.
- Ambulance handover delays over 1hr were 6.6% of all conveyances. 81% of all ambulance conveyances had a handover within 30 minutes.
- Same Day Emergency Care [SDEC] treated 47% of all admissions via a Same Day pathway within no overnight admissions. This was a total of 667 patients in the month, our highest monthly patients recorded.

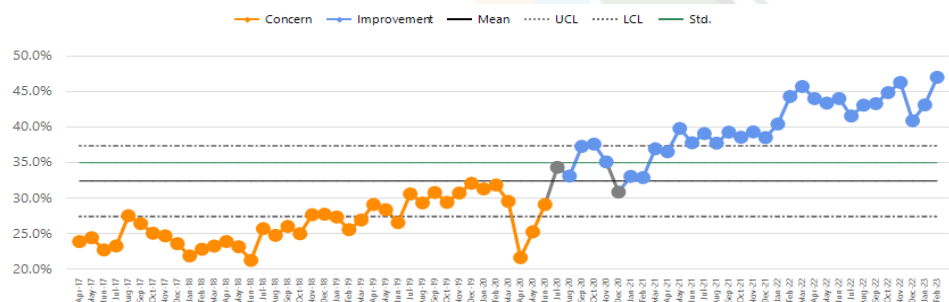
Actions to Address:

- Internal Acute Floor [ED /SDEC / AMU] action plan in place to improve ED Clinical Quality Indicators [CQIs]
- Valuing Patients Time Agenda, Key areas of focus:
 - Improve Discharge processes through system wide visibility of discharge capacity and barriers, improving patients being discharges before lunch and at weekends
 - Ward based patient dashboard to support clinical teams and support patient flow along with clearly documented patient centred 'the way we do things here...' for each ward and department.
 - Deliver / scale up our Virtual Ward offering and review our ability to increase SDEC



KPI	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
ED Performance	Actual	60.1%	63.3%	58.2%	57.5%	56.8%	56.6%	55.0%	57.4%	45.1%	53.5%	55.1%
	Standard	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Same Day Emergency Care [SEDEC] % admissions via SDEC pathway



What the chart tells us:




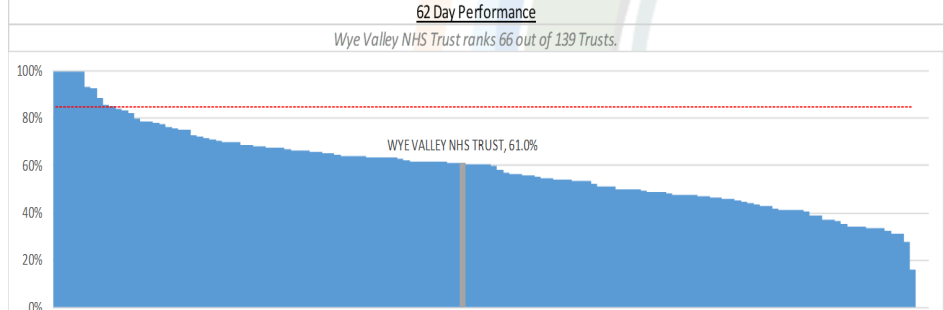
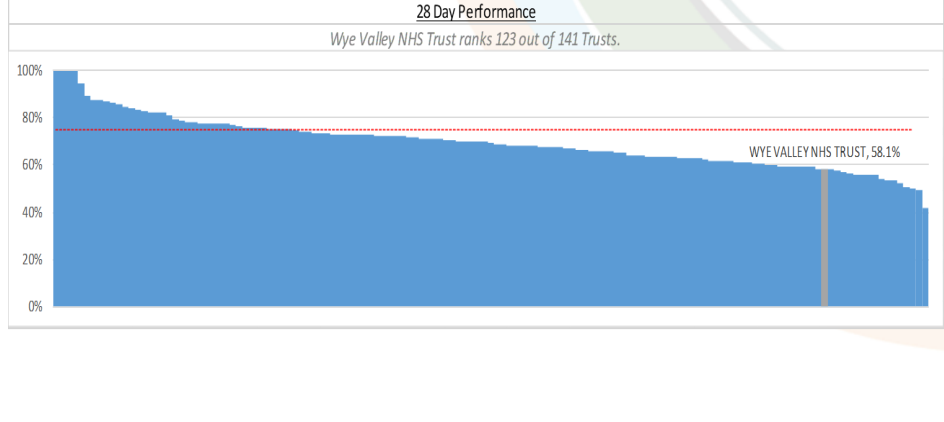
Performance consistently above 80% early in the period but as volume of attendances started to increase with relaxation of national COVID rules and IPC challenges performance started to suffer. Improved performance seen again from December 2020 to March 2021 but coinciding with reduced volumes of attendances.

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 te acute floor and our inpatient areas.
- System patient flow constraints due to workforce and capacity.

We are driving this measure because:

Cancer is one of the leading causes of mortality in the UK. Research suggests that someone in the UK is diagnosed with the disease every two minutes and half of the population born after 1960 will be diagnosed with cancer during their lifetime. 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	Performance and Actions
 <p>The system is expected to consistently Fail the target</p>	 <p>Special cause variation – Cause for concern (where high is a concern)</p>	 <p>Reasonable Assurance</p>	<h3>Performance and Actions</h3> <p>Referrals</p> <ul style="list-style-type: none"> Cancer referrals remaining high with a 40% increase compared with 2019/20, an additional 1027 patients, which is also 9% above our planning assumptions for 2022/23. Referrals remain high in key cancer site specialities, in particular Upper Gastrointestinal [UGI], Lower Gastrointestinal [LGI], Gynaecology and Lung. <p>28 Days Fast Diagnostic Standard [FDS]</p> <ul style="list-style-type: none"> A slight drop in the standard over January driven by some of the challenges faced across the NHS during this period linked to high staff absence, the indirect pressure of the Urgent and Emergency Care pathways and delays in radiology reporting Early data suggest that the FDS has improved significantly over the February and March periods <p>Actions</p> <ul style="list-style-type: none"> Monthly deep dives have commenced to provide management with common themes and we have advised changes to pathways Dashboard to be developed with sub set of cancer needs to include new target of 72 hour reporting for cancer <p>62 Days First Treatment Standard</p> <ul style="list-style-type: none"> Reduction in the number of patients waiting over 63 days for treatment was 115 patients in total at the end of January. This has remained constant since the start of 2023, and is reducing, despite the winter pressures and the impact of industrial action. <p>Risks:</p> <ul style="list-style-type: none"> Cancer referrals continuing to remain above 19/20 levels Endoscopy and radiology capacity still remains to be an issue.
<div data-bbox="24 606 1008 941"> <p>62 Day Performance</p> <p>Wye Valley NHS Trust ranks 66 out of 139 Trusts.</p>  </div> <div data-bbox="24 941 1008 1388"> <p>28 Day Performance</p> <p>Wye Valley NHS Trust ranks 123 out of 141 Trusts.</p>  </div>			

What the charts tells us:

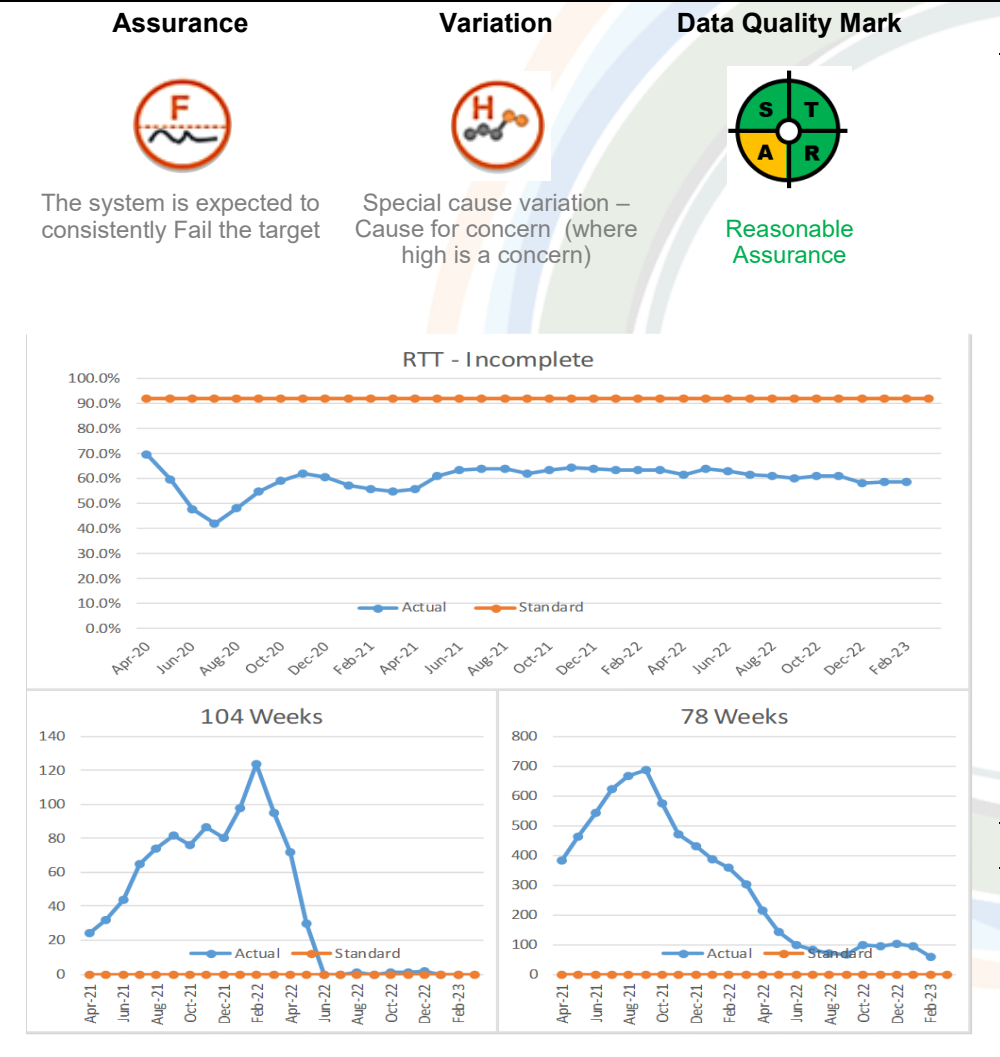
- 28 Day faster diagnosis = Performance against this target was 58% and remained below the target of 75%.
- 62 day Treatment standard = The Trust performance was 61.5% against a target of 85%.

Operational Performance – Referral to Treatment Performance and Activity

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



Performance and Actions

Activity Summary:

- During February Outpatients [OP] activity was 101% of 2019/20 activity
- Overall total elective activity was 98% of 2019/20 activity. With Elective inpatients just 20 patients off 2019/20 activity levels
- Value-based Weighted Activity [VWA] across over night elective, day case, outpatient procedures activity for acute specific Treatment Function Codes [TFCs] we are consistency over 100% activity when compared against the corresponding month in 19/20] for January and early February we were 105%. Only one of five Trusts across the Midlands region constantly above 100%.
- Referrals remain above 2019/20 levels with a 6.2% increase, this equates to 3456 additional referrals year to date.
- Significant improvement in 78 week waits for treatment which has reduced to 58 at the end of February.

Actions to address :

- Weekly Patient Tracking List [PTL] meeting to review with each speciality the 78 week risk for the remainder of the year and forward plan for Quarter 1 2023/24.
- Activity plans agreed for 2023/24 and revised monthly Divisional Check and Challenge in place to work in conjunction with Productivity Programme Board.

Risks:

- Impact of UEC pathways on elective bed base
- Workforce challenges to meet activity plan due to recruitment of substantive and Locum staff and high levels of staff absence.
- Continued high levels of referrals

What the chart tells us:

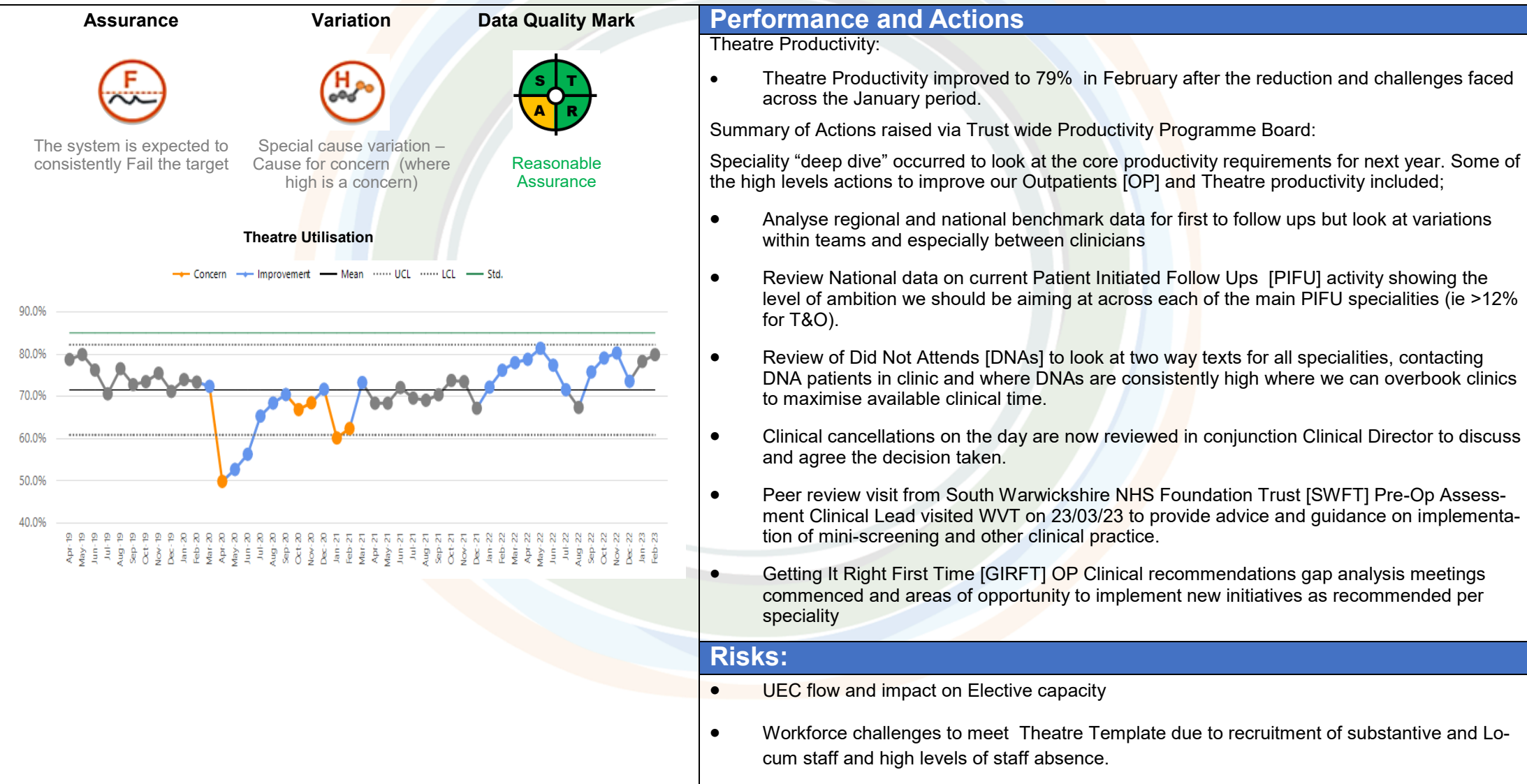
- Performance against English RTT standards in February was 59% an 0.24% increase since last month.
- Performance against the Welsh RTT standards in January was 67.7% an 0.8% increase since last month.

Operational Performance – Productivity Improvement Programme

We are driving this measure because:

Improving our Productivity is a key component of the NHS Operational Plan to reduce long waiting patients for elective treatment, through improving care by transformational system changes and improve patient safety, outcomes and experience that are value for money.

Theatre utilisation is one vital element to ensure optimal use of operating theatre capacity and resources, maximising operating theatre performance and avoiding cancelled operations in order to provide high quality health care to patients admitted for surgery. To build on work highlight by the “Getting It Right First Time” [GIRFT] team and aim to be a national exemplar in this area and achieve 85% for session utilisation.



What the charts tells us:

- Theatre Utilisation has improved for 22/23, overall, compared with 19/20. With the last two months increase exceeding the same months in 19/20.

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



The system is expected to consistently Fail the target

Variation



Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable Assurance

Performance and Actions

Imaging:

- Magnetic Resonance Imaging [MRI] achieved 142% of 2019/20 activity last month, supported by continued additional staffed capacity via MRI van one week per month and insourced radiographers in-house.
- Computerized Tomography [CT] achieved 128% of 2019/20 activity last month. Colonography CT [CTC] bookings = 7 days (providing bloods and prescriptions available—continuous review of these processes to improve).
- Plan in place to secure early extension of MRI van and insourcing radiographers in both MRI and CT for capacity requirement for 2023/24.
- Non-Obstetric Ultrasound achieved 89% of 2019/20 activity last month. x2 new scanners now in place to deliver brand new community services in Ross and Bromyard Feb 2022. Sonographer interviews taking place April—a number of promising quality candidates—for x3 vacancies.
- Continued reduction in >6ww Bone Density DEXA waiting list position following positive cross divisional discussion and agreement to move service scanning element of service under radiology - on track to overcome >6ww's by June 2023.

Echocardiography [Echos]:

- Delivered 116% activity above 2019/20 levels in February with the waiting list remaining stable at around the 7/8 week wait mark for routine appointments; urgent appointments are still seen well within the 6 week target

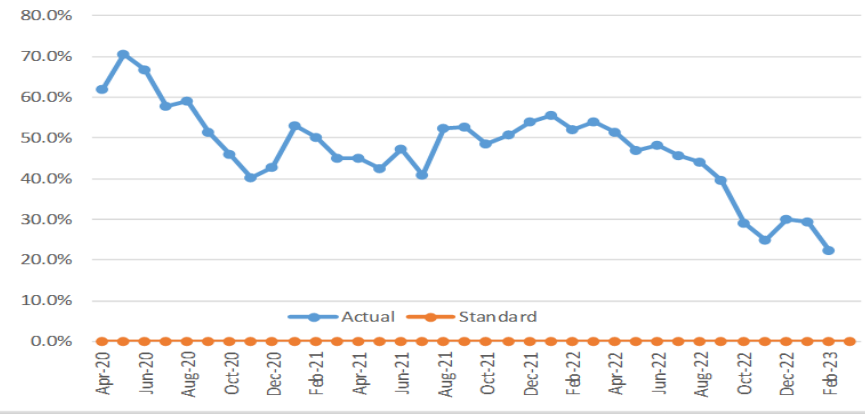
Endoscopy

- 110% activity in February compared with 2019/20 with a reduction in the waiting list dropping to its lowest level for 2022/23

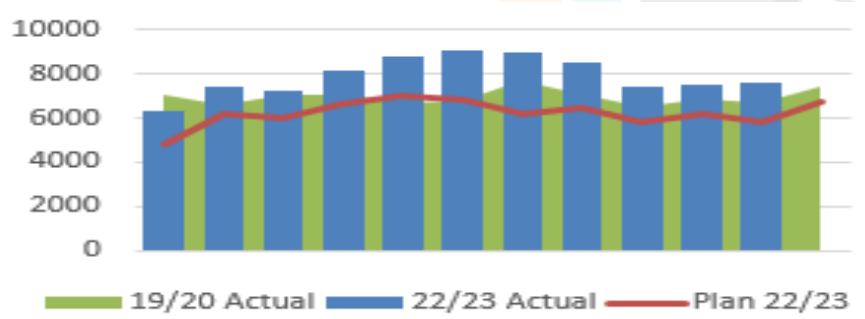
Risks:

- Increased referrals both internal and external. Various work streams on going to reduced referrals
- Workforce challenges to deliver activity plans

Indicator 7 - Diagnostic - 6 weeks



Total Activity [all Modalities]



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. 22% now waiting greater than 6 weeks.

Our Workforce – Executive Narrative



Geoffrey Etule
Chief People Officer

1 Page summary of key points

Like most hospitals across the NHS we have been responding to industrial action organised by health trade unions over the past few months. We continue to work with our divisional leads and professional union representatives to ensure we have appropriate service plans in place to provide a safe service to our patients. Junior doctors took industrial action in March and planning for the strike action in April continues through the WVT industrial action group. In planning for the days of industrial action we have maintained good relationships with union representatives and our consultants have worked very flexibly in providing a service to patients.

Considerable work continues in enhancing our wellbeing offerings for staff including more psychological support, mental health awareness training for line managers and OH wellbeing action plans in view of reducing sickness absence. Mental health conditions are still the main reasons for sickness absence but we have seen a reduction in absence over the past two months. All divisions will continue reporting at F&PE meetings on concrete actions being taken to support staff and reduce absence following deep dive reviews. Divisions have been tasked with reducing sickness absence over spring and summer months by ensuring the absence policy is being used effectively and appropriately.

Work continues in establishing employees suffering from a disability or the debilitating effects of the menopause to ensure timely interventions and more reasonable adjustments including flexible working can be offered to support these individuals. Working with OH and Halo leisure instructors targeted wellbeing sessions for teams with high sickness absence will be introduced from May onwards.

To reduce staff turnover and aid retention in clinical departments we are revising the internal staff transfer scheme. The revised scheme will create more opportunities for staff to be offered the chance to move to another department more swiftly. This will provide staff who are considering leaving the Trust an opportunity to be offered a trial in another area before seeking employment with an external organisation.

To expedite recruitment, we have revised and streamlined our processes for OH and HR recruitment checks and have adopted a policy of no undue delays in start dates for new employees due to OH or HR employment checks.

Our refreshed leadership development programme for 2023/24 will commence in May and a new Kings Fund session on kind, compassionate and inclusive leadership is being included in the programme for our line managers.

Quarterly HR road shows to raise awareness of key policies, showcase staff benefits and career development opportunities will commence in late April. External partners including benefits officers from the DWP, apprenticeship tutors and childcare providers will be supporting these road shows. The new WVT recruitment hub in the Franklin Barnes building will be utilised from May onwards to promote career opportunities and run recruitment events for the Trust. This will provide a facility for members of the public to walk in and find out about the vast range of roles in the Trust.

Our commitment to promoting a fair and diverse workplace for everyone remains a core EDI priority and working with the NHS Muslim network, we have promoted and provided guidance to staff on the holy month of Ramadan at the Trust. We are supporting stress awareness month in April with guidance and awareness sessions for staff.

The roll out of the e-rostering project for nursing areas is now complete and plans are in place to pilot self rostering over the next 6 months to provide more flexible working options for staff. The next phase of the project for 2023/24 will cover the implementation of e-rostering for medical staff to enable better utilisation of workforce resources.

Following the publication of the 2022 NHS Staff Survey, we will be holding staff engagement events across the Trust with more targeted interventions for specific staff groups and hot spot departments. These events will be facilitated by divisional leaders supported by HR and executive directors between May and August.

We are providing information to staff on changes to pensions and seminars for staff using pension experts will be in place from May onwards

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-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
9.3%	9.4%	8.9%	9.1%	10.2%	11.2%	10.4%	9.0%	9.4%	9.2%	9.1%	8.6%	8.7%



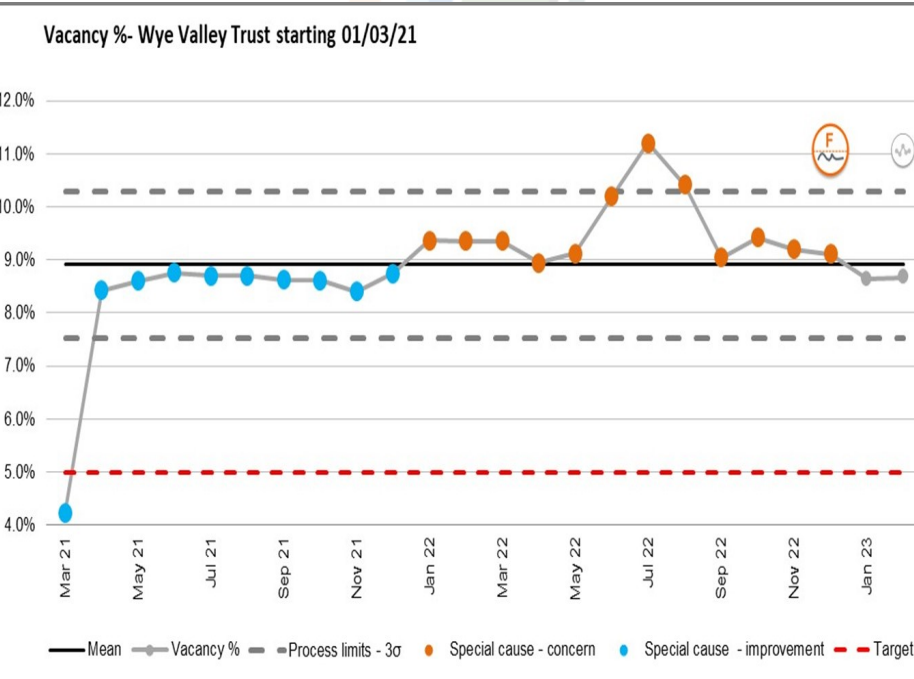
The system is expected to consistently Fail the target



Special cause variation – Cause for concern (where high is a concern)



Reasonable Assurance



Performance and Actions

HCSW – we continue to see a positive trend in reduction of vacancies since the introduction of the new pay and career progression framework. The dedicated HCSW recruitment lead focusing on centralised recruitment & retention of all HCSWs continues to have a positive impact and we now have the lowest number of vacancies at 27.91 fte compared to 75fte last year.

N&M - .by the end of April we will have 110 new international nurses in post. International recruitment continues and plans are in place to bring 83 international nurses between April and November 2023. We now have our first cohort of 3 international midwives and they are settling in well in their new roles. We have 93.68 fte vacancies.

M&D - we continue working with recruitment agencies in filling gaps through local and international applicants. Fortnightly meetings with CMD, Medical Staffing Manager & Strategic Medical HR Lead to review progress with vacancies and cases of concern. Overseas recruitment of medics to continue throughout 2023/24. We currently have 72.98 fte vacancies.

Pharmacy - we are working ICS wide to address significant recruitment difficulties in recruiting pharmacists and exploring the feasibility of conversion courses to support and facilitate the recruitment of international pharmacists in 2023/24..

We are extending our recruitment events and we will be promoting our vacancies Herefordshire wide with a series of events over the coming year. We are also extending WVT presence at regional and national fairs to promote our job opportunities. Our WVT recruitment hub at the Franklin Barnes building will be going live in April and we will use this walk in facility to promote WVT careers and offer on the spot employment to local applicants. Through our WVT Ambassadors programme we are working with members of staff to promote WVT in a variety of settings across Herefordshire.

Risks: Clinical vacancies

What the chart tells us:

The rolling 12 month position remains fairly consistent across the period between October 2021 and May 2022, although deteriorated in June and July 2022 but has improved in the months following to previous levels.


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-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
12.2%	12.7%	12.9%	13.6%	14.0%	14.5%	13.7%	13.6%	14.2%	14.4%	14.2%	13.6%	13.5%

Assurance




The system is expected to consistently Fail the target

Variation

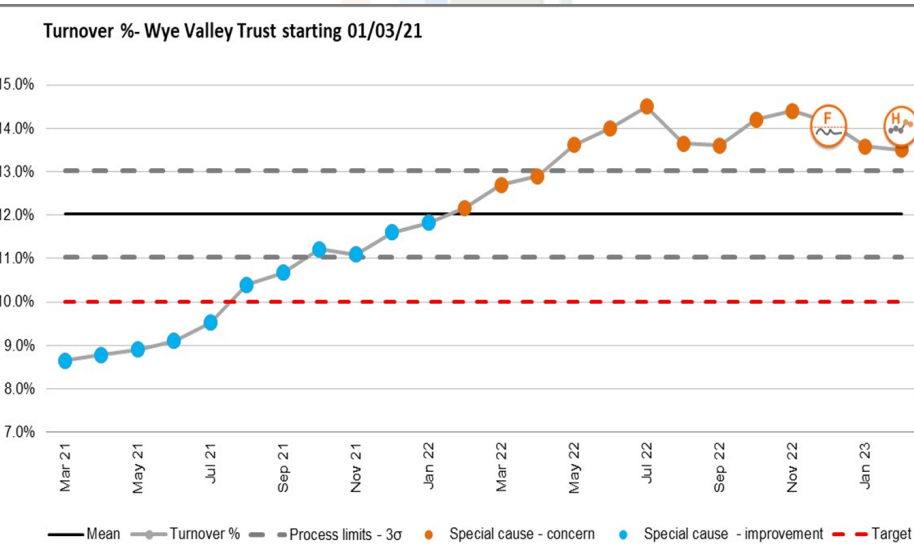


Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable Assurance



The chart shows a steady increase in turnover from 8.6% in March 2021 to a peak of 14.5% in July 2022. It then shows a fluctuating pattern with a notable 'Special cause - concern' marker in January 2023.

What the chart tells us:

The rolling 12 month position shows a steady increase across the period between August 2021 and July 2022, then presenting a fluctuating pattern for the 38/366

Performance and Actions

The overall rolling 12 month turnover at Trust level is now at 13.5% for February 2023, with an average for the previous 12 month's turnover being 13.6%.

All divisions have local recruitment & retention working groups with key actions required to reduce staff turnover and aid staff retention. The plan covers divisional management actions required in key areas of staff engagement, welfare/wellbeing, stay at WVT interviews, career conversations and flexible working.

We have seen a reduction in turnover rates for clinical support workers from 28.37% (Jul 22) to 20.25% (Feb 23). The new WVT pay & career progression framework is having a positive impact in terms of recruitment & retention of clinical support workers as turnover has reduced over the past 4 months.

Turnover rates for qualified nurses & midwives has fallen from 17.38% (Nov 22) to 15.10% (Feb 23) but this remains an area of concern and we continue to work closely with the University of Worcester in training more qualified nurses. Our aim is to train and develop more WVT support staff into qualified nursing roles over the coming years. The review of our band 5 staffing establishments to ascertain the feasibility of employing more band 6 nursing staff which could aid retention will be completed by May. By the end of the financial year we should have over 110 new international nurses employed by the Trust. We currently have 93.68 FTE nursing vacancies and we will continue with our international recruitment programme over the next year.

Divisions continue to use local recruitment & retention working groups to analyse new starter surveys and exit interview data so local actions can be implemented as appropriate. The WVT recruitment & retention working group is overseeing exit interview surveys and recruitment & retention areas of concern to ensure actions are being progressed in a timely manner to aid recruitment & retention of staff across the trust. Divisions provide updates on actions in place at F&PE meetings.

The ICS employed workforce officer hosted by WVT is supporting the project work on advanced care practitioners and physician associates over the next 6 months. The project will be exploring areas where ACPs and PAs can better cover gaps on

Risks: staff turnover in clinical areas

Our Workforce – Sickness

We are driving this measure because:

Due to increased scrutiny and higher levels over the pandemic, 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-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
6.9%	7.4%	7.4%	5.5%	6.5%	6.7%	5.3%	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%

Performance and Actions

During this month, overall sickness at Trust level has decreased to 5.4%, which is lower compared to a rolling 12 month average sickness of 6.2%. This in part can be attributed to a reduction in winter ailments and ongoing focused HR support. LT absence has fallen from 3.51% to 2.85% & ST absence has reduced from 3.55% to 2.44%

The main reasons for absence continue to be mental health conditions, colds/ winter ailments and long term conditions. We will be introducing a disability/health passport and a menopause passport to support the wellbeing of our employees.

Following deep dive reviews on sickness absence, divisions are required to show concrete actions being taken to manage and reduce sickness absence effectively at F&PE meetings. This will continue over the coming months.

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 (Halo wellbeing plans, H&W mental health hub, employee assistance programme, NHS apps and support lines, face to face counselling, clinical psychology) are still in place for staff.

The management of sickness absence remains a key priority area for HR and the OH dept is piloting a staff mental health nurse to support staff. The HR team continues to follow NHSE Improving Attendance Toolkit, in managing sickness absence. We are now delivering regular Schwartz Rounds to support emotional and psychological wellbeing of staff and Halo leisure instructors are expanding their presence and wellbeing programmes across community hospital sites.

We are relaunching the connecting staff with nature project with the, RSPB, University of Derby and Natural England to run until August.

Risks: high sickness

Assurance



The system is expected to consistently Fail the target

Variation



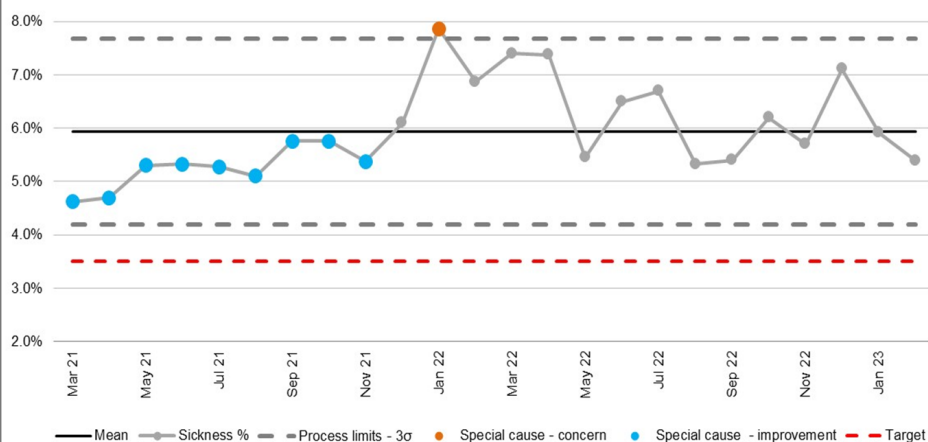
Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable Assurance

Sickness % - Wye Valley Trust starting 01/03/21



What the chart tells us:

The rolling 12 month position shows a fluctuating picture between March 2021 and February 2023, this is mainly due to mental health related absences, as well as other winter ailments.

Our Workforce – Appraisal

We are driving this measure because:

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

Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
76.9%	75.8%	73.3%	72.3%	72.2%	70.2%	69.8%	69.7%	71.5%	72.5%	72.8%	74.5%	76.0%

Performance and Actions

With the expected easing of operational pressures over the next 6 months, line managers will be expected to ensure all outstanding performance appraisals are completed. The modified and streamlined appraisal form is being used by line managers in holding wellbeing appraisal conversations with staff. This will continue to be reviewed at F&PE meetings.

Divisional leaders have been asked to ensure recovery plans are in place for outstanding performance appraisals and mandatory to be completed over the next 6 months.

Risks:

Assurance



The system is expected to consistently Fail the target

Variation



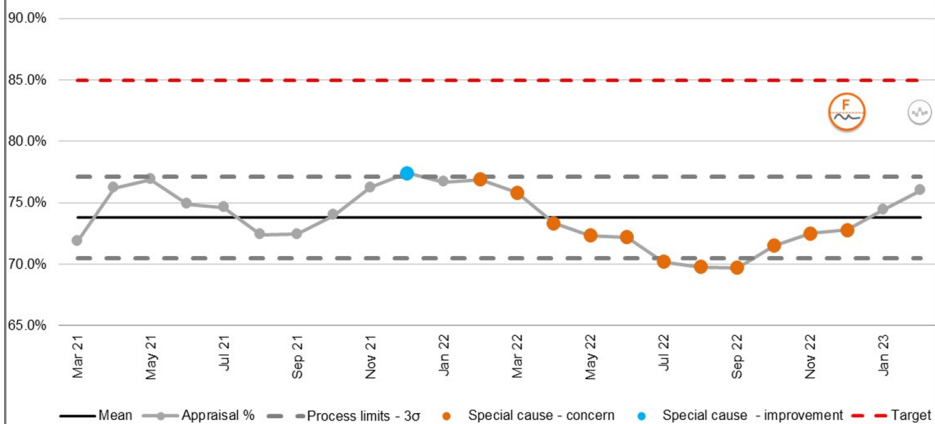
Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable Assurance

Appraisal % - Wye Valley Trust starting 01/03/21



What the chart tells us:

The rolling 12 month position shows a fluctuating low picture across the period between March 2021 and February 2023. This is primarily due to the challenge of maintaining standards across the Covid Pandemic, however it is steadily increasing over the last quarter of the year.

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-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
89.5%	89.4%	89.3%	89.4%	89.3%	88.7%	88.5%	88.7%	88.5%	89.1%	88.7%	89.3%	89.6%

Performance and Actions

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

Assurance



The system is expected to consistently Fail the target

Variation



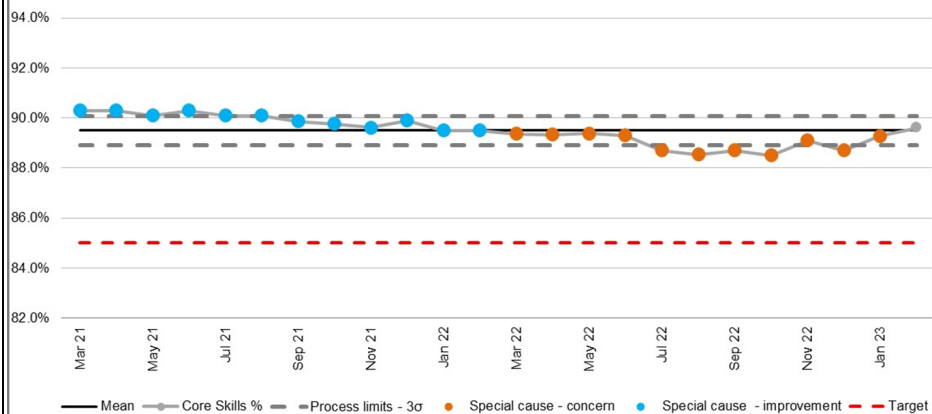
Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable Assurance

Core Skills % - Wye Valley Trust starting 01/03/21



Risks:

What the chart tells us:

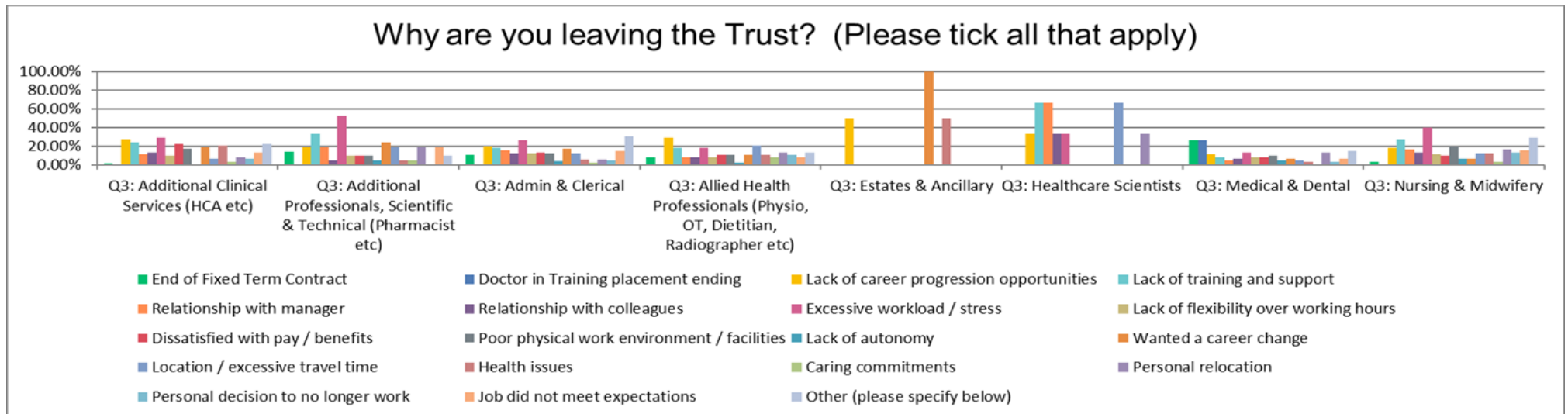
The rolling 12 month position remains fairly consistent across the period between March 2021 and February 2023.

EXIT INTERVIEW DATA— HR facilitated divisional working groups review exit interview data on a monthly basis to establish appropriate local actions to be taken. All leavers are offered an exit interview and steps are being taken to increase the % of completed exit interviews. More detailed analysis of exit interviews and new starter surveys will be presented on a quarterly basis at the WVT recruitment & retention working group.

Months	No. of Leavers	No. of Exit Survey Responses	%
Sept 20 - Feb 21	222	46	21%
Mar 21 - Aug 21	320	75	23%
Sept 21 - Feb 22	270	83	31%
Mar 22 - Aug 22	356	86	24%
Sept 22– Feb 23	246	59	24%
Totals	1414	349	25%

Top 4 reasons for leaving WVT

Reason	%
Excessive workload / stress	28.95%
Lack of training and support	21.18%
Lack of career progression opportunities	20.38%
Poor physical work environment / facilities	14.48%



Our Finance – Executive Narrative



Katie Osmond
Chief Finance Officer

Income & Expenditure Performance

Against the agreed in-year deficit plan of £6.6m, the financial position at the end of month 11 (February) was a deficit of £6.16m. Although this is only marginally behind the current plan year to date, a number of financial risks have developed in line with the general pressure from non elective demand in the final quarter of the financial year. Equally, the recurrent underlying position of the Trust continues to run at a considerably high deficit level, once non-recurrent items are removed from the in-year position.

Financial Position Overview - 2022/23 M11			
Surplus / Deficit	Year-to-date		
	Plan	Actual	Under / (over) spend
	£'000	£'000	£'000
NHS Herefordshire & Worcestershire ICB (+ CCG)	6,016	5,381	(635)
Worcestershire Acute Hospitals NHS Trust	(17,537)	(19,317)	(1,780)
Herefordshire & Worcestershire Health and Care NHS Trust	4,705	4,705	0
Wye Valley NHS Trust	(6,052)	(6,160)	(109)
Herefordshire and Worcestershire ICS	(12,868)	(15,391)	(2,523)

The Trust is part of the wider Herefordshire and Worcestershire Integrated Care System (ICS) and the table to the left provides context of the Trust position within the wider ICS and the financial pressure the whole System is under against a System Plan requiring an annual deficit in 2022/23 of no more than £14.8m.

Key components of our Financial Plan and position are elective productivity, maximising return from the Use of Resources (efficiency) and reduction from the impact of commercial agency pressures. We continue to forecast an outturn position in line with the plan.

Capital

The Trust has spent £5.3m during the first eleven months of the year. Whilst capital has been constrained for most of the year, we have recently received a number of additional capital funding awards totalling £2.7m. This has allowed the Trust to bring forward specific priorities for spend on medical equipment. The Trust is engaged in securing capital purchases before the end of the financial year in line with the plan.

Cash

The Trusts cash balance at the 28 February 2023 was £21.7m representing a decrease during the year but an increase on the previous month and better than the plan. Cash continues to be monitored closely to ensure we can meet our supplier payments. The better payment practice code requires the Trust to achieve 95% of payments to suppliers within 30 days. Measured by volume, the Trust paid 93% of invoices within 30 days in February. This represents an improvement on January and is in line with previous months.

Operational Planning 202324: the formation of Workforce, Activity and Financial Plans for the new financial year is nearing completion in line with the national timetable for operational planning.

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 - 28th February 2023 - 2022/23					
	2022-23 ANNUAL BUDGET	YEAR TO DATE			VARIANCE IN CURRENT MONTH	£000					
		BUDGET	ACTUAL	CUMULATIVE VARIANCE							
		£000	£000	£000							
Contract Income	262,875	240,998	239,917	(1,081)	↑	539					
Excluded Drugs	22,821	20,920	20,334	(586)	↓	(153)					
Non Contracted Activity (NCA's)	1,399	1,283	1,264	(19)	↓	(2)					
Other Income for Patient Care	9,816	8,995	8,793	(201)	↓	(20)					
Donations For Non Current Assets	400	367	0	(367)	↓	(33)					
Other Non Patient Income	8,487	7,751	7,327	(424)	↓	(117)					
COVID Funding	6,774	6,221	6,221	0	↑	8					
Total Operating Income	312,573	286,533	283,856	(2,677)		221					
Pay Expenditure	196,936	180,324	178,398	1,926	↑	193					
Non Pay Expenditure	79,047	72,770	73,175	(406)	↓	(805)					
Excluded Drugs	23,138	21,252	21,207	45	↑	105					
Total Operating Expenditure	299,121	274,346	272,780	1,565		(507)					
EBITDA	13,452	12,188	11,076	(1,112)		(287)					
Depreciation	11,287	10,198	10,047	151	↑	199					
Interest Receivable	131	122	484	363	↑	55					
Interest Payable on Loans	266	243	250	(7)	⇒	0					
Interest Payable on PFI	6,288	5,764	5,765	(0)	⇒	(0)					
Dividends on PDC	2,731	2,503	2,503	0	⇒	0					
Operating Surplus/ (Deficit)	(6,988)	(6,400)	(7,005)	(605)		(33)					
Donated Assets Adjustment	(381)	(349)	(845)	(496)	↓	(44)					
Adj. financial performance retained Surplus/ (Deficit)	(6,608)	(6,052)	(6,160)	(109)		11					

Performance and Actions

The position at the end of month 11 (February) was a deficit of £6.160m. This was marginally behind the current plan with an overall adverse variance of £109k year to date.

- Pay is underspending overall with some slippage on recruitment linked to capacity and unfilled vacancies. This net position also includes exceptional agency values — 11.4% of total pay costs, and also medical bank usage at premium rates to further increase this to 15% overall. This is driven by volume and price (including off framework supply when unavoidable).
- Excess inflation is driving cost pressures although the full effect of this is expected to be experienced in the next Financial Year.
- The plan included a significant step-up in planned care and £11.6m of additional capacity provided to achieve this. Year to date activity levels would not trigger additional ERF income.
- The Trust is experiencing significant cost pressures in staffing and non pay cost from the Urgent Care escalation in volumes and acuity of patients being experienced across the NHS.
- The Trust set an annual cost improvement target of £11.8m and is currently behind plan by £1.1m in year.

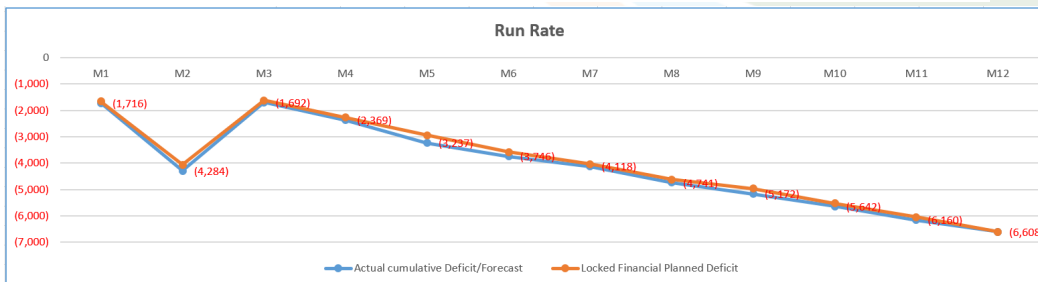
Risks:

Key Financial risks

- 6% Productivity (£0.9m of £2.5m unmitigated).
- Potential funding misalignment with ICB
- CPIP Cost Efficiency
- Level of Agency (as % of pay)

What the chart tells us:

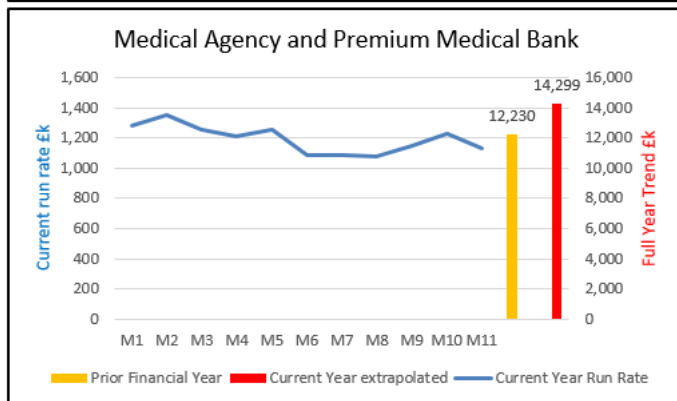
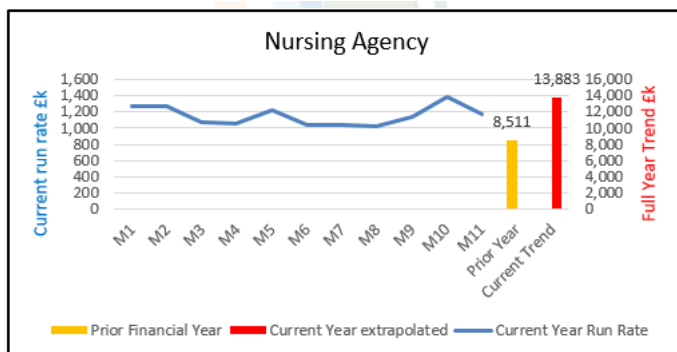
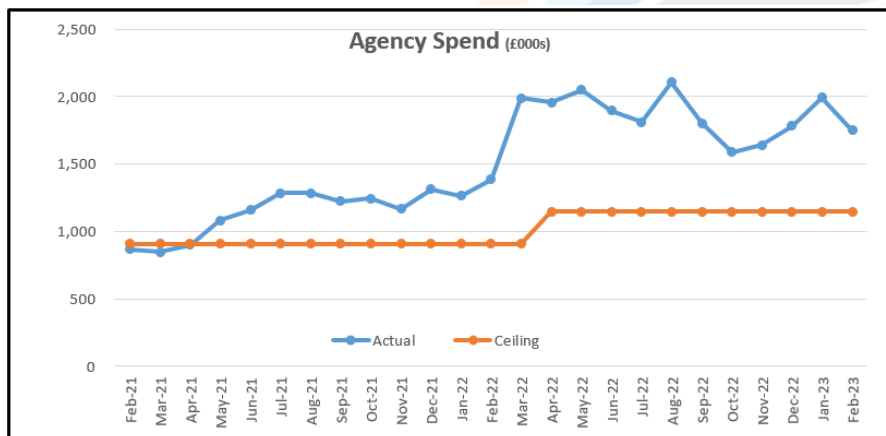
The Trust is currently on track to deliver a deficit of no more than £6.6m though key risks still exist which are being closely monitored and managed.



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 represented 11.4% 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 Q1 £5.9m, Q2 £5.7m, Q3 £5.0m and Q4 (£5.6m forecast). This could represent c£11m above the cost of corresponding substantive pay cost for the equivalent clinical hours.

- **Nursing agency:** expenditure reduced in month from a combination of price and volume change. Increased control actions through NARP, together with the new Master Vend contract have shown improvement in the prior two months. The Trust spent £8.5m on nurse agency in the prior year (2021-22) and an extrapolated sum of current year to date spend would still, at present show this trending to £13.9m.
- **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. Having peaked early in the year the trend is overall moving in the right direction. The Trust spent £12.2m in the prior year (2021-22) and an extrapolated sum from the year to date would equate to £14.3m outturn. Increased central controls have been introduced to further influence down the rates currently being paid.
- The Nurse Agency Reduction Programme (NARP) and similar focus on our high cost medical temporary staffing through MARP have been re-established.

Risks:

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

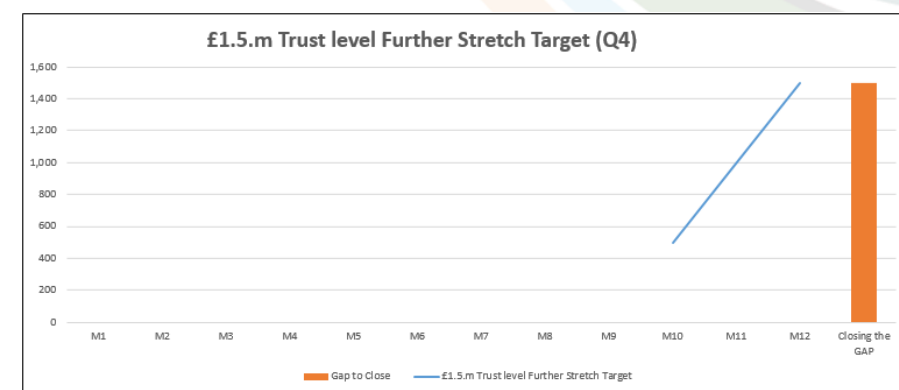
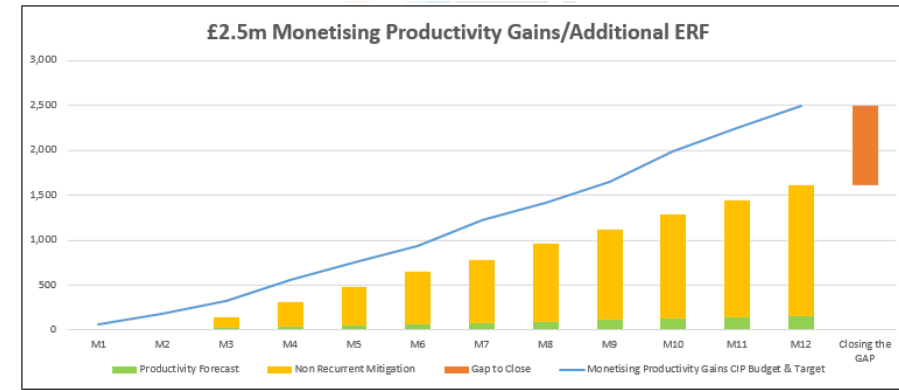
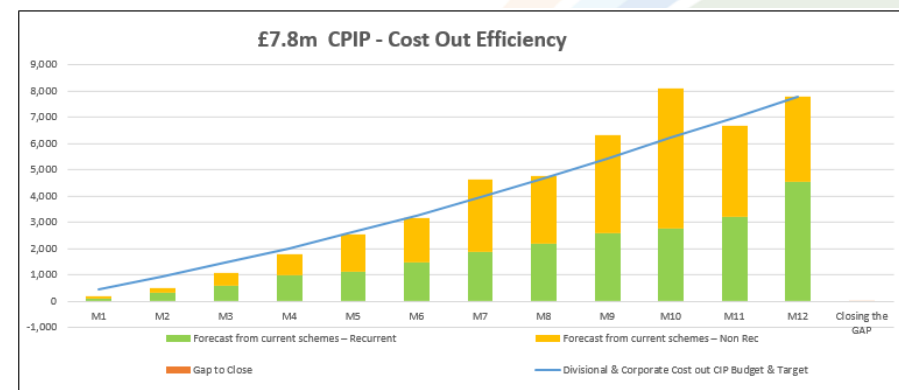
What the chart tells us:

Agency use is at unsustainable levels and poses a significant risk to achievement of the financial plan. The demand for additional nursing hours is currently being primarily met through increasing agency provision.

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 £11.784m target breaks down into three areas: £7.8m cost out efficiency; £2.5m monetised gains from productivity; a further £1.5m stretch target accepted by the Trust to bring the deficit budget plan to an acceptable level for sign off. Progress is being made against the first two categories although the third remains unmitigated and is phased in Q4.

Against this combined target of £11.784m for the year, the Trust has successfully delivered £8.1m of savings year to date and is currently £1.1m behind plan.

The current outturn forecast for the year is £8.8m of which c£3.6m is recurrent. The low proportion of recurrent savings is now resulting in the risk of a deterioration in the underlying financial position of the Trust. This will be addressed as far as possible as part of the current planning round for 2023-24.

Although the above represents a very significant adverse variance from plan, in our year to date finances the full effect of this is non recurrently being offset by elective capacity slippage and active management of the balance sheet to secure release of non recurrent gains.

Focus continues through the F&PE meetings, and a refreshed monthly CPIP meeting to maximise delivery in year, and development of recurrent schemes to support 2023/24 planning. Reduction in Agency expenditure combined with increased productivity and gains from digital working, all combine to provide significant opportunities for the efficiency challenge all Trusts face.

Risks:

- Cost Improvement (CPIP) underachieves or only achieves non recurrent delivery. Mitigation - Refreshed monthly CPIP meeting, increased focus and management time. Progress will be closely monitored and routinely reported to the Board.

What the chart tells us:

Focus is on converting opportunities into deliverable schemes, particularly recurrent schemes to mitigate the financial risk of underachievement against this programme and into 2023/24.

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.

Quality of care, access and outcomes		Responsible Director	Standard	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Elective care	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	108%	105%	99%	104%	95%	101%	99%
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	104%	92%	92%	93%	106%	81%	93%
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	103%	104%	103%	104%	96%	105%	101%
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	121%	97%	105%	99%	110%	95%	103%
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	89%	88%	90%	95%	83%	92%	98%
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	82%	78%	84%	88%	87%	80%	91%

Performance and Actions

The operational plan includes a 6% productivity improvement. Delivery of our planned levels of activity, including this productivity improvement not only drives recovery of the elective backlog, but also supports our ability to potentially earn Elective Recovery Funding (ERF).

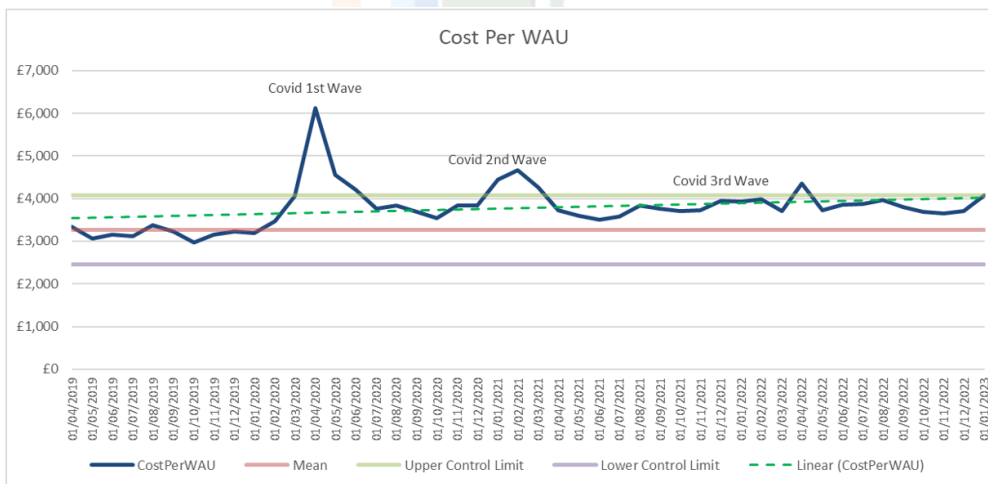
The month 11 KPIs demonstrate that elective activity year to date remains behind plan though has been on an improving trajectory. This gives us a degree of risk associated with the inclusion of ERF income in our financial position:

- Month 11 includes £9m of accrued 104% system ERF. There remains a risk of clawback though this is assessed as minimal.
- To date we have not been able to assume any ERF over and above the system 104% element.

Cost per Weighted Activity Unit (calculated and reported one month in arrears) rose over the period again. This indicates cost moved at a higher rate than weighted activity increased. This is a long term trend measure, however as productivity improves we would expect to see a reduction in the cost per WAU.

Risks:

- Non delivery of 104% of case mix weighted activity resulting in clawback of up to 75% of system ERF (£9.8m allocation). Mitigation - Additional capacity funding provided to the Divisions, close monitoring of activity performance and ring fencing elective capacity.
- Under delivery against the 6% productivity assumption resulting in inability to fully monetise productivity valued in the plan at £2.5m. Mitigation - Activity plans and additional capacity resource have recently been reviewed to facilitate monetising planned improvements where possible.



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).

What the chart tells us:

Given the significant operational challenges activity levels have not fully recovered 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 have driven an increased 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	YTD Plan £k	YTD Actual £k	YTD Variance £k
Digital Total	2,053	1,870	1,810	60
Equipment Total	947	947	582	366
Estates Total	2,097	1,454	1,186	268
Slippage	(593)	0	0	0
Total Core Operating (ICS) Capital	4,504	4,271	3,577	694
Diagnostic Digital Capability (DDC)	705	0	272	(272)
NHSTD - Front Line Digitalisation National Programme	750	0	150	(150)
STP -Hutted Wards	1,700	0	0	0
TIF PDC Total	3,730	3,186	1,210	1,977
CDC Total	288	150	115	35
Cyber Security PDC Total	87	31	0	31
Total National Programme Funding Bids	7,260	3,367	1,746	1,621
Donated Assets	500	300	22	278
Grand Total	12,264	7,938	5,345	2,594

Performance and Actions

Capital: Year to date expenditure is £2.6m less than the plan for that period. This is primarily due to an increase in the plan to incorporate late funding for digitalisation, diagnostics and the hutted wards. These total an additional £2.7m and plans have been actioned to ensure the monies are spent by the end of the financial year as required by the terms of the award. The additional award for the surgical robot has not been included in the M11 position and forecast as it was agreed late, however this is also being factored in to the final position.

Cash: The Trust continues to hold cash balances which exceed the plan. The cash position improved in February due mainly to a reduction in receivables. The revised Better Payment Practice Code also improved in February following a fall in January. Cash availability is not a limiting factor on BPPC performance.

Risks:

- Forecast spend on Elective Surgical Hub of £2.7m in 22/23 is challenging.
- Slippage of £593k is not delivered. Mitigation: further funding received to mitigate this risk.
- Bid for Frontline Digitalisation is unsuccessful leading to a pressure of £300k on EPR. Mitigation— Bid successful and first tranche of funding received.
- 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 plan, and cash balances remain healthy though there is risk associated with constrained capital funding and the planned deficit.

Cash Balance

Month	Performance	Target	Direction	Rating
Dec	21.8	15.0		
Jan	17.5	15.0		
Feb	21.7	15.0		

The cash balance at the end of February is an increase from the previous month. This is due to...The cash balance remains above plan for the month.

Better Payment Practice Code

Month	Performance	Target	Direction	Rating
Dec	93.9%	95.0%		
Jan	86.5%	95.0%		
Feb	92.6%	95.0%		

The January performance was below previous months due to a focus on clearing old outstanding payments and a high volume of invoices received some of which were paid just outside the 30 day target. The position for February has improved and is close to previous months performance just outside the 95% target.

Our Finance – Statement of Financial Position

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.

February 2023	2021/22	2022/23			YTD Change £000s
	Accounts £000s	M11 Plan £000s	M11 YTD £000s	Variance £000s	
NON-CURRENT ASSETS:					
Property, Plant and Equipment	109,197	131,145	109,645	21,500	448
Intangible Assets	14,226	14,225	14,064	161	(162)
Trade and Other Receivables	879	961	442	519	(437)
TOTAL Non Current Assets	124,302	146,331	124,151	22,180	(151)
CURRENT ASSETS:					
Inventories	5,092	4,780	5,587	(807)	495
Trade and Other Receivables	12,860	13,709	19,740	(6,031)	6,880
Cash and Cash Equivalents	39,708	15,000	21,696	(6,696)	(18,012)
TOTAL Current Assets	57,660	33,489	47,023	(13,534)	(10,637)
TOTAL ASSETS	181,962	179,820	171,174	8,646	(10,788)
CURRENT LIABILITIES					
Trade and other payables	(38,382)	(27,711)	(34,492)	6,781	3,890
Borrowings - Loans, PFI and Finance Leases	(4,974)	(5,888)	(5,717)	(171)	(743)
Provisions	(42)	(46)	(1,150)	1,104	(1,108)
Total Current Liabilities	(43,398)	(33,645)	(41,359)	7,714	2,039
NET CURRENT ASSETS/(LIABILITIES)	14,262	(156)	5,664	(5,820)	(8,598)
TOTAL ASSETS LESS CURRENT LIABILITIES	138,564	146,175	129,815	16,360	(8,749)
NON-CURRENT LIABILITIES:					
Borrowings - Loans, PFI and Finance Leases	(33,969)	(40,587)	(31,729)	(8,858)	2,240
Provisions	(1,564)	(1,579)	(431)	(1,148)	1,133
Total Non-Current Liabilities	(35,533)	(42,166)	(32,160)	(10,006)	3,373
ASSETS LESS LIABILITIES	103,031	104,009	97,655	6,354	(5,376)
TAXPAYERS EQUITY					
Public dividend capital	262,038	281,783	262,318	19,465	280
Revaluation reserve	16,346	14,820	17,100	(2,280)	754
Income and expenditure reserve	(174,762)	(192,594)	(181,763)	(10,831)	(7,001)
TOTAL	103,622	104,009	97,655	6,354	(5,967)

Performance and Actions

General

The table identifies the statement of financial position as at 28 February 2023 against the plan.

Non-Current Assets

The SoFP YTD position reflects the inclusion of finance lease assets as per IFRS 16.

Current Assets

Accounts Receivable reduced by £5.4m compared to the previous month. Cash held increased by £4.1m.

Current Liabilities

Current liabilities increased by £0.1m compared to last month. Trade payables reduced by £0.9m and provisions have been re-balanced between current and non-current liabilities.

Non-Current Liabilities

Non-current liability movements reflect the on-going repayment of PFI liabilities but also include lease liabilities included as part of the IFRS 16 asset recognition exercise.

Taxpayers Equity

The income and expenditure reserve reflects the deficit for the year to date.

Risks:

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

What the chart tells us:

There has been little movement to date in the SOFP compared to the year end position.

Report to:	Public Board
Date of Meeting:	06/04/2023
Title of Report:	Operational Planning: Financial Plan 2023/24
Status of report:	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Position statement <input type="checkbox"/> Information <input checked="" type="checkbox"/> Discussion
Report Approval Route:	Click or tap here to enter text.
Lead Executive Director:	Chief Finance Officer
Author:	Katie Osmond (CFO), Suzi Joberns (Deputy CFO), Clive Andrews (Associate CFO)
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
<p>This paper sets out the final draft financial plan for 2023/24, as part of the wider operational planning process. The plan has been completed in line with the national timetable, though we are anticipating a review and national resubmission exercise which may ultimately result in further changes.</p> <p>Though described as final draft pending conclusion of the national process, the plan reflected in this paper necessarily forms the basis of the delegated budgets for divisions, directorates and departments.</p>	
2. Recommendation(s)	
<p>The Board is requested to:</p> <ul style="list-style-type: none"> • Note progress since the previous planning briefing in February 2023; • Ratify the approval of the financial plan which was necessarily submitted under delegated authority due to timing; and • Note that the plan may be subject to further change aligned to the national process. 	
3. Executive Director Opinion¹	
<p>This paper provides a final draft of the 2023/24 financial and operational plan. The challenge of meeting all of the requirements of the planning guidance, across operational performance, workforce and finance should not be underestimated given our underlying exit deficit position. There remains a significant level of financial risk associated with the plan, for which mitigations continue to be sought.</p>	
4. Please tick box for the Trust's 2022/23 Objectives the report relates to:	

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.

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

Context

This paper sets out the final draft financial plan for 2023/24, as submitted through the national process on 30th March 2023. Systems are expected to deliver a balanced financial plan alongside meeting the operational planning requirements for performance, activity levels and workforce.

The current plan does not deliver a balanced financial position for the Trust or the Integrated Care Board (ICB). This is not unique to Herefordshire and Worcestershire and we envisage a further review process and resubmission exercise over the coming weeks.

The internal operational planning process has run alongside the national process to ensure we are in a position to set a baseline budgetary and activity trajectory against which we can monitor divisional, corporate and Trust wide performance from April 2023. Proposed budgets were taken through Trust Management Board in late March, for subsequent ratification at Board through this paper.

Activity and Operational Performance

The activity plan is based on achieving high productivity through core capacity, and only using additional capacity where it offers value for money and supports our ability to meet the required elective activity levels and thereby access to Elective Recovery Funding. Table 1 below sets out the planned activity volumes by point of delivery.

Core capacity is assumed to achieve 90% clinic utilisation, 85% theatre utilisation and a less than 5% clinic DNA rate. There is additionally a programme of work to reduce follow up activity, for example through proactive use of the Patient Initiated Follow Up (PIFU) pathways.

Table 1: Activity Plan

Activity Type	19/20 Actual	22/23 FOT	23/24	19/20 v 23/24	22/23 v 23/24
New	59924	61192	66033	110.2%	107.9%
Follow-Up	133198	138268	128604	96.6%	93.0%
IP/DC Admissions	23019	20971	23339	101.4%	111.3%
Endoscopy Admissions	10296	8815	10985	106.7%	124.6%
Total	226437	229246	228961	101.1%	99.9%
Excluding Follow-ups	93239	90978	100357	107.6%	110.3%

*These numbers are from the Trust operational planning tool e.g. includes English and Welsh activity and only RTT specialties. This is slightly different to the national planning return which for example excludes Welsh activity and includes some non RTT specialties.

The activity plan is projected to deliver performance against the national operational planning metrics as set out in table 2 below.

Table 2: Operational Performance Requirements

Elective Recovery – value weighted activity	106.1%
Elective: Eliminate 65 week waits by March 2024	0
Cancer: Reduce no of patients waiting over 62 days	71
Cancer: Meet 28 day Faster Diagnosis by March 2024	75%
Urgent Care: Time in A&E Dept (by March)	76%
Urgent Care: Reduce adult G&A bed occupancy	93.4%

Oversight of delivery of the activity plan and productivity levels will be undertaken through Productivity Board, Valuing Patient’s Time Board and into Trust Management Board and Finance and Performance Executive meetings. In addition we have established Elective Activity Meetings (monthly for each division).

Workforce

The workforce plan has been developed alongside the activity and financial plans and maps anticipated changes in staff in post over the course of the year. Alongside this staff in post projection, an approved funded establishment is set to align whole time equivalents (WTE) to the budgeted financial plan and agreed activity plan. This forms a control total for recruitment and rostering through the year. Table 3 below sets out the budgeted establishment for 2023/24.

Table 3: Budgeted Establishment

Budgeted WTE	Total £'000
<i>Establishment (WTE)</i>	
AHPs	387.8
Clerical <=Band 5	681.9
Directors & Sen. Managers =>B8	82.4
Managers/Technical >Band 5	88.2
Medical & Dental	437.2
Nurses & Midwives	1,661.7
Other Pay	(36.2)
Pharmacists	30.3
Professional, Technical, Scien	254.3
Establishment (WTE)	3,587.6

Financial Plan (Income & Expenditure)

The Trust is projecting an outturn deficit in the current year (2022/23) of £6.6m. It is recognised that financial year 2022/23 included reliance on non-recurrent income streams and benefits that reverse out into 2023/24 and put pressure on the overall position. The underlying deficit after adjusting for these one off items was assessed at £50.2m.

The financial plan builds from this underlying exit position, recognising planning assumptions and outputs from the planning round including inflation, changes in activity and income, and efficiency and productivity. The plan has been developed using both a top down assessment and the bottom up operational planning outputs to ensure it remains ambitious yet credible.

The financial plan reflects a deficit position of £39.99m as shown in table 4 below, prior to any redistribution of funds within the ICB. The overall system plan remains a net deficit which is unlikely to be accepted by NHSE given that it does not meet the planning requirement of break even. Work continues to explore further opportunities for mitigation.

Table 4: Statement of Comprehensive Income (Income and Expenditure)

Statement of comprehensive income	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	Month 7 £'000	Month 8 £'000	Month 9 £'000	Month 10 £'000	Month 11 £'000	Month 12 £'000	Year Ending £'000
Operating income from patient care activities	23,312	23,312	23,312	23,312	23,312	23,312	23,645	23,645	23,645	23,645	23,645	23,644	281,741
Other operating income	1,987	1,987	1,987	2,791	2,791	2,791	2,992	2,992	3,193	3,595	3,595	3,587	34,288
Employee expenses	(17,299)	(17,182)	(17,203)	(17,054)	(16,932)	(16,793)	(16,831)	(16,713)	(16,716)	(16,659)	(16,677)	(16,598)	(202,657)
Operating expenses excluding employee expenses	(10,613)	(10,616)	(10,604)	(10,497)	(10,503)	(10,494)	(10,047)	(10,041)	(10,042)	(10,018)	(9,984)	(10,009)	(123,468)
OPERATING SURPLUS/(DEFICIT)	(2,613)	(2,499)	(2,508)	(1,448)	(1,332)	(1,184)	(241)	(117)	80	563	579	624	(10,096)
NET FINANCE COSTS	(854)	(854)	(854)	(854)	(854)	(854)	(854)	(854)	(854)	(854)	(854)	(868)	(10,262)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(3,467)	(3,353)	(3,362)	(2,302)	(2,186)	(2,038)	(1,095)	(971)	(774)	(291)	(275)	(244)	(20,358)
Remove capital donations/grants I&E impact	(765)	(765)	(765)	(1,569)	(1,569)	(1,569)	(1,770)	(1,770)	(1,971)	(2,373)	(2,373)	(2,375)	(19,634)
Adjusted financial performance surplus/(deficit)	(4,232)	(4,118)	(4,127)	(3,871)	(3,755)	(3,607)	(2,865)	(2,741)	(2,745)	(2,664)	(2,648)	(2,619)	(39,992)

The following section sets out assumptions in relation to core components of the financial plan and drivers of the deficit position:

- Cost Improvement and Productivity (CPIP):** The plan recognises £14m / 4% efficiencies, going further than the national efficiency expectation of 2.2%. Approximately 3% is underpinned by a broad plan for delivery, primarily weighted towards agency reduction schemes, transformation and productivity opportunities and procurement / contract management.

Governance arrangements are in place to oversee identification and delivery of the programme. We have additionally accepted a further £2m stretch improvement target, increasing the efficiency ask to £15.8m / 4.6%. This additional target is profiled over the second half of the financial year and is currently unidentified and requires mitigation.

Additionally, the activity plan assumes a level of productivity improvement within core capacity. Ultimately the Board will need to assure itself that the level of cost improvement is stretching yet credible in the context of the overall financial position and performance and quality priorities.

Table 5 below summarises the distribution of the planned efficiencies and the stretch target across divisions. Medical and Nursing Agency Reduction Programmes (MARPN/NARP) have a specific target which is shown separately below and in practice is devolved across the divisions for delivery. Divisions will retain autonomy to vire cost improvement targets across their directorates and departments and between pay and non-pay as they see fit and as opportunities present.

Table 5: Efficiency

Efficiency targets	CPIP Excl. MARPN/NARP £000s	MARPN/NARP £000s	Stretch £000s	Total Efficiency £000s
Clinical Support	998	*		998
Integrated Care	628	*		628
Medical	1,381	*		1,381
Surgical	1,879	*		1,879
Estates, Facilities, PFI	207	*		207
Corporate	592	*		592
MARPN / NARP programme *		7,584		7,584
Unallocated	491			491
Stretch Target (unidentified)			2,000	2,000
Efficiency targets	6,175	7,584	2,000	15,759

- **Excess Inflation:** the plan recognises approximately £6m of inflationary pressure over and above the level funded. The main drivers are our PFI contract where inflation is contractually index linked; our energy contract where our current contract was entered into when rates were lower; and the impact of an increase in the value of our fixed assets through the annual asset revaluation. These have been escalated to NHS England (NHSE).
- **Capacity & Elective Recovery:** the plan recognises approximately £8m of Elective Recovery Fund (ERF) income based on achieving the target of 106% of 2019/20 value weighted activity. Delivery of this level of activity is not achievable solely within core capacity, despite the high productivity assumption. Where additional capacity is required to deliver the plan, a value for money assessment has been undertaken. This includes the continued use of the mobile theatre in advance of the Elective Surgical Hub development and retaining access to a mobile MRI scanner to maintain diagnostic waiting times.

Financial Risk and Opportunity:

- **Elective Recovery Funding:** The plan assumes a level of elective activity to secure access to ERF. There is a financial risk if we under achieve on delivery of elective activity. Conversely there is an opportunity to earn additional ERF where we are able to deliver elective activity above planned levels, at low marginal cost.
- **Delivery of CPIP:** Development of the full programme is behind where we would want to be at this stage of the planning cycle. Significant focus is currently on supporting divisions to convert opportunities to credible schemes and into delivery, and on identifying mitigation for the additional stretch target.
- **Variability of Additional Capacity Cost** – the plan is fully triangulated between activity and cost of delivery. Any variability in planned care levels against the monthly activity plan would be expected to result in associated variability in financial non recurrent capacity budgets.
- **Contract Status:** significant progress has been made with all commissioners however none of these are finalised at the time of writing: the latest position has been included within this version of the income plan. There is a risk that some of our income assumptions may not ultimately be reflected within signed contracts.
- **Pay Settlement:** planning guidance assumes that the final pay award will not adversely impact the Trust's financial position. There is a risk that the national mechanism to mitigate the impact will not fully recognise local costs, for example linked to our PFI contract responsibilities which would impact our financial performance.
- **Developments:** Other than where investment directly relates to the provision of additional capacity (such as for elective recovery), no provision has been made within the financial plan for new developments. Existing approved developments in their implementation phase have been included within the plan in line with the approved case, and will be subject to a structured review of benefits realisation in line with our business case process.

Delegated Budgets

In line with the budget setting process and the Standing Orders and Standing Financial Instructions, responsibility for delivery of the financial plan is delegated to named budget holders across our divisions, directorates and departments. This delegation of responsibility for budgets is important for ownership and accountability of effective use of resources. A small number of items are held centrally at the initial budget issue to ensure the relevant governance process is followed before the funding is devolved.

As part of the routine governance process, budgets are issued to respective budget holders and a sign off process undertaken to ensure responsibility has been accepted for the delegated budgets, and associated financial, activity and workforce plans. This process is underway. Table 6 below sets out the delegated financial budgets by division, and table 7 sets out the associated funded establishments.

Table 6: Delegated Budgets

Divisonal Budgets	Clinical Support £'000	Integrated Care £'000	Medical £'000	Surgical £'000	Estates, Facilities, PFI £'000	Corporate £'000	Other Management £'000	Total £'000
<i>Income</i>								
SL Income	1,201	968	555	773	1,692	1,641	0	6,830
Other Income	0	0	0	0	0	0	309,199	309,199
Total Income	1,201	968	555	773	1,692	1,641	309,199	316,029
<i>Expenditure</i>								
Pay	(24,225)	(25,042)	(47,251)	(64,875)	(2,432)	(19,756)	(19,076)	(202,657)
Non Pay	(20,622)	(2,668)	(13,718)	(18,088)	(28,536)	(29,286)	(20,812)	(133,730)
Total Expenditure	(44,847)	(27,710)	(60,969)	(82,963)	(30,968)	(49,043)	(39,888)	(336,387)
Remove capital donations/grants	0	0	0	0	0	0	(19,634)	(19,634)
Surplus / (Deficit)	(43,646)	(26,742)	(60,414)	(82,190)	(29,276)	(47,401)	249,677	(39,993)

Table 7: Funded Establishments

Divisonal Budgets	Clinical Support WTE	Integrated Care WTE	Medical WTE	Surgical WTE	Estates, Facilities, PFI WTE	Corporate WTE	Other Management WTE	Total £'000
<i>Establishment (WTE)</i>								
AHPs	100.5	245.1	0.5	16.8	0.0	0.6	24.2	387.8
Clerical <=Band 5	101.7	61.5	127.4	167.6	24.6	193.0	6.2	681.9
Directors & Sen. Managers =>B8	7.0	5.7	4.0	6.0	3.0	54.8	1.9	82.4
Managers/Technical >Band 5	3.5	2.0	4.6	4.8	6.0	66.4	1.0	88.2
Medical & Dental	30.8	1.2	156.2	230.2	0.0	9.2	9.5	437.2
Nurses & Midwives	86.7	257.7	536.2	674.4	0.0	42.9	63.8	1,661.7
Other Pay	0.0	0.0	0.0	0.0	34.0	0.0	(70.2)	(36.2)
Pharmacists	27.3	0.0	0.0	0.0	0.0	2.0	1.0	30.3
Professional, Technical, Scien	174.9	4.1	25.3	41.5	4.2	1.6	2.7	254.3
Establishment (WTE)	532.3	577.3	854.1	1,141.4	71.8	370.5	40.2	3,587.6

Capital and Cash

- Capital Planning:** two year allocations were previously published and remain in place. Our headline allocation of c.£4.5m per year is both significantly below the level we have been able to invest over recent years, and our anticipated requirement. Our allocation is also now lagging behind the level of depreciation that we are charging to revenue, effectively meaning cash designed to be available for replacement of assets cannot be fully utilised as there is insufficient resource limit cover. We are discussing this issue with NHSE.

There remains limited availability of capital outside of these allocations, other than for targeted national programmes such as Community Diagnostics or Frontline Digitisation. Some funding streams for these national programmes are now known for 2023/24 which has enabled us to plan with more certainty. An initial prioritisation process was undertaken to develop the planned capital programme. This will now be refined through the existing internal processes to allow the programmes to commence. Table 8 shows the summarised capital programme for 2023/24.

Table 8: Capital Programme

Expenditure type	Internal Funding £k	PDC £k	Total £k
Equipment - Clinical diagnostics	350		350
Equipment - Clinical Other	1,743		1,743
IT - Clinical Systems	450	2,800	3,250
IT - Hardware		500	500
IT - Other Software	600		600
IT - Telephony	200		200
New Build - Diagnostics	0	1,200	1,200
New Build - IES	20,100	0	20,100
New Build - Theatres & critical care		12,602	12,602
New Build - Wards	1,000		1,000
Routine maintenance	630		630
Grand Total	25,073	17,102	42,175

- **Cash:** During 2022/23 we have not required revenue cash support as the funding mechanism has supported a manageable position. Given the projected deficit position for 2023/24, availability of cash will clearly present a risk. There has to date been a national process to facilitate access to revenue cash for organisations with a cash shortfall. We understand this process will remain and have commenced work to ensure the relevant documentation and evidence is in place to support any applications, as required.

Next Steps

The plan reflects an ambitious yet credible position based on the assumptions made, and as has been set out above is not without risk. Given the system deficit, we are anticipating a further review and resubmission exercise, and continue to seek potential mitigations. Any subsequent updates will be provided to future Board meetings.

Recommendations

The Board are asked to:

- Note progress since the previous planning briefing in February 2023;
- Ratify the approval of the financial plan which was necessarily submitted under delegated authority due to timing; and
- Note that the plan may be subject to further change aligned to the national process.

WYE VALLEY NHS TRUST COVERING REPORT 2022-2023

Report to:	Public Board
Date of Meeting:	06/04/2023
Title of Report:	Standing Orders
Status of report:	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Position statement <input type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	TMB, Audit Committee, Board
Lead Executive Director:	Managing Director
Author:	Erica Hermon, Company Secretary
Documents covered by this report:	<ul style="list-style-type: none"> • Standing Orders and Standing Financial Instructions.
1. Purpose of the report	
To seek Trust Board approval of the WVT updated standing orders and standing financial instructions.	
2. Recommendation(s)	
That the Trust Board approve the draft standing orders and standing financial instructions.	
3. Executive Director Opinion¹	
<p>This report presents revisions to the Standing Orders, Reservation of Powers, Delegation of Powers and Standing Financial Instructions for approval by the Trust Board; these documents have been presented previously to and had the approval of the Trust Management Board and the Audit Committee.</p> <p>These documents are required to be published in accordance with the National Health Services Act 1977 and Community Care Act 1990, as amended by the Health authorities Act 1995 and Health Act 1999 Code of Accountability. They have been reviewed to against the 'model' format to ensure that they are accurate and up-to-date.</p> <p>NHS Trusts are required by law to make Standing Orders (SOs), which regulate the way in which the proceedings and business of the Trust will be conducted. Regulation 19 of the NHS Trusts (Membership and Procedure) Regulations, 1990 (as amended) requires the meetings and proceedings of an NHS trust to be conducted in accordance with the rules set out in the Schedule to those Regulations and with Standing Orders made under Regulation 19(2).</p> <p>Changes have been made to conflicts of interest, general behaviour, privacy and not releasing other ctte documents to the public etc.</p>	

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 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

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- Further develop place based leadership and governance through the one Herefordshire Partnership and Integrated Care Executive



Wye Valley NHS Trust

**STANDING ORDERS
AND
STANDING FINANCIAL INSTRUCTIONS
2023/24**

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Foreword to Standing Orders

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

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

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

Additional documents, which form part of these “extended” SOs are:

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

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

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

INTRODUCTION

1. The Wye Valley NHS Trust (the Trust) is a body corporate which was established under on 1st April 2011 under The NHS Trust (Establishment) Order 1993 (the Establishment Order).
2. The principal place of business of the Trust is Trust Headquarters, Hereford County Hospital, Stonebow Road, Hereford, HR1 2ER.
3. NHS Trusts are governed by statute, mainly the [National Health Service Act 2006](#) and the [Health and Social Care Act 2012](#).
4. The statutory functions conferred on the Trust are set out in the NHS Act 2006 (Chapter 3 and Schedule 4) and in the Establishment Order.
5. As a body corporate, the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role, it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health and Social Care. The Trust also has a common law duty as a bailee for property held by the Trust on behalf of patients.
6. The Department of Health (DH) requires that Boards draw up a schedule of decisions reserved to the Board and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior managers. The [Code of Conduct and Code of Accountability](#) makes various requirements concerning possible conflicts of interest of Board directors. [The NHS Trusts \(Membership and Procedure\) Regulations 1990](#) requires the establishment of audit and remuneration committees with formally agreed terms of reference.
7. The [Freedom of Information Act 2000](#) and the [Environmental Information Regulations 2004](#) sets out the requirements for public access to information on the NHS.
8. Through these SOs, the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of the SOs; or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State for Health and Social Care may direct.
9. These documents, together with SFIs, provide a regulatory framework for the business conduct of the Trust. They fulfil the dual role of protecting the Trusts' interests by ensuring, for example, that all transactions maximise the benefit to the Trust and protecting staff from possible accusations that they have acted less than properly.
10. The SOs, Scheme of Delegation document and SFIs provide a comprehensive business framework. All directors and all staff should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions to the extent required for the proper conduct of their duties.
11. **The failure to comply with SOs and SFIs can be regarded as a disciplinary matter that could result in dismissal.**

SECTION A - INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

Save as otherwise permitted by law, at any meeting the **Chair** of the Trust shall be the final authority on the interpretation of Standing Orders (SOs) on which the **Chief Executive Officer**, guided by the **Trust Secretary**, shall advise him and in the case of Standing Financial Instructions (SFIs) by the **Chief Finance Officer**.

Wye Valley NHS Trust is part of a foundation group of hospitals along with the South Warwickshire NHS Foundation Trust (SWFT) and George Eliot (GE) who share a **Chief Executive Officer**.

The **Chief Executive Officer** works with the **Chairman** to ensure that the Board maintains its capacity and is continually developed in order to remain 'fit for purpose' in the context of a changing NHS and wider healthcare environment. In support of these responsibilities a key part of the **Chief Executive Officer** role is a focus on the integration agenda, system leadership and partnership working.

To this end, this role involves robust engagement with stakeholders, commissioners, other health and social care providers, public, private and third sector partners, children and families, to maximise the opportunities for improved service delivery at every opportunity.

The **Managing Director** is responsible for the day to day management of the Trust on behalf of the **Chief Executive Officer** leading the Executive Team and Chairing the Trust Management Group/Board. This role encompasses internally and externally the development and implementation of the Trust strategy, the management of relationships, engagement with staff and stakeholders and embedding partnerships with key stakeholders to the organisation, overseeing all communications activity across the Trust, both internally and externally, and the delivery of the Board Assurance Framework.

The following definitions apply for this document.

Legislation definitions:

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

Other definitions:

- **Accountable Officer** means the NHS Officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust, it shall be the **Chief Executive Officer**.
- **Board** means the Chair, Officer (Executive Directors) and Non-Officer (Non-Executive Director) members of the Trust collectively as a body.

- **Budget** means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.
- **Budget holder** means a director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
- **Chair of the Board (or Trust)** is the person appointed by the Secretary of State for Health and Social Care and Social Care (delegated to NHSE/I) to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression “the Chair of the Trust” shall be deemed to include the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.
- **Chief Executive Officer** means the Chief Officer of the Trust. The **Chief Executive Officer** is also the Accountable Officer.
- **Chief Finance Officer** means the Chief Financial Officer of the Trust.
- **Clinical Directors** are specialty leads reporting to and accountable to the **Chief Executive Officer**, with professional oversight from the Chief Medical Officer. They are **excluded** from the term “director” for the purposes of this document, unless specifically stated otherwise.
- **Commissioning** means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.
- **Committee** means a committee or sub-committee created and appointed by the Trust.
- **Committee members** means persons formally appointed by the Board to sit on or to chair specific committees.
- **Contracting and procuring** means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
- **Deputy Chair/Senior Independent Director (SID)** means the non-officer member appointed by the Board to take on the Chair’s duties if the Chair is absent for any reason.
- **Executive Director** is an officer of the Trust. Up to five will be voting members of the Trust Board, appointed in accordance with the Membership and Procedure Regulations, 1990. The remainder will not be eligible to vote on the Trust Board.
- **Funds Held on Trust** are those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Part 11 (eleven) of the NHS Act 2006. Such funds may or may not be charitable.
- **Managing Director** means the Managing Director of Wye Valley NHS Trust and the person responsible for the day to day management of the Trust.
- **Member** means Executive Director (officer) or Non-Executive Director (non-officer) member of the Board as the context permits. Member in relation to the Board does not include its Chair.
- **Associate Member** means a person appointed to perform specific statutory and non-statutory duties, which have been delegated by the Trust Board for them to perform, and these duties have been recorded in an appropriate Trust Board minute or other suitable record.
- **Membership, Procedure and Administration Arrangements Regulations** means NHS Membership and Procedure Regulations (SI 1990/2024) and subsequent amendments.
- **Motion** is a formal proposition to be discussed and voted on during the course of a Trust Board or Committee meeting.

- **NHS Improvement (NHSE/I)** is responsible for the oversight of NHS Trusts and has delegated authority from the Secretary of State for Health and Social Care and Social Care for the appointment of the Non-Executive Directors, including the Chair of the Trust.
- **Nominated officer** means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.
Non-Executive Director also is a member of the Trust Board who is not an Executive Director of the Trust and is not to be treated as an Executive Director by virtue of regulation 1(3) of the Membership, Procedure and Administration Arrangements Regulations.
- **Officer** (or **staff**) means an employee of the Trust or any other person holding a paid appointment or office with the Trust. (This includes all employees or agents of the Trust, including medical and nursing staff and consultants practising upon the Trust's premises and shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust).
Officer member means a member of the Trust Board who is either an Executive Director of the Trust or is to be treated as an Executive Director by virtue of regulation 1(3) (i.e. the Chair of the Trust or any person nominated by such a Committee for appointment as a Trust member).
- **Trust Secretary** means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health guidance.
- **SFIs** means Standing Financial Instructions.
- **SOs** means Standing Orders.
- **Trust** means the Wye Valley NHS Trust.
- **Vice-Chairperson** means the non-officer member appointed by the Board to take on the Chairperson's duties if the Chairperson is absent for any reason.
- **Working day** means any day, other than a Saturday, Sunday or legal holiday
Any reference to an Act of Parliament, Statutory Instrument, Direction or Code of Practice shall be construed as a reference to any modification, replacement or re-enactment for the time being in force.
All reference to the masculine gender shall be read as equally applicable to the feminine gender and vice-versa.

Policy statements: general principles

These SOs and SFIs must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health and Social Care:

- Caldicott Guardian 1997
- [Human Rights Act 1998](#)
- Freedom of Information Act 2000
- Bribery Act 2010

The Trust Board will from time to time agree and approve policy statements and procedures which will apply to all, or specific groups of staff employed by the Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's SOs and SFIs.

SECTION B – STANDING ORDERS FOR THE REGULATION OF THE PROCEEDINGS OF WYE VALLEY NATIONAL HEALTH SERVICE

Part 1 – Membership

1 Name and business of the Trust

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

2 Composition of the Membership of the Trust Board

In accordance with the [Membership, Procedure and Administration Arrangements regulations](#) the composition of the Board shall be:

- 2.1 The Chair of the Trust (Appointed by the NHSI);
- 2.2 The voting membership of the Trust Board shall comprise the Chair and five non-executive directors (appointed by NHSI), together with up to five executive directors. At least half of the membership of the Trust Board, excluding the Chair, shall be independent non-executive directors.
- 2.3 In addition to the Chair, the non-executive directors shall normally include:
 - a. one appointee nominated to be the Vice-Chair
 - b. one or more appointees who have recent relevant financial experienceAppointees can fulfil more than one of the roles identified.
- 2.4 Up to five executive directors (but not exceeding the number of non-executive directors) including:
 - **Chief Executive Officer**

- Chief Finance Officer
- Medical Practitioner (Chief Medical Officer)
- Registered Nurse/Midwife (Chief Nursing Officer)
- **Managing Director**

2.5 The Board may appoint additional executive directors, in crucial roles in the Trust, to be non-voting members of the Trust Board.

2.6 The Trust shall have not more than 11 and not less than eight members (unless otherwise determined by the Secretary of State for Health and Social Care and Social Care and set out in the Trust's Establishment Order or such other communication from the Secretary of State).

3 Appointment of Chair and Members of the Trust Board

3.1 The Chair and non-executive directors of the Trust are appointed by the NHSI, on behalf of the Secretary of State for Health and Social Care.

3.2 The **Chief Executive Officer** shall be appointed by the Chair and the non-executive directors.

3.3 Executive directors shall be appointed by a committee comprising the Chair, the non-executive directors and the **Chief Executive Officer**.

3.4 Where more than one person is appointed jointly to an executive director post in the Trust, those persons shall become appointed as an executive director, jointly.

4 Appointment and Powers of Deputy Chair & Senior Independent Director

4.1 Subject to [SO 4.2](#) below, the Chair and members of the Trust may appoint one of their numbers, who is not an executive director, to be Deputy Chair & Senior Independent Director (SID), for such period, not exceeding the remainder of their term as a member of the Trust, as they may specify on appointing them.

4.2 Any member so appointed may at any time resign from the office of Deputy Chair and SID, by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Deputy Chair and SID, in accordance with the provisions of [SO 4.1](#).

4.3 Where the Chair of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Deputy Chair & SID shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these SOs shall, so long as there is no Chair able to perform those duties, be taken to include references to the Deputy Chair & SID.

5 Tenure of office

5.1 The regulations setting out the period of tenure of office of the Chair and members and for the termination or suspension of office of the Chair and members are contained in [Sections 2 to 4 of the Membership, Procedure and Administration Arrangements Regulations](#).

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

All directors shall subscribe and adhere at all times to the principles contained in the [Code of Conduct and Code of Accountability](#) in the NHS and in the Trust's Code of Conduct (HR.93) and Managing Conflicts of Interest Policy (MF.36).

7 Functions and roles of Chair and directors

The function and role of the Chair and members of the Trust Board is described within these SOs and within those documents that are incorporated into these SO.

Part 2 – Meetings

8 Ordinary meetings of the Trust Board

- 8.1. All ordinary meetings of the Trust Board shall be held in public and shall be conducted in accordance with relevant legislation, including the [Public Bodies \(Admission to Meetings\) Act 1960](#), as amended, and guidance issued by the Secretary for State for Health. Members of the public and representatives of the press shall be afforded facilities to attend.
- 8.2. Ordinary meetings of the Trust Board shall be held at regular intervals at such times and places as the Trust Board may from time to time determine. A minimum of six meetings shall be held each year.
- 8.3. The Chair shall give such directions as he thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press to ensure that the Trust Board's business may be conducted without interruption and disruption.
- 8.4. The Trust Board may, by resolution, exclude the public from a part or the whole of a meeting whenever publicity would be prejudicial to public interest by reason of the confidential nature of the business to be transacted. Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public and representatives of the press will be required to withdraw upon the Trust Board resolving as follows:

“That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete business without the presence of the public”
- 8.5. Business proposed to be transacted when the press and public have been excluded from a meeting as provided in [SO 8.4](#), shall be confidential to members of the Board.
- 8.6. Members and officers or any employee or representative of the Trust in attendance at a private meeting or private part of a meeting, shall not reveal or disclose the contents of papers, discussions or minutes of the items taken in private, outside of the Trust Board meetings without the express permission of the Trust Board.

- 8.7. Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Trust Board.
- 8.8 The Chair may invite any member of staff of the Trust, any other NHS organisation, an officer of the local council(s) or any other individual acting in an advisory capacity to attend meetings. These invitees shall not count as part of the quorum or have any right to vote at the meeting.
- 8.9 An annual public meeting shall be held on or before 30 September in each year for the purpose of presenting audited accounts, annual reports and any report on the accounts.
- 8.10 The Trust Board may, by resolution, exclude the public from a part or the whole of a meeting whenever publicity would be prejudicial to public interest by reason of the confidential nature of the business to be transacted
- 8.11 The provisions of these SOs relating to meetings of the Trust Board shall refer only to formal Trust Board meetings, whether ordinary or extraordinary meetings. The provisions shall not apply to seminars or workshops or other meetings attended by members of the Trust Board.

9 Extraordinary meetings of the Trust Board

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

10 Notice of meetings

- 10.1 The Trust shall set dates and times of regular Trust Board meetings for the forthcoming calendar year by the end of November of each year.
- 10.2 One third or more members of the Trust Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting. In the case of a meeting called by directors in default of the Chair, the notice shall be signed by those directors and no business shall be transacted at the meeting other than that specified in the notice.
- 10.3 A notice of the meeting, specifying the business proposed to be transacted, shall be posted before each meeting on the Trust website. The notice shall be delivered to

every director by the most effective route, at least three working days before the meeting. Notice shall be presumed to have been served two days after posting and one day after being sent out via email.

- 10.4 Lack of service of such notice on any individual director shall not affect the validity of a meeting. However, failure to serve such a notice on at least three directors who are eligible to vote will invalidate the meeting.
- 10.5 Where a part or the whole of a meeting is to be open to the public, official notice of the time, place and agenda of the meeting shall be announced in public. As required by the [Public Bodies \(Admission to Meetings\) Act 1960 Section 1\(4\)\(a\)](#), notice will be given by one or more of the following announcements:
- a. in the local press,
 - b. on the Trust's internet website,
 - c. displaying the notice in a conspicuous place in the Trust's hospitals or other facilities
 - d. displaying the notice in other "central and conspicuous places".
- 10.6 The Trust Board may decide to limit publication to details of the items on the meeting agenda that will be considered in the part of the meeting to be held in public. A copy of the notice including the agenda may also be sent to local organisations that will have an interest in the decisions of the Trust Board. These organisations include bodies responsible for commissioning acute and community NHS services locally, patient and public representative groups and local councils.
- 10.6 Notice will be given at least three working days before the meeting. Failure to do so will render the meeting invalid.

11 **Agenda and Supporting Papers**

- 11.1 The Trust Board may determine that certain matters will appear on every agenda for an ordinary meeting of the Trust Board and that these will be addressed prior to any other business being conducted at the discretion of the Chair. On agreement by the Trust Board, these matters may change from time to time.
- 11.2 A director may request that a matter is included on an agenda. This request should be made in writing, including by electronic means, to the Chair, **Chief Executive Officer**, or the Trust Secretary at least seven working days before the meeting, subject to SO10. Requests made less than seven working days before the meeting may be included on the agenda at the discretion of the Chair, or to the extent that this discretion is delegated to the **Chief Executive Officer** and the **Trust Secretary**.
- 11.3 Notwithstanding [SO 11.2](#), a director may with the consent of the Chair of the meeting, add to the agenda of any meetings any item of business relevant to the responsibilities of the Trust under "Any Other Business".
- 11.4 The agenda will be sent to directors five working days before the meeting and supporting papers, whenever possible, shall accompany the agenda but will certainly be despatched no later than three clear working days before the meeting, save in an emergency.

12 Chair of meetings

- 12.1 The **Chair** shall preside at any meeting of the Trust Board, if present. In his absence, the Deputy Chair shall preside.
- 12.2 If the Chair and Deputy Chair are absent, the directors present, who are eligible to vote, shall choose a non-executive director who shall preside. An executive director may not take the chair.
- 12.3 The decision of the **Chair** of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his interpretation of the SOs shall be final. In this interpretation he shall be advised by the **Chief Executive Officer** and the Trust Secretary and in the case of SFIs he shall be advised by the Chief Finance Officer.

13 Voting

- 13.1 It is not a requirement for decisions to be subject to a vote. The necessity of a vote shall be indicated by the agreement of at least one third of those attending and eligible to vote. The Chair shall be responsible for deciding whether a vote is required and what form this will take.
- 13.2 Save as provided in [SO27](#) Suspension of Standing Orders and [SO28](#) Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding i.e. the Chair of the meeting, shall have a second, and casting vote.
- 13.3 At the discretion of the **Chair**, all questions put to the vote shall be determined by oral expression or by a show of hands, unless the **Chair** directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot. Unless specifically agreed beforehand, the voting record of each individual director in a paper ballot will not be made public or recorded.
- 13.4 The voting record, other than by paper ballot, of any question will be recorded to show how each director present voted or did not vote, if at least one-third of the directors present and eligible to vote so request.
- 13.5 If a Board member so requests, their vote shall be recorded by name. Such a request will not be accepted if doing so would reveal the votes of other directors that do not wish to have their vote recorded.
- 13.6 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- 13.7 An officer who has been formally appointed by the Trust to act up for an executive director during a period of incapacity or temporarily to fill an executive director vacancy shall be entitled to exercise the voting rights of the executive director. An officer attending the Trust Board meeting to represent an executive director during a period of incapacity or temporary absence without formal acting up status may not

exercise the voting rights of the executive director. An executive director's status when attending a meeting shall be recorded in the minutes.

- 13.8 Where the post has voting rights attached, the joint appointees will have the power of one vote; and shall count for the purpose of [SO 2](#) as one person:
- a. either or both of those persons may attend or take part in meetings of the Board;
 - b. if both are present at a meeting they should cast one vote if they agree;
 - c. in the case of disagreements no vote should be cast;
 - d. the presence of either or both of those persons should count as the presence of one person for the purposes of [SO14 Quorum](#).
- 13.9 For the voting rules relating to joint members see [SO 3.4](#).
- 13.10 Where necessary, a director may be counted as present when available constantly for discussions through an audio or video link and may take part in voting on an open basis.

14 Quorum

- 14.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the **Chair** and members, including at least one executive director and one non-executive director is present.
- 14.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- 14.3 If the **Chair** or executive director or non-executive director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution because of a declaration of a conflict of interest ([see Part 3 – Standards of Business Conduct](#)) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next business.

15. Record of attendance

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

16. Minutes

- 16.1. The minutes of the proceedings of a meeting shall be drawn up, entered in a record kept for that purpose and submitted for agreement at the next meeting.

- 16.2. There should be no discussion on the minutes, other than as regards their accuracy, unless the **Chair** considers discussion appropriate.
- 16.3. Any amendment to the minutes as to their accuracy shall be agreed and recorded at the next meeting and the amended minutes shall be regarded as the formal record of the meeting.

17 **Petitions**

Where a petition has been received by the Trust, the **Chair** shall include the petition as an item for the agenda of the next meeting.

18 **Notice of Motion**

Subject to the provision of [SO20](#), a director of the Trust desiring to move a motion shall give notice of this, to the **Chair**, at least seven working days before the meeting. The **Chair** shall insert all such notices that are properly made in the agenda for the meeting. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

19 **Emergency Motions**

Subject to the agreement of the **Chair**, and subject also to the provision of [SO20](#), a member of the Trust Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The **Chair's** decision to include the item shall be final.

20 **Motions: Procedure at and during a meeting**

- 20.1 A motion may be proposed by the **Chairperson** of the meeting or any member present, it must also be seconded by another member.
- 20.2 The **Chair** may exclude from the debate, at their discretion, any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:
- the reception of a report;
 - consideration of any item of business before the Trust Board;
 - the accuracy of minutes;
 - that the Trust Board proceed to next business;
 - that the Trust Board adjourns;
 - that the question be now put.

21 **Amendments to motions**

- 21.1 A motion for amendment shall not be discussed unless it has been proposed and seconded.

- 21.2 Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board.
- 21.3 If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

22 *Rights of reply to motions*

- 22.1 Amendments. The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.
- 22.2 Substantive/original motion. The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

23 *Withdrawing a motion*

A motion, or an amendment to a motion, may be withdrawn.

24 *Motions once under debate*

- 24.1 When a motion is under debate, no motion may be moved other than:
- an amendment to the motion
 - the adjournment of the discussion, or the meeting
 - that the meeting proceeds to the next business
 - that the question should be now put
 - the appointment of an 'ad hoc' committee to deal with a specific item of business
 - that a member/director be not further heard
 - a motion under Section I (2) or Section I (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see [SO 29](#)).
- 24.2 In those cases where the motion is either that the meeting proceeds to the “next business” or “that the question be now put” in the interests of objectivity these should only be put forward by a member of the Board who has not taken part in the debate and who is eligible to vote.
- 24.3 If a motion to proceed to the next business or that the question be now put, is carried, the **Chair** should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

25 *Motion to rescind a decision of the Trust Board*

- 25.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been

given, the Trust Board may refer the matter to any appropriate Committee or the **Chief Executive Officer** for recommendation.

- 25.2 When any such motion has been dealt with by the Trust Board it shall not be competent for any director/member other than the **Chair** to propose a motion to the same effect within six months. This SO shall not apply to motions moved in pursuance of a report or recommendations of a committee or the **Chief Executive Officer**.
- 25.3 When the Trust Board has debated any such motion, it shall not be permissible for any director, other than the **Chair** to propose a motion to the same effect within a further period of six calendar months.

26 **Chair's ruling**

The decision of the **Chair** of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the SO and SFIs, at the meeting, shall be final.

27 **Suspension of Standing Orders**

- 27.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the [Quorum \(SO 14\)](#), any one or more of the SOs may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Trust Board are present (including at least one executive director and one non-executive director) and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.
- 27.2 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the **Chair** and members of the Trust.
- 27.3 No formal business may be transacted while SO are suspended.
- 27.4 The Audit Committee shall review every decision to suspend SO.

28 **Variation and amendment of Standing Orders**

These SOs shall not be varied except in the following circumstances:

- upon a notice of motion under [SO 18](#)
- upon a recommendation of the **Chair** or **Chief Executive Officer** included on the agenda for the meeting
- that two thirds of the Trust Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's non-executive members vote in favour of the amendment
- providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

29 **Admission and exclusion on grounds of confidentiality of business to be transacted**

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Trust Board as follows:

“that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”, [Section 1 \(2\), Public Bodies \(Admission to Meetings\) Act 1960](#).

30 **General disturbances**

The **Chair** (or Deputy Chair) shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust’s business shall be conducted without interruption and disruption. [Section 1\(8\) of the Public Bodies \(Admissions to Meetings\) Act 1960](#) provides the Trust Board power of exclusion to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The public will be required to withdraw upon the Trust Board resolving:

“That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public”.

31 **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

Nothing in these Standing Orders shall require the Trust Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Trust Board.

32 **Observers at Trust meetings**

The Trust will decide what arrangements and terms, conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board’s meetings and may change, alter or vary these terms, and conditions as it deems fit.

Part 3 – Standards of business conduct

33 **Declarations of interest**

33.1 In addition to the statutory requirements relating to pecuniary interests dealt with in SO 34, the Trust’s Management of Conflicts Policy (MF.38) requires directors to declare interests which are relevant and material to the Trust Board. All existing directors and decision-making staff as set out in the Policy should declare such interests on an annual basis, or as otherwise recommended in the Policy. Any

directors and decision-making staff appointed subsequently should declare these interests on appointment.

33.2 Interests are:

- **Financial interests**, where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interests**, where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests**, where an individual may benefit personally in ways which are not linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests**, where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

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

33.4 If directors have any doubts about the relevance of an interest, this should be discussed with the **Chair** of the Trust or with the Trust Secretary. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that the potential level of influence, rather than the immediacy of the relationship is more important in assessing the relevance of an interest.

33.5 Declarations of interests should be considered by the Trust Board and retained as part of the record of each Trust Board meeting. Any changes in interests should be declared at the next Trust board meeting following the change occurring.

33.6 If a conflict of interest is established during the course of a Trust Board meeting, whether arising from a declared interest or otherwise, the director concerned should withdraw from the meeting and play no part in the relevant discussion or decision. The declared conflict of interest should be recorded in the minutes of the meeting. When a Director has declared an interest arising solely from a position with a charity or voluntary body under this Standing Order, the Trust Board may resolve that the director may remain in the meeting and take part in the discussion, but not vote on the relevant item. A record of this decision shall be made in the minutes.

33.7 Directors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports. Register of Interests

33.8 The Trust Secretary will ensure that a Register of Interests is established and maintained to record formally declarations of interests of directors and other decision-making staff. The Register of Interests will include details of all directorships and

other relevant and material interests which have been declared by both executive and non-executive directors.

- 33.9 These details will be kept up to date by means of an annual review of the Register of Interests in which any changes to interests declared during the preceding twelve months will be incorporated.
- 33.10 The Register of Interests will be available to the public on the Trust's web page and at the Trust's usual place of business at any time during normal business hours (between 09:00am and 17:00pm on any working day).
- 33.11 With the exception of the requirement to report interests in the Annual Report (Standing Order 21.7), this Standing Order also applies in full to any committee or subcommittee or group of the Trust Board; and to any member of such committee or subcommittee or group (whether or not they are a director).

34 Disability of directors in proceedings on account of pecuniary interest

- 34.1. Subject to SO33 and the provisions of this Standing Order, if a director has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- 34.2. The Secretary of State may, subject to such conditions as they may think fit to impose, remove any disability imposed by this Standing Order, in any case where it appears to them to be in the interests of the NHS that the disability should be removed.
- 34.3 The Trust Board, or any committee or sub-committee may, if it thinks fit, provide for the exclusion of a director from a meeting while any contract, proposed contract or other matter in which that person has a pecuniary interest, direct or indirect, is under consideration.
- 34.4 Any remuneration, compensation or allowances payable to a director by virtue of [paragraph 233, Part 11 of the NHS Act 2006](#) shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- 34.5 For the purpose of this SO a director shall be treated, subject to [SO2](#) as having an indirect pecuniary interest in a contract, proposed contract or other matter, if:
- they, or a nominee of theirs, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or,
 - they are a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;

- and in the case of persons living together as a couple, whether married or not, the interest of one person shall, if known to the other, be deemed for the purposes of this SO to be also an interest of the other.
- 34.6 A director shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:
- of their membership of a company or other body, if they have no beneficial interest in any securities of that company or other body;
 - of an interest in any company, body or person with which they are connected as mentioned in SO 34.5 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.
- 34.7 This SO shall not prohibit a director from taking part in the consideration or discussion of the contract or other matter, or from voting on any question with respect to it, if:
- They have an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and
 - the total nominal value of those securities does not exceed £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and
 - the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one hundredth of the total issued share capital of the class. This does not affect their duty to disclose the interest
- 34.8 This SO also applies in full to any committee or sub-committee or group of the Trust Board; and to any member of such committee or sub-committee or group (whether or not they are a director).

35 **Standards of Business Conduct**

- 35.1 The Trust considers it to be a priority to maintain the confidence and continuing goodwill of its patients, public and fellow service providers. The Trust will ensure that all staff are aware of the standards expected of them and will provide guidance on their personal and professional behaviour.
- 35.2 The [NHS Constitution \(updated January 2021\)](#) identifies a number of key rights that all staff have and makes a number of further pledges to support staff in delivering NHS services. It goes on to set out the legal duties and expectations of all NHS staff, including:
- to accept professional accountability and maintain the standards of professional practice as set out by the relevant regulatory bodies;
 - to act in accordance with the terms of contract of employment;
 - not to act in a discriminatory manner;

- to protect confidentiality;
- to be honest and truthful in their work;
- to aim to maintain the highest standards of care and service;
- to maintain training and personal development to contribute to improving services;
- to raise any genuine concerns about risks, malpractice or wrongdoing at work at the earliest opportunity;
- to involve patients in decisions about their care and to be open and honest with them and;
- to contribute to a climate where the truth can be heard and learning from errors is encouraged.

35.3 The Trust adheres to and expects all staff to abide by the seven principles of public life set out by the Parliamentary Committee on Standards of Public Life. These are:

- **Selflessness:** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty:** Holders of public office should be truthful.
- **Leadership:** Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

35.4 All staff are expected to conduct themselves in a manner that reflects positively on the Trust and not to act in a way that could reasonably be regarded as bringing their job or the Trust into disrepute. All staff must:

- act in the best interests of the Trust and adhere to its values and this code of conduct;
- respect others and treat them with dignity and fairness;
- seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- be honest and act with integrity and probity;
- contribute to the workings of the Trust and its management and directors in order to help them to fulfil their role and functions;
- recognise that all staff are individually and collectively responsible for their contribution to the performance and reputation of the Trust;

- raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate and;
 - accept responsibility for their performance, learning and development.
- 35.5 All Directors must act in accordance with the Professional Standards Authority's 'Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England' 2012.
- 35.6 All staff shall declare any relevant and material interest, such as those described in SO 33 and in the Trust's Management of Conflicts Policy (MF.38). The declaration should be made on appointment to the executive director, clinical director, or senior manager to whom they are accountable. If the interest is acquired or recognised subsequently, a declaration should be made via the Trust's online declarations of interest system in line with the Management of Conflicts Policy (MF.38). The system will then add the interest to the Trust's Register of Interests.
- 35.7 Officers who are involved in, have responsibility for, or are able by virtue of their role or functions to influence the expenditure of taxpayer monies, may be required by the Trust to give statements from time to time, or in connection with particular contracts, confirming that they have no relevant or material interest to declare.
- 35.8 If an officer becomes aware of a potential or actual contract in which they have an interest of the nature described in SO 33 and SO 34, they shall immediately advise the **Chief Finance Officer** formally in writing. This requirement applies whether or not the officer is likely to be involved in administering the proposed or awarded contract to which they have an interest.
- 35.9 Gifts and hospitality shall only be accepted in accordance with the Trust's Management of Conflicts Policy (MF.38). Officers of the Trust shall not ask for any rewards or gifts; nor shall they accept any rewards or gifts of significant value.
- 35.10 All gifts and hospitality, other than those that are of clearly minimal value (as determined in the Trust's Declarations of Interest Policy), should be declared via the Trust's online declarations of interest system. Acceptance of gifts by way of inducements or rewards is a criminal offence under the [Fraud Act 2006](#) and the [Bribery Act 2010](#).
- 35.11 In addition to SO 33, SO 34 and this Standing Order, an officer must also declare to the Chief Executive Officer or Trust Secretary any other employment, business or other relationship of theirs, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with interests of the Trust, unless specifically allowed under that officer's contract of employment.

Part 4 – Arrangements for the exercise of functions by delegation and committees

36 Exercise of functions

Subject to [SO 40](#) and such directions as may be given by the Secretary of State for Health and Social Care and Social Care, the Trust Board may delegate any of its functions to a

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STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS FOR THE REGULATION OF TENDERING AND CONTRACTING (CONTRACT PROCEDURE RULES)

Approved by Trust Board on ??

This version of the Standing Orders can only be guaranteed to be the current adopted version, if it is opened directly from the Trust's intranet library of policies and procedures.

committee or sub-committee or to a director or an officer of the Trust. In each case, these arrangements shall be subject to such restrictions and conditions as the board thinks fit.

37 **Emergency powers**

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

38 **Delegation to committees**

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

39 **Delegation to officers**

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

40 **Schedule of decisions reserved for the Trust Board**

- 40.1 The Trust Board shall adopt a 'Schedule of Decisions Reserved for the Trust Board' setting out the matters for which approval is required by the Trust Board. The Schedule that is current at the date of adoption of these SO is contained in [Appendix 1 and 2](#) and shall be regarded as forming part of these SOs.
- 40.2 The Trust Board shall review such Schedule at such times as it considers appropriate; and shall update such Schedule in [Appendix 1 and 2](#) after each review.
- 40.3 The Schedule of Decisions Reserved for the Trust Board shall take precedence over any terms of reference or description of functions of any committee or sub-committee established by the Trust Board. The powers and functions of any committee or sub-committee shall be subject to and qualified by the reserved matters contained in that Schedule.

41 **Scheme of Delegated Authorities**

- 41.1 The Trust Board shall adopt a Scheme of Delegated Authorities setting out details of the directors and officers of the Trust to whom responsibility has been delegated for deciding particular matters; and in a director's or officer's absence, the director or officer who may act for them. The Schedule that is current at the date of adoption of these SOs is contained in [Appendices 1 and 2](#) and shall be regarded as forming part of these SOs.

- 41.2 The Trust Board shall review such Schedule at such times as it considers appropriate; and shall update such Schedule in [Appendices 1 and 2](#) after each review.
- 41.3 The direct accountability, to the Trust Board, of the Director of Finance and other Executive Directors to provide information and advise the Trust Board in accordance with any statutory requirements shall not be impaired, in any way, by the delegations set out in the Scheme of Delegated Authorities.

42 Appointment of committees

- 42.1 Subject to such directions as may be given by, or on behalf of, the Secretary of State for Health and Social Care, the Trust may, and if directed by him, shall appoint committees of the Trust, consisting wholly or partly of directors of the Trust or wholly of persons who are not directors of the Trust. Committees will be subject to review by the Trust Board from time to time.
- 42.2 An appointed committee may, subject to such directions as may be given by, or on behalf of, the Secretary of State for Health and Social Care or the Trust Board, appoint sub-committees consisting wholly or partly of members of the committee (whether or not they include directors of the Trust) or wholly of persons who are not members of the committee (whether or not they include directors of the Trust).
- 42.3 The SOs of the Trust, as far as they are applicable, shall apply with appropriate alteration, to meetings of any committee or sub-committee.
- 42.4 The Trust Board shall approve the terms of reference of each such committee. Each committee shall approve the terms of reference of each sub-committee reporting to it. The terms of reference shall include details of the powers vested and conditions, including reporting back to the committee, or Trust Board. Such terms of reference shall have effect as if incorporated into the Standing Orders and be subject to review every two years, at least, by that committee; and adoption by the Trust Board.
- 42.5 Committees may not delegate their powers to a sub-committee unless expressly authorised by the Trust Board.
- 42.6 The Board shall approve the appointments to each of the committees and sub-committees that it has formally constituted. Where the Board determines that a committee shall include members who are neither directors nor officers, the Board shall determine the terms of such appointment. The payment of travelling and other allowances shall be in accordance with the rates as may be determined by the Secretary of State for Health and Social Care, with the approval of the Treasury (see Part 11, paragraph 233 of the 2006 Act).
- 42.7 Minutes, or a representative summary of the issues considered and decisions taken, of any committee appointed under this SO are to be formally recorded and submitted for inclusion onto the agenda of the next possible Trust Board meeting. Minutes, or a representative summary of the issues considered and decisions taken

of any sub-committee shall be submitted for inclusion onto the agenda of the next committee meeting to which it reports.

- 42.8 The committees to be established by the Trust will consist of statutory and mandatory; and non-mandatory committees.

43 **Statutory and mandatory committees**

Role of Audit Committee

- 43.1 In line with the requirements of the [NHS Audit Committee Handbook](#) (fourth edition), [NHS Codes of Conduct and Accountability](#), and the [Higgs report](#), the Trust Board will establish an Audit Committee, constituted to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS.
- 43.2 The terms of reference of the Audit Committee shall have effect as if incorporated into these SOs and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board. The Terms of Reference will be approved by the Trust Board and reviewed on an annual basis.
- 43.3 The [Higgs report](#) recommends a minimum of three non-executive directors be appointed, unless the Board decides otherwise, of which one must have significant, recent and relevant financial experience.

Role of Auditor Panel

- 43.4 The Trust Board shall nominate its Audit Committee to act as its Auditor Panel in line with [schedule 4, paragraph 1 of the Local Audit and Accountability Act 2014](#).
- 43.5 The Auditor panel shall advise the Trust Board on the selection and appointment of the external auditor.
- 43.6 The terms of reference of the Auditor Panel shall have effect as if incorporated into these SOs and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

Role of Remuneration and Terms of Service Committee

- 43.7 In line with the requirements of the NHS Codes of Conduct and Accountability, and the [Higgs report](#), the Trust Board shall appoint a committee to undertake the role of a remuneration and terms of service committee. This role shall include providing advice to the Trust Board about appropriate remuneration and terms of service for the **Chief Executive Officer** and other executive directors ([Regulations 17-18, Membership and Procedure Regulations](#)), as well as advising the Trust Board on the terms of service of other senior officers, and ensuring that the policy of the Trust Board on remuneration and terms of service is applied consistently.

- 43.8 The Committee shall advise the Trust Board on the size, structure and membership and succession plans for the Trust Board and maintain oversight of the performance of the **Chief Executive Officer** and executive directors, including:
- all aspects of salary (including any performance-related elements/bonuses);
 - provisions for other benefits, including pensions;
 - arrangements for termination of employment and other contractual terms.
- 43.9 The terms of reference of the Remuneration and Nominations Committee shall have effect as if incorporated into these SOs and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.
- 43.10 The [Higgs report](#) recommends the committee be comprised exclusively of non-executive directors, a minimum of three, who are independent of management.

Role of the Charity Committee

- 43.11 The Trust Board, acting as Corporate Trustee, shall appoint a committee to be known as the Wye Valley NHS Trust Charity Committee, whose role shall be to advise the Trust on the appropriate receipt, use and security of charitable monies.
- 43.12 The terms of reference of the Wye Valley NHS Trust Charity Committee shall have effect as if incorporated into these SOs and shall be recorded in the appropriate minutes of the Trust Board, acting as Corporate Trustee, and may be varied from time to time by resolution of the Trust Board, acting in this capacity.

44 Non mandatory committees

- 44.1 The Trust Board shall appoint such additional non-mandatory committees as it considers necessary to support the business and inform the decisions of the Trust Board ([Regulations 15-16, Membership and Procedure Regulations](#)).
- 44.2 The terms of reference of these committees shall have effect as if incorporated into these SOs. The approval of the terms of reference shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.
- 44.3 The membership of these committees may comprise non-executive directors or executive directors, or a combination of these. The membership and voting rights shall be set out in the terms of reference of the committee and shall be subject to approval by the Board.
- 44.4 The current non-mandatory committees in place are (March 2023):
- **Quality Committee.** The purpose of the Quality Committee is to: provide the Board with an independent and objective review of all aspects of quality and safety relating to the provision of care and services in support of ensuring the best clinical outcomes and experience for all patients; and, to assure the Board that the Trust is aligned to the statutory quality and safety demands of existing legislation relating to all areas of the Trust

- **Risk Management Executive.**
- **Finance and Performance Executive.**
- **Group Strategy Committee.** The purpose of the Group Strategy Committee is to advise the Boards of South Warwickshire NHS Foundation Trust, George Eliot NHS Trust and Wye Valley NHS Trust on all matters relevant to the development and implementation of strategy.

These are subject to change at the discretion of the Trust Board.

45 **Joint Committees**

- 45.1 Joint committees may be appointed by the Trust by joining one or other Trusts consisting of, wholly or partly of the **Chair** and members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.
- 45.2 Any committee or joint committee appointed under this SO may, subject to such directions as may be given by the Secretary of State or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not members of the Trust or health bodies in question or the committee of the Trust or health bodies in question.

46 **Proceedings in committee to be confidential**

- 46.1 There is no requirement for meetings of Trust Board committees and sub-committees to be held in public, or for agendas or records of these meetings to be made public. However, the records of any meetings may be required to be disclosed, should a valid request be made under the rights conferred by the Freedom of Information Act, 2000 and there is no legal justification for non-disclosure.
- 46.2 Committee members should normally regard matters dealt with or brought before the committee as being subject to disclosure, unless stated otherwise by the **Chair** of the committee. The **Chair** shall determine whether specific matters should remain confidential until they are reported to the Trust Board.
- 46.3 A director of the Trust or a member of a committee shall not disclose any matter reported to the Trust Board, or otherwise dealt with by the committee if the Trust Board resolves that it is confidential.
- 46.4 Regardless of this Standing Order 26, individual directors and officers of the Trust have a right and a duty to raise with the Trust any matter of concern they may have about health service issues concerned with the delivery of care or services

47 **Applicability of Standing Orders and Standing Financial Instructions to Committees**

The SO and SFIs of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term “**Chair**” is to be read as a reference to the **Chair** of other committees as the context permits, and the term

“member” is to be read as a reference to a member of other committees also as the context permits.

48 *Duty to report Non-Compliance with Standing Orders and Standing Financial Instructions*

If for any reason these SOs are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these SOs to the **Chief Executive Officer** as soon as possible.

49 *Terms of reference*

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into the SOs.

50 *Delegation of powers by committees to sub-committees*

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

51 *Approval of appointments to committees*

The Board shall approve the appointments to each of the committees, which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

52 *Appointments for statutory functions*

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

53 *Proceedings in committee to be confidential*

53.1 There is no requirement for meetings of Trust Board committees and sub-committees to be held in public, or for agendas or records of these meetings to be made public. However, the records of any meetings may be required to be disclosed, should a valid request be made under the rights conferred by the [Freedom of Information Act 2000](#) and there is no legal justification for non-disclosure.

- 53.2 Committee members should normally regard matters dealt with, or brought before the committee as being subject to disclosure, unless stated otherwise by the **Chair** of the committee. The **Chair** shall determine whether specific matters should remain confidential until they are reported to the Trust Board.
- 53.3 A director of the Trust or a member of a committee shall not disclose any matter reported to the Trust Board, or otherwise dealt with by the committee if the Trust Board resolves that it is confidential.
- 53.4 Regardless of this SO, individual directors and officers of the Trust have a right and a duty to raise with the Trust any matter of concern they may have about health service issues concerned with the delivery of care or services.

54 Election of Chair of committee

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

55 Special meetings of committee

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

Part 5 – Custody of seal and sealing of documents

56 Custody of seal

The common seal of the Trust shall be kept by the **Trust Secretary** in a secure place.

57 Sealing of documents

- 57.1 The Seal of the Trust shall only be attached to documents where there is a legal requirement for sealing and the subject matter of the relevant document has first been approved in accordance with these Standing Orders and Standing Financial Instructions in accordance with the Scheme of Delegated Authorities.
- 57.2 The seal shall be affixed in the presence of the signatories in accordance with Paragraph 33 of Schedule 4 of the 2006 Act:

“33 Instruments etc. (1) The fixing of the seal of an NHS trust must be authenticated by the signature (a) of the chairman or of some other person authorised (whether generally or specifically) by the NHS trust for that purpose, and (b) of one other director.” 31. Bearing witness to the affixing of the Seal

57.3 A recommended wording for the witnessing of the use of the Seal is “The Common Seal of the Wye Valley National Health Service Trust was hereunto affixed in the presence of....”

57.3 The seal shall be affixed in the presence of two executive directors, and not from the originating department, and shall be attested by them.

58 Bearing witness to the affixing of the Seal

A recommended wording for the witnessing of the use of the Seal is “*The Common Seal of the Wye Valley National Health Service Trust was hereunto affixed in the presence of....*”

59 Register of sealing

The **Trust Secretary** shall keep a register in which they will make an entry of every sealing, numbered consecutively in a book provided for that purpose. The entry shall be signed by the persons who approved and authorised the sealing of the document; and who attested the seal.

60 Signature of documents

60.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall be signed by the **Chief Executive Officer** or any executive director, unless any enactment requires or authorises otherwise.

60.2 In land transactions, the signing of certain supporting documents will be delegated to managers and set out clearly in the Scheme of Delegation. This will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

Part 6 – Waiver of Standing Orders made by the Secretary of State for Health and Social Care

61 Power of the Secretary of State to make waivers

Under regulation [NHS \(Membership and Procedure\) Regulations](#), there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a Chair or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

62 Definition of ‘Chair’ for the purpose of interpreting this waiver

For the purposes of SO 80 (below), the “relevant Chair” is:

- a. at a meeting of the Trust, the Chair of that Trust
- b. at a meeting of a Committee:

- in a case where the member in question is the Chair of that committee, the Chair of the Trust;
- in the case of any other member, the Chair of that committee.

63 *Application of waiver*

63.1 A waiver will apply in relation to the disability to participate in the proceedings of the Trust because of a pecuniary interest. It will apply to a member of the Trust, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of:

- services under the National Health Service Act 1977; or
- services in connection with a pilot scheme under the National Health Service Act 1997;

for the benefit of persons for whom the Trust is responsible.

63.2 Where the 'pecuniary interest' of the member in the matter, which is the subject of consideration at a meeting at which, he is present:

- arises by reason only of the member's role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
- has been declared by the relevant Chair as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:
 - are members of the same profession as the member in question,
 - are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

64 *Conditions which apply to the waiver and the removal of having a pecuniary interest*

The removal is subject to the following conditions:

- the member must disclose their interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- the relevant **Chair** must consult the **Chief Executive Officer** before making a declaration in relation to the member in question pursuant to SO 80.2b, except where that member is the **Chief Executive Officer**;
- in the case of a meeting of the Trust:
 - the member may take part in the consideration or discussion of the matter, which must be subjected to a vote, and the outcome recorded;
 - may not vote on any question with respect to it.
- in the case of a meeting of the Committee:
 - the member may take part in the consideration or discussion of the matter, which must be subjected to a vote, and the outcome recorded;

- may vote on any question with respect to it; but the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board

SECTION C – STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS FOR THE REGULATION OF TENDERING AND CONTRACTING (CONTRACT PROCEDURE RULES)

1 Duty to comply with Standing Orders and Standing Financial Instructions

- 1.1 The procedure for making all contracts by or on behalf of the Trust shall comply with these SOs and SFIs (except where [SO 26](#) Suspension of Standing Orders is applied), supplemented by such operational procedures as deemed necessary by the **Chief Executive Officer** or **Managing Director** and the **Chief Finance Officer**. These operational procedures shall have effect as if incorporated in SOs and SFIs
- 1.2 The **Chief Finance Officer** shall be responsible for ensuring that the operation of contracts with any external procurement partner adhere to the SFIs.

2 General

- 2.1 The Trust will develop a longer-term procurement strategy in conjunction with the Foundation Group.
- 2.2 Every contract made by or on behalf of the Trust shall comply with the procedures and requirements of:
 - a. these SOs
 - b. the Trust's SFIs
 - c. any direction by the Trust Board
- 2.3 Wherever possible, and provided it protects the Trust's position adequately, contracts made will reflect the most up to date and relevant model Standard Conditions that are provided by the Department of Health and Social Care. These models may be amended to develop bespoke contracts.
- 2.4 Directives of the Council of the European Union (EU) for awarding all forms of contracts shall take precedence over all other procedural requirements and guidance and shall have effect as if incorporated in these SOs. The EU Procurement Rules apply to public authorities under the [Public Contracts Regulations 2015](#). The regulations cover fully regulated procurements and 'light touch regime'. The rules set out detailed procedures for contracts where the value equals or exceeds specific thresholds. These thresholds are exclusive of VAT and relate to the full life of the contract.
- 2.5 All projects and commitments of expenditure will be subject to these SFIs and should be treated as 'total value' expenditure and not disaggregated unless specifically referenced otherwise. All those in a position to commit expenditure should consider, before committing the expenditure or entering into any quotation or tender procedure, whether the expenditure is part of a larger overall sum of money to which different SFI conditions would apply. If this is deemed to be the case then the larger 'total value' sum should be used and the appropriate SFIs applied accordingly.

- 2.6 The **Chief Executive Officer** shall be responsible for ensuring the best value for money can be demonstrated for all services provided under contract or in-house. The Trust Board may also determine from time to time those in-house services should be market tested by competitive tendering.
- 2.7 Contract procedures shall take account of the Trust's Code of Conduct (HR.93) and Managing Conflicts of Interest Policy (MF.36) and the necessity to avoid any possibility of collusion or allegations of collusion between contractors and suppliers; or between contractors and suppliers and staff of the Trust.
- 2.8 The application of the provisions of this part of the SOs and SFIs to contracts and purchases may be varied by resolution of the Trust Board from time to time.

3 **Delegated authority to enter into contracts**

- 3.1 The Trust Board shall have power to accept tenders and to authorise the conclusion of contracts. It may delegate such authority subject to financial limits set in accordance with [Appendix 2](#).
- a. a committee appointed under [Part 4 – Arrangements for the exercise of functions by delegation and committees](#) of these SOs
 - b. the **Chief Executive Officer**
 - c. to the **Chief Executive Officer** jointly with the **Chair**
 - d. the directors or nominated officers
 - e. officers of the Trust's procurement service supplier, in accordance with that organisation's standard operating procedures.
- 3.2 The financial limits determining whether quotations (competitive or otherwise) or sealed bid tenders must be obtained shall be set in accordance with the procedure in the SFIs; the current thresholds being set out in [Appendix 2](#).

4 **Competition in purchasing or disposals – procedures**

The Trust Board shall from time to time adopt procedures which shall be regarded as being incorporated into these SO and which shall take account of SFIs, the Trust's Procurement rules and regulations including implementing EC Directives on Public Procurement and which shall deal with:

- a. Tender process selection
- b. methods for inviting tenders
- c. the manner in which tenders are to be submitted
- d. the receipt and safe custody of tenders
- e. the opening of tenders
- f. evaluation
- g. re-tendering
- h. such other matters in connection with tendering as the Board considers appropriate

5 **Disposals of land and buildings**

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

6 Interest of officers in contracts

- 6.1 Any **staff** of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which they or any person connected with them has any pecuniary interest, direct or indirect, the officer shall declare their interest by giving notice in writing of such fact to the **Chief Executive Officer** or the **Trust Secretary** as soon as practicable in accordance with [Section B, Part 3 of SOs](#).
- 6.2 **All staff** should also declare to the **Chief Executive Officer** any other employment or business or other relationship, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- 6.3 The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7 Joint Finance Arrangements

- 7.1 The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under [section 28A of the NHS Act 1977](#).
- 7.2 The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 28A of the NHS Act 1977, as amended by [section 29 of the Health Act 1999](#).

8 Reverse eAuctions

The Trust should have policies and procedures in place for the control of all tendering activity carried out through Reverse eAuctions.

9 Capital investment manual and other Department of Health guidance

The Trust shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and "Estate code" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS".

10 General applicability

Where the value of a contract over the life of the contract is £20,000 or more (excluding VAT), the Trust shall ensure that, unless national contracts or [ProCure 21+ National Framework](#) or similar procedures are followed, competitive tenders are invited for:

- a. the supply of goods, materials and manufactured articles;

- b. the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);
- c. For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

11 Health care services

Where the Trust elects to invite tenders for the supply of healthcare services these SOs and SFIs shall apply as far as they are applicable to the tendering procedure.

Part 1 – Use of approved firms and exemptions to contract procedure rules

12 Exceptions and instances where formal tendering need not be applied

- 12.1 Value for money should always be sought, though formal tendering procedures **need not be applied** where:
- a. the estimated expenditure or income does not, or is not reasonably expected to, exceed **£10,000** (excluding VAT) over the life of the contract;
 - b. the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;
 - c. disposals are required;
 - d. under the contract terms of the PFI scheme in operation at Wye Valley NHS Trust, goods and services can only be supplied by the Trust's PFI partner.
- 12.2 Exemptions from these SOs and SFIs Contract Procedure Rules are only allowed in exceptional circumstances such as there being insufficient suppliers for the goods, works or services being procured. Permission must be obtained for any exemption using the form at Appendix 4. Major contracts may be subject to the European Procurement Rules and the Trust cannot provide an exemption from those requirements.
- 12.3 A written application for an exemption from the Trust's SOs and SFIs (Contract Procedure Rules) must be made to the **Chief Finance Officer** setting out the reasons for the application using the form at [Appendix 3](#). The **Chief Finance Officer** must respond within 21 days. A register of all approved exemptions will be maintained and reported to the Audit Committee.
- 12.4 Reasons for exemption are, but not limited to:
- a. in very exceptional circumstances where the **Chief Executive Officer** decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;
 - b. where the requirement is covered by an existing contract;
 - c. where framework agreements are in place and have been approved by the Board;

- d. where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- e. where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- f. where specialist expertise is required and is available from only one source;
- g. when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- h. there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- i. for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.
- j. The **Chief Finance Officer** will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work, where allowed and provided for in the Capital Investment Manual.

12.5 Tenders need not be invited in accordance with the provisions of the Trust's SOs and SFIs (Contract Procedure Rules) if an urgent decision is required, for example for the protection of life or property or to maintain the functioning of a service. Wherever possible though, at least two quotations must be obtained and any decision made or contract awarded shall be reported to the relevant director and **Chief Finance Officer**. Such emergency contracts should be let for as short a period as possible to allow their replacement with a contract that is fully compliant with the Contract Procedure Rules at the earliest practical opportunity.

12.6 **The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.**

12.7 Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in the agreed Single Tender Waiver document (Appendix 3), managed by the Procurement service and reported to the Audit Committee.

12.8 The authorisation of a Single Tender Waiver does not mean that competitive tendering will remain not applicable for future periods. Wherever possible the Procurement service will work with departments to support a competitive tendering process in readiness for the contract end date.

12.9 The Audit Committee will have an explicit role in the oversight of the use of waivers. A register of waivers will be maintained and reported to the Audit Committee on an

agreed schedule, as a minimum 6 monthly. This will include oversight of use of Single Tender Waivers over extended periods.

13 *Items which subsequently breach thresholds after original approval*

Items estimated to be below the limits set in these SFIs for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the **Managing Director**, and be recorded in an appropriate Trust record.

14 *Building and Engineering Construction Works*

Competitive Tendering cannot be waived for building and engineering construction works and maintenance without Departmental of Health approval.

15 *Fair and adequate competition*

Where the exceptions set out in section 13 apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

16 *List of approved firms*

- 16.1 The Trust shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists (where relevant). Where in the opinion of the **Chief Finance Officer** it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the **Chief Executive Officer**.
- 16.2 **Responsibility for maintaining list.** A manager nominated by the **Managing Director** shall on behalf of the Trust maintain lists of approved firms (where considered appropriate) from who tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Trust is satisfied. All suppliers must be made aware of the Trust's terms and conditions of contract.

17 *Building and Engineering Construction Works*

- 17.1 Invitations to tender shall be made only to firms included on the approved list of tenderers (where appropriate) compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).
- 17.2 Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equality Act 2010, and any amending and/or related legislation.

- 17.3 Firms shall conform at least with the requirements of the [Health and Safety at Work etc. Act 1974](#) and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

18 *Financial Standing and Technical Competence of Contractors.*

The **Chief Finance Officer** may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

19 *Exceptions to using Approved Contractors*

If, in the opinion of the **Managing Director** and the **Chief Finance Officer** or the **director** with lead responsibility for clinical governance, it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the **Managing Director** should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote. An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

Part 2 – Contracting and tendering procedure

20 *Invitation to Tender*

- 20.1 All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.
- 20.2 All invitations to tender shall state that no tender will be accepted unless:
- a. submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the **Chief Executive Officer** or nominated Manager;
 - b. that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.
- 20.3 Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.
- 20.4 Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed):
- a. shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the

- Environment Standard forms of contract general conditions and major works (GC/Wks): or,
- b. when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A); or,
 - c. in the case of civil engineering work, the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors.

These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

21 *Receipt and safe custody of tenders*

The **Trust Secretary** or his/her nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

22 *Opening tenders and register of tenders*

- 23.1 As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the **Managing Director** and not from the originating department.
- 23.2 A member of the Trust Board will be required to be one of the two approved persons present for the opening of tenders estimated above £1,000,000. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Trust's Financial Delegation Limits at [Appendix 2](#).
- 23.3 The originating department will be taken to mean the department sponsoring or commissioning the tender.
- 23.4 The involvement of Finance Department staff in the preparation of a tender proposal will not preclude the **Chief Finance Officer** or any approved senior manager from the Finance Department from serving as one of the two senior managers to open tenders.
- 23.5 All executive directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.
- 23.6 The **Trust Secretary** will count as a director for the purposes of opening tenders.
- 23.7 Every tender received shall be marked with the date of opening and initialed by those present at the opening.
- 23.8 A register shall be maintained by the **Managing Director**, or a person authorised by him/her, to show for each set of competitive tender invitations dispatched:

- the name of all firms/individuals invited;
- the names of firms/individuals from which tenders have been received;
- the date the tenders were opened;
- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender.

Each entry to this register shall be signed by those present. A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

- 23.9 Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as [late tenders](#).

24 *Admissibility*

- 24.1 If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the **Managing Director**.
- 24.2 Where only one tender is sought and/or received, the **Managing Director** and **Chief Finance Officer** shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

25 *Late tenders*

- 25.1 Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the **Managing Director** or his or her nominated officer decides that there are exceptional circumstances i.e. dispatched in good time but delayed through no fault of the tenderer.
- 25.2 Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the **Chief Executive Officer** or **Managing Director** or his or her nominated officer or if the process of evaluation and adjudication has not started.
- 25.3 While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the **Managing Director** or his or her nominated officer.

26 *Acceptance of Formal Tenders*

- 26.1 Any discussions with a tenderer, which are deemed necessary to clarify technical aspects of their tender before the award of a contract, will not disqualify the tender.

26.2 The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record. It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

- experience and qualifications of team members;
- understanding of client's needs;
- feasibility and credibility of proposed approach;
- ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

26.3 No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the **Managing Director**.

26.4 The use of these procedures must demonstrate that the award of the contract was:

- a. not in excess of the going market rate/price current at the time the contract was awarded;
- b. that best value for money was achieved.

26.5 All tenders should be treated as confidential and should be retained for inspection.

27 **Tender Reports to the Trust Board**

Reports to the Trust Board will be made on an exceptional circumstance basis only.

Part 3 – Competitive and non-competitive quotations

28 **General position on quotations**

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed £5,000 but not exceed £20,000. In both cases, the amount excludes VAT and is the cost over the life of the contract.

29 **Competitive Quotations (contract value of between £10,000 and £49,999.99 excluding VAT over the contract life)**

29.1 Quotations should be sought from at least 3 firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust.

29.2 For estimated expenditure with a value in excess of £10,000 and less than £50,000 (excluding VAT over the contract life), quotations should be in writing unless **Managing Director** or his or her nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of

telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record. Estimated expenditure below this level but in excess of £5,000 (excluding VAT over the contract life) can be collected informally i.e. from written or telephone quotations or an approved price list.

- 29.3 All quotations should be treated as confidential and should be retained for inspection.
- 29.4 The **Managing Director** or his or her nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

30 Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

- a. the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations;
- b. the supply of goods or manufactured articles of any kind, which are required quickly, and are not obtainable under existing contracts;
- c. miscellaneous services, supplies and disposals;
- d. where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e.: (a) and (b) of this SFI) apply.

31 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with Standing Financial Instructions except with the authorisation of either the **Managing Director or Chief Finance Officer**.

32 Authorisation of Tenders and Competitive Quotations

- 32.1 Providing all the conditions and circumstances set out in these SO and SFIs have been fully complied with, formal authorisation and awarding of a contract may be decided to the value of the contract as per the Authorised Signatory List, to the whole life value of the contract (excluding VAT).
- 32.2 These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation. Formal authorisation must be put in writing. In the case of authorisation by the Trust Board, this shall be recorded in their minutes.

33 Instances where Formal Competitive Tendering or Competitive Quotation is not required

Where competitive tendering or a competitive quotation is not required the Trust should adopt one of the following alternatives:

- a. the Trust shall use the NHS Supply Chain for procurement of all goods and services, unless the **Chief Executive Officer** or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.
- b. If the Trust does not use the NHS Supply Chain, where tenders or quotations are not required, because expenditure is below £10,000, the Trust shall procure goods and services in accordance with procurement procedures approved by the **Chief Finance Officer**.

34 Compliance requirements for all contracts

The Trust Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and shall comply with:

- a. The Trust's SOs and SFIs;
- b. EU Directives and other statutory provisions;
- c. Any relevant directions including the Capital Investment Manual, Estatecode and guidance on the Procurement and Management of Consultants;
- d. Such of the NHS Standard Contract Conditions as are applicable.
- e. Contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.
- f. Where appropriate, contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- g. In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The **Chief Executive Officer** shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

35 Personnel and Agency or Temporary Staff Contracts

The **Managing Director** shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

36 Healthcare Services Agreements

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. The **Managing Director** shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

37 Disposals

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- a. any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the **Managing Director** or his nominated officer;
- b. obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;
- c. items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed on a periodic basis;
- d. items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- e. land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

38 In-House Services

- 38.1 The **Managing Director** shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.
- 38.2 In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:
- a. Specification group, comprising the **Managing Director** or nominated officer/s and specialist.
 - b. In-house tender group, comprising a nominee of the Managing Director and technical support.
 - c. Evaluation team, comprising normally: a specialist officer; a supplies officer; and, a Chief Finance Officer representative. For services having a likely expenditure exceeding £500,000, a non-executive director should be a member of the evaluation team.
- 38.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- 38.4 The evaluation team shall make recommendations to the Board.
- 38.5 The **Managing Director** shall nominate an officer to oversee and manage the contract on behalf of the Trust.

39 Applicability of SFIs on Tendering and Contracting to funds held in trust

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's trust funds and private resources.

SECTION D – STANDING FINANCIAL INSTRUCTIONS

1 Interpretation

- 1.1. The **Chair** of the Trust is the final authority in the interpretation of SO on which the **Chief Executive Officer** shall advise him. In the case of the SFIs, he will be advised by the **Chief Finance Officer**.
- 1.2. The definitions applied to the SO apply also for these SFIs. The following additional definitions apply:

Legislation definitions:

No additional legislation

Other definitions:

- **Budget manager** is the director or employee with delegated authority to manage the finances (Income and Expenditure) and resources for a specific area of the Trust.
 - **Commissioning** is the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.
 - **Contracting and procuring** is the process of obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
 - **Assistant Chief Operating Officers** are the senior operational managers; and their formally nominated deputies, for the division or specialty, as designated by the Executive Director.
- 1.3. Any reference to an Act of Parliament, Statutory Instrument, Direction or Code of Practice shall be construed as a reference to any modification, replacement or re-enactment for the time being in force.

2 Introduction

- 2.1. These SFIs are issued for the regulation of the conduct of the Trust, its directors and officers in relation to all financial matters with which they are concerned.
- 2.2. The SFIs explain the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.
- 2.3. They identify the financial responsibilities which apply to everyone working for the Trust; and shall be used in conjunction with the Schedule of Decisions Reserved to the Board (Appendix 1) and the Scheme of Delegated Authorities (Appendix 3) which both also form part of the Trust's SOs.
- 2.4. Detailed procedural advice, which shows how the SFIs should be applied, is maintained in departmental and financial procedure notes.

- 2.5 These SFIs do not refer to all legislation or regulations and advice issued by the Department of Health applicable to the Trust. Any uncertainty regarding the application of these SFIs should be discussed with the **Chief Finance Officer**, prior to action.
- 2.6 The SFIs apply to all staff, including temporary contractors, volunteers and staff employed by other organisations to deliver services in the name of the Trust. Failure to comply with the SFIs could lead to disciplinary action, up to and including dismissal.

3 *Compliance with these SFIs*

- 3.1 These SFIs prevail over any division and service guidance or procedural documents. They also prevail over any guidance or instruction issued by other organisations conducting business with the Trust. All staff should notify the **Chief Finance Officer** of any conflicts between the local guidance and instruction and the SFIs, if the conflict cannot be resolved satisfactorily locally.
- 3.2 **All staff** have a duty to disclose, as soon as possible, to the **Chief Finance Officer** or the **Trust Secretary**, any failure to comply with these SFIs. Full details of the non-compliance including an assessment of the potential impact; and any mitigating factors shall be reported by the **Chief Finance Officer** to the next formal meeting of the Audit Committee for referring action or ratification.
- 3.3 Changes to or variations from these SFIs will be subject to a specific resolution of the Trust Board or be consequent upon further directions from the Secretary of State.
- 3.4 There shall be a periodic review, normally annually, but no more than every two years of all financial limits contained in these SFIs.

4 *Responsibilities and delegations*

- 4.1 These SFIs have been compiled under the authority of the Trust Board. They are reviewed by the **Audit Committee** and approved by the Trust Board.
- 4.2 **The Trust Board** exercises financial supervision and control by:
- a. approving the financial strategy
 - b. requiring the submission and approval of budgets that deliver the financial targets set for the Trust within approved allocations and overall income
 - c. approving specific responsibilities placed on directors and employees as indicated in the Scheme of Delegated Authorities
 - d. approving the method of providing financial services.
- 4.3 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Schedule of Decisions Reserved to the Trust Board ([Appendix 1](#)). All other powers have been delegated to the Board's appointed committees; and the directors and officers of the Trust.
- 4.4 **The Chief Executive Officer** is the Accountable Officer of the Trust and:
- a. is legally accountable to Parliament for all of the actions of the Trust

- b. is accountable to the Trust Board for ensuring that the Board of Directors meets its obligation to perform the Trust's functions within the available financial resources
 - c. holds overall executive responsibility for the Trust's activities and is responsible to the Board for ensuring that its financial obligations and targets are met
 - d. is responsible overall for the maintenance of the Trust's systems of internal control
 - e. is responsible for ensuring that all members and staff of the Trust are aware of and understand their responsibilities within these SFIs
- 4.5 Save for the decisions and actions reserved to the Trust Board, the **Chief Executive Officer** has full operational authority to approve the financial transactions of the Trust and to delegate such powers to post-holders within the Trust management. The **Chief Executive Officer** will, as far as possible, delegate detailed responsibilities, as described in these SFIs and, in more detail in the Scheme of Delegated Authorities (appendices 1 and 2).
- 4.6 The **Chief Finance Officer** is responsible for:
- a. maintaining and implementing the Trust's financial policies
 - b. maintaining an effective system of internal financial control including ensuring that adequate and effective financial procedures and systems incorporating the principles of segregation of duties and internal checks are prepared, documented and maintained
 - c. ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time
- 4.7 **All staff**, including Board members, severally and collectively, are responsible for:
- a. the security of the property of the Trust;
 - b. avoiding loss;
 - c. exercising economy and efficiency in the use of resources;
 - d. conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.
 - e. considering the legality of all transactions
- 4.8 For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.
- 4.9 All officers shall make available any relevant records or information to the Chief Finance Officer in connection with the carrying out of their duties of supervision regarding the implementation of the Trust's financial policies and systems of financial control whether by internal audit or otherwise.
- 4.10 Contractors and their employees, who are empowered by the Trust to commit the Trust to expenditure or who are authorised to obtain income shall be covered by these instructions. It is the responsibility of the **Managing Director** to ensure that such persons are made aware of this.

Part 1 – Allocation, planning, budgets, budgetary control and monitoring

5 *Financial and budget plans*

5.1 The **Chief Executive Officer** shall submit to the Board and external regulators as required, strategic and operational plans, as suggested by relevant guidance, to meet the needs of the Board. These plans will include an annual financial plan, which takes into account financial targets and forecast limits of available resources. The plans will include:

- a. description of the significant assumptions on which planning is based
- b. details of major changes in workload, delivery of services or resources required to achieve the plans.

5.2 Prior to the start of each financial year, the **Chief Finance Officer** shall prepare and submit budgets for approval by the Board. Such budgets will:

- a. be in accordance with and reconcilable, at a summary level, to the aims and objectives set out in the annual Business Plan
- b. reconcile the financial plans to be provided to relevant external regulators, such as NHSE/I
- c. reflect resource plans, including workload and workforce plans
- d. be prepared within the limits of available funds
- e. show how the plans will deliver against the financial targets and obligations set externally by the Secretary of State and relevant regulatory bodies; and set internally by the Trust
- f. provide a forecast of the Trust's performance over the year against key financial indicators, as determined by the Trust and by relevant regulatory bodies
- g. include summary financial projections for the longer term
- h. identify and assess significant financial risks.

5.3 **All staff** who have been given delegated authority to manage and administer budgets shall be expected to contribute to the preparation of the annual budget.

5.4 All **Associate Chief Operating Officers** will sign up to their allocated budgets at the commencement of each financial year.

5.5 The **Chief Finance Officer** has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

6 *Management of the financial resource*

6.1 The **Chief Executive Officer** shall require directors and authorised budget managers to seek to deliver the financial outturn targets set by the Trust Board within the approved annual budget plan and the adjustments to those targets reflected in the re-forecasts performed during the year.

6.2 The **Chief Executive Officer** may change the financial outturn targets of any divisions, or services.

6.3 **Directors** and **authorised budget holders** shall seek to deliver their service responsibilities within the limits of the financial outturn targets set for them.

Financial and other resources shall only be used for the purposes for which they are provided, as approved by the **Chief Executive Officer** and the Board.

7 *Setting the annual financial plan*

- 7.1 The **Chief Executive Officer** shall be responsible for providing the Trust Board with the annual financial plan, taking into account financial targets and forecast income and service developments. The plan will identify the significant assumptions on which it is based; and provide details of significant changes to service and workforce plans and how these will impact on the Trust's financial targets. The plan will identify how the Trust will achieve the annual efficiency savings set by the Department of Health.
- 7.2 The **Chief Finance Officer** shall be responsible overall for the design and delivery of the annual integrated financial budget plan.
- 7.3 All **Executive Directors** shall be responsible for contributing to the integrated planning process, which shall incorporate plans for workforce, service delivery and quality, service capacity and activity, and efficiency planning.
- 7.4 **Budget holders** shall provide all financial, statistical and other relevant information, including service, capacity, workforce and efficiency plans, as required by the **Chief Finance Officer** to enable budgets to be compiled.
- 7.5 All **budget managers** should sign up to their allocated budgets at the start of each financial year.

8 *Managing and reporting the financial position during the year*

- 8.1 The **Chief Finance Officer** shall be responsible overall for the design and delivery of adequate systems of financial budgetary control. These systems will include processes for:
- a. identifying the level of earned income directly attributable to each budget area
 - b. identifying the target (gross or net) allowable expenditure for each budget area, that will enable each budget holder to deliver their annual financial target contribution to the overall Trust target
 - c. updating the forecast income and allowable expenditure, during the year, to reflect changes in contracted income, service capacity and delivery.
 - d. monitoring and reporting financial performance against plans and forecasts
 - e. delivering monthly integrated financial reports to meet the requirements of the Project Management Office, Finance and Performance Executive and the Trust Board in a form approved by the Board.
- 8.2 All **Executive Directors** shall be responsible for establishing monitoring and reporting systems for workforce, service delivery and quality, service capacity and activity, and efficiency planning to enable budget holders to deliver an integrated analysis of their service performance.
- 8.3 **All staff** to whom responsibility is delegated to incur expenditure, or generate income shall comply with the requirements of those systems.
- 8.4 Designated **budget holders** shall be responsible for maintaining expenditure within the limits of earned available income.

- 8.5 Designated **budget holders** shall monitor and analyse the integrated financial performance of their service during the year. This shall include assessment of:
- a. progress towards delivering the required financial position for the budget area
 - b. the impact of resources used, including workforce, progress of service delivery and achievement of efficiency plans
 - c. trends and projections
 - d. where relevant, plans and proposals to recover adverse performance
- 8.6 The **Chief Finance Officer** shall ensure that **budget holders** are provided with advice and support from suitably qualified finance staff, to enable them to perform their budget management role adequately.
- 8.7 The **Chief Finance Officer** shall be required to compile and submit to the Trust Board such financial estimates and forecasts, on both revenue and capital account, as may be required from time to time.
- 8.8 The **Chief Finance Officer** shall keep the Trust Board informed of:
- a. significant in-year variance from the business plan and advise the Board on actions to be taken to address the variance
 - b. financial consequences of changes in Trust policy
 - c. financial implications of external determinations, such as national pay awards and changes to the pricing of clinical services
- 8.9 The **Chief Finance Officer** shall:
- a. ensure that **budget managers** receive adequate training on an on-going basis to help them comply with expectations and to manage successfully
 - b. issue timely, accurate and comprehensible advice and financial reports to each **budget manager**, covering the areas for which they are responsible

9 Annual accounts, reports and returns

- 9.1 The **Chief Finance Officer** shall:
- a. prepare financial returns in accordance with the accounting policies and guidance provided by the Department of Health (DH) and the Treasury, the Trust's accounting policies, and accounting practice as determined by the accounting bodies in the UK.
 - b. prepare and submit annual financial reports to NHS E/I certified in accordance with current guidelines
 - c. submit financial returns to the DH for each financial year in accordance with the timetable prescribed by the DH
 - d. submit periodic monitoring and financial returns to external organisations, such as NHSE/I, in accordance with the timetables set by those organisations
- 9.2 The Trust's annual accounts must be audited by an auditor appointed by the Trust. The Trust's audited annual accounts shall be presented to a public meeting and made available to the public, within the timescales set by the DH.

- 9.3 The **Chief Executive Officer** shall publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the current DH requirements and guidance.

10 *Budgetary Delegation*

- 10.1 The **Chief Executive Officer** may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- a. the amount of the budget;
 - b. the purpose(s) of each budget heading;
 - c. individual and group responsibilities;
 - d. authority to exercise virement;
 - e. achievement of planned levels of service;
 - f. the provision of regular reports.
- 10.2 The **Chief Executive Officer** and delegated **budget holders** must not exceed the budgetary total or virement (administrative transfer of funds from one part of a budget to another) limits set by the Trust Board.
- 10.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the **Chief Executive Officer**, subject to any authorised use of virement.
- 10.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the **Chief Executive Officer**, as advised by the **Chief Finance Officer**.

11 *Budgetary Control and Reporting*

- 11.1 The **Chief Finance Officer** will devise and maintain systems of budgetary control. These will include:
- a. monthly financial reports to the Board in a form approved by the Board containing:
 - income and expenditure to date showing trends and forecast year-end position;
 - movements in working capital;
 - movements in cash and capital;
 - capital project spend and projected outturn against plan;
 - explanations of any material variances from plan;
 - details of any corrective action where necessary and the **Chief Executive Officer's** and/or **Chief Finance Officer's** view of whether such actions are sufficient to correct the situation.
 - b. the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
 - c. investigation and reporting of variances from financial, workload and manpower budgets;
 - d. monitoring of management action to correct variances; and
 - e. arrangements for the authorisation of budget transfers.
- 11.2 Each **budget holder** is responsible for ensuring that:

- a. any likely overspending or reduction of income, which cannot be met by virement, is not incurred without the prior consent of the Board;
- b. the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- c. no permanent employees are appointed without the approval of the **Managing Director** other than those provided for within the available resources and manpower establishment as approved by the Board.

11.3 The **Managing Director** is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Financial Plan and a balanced budget.

12 Capital expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure.

13 Monitoring returns

The **Chief Executive Officer** is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

Part 2 – Audit

14 Audit Committee

14.1 In accordance with SO, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2015), which will provide an independent and objective view of internal control by:

- a. overseeing Internal and External Audit services;
- b. reviewing financial, information systems, monitoring the integrity of the financial statements, and reviewing significant financial reporting judgments;
- c. review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- d. monitoring compliance with SOs and SFIs;
- e. reviewing schedules of losses and compensations and making recommendations to the Board;
- f. reviewing schedules of debtors/creditors balances over 6 months and £5,000 old and explanations/action plans;
- g. Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

14.2 Where the Audit Committee considers there is evidence of ultra vires (beyond authority) transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the NHSE/I. (To the Chief Finance Officer in the first instance.)

- 14.3 It is the responsibility of the **Chief Finance Officer** to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

15 *Chief Finance Officer*

- 15.1 The **Chief Finance Officer** is responsible for:
- a. ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
 - b. ensuring that the Internal Audit is adequate and meets the NHS mandatory audit standards;
 - c. deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
 - d. ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee [and the Board]. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
 - major internal financial control weaknesses discovered;
 - progress on the implementation of internal audit recommendations;
 - progress against plan over the previous year;
 - strategic audit plan covering the coming three years;
 - a detailed plan for the coming year.
- 15.2 The **Chief Finance Officer** or designated auditors are entitled without necessarily giving prior notice to require and receive:
- a. access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
 - b. access at all reasonable times to any land, premises or members of the Board or employee of the Trust;
 - c. the production of any cash, stores or other property of the Trust under a member of the Board and an employee's control; and
 - d. explanations concerning any matter under investigation.

16 *Role of Internal Audit*

- 16.1 Internal Audit will review, appraise and report upon:
- a. the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
 - b. the adequacy and application of financial and other related management controls;
 - c. the suitability of financial and other related management data;
 - d. the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - fraud and other offences;
 - waste, extravagance, inefficient administration;
 - poor value for money or other causes.

- e. Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the National Audit Office.
- 16.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the **Chief Finance Officer** must be notified immediately.
 - 16.3 The **Chief Internal Auditor** will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the **Chair** and **Chief Executive Officer** of the Trust.
 - 16.4 The **Chief Internal Auditor** shall be accountable to the **Chief Finance Officer**. The reporting system for internal audit shall be agreed between the **Chief Finance Officer**, the Audit Committee and the **Chief Internal Auditor**. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.
 - 16.5 Designated executive directors and non-executive directors must carry out audit recommendations within the timescale agreed for action. Failure to do so will be reported to the Audit Committee.

17 External Audit

Under the [Local Audit and Accountability Act 2014](#), NHS Trusts must select and appoint their own auditors and directly manage their contracts for the audits for the financial year. Local appointment increases local accountability and moves NHS Trusts into line with NHS Foundation Trusts.

18 Fraud and corruption

- 18.1 In line with their responsibilities, the **Chief Executive Officer** and **Chief Finance Officer** shall monitor and ensure compliance with Directions issued by the Secretary of State for Health and Social Care on fraud and corruption.
- 18.2 The Trust shall nominate a suitable person to carry out the duties of the Local Anti-Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.
- 18.3 The Local Counter Fraud Specialist shall report to the **Chief Finance Officer** and shall work with staff in NHS Protect and the Regional Anti-Fraud Specialist in accordance with the [NHS Counter Fraud Standards 2018](#).
- 18.4 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust.

19 Security Management

- 19.1 In line with their responsibilities, the **Managing Director** will monitor and ensure compliance with Directions issued by the Secretary of State for Health and Social Care on NHS security management.

- 19.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health and Social Care guidance on NHS security management.
- 19.3 The **Managing Director** has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

Part 3 – Bank and Government Banking Service (GBS) Accounts

20 General

- 20.1 The **Chief Finance Officer** is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health. In line with 'Cash Management in the NHS' Trusts should minimise the use of commercial bank accounts and consider using the GBS accounts, or any successor organisations, for all banking services.
- 20.2 The Board shall approve the banking arrangements.

21 Bank and GBS Accounts

The **Chief Finance Officer** is responsible for:

- a. bank accounts and the accounts of the GBS or any successor organisations;
- b. establishing separate bank accounts for the Trust's non-exchequer funds;
- c. ensuring payments made from bank or GBS (or successor) accounts do not exceed the amount credited to the account except where arrangements have been made;
- d. reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.
- e. monitoring compliance with DH guidance on the level of cleared funds.

22 Banking Procedures

- 22.1 The **Chief Finance Officer** will prepare detailed instructions on the operation of bank and GBS (or successor) accounts, which must include:
- a. the conditions under which each bank and GBS (or successor) account is to be operated;
 - b. those authorised to sign cheques or other orders drawn on the Trust's accounts.
 - c. those authorised to undertake electronic banking transactions.
- 22.2 The **Chief Finance Officer** must advise the Trust's bankers in writing of the conditions under which each account will be operated.

23 Tendering and Review

- 23.1 The **Chief Finance Officer** will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's commercial banking business.

- 23.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for GBS (or successor) accounts.

Part 4 – Income, fees and charges and security of cash, cheques and other negotiable instruments

24 *Income Systems*

- 24.1 The **Chief Finance Officer** is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.
- 24.2 The **Chief Finance Officer** is also responsible for the prompt banking of all monies received.

25 *Fees and charges*

- 25.1 The Trust shall follow the Department of Health's Payment by Results guidance in charging commissioners for healthcare services, based on the national tariff. Where prices outside of the national tariff are used, they should be calculated in accordance with the "Costing" Manual.
- 25.2 The **Chief Finance Officer** is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered, the guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS shall be followed.
- 25.3 All employees must inform the **Chief Finance Officer** promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

26 *Debt recovery*

- 26.1 The **Chief Finance Officer** is responsible for the appropriate recovery action on all outstanding debts.
- 26.2 Income not received should be dealt with in accordance with losses procedures.
- 26.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

27 *Security of cash, cheques and other negotiable instruments*

- 27.1 The **Chief Finance Officer** is responsible for:
- a. approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
 - b. ordering and securely controlling any such stationery;

- c. the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
 - d. prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.
- 27.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 27.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the **Chief Finance Officer**.
- 27.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

Part 5 – NHS Agreement for provision of services ([see also Section C, Paragraph 37](#))

28 Service Level Agreements

The **Chief Executive Officer**, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) with service commissioners for the provision of NHS services. All SLAs should aim to implement the agreed priorities contained within the Financial Plan) and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the **Chief Executive Officer** should take into account:

- a. the standards of service quality expected;
- b. the relevant national service framework (if any);
- c. the provision of reliable information on cost and volume of services;
- d. the NHS Commissioning and contracting guidelines;
- e. that SLAs are based on integrated care pathways.

29 Involving partners and jointly managing risk

A good SLA will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the **Chief Executive Officer** to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way, the Trust can jointly manage risk with all interested parties.

30 Reports to Board on SLAs

The **Chief Executive Officer**, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for application across the range of SLAs.

31 *Commissioning*

The Trust's main activity is to provide healthcare services. Guidance should be sought from the **Chief Finance Officer** where commissioning activities are necessary.

Part 6 – Terms of service, allowances and payment of employees

32 *Funded Establishment*

- 32.1 The manpower plans incorporated within the annual budget will form the funded establishment.
- 32.2 The funded establishment of any department may only be varied in accordance with delegated limits.

33 *Staff Appointments*

- 33.1 No officer or member of the Trust Board or employee may engage, re-engage, or re-grade employees, on a permanent or temporary nature, hire agency staff, or agree to changes in any aspect of remuneration:
 - a. unless authorised to do so by the **Managing Director**;
 - b. within the limit of their approved budget and funded establishment.
 - c. in accordance with Trust approved human resource policies and agreements
- 33.2 The Board will approve procedures presented by the **Managing Director** for the determination of commencing pay rates, condition of service etc, for employees.

34 *Processing Payroll*

- 34.1 The **Chief Finance Officer** will be responsible for liaison with the Trust's payroll and **Chief People Officer** in order to:
 - a. specify timetables for submission of properly authorised time records and other notifications;
 - b. determine final pay and allowances;
 - c. make payment on agreed dates;
 - d. agree methods of payment.
- 34.2 The **Chief Finance Officer** will liaise with the Trust's payroll and **Chief People Officer** to issue instructions regarding:
 - a. verification and documentation of data;
 - b. the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
 - c. maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
 - d. security and confidentiality of payroll information;
 - e. checks to be applied to completed payroll before and after payment;
 - f. authority to release payroll data under the provisions of the Data Protection Act;
 - g. methods of payment available to various categories of employee and officers;

- h. procedures for payment by cheque, bank credit, or cash to employees and officers;
- i. procedures for the recall of cheques and bank credits;
- j. pay advances and their recovery;
- k. maintenance of regular and independent reconciliation of pay control accounts;
- l. separation of duties of preparing records and handling cash;
- m. a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

34.3 Appropriately nominated **managers** have delegated responsibility for:

- a. submitting time records, and other notifications in accordance with agreed timetables;
- b. completing time records and other notifications within 3 months of the date of the claim in accordance with the **Chief Finance Officer's** instructions and in the form prescribed by the **Chief People Officer**;
- c. submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the **Chief Finance Officer** must be informed immediately.

34.4 Regardless of the arrangements for providing the payroll service, the **Chief Finance Officer** shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

35 *Contracts of Employment*

The Board shall delegate responsibility to authorised **managers** for:

- a. ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;
- b. dealing with variations to, or termination of, contracts of employment.

Part 7 – Non-pay expenditure

36 *Delegation of Authority*

36.1 The Board will approve the level of non-pay expenditure on an annual basis and the **Chief Executive Officer** will determine the level of delegation to budget managers.

36.2 The **Chief Executive Officer** will set out:

- a. the list of managers who are authorised to place requisitions for the supply of goods and services;
- b. the maximum level of each requisition and the system for authorisation above that level.

36.3 The **Managing Director** shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

Part 8 – Choice, requisitioning, ordering, receipt and payment for goods and services

37 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the **Chief Finance Officer** and/or the **Chief Executive Officer** shall be consulted.

38 System of Payment and Payment Verification

38.1 The **Chief Finance Officer** shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

38.2 The **Chief Finance Officer** will:

- a. advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs and regularly reviewed;
- b. prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- c. be responsible for the prompt payment of all properly authorised accounts and claims;
- d. be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) A list of Board employees (including specimens of their signatures) authorised to certify invoices.
 - (ii) Certification that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct;
 - the account is in order for payment.
 - (iii) A timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
 - (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

- e. be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in [SFI 40](#) below.

39 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- a. Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to net present value (NPV) using the National Loans Fund (NLF) rate plus 2%).
- b. The appropriate executive director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- c. The **Chief Finance Officer** will need to be satisfied with the proposed arrangements before approving the contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);
- d. The **budget holder** is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate **director** or **Chief Executive Officer** if problems are encountered.

40 Official orders

Official Orders must:

- a. be consecutively numbered;
- b. be in a form approved by the **Chief Finance Officer**;
- c. state the Trust's terms and conditions of trade;
- d. only be issued to, and used by, those duly authorised by the **Chief Executive Officer**.

41 Duties of managers and officers

41.1 Managers and officers must ensure that they comply fully with the guidance and limits specified by the **Chief Finance Officer** and that:

- a. all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements, letters of intent and other commitments which may result in a liability are notified to the **Chief Finance Officer** in advance of any commitment being made;
- b. contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- c. where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;
- d. no order shall be issued for any item or items to any firm, which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
 - conventional hospitality, such as lunches in the course of working visits;**This provision needs to be read in conjunction with [Section B, Part 3 Standards of Business Conduct](#);**

- e. no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the **Chief Finance Officer** on behalf of the **Managing Director**;
- f. all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- g. verbal orders must only be issued very exceptionally - by an employee designated by the **Managing Director** and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- h. orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- i. goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
- j. changes to the list of employees and officers authorised to certify invoices are notified to the **Chief Finance Officer**;
- k. purchases from petty cash and procurement card are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance and Information;
- l. petty cash and procurement card records are maintained in a form as determined by the **Chief Finance Officer**.

41.2 The **Managing Director** and **Chief Finance Officer** shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with relevant guidance. The technical audit of these contracts shall be the responsibility of the relevant director.

42 *Joint Finance Arrangements with local authorities and voluntary bodies*

Payments to local authorities and voluntary organisations made under the powers of [Section 75 of the NHS Act 2006](#) shall comply with procedures laid down by the **Chief Finance Officer**, which shall be in accordance with these Acts.

43 *External borrowing*

43.1 The **Chief Finance Officer** will advise the Board concerning the Trust's ability to pay dividend on, and repay Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by the Department of Health. The **Chief Finance Officer** is also responsible for reporting periodically to the Board concerning the PDC debt and all loans and overdrafts.

43.2 The Board will agree the list of employees (including specimens of their signatures) who are authorised to make short term borrowings on behalf of the Trust. This must contain the **Chief Executive Officer** and the **Chief Finance Officer**.

43.3 The **Chief Finance Officer** must prepare detailed procedural instructions concerning applications for loans and overdrafts.

43.4 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cashflow position, represent good value for money, and comply with the latest guidance from the Department of Health.

43.5 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the **Chief Executive Officer** or the **Chief Finance**

Officer. The Board must be made aware of all short term borrowings at the next Board meeting. All long-term borrowing must be consistent with the plans outlined in the current Financial Plan and be approved by the Trust Board.

44 *Investment*

- 44.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board.
- 44.2 The **Chief Finance Officer** is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.
- 44.3 The **Chief Finance Officer** will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

45 *Financial framework*

The **Chief Finance Officer** should ensure that members of the Board are aware of the Financial Framework. This document contains directions, which the Trust must follow. It also contains directions to Clinical Commissioning Groups regarding resource and capital allocation and funding to Trusts. The **Chief Finance Officer** should also ensure that the direction and guidance in the framework is followed by the Trust.

Part 9 – Capital investment, private financing, fixed asset registers and security of assets

46 *Capital Investment*

- 46.1 The **Chief Executive Officer**:
- a. shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
 - b. is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - c. shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.
- 46.2 For every capital expenditure proposal the **Managing Director** shall ensure:
- a. that a business case (in line with the guidance contained within the “Capital Investment Manual”) is produced setting out:
 - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - the involvement of appropriate Trust personnel and external agencies;
 - appropriate project management and control arrangements;
 - b. that the **Chief Finance Officer** certified professionally to the costs and revenue consequences detailed in the business case.

- 46.3 For capital schemes where the contracts stipulate stage payments, the **Chief Executive Officer** or **Managing Director** will issue procedures for their management.
- 46.4 The **Chief Finance Officer** shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.
- 46.5 The **Chief Finance Officer** shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
- 46.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.
- 46.7 The **Managing Director** shall issue to the manager responsible for any scheme:
- a. specific authority to commit expenditure;
 - b. authority to proceed to tender;
 - c. approval to accept a successful tender.
- 46.8 The **Chief Executive Officer** will issue a scheme of delegation for capital investment management in accordance with "Estatecode" guidance and the Trust's Standing Orders.
- 46.9 The **Chief Finance Officer** shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes as notified to the Trust by the Department of Health/NHSE/I.
- 46.10 The **Chief Finance Officer** shall issue procedures for the rare occasions where there may be a requirement to commence work in advance of contracts being signed based on a Letter of Intent. Authorisation should be sought from the CFO and/or **Managing Director** in accordance with the scheme of delegation.

47 *Asset registers*

- 47.1 The **Managing Director** is responsible for the maintenance of registers of assets, taking account of the advice of the **Chief Finance Officer** concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted on a rolling basis.
- 47.2 The Trust shall maintain an asset register recording fixed assets with sufficient detail to enable the asset's identification, valuation, type of asset, location and relevant manager.
- 47.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- a. properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

- b. stores, requisitions and wages records for own materials and labour including appropriate overheads;
 - c. lease agreements in respect of assets held under a finance lease and capitalised.
- 47.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 47.5 The **Chief Finance Officer** shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 47.6 The value of each asset shall be held at fair value as determined by the Trust's accounting policies.
- 47.7 The value of each asset shall be depreciated using methods and rates as specified within the Trust's accounting policies.
- 47.8 The **Chief Finance Officer** shall calculate and pay capital charges as specified in the NHS Finance Manual issued by the Department of Health.

48 **Security of Assets**

- 48.1 The overall control of fixed assets is the responsibility of the **Chief Executive Officer**.
- 48.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the **Chief Finance Officer**. This procedure shall make provision for:
- a. recording managerial responsibility for each asset;
 - b. identification of additions and disposals;
 - c. identification of all repairs and maintenance expenses;
 - d. physical security of assets;
 - e. periodic verification of the existence of, condition of, and title to, assets recorded;
 - f. identification and reporting of all costs associated with the retention of an asset;
 - g. reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 48.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the **Chief Finance Officer**.
- 48.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 48.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.
- 48.6 Where practical, assets should be marked as Trust property.

Part 10 – Stores and receipt of goods

49 General position

Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a. kept to a minimum;
- b. subjected to annual stock take;
- c. valued at the lower of cost and net realisable value.

50 Control of stores, stocktaking, condemnations and disposal

- 50.1 Subject to the responsibility of the **Chief Finance Officer** for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the **Chief Executive Officer**. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the **Chief Finance Officer**. The control of any pharmaceutical stocks shall be the responsibility of a designated **pharmaceutical officer**; the control of any fuel oil and coal of a designated **estates manager**.
- 50.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the **designated manager/pharmaceutical officer**. Wherever practicable, stocks should be marked as health service property.
- 50.3 The **Chief Finance Officer** shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 50.4 Stocktaking arrangements shall be agreed with the **Chief Finance Officer** and there shall be a physical check covering all items in store at least once a year.
- 50.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the **Chief Finance Officer**.
- 50.6 The designated **manager/pharmaceutical officer** shall be responsible for a system approved by the **Chief Finance Officer** for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the **Chief Finance Officer** any evidence of significant overstocking and of any negligence or malpractice. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

51 Goods supplied by NHS Supply Chain

For goods supplied via the NHS Supply Chain, the **Chief Executive Officer** shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the **Chief Finance Officer** who shall satisfy himself that the goods have been received before accepting the recharge.

Part 11 – Disposals and condemnations, losses and specials payments

52 *Disposals and condemnation procedures*

- 52.1 The **Chief Finance Officer** must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.
- 52.2 When it is decided to dispose of a Trust asset, the head of department or authorised deputy will determine and advise the **Chief Finance Officer** of the estimated market value of the item, taking account of professional advice where appropriate.
- 52.3 All unserviceable articles shall be:
- a. condemned or otherwise disposed of by an employee authorised for that purpose by the **Chief Finance Officer**;
 - b. recorded by the Condemning Officer in a form approved by the **Chief Finance Officer**, which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the **Chief Finance Officer**.
- 52.4 The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the **Chief Finance Officer** who will take the appropriate action.

53 *Losses and special payments*

- 53.1 The **Chief Finance Officer** must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.
- 53.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform **Managing Director** and the **Chief Finance Officer** or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the **Chief Finance Officer** and/or **Managing Director**. Where a criminal offence is suspected, the **Chief Finance Officer** must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies, which may indicate fraud or corruption, the **Chief Finance Officer** must inform the relevant LCFS and NHS Protect regional team in accordance with Secretary of State for Health and Social Care's Directions. The **Chief Finance Officer** must notify NHS Protect and the External Auditor of all suspected frauds.
- 53.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the **Chief Finance Officer** must immediately notify:
- a. the Board (via the Audit Committee),
 - b. the External Auditor.
- 53.4 Within limits delegated to it by the Department of Health, the Board shall approve the writing-off of losses.
- 53.5 The **Chief Finance Officer** shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

- 53.6 For any loss, the **Chief Finance Officer** should consider whether any insurance claim can be made.
- 53.7 The **Chief Finance Officer** shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 53.8 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.
- 53.9 All losses and special payments must be reported to the Audit Committee at every meeting.

Part 12 – Information Technology

54 *Responsibilities and duties of the Chief Finance Officer*

- 54.1 The **Chief Finance Officer**, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:
- a. devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b. ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c. ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d. ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews, as they may consider necessary are being carried out.
- 54.2 The **Chief Finance Officer** shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
- 54.3 The **Chief Finance Officer** shall publish and maintain a Freedom of Information Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority and describes the classes or types of information about our Trust that we make publicly available.

55 *Responsibilities and duties of other directors and officers in relation to computer systems of a general application*

In the case of computer systems which are proposed general applications (i.e. normally those applications which the majority of Trust's in the Region wish to sponsor jointly) all responsible directors and employees will send to the **Chief Finance Officer**:

- a. details of the outline design of the system;
- b. in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

56 *Contracts for computer services with other health bodies or outside agencies*

- 56.1 The **Chief Finance Officer** shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.
- 56.2 Where another health organisation or any other agency provides a computer service for financial applications, the **Chief Finance Officer** shall periodically seek assurances that adequate controls are in operation.

57 *IT risk assessments*

The **Chief Finance Officer** shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

58 *Requirements for computer systems, which have an impact on corporate financial systems*

Where computer systems have an impact on corporate financial systems, the **Chief Finance Officer** shall need to be satisfied that:

- a. systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- b. data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- c. **Chief Finance Officer** staff have access to such data;
- d. such computer audit reviews as are considered necessary are being carried out.

Part 13 – Patient’s Property

59 *Patient property*

- 59.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 59.2 The **Chief Operating Officer** and **Chief Finance Officer**, on behalf of the **Chief Executive Officer** are responsible for ensuring that patients or their guardians, as appropriate, are given information and advice on patient property which includes two key messages:
- a. Patients should keep as little property as possible on Trust premises, and this particularly applies to valuables. They should hand any item they do not need to a relative/carer to take home

- b. The Trust will not accept liability for loss of or damage to the patient's property unless it is handed over for safekeeping and a copy of the Patient Property Record is obtained as a receipt.

This information and the process for handing in property will be provided in writing, by notices and other written information material including admission documentation and property records, and orally through the advice of staff responsible for admission.

- 59.3 The **Chief Finance Officer** must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.
- 59.4 Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the **Chief Finance Officer**.
- 59.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the [Administration of Estates \(Small Payments\) Act 1965](#)), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.
- 59.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 59.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

Part 14 – Funds Held on Trust

60 *Corporate Trustee*

- 60.1 The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 60.2 The **Chief Finance Officer** shall ensure that each trust fund, which the Trust is responsible for managing, is managed appropriately with regard to its purpose and to its requirements.

61 *Accountability to Charity Commission and Secretary of State for Health and Social Care*

- 61.1 The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.
- 61.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Trust Board members and Trust officers must take account of that guidance before taking action.

62 *Applicability of SFIs to funds held on Trust*

- 62.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held in trust.
- 62.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

Part 15 – Retention of Records

- 63.1 The **Managing Director** shall be responsible for maintaining archives for all records required to be retained in accordance with the [Records Management Code of Practice for Health and Social Care 2016](#).
- 63.2 The records held in archives shall be capable of retrieval by authorised persons.
- 63.3 Records held in accordance with latest Department of Health guidance shall only be destroyed at the express instigation of the **Managing Director**. Detail shall be maintained of records so destroyed.

Part 16 – Risk Management and Insurance

64 *Programme of risk management*

- 64.1 The **Managing Director** shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board. The programme of risk management shall include:
- a. a process for identifying and quantifying risks and potential liabilities;
 - b. engendering among all levels of staff a positive attitude towards the control of risk;
 - c. management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
 - d. contingency plans to offset the impact of adverse events;
 - e. audit arrangements including; Internal Audit, clinical audit, health and safety review;
 - f. a clear indication of which risks shall be insured;
 - g. arrangements to review the Risk Management programme.

64.2 The existence, integration and evaluation of the above elements will assist in providing a basis to make the Annual Governance Statement within the Annual Report and Accounts as required by current Department of Health guidance.

65 Insurance: Risk Pooling Schemes administered by NHS Resolution

The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme, this decision shall be reviewed annually.

66 Insurance arrangements with commercial insurers

There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, three exceptions when Trusts may enter into insurance arrangements with commercial insurers. The exceptions are:

- a. Trusts may enter commercial arrangements for insuring motor vehicles owned by the Trust including insuring third party liability arising from their use;
- b. where the Trust is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into; and
- c. where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose, the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from NHS Resolution. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements, the **Chief Finance Officer** should consult the Department of Health.

67 Arrangements to be followed by the Board in agreeing insurance cover

67.1 Where the Board decides to use the risk pooling schemes administered by the NHS Resolution, the **Chief Finance Officer** shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The **Chief Finance Officer** shall ensure that documented procedures cover these arrangements.

67.2 Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the **Chief Finance Officer** shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The **Chief Finance Officer** will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses, which will not be reimbursed.

67.3 All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The **Chief Finance Officer** should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

Appendices 1 and 2 – Schedule of Reservation, Delegation of Powers and Financial Delegation Limits

Introduction

Standing Order 1 provides that “the Trust has resolved that certain powers and decisions may only be exercised or made by the Trust Board in formal session.” These powers and decisions are set out in this Schedule.

1 Structure and governance of the Trust, including regulation, control and approval of Standing Orders and documents incorporated into the Standing Orders

- 1.1 Approve, including variations to:
 - Standing Orders for the regulation of its proceedings and business (Section B, Part 4).
 - this Schedule of matters reserved to the Trust Board (Section B, Part 4, SO 40).
 - Standing Financial Instructions (SO 43, SO 44, SFI 2)
 - Scheme of Delegated Authorities, including financial limits in delegations, from the Trust Board to officers of the Trust (Section B, Part 4).
 - suspension of Standing Orders (SO 27)
- 1.2 Determine the frequency and function of Trust Board meetings (SO 8), including:
 - administration of public and private agendas of Board meetings (SO 8)
 - calling extra-ordinary meetings of the Board (SO 9)
- 1.3 Ratify the exercise of emergency powers by the Chair and **Chief Executive Officer** (SO 37)
- 1.4 Establish Board committees including those which the Trust is required to establish by the Secretary of State for Health or other regulation (Section B, Part 4); and:
 - delegate functions from the Board to the committees
 - delegate functions from the Board to a director or officer of the Trust
 - approve the appointment of members of any committee of the Trust Board or the appointment of representatives on outside bodies
 - receive reports from Board committees and take appropriate action in response to those reports
 - confirm the recommendations of the committees which do not have executive decision-making powers
 - 1.4.1. approve terms of reference and reporting arrangements of committees (SO 42).
 - 1.4.2. approve delegation of powers from Board committees to sub-committees (SO 42)
- 1.5 Approve and adopt the organisational structures, processes and procedures to facilitate the discharge of business by the Trust and modifications thereto.
 - Appoint the **Chief Executive Officer** (SO 3)
 - Appoint the Executive Directors (SO 3)
- 1.6 Require, from directors and officers, the declaration of any interests which might conflict with those of the Trust; and consider the potential impact of the declared interests (Section B, Part 3).

- 1.7 Agree and oversee the approach to disciplining directors who are in breach of statutory requirements or the Trust's Standing Orders.
- 1.8 Approve the disciplinary procedure for officers of the Trust.
- 1.9 Approve arrangements for dealing with and responding to complaints.
- 1.10 Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on Trust
- 1.11 Approve arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.

2 Determination of strategy and policy

- 2.1 Approve those Trust policies that require consideration by the Trust Board. These will be determined by the individual directors responsible for adopting and maintaining the policies.
- 2.2 Approve the Trust's strategic direction:
 - 2.2.1 annual budget, strategy and business plans
 - 2.2.2 definition of the strategic aims and objectives of the Trust.
 - 2.2.3 clinical and service development strategy
 - 2.2.4 overall, programmes of investment to guide the letting of contracts for the supply of clinical services.
- 2.3 Approve and monitor the Trust's policies and procedures for the management of governance and risk.

3 Direct operational decisions

- 3.1 Approve capital investment plans:
 - 3.2.1 the annual capital programme
 - 3.2.2 all variations to approved capital plans in accordance with authorization levels.
 - 3.2.3 to acquire, dispose of, or change of use of land and/or buildings
 - 3.2.4 capital investment in accordance with authorization levels, supported by a business case and in line with the approval guidance issued by NHS England & Improvement.
- 3.1 Introduce or discontinue any significant activity or operation which is regarded as significant (if it has a gross annual income or expenditure, before any set off, in accordance with the financial delegations.
- 3.2 Approve individual contracts and commitments to pay, other than Commissioning Contracts, of a revenue nature amounting to, or likely to amount to over £500K:
 - 3.2.1 Tenders and quotations over the lifetime of the contract
 - 3.2.2 Revenue funded service developments, in line with the approval guidance issued by the NHS England & Improvement
 - 3.2.3 Orders processed through approved supply arrangements
 - 3.2.4 Orders processed through non-approved supply arrangements
 - 3.2.5 Receipt of loans and trials equipment and materials

3.2.6 Prepayment agreements for services received

3.3 Decide the need to subject services to market testing (Section C, Part 1)

4 Quality, financial and performance reporting

4.1 Appraise continuously the affairs of the Trust through receipt of reports, as it sees fit, from directors, committees and officers of the Trust.

4.2 Monitor returns required by external agencies; and significant performance reviews carried out by, including, but not exclusively limited to:

4.2.1 The Care Quality Commission

4.2.2 NHS Improvement

4.3 Consider and approve of the Trust's Annual Report including the annual accounts.

4.4 Approve the Annual report(s) and accounts for funds held on trust.

4.5 Approve the Quality Account

5 Audit arrangements

5.1 Approve audit arrangements recommended by the Audit Committee (including arrangements for the separate audit of funds held on trust).

5.2 Receive reports of the Audit Committee meetings and take appropriate action.

5.3 Receive and approve the annual audit reports from the external auditor in respect of the Financial Accounts and the Quality Account.

5.4 Receive the annual management letter from the external auditor and agree action on recommendations of the Audit Committee, where appropriate.

5.5 Endorse the Annual Governance Statement for inclusion in the Annual Report

6 Management of revenue budgets and authorization levels

SCHEME OF DELEGATION SUMMARY

Management of revenue budgets

Responsibility for maintaining expenditure within approved budget	Authority delegated to
Individual budget level (Pay and Non Pay)	Designated Budget Holder
Divisional/department budgets	Associate COO/Executive Director/Associate or Deputy Director
Financial reserves and provisions	Chief Finance Officer
Hosted services	Appropriate Budget Holder
Virement of budgets WITHIN Cost Centre	Budget Holder/General Manager/Associate COO/ Associate or Deputy Director
Virement of budgets BETWEEN Cost Centres (excluding those affecting reserves):	
<£10k	Designated Budget Holder
£10k-£25k	General Manager
£25k-£50k	Associate COO/Executive Director/Associate or Deputy Director
£50k-£100k	Managing Director OR CFO
£100k-£500k	Managing Director AND CFO
>£500k	Trust Board

Authorisation Levels - Trust

These limits represent the maximum limits to be applied to Groups of Officers (Levels 1-4) operating within their available budgetary provision. Actual limits applied to individual officers may be set at a lower level to reflect the level of delegated budgetary authority. The Chief Finance Officer will maintain an Authorised Signatory List specifying individual officer limits – this list shall have effect as if incorporated in this Scheme of Delegation.

Limits	Auth'n of Non Stock req's and payments	PFI related Exp	Capital Schemes	Finance Leases and MES's
£0k-£10k	Level 4: Designated Budget Holder	Head of Estates	Desig. Capital Project Manager	Level 4: Designated Budget Holder
£10k-£25k	Level 3: General Manager / Associate Directors / Heads of Dept	Head of Estates	Desig. Capital Project Manager	Level 3: General Manager / Associate Directors / Heads of Dept
£25k-£50k	Level 2: Associate COO/Executive Director/ Deputy CFO	Head of Estates	Desig. Capital Project Director	Level 2: Associate COO/Executive Director/ Deputy CFO
£50k-£100k	Level 1: Managing Director OR CFO	Managing Director OR CFO	Managing Director OR CFO	Level 1: Managing Director OR CFO
£100k-£500k	Managing Director AND CFO	Managing Director AND CFO	Managing Director AND CFO	Managing Director AND CFO
>£500k	Trust Board*	Trust Board*	Trust Board*	Trust Board*

* NB: where authority is reserved to the Trust Board, once approved, it shall be enacted on the relevant Trust system by the Managing Director AND the CFO

Authorisation Levels - Charitable Funds

Limits	Charitable Funds	Charitable Funds	Role Titles	Lease and MES Value
<£2k	Fund Manager	No changes proposed to sign-off limits or rights	Associate COO and General Manager are designated roles within the organisational hierarchy relating to operating Divisions. Associate Director roles in corporate functions will be designated as equivalent roles for the purpose	Authorisation limits applicable to Leases and MES's will apply to the whole life cost of lease or MES charges.
£2k-£10k	Managing Director OR CFO			
£10k-£25k	Managing Director AND CFO			
£25k-£50k	Managing Director AND CFO AND Chairman/NED			
>£50k	Trust Board or Charity Trustee			

Non Pay Expenditure - requirements to enforce competition


Limits	Requirements	Application of competition requirements based on value of procurement (Left)	Tendering and Contract Procedures (Below)	Delegated Authority
£0k - £9,999k	No Quotations required though VFM to be evidenced	The limits are applicable to all requisitions. Values are based on the full contract life. Values exclude VAT	These limits govern processes relating to the managing and award of tenders and subsequent amendments to contract terms. They also identify the limits applicable to the application of waivers to procurement requirements as set out in SFI's and the level at which waivers must be approved. All waivers are reported on to the Audit Committee on a retrospective basis. Post names are indicative.	Where either the Managing Director or Chief Finance Officer are unavailable due to annual or sick leave, delegated authority for authorisation of goods and services and/or contract awards and application of waivers is delegated to the Chief Executive or an Executive Director in the case of the Managing Director or to one of the Deputy CFOs in place of the Chief Finance Officer.
£10k-£49,999k	Minimum of 3 formal written quotations received			
£50k - OJEU Limit (or successor arrangement)	See advice of CFO or Head of Procurement - formal procurement			
> OJEU Limit (or successor arrangement)	All potential contracts over this value must comply with EU legislation (or successor legislation post BREXIT. Thresholds subject to amendment and differ according to type of expenditure. Contact Head of Procurement for advice/guidance			

Tendering and Contract Procedures (including Leases and MES's)

Limits	Application of Waivers to avoid requirements to obtain Quotations/Tenders (subject to SFIs)	Opening Tenders	Awarding Tenders and Signing of Contracts on behalf of the Trust	Variation to existing contracts (including PFI scheme and MES's)
<£10k	Associate COO/Executive Director/Associate or Deputy Director		Designated Budget Holder	Designated Budget Holder
£10k-£50k	CFO / Deputy CFO		Associate COO/Executive Director/Associate or Deputy Director	Associate COO/Executive Director/Associate or Deputy Director
£50k-£100k	Managing Director OR CFO		Managing Director OR CFO	Managing Director OR CFO
£100k-£500k	Managing Director AND CFO		Managing Director AND CFO	Trust Board*
>£500k	Trust Board*		Trust Board*	Trust Board*
<£1m		Two Senior Managers/Officers as nominated by Managing		
>£1m		One Senior Manager/Officer and one Board member		

* NB: where authority is reserved to the Trust Board, once approved, it shall be enacted on the relevant Trust system by the Managing Director AND the CFO

Appendices 3 – Exemption to Contract Procedure Rules Approval Form

EXEMPTION TO STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS (CONTRACT PROCEDURE RULES)	 Wye Valley NHS Trust
<i>Staff are responsible for ensuring that exemptions to the rules are approved in advance of any action undertaken in all instances where contract procedures rules cannot be complied with. An exemption is a permission to let a contract without complying with one or more of the rules within standing orders and standing financial instructions.</i>	
Section 1 Details	
Scheme Name	
Description of Services, Works or Supplies	
Provider	
Section 2 Contract Values and Duration	
Total Contract Value	
Contract Duration	
Approx Start Date	
Please 'check' the box which covers the contract value:	
<input type="checkbox"/>	Up to £10,000
<input type="checkbox"/>	Up to £100,000
<input type="checkbox"/>	Up to £250,000
<input type="checkbox"/>	Up to £500,000
<input type="checkbox"/>	Over £500,000
Section 3 Why is the exemption requested?	
<i>Not limited to: no quotations have been sought or the purchase cannot be made via a compliant framework agreement. If an application to let a contract without genuine competition is granted, the officer responsible for the contract must demonstrate that the price obtained is not in excess of the market price and that the contract represents best value. A lack of time caused by inadequate forward planning is not a cogent reason and will not permit an exemption to the rules.</i>	
Section 4 Has the matter been agreed with the relevant technical expert	
<i>Has the relevant experts(s) in your service agreed that the goods, services or works to be purchased are required and will be fit for purpose, that the supplier's prices are reasonable and good value for money and the suitability of the proposed provider has been established.</i>	
Section 5 What is the impact of non-approval?	

Section 6 Why has the proposed provider been selected?					
Section 7 What will happen when the exemption period expires?					
<i>What will be in place to prevent the need for a future exemption request?</i>					
Section 8 Has Procurement advice been sought?					
<i>Has procurement advice been sought in arriving at the decision to seek a waiver?</i>					
Section 9 Approvals (to be finalised after completion of Sections 1 to 8)					
Originating Officer					
Name		Signature		Date	
Authorising Officer (as defined in the financial delegation limits: up to £10,000 - Associate COO/Executive Director/Associate or Deputy Director; Up to £50,000 –Chief Finance Officer or Deputy CFO; Up to £100,000 –Managing Director OR Chief Finance Officer; Up to £500,000 – Managing Director AND CFO Over £500,000 – Board)					
Name		Signature		Date	
Chief Finance Officer or Nominated Deputy					
Name		Signature		Date	

WYE VALLEY NHS TRUST COVERING REPORT 2022-2023

Report to:	Public Board
Date of Meeting:	06/04/2023
Title of Report:	Fit and Proper Persons
Status of report:	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Position statement <input type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	REMCOM, Board
Lead Executive Director:	Managing Director
Author:	Erica Hermon, Company Secretary
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
For the Trust Board to note the outcome of the Fit and Proper Persons test and, in so doing, be assured that the Board of Directors are 'Fit and Proper'. The test was undertaken on all Executive Directors, Non-Executive Directors, the Chairman and Associate Directors who attend the Board.	
2. Recommendation(s)	
To note the outcome of the Fit and Proper Persons Test 2023.	
3. Executive Director Opinion¹	
<ol style="list-style-type: none"> 1. Assurance can be given that the Board of Directors for Wye Valley NHS Trust are deemed to be 'fit and proper'. 2. All providers carrying out regulated activity must meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 Fit and Proper Persons by ensuring that director level appointments meet the 'fit and proper persons test' and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be an Executive Director or equivalent or Non- Executive Director under given circumstances. 3. This regulation has been integrated into the Care Quality Commission's (CQC's) registration requirements, and falls within the remit of their regulatory and inspection approach. 4. The Associate Director of Corporate Governance /Company Secretary normally undertakes an annual check. Each Board Director (Non-Executive and Executive) completes a self-declaration. A check at Companies House is then undertaken to ensure that no one has become a disqualified Director in the previous 12 months and also a check is undertaken at the Insolvency Service. 5. The Associate Director of Corporate Governance/Company Secretary can confirm that forms were completed by the relevant Directors and all the necessary checks were clear and can therefore provide assurance that the Trust is currently compliant with CQC Regulation 5 	
4. Please tick box for the Trust's 2022/23 Objectives the report relates to:	

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.

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

WYE VALLEY NHS TRUST COVERING REPORT APRIL 2023

Report to:	Public Board
Date of Meeting:	06/04/2023
Title of Report:	NHS Staff Survey - 2022
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> 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 - 2022
1. Purpose of the report	
<p>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.</p> <p>Over 1.2 million staff across NHS organisations were invited to take part in the 2022 survey and the median response rate was 44%. The WVT response rate was 35% which is reasonable considering severe operational pressures faced by the Trust over the past year.</p> <p>The 2022 results for WVT shows good progress with above average scores in all 9 areas of the survey (<i>compassionate & inclusive, recognised & rewarded, voice that counts, safe & healthy, always learning, work flexibly, we are a team, staff engagement, morale</i>). This is attributable to a number of leadership, workforce & OD initiatives that have been implemented at the Trust over the past few years.</p> <p>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.</p>	
2. Recommendation(s)	
<p>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. 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.</p>	
3. Executive Director Opinion¹	
<p>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.</p>	
4. Please tick box for the Trust's 2022/23 Objectives the report relates to:	

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.

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

WVT NHS STAFF SURVEY – 2022

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 2022 survey and the median response rate was 44%. The WVT response rate was 35% 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 2022 Staff Survey and the full report for WVT is enclosed for the Board.

2.0 NHS Context & People Promise

- 2.1 Overall the NHS staff survey trends have stabilised, with most top-level indicators staying the same as in 2021. The fact that some scores have stayed the same despite severe operational pressures is seen as a positive reflection of the work and interventions around leadership, health & wellbeing and staff engagement. There is positive news from an improvement in staff perception of support for learning and development, and a rise in the indicator measuring positive team working and support from line managers.
- 2.2 The staff survey scores on many measures do however remain lower than pre-pandemic levels and the falls in staff confidence on reporting concerns, willingness to recommend the NHS and rising pressures on staff are a cause for concern nationally. The overall willingness of staff to recommend the NHS as a place to work has seen one of the biggest shifts, falling from 59.4 per cent to 57.4 per cent. There has also been a fall in staff willingness to recommend the NHS as a place to be cared for, from 67.8 per cent down to 62.9 per cent.
- 2.3 There are increases in levels of staff attending work when unwell and staff considering leaving. Unsurprisingly, there was also a fall in staff feeling satisfied with their pay levels, from 32.6 per cent to 25.6 per cent. This decrease in satisfaction on pay also influenced an overall fall in the People Promise indicator for recognition and reward. The number of people citing workload pressure impacting on the ability to do the job has also increased across the NHS.
- 2.4 The survey results for WVT are reflective of the national trend with many top-level indicators staying the same as in 2021 which reflects the positive impact of our leadership and workforce initiatives. The point about positive scores for support from line managers feels especially important for WVT managers too considering significant operational pressures following the covid pandemic.
- 2.5 For the 2021 NHS Staff Survey onwards, the questions are aligned to the new NHS People Promise. The seven People Promise elements and two of the themes reported in previous years (Staff Engagement and Morale) are listed in the table below. The 2022 data for WVT shows a statistically significant change in two areas highlighted below i.e. we are *recognised and rewarded* and *staff engagement*. This is reflective of the national position.

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.3	1282	7.3	1247	Not significant
We are recognised and rewarded	6.1	1277	5.9	1246	Significantly lower
We each have a voice that counts	6.9	1260	6.8	1229	Not significant
We are safe and healthy	6.0	1271	6.0	1231	Not significant
We are always learning	5.5	1182	5.5	1203	Not significant
We work flexibly	6.1	1271	6.2	1241	Not significant
We are a team	6.8	1275	6.8	1244	Not significant
Themes					
Staff Engagement	7.0	1282	6.9	1250	Significantly lower
Morale	5.9	1283	5.9	1249	Not significant

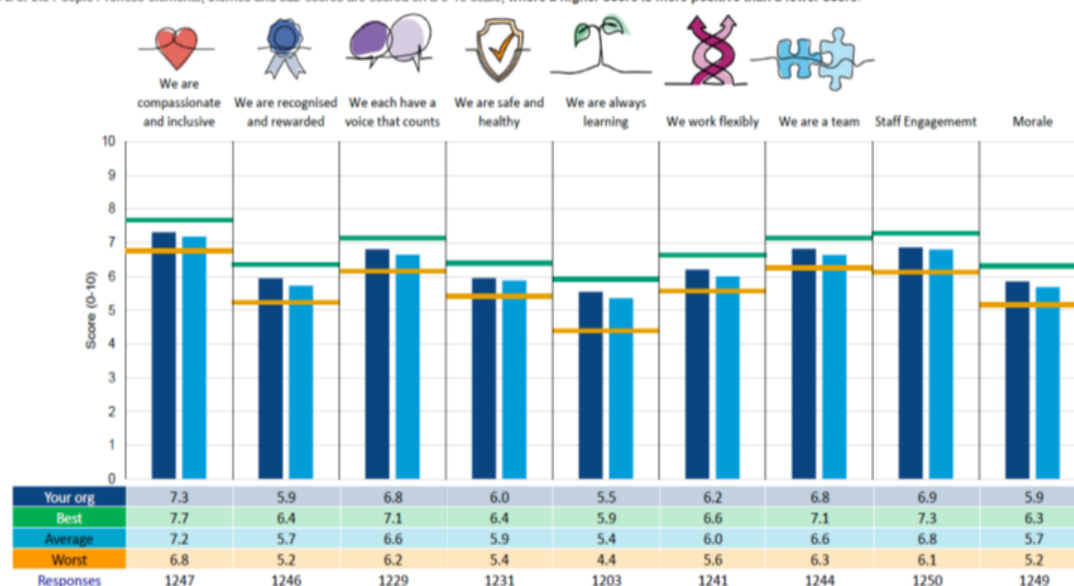
* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the [technical document](#).

3.0 WVT Overview

3.1 A summary of the 2022 results for WVT shows good progress with **above average scores in all 9 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

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.



- 3.2 The table below provides a high level summary on the 9 key areas of the survey. The main areas of some concern where WVT has below average scores for NHS organisations are in Q23a and Q23d. 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 September 2021 continue to have a positive impact.
- 3.3 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. Widespread dissatisfaction with levels of pay has led to ongoing industrial action across the NHS with many staff being dissatisfied with their pay considering the cost of living crisis.

PEOPLE PROMISE ELEMENTS /THEMES - 2022	WVT	Average	Best	Worst
1. We are compassionate and inclusive				
Q23a – Care of patients / service users is my organisation's top priority	70.9%	73.5%	86.6%	58.0%
Q23b – My organisation acts on concerns raised by patients / service users	68.3%	68.3%	80.6%	51.5%
Q23d – If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	57.1%	61.9%	86.4%	39.2%
Q21 – I would recommend my organisation as a place to work	59.5%	56.5%	75.2%	41.0%
2. We are recognised and rewarded				
Q4a – The recognition I get for good work	53.4%	51.2%	61.3%	43.2%
Q4b – The extent to which my organisation values my work	42.6%	41.1%	53.5%	29.5%
Q4c – My level of pay	28.9%	25.1%	32.8%	18.5%
Q9e – My immediate manager values my work	73.5%	70.2%	78.4%	62.8%
3. We have a voice that counts – downward trend NHS wide but above average scores for WVT in all areas				
4. We are safe & healthy				
Q3a – I am able to meet all the conflicting demands on my time at work	42.7%	42.9%	53.2%	32.2%
Q5a – I have unrealistic time pressures	20.3%	22.3%	29.7%	18.0%
Q11a – My organisation takes positive action on health & wellbeing	58.4%	55.6%	71.4%	42.8%
Q11c – During the last 12 months have you felt unwell as a result of work related stress?	45.2%	45.1%	36.7%	51.5%
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	11.9%	15.0%	7.7%	22.8%
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 – dip for WVT and NHS wide since 2021				
9. Morale – dip for WVT and NHS wide since 2021				

4.0 WVT Directorates

- 4.1 The data below indicates that the Surgical Division continues to be the most challenged Division with below average scores in all 9 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.
- 4.2 WVT staff engagement listening events are being planned to run from May to August. This will also provide an avenue for staff in the Surgical Division to identify local actions to be implemented in order to address areas of concern highlighted in the survey.

Directorates	
Clinical Support	<i>Below WVT scores in 7 out of 9 areas</i>
Corporate Division	<i>Above WVT scores in all 9 areas</i>
Integrated Care Division	<i>Above WVT scores in 7 out of 9 areas</i>
Medical Division	<i>Below WVT scores in 6 out of 9 areas</i>
Surgical Division	<i>Below WVT average scores in all 9 areas</i>

5.0 WVT Staff Groups

- 5.1 The data below and further analysis of the survey indicates that clinical support workers, healthcare scientists and the medical & dental staff group continue to have the lowest positive scores in the staff survey. A new WVT pay & career progression framework for support workers is now in place and a leadership development programme for consultants which is aligned to the WVT leadership programme will commence in May. More specific interventions for medical & dental staff will be developed with the Chief Medical Officer and Associate Medical Directors. Medical staff will also be invited to staff engagement listening events 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	
➤ Additional Clinical Services	
➤ Medical & Dental	
Amber / Green rated mainly with some red areas	
➤ Nursing & Midwifery	
➤ Allied Health Professionals	
➤ Healthcare Scientists	
Amber / Green rated mainly	
➤ Admin & Clerical	

5.2 Workforce Race Equality Standard (WRES)

- 5.2.1 Information from the 2022 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 Over the past 2 years, the Trust has made good progress in establishing 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.

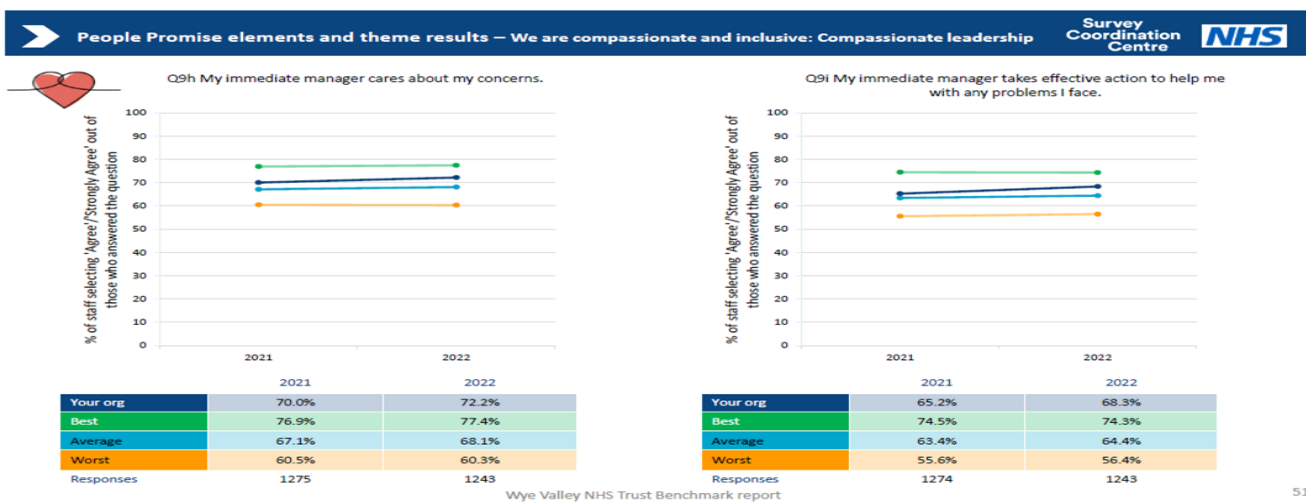
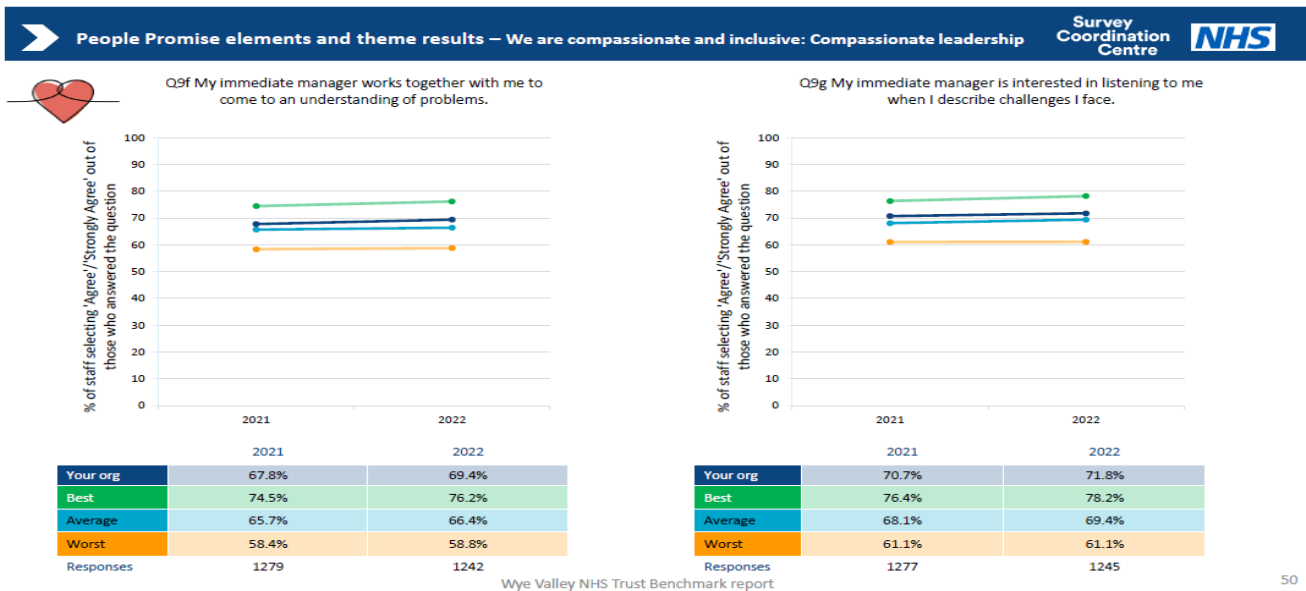
5.3 Workforce Disability Equality Standard (WDES)

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 will be instrumental in supporting initiatives for disabled staff over the next year. The WVT managing attendance policy is being reviewed and provisions will be made in introducing a revised disability health passport to offer more support for disabled staff.

6.0 Notable Highlights – People Promise 2022 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.



6.2 There are still some areas for development in the staff survey but to a large extent WVT has maintained reasonable improvements over the past five years in many key areas of the survey. The improvements can be attributed to a number of leadership and workforce initiatives introduced over the past few years based on intelligence obtained through trade union colleagues, FTSU champions and long serving employees at WVT.

6.3 The main areas of concern which requires more concerted efforts are captured below.

Staff engagement - advocacy - downward trend at WVT and NHS wide for care of patients as indicated below.

Q23a – Care of patients / service users is my organisation’s top priority

2018	2019	2020	2021	2022
72.0%	75.7%	77.2%	73.3%	70.9%


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

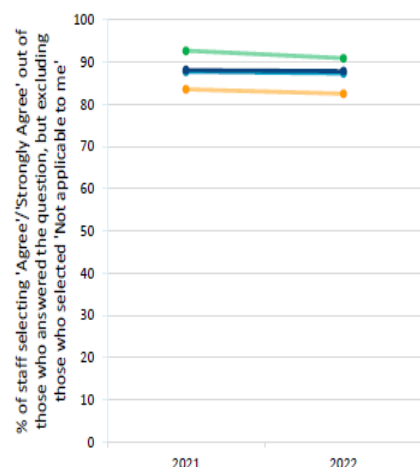
2018	2019	2020	2021	2022
60.2%	64.6%	69.5%	61.0%	59.5%

Q23d – If a friend of relative needed treatment I would be happy with the standard of care provided

2018	2019	2020	2021	2022
62.7%	66.7%	70.6%	62.7%	57.1%

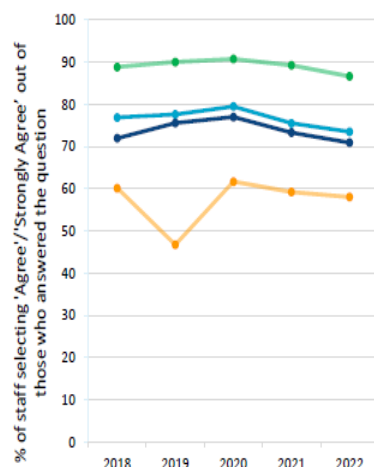
People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture Survey Coordination Centre NHS

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



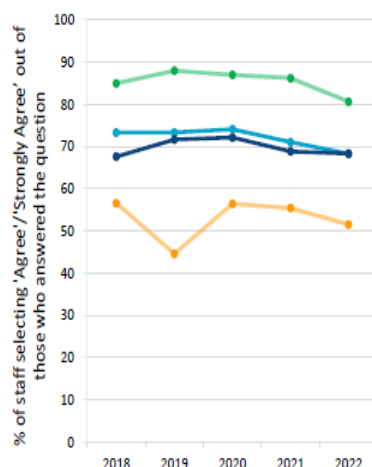
	2021	2022
Your org	88.1%	87.9%
Best	92.7%	90.9%
Average	87.7%	87.3%
Worst	83.6%	82.5%
Responses	1234	1214

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



	2018	2019	2020	2021	2022
Your org	72.0%	75.6%	77.0%	73.3%	70.9%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	549	552	538	1272	1244

Q23b My organisation acts on concerns raised by patients / service users.

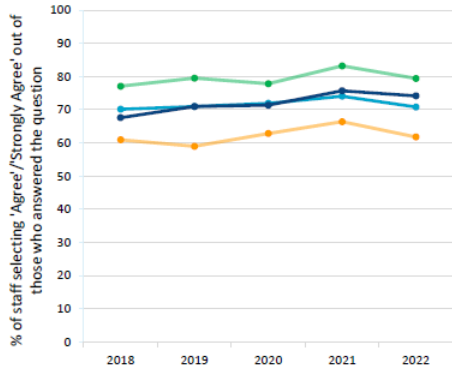


	2018	2019	2020	2021	2022
Your org	67.6%	71.7%	72.1%	68.8%	68.3%
Best	85.0%	88.0%	87.0%	86.2%	80.6%
Average	73.3%	73.3%	74.1%	71.0%	68.3%
Worst	56.6%	44.6%	56.4%	55.4%	51.5%
Responses	549	551	538	1268	1243

Voice that counts – downward trend NHS wide but WVT has maintained above average scores.

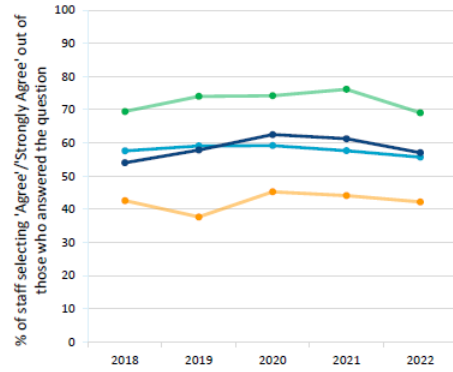


Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	67.6%	71.0%	71.4%	75.7%	74.2%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%
Responses	546	549	535	1269	1246

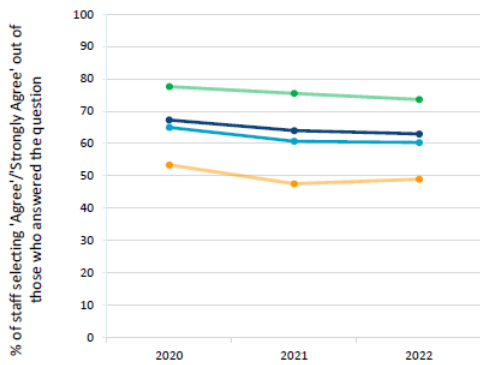
Q19b I am confident that my organisation would address my concern.



	2018	2019	2020	2021	2022
Your org	54.0%	57.8%	62.5%	61.3%	57.1%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%
Responses	546	549	535	1266	1245

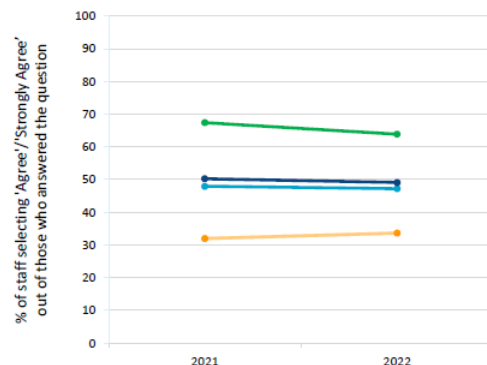


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	67.3%	64.0%	63.0%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	538	1268	1241

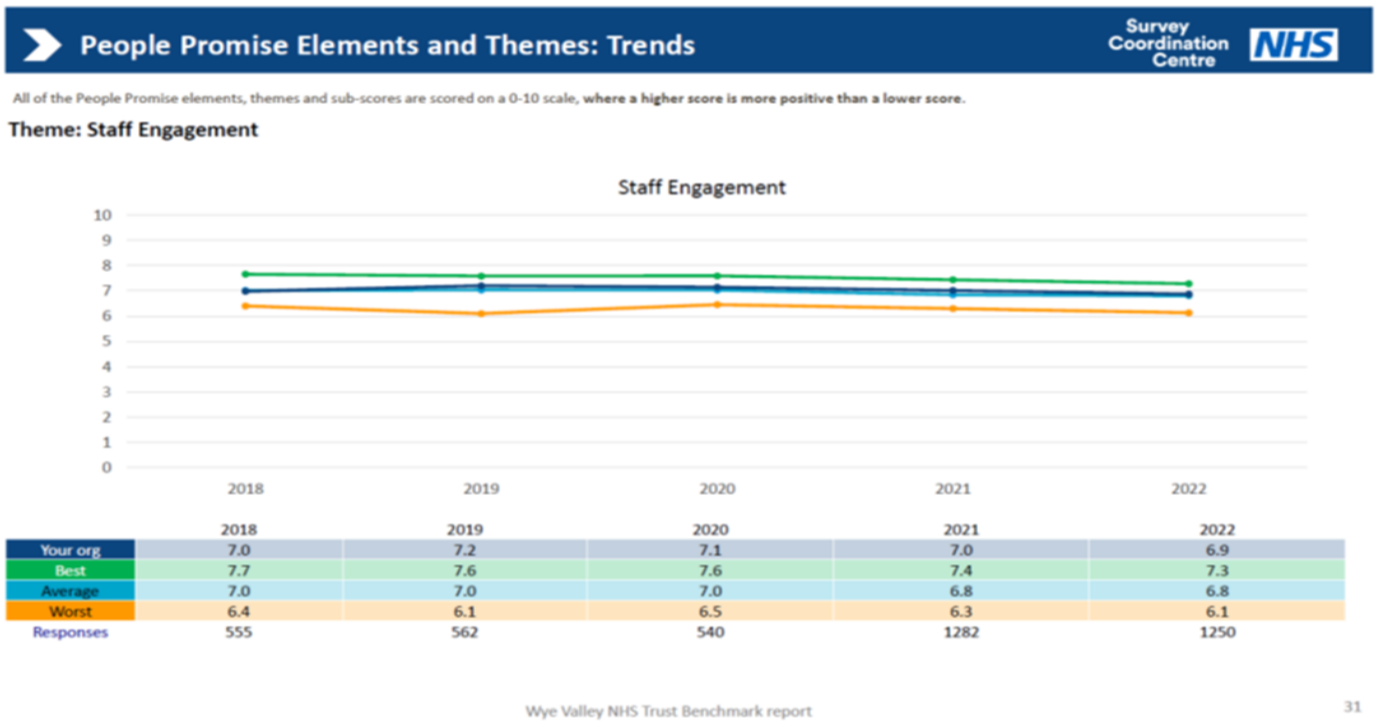
Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	50.3%	49.1%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	1269	1242

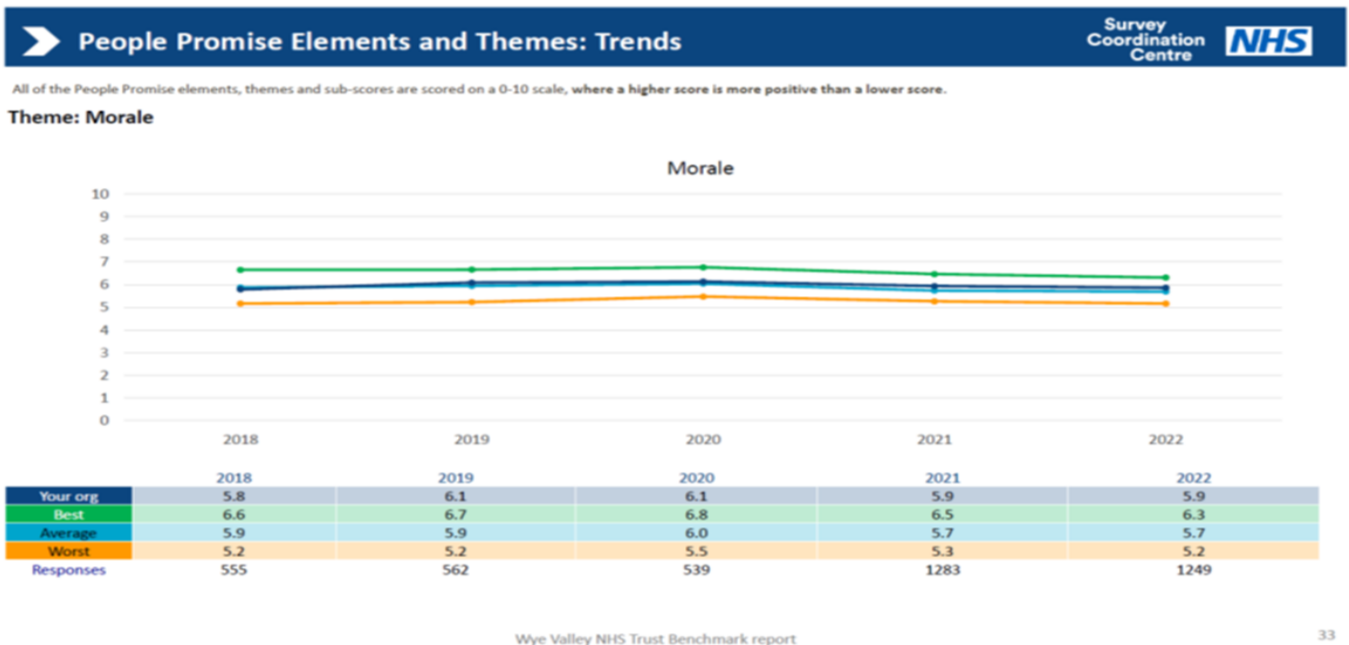
Staff Engagement

The Trust and NHS organisations have experienced a dip in staff engagement since the covid pandemic as demonstrated in the chart below.



Morale

Trusts across the NHS (including WVT) have seen a slight dip in morale since 2021 and this is largely due to the significant challenges faced by staff following the covid pandemic and ongoing cost of living crisis.



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 the lowest scores within the Group. The results show positive progress at WVT over the past few years.

People Promise	GEH		SWFT		WVT		Sector
1. Compassion & Inclusion	6.95	v	7.60	^	7.32	v	7.16
2. Recognition & Reward	5.58	v	6.06	v	5.97	v	5.71
3. A Voice that Counts	6.49	v	7.00	=	6.79	v	6.63
4. Safe and Healthy	5.74	v	6.08	^	5.99	v	5.87
5. Always learning	5.34	^	5.80	^	5.53	=	5.38
6. We work Flexibly	5.85	v	6.43	^	6.24	^	5.98
7. We are a Team	6.41	v	6.96	^	6.82	^	6.62
Overall							
Overall Engagement Score	6.68	v	7.21	=	6.85	v	6.76
Overall Morale Score	5.58	v	6.05	=	5.80	v	5.69
Key Qs							
Care Top Priority (23a)	72.5%	v	80.7%	v	70.3%	v	73.9%
Recommend Work (23c)	55.2%	v	71.1%	v	59.3%	v	56.9%
Recommend Care (23d)	59.8%	v	76.0%	v	56.6%	v	62.9%
Act on F2SU (23f)	46.2%	v	57.5%	^	48.6%	v	47.1%
Improvement (3f)	53.7%	v	58.5%	^	61.0%	^	59.0%
Discrimination Staff (16b)	89.0%	^	93.9%	v	92.7%	v	90.4%
Flexible work (4d)	48.7%	v	59.9%	v	57.2%	v	52.4%

Looking at the staff survey breakdown reports in all three Trusts in tables below, medical staff, healthcare scientists and surgical areas are showing lower scores than the overall organisational scores. Working with divisional leaders more targeted interventions will be implemented to address issues of concern through listening events with staff in these areas.

Medical Staff Group comparisons:

Trust	Compassionate and Inclusive	Recognised and Rewarded	Voice that Counts	Safe and Healthy	Always Learning	We work Flexibly	We are a Team	Staff Engagement	Morale
WVT	6.9	5.7	6.0	5.3	5.4	5.4	6.3	6.3	5.3
GEH	6.7	5.6	6.2	5.6	6.1	5.3	6.2	6.6	5.4
SWFT	7.4	6.1	7.0	6.0	5.9	5.7	6.6	7.2	6.1

Healthcare Science staff group comparisons:

Trust	Compassionate and Inclusive	Recognised and Rewarded	Voice that Counts	Safe and Healthy	Always Learning	We work Flexibly	We are a Team	Staff Engagement	Morale
WVT	7.2	5.9	6.9	6.0	5.5	5.4	6.5	6.8	6.0
GEH	6.9	5.8	6.2	6.0	4.9	5.3	5.9	6.6	5.3
SWFT	7.9	6.1	7.2	6.5	-	6.9	7.7	7.6	6.4

Surgical Divisions comparisons:

Trust	Compassionate and Inclusive	Recognised and Rewarded	Voice that Counts	Safe and Healthy	Always Learning	We work Flexibly	We are a Team	Staff Engagement	Morale
WVT	7.1	5.6	6.5	5.7	5.3	5.7	6.6	6.7	5.7
GEH	6.4	5.0	5.8	5.4	4.9	5.4	5.8	6.1	5.2
SWFT – Elective Care Division	7.5	5.8	6.8	6.0	5.7	6.0	6.8	7.1	6.0

8.0 WVT Workforce & OD initiatives – 2020 to-date

8.1 The Workforce & OD Strategy has been designed to ensure that WVT has key workforce initiatives in place for recognition as a good model employer of choice, and also to address the areas covered by the staff survey. Delivering the key themes & enablers of the Strategy are important in creating a model workplace for all employees.

8.2 The table below provides information on 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 key themes and enablers of the Workforce & OD Strategy.

Compassionate & inclusive	Recognised & rewarded	Voice that counts	Safe & healthy	Always learning	Work flexibly	We are a team	Staff engagement	Morale
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Growing our own staff Apprenticeships CPD funds Variety of staff dev't programmes Leadership & mgt development T&D prospectus 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Team events Team building sessions Insights discovery sessions Staff & team dev't sessions 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Regular staff comms on WVT, ICS dev'ts Dept meetings FTSU feedback sessions

Actions for the Surgical Division, Medical Staff & Healthcare Scientists

The results of the 2022 staff survey highlights the need for further interventions in the Surgical Division and also for medical & dental staff and healthcare scientists employed at WVT. A working group with representatives from the Surgical and Clinical Support Divisions will be set up to review and implement targeted actions to address the issues affecting staff in these areas.

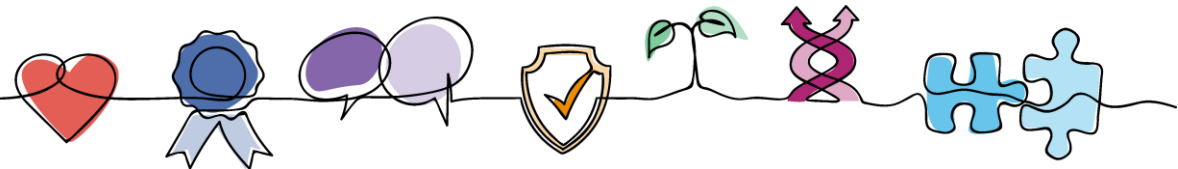
9.0 Way forward

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.

Wye Valley NHS Trust

NHS Staff Survey Benchmark report 2022



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Introduction

Please note, where there are less than 11 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 2022 NHS Staff Survey, and historical results back to 2018 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, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results 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 &

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	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	Q19a, Q19b, Q23e, Q23f
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
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a 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	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

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 graphs 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 graphs 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.

The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme 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 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.



Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Please note this is example data

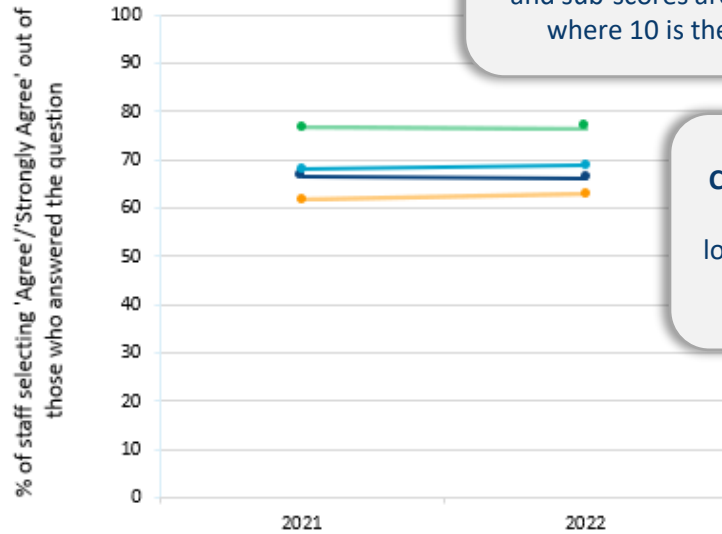
Key features

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.

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

The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).

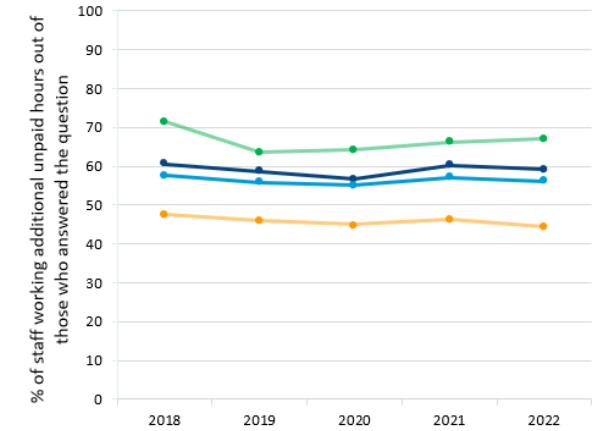
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.



Number of responses for the organisation for the given question.

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

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



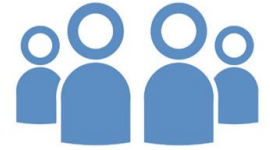
'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst results.

Organisation details

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Wye Valley NHS Trust

2022 NHS Staff Survey



Organisation details

Completed questionnaires **1255**

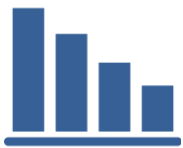
2022 response rate **35%**

Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

Acute and Acute & Community Trusts



2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292



People Promise Elements, Themes and sub-score results

Please note, where there are less than 11 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, Themes and Sub-scores: Overview

Please note, where there are less than 11 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

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.



We are compassionate and inclusive

We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

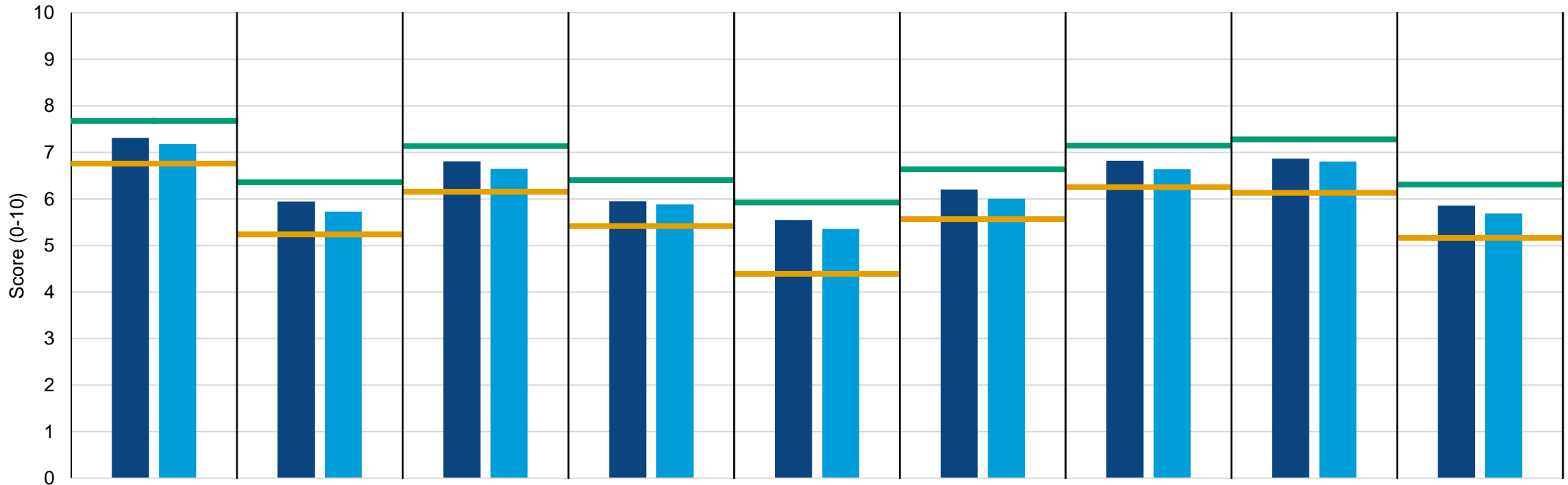
We are always learning

We work flexibly

We are a team

Staff Engagement

Morale



Your org	7.3	5.9	6.8	6.0	5.5	6.2	6.8	6.9	5.9
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	1247	1246	1229	1231	1203	1241	1244	1250	1249

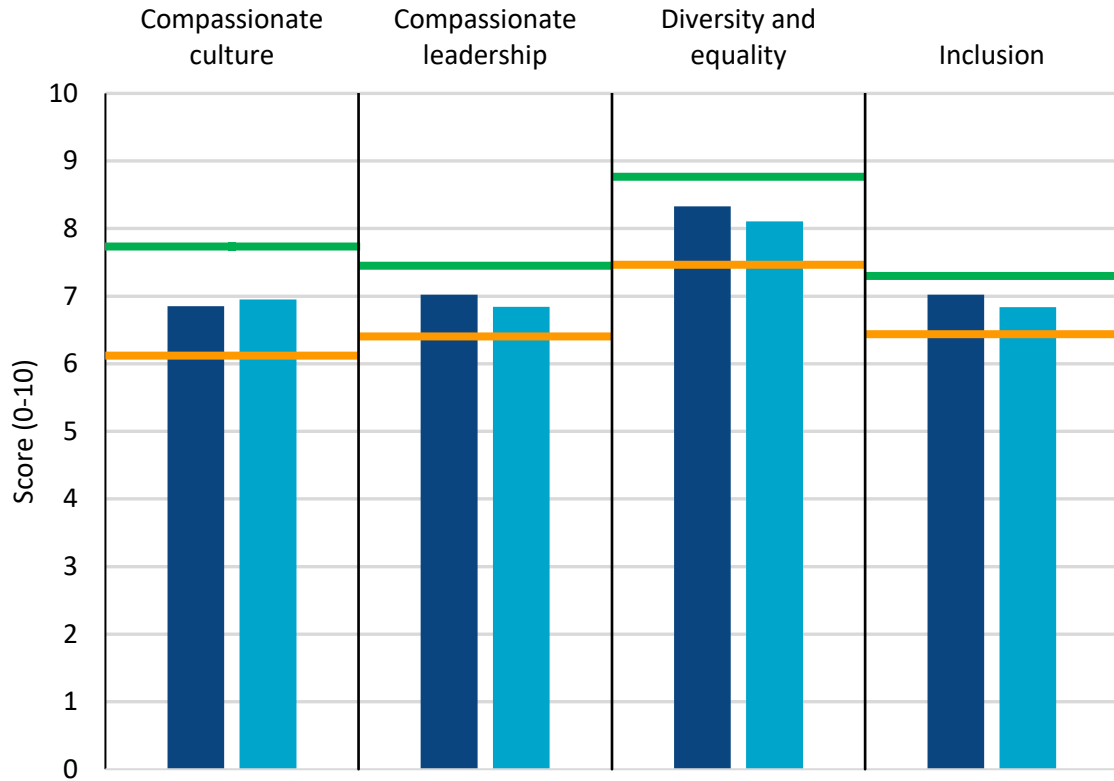


People Promise Elements, Themes and Sub-scores: Sub-score Overview

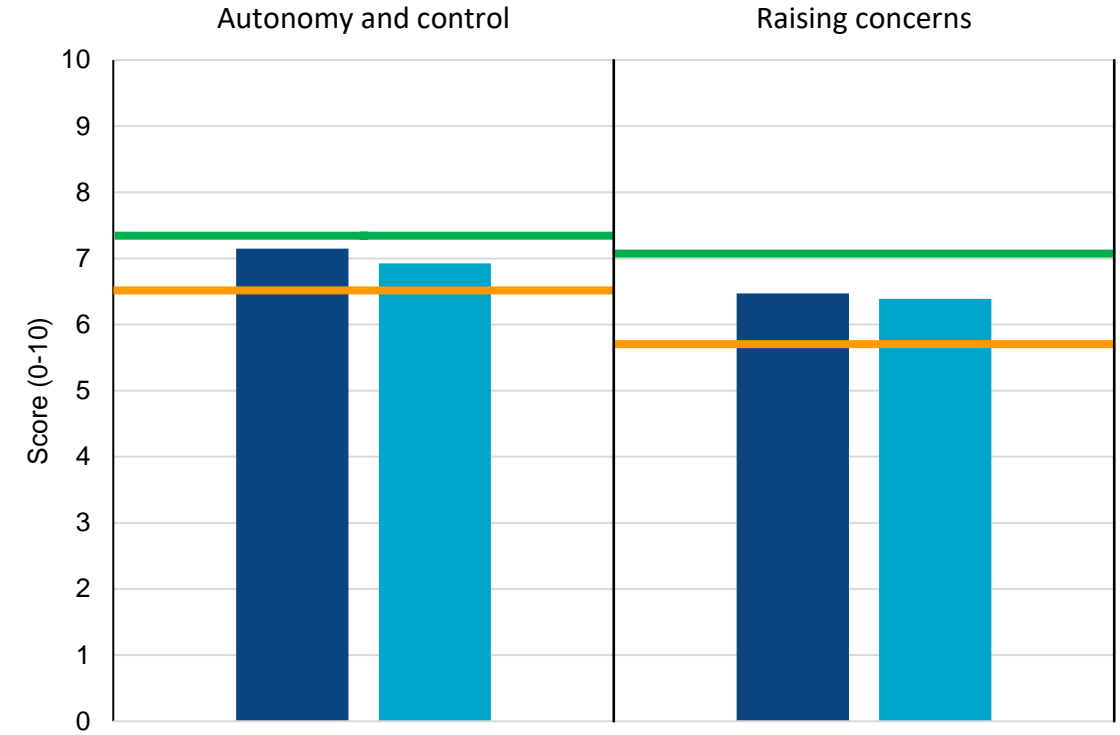
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	6.9	7.0	8.3	7.0
Best	7.7	7.4	8.8	7.3
Average	7.0	6.8	8.1	6.8
Worst	6.1	6.4	7.5	6.4
Responses	1245	1246	1248	1243

Your org	7.1	6.5
Best	7.3	7.1
Average	6.9	6.4
Worst	6.5	5.7
Responses	1246	1237

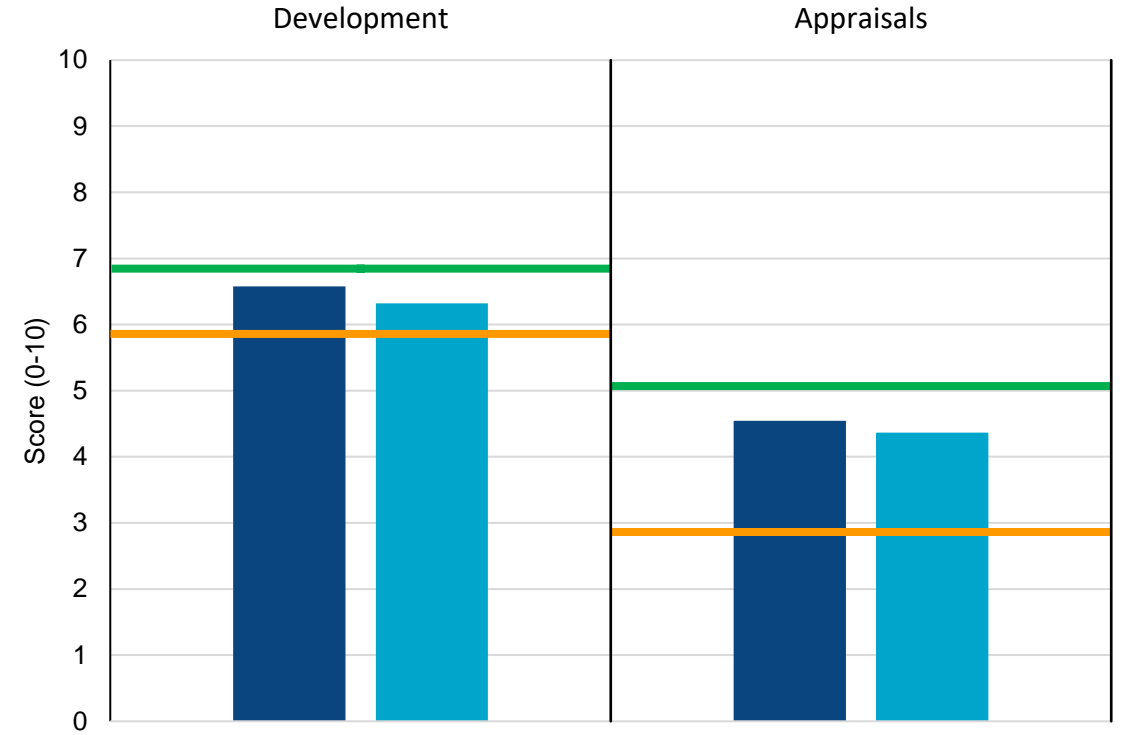
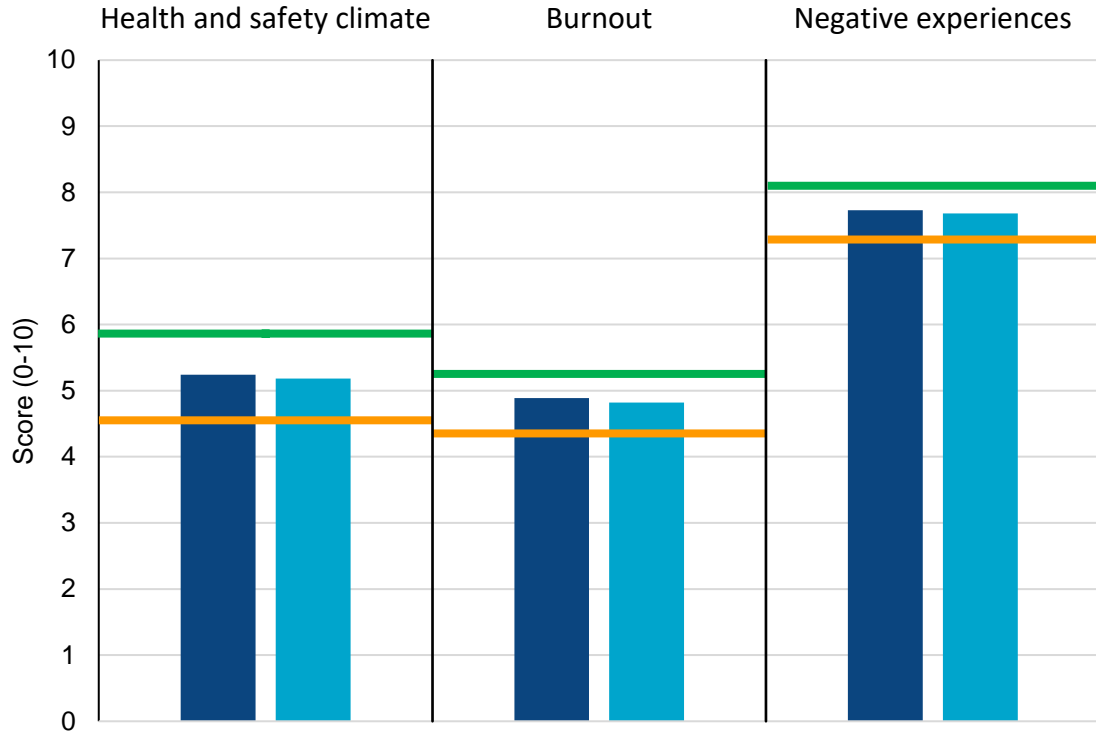
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



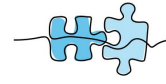
Your org	5.2	4.9	7.7
Best	5.9	5.3	8.1
Average	5.2	4.8	7.7
Worst	4.6	4.4	7.3
Responses	1245	1244	1245

Your org	6.6	4.5
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9
Responses	1249	1208

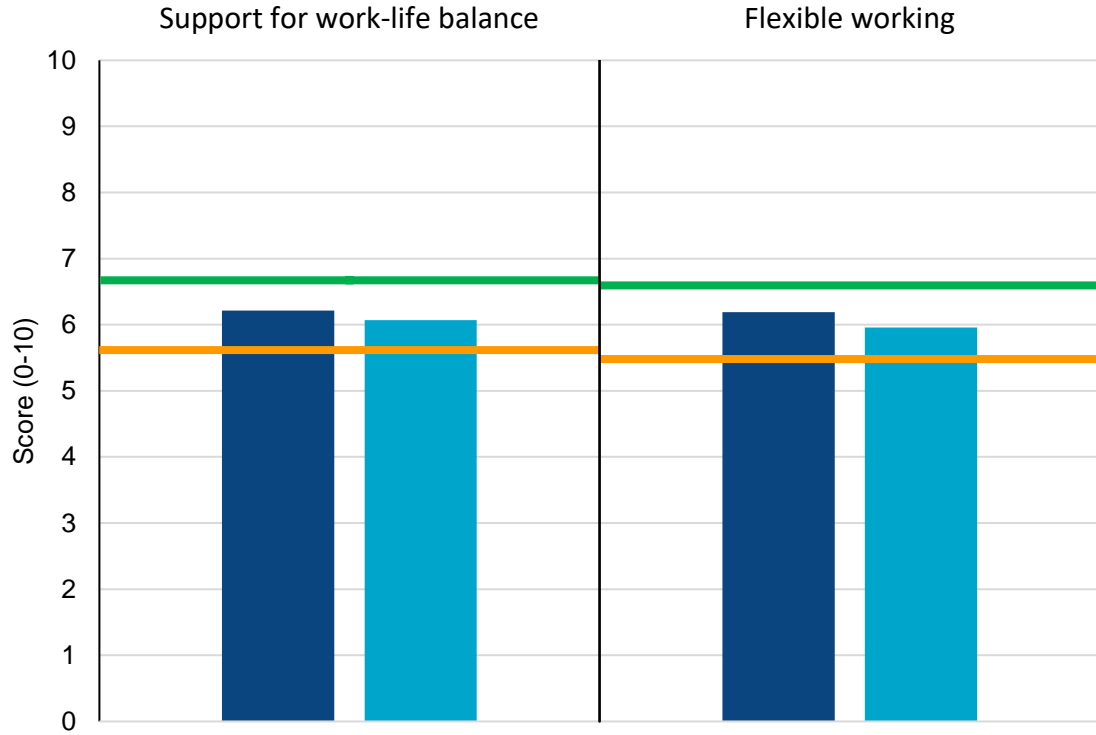
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



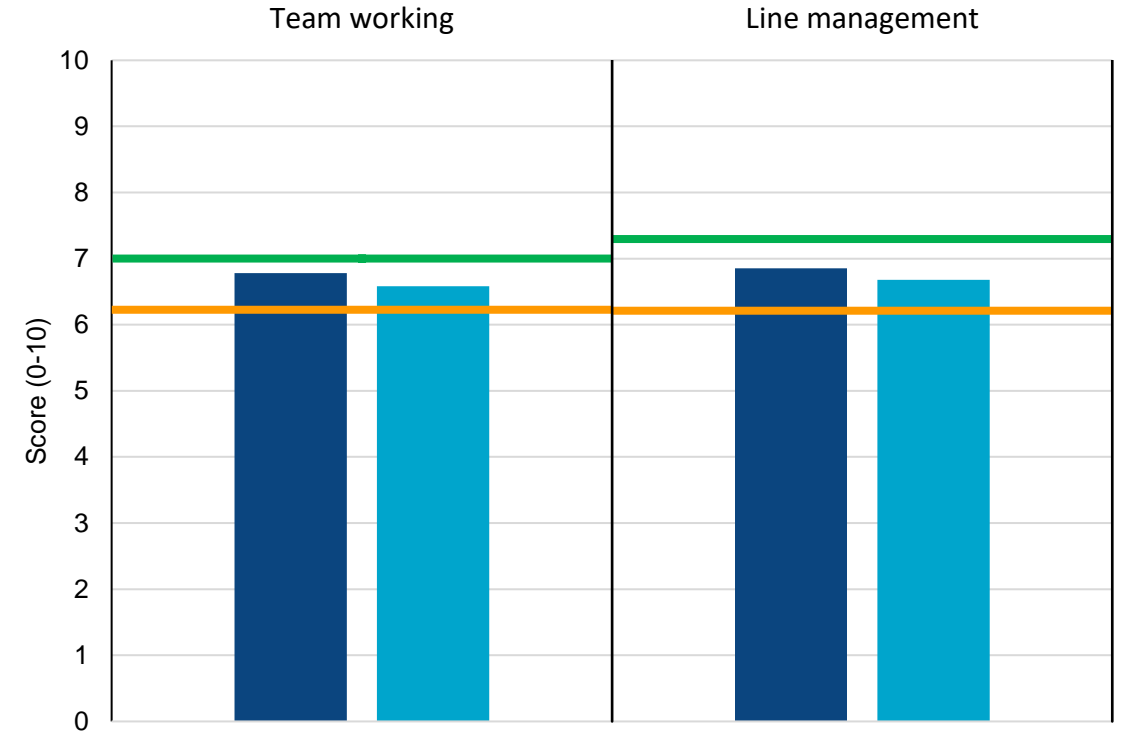
Promise element 6: We work flexibly



Promise element 7: We are a team



	Support for work-life balance	Flexible working
Your org	6.2	6.2
Best	6.7	6.6
Average	6.1	6.0
Worst	5.6	5.5
Responses	1246	1244



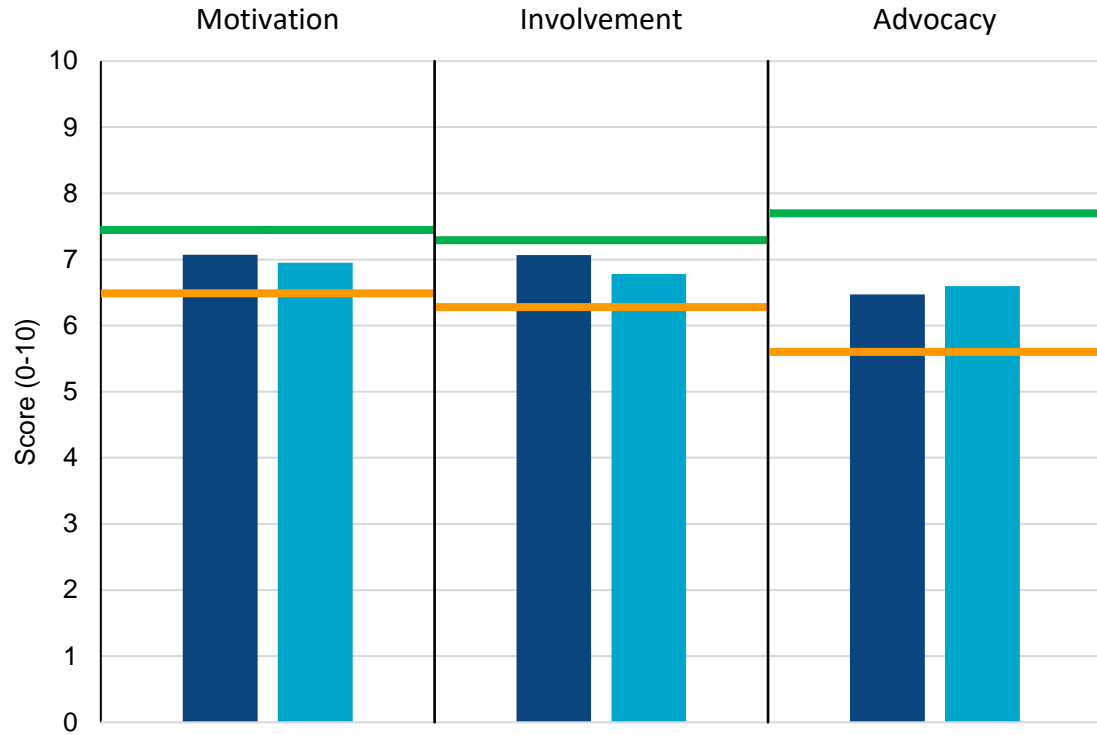
	Team working	Line management
Your org	6.8	6.9
Best	7.0	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	1246	1246



People Promise Elements, Themes and Sub-scores: Sub-score Overview

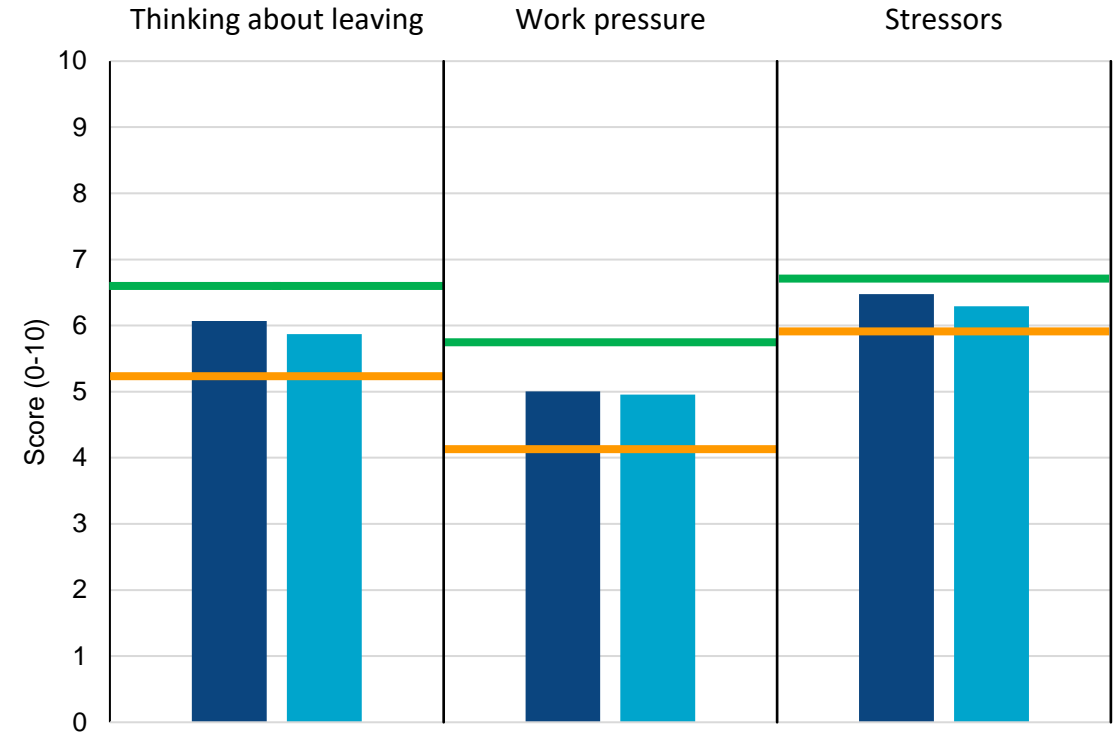
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.1	7.1	6.5
Best	7.4	7.3	7.7
Average	7.0	6.8	6.6
Worst	6.5	6.3	5.6
Responses	1236	1246	1245

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.1	5.0	6.5
Best	6.6	5.7	6.7
Average	5.9	5.0	6.3
Worst	5.2	4.1	5.9
Responses	1248	1244	1246

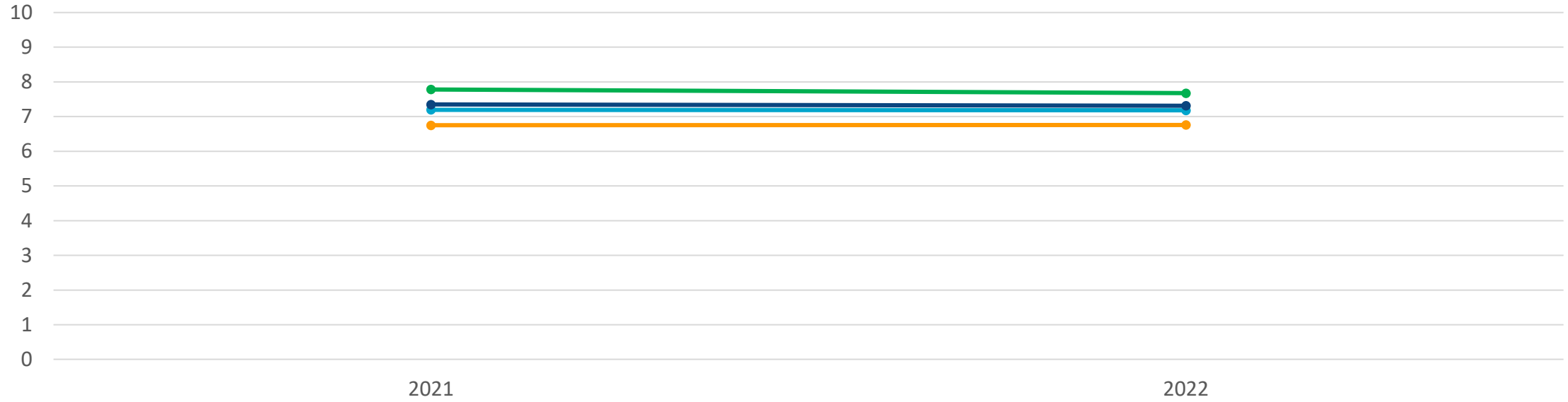
People Promise Elements, Themes and Sub-scores: Trends

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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.

 **Promise element 1: We are compassionate and inclusive**

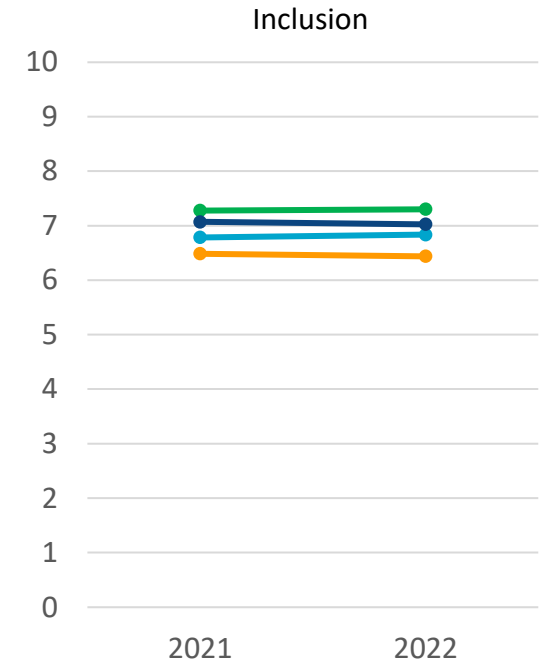
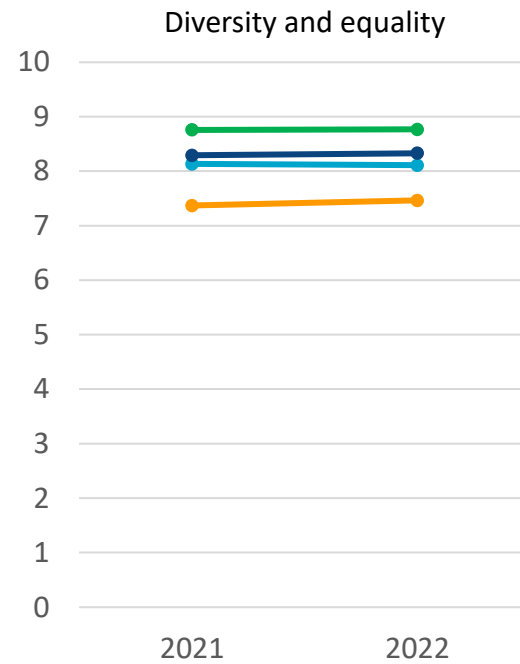
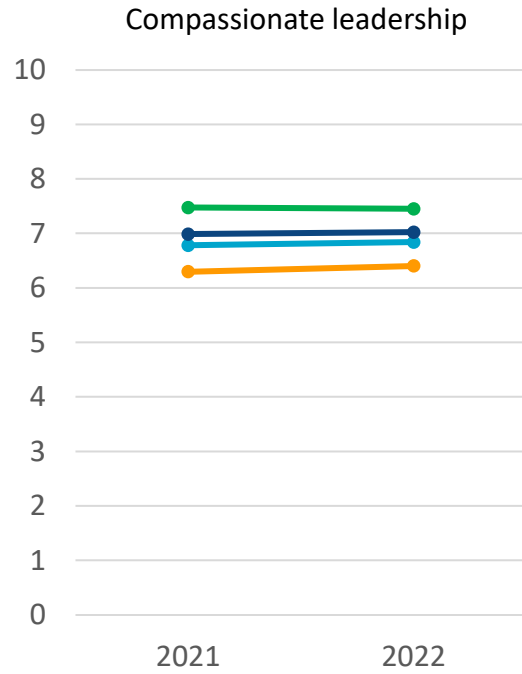
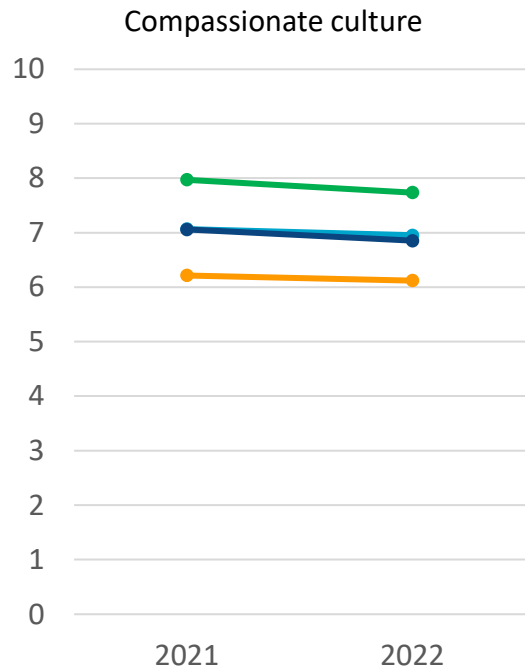
We are compassionate and inclusive



	2021	2022
Your org	7.3	7.3
Best	7.8	7.7
Average	7.2	7.2
Worst	6.7	6.8
Responses	1282	1247

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.

 **Promise element 1: We are compassionate and inclusive**



	2021	2022
Your org	7.1	6.9
Best	8.0	7.7
Average	7.1	7.0
Worst	6.2	6.1
Responses	1272	1245

	2021	2022
Your org	7.0	7.0
Best	7.5	7.4
Average	6.8	6.8
Worst	6.3	6.4
Responses	1278	1246

	2021	2022
Your org	8.3	8.3
Best	8.8	8.8
Average	8.1	8.1
Worst	7.4	7.5
Responses	1281	1248

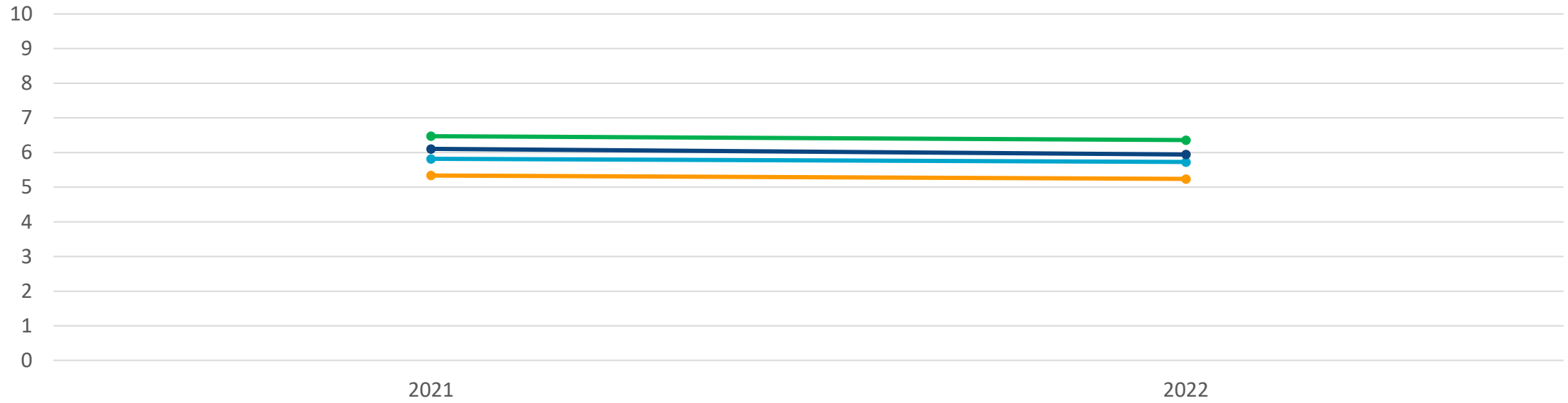
	2021	2022
Your org	7.1	7.0
Best	7.3	7.3
Average	6.8	6.8
Worst	6.5	6.4
Responses	1274	1243

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.



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



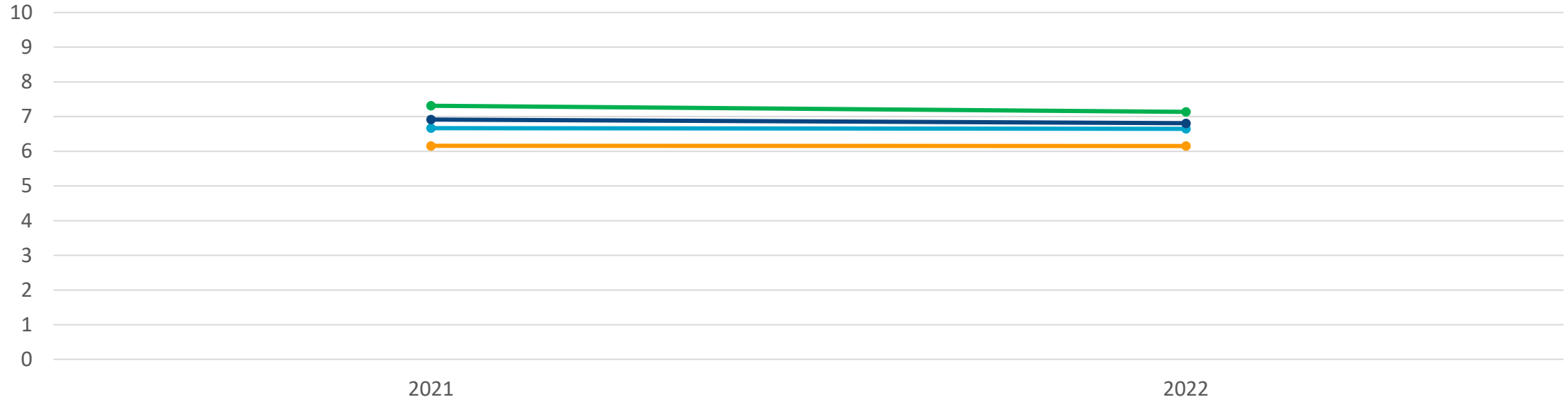
	2021	2022
Your org	6.1	5.9
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	1277	1246

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.



Promise element 3: We each have a voice that counts

We each have a voice that counts



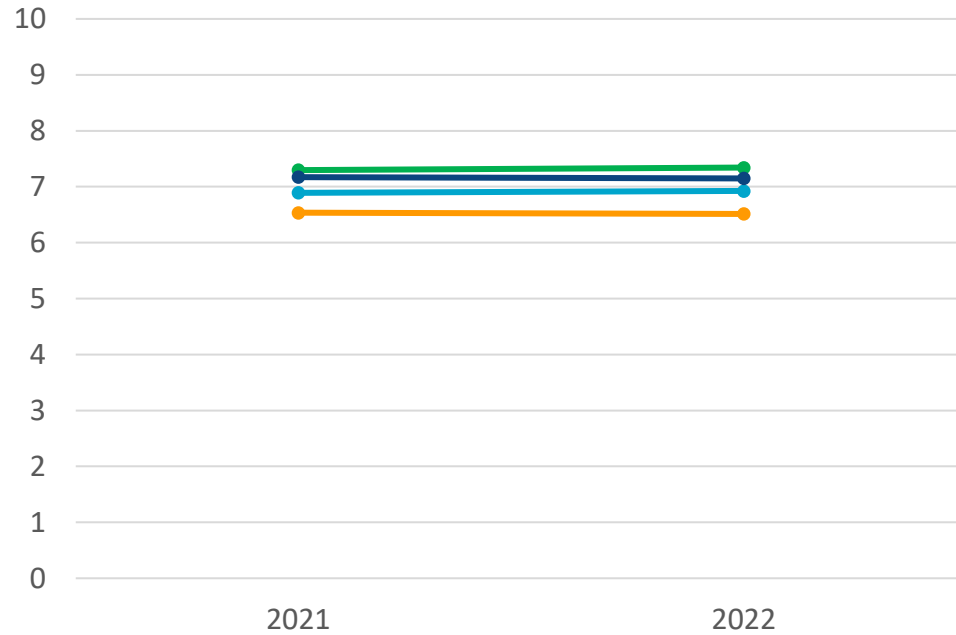
	2021	2022
Your org	6.9	6.8
Best	7.3	7.1
Average	6.7	6.6
Worst	6.2	6.2
Responses	1260	1229

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.

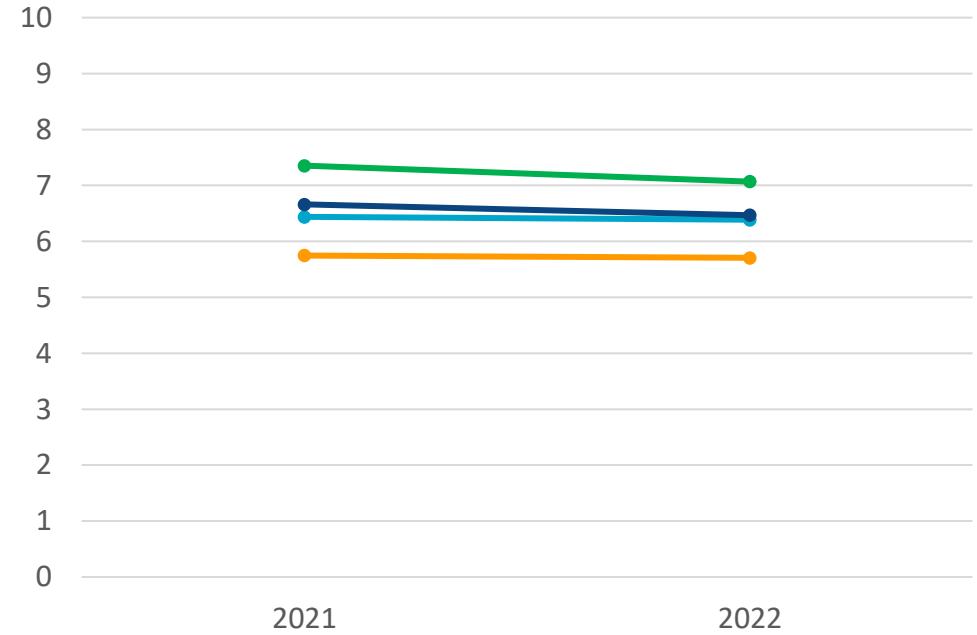


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022
Your org	7.2	7.1
Best	7.3	7.3
Average	6.9	6.9
Worst	6.5	6.5
Responses	1281	1246

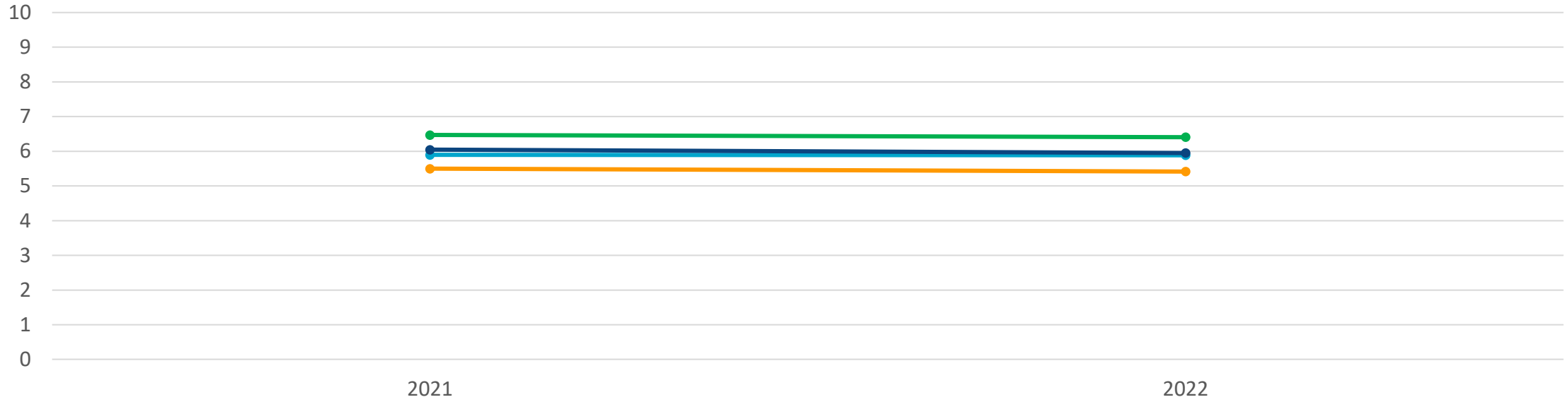
	2021	2022
Your org	6.7	6.5
Best	7.4	7.1
Average	6.4	6.4
Worst	5.7	5.7
Responses	1262	1237

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.



Promise element 4: We are safe and healthy

We are safe and healthy



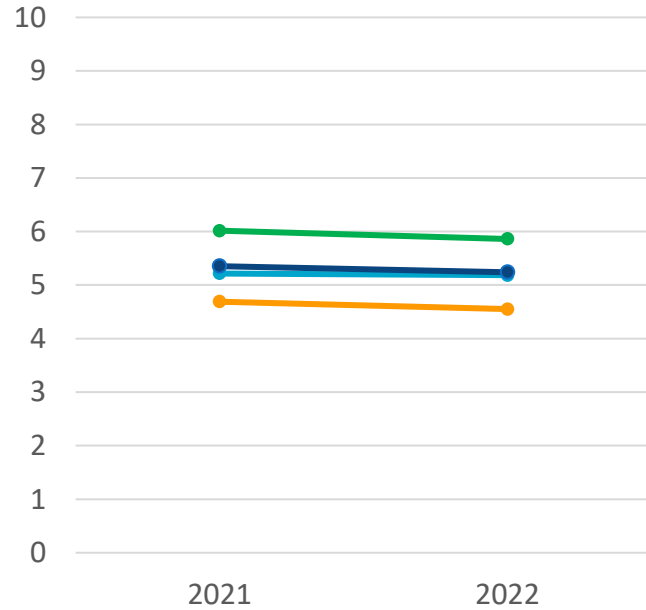
	2021	2022
Your org	6.0	6.0
Best	6.5	6.4
Average	5.9	5.9
Worst	5.5	5.4
Responses	1271	1231

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.



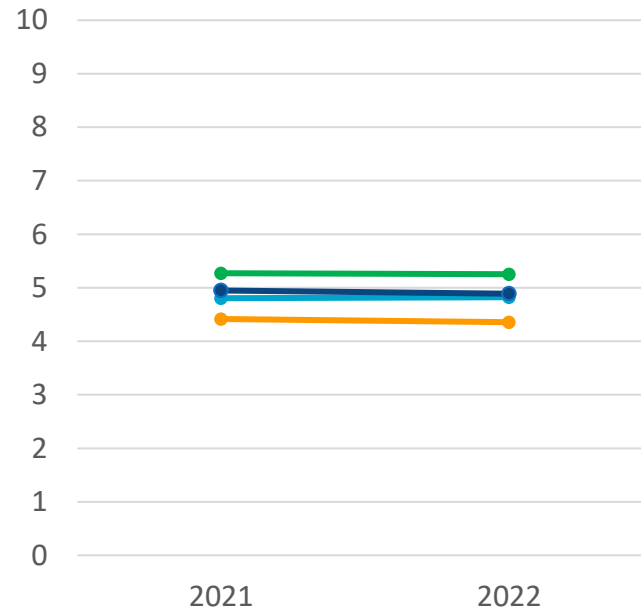
Promise element 4: We are safe and healthy

Health and safety climate



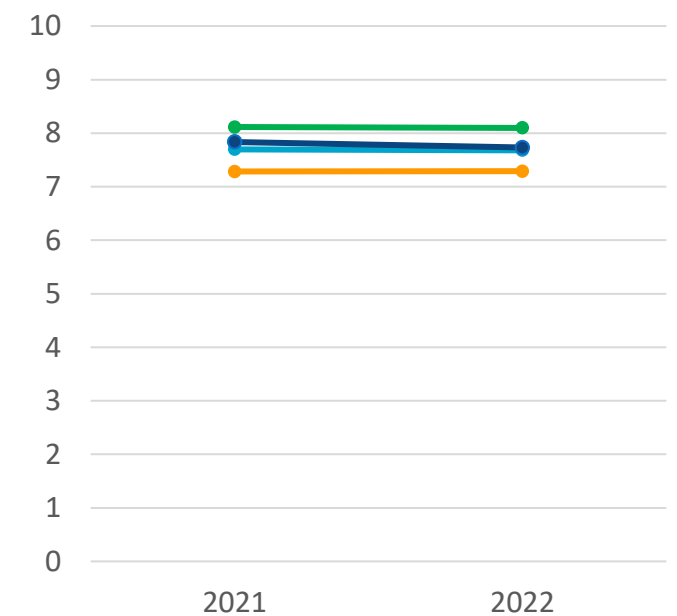
	2021	2022
Your org	5.4	5.2
Best	6.0	5.9
Average	5.2	5.2
Worst	4.7	4.6
Responses	1283	1245

Burnout



	2021	2022
Your org	4.9	4.9
Best	5.3	5.3
Average	4.8	4.8
Worst	4.4	4.4
Responses	1280	1244

Negative experiences



	2021	2022
Your org	7.8	7.7
Best	8.1	8.1
Average	7.7	7.7
Worst	7.3	7.3
Responses	1274	1245

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.



Promise element 5: We are always learning

We are always learning



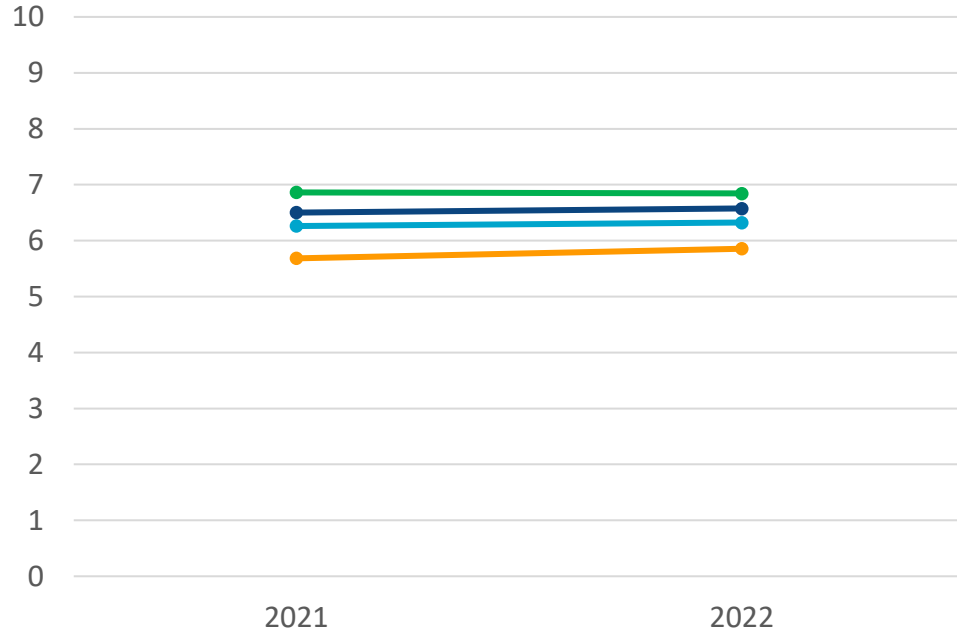
	2021	2022
Your org	5.5	5.5
Best	6.0	5.9
Average	5.2	5.4
Worst	4.3	4.4
Responses	1182	1203

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.



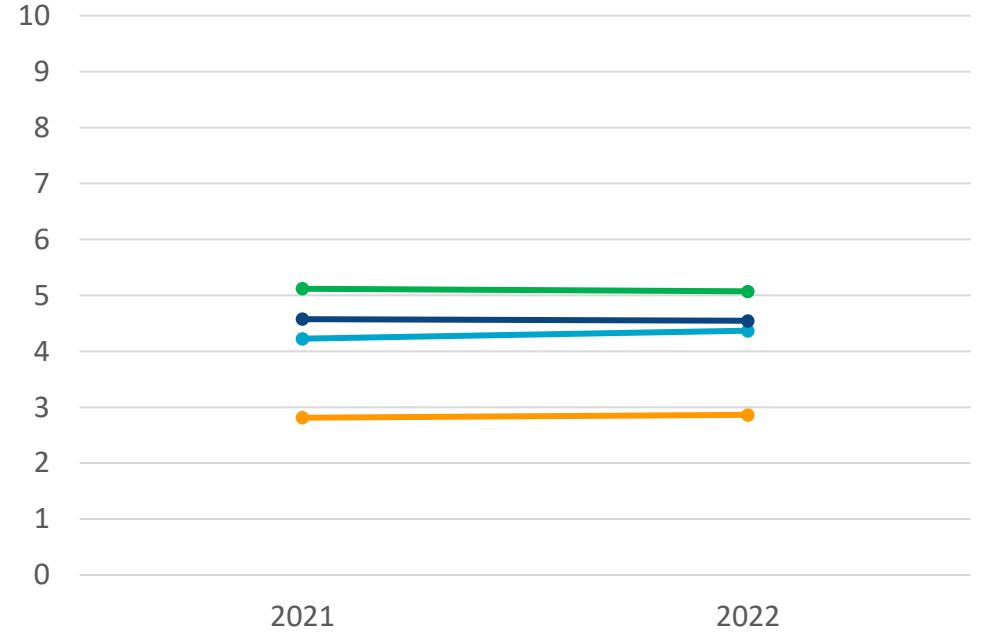
Promise element 5: We are always learning

Development



	2021	2022
Your org	6.5	6.6
Best	6.9	6.8
Average	6.3	6.3
Worst	5.7	5.9
Responses	1271	1249

Appraisals



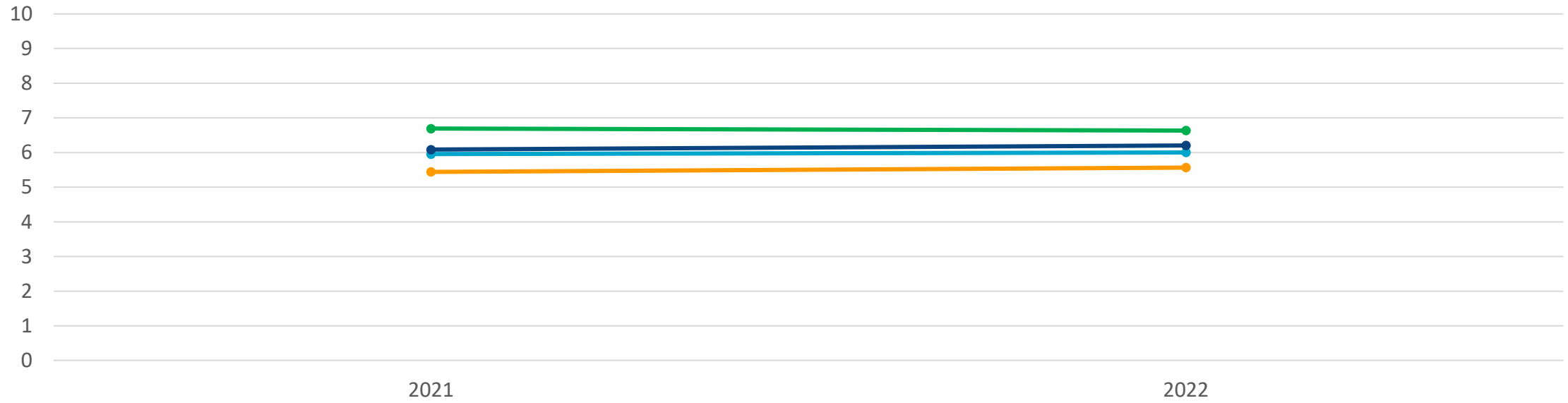
	2021	2022
Your org	4.6	4.5
Best	5.1	5.1
Average	4.2	4.4
Worst	2.8	2.9
Responses	1188	1208

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.



Promise element 6: We work flexibly

We work flexibly



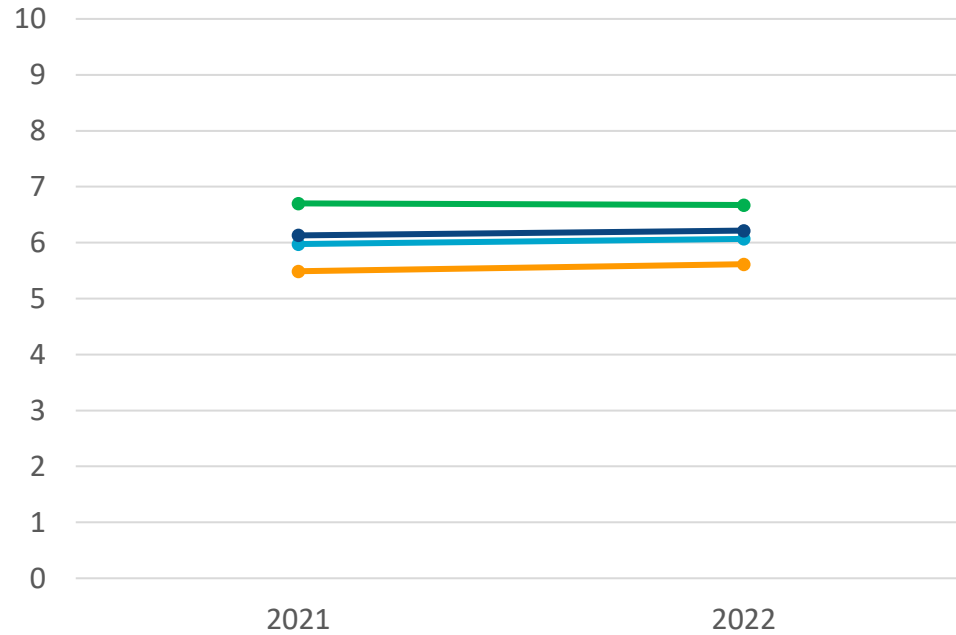
	2021	2022
Your org	6.1	6.2
Best	6.7	6.6
Average	6.0	6.0
Worst	5.4	5.6
Responses	1271	1241

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.

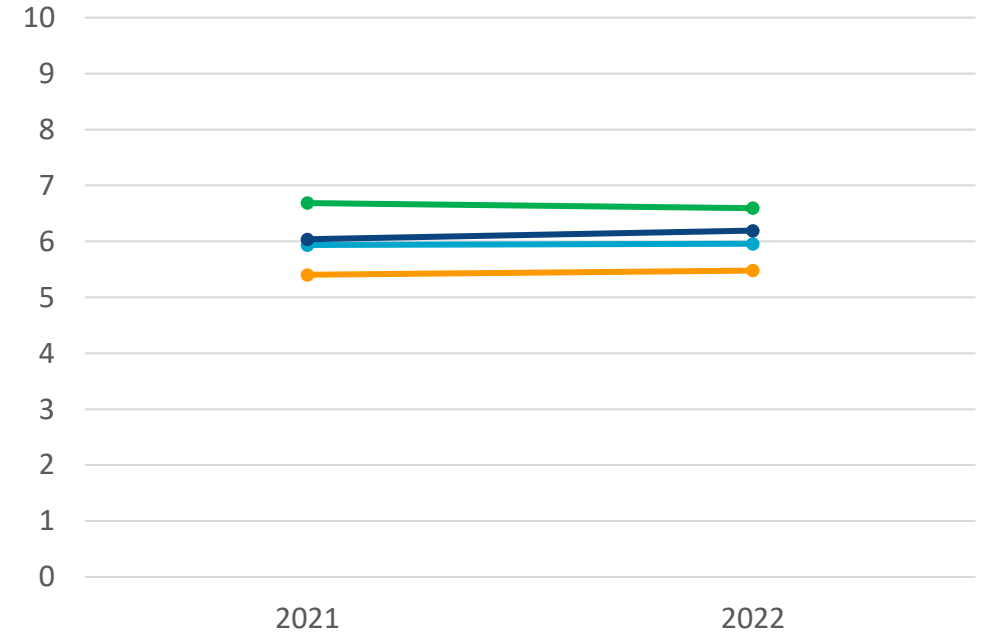


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



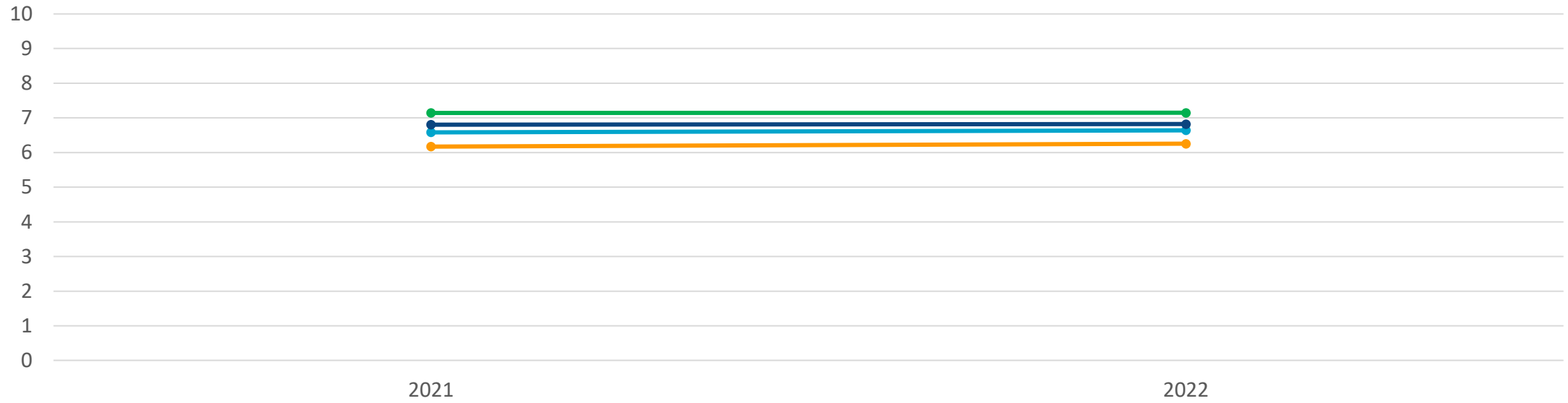
	2021	2022
Your org	6.1	6.2
Best	6.7	6.7
Average	6.0	6.1
Worst	5.5	5.6
Responses	1281	1246

	2021	2022
Your org	6.0	6.2
Best	6.7	6.6
Average	5.9	6.0
Worst	5.4	5.5
Responses	1273	1244

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.

 **Promise element 7: We are a team**

We are a team

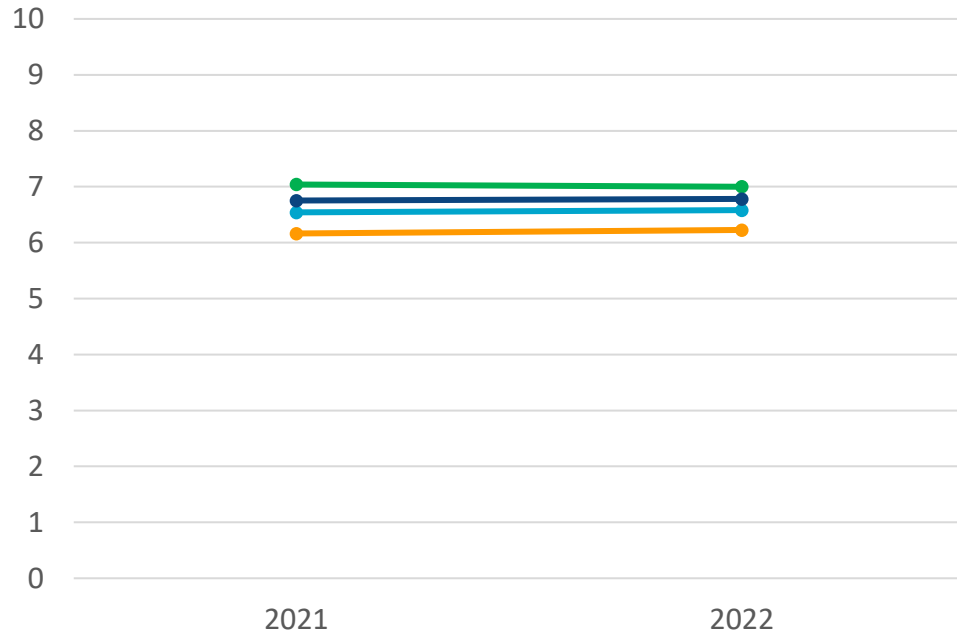


	2021	2022
Your org	6.8	6.8
Best	7.1	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	1275	1244

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.

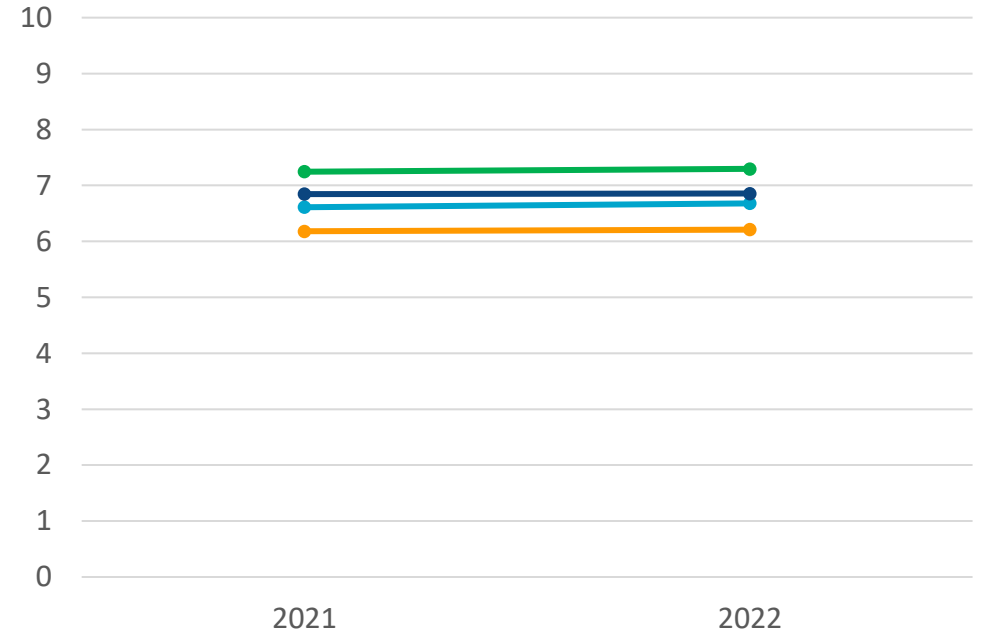
 **Promise element 7: We are a team**

Team working



	2021	2022
Your org	6.8	6.8
Best	7.0	7.0
Average	6.5	6.6
Worst	6.2	6.2
Responses	1280	1246

Line management

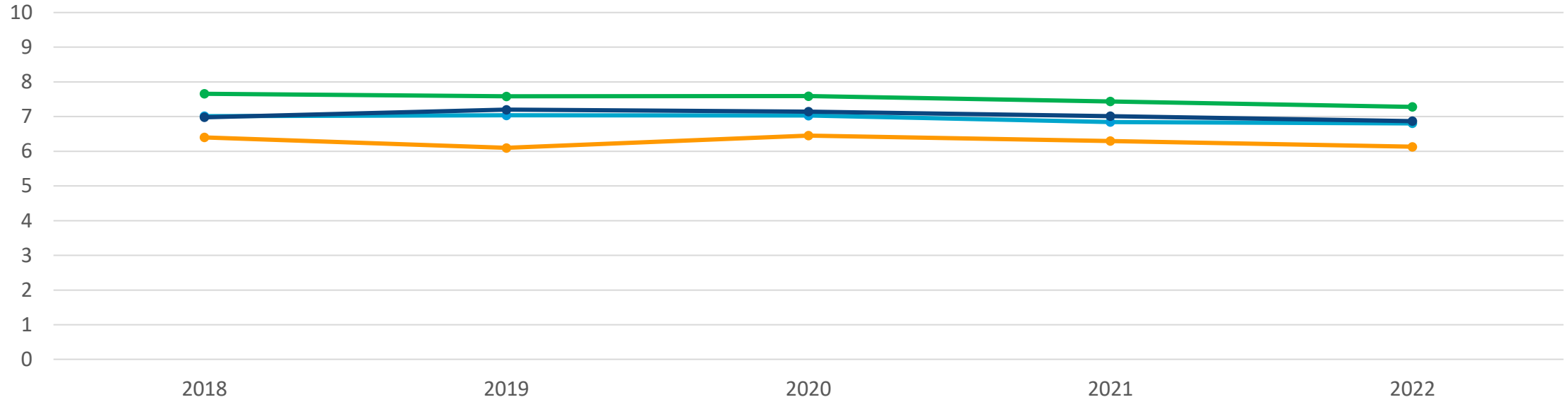


	2021	2022
Your org	6.8	6.9
Best	7.2	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	1278	1246

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.

Theme: Staff Engagement

Staff Engagement



	2018	2019	2020	2021	2022
Your org	7.0	7.2	7.1	7.0	6.9
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	555	562	540	1282	1250

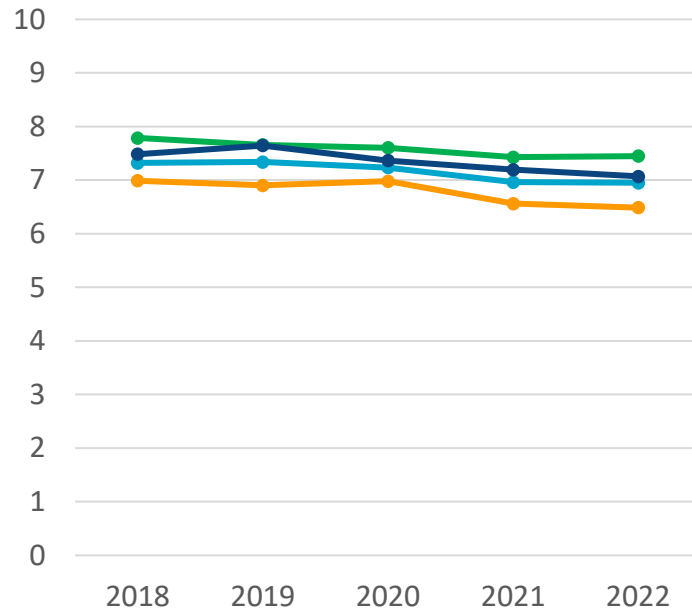


People Promise Elements, Themes and Sub-scores: Sub-score trends

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.

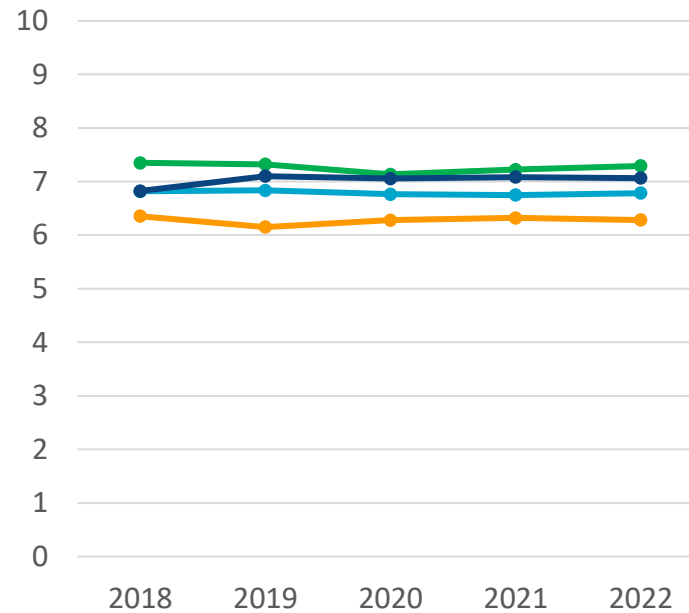
Theme: Staff Engagement

Motivation



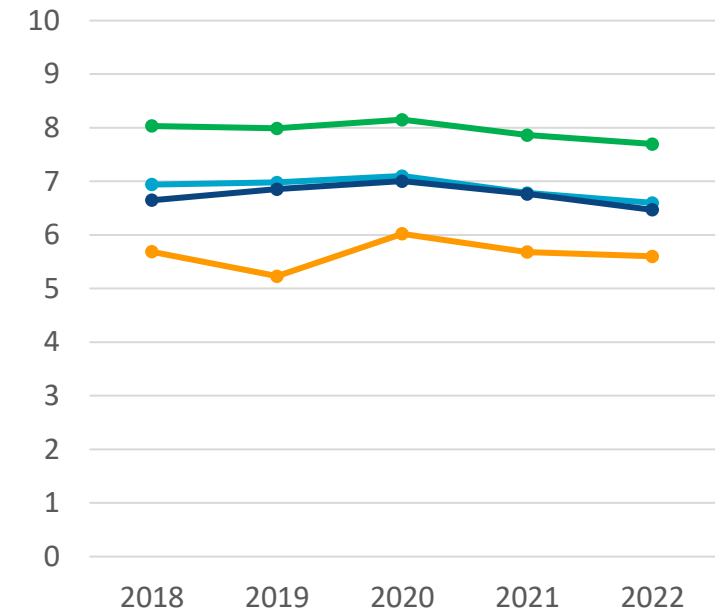
	2018	2019	2020	2021	2022
Your org	7.5	7.6	7.4	7.2	7.1
Best	7.8	7.7	7.6	7.4	7.4
Average	7.3	7.3	7.2	7.0	7.0
Worst	7.0	6.9	7.0	6.6	6.5
Responses	545	556	538	1269	1236

Involvement



	2018	2019	2020	2021	2022
Your org	6.8	7.1	7.1	7.1	7.1
Best	7.3	7.3	7.1	7.2	7.3
Average	6.8	6.8	6.8	6.7	6.8
Worst	6.4	6.2	6.3	6.3	6.3
Responses	555	562	540	1280	1246

Advocacy

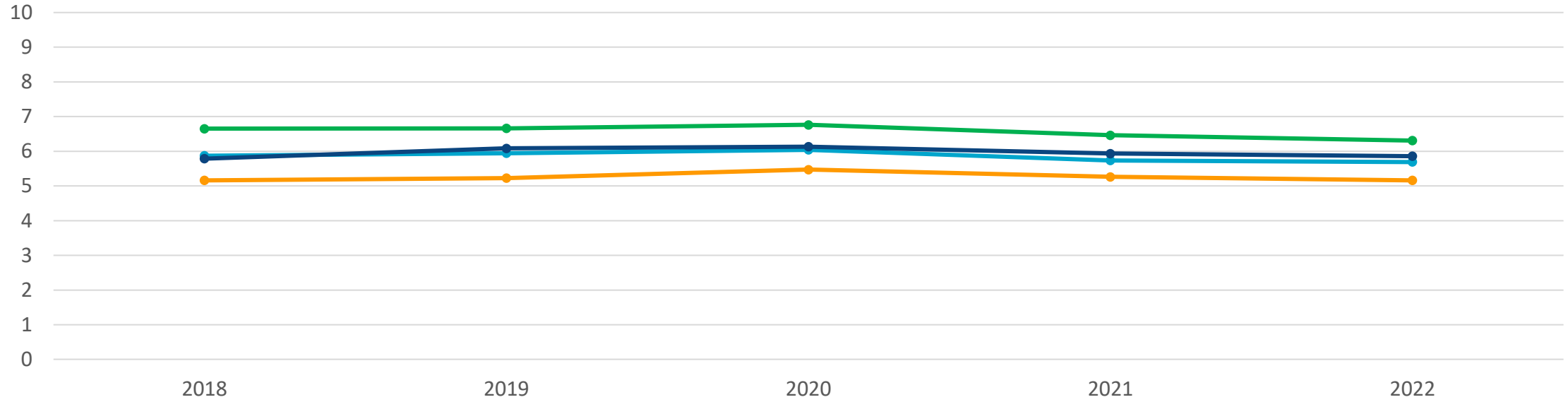


	2018	2019	2020	2021	2022
Your org	6.6	6.9	7.0	6.8	6.5
Best	8.0	8.0	8.2	7.9	7.7
Average	6.9	7.0	7.1	6.8	6.6
Worst	5.7	5.2	6.0	5.7	5.6
Responses	548	551	538	1271	1245

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.

Theme: Morale

Morale



	2018	2019	2020	2021	2022
Your org	5.8	6.1	6.1	5.9	5.9
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	555	562	539	1283	1249

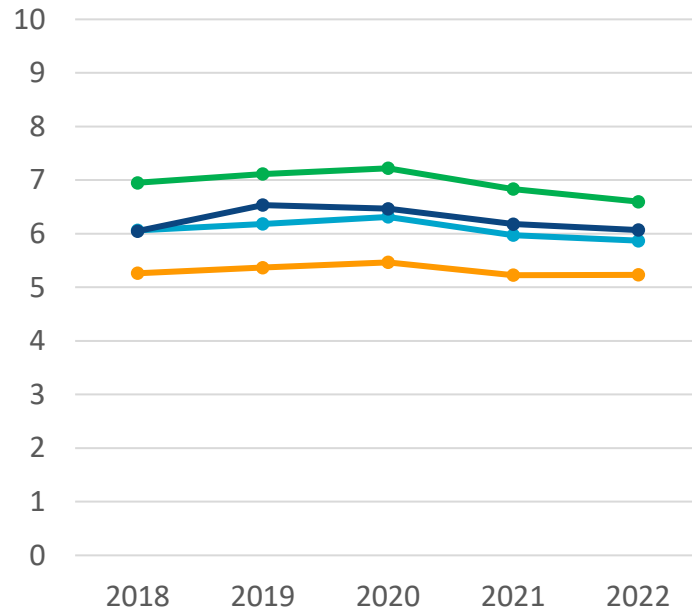


People Promise Elements, Themes and Sub-scores: Sub-score trends

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.

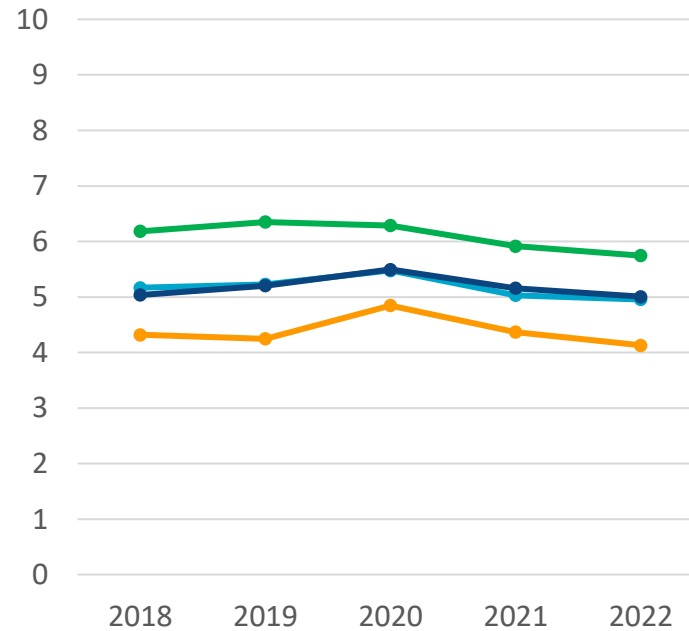
Theme: Morale

Thinking about leaving



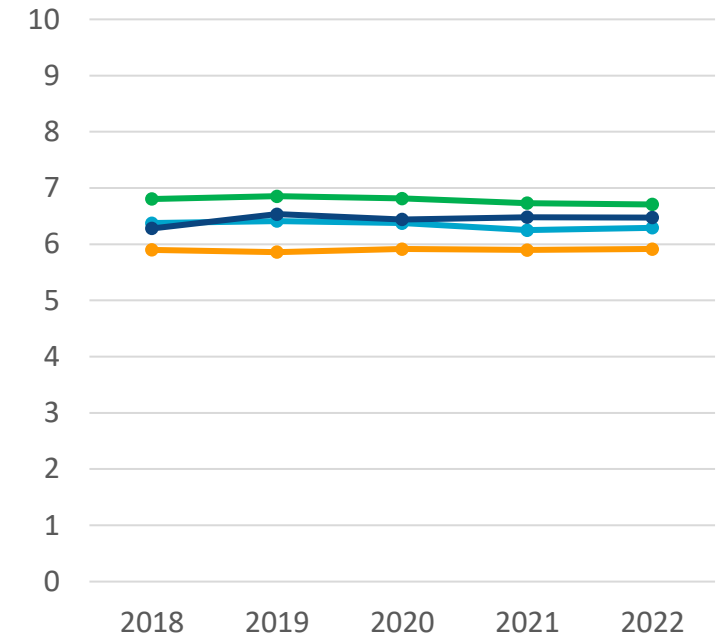
	2018	2019	2020	2021	2022
Your org	6.0	6.5	6.5	6.2	6.1
Best	6.9	7.1	7.2	6.8	6.6
Average	6.1	6.2	6.3	6.0	5.9
Worst	5.3	5.4	5.5	5.2	5.2
Responses	547	551	537	1268	1248

Work pressure



	2018	2019	2020	2021	2022
Your org	5.0	5.2	5.5	5.2	5.0
Best	6.2	6.4	6.3	5.9	5.7
Average	5.2	5.2	5.5	5.0	5.0
Worst	4.3	4.2	4.8	4.4	4.1
Responses	554	562	538	1282	1244

Stressors



	2018	2019	2020	2021	2022
Your org	6.3	6.5	6.4	6.5	6.5
Best	6.8	6.9	6.8	6.7	6.7
Average	6.4	6.4	6.4	6.3	6.3
Worst	5.9	5.9	5.9	5.9	5.9
Responses	553	560	536	1280	1246

Covid-19 Classification breakdowns

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|---|------------------------------|-----------------------------|
| a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

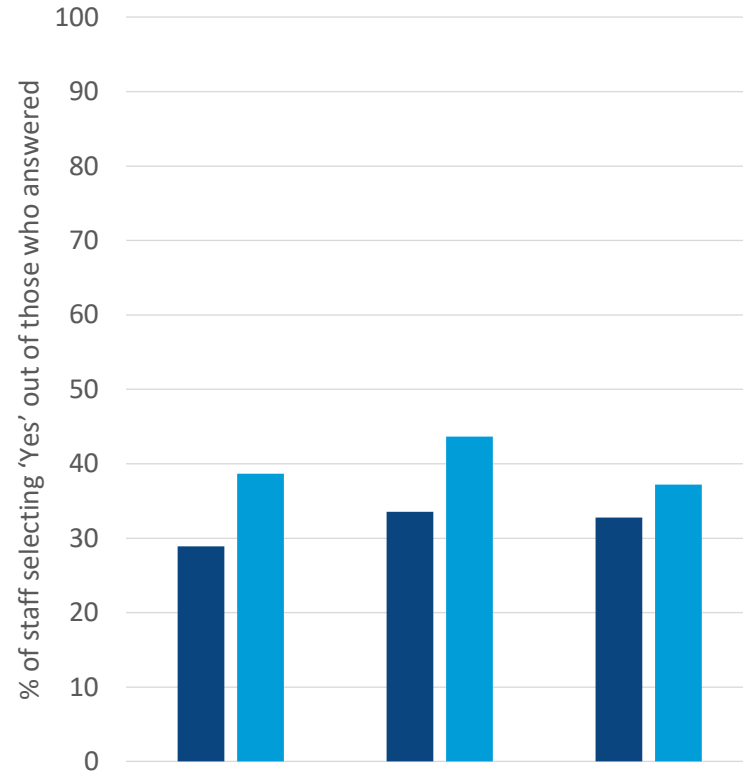
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

Further information

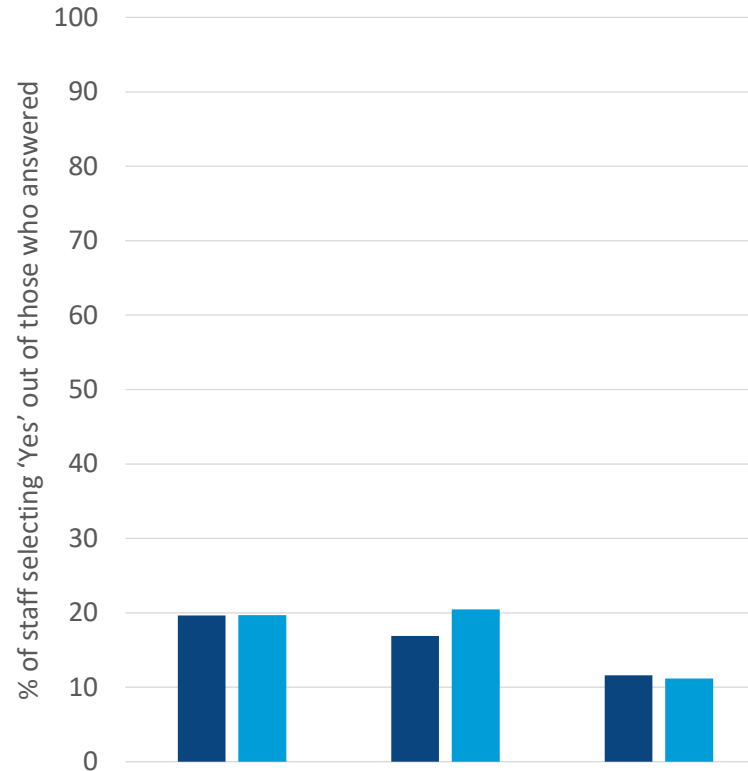
Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



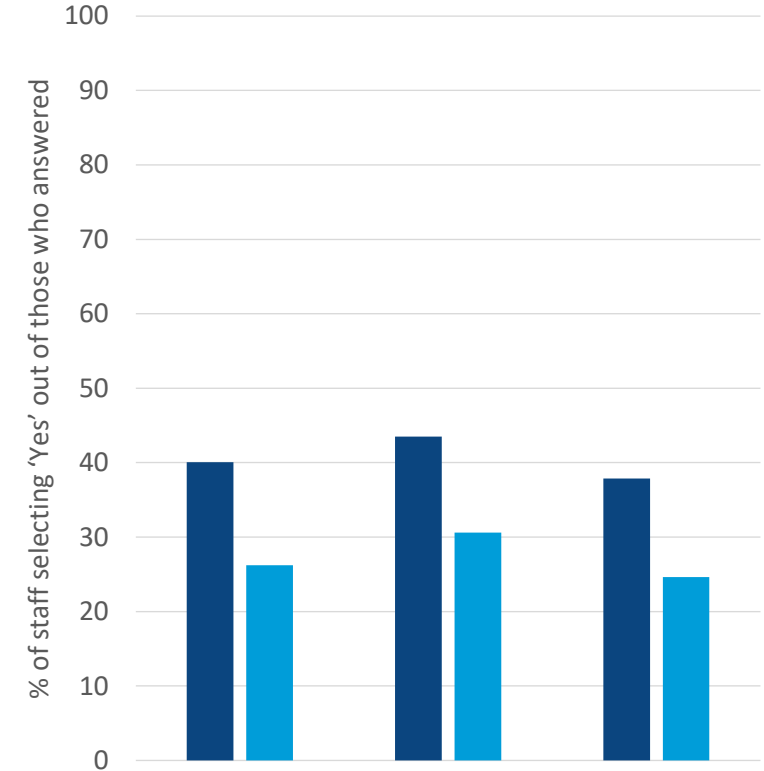
	2020	2021	2022
Your org	28.9%	33.5%	32.8%
Average	38.7%	43.6%	37.2%
Responses	536	1270	1242

Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



	2020	2021	2022
Your org	19.7%	16.9%	11.6%
Average	19.7%	20.4%	11.2%
Responses	534	1262	1233

Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



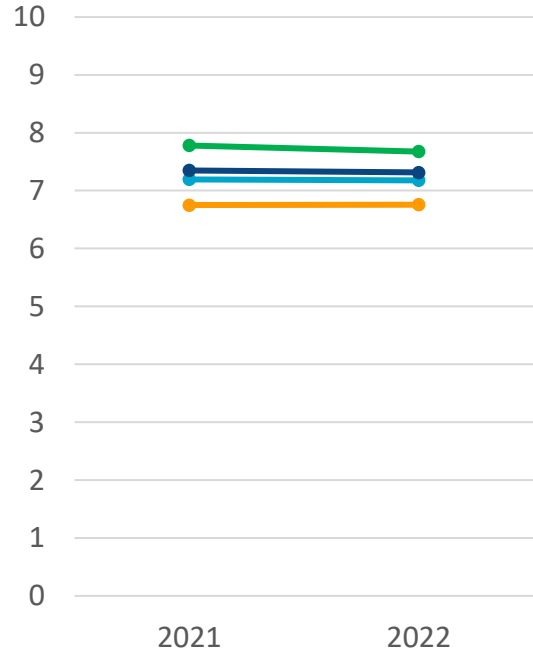
	2020	2021	2022
Your org	40.0%	43.5%	37.9%
Average	26.2%	30.6%	24.6%
Responses	532	1264	1239

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.

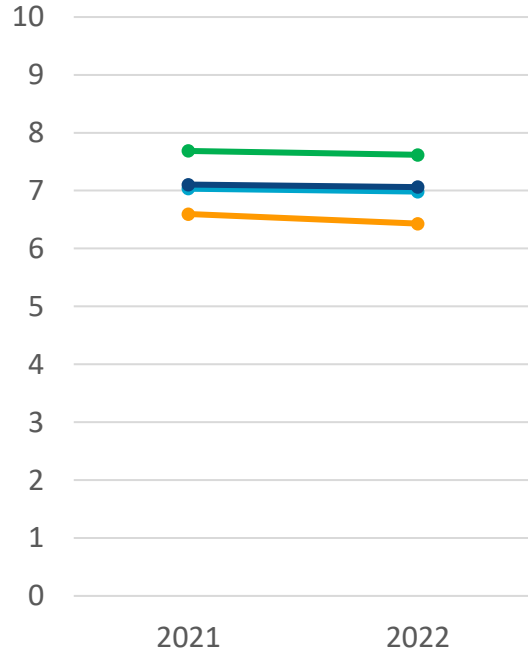


Promise element 1: We are compassionate and inclusive

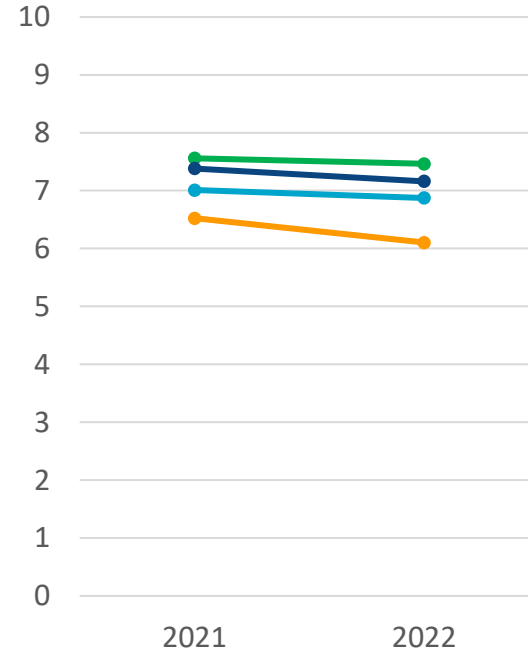
All staff



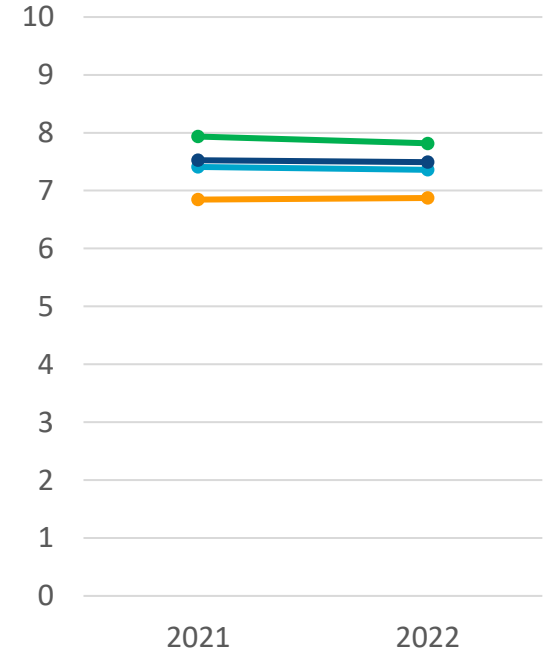
Worked on a Covid-19 ward or specific area



Redeployed



Required to work remotely / from home



	2021	2022
Your org	7.3	7.3
Highest	7.8	7.7
Average	7.2	7.2
Lowest	6.7	6.8
Responses	1282	1247

	2021	2022
Your org	7.1	7.1
Highest	7.7	7.6
Average	7.0	7.0
Lowest	6.6	6.4
Responses	426	402

	2021	2022
Your org	7.4	7.2
Highest	7.6	7.5
Average	7.0	6.9
Lowest	6.5	6.1
Responses	213	142

	2021	2022
Your org	7.5	7.5
Highest	7.9	7.8
Average	7.4	7.4
Lowest	6.8	6.9
Responses	550	467

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.



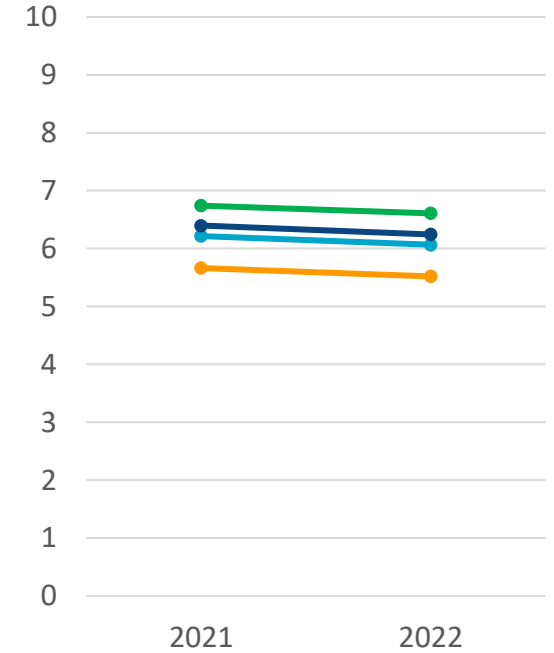
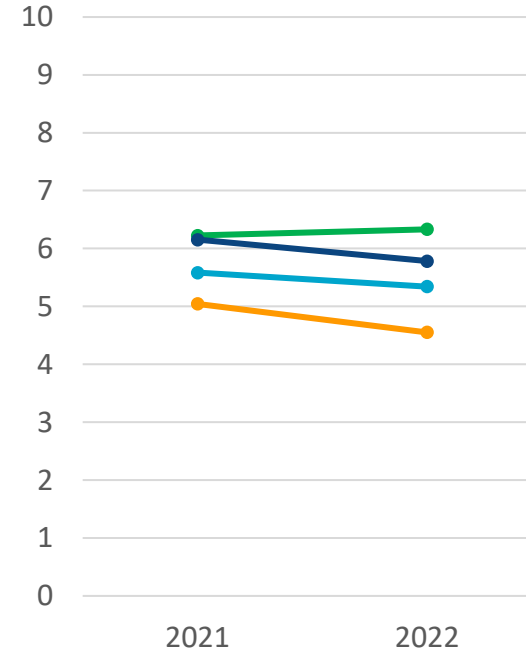
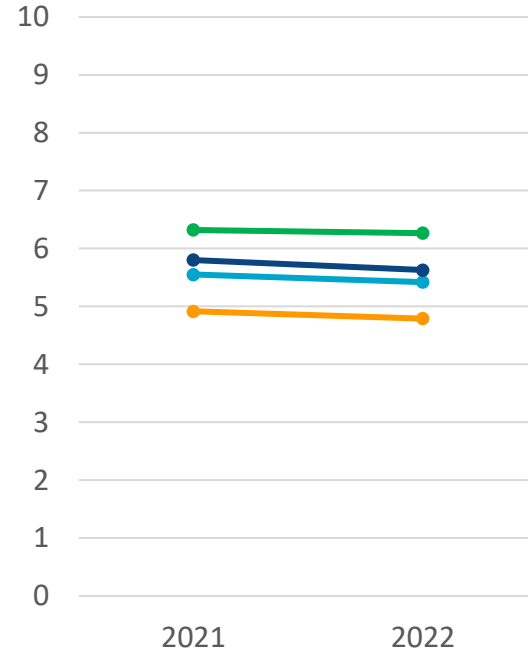
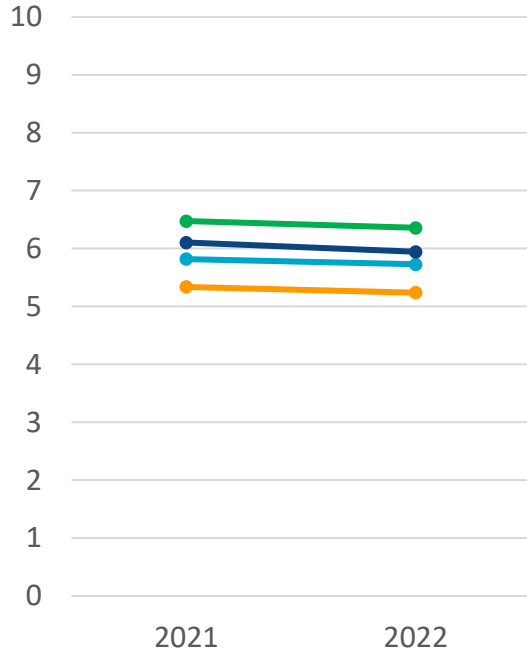
Promise element 2: We are recognised and rewarded

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.1	5.9
Highest	6.5	6.4
Average	5.8	5.7
Lowest	5.3	5.2
Responses	1277	1246

	2021	2022
Your org	5.8	5.6
Highest	6.3	6.3
Average	5.6	5.4
Lowest	4.9	4.8
Responses	425	403

	2021	2022
Your org	6.2	5.8
Highest	6.2	6.3
Average	5.6	5.3
Lowest	5.0	4.6
Responses	212	142

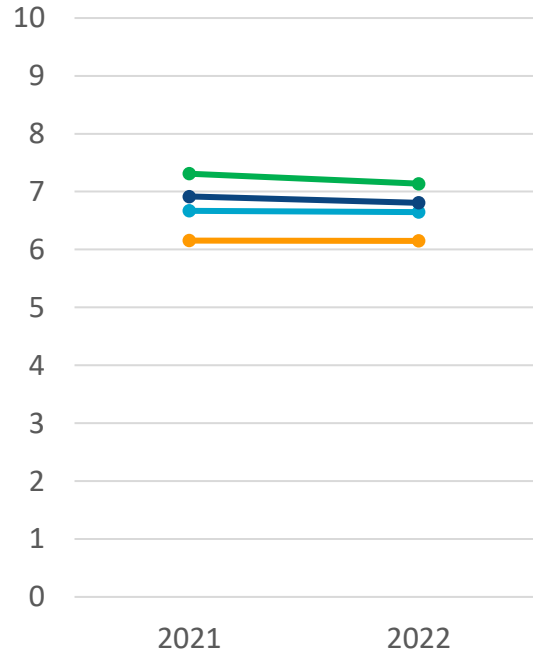
	2021	2022
Your org	6.4	6.2
Highest	6.7	6.6
Average	6.2	6.1
Lowest	5.7	5.5
Responses	547	466

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.



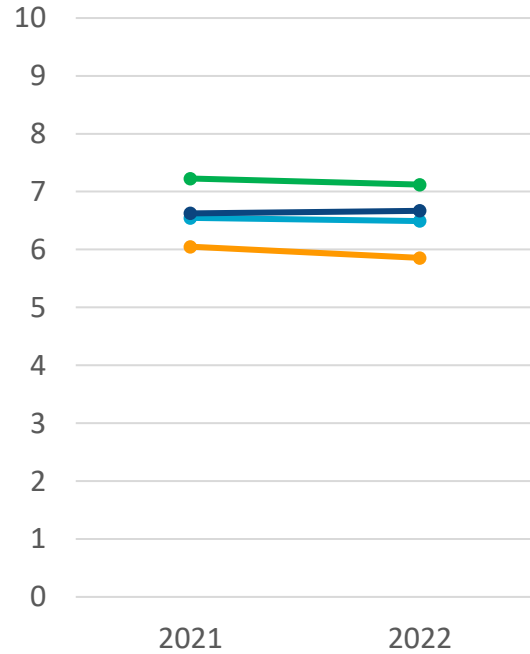
Promise element 3: We each have a voice that counts

All staff



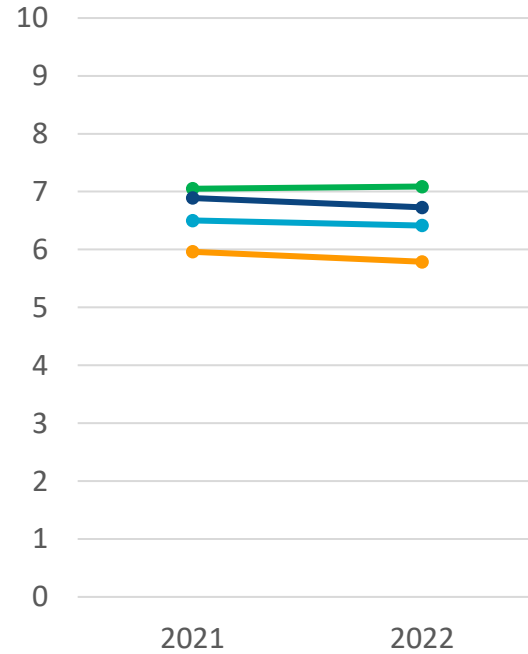
	2021	2022
Your org	6.9	6.8
Highest	7.3	7.1
Average	6.7	6.6
Lowest	6.2	6.2
Responses	1260	1229

Worked on a Covid-19 ward or specific area



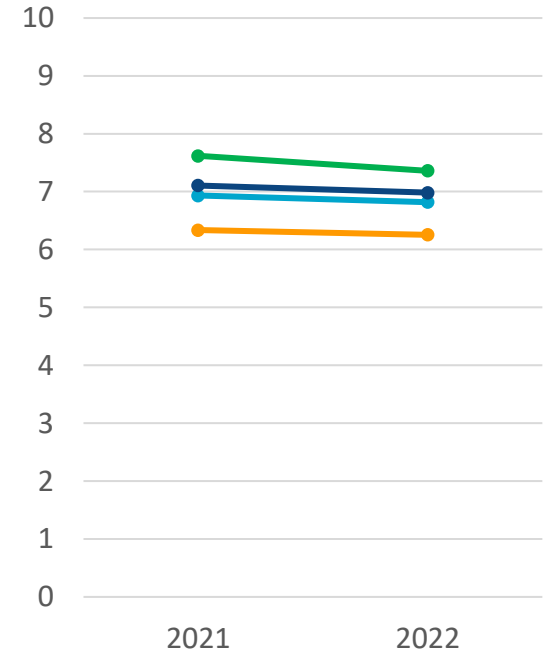
	2021	2022
Your org	6.6	6.7
Highest	7.2	7.1
Average	6.5	6.5
Lowest	6.0	5.9
Responses	422	398

Redeployed



	2021	2022
Your org	6.9	6.7
Highest	7.1	7.1
Average	6.5	6.4
Lowest	6.0	5.8
Responses	210	140

Required to work remotely / from home



	2021	2022
Your org	7.1	7.0
Highest	7.6	7.4
Average	6.9	6.8
Lowest	6.3	6.3
Responses	546	464

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.



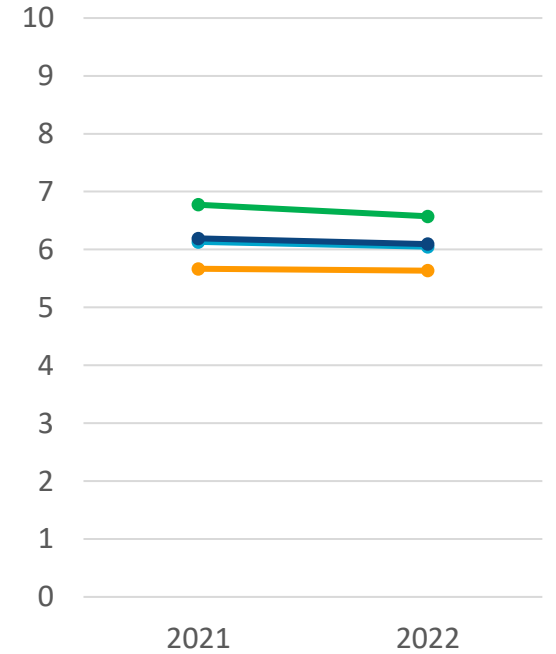
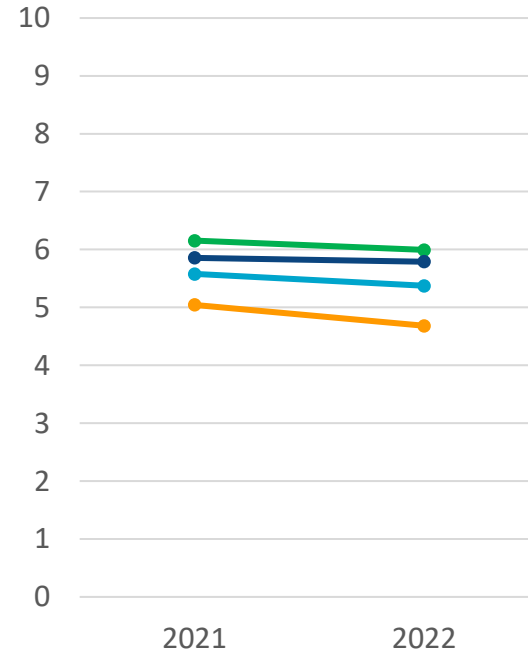
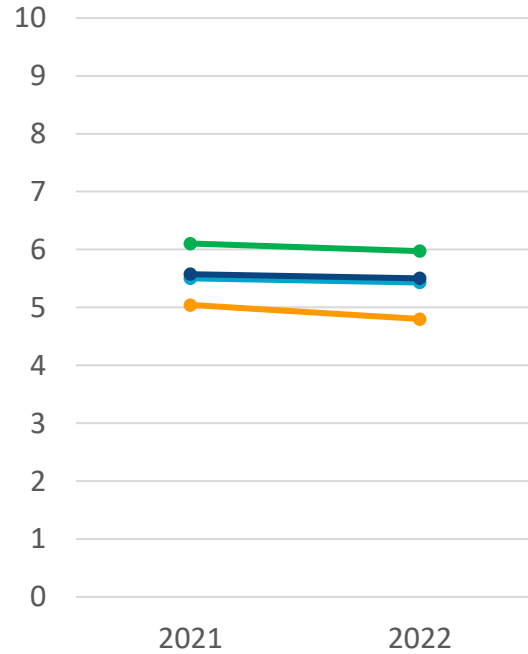
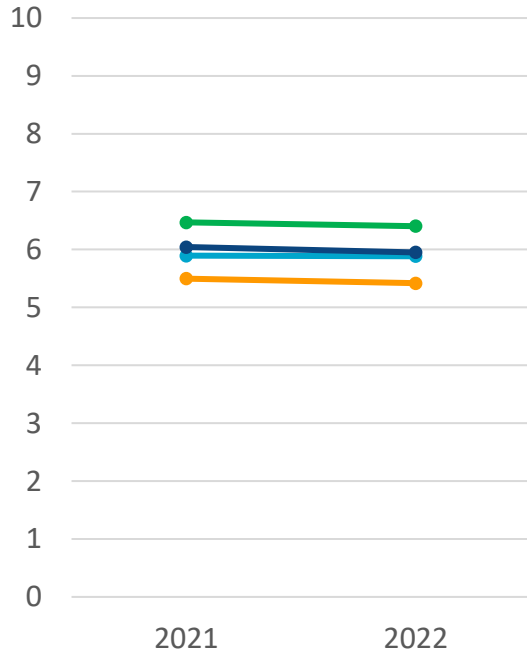
Promise element 4: We are safe and healthy

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.0	6.0
Highest	6.5	6.4
Average	5.9	5.9
Lowest	5.5	5.4
Responses	1271	1231

	2021	2022
Your org	5.6	5.5
Highest	6.1	6.0
Average	5.5	5.4
Lowest	5.0	4.8
Responses	421	394

	2021	2022
Your org	5.9	5.8
Highest	6.2	6.0
Average	5.6	5.4
Lowest	5.0	4.7
Responses	210	139

	2021	2022
Your org	6.2	6.1
Highest	6.8	6.6
Average	6.1	6.0
Lowest	5.7	5.6
Responses	545	466

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.



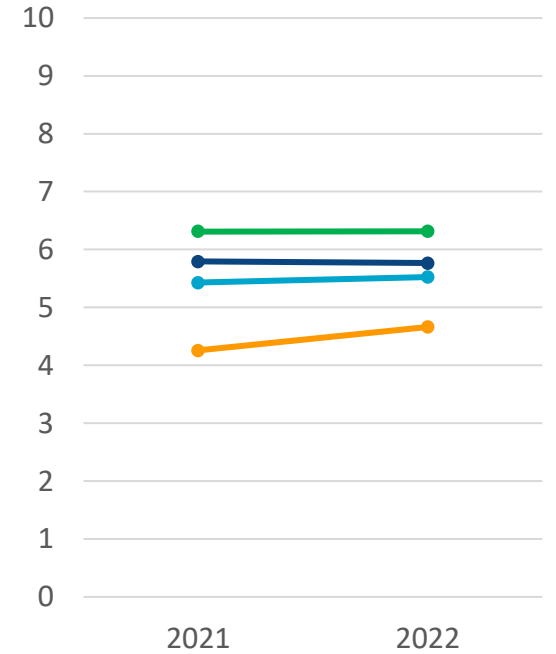
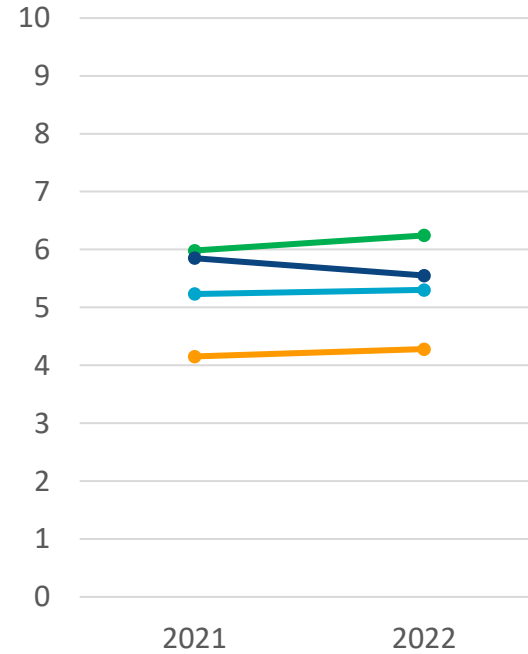
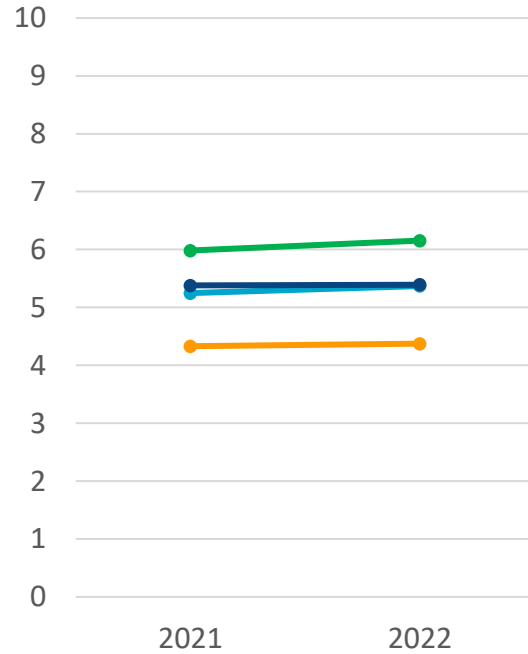
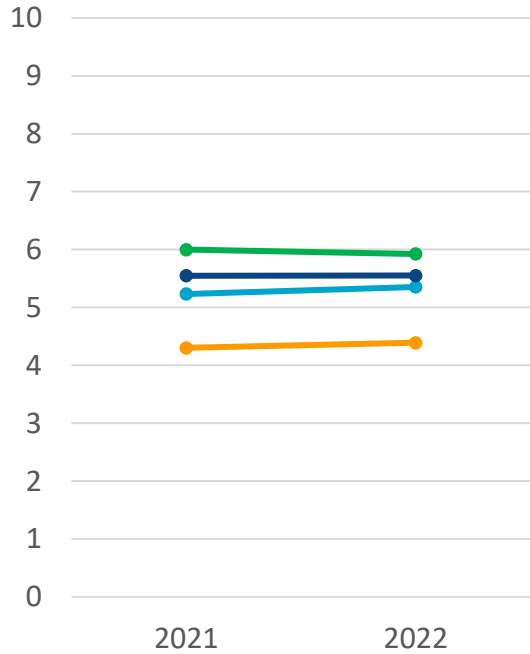
Promise element 5: We are always learning

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.5	5.5
Highest	6.0	5.9
Average	5.2	5.4
Lowest	4.3	4.4
Responses	1182	1203

	2021	2022
Your org	5.4	5.4
Highest	6.0	6.2
Average	5.2	5.4
Lowest	4.3	4.4
Responses	379	390

	2021	2022
Your org	5.9	5.5
Highest	6.0	6.2
Average	5.2	5.3
Lowest	4.2	4.3
Responses	194	138

	2021	2022
Your org	5.8	5.8
Highest	6.3	6.3
Average	5.4	5.5
Lowest	4.3	4.7
Responses	519	455

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.



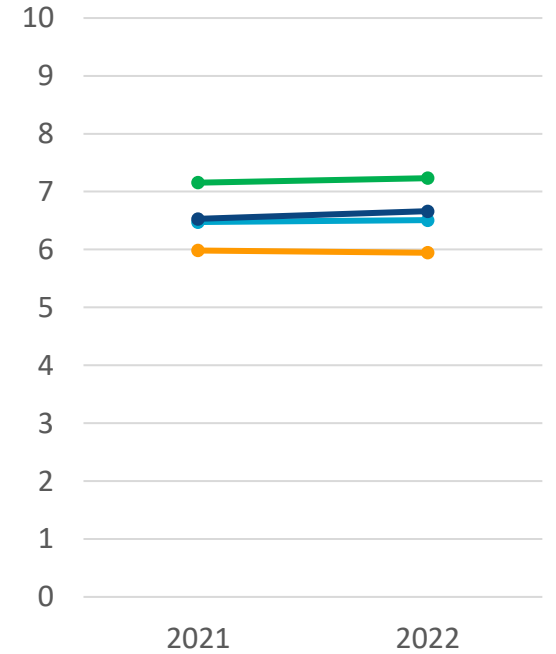
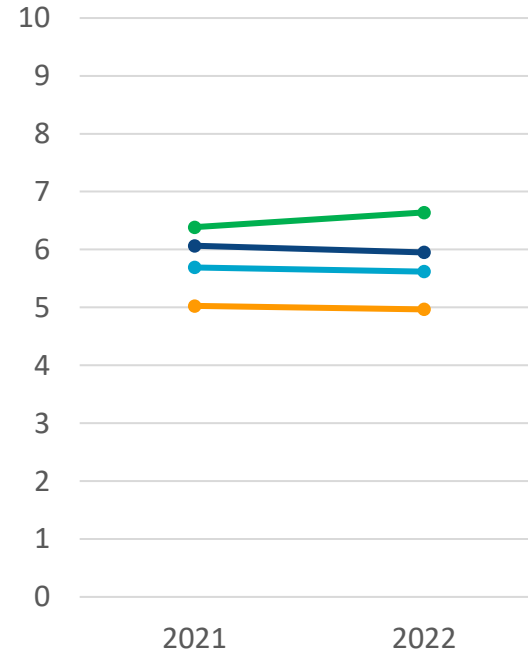
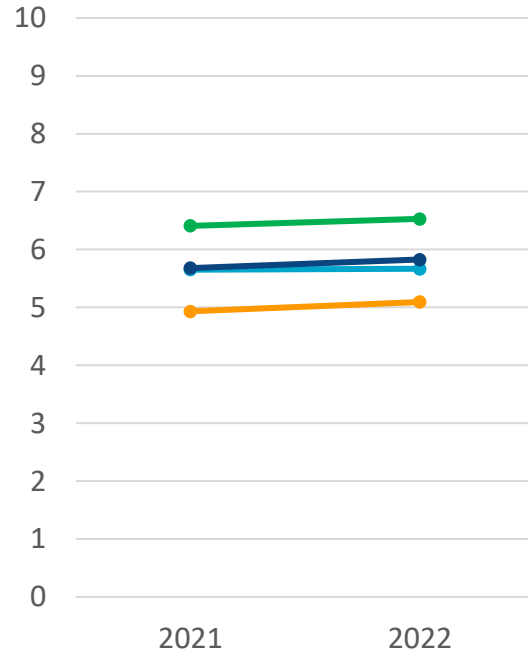
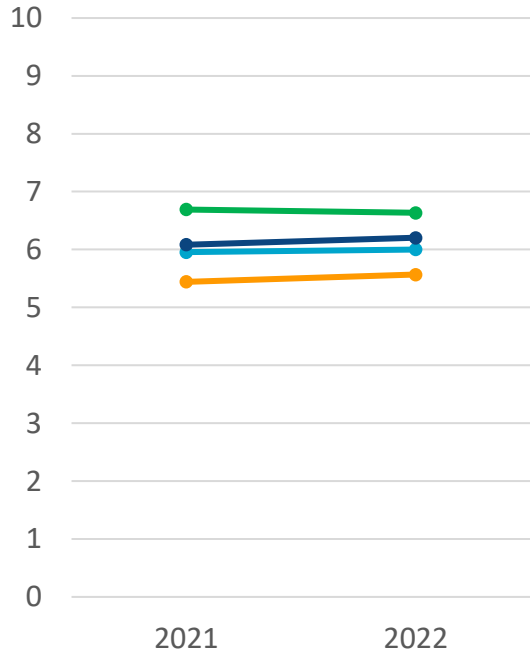
Promise element 6: We work flexibly

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.1	6.2
Highest	6.7	6.6
Average	6.0	6.0
Lowest	5.4	5.6
Responses	1271	1241

	2021	2022
Your org	5.7	5.8
Highest	6.4	6.5
Average	5.7	5.7
Lowest	4.9	5.1
Responses	423	401

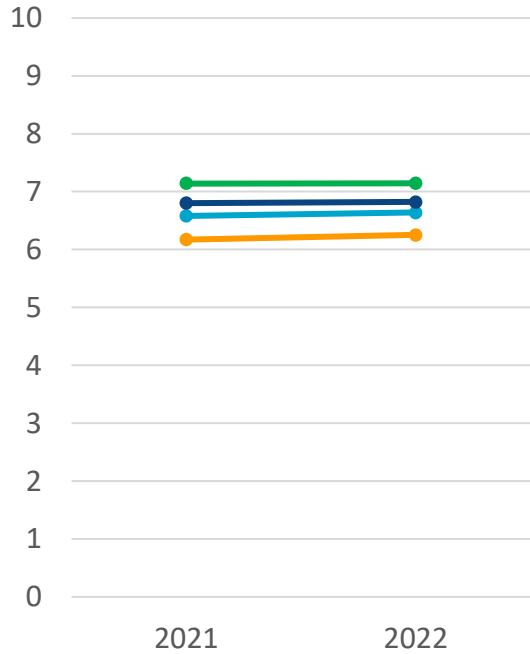
	2021	2022
Your org	6.1	6.0
Highest	6.4	6.6
Average	5.7	5.6
Lowest	5.0	5.0
Responses	211	142

	2021	2022
Your org	6.5	6.7
Highest	7.2	7.2
Average	6.5	6.5
Lowest	6.0	5.9
Responses	545	465

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.

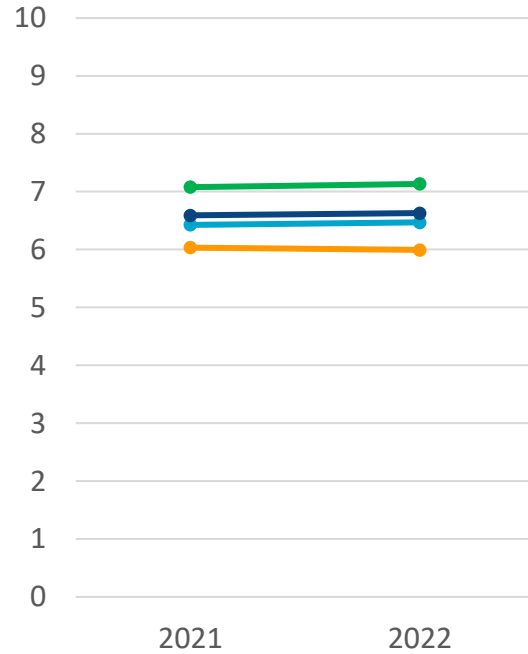
Promise element 7: We are a team

All staff



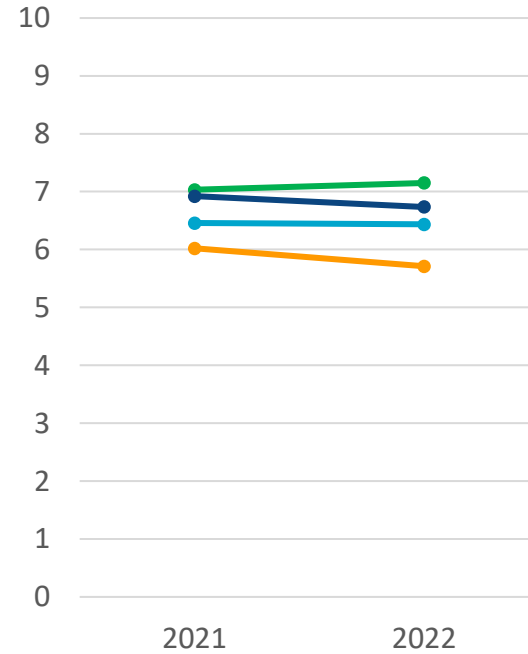
	2021	2022
Your org	6.8	6.8
Highest	7.1	7.1
Average	6.6	6.6
Lowest	6.2	6.3
Responses	1275	1244

Worked on a Covid-19 ward or specific area



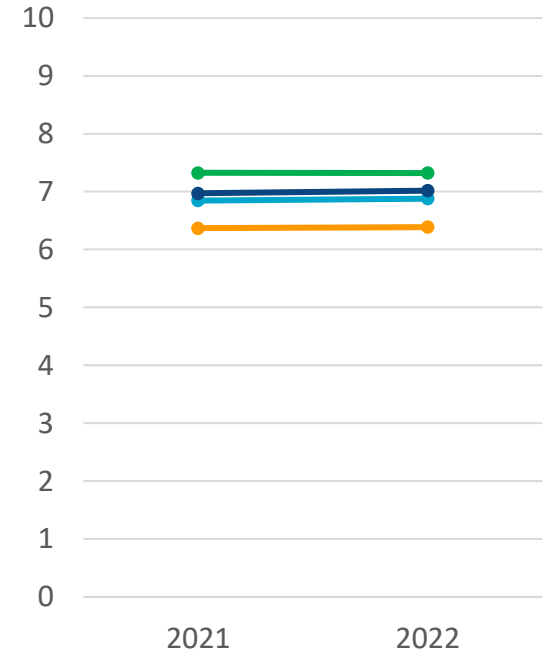
	2021	2022
Your org	6.6	6.6
Highest	7.1	7.1
Average	6.4	6.5
Lowest	6.0	6.0
Responses	424	403

Redeployed



	2021	2022
Your org	6.9	6.7
Highest	7.0	7.2
Average	6.5	6.4
Lowest	6.0	5.7
Responses	213	142

Required to work remotely / from home

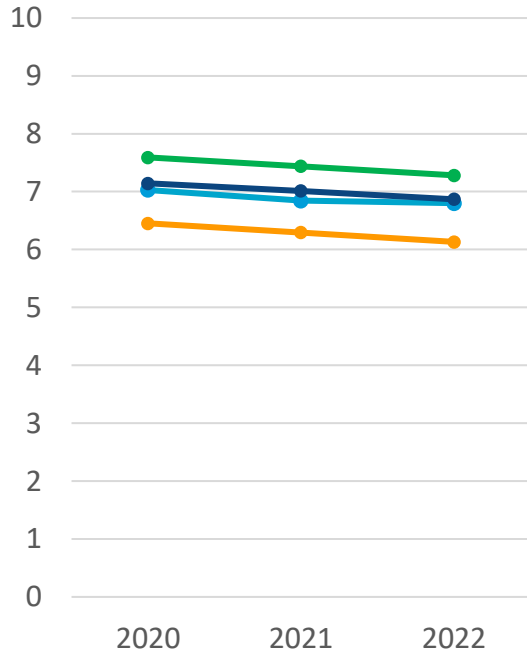


	2021	2022
Your org	7.0	7.0
Highest	7.3	7.3
Average	6.8	6.9
Lowest	6.4	6.4
Responses	546	465

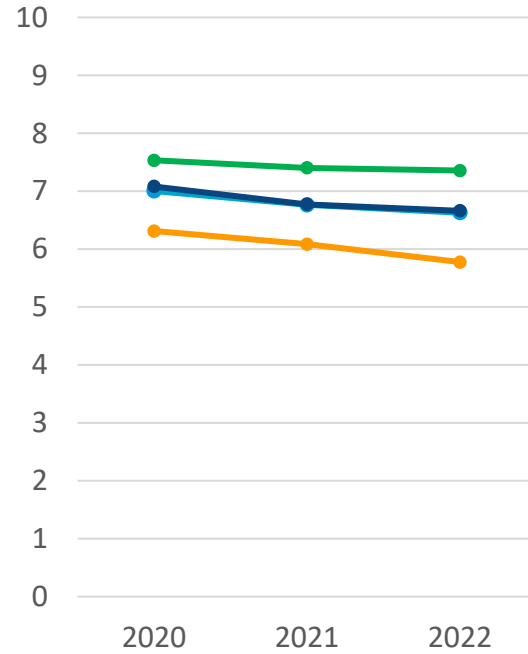
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff Engagement

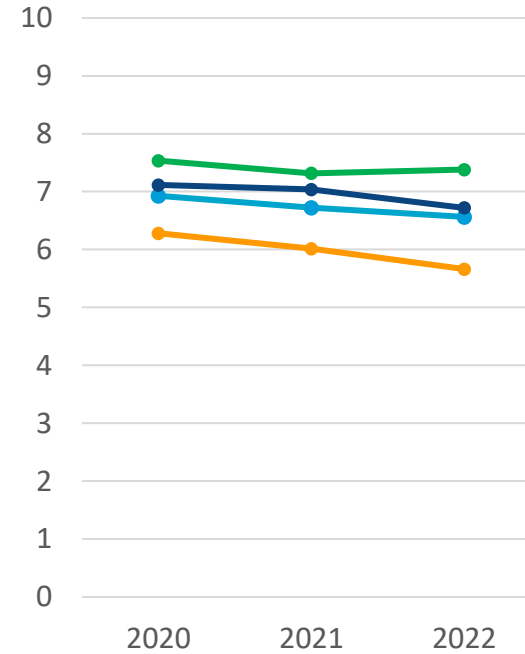
All staff



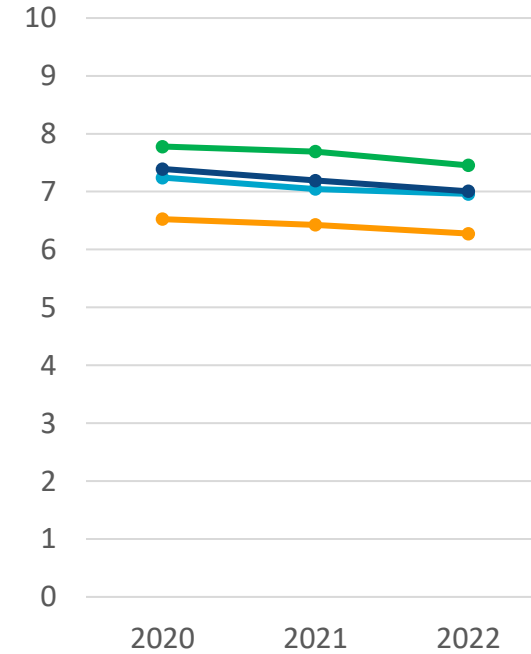
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	7.1	7.0	6.9
Highest	7.6	7.4	7.3
Average	7.0	6.8	6.8
Lowest	6.5	6.3	6.1
Responses	540	1282	1250

	2020	2021	2022
Your org	7.1	6.8	6.7
Highest	7.5	7.4	7.4
Average	7.0	6.8	6.6
Lowest	6.3	6.1	5.8
Responses	154	426	404

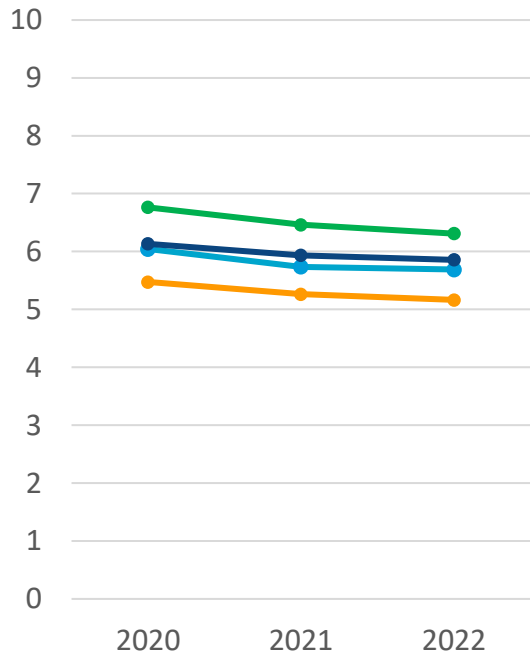
	2020	2021	2022
Your org	7.1	7.0	6.7
Highest	7.5	7.3	7.4
Average	6.9	6.7	6.6
Lowest	6.3	6.0	5.7
Responses	104	213	142

	2020	2021	2022
Your org	7.4	7.2	7.0
Highest	7.8	7.7	7.5
Average	7.2	7.0	7.0
Lowest	6.5	6.4	6.3
Responses	213	550	467

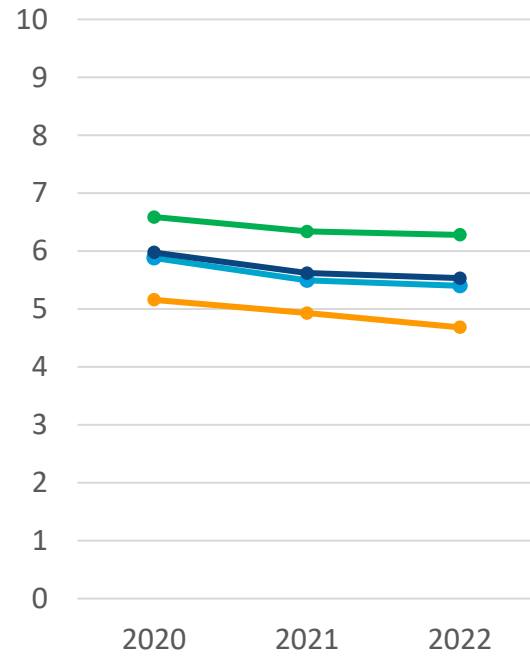
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale

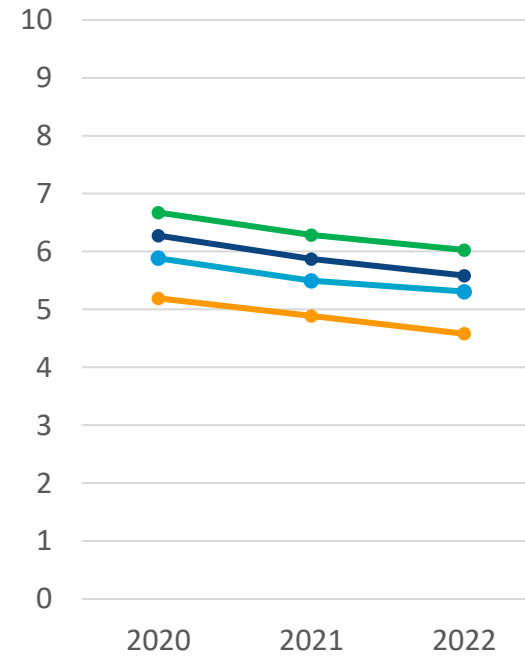
All staff



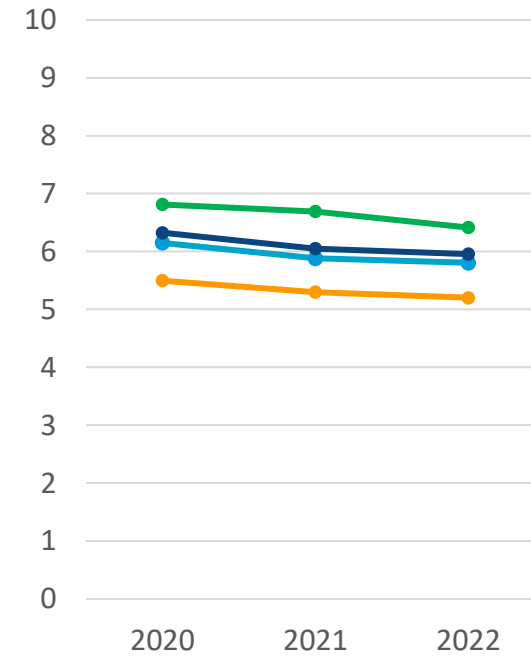
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	6.1	5.9	5.9
Highest	6.8	6.5	6.3
Average	6.0	5.7	5.7
Lowest	5.5	5.3	5.2
Responses	539	1283	1249

	2020	2021	2022
Your org	6.0	5.6	5.5
Highest	6.6	6.3	6.3
Average	5.9	5.5	5.4
Lowest	5.2	4.9	4.7
Responses	154	426	403

	2020	2021	2022
Your org	6.3	5.9	5.6
Highest	6.7	6.3	6.0
Average	5.9	5.5	5.3
Lowest	5.2	4.9	4.6
Responses	104	213	142

	2020	2021	2022
Your org	6.3	6.1	6.0
Highest	6.8	6.7	6.4
Average	6.1	5.9	5.8
Lowest	5.5	5.3	5.2
Responses	213	550	467

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

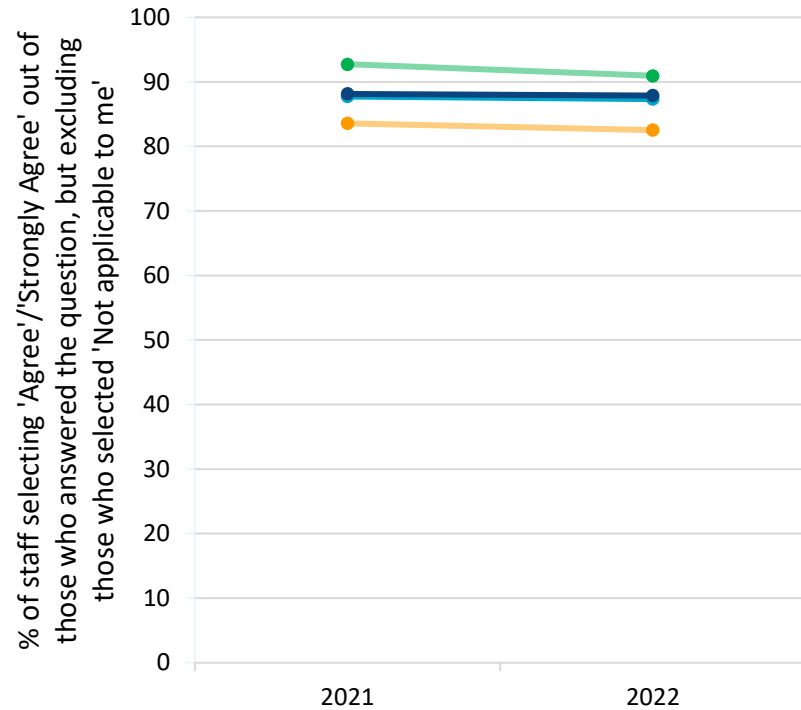
Diversity and equality – Q15, Q16a, Q16b, Q20

Inclusion – Q7h, Q7i, Q8b, Q8c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

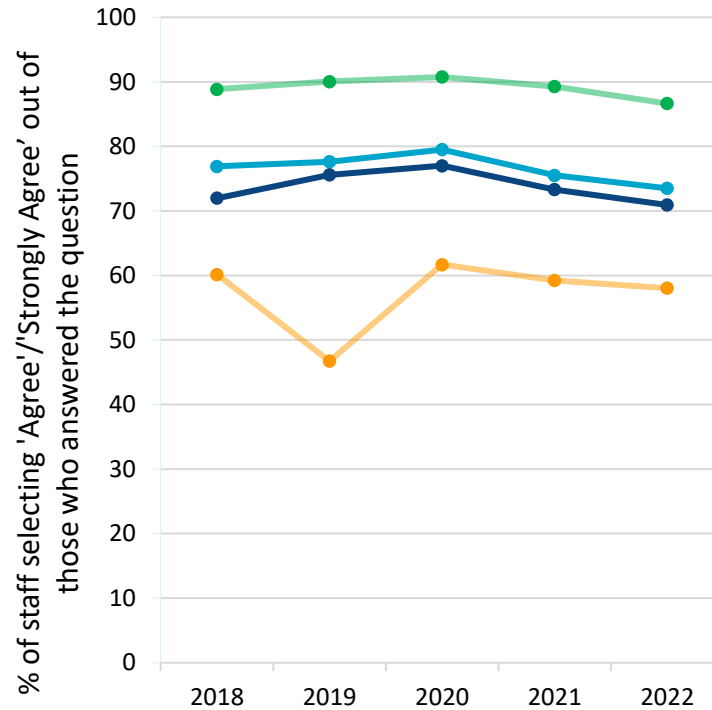


Q6a I feel that my role makes a difference to patients / service users.



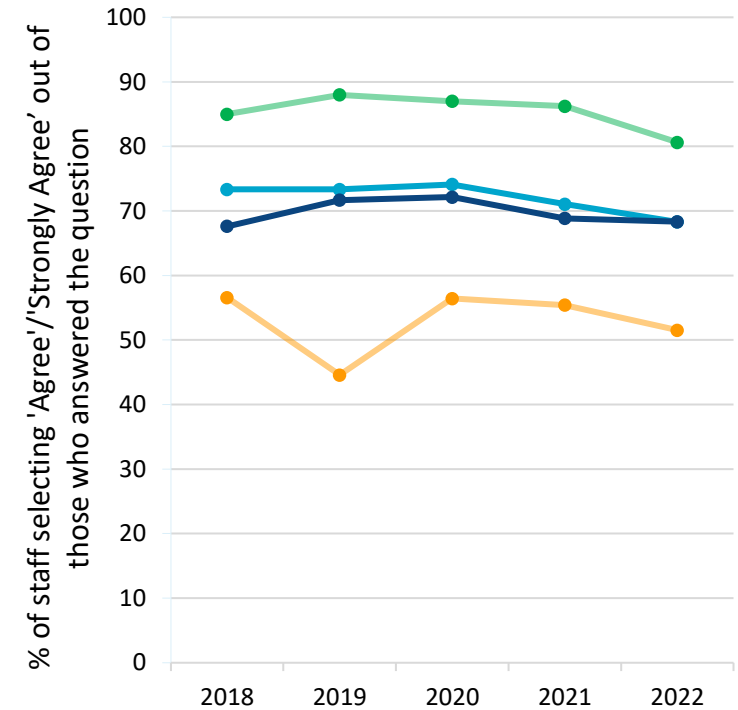
	2021	2022
Your org	88.1%	87.9%
Best	92.7%	90.9%
Average	87.7%	87.3%
Worst	83.6%	82.5%
Responses	1234	1214

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



	2018	2019	2020	2021	2022
Your org	72.0%	75.6%	77.0%	73.3%	70.9%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	549	552	538	1272	1244

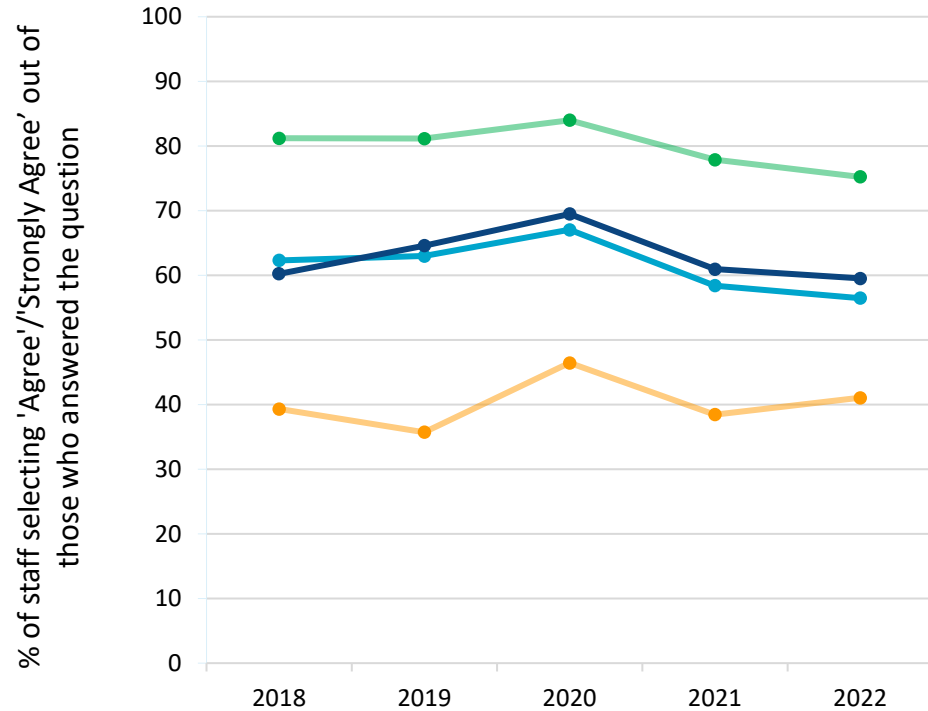
Q23b My organisation acts on concerns raised by patients / service users.



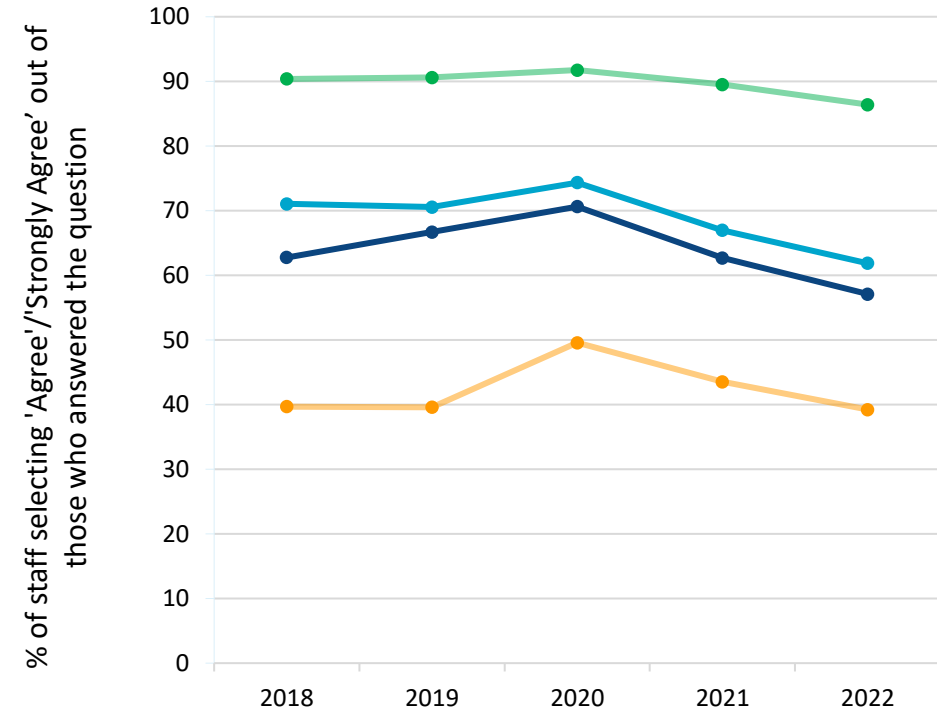
	2018	2019	2020	2021	2022
Your org	67.6%	71.7%	72.1%	68.8%	68.3%
Best	85.0%	88.0%	87.0%	86.2%	80.6%
Average	73.3%	73.3%	74.1%	71.0%	68.3%
Worst	56.6%	44.6%	56.4%	55.4%	51.5%
Responses	549	551	538	1268	1243



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



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

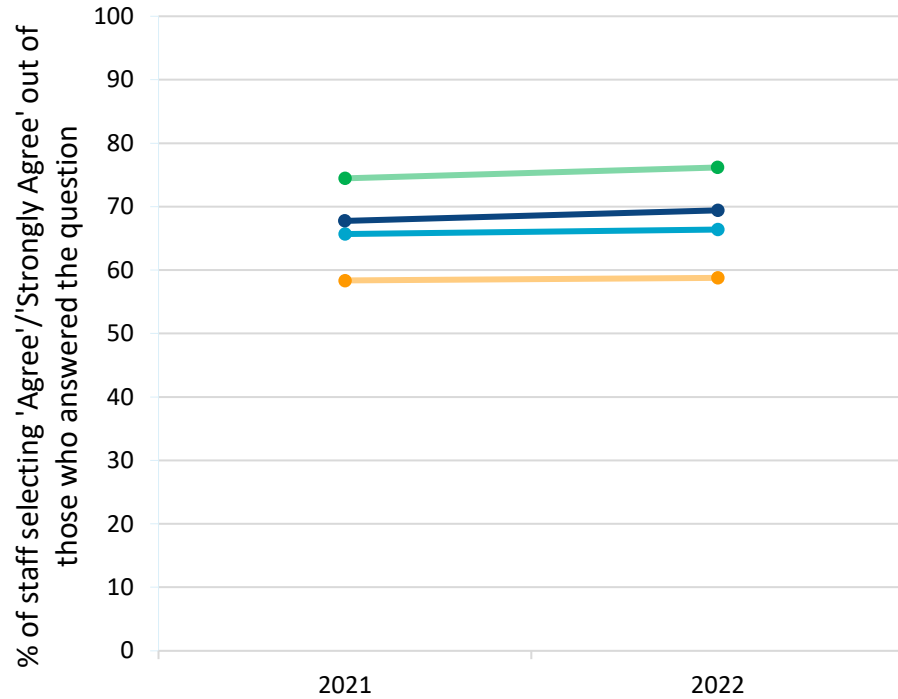


	2018	2019	2020	2021	2022
Your org	60.2%	64.6%	69.5%	61.0%	59.5%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	548	551	538	1269	1242

	2018	2019	2020	2021	2022
Your org	62.7%	66.7%	70.6%	62.7%	57.1%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	545	550	538	1264	1242

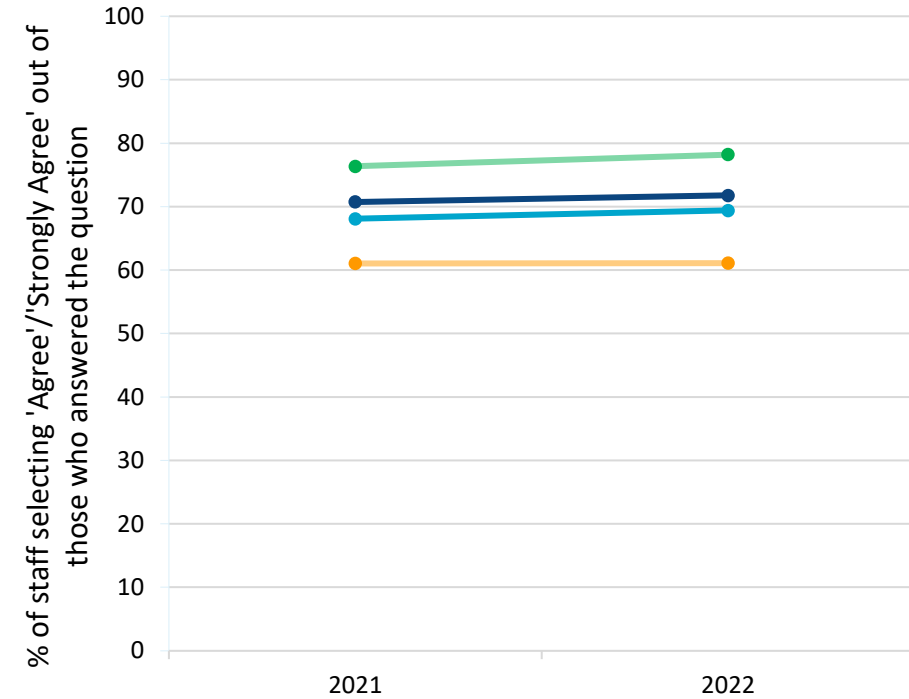


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	67.8%	69.4%
Best	74.5%	76.2%
Average	65.7%	66.4%
Worst	58.4%	58.8%
Responses	1279	1242

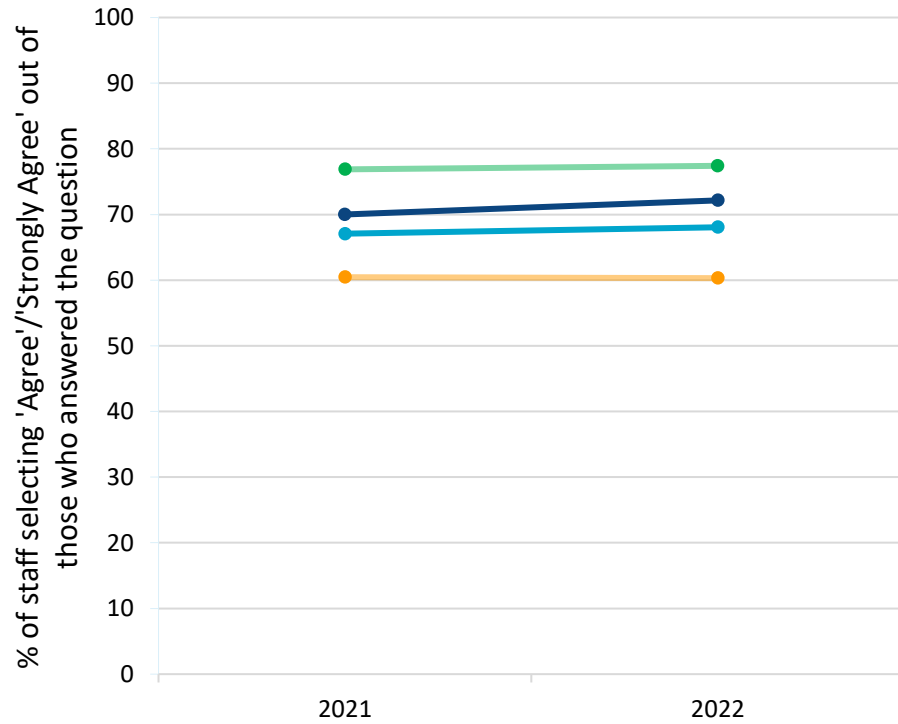
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022
Your org	70.7%	71.8%
Best	76.4%	78.2%
Average	68.1%	69.4%
Worst	61.1%	61.1%
Responses	1277	1245

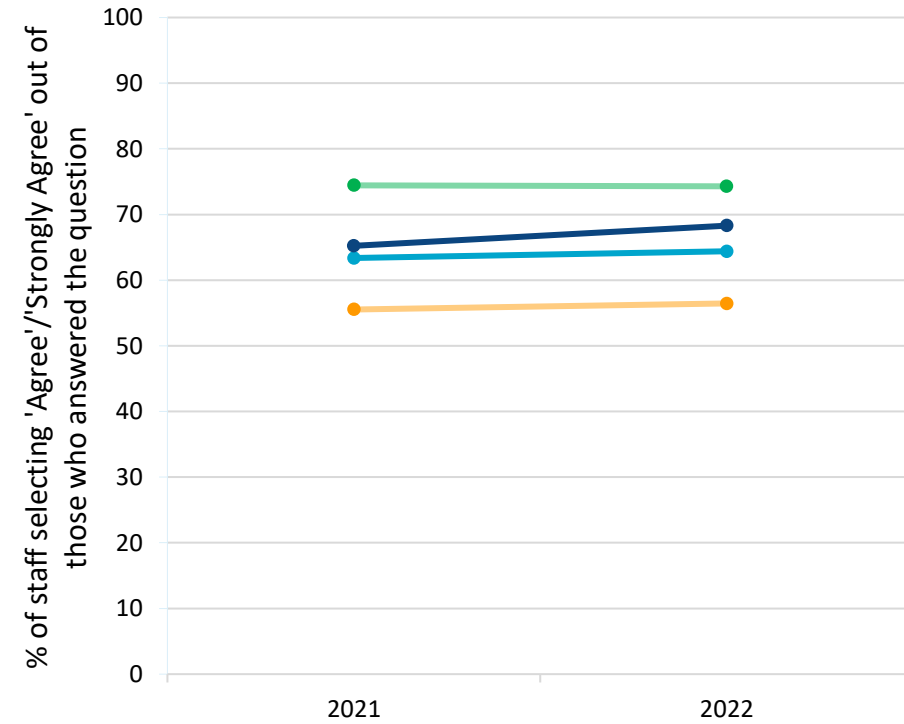


Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	70.0%	72.2%
Best	76.9%	77.4%
Average	67.1%	68.1%
Worst	60.5%	60.3%
Responses	1275	1243

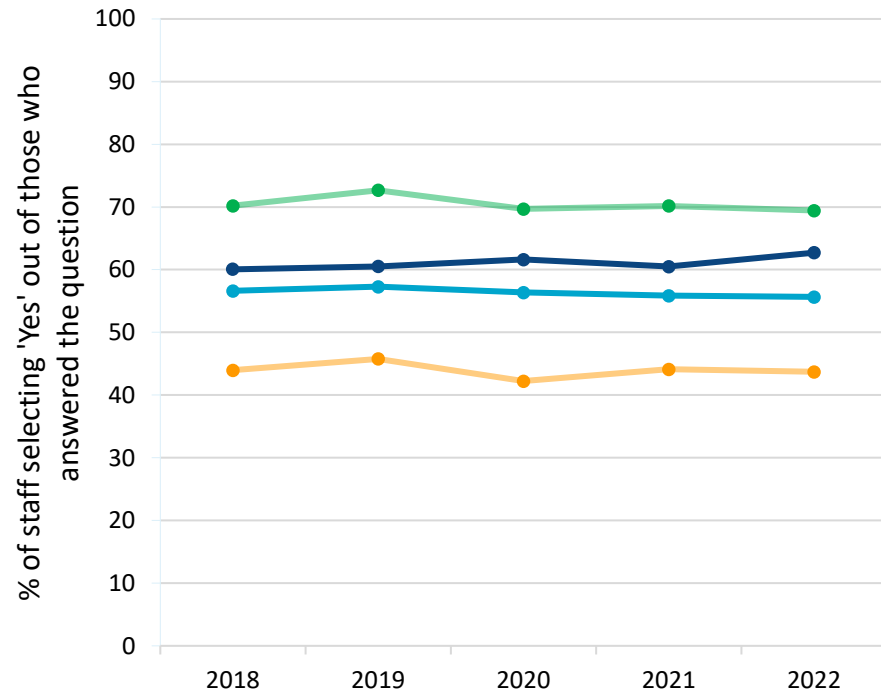
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022
Your org	65.2%	68.3%
Best	74.5%	74.3%
Average	63.4%	64.4%
Worst	55.6%	56.4%
Responses	1274	1243

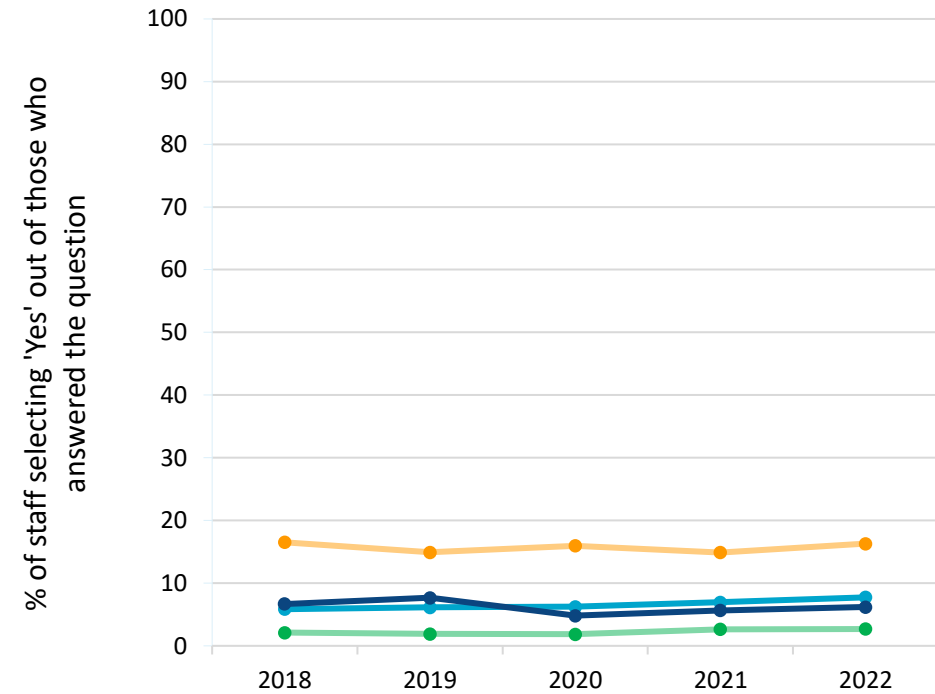


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021	2022
Your org	60.0%	60.5%	61.6%	60.5%	62.7%
Best	70.2%	72.7%	69.7%	70.2%	69.4%
Average	56.6%	57.3%	56.4%	55.8%	55.6%
Worst	44.0%	45.8%	42.2%	44.1%	43.7%
Responses	551	559	536	1257	1233

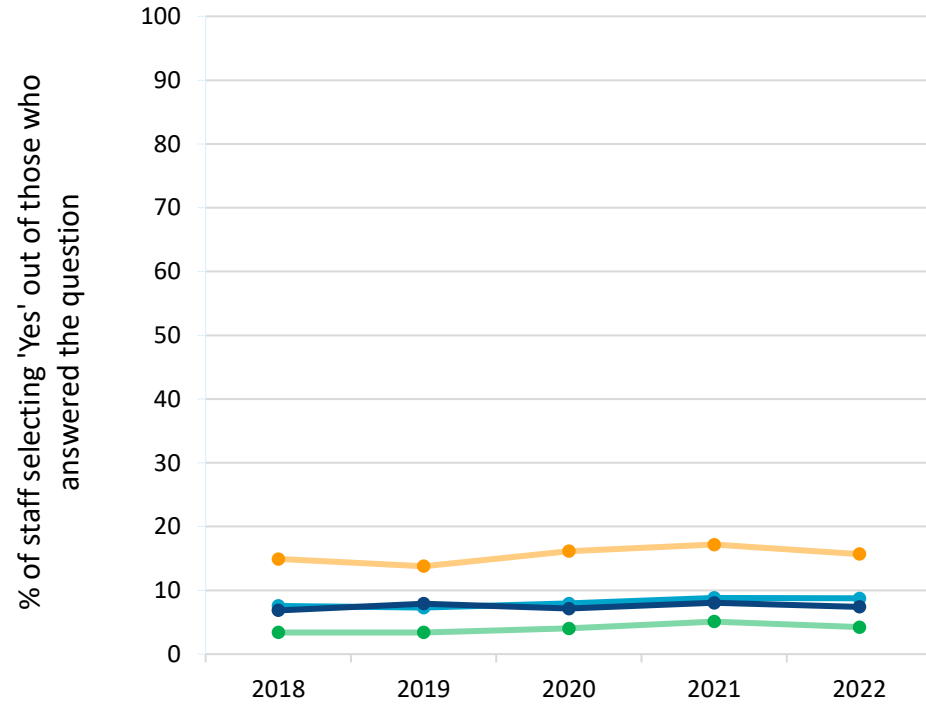
Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2018	2019	2020	2021	2022
Your org	6.7%	7.7%	4.8%	5.7%	6.2%
Best	2.1%	1.9%	1.9%	2.7%	2.7%
Average	5.9%	6.2%	6.3%	7.0%	7.8%
Worst	16.5%	14.9%	16.0%	14.9%	16.3%
Responses	552	554	534	1277	1248



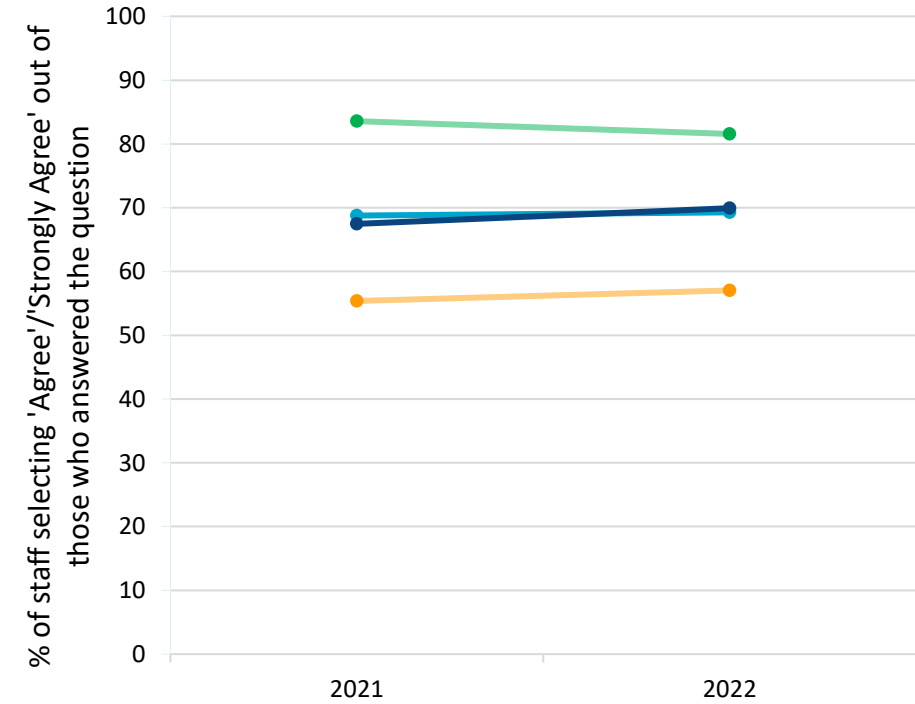
Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	6.8%	7.9%	7.1%	8.0%	7.4%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%

Responses 545 550 532 1272 1245

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



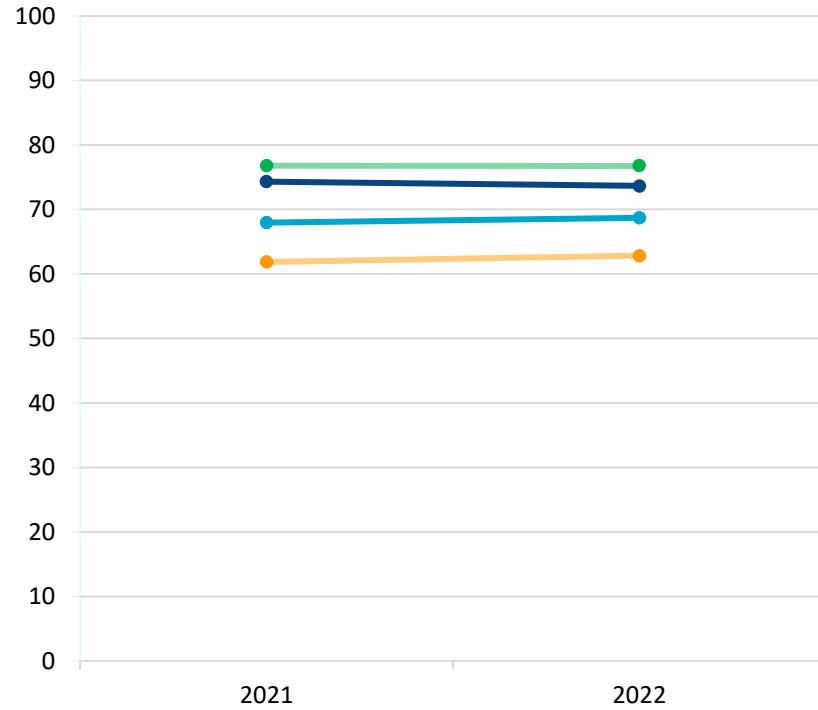
	2021	2022
Your org	67.5%	69.9%
Best	83.6%	81.6%
Average	68.8%	69.3%
Worst	55.4%	57.1%

Responses 1272 1247



Q7h I feel valued by my team.

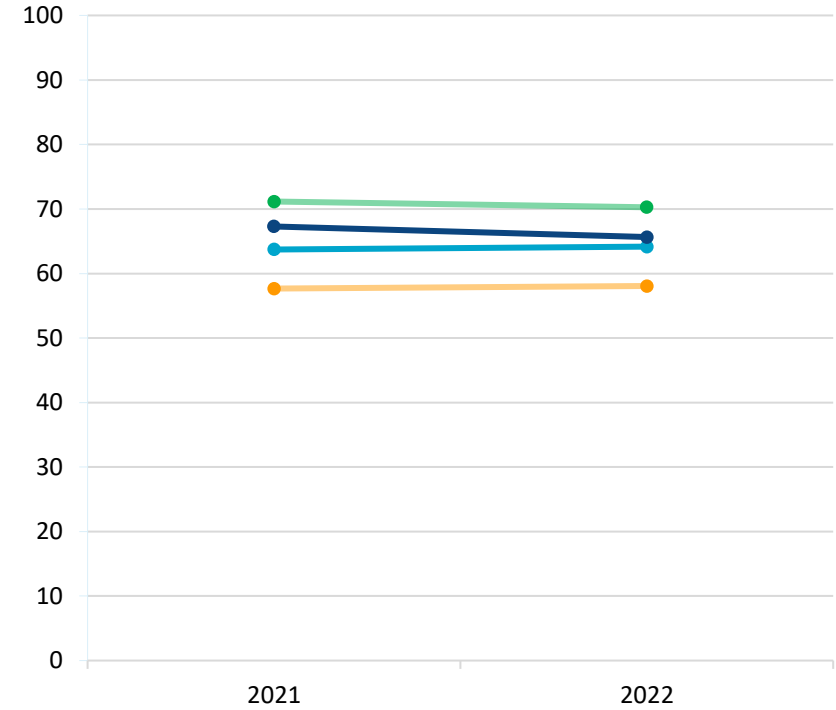
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	74.3%	73.7%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%
Responses	1270	1243

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

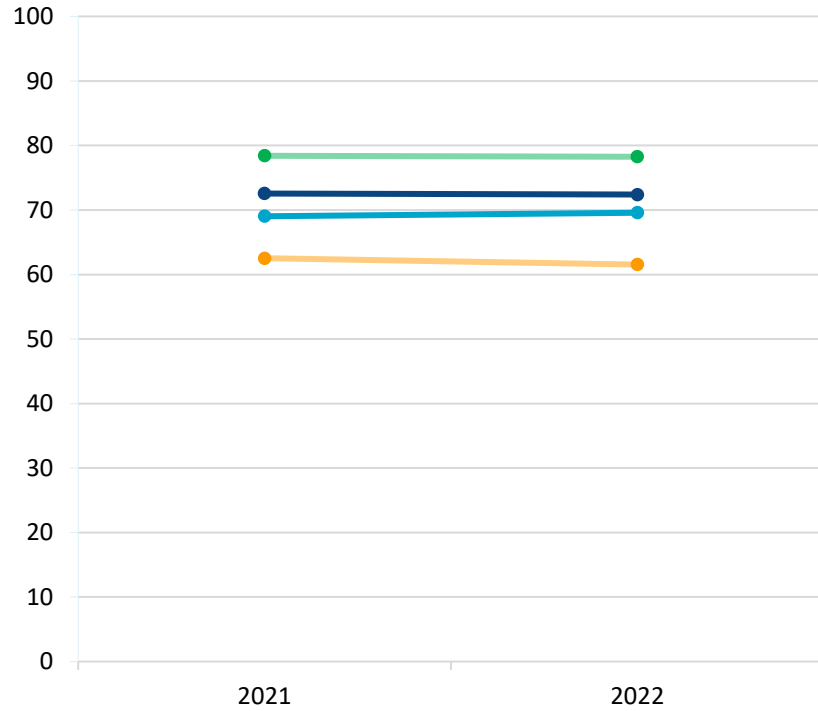


	2021	2022
Your org	67.3%	65.6%
Best	71.2%	70.3%
Average	63.7%	64.2%
Worst	57.7%	58.1%
Responses	1271	1241



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

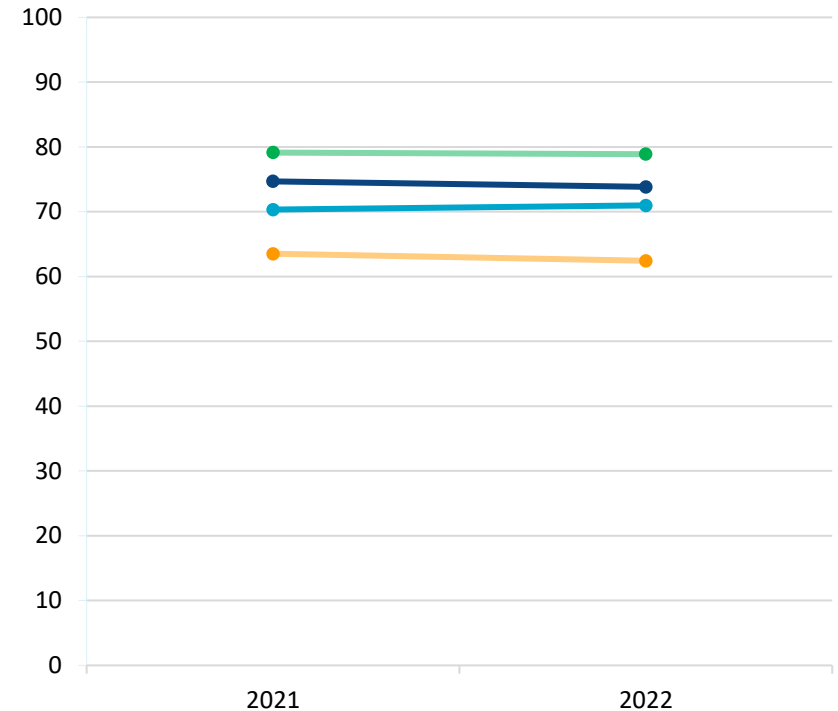
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	72.5%	72.4%
Best	78.4%	78.3%
Average	69.0%	69.6%
Worst	62.5%	61.6%
Responses	1273	1243

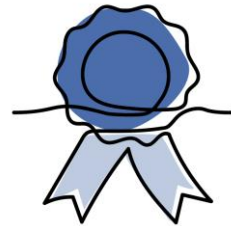
Q8c The people I work with are polite and treat each other with respect.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	74.7%	73.8%
Best	79.1%	78.9%
Average	70.3%	71.0%
Worst	63.5%	62.4%
Responses	1274	1244

People Promise element – We are recognised and rewarded

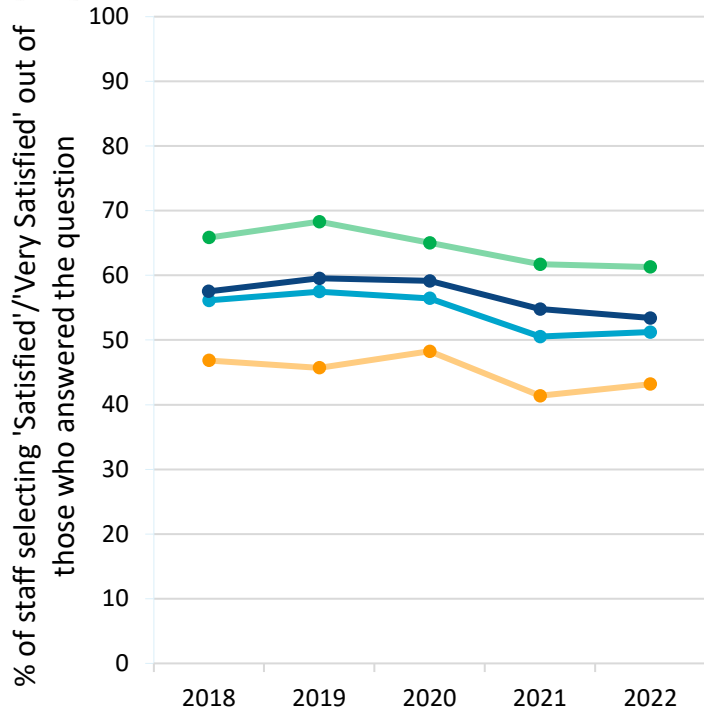


Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

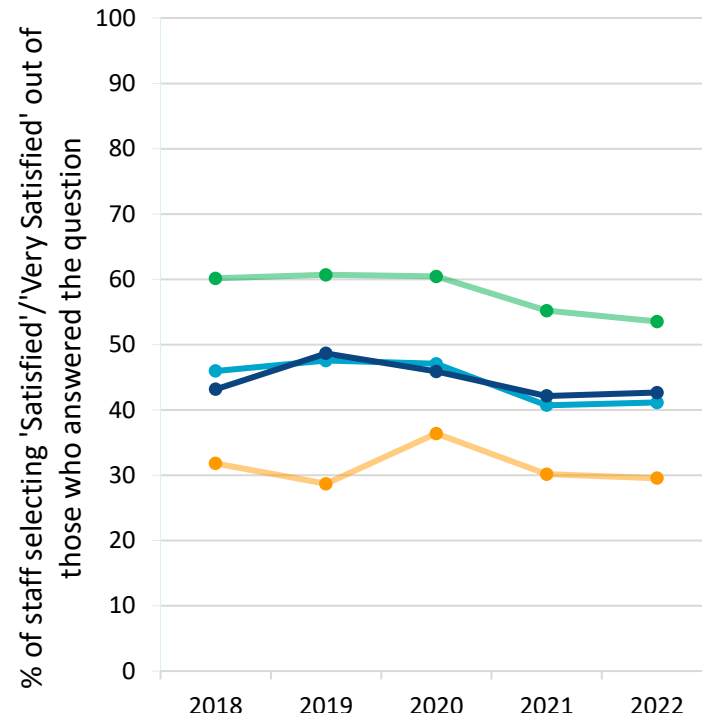


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



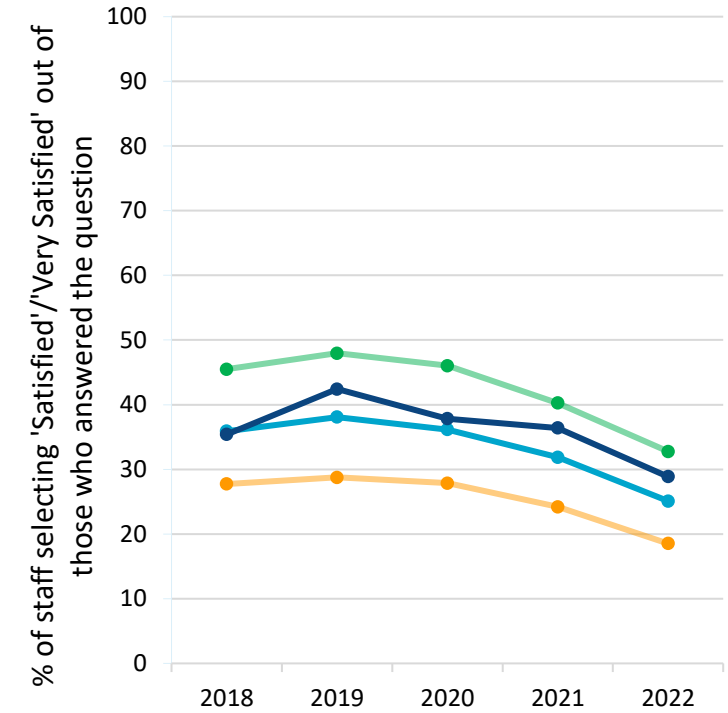
	2018	2019	2020	2021	2022
Your org	57.5%	59.5%	59.1%	54.8%	53.4%
Best	65.8%	68.3%	65.0%	61.7%	61.3%
Average	56.1%	57.5%	56.4%	50.5%	51.2%
Worst	46.8%	45.7%	48.2%	41.4%	43.2%
Responses	554	560	539	1276	1246

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



	2018	2019	2020	2021	2022
Your org	43.2%	48.7%	45.9%	42.1%	42.6%
Best	60.1%	60.7%	60.4%	55.2%	53.5%
Average	45.9%	47.5%	47.1%	40.7%	41.1%
Worst	31.8%	28.7%	36.4%	30.1%	29.5%
Responses	554	561	537	1274	1244

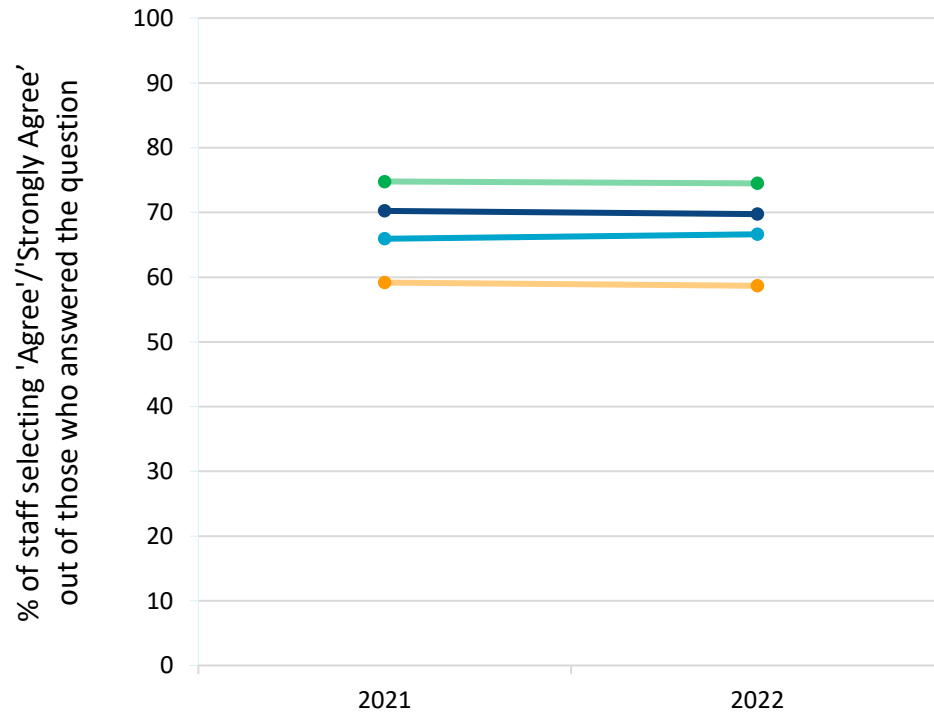
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2018	2019	2020	2021	2022
Your org	35.4%	42.4%	37.8%	36.4%	28.9%
Best	45.5%	47.9%	46.0%	40.3%	32.8%
Average	35.9%	38.1%	36.2%	31.9%	25.1%
Worst	27.7%	28.7%	27.9%	24.2%	18.5%
Responses	554	562	537	1276	1243



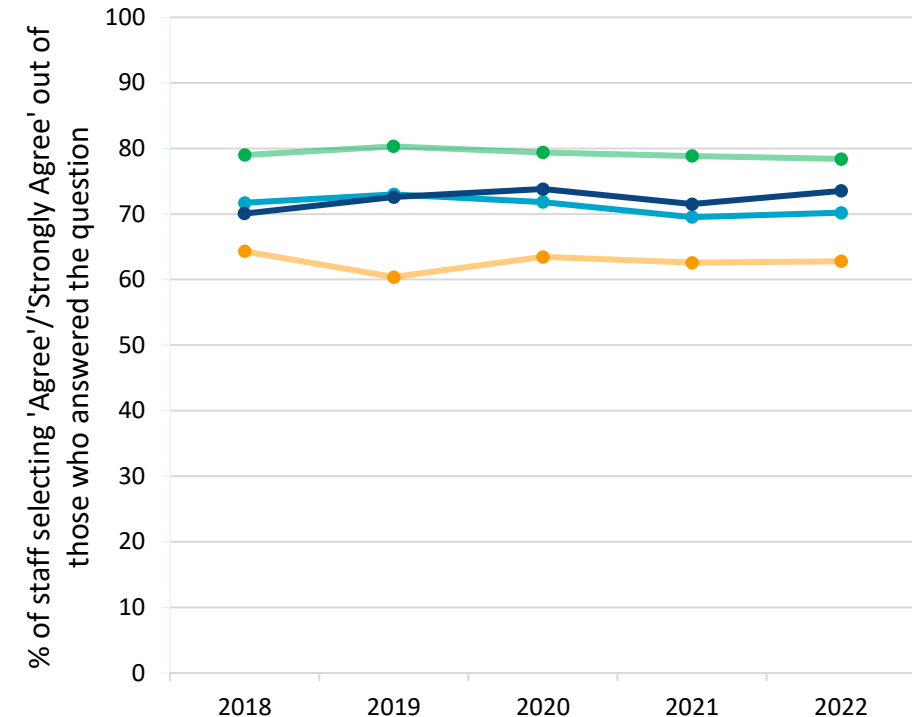
Q8d The people I work with show appreciation to one another.



	2021	2022
Your org	70.3%	69.8%
Best	74.8%	74.5%
Average	66.0%	66.6%
Worst	59.2%	58.7%

Responses 1276 1242

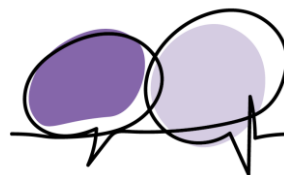
Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	70.0%	72.6%	73.8%	71.5%	73.5%
Best	79.0%	80.3%	79.4%	78.8%	78.4%
Average	71.7%	73.0%	71.8%	69.5%	70.2%
Worst	64.3%	60.4%	63.4%	62.6%	62.8%

Responses 553 558 536 1275 1246

People Promise element – We each have a voice that counts



Questions included:

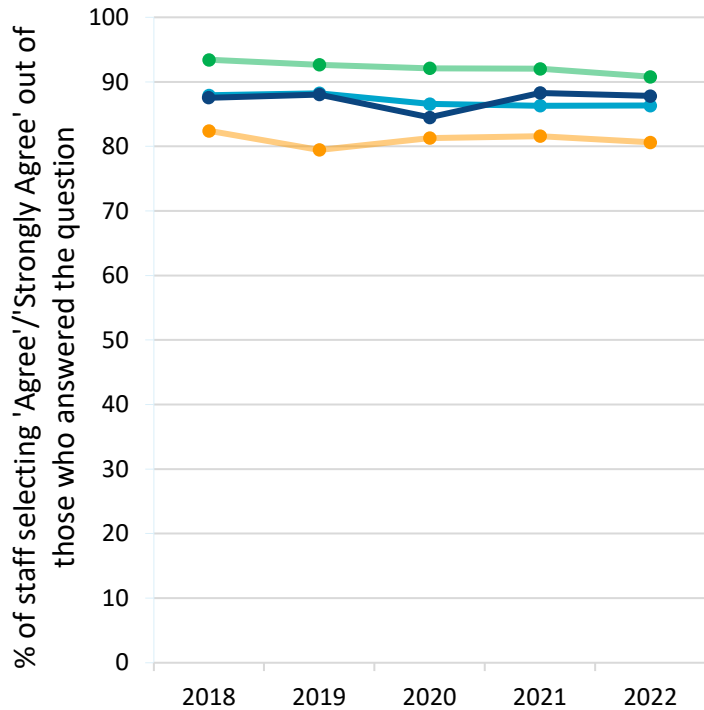
Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q19a, Q19b, Q23e, Q23f

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

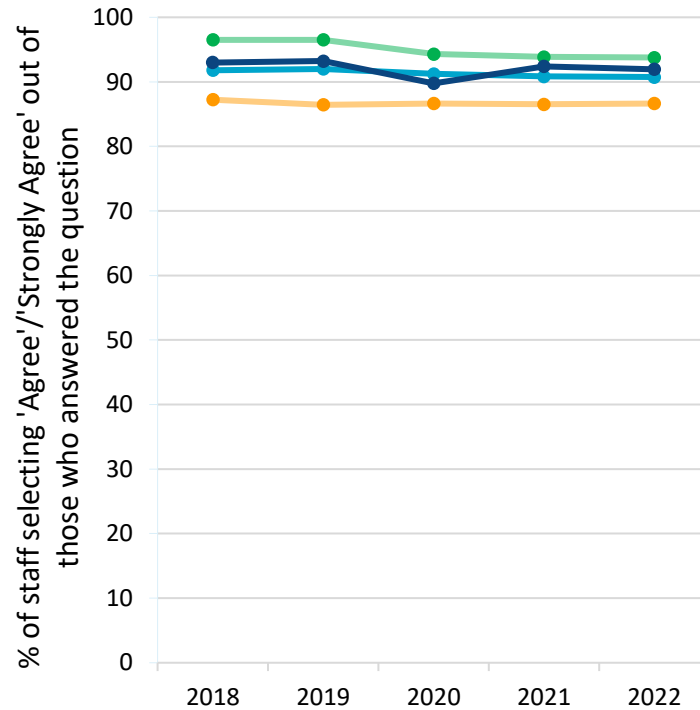


Q3a I always know what my work responsibilities are.



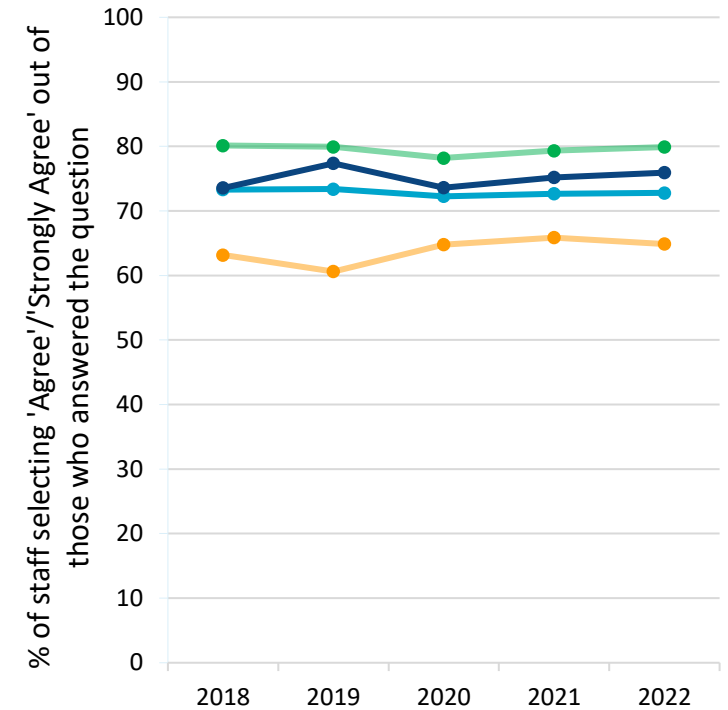
	2018	2019	2020	2021	2022
Your org	87.5%	88.0%	84.5%	88.3%	87.8%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	554	562	536	1278	1248

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	93.0%	93.2%	89.8%	92.4%	92.0%
Best	96.5%	96.5%	94.3%	93.9%	93.8%
Average	91.8%	92.0%	91.2%	90.8%	90.7%
Worst	87.3%	86.5%	86.7%	86.5%	86.7%
Responses	554	561	533	1276	1247

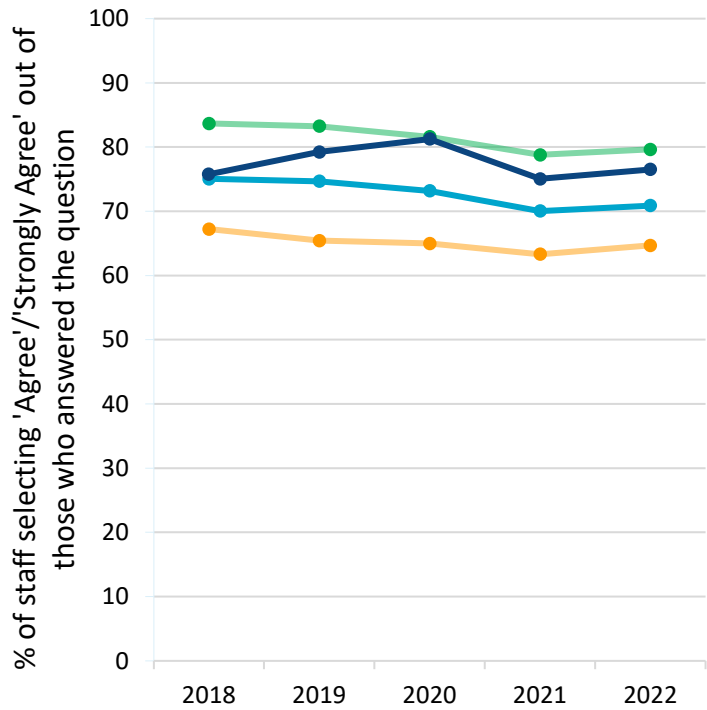
Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
Your org	73.5%	77.4%	73.6%	75.2%	76.0%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	555	562	539	1273	1239

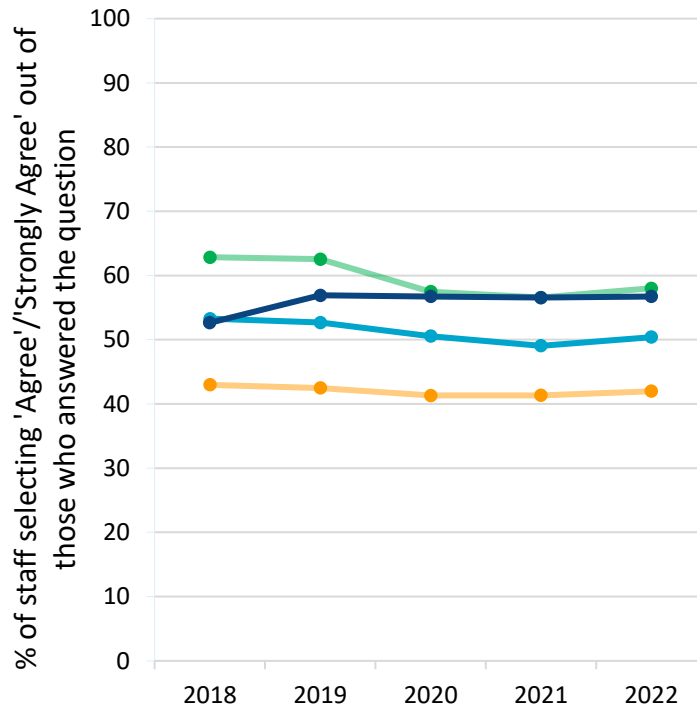


Q3d I am able to make suggestions to improve the work of my team / department.



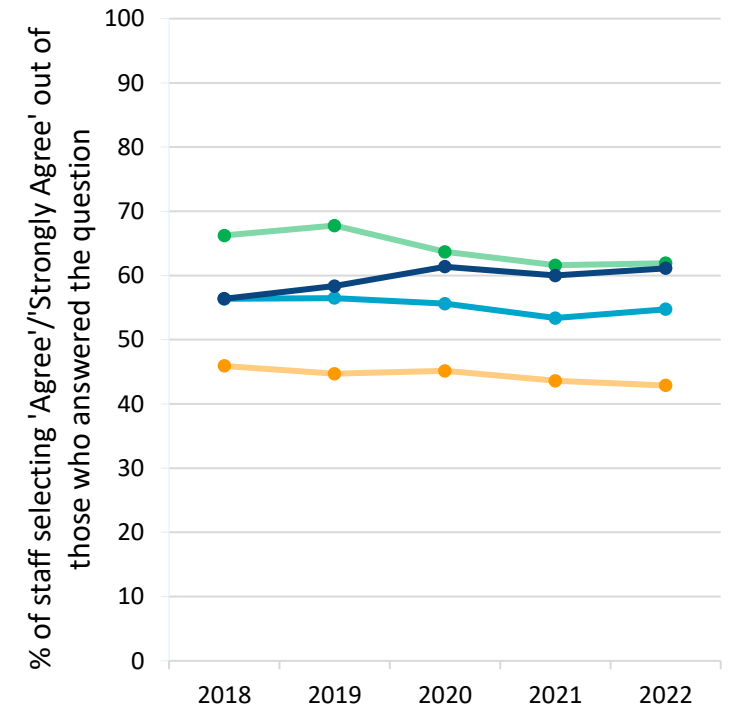
	2018	2019	2020	2021	2022
Your org	75.7%	79.2%	81.3%	75.0%	76.5%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	554	562	536	1275	1242

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



	2018	2019	2020	2021	2022
Your org	52.6%	56.9%	56.7%	56.5%	56.7%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	553	560	539	1279	1245

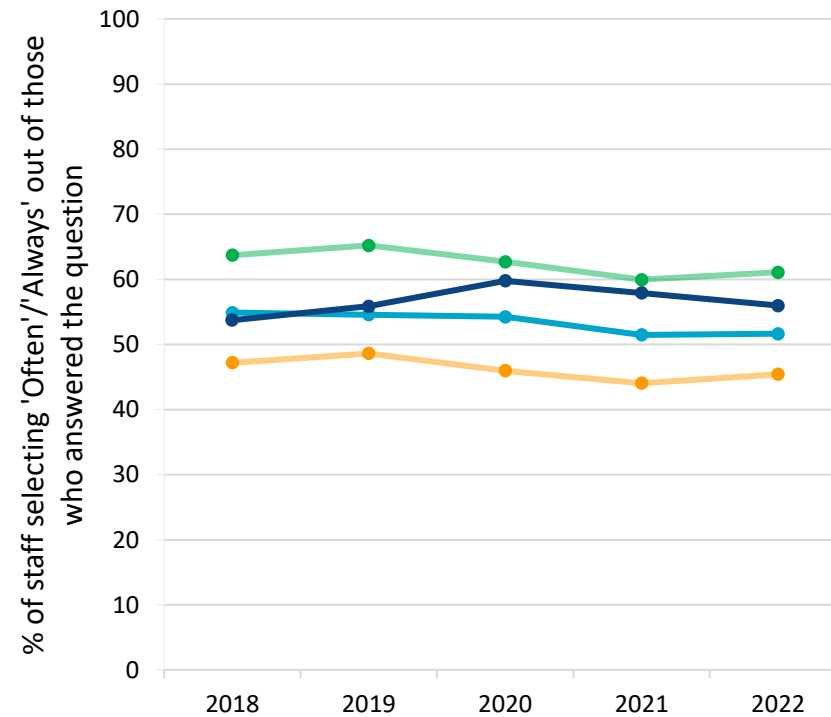
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	56.4%	58.4%	61.4%	60.0%	61.1%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	552	560	539	1276	1243



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

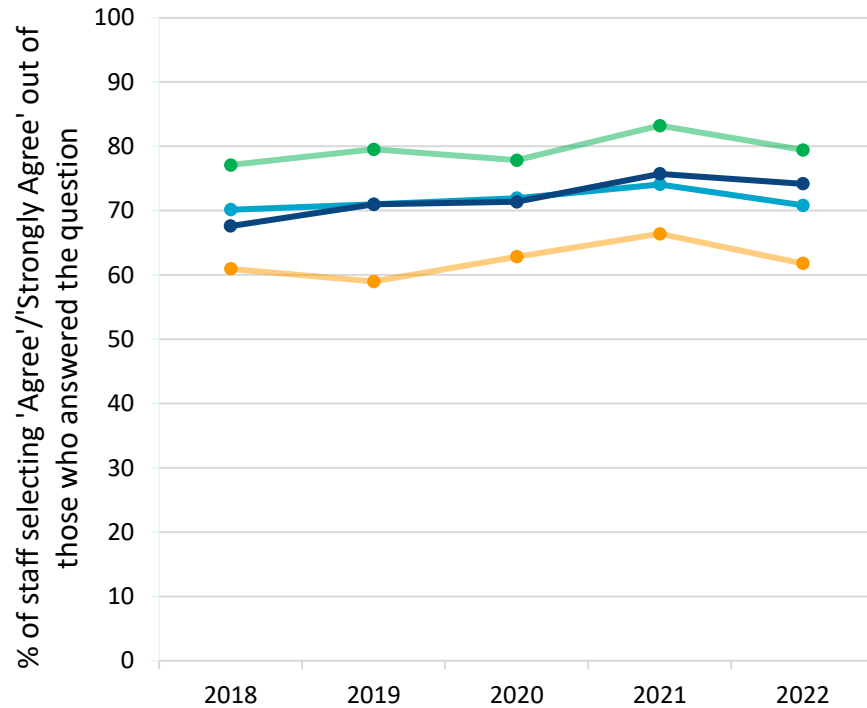


	2018	2019	2020	2021	2022
Your org	53.7%	55.9%	59.8%	57.9%	56.0%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%

Responses	551	559	535	1276	1243
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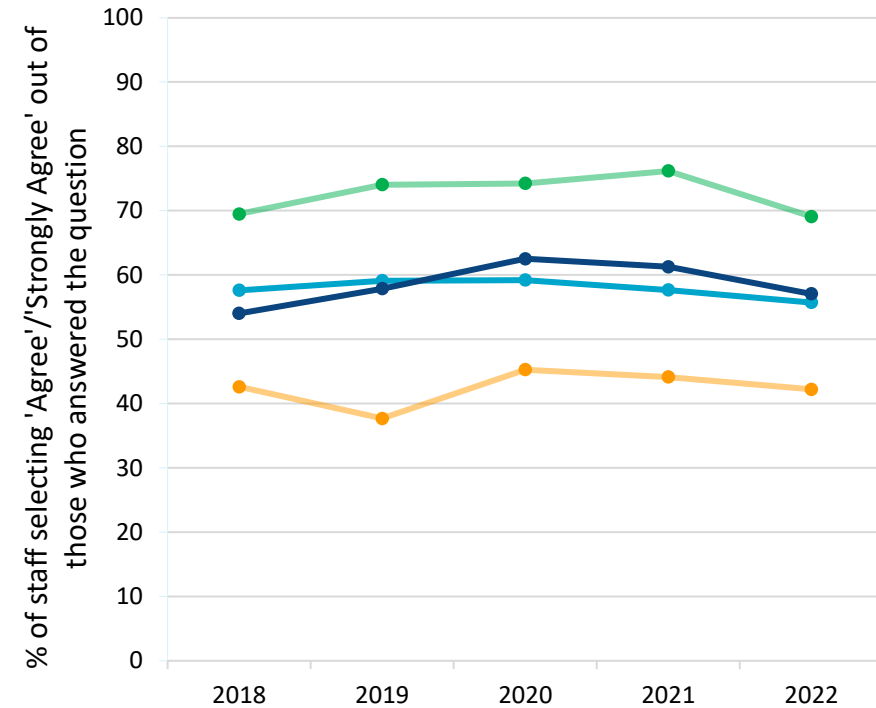
Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	67.6%	71.0%	71.4%	75.7%	74.2%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%

Responses 546 549 535 1269 1246

Q19b I am confident that my organisation would address my concern.

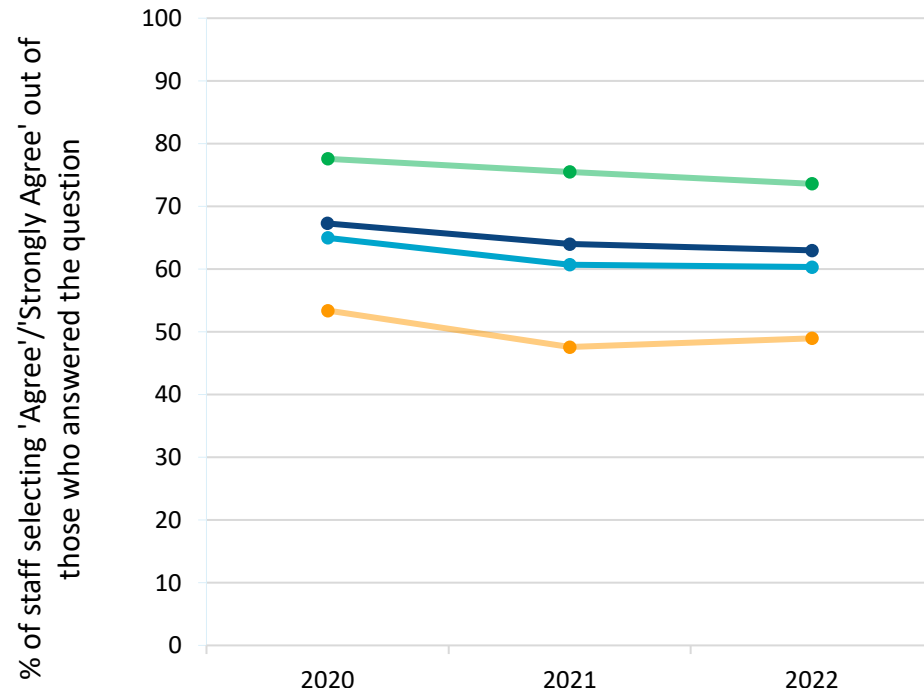


	2018	2019	2020	2021	2022
Your org	54.0%	57.8%	62.5%	61.3%	57.1%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%

Responses 546 549 535 1266 1245

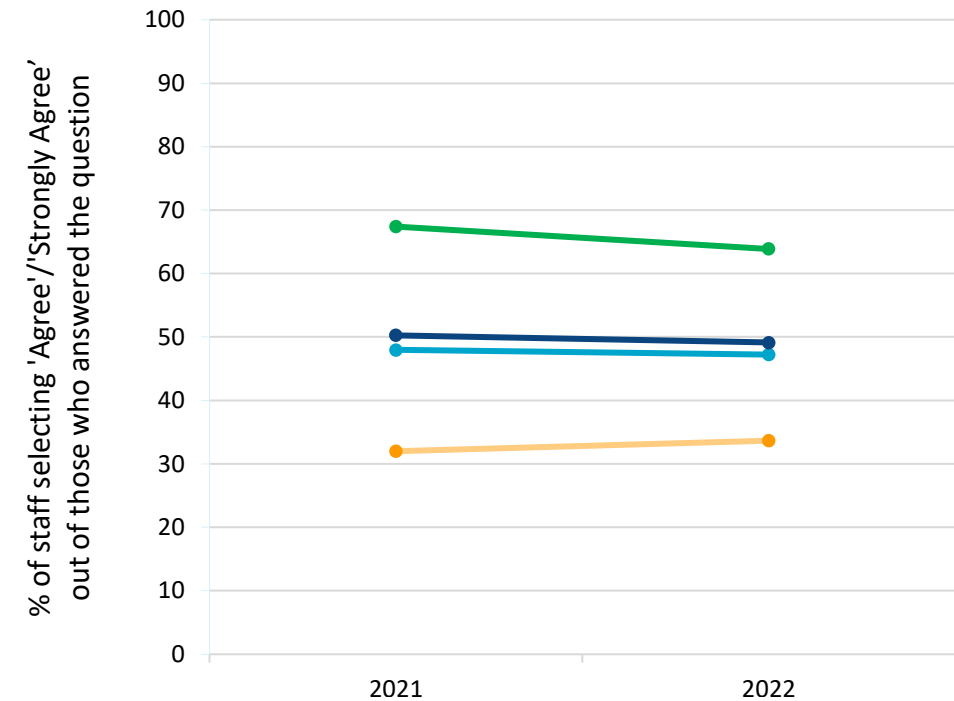


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	67.3%	64.0%	63.0%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	538	1268	1241

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	50.3%	49.1%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	1269	1242

People Promise element – We are safe and healthy



Questions included:

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

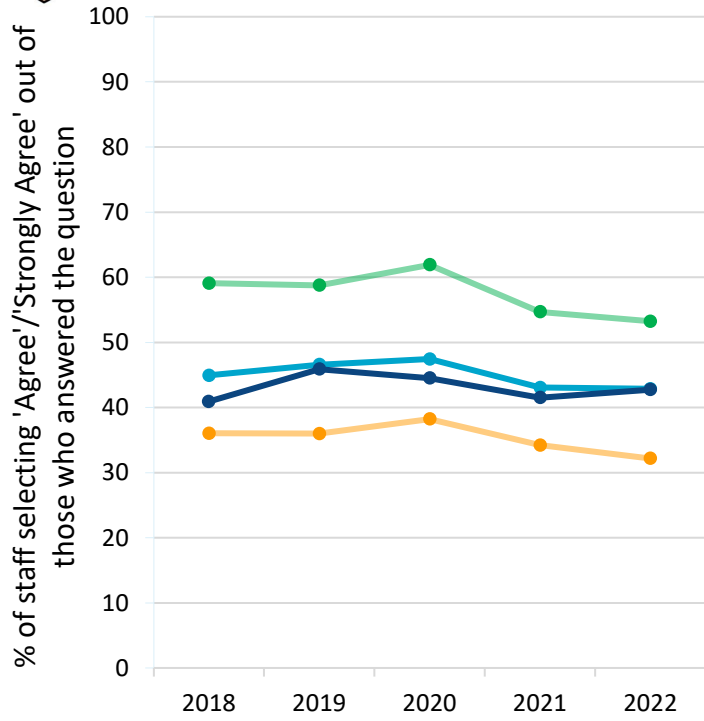
Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

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

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

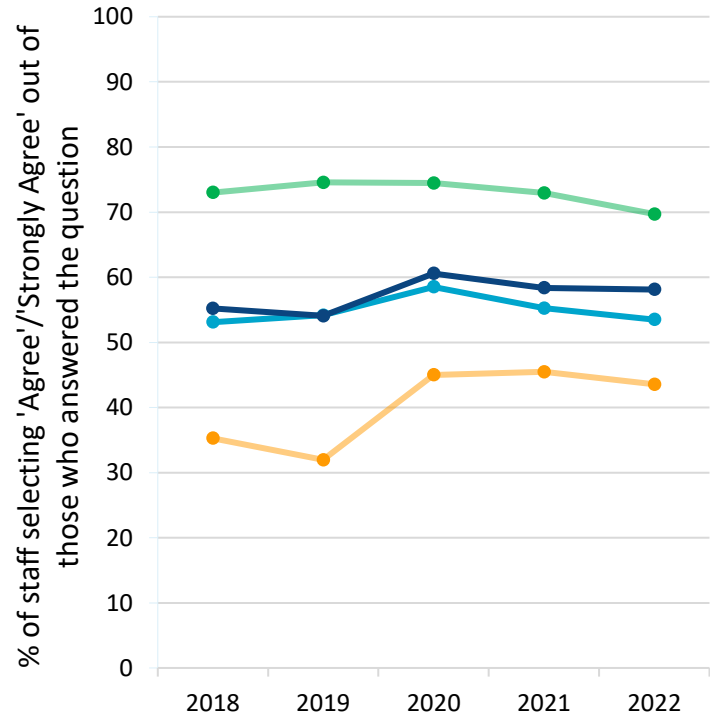


Q3g I am able to meet all the conflicting demands on my time at work.



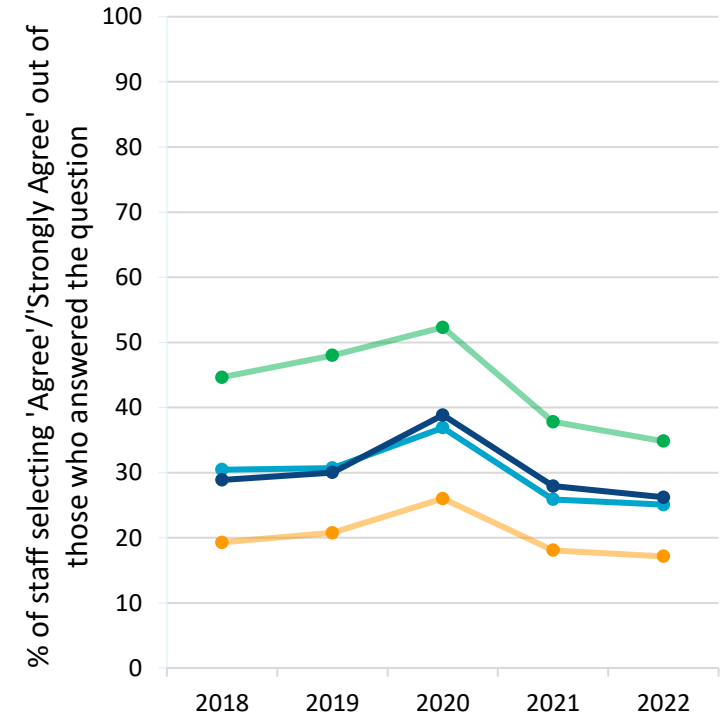
	2018	2019	2020	2021	2022
Your org	40.9%	45.9%	44.5%	41.5%	42.7%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	554	561	536	1270	1242

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



	2018	2019	2020	2021	2022
Your org	55.2%	54.1%	60.6%	58.4%	58.1%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	553	562	536	1275	1239

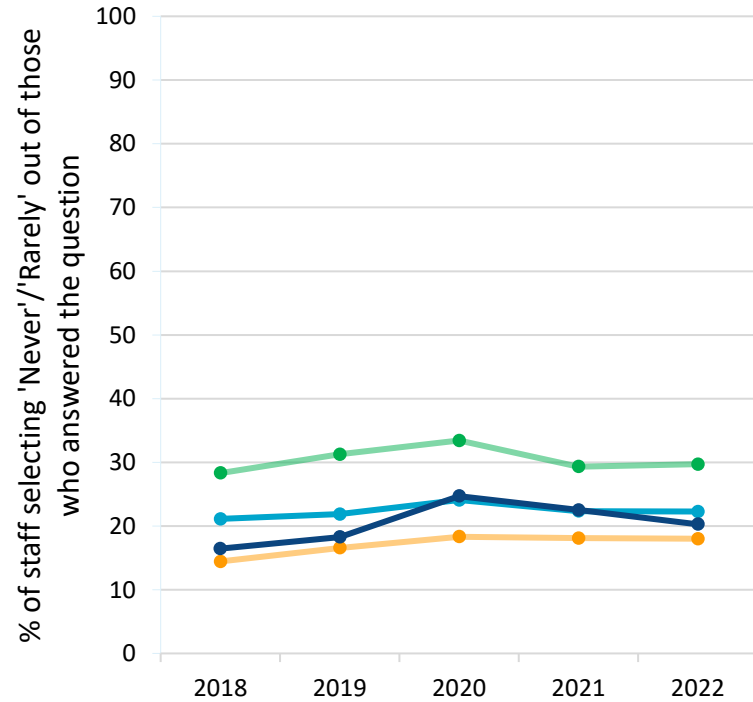
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
Your org	28.9%	30.0%	38.8%	27.9%	26.2%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	552	560	535	1279	1242

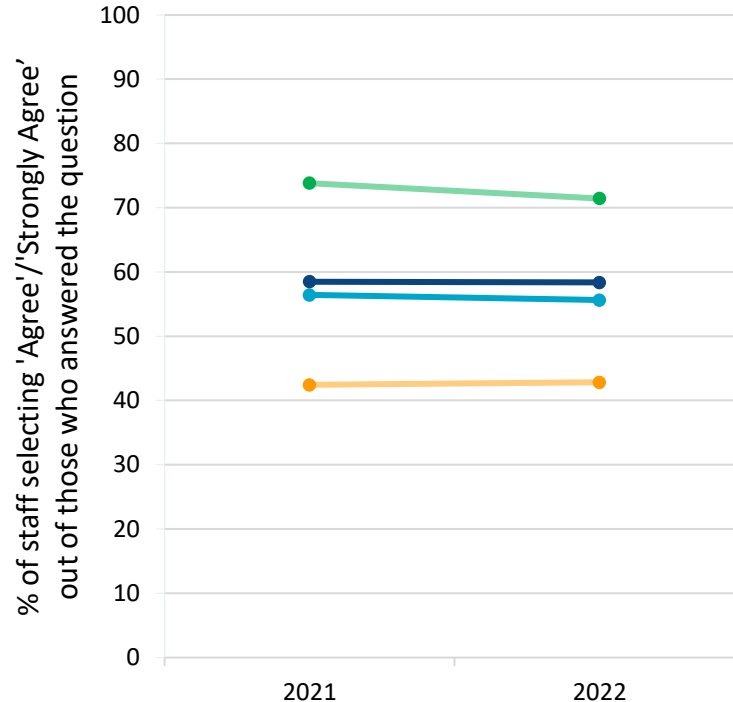


Q5a I have unrealistic time pressures.



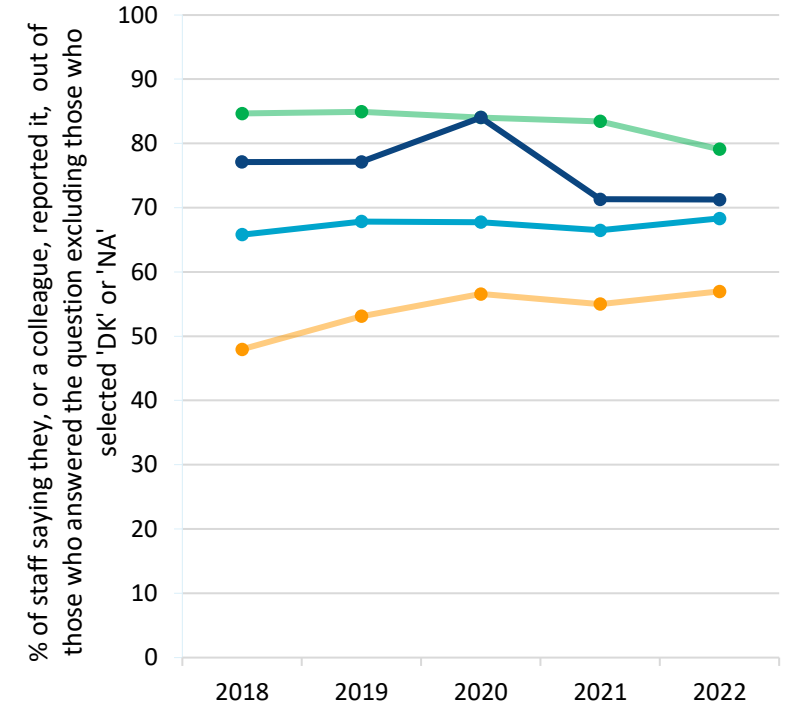
	2018	2019	2020	2021	2022
Your org	16.4%	18.3%	24.7%	22.5%	20.3%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	555	560	536	1276	1245

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



	2021	2022
Your org	58.5%	58.4%
Best	73.8%	71.4%
Average	56.4%	55.6%
Worst	42.4%	42.8%
Responses	1277	1245

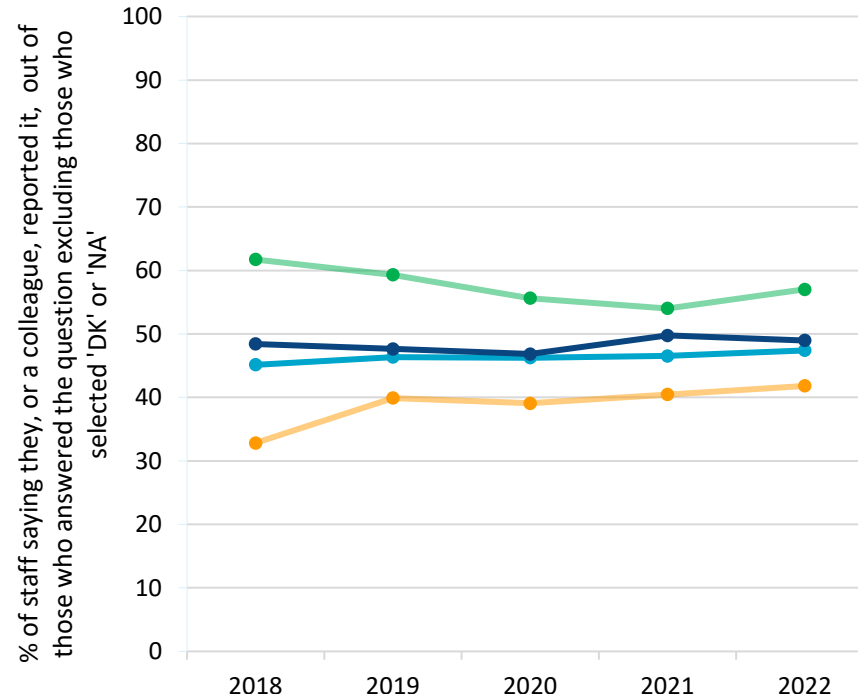
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	77.1%	77.1%	84.0%	71.3%	71.3%
Best	84.6%	84.9%	84.0%	83.4%	79.1%
Average	65.8%	67.8%	67.8%	66.5%	68.3%
Worst	47.9%	53.1%	56.6%	55.0%	57.0%
Responses	82	61	46	139	107



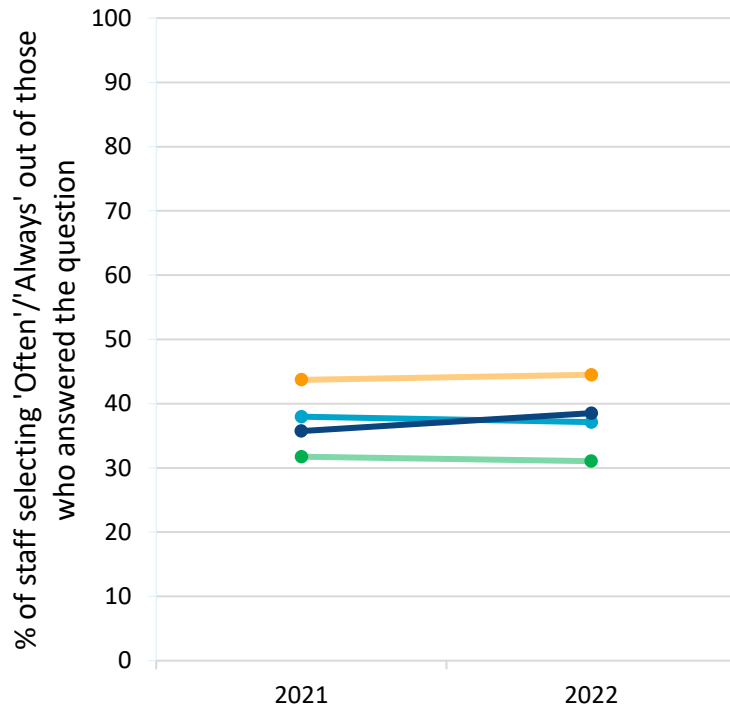
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	48.4%	47.6%	46.8%	49.7%	49.0%
Best	61.7%	59.3%	55.6%	54.0%	57.0%
Average	45.1%	46.4%	46.3%	46.5%	47.4%
Worst	32.8%	39.9%	39.1%	40.5%	41.8%
Responses	206	193	198	419	452



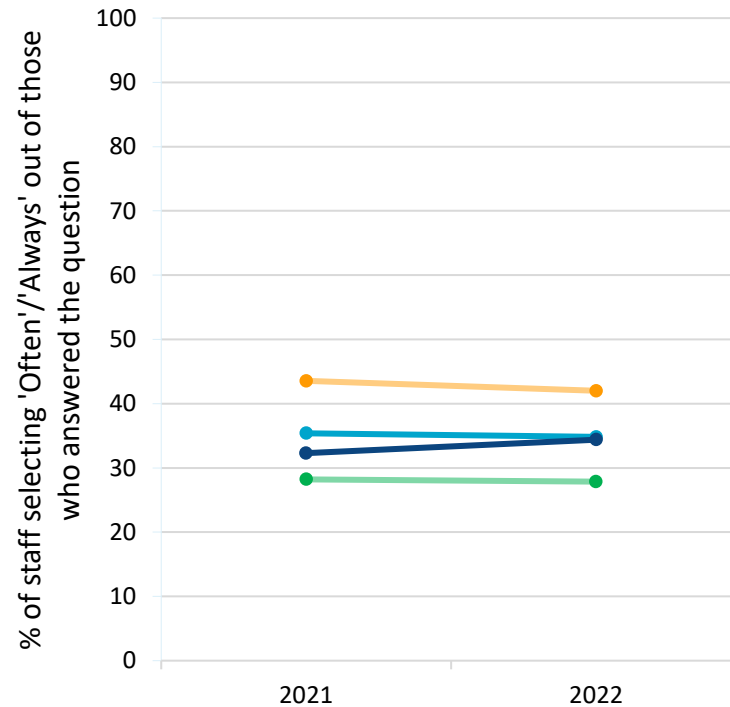
Q12a How often, if at all, do you find your work emotionally exhausting?



	2021	2022
Your org	35.7%	38.5%
Best	31.7%	31.0%
Average	38.0%	37.1%
Worst	43.7%	44.5%

Responses 1280 1243

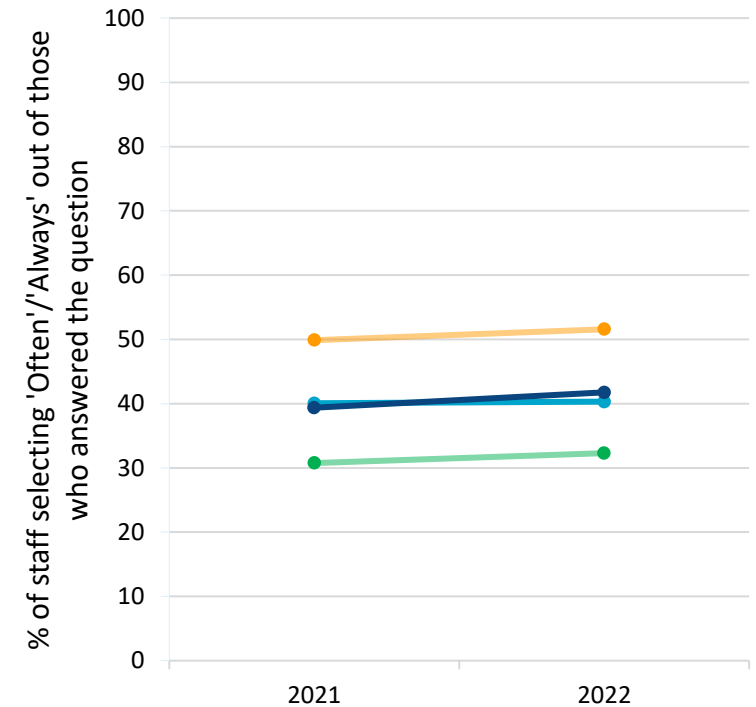
Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022
Your org	32.3%	34.4%
Best	28.2%	27.9%
Average	35.4%	34.8%
Worst	43.5%	42.0%

Responses 1279 1243

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

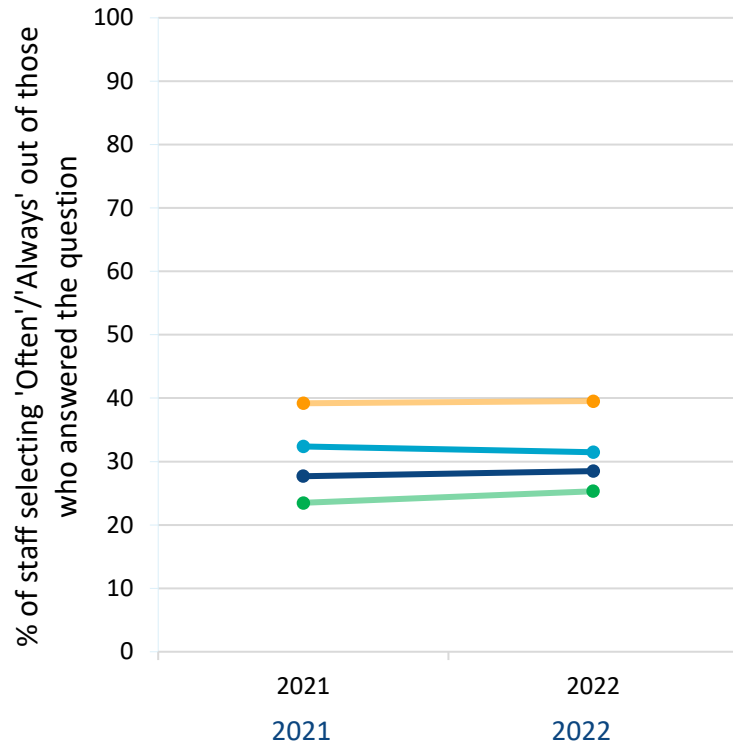


	2021	2022
Your org	39.4%	41.7%
Best	30.8%	32.3%
Average	40.1%	40.3%
Worst	49.9%	51.6%

Responses 1281 1242



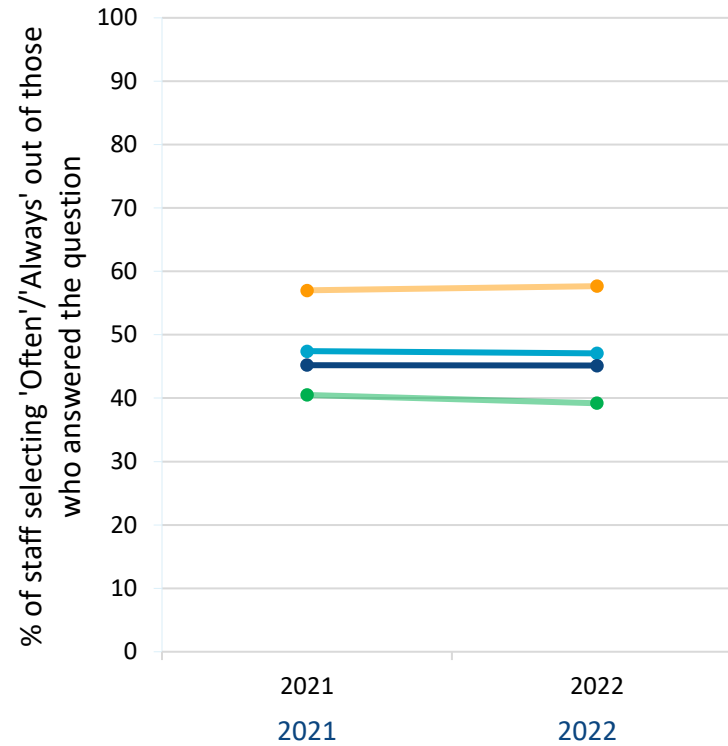
Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



Your org	27.7%	28.5%
Best	23.5%	25.3%
Average	32.4%	31.5%
Worst	39.2%	39.5%

Responses 1279 1237

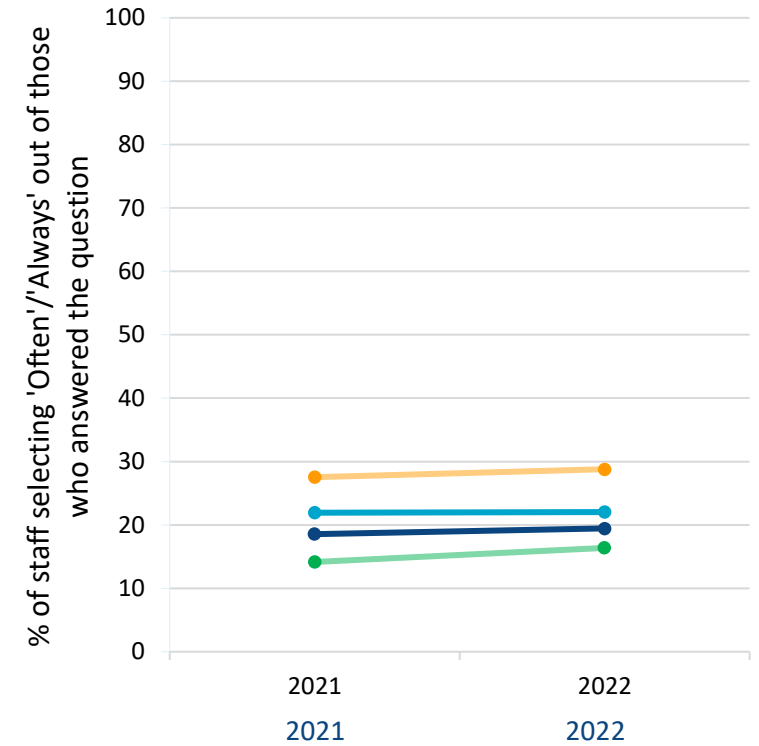
Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



Your org	45.2%	45.1%
Best	40.5%	39.2%
Average	47.4%	47.1%
Worst	57.0%	57.7%

Responses 1276 1243

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

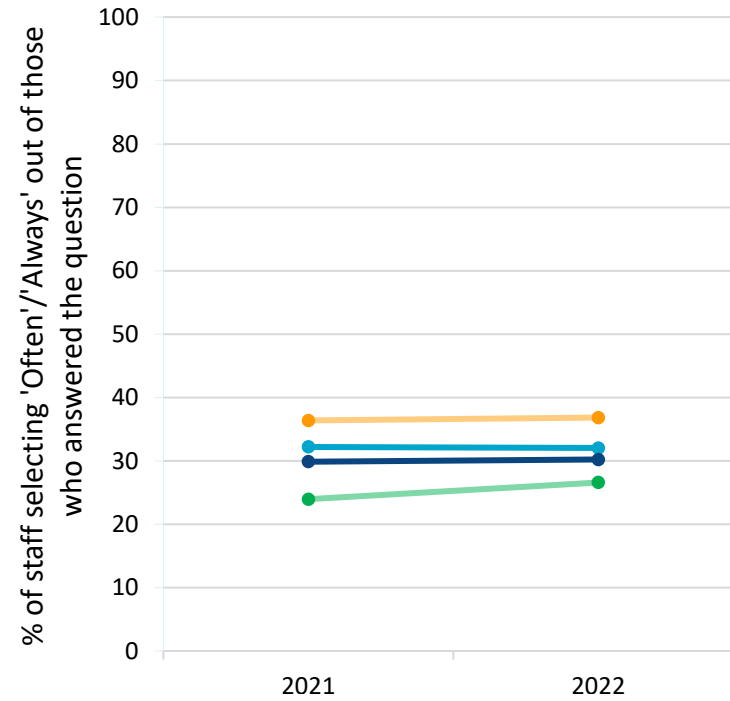


Your org	18.6%	19.4%
Best	14.2%	16.4%
Average	21.9%	22.0%
Worst	27.5%	28.8%

Responses 1276 1238



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

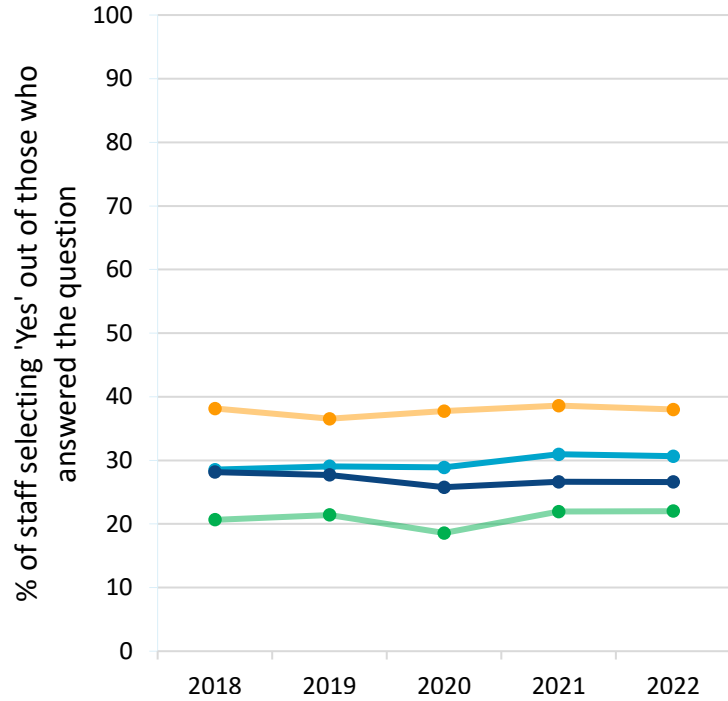


	2021	2022
Your org	29.9%	30.2%
Best	23.9%	26.6%
Average	32.2%	32.0%
Worst	36.4%	36.8%

Responses 1278 1242

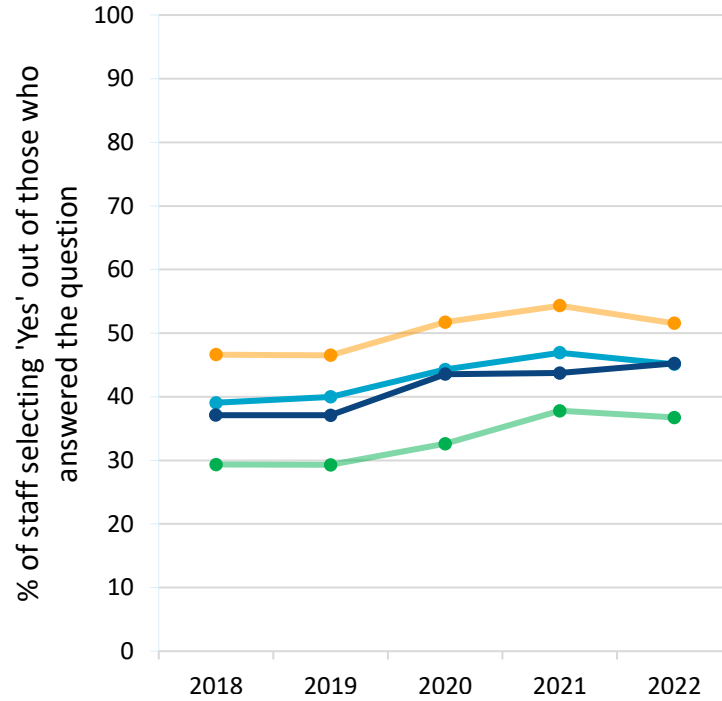


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



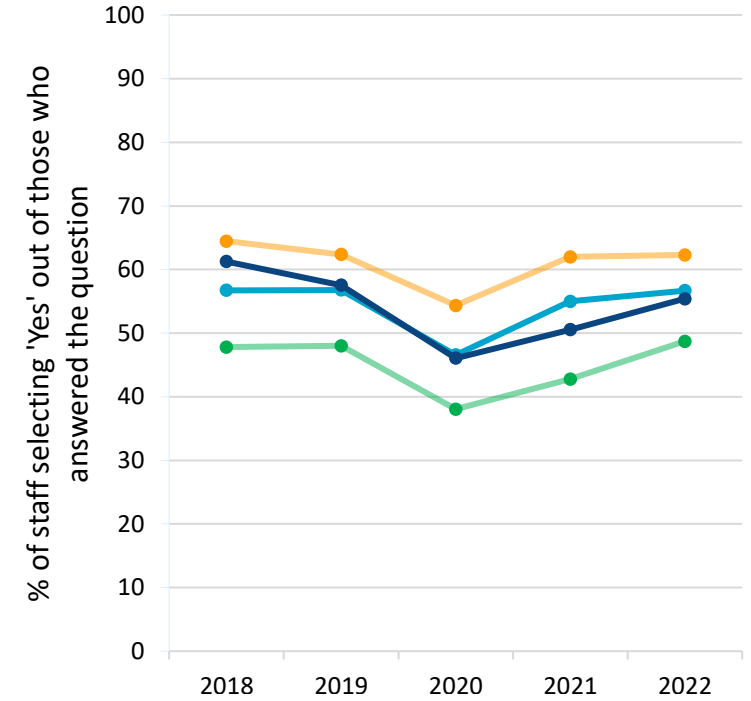
	2018	2019	2020	2021	2022
Your org	28.1%	27.7%	25.8%	26.6%	26.6%
Best	20.7%	21.4%	18.6%	21.9%	22.0%
Average	28.5%	29.1%	28.9%	31.0%	30.6%
Worst	38.1%	36.5%	37.7%	38.6%	38.0%
Responses	553	558	535	1276	1243

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



	2018	2019	2020	2021	2022
Your org	37.1%	37.1%	43.5%	43.7%	45.2%
Best	29.3%	29.3%	32.6%	37.8%	36.7%
Average	39.1%	40.0%	44.3%	46.9%	45.1%
Worst	46.6%	46.5%	51.7%	54.3%	51.5%
Responses	556	559	536	1278	1244

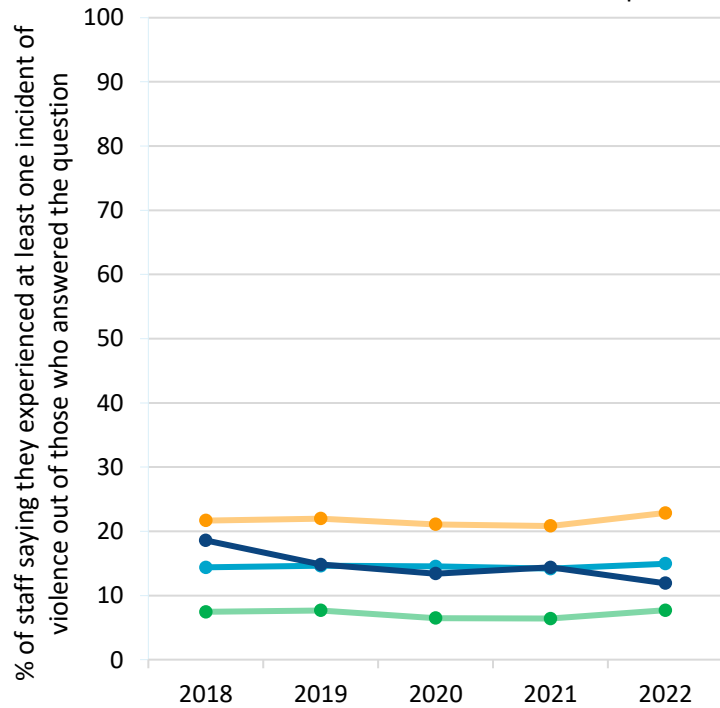
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2018	2019	2020	2021	2022
Your org	61.3%	57.5%	46.1%	50.5%	55.4%
Best	47.8%	48.0%	38.0%	42.8%	48.7%
Average	56.7%	56.8%	46.6%	55.0%	56.7%
Worst	64.5%	62.4%	54.3%	62.0%	62.3%
Responses	555	559	532	1272	1240



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.

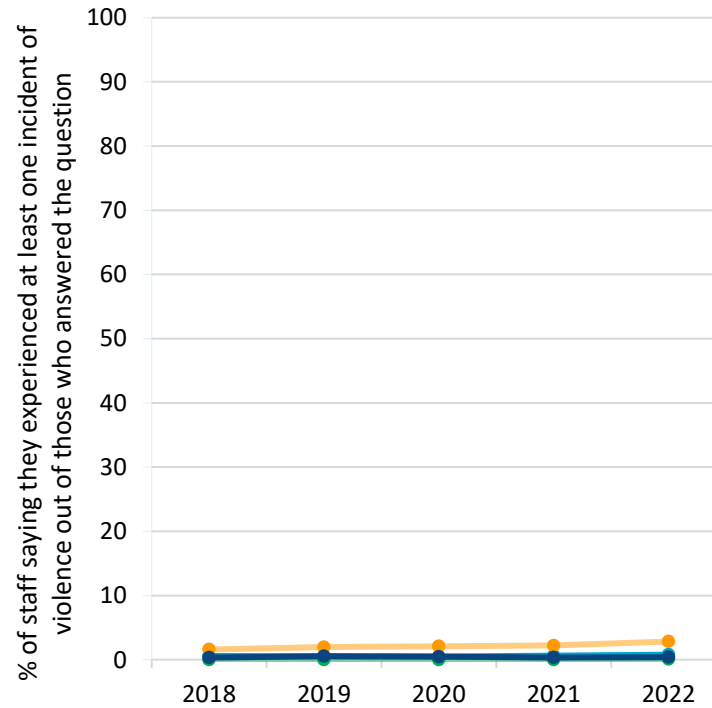


2018 2019 2020 2021 2022

Your org	18.6%	14.8%	13.4%	14.4%	11.9%
Best	7.5%	7.7%	6.5%	6.4%	7.7%
Average	14.4%	14.6%	14.5%	14.2%	15.0%
Worst	21.7%	22.0%	21.1%	20.8%	22.8%

Responses 556 558 535 1280 1246

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

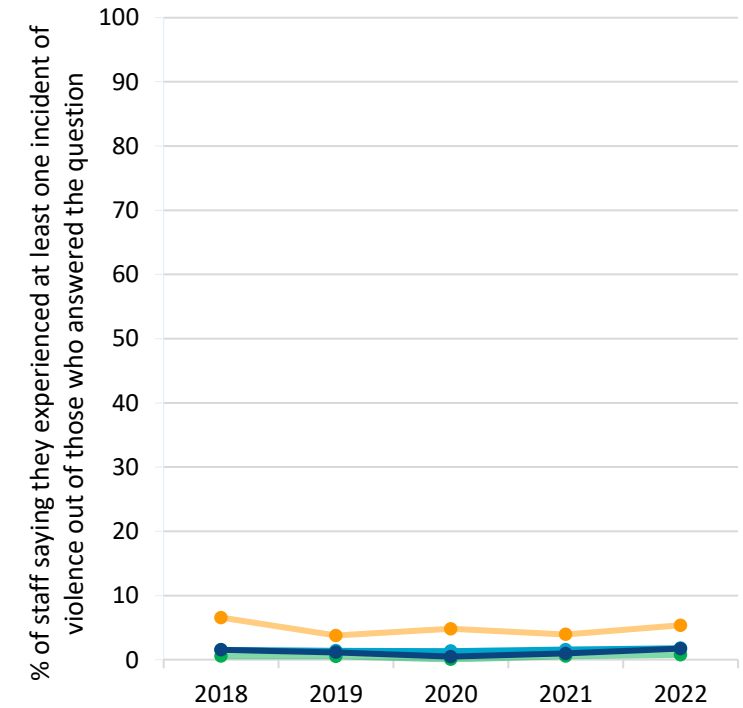


2018 2019 2020 2021 2022

Your org	0.4%	0.6%	0.5%	0.4%	0.4%
Best	0.0%	0.0%	0.0%	0.0%	0.1%
Average	0.6%	0.5%	0.5%	0.6%	0.8%
Worst	1.6%	2.0%	2.1%	2.2%	2.9%

Responses 553 549 535 1261 1241

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



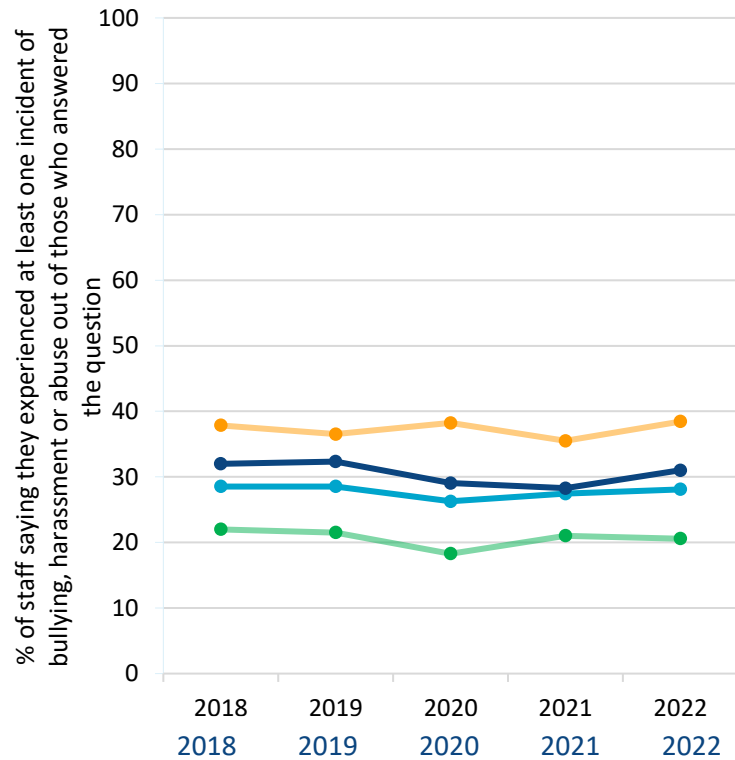
2018 2019 2020 2021 2022

Your org	1.5%	1.2%	0.5%	1.0%	1.7%
Best	0.6%	0.5%	0.1%	0.6%	0.7%
Average	1.5%	1.4%	1.4%	1.6%	1.8%
Worst	6.6%	3.8%	4.8%	4.0%	5.4%

Responses 553 549 536 1261 1236

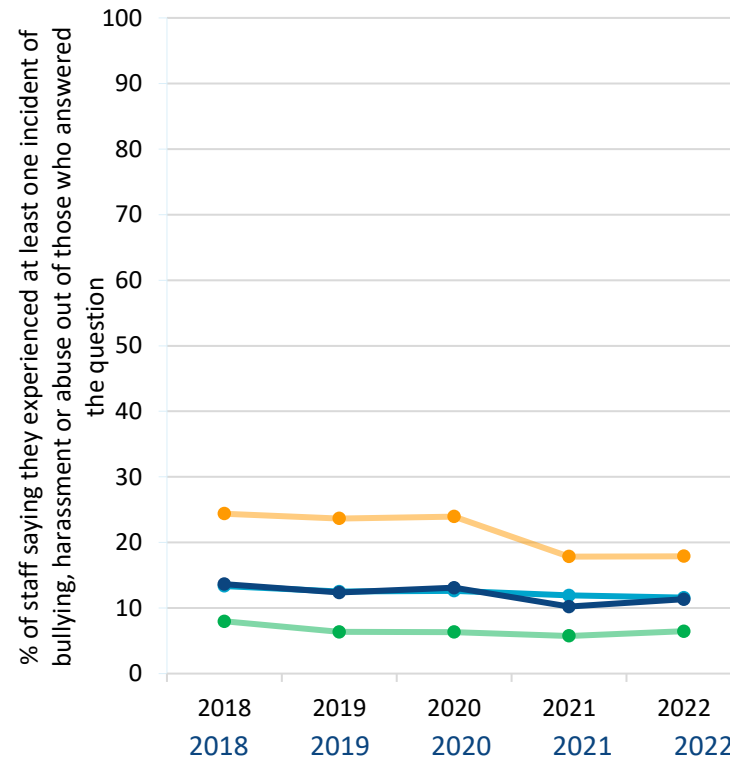


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



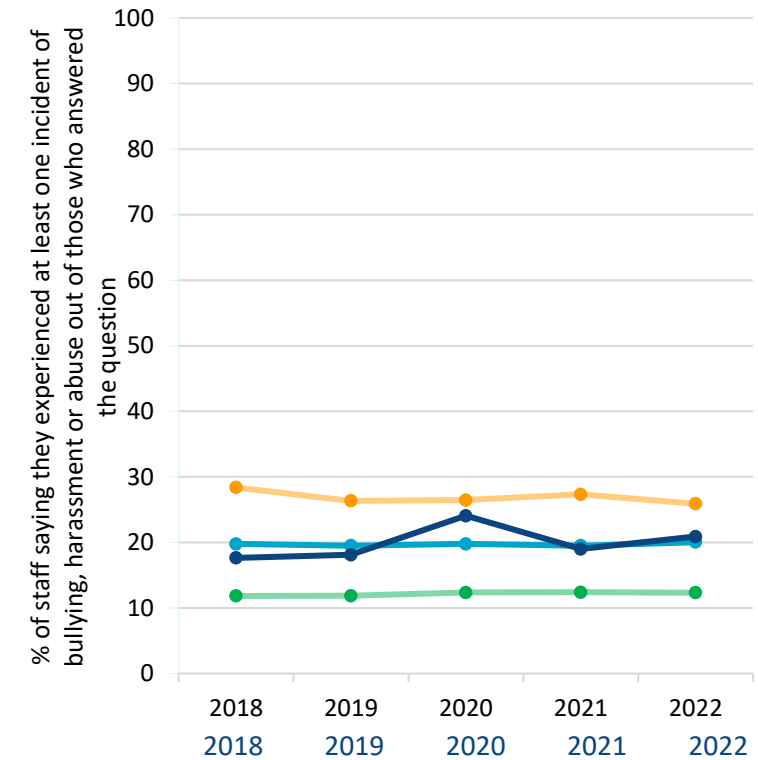
	2018	2019	2020	2021	2022
Your org	32.0%	32.4%	29.1%	28.3%	31.0%
Best	22.0%	21.5%	18.3%	21.0%	20.6%
Average	28.5%	28.5%	26.3%	27.4%	28.1%
Worst	37.9%	36.5%	38.2%	35.5%	38.5%
Responses	553	557	531	1273	1242

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



	2018	2019	2020	2021	2022
Your org	13.6%	12.4%	13.1%	10.2%	11.3%
Best	8.0%	6.4%	6.3%	5.7%	6.4%
Average	13.3%	12.5%	12.6%	11.9%	11.6%
Worst	24.4%	23.7%	23.9%	17.8%	17.9%
Responses	551	547	532	1261	1234

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



	2018	2019	2020	2021	2022
Your org	17.6%	18.1%	24.1%	19.0%	20.9%
Best	11.8%	11.9%	12.4%	12.4%	12.3%
Average	19.8%	19.5%	19.8%	19.5%	20.0%
Worst	28.4%	26.3%	26.5%	27.3%	25.9%
Responses	551	547	529	1261	1233

People Promise element – We are always learning



Questions included:

Development – Q22a, Q22b, Q22c, Q22d, Q22e

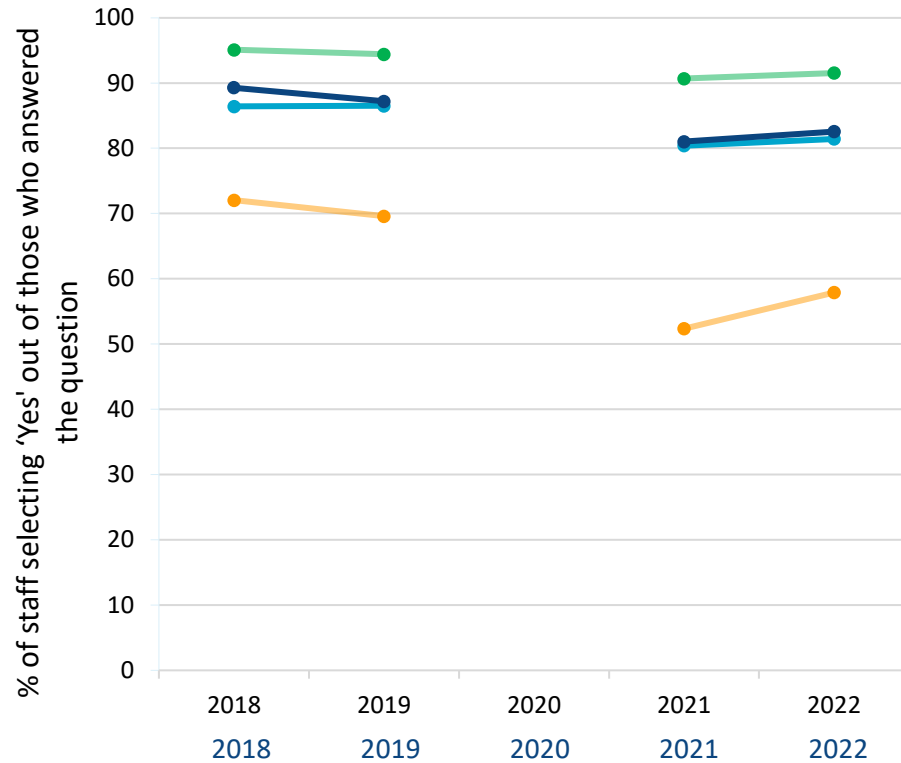
Appraisals – Q21b, Q21c, Q21d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.



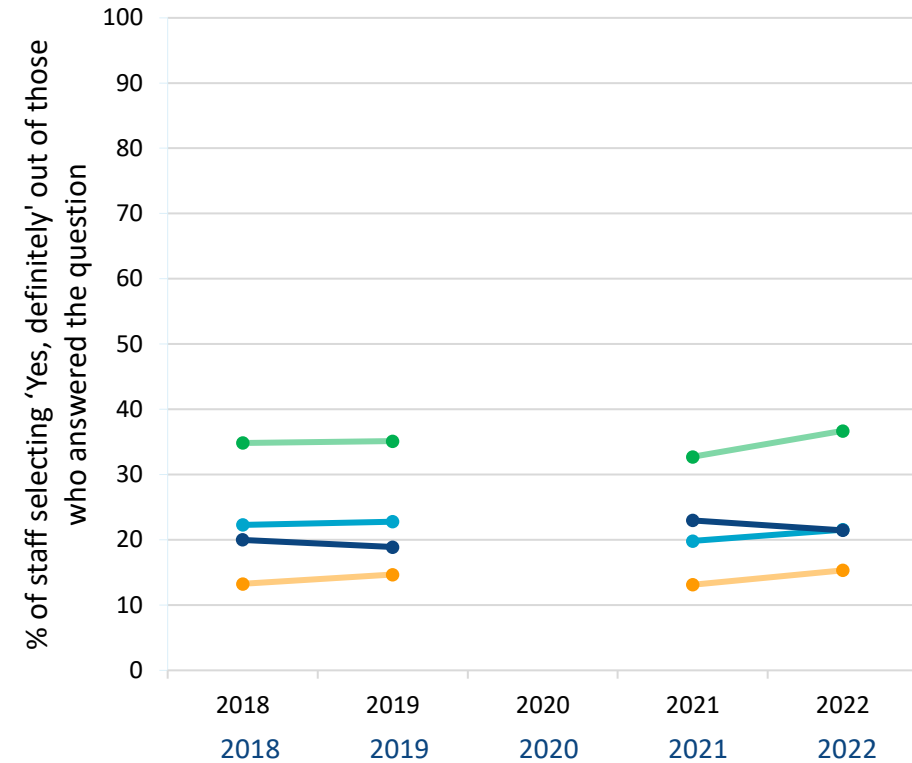
Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



Your org	89.2%	87.2%	-	81.0%	82.6%
Best	95.1%	94.4%	-	90.7%	91.5%
Average	86.4%	86.5%	-	80.4%	81.4%
Worst	72.1%	69.6%	-	52.4%	57.9%

Responses 552 552 - 1250 1241

Q21b It helped me to improve how I do my job.

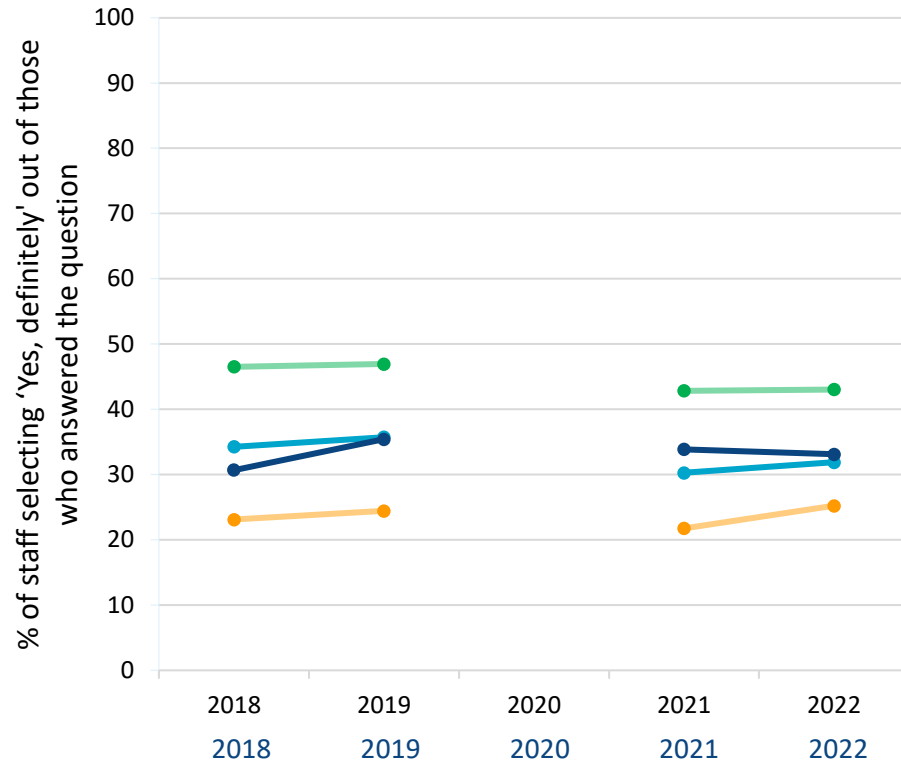


Your org	20.0%	18.9%	-	23.0%	21.4%
Best	34.8%	35.1%	-	32.7%	36.7%
Average	22.3%	22.8%	-	19.8%	21.5%
Worst	13.2%	14.7%	-	13.1%	15.3%

Responses 488 476 - 1000 1026



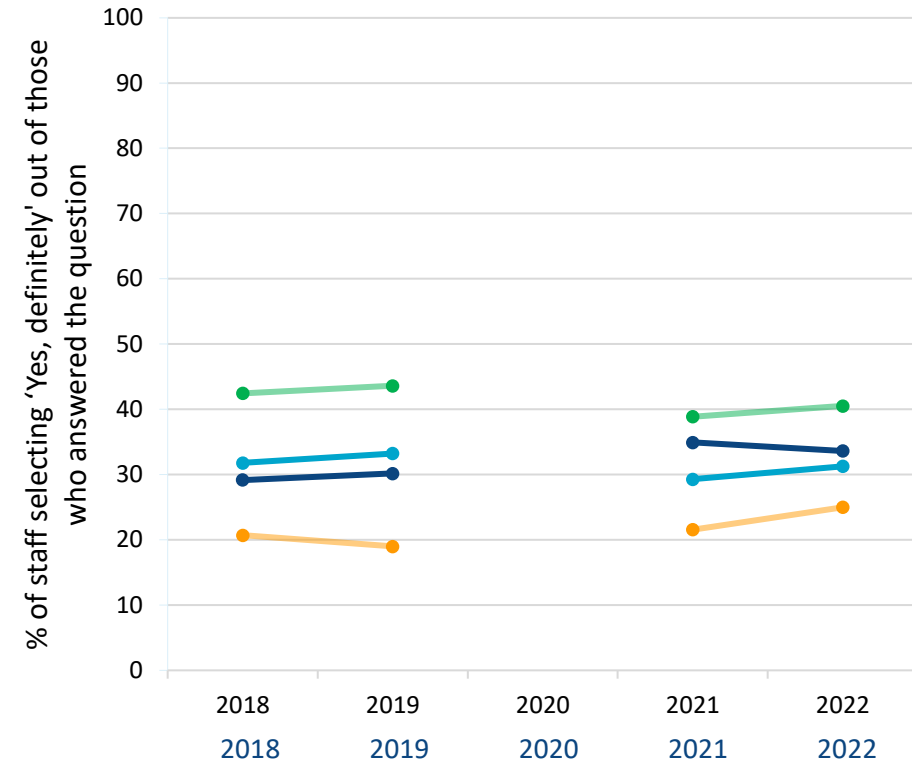
Q21c It helped me agree clear objectives for my work.



Your org	30.7%	35.4%	-	33.9%	33.1%
Best	46.5%	46.9%	-	42.8%	43.0%
Average	34.3%	35.7%	-	30.2%	31.9%
Worst	23.1%	24.4%	-	21.8%	25.2%

Responses 489 476 - 997 1023

Q21d It left me feeling that my work is valued by my organisation.

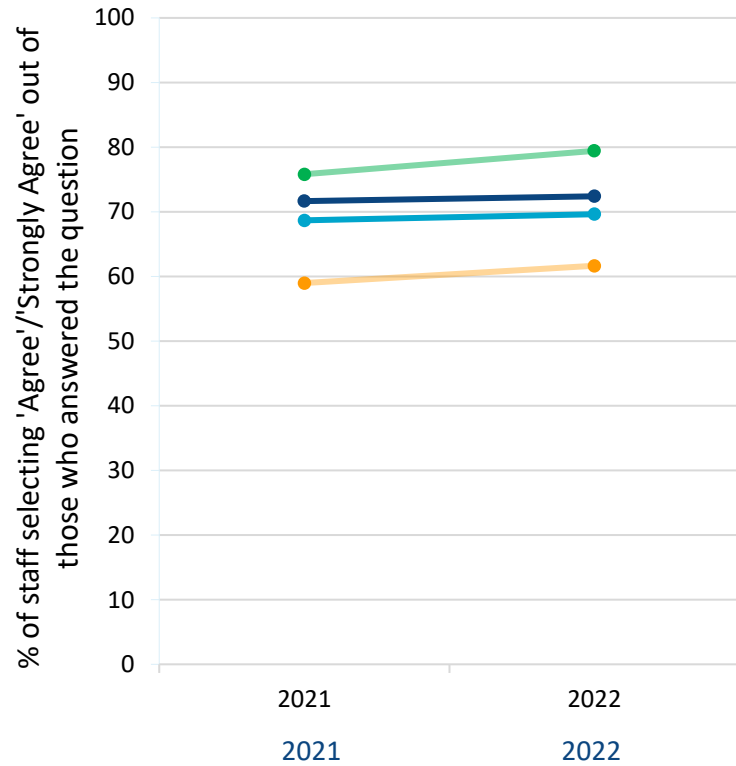


Your org	29.1%	30.1%	-	34.9%	33.6%
Best	42.4%	43.6%	-	38.9%	40.5%
Average	31.8%	33.2%	-	29.3%	31.3%
Worst	20.7%	19.0%	-	21.5%	25.0%

Responses 488 473 - 1003 1025



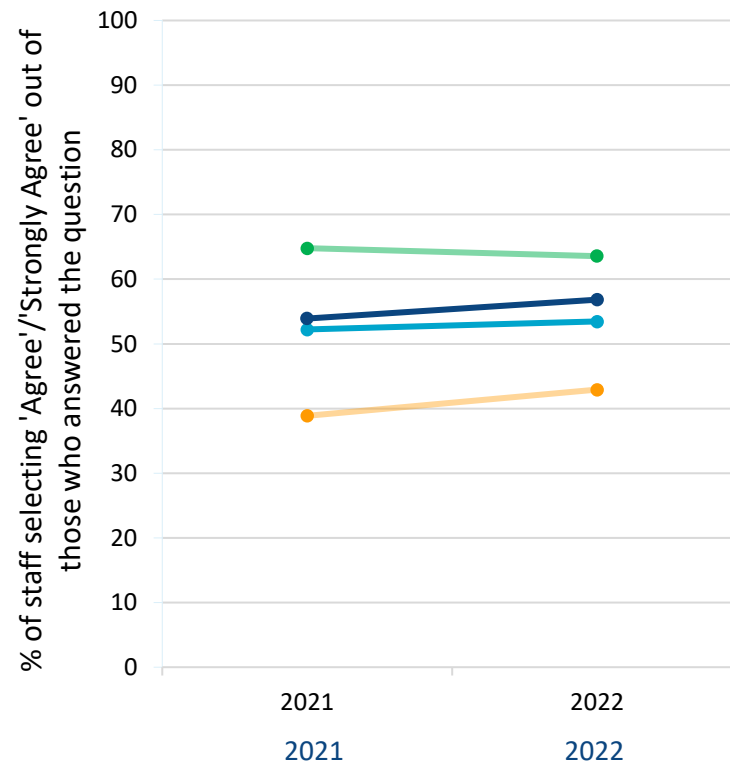
Q22a This organisation offers me challenging work.



Your org	71.7%	72.4%
Best	75.8%	79.4%
Average	68.7%	69.6%
Worst	59.0%	61.7%

Responses 1268 1248

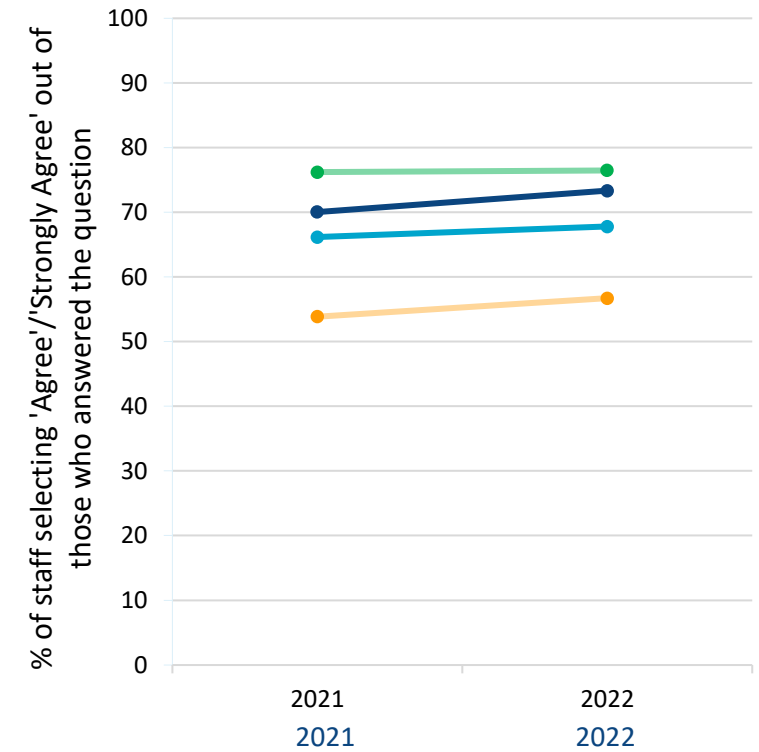
Q22b There are opportunities for me to develop my career in this organisation.



Your org	53.9%	56.8%
Best	64.8%	63.6%
Average	52.2%	53.4%
Worst	38.9%	42.9%

Responses 1268 1249

Q22c I have opportunities to improve my knowledge and skills.

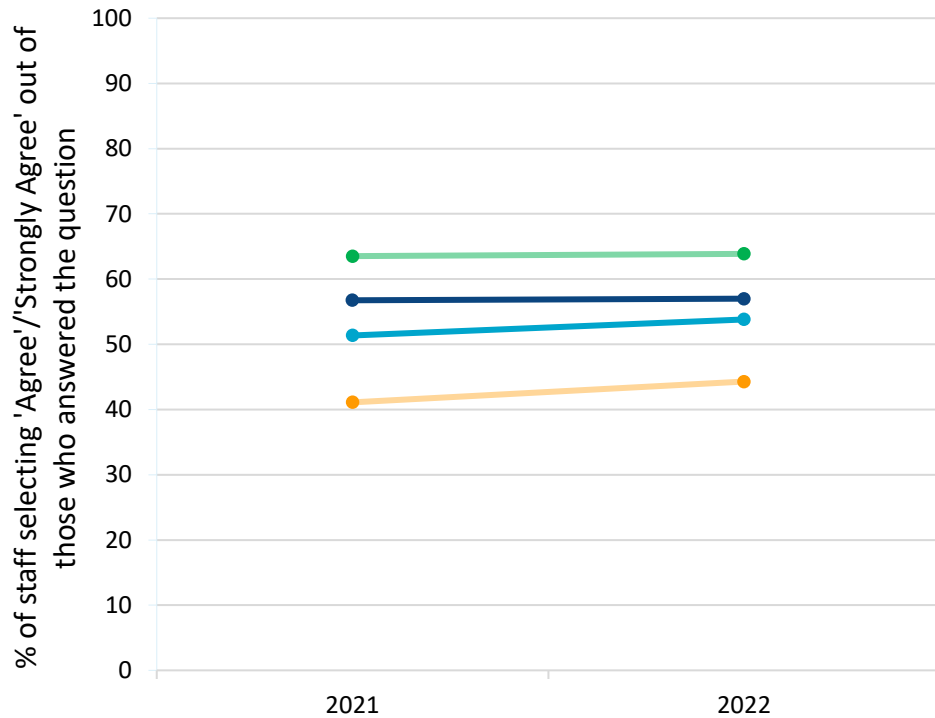


Your org	70.0%	73.3%
Best	76.2%	76.5%
Average	66.2%	67.8%
Worst	53.9%	56.7%

Responses 1271 1248

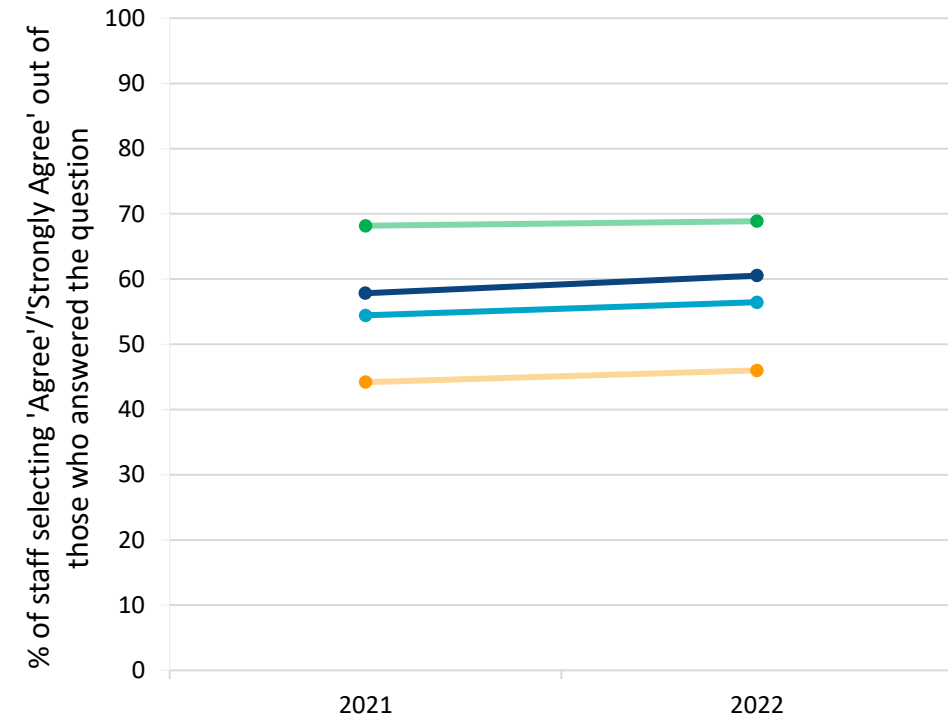


Q22d I feel supported to develop my potential.



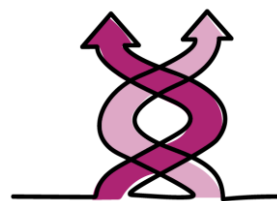
	2021	2022
Your org	56.8%	57.0%
Best	63.5%	63.9%
Average	51.4%	53.8%
Worst	41.1%	44.3%
Responses	1262	1249

Q22e I am able to access the right learning and development opportunities when I need to.



	2021	2022
Your org	57.8%	60.5%
Best	68.2%	68.9%
Average	54.4%	56.4%
Worst	44.2%	46.0%
Responses	1264	1242

People Promise element – We work flexibly



Questions included:

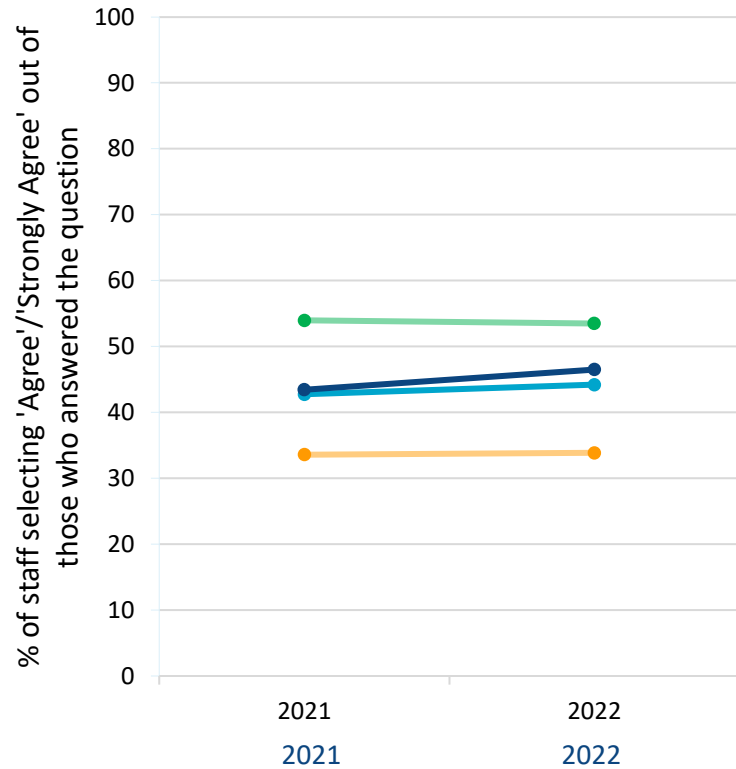
Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



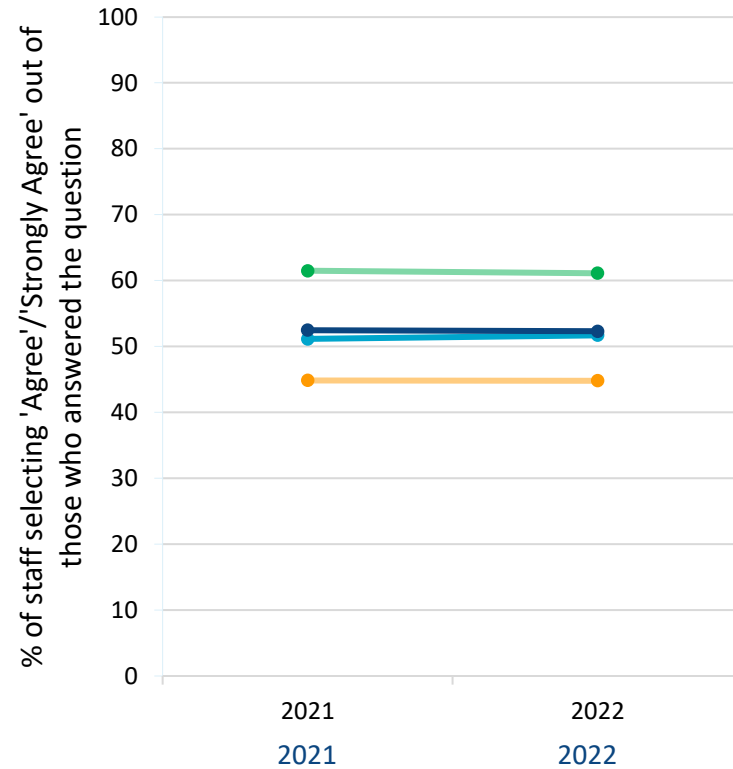
Q6b My organisation is committed to helping me balance my work and home life.



	2021	2022
Your org	43.5%	46.5%
Best	54.0%	53.5%
Average	42.7%	44.2%
Worst	33.6%	33.9%

Responses 1280 1247

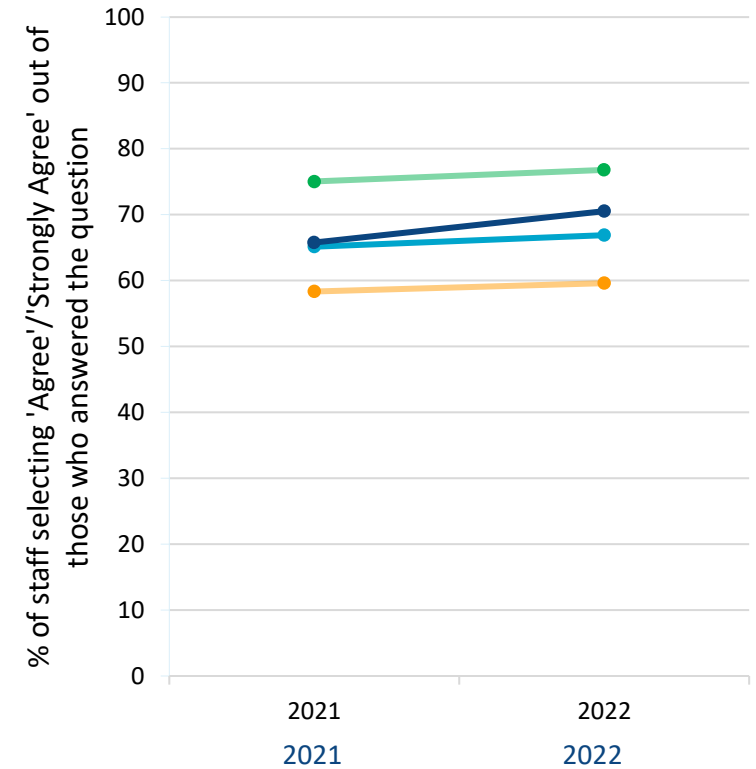
Q6c I achieve a good balance between my work life and my home life.



	2021	2022
Your org	52.5%	52.3%
Best	61.5%	61.1%
Average	51.1%	51.7%
Worst	44.9%	44.8%

Responses 1276 1246

Q6d I can approach my immediate manager to talk openly about flexible working.

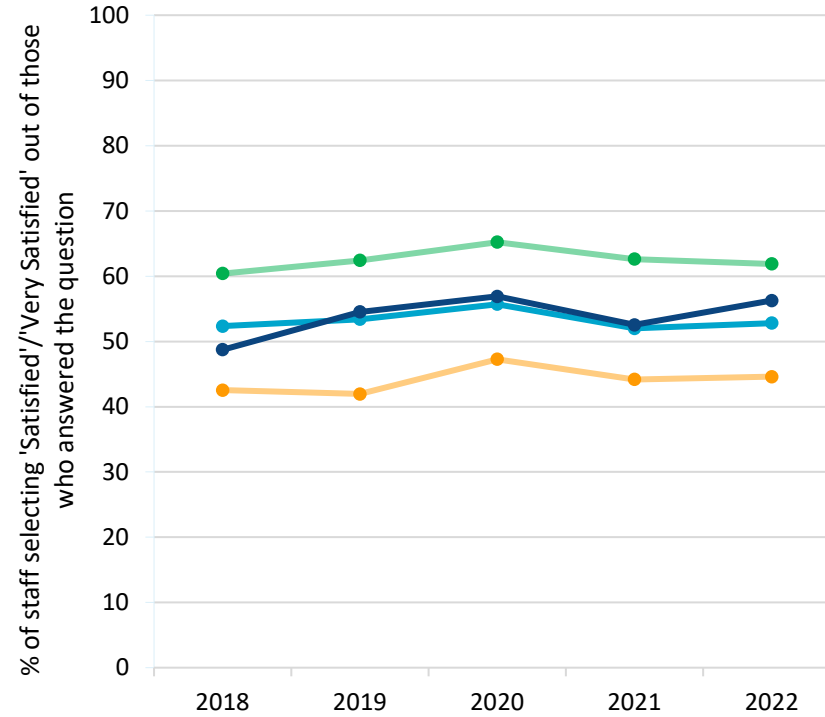


	2021	2022
Your org	65.8%	70.5%
Best	75.0%	76.8%
Average	65.2%	66.9%
Worst	58.4%	59.6%

Responses 1274 1245

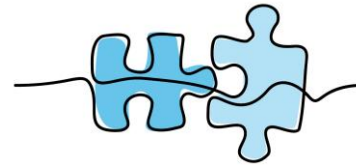


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2018	2019	2020	2021	2022
Your org	48.8%	54.5%	56.9%	52.5%	56.3%
Best	60.4%	62.4%	65.2%	62.6%	61.9%
Average	52.3%	53.4%	55.7%	52.0%	52.8%
Worst	42.5%	42.0%	47.3%	44.2%	44.6%
Responses	553	561	538	1273	1244

People Promise element – We are a team

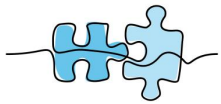


Questions included:

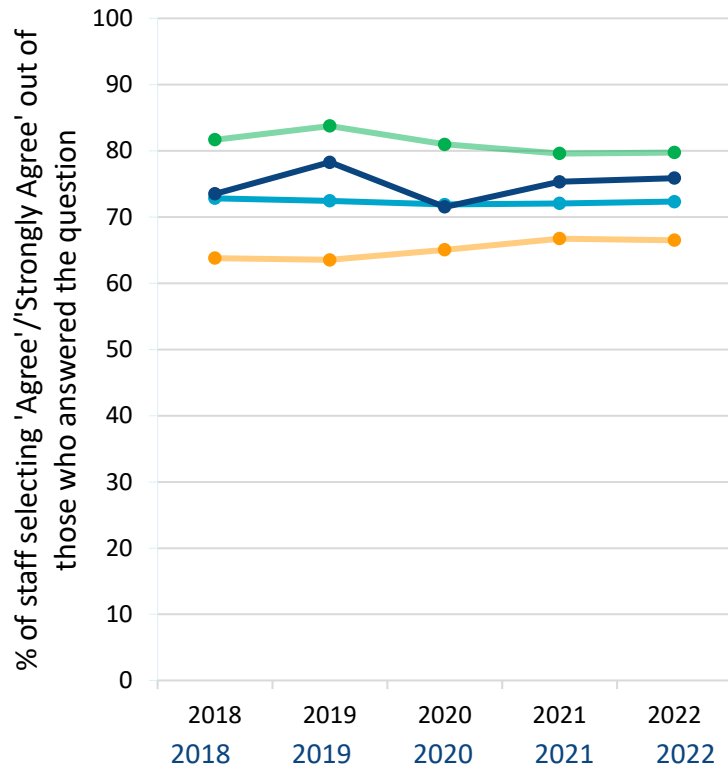
Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



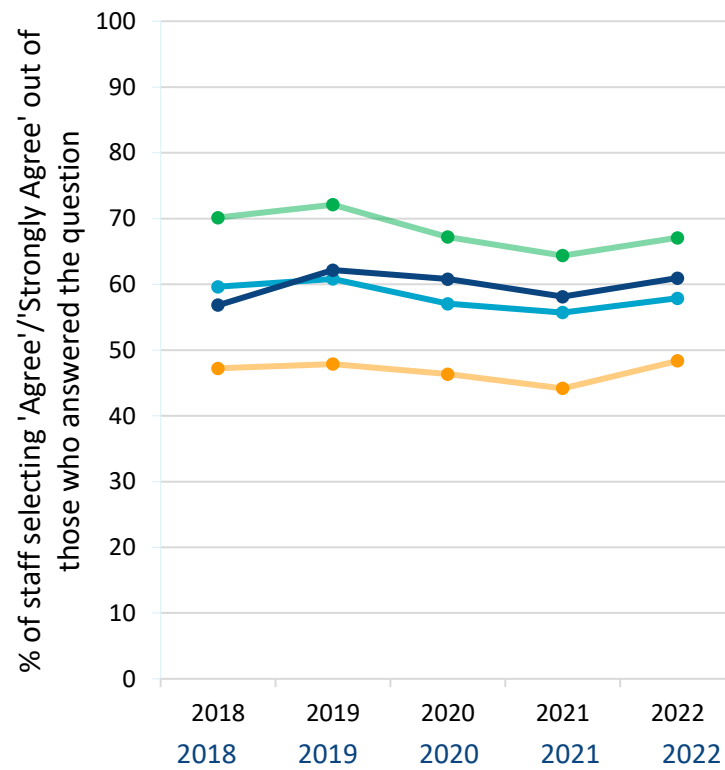
Q7a The team I work in has a set of shared objectives.



Best	81.7%	83.8%	81.0%	79.6%	79.8%
Your org	73.5%	78.3%	71.5%	75.3%	75.9%
Average	72.8%	72.5%	71.9%	72.1%	72.3%
Worst	63.8%	63.5%	65.0%	66.8%	66.5%

Responses 551 561 534 1275 1245

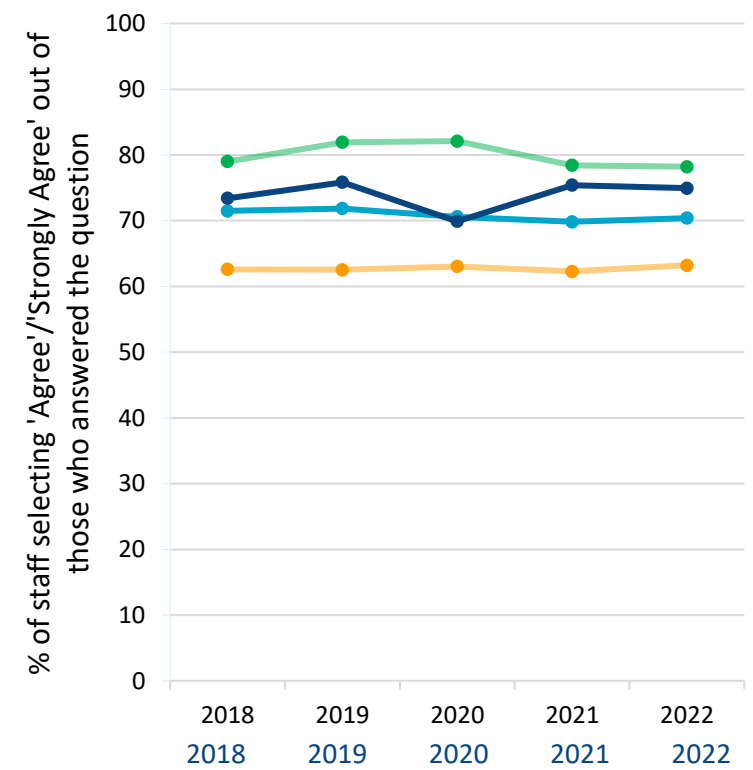
Q7b The team I work in often meets to discuss the team's effectiveness.



Best	70.1%	72.1%	67.2%	64.4%	67.1%
Your org	56.8%	62.2%	60.8%	58.1%	60.9%
Average	59.6%	60.8%	57.0%	55.7%	57.9%
Worst	47.2%	47.9%	46.4%	44.2%	48.4%

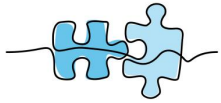
Responses 551 562 538 1274 1243

Q7c I receive the respect I deserve from my colleagues at work.

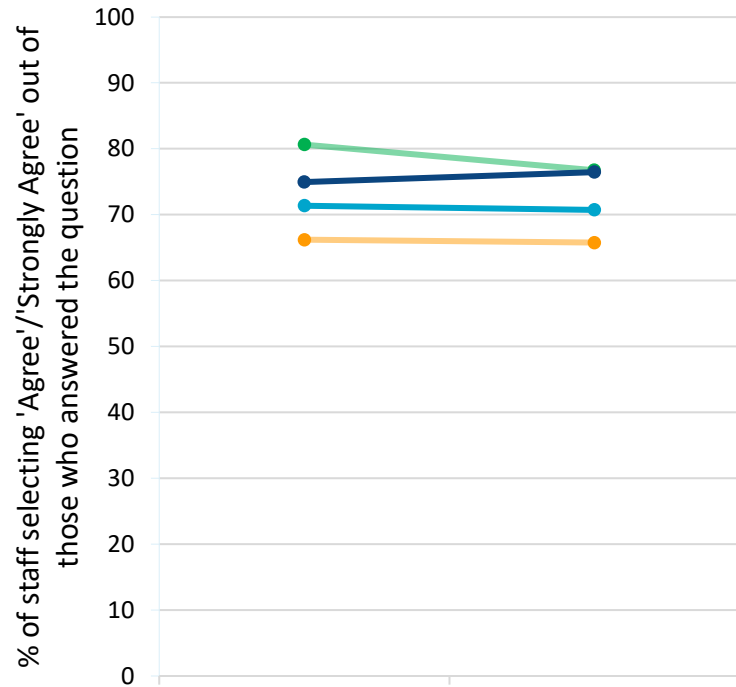


Best	79.0%	81.9%	82.1%	78.4%	78.2%
Your org	73.4%	75.9%	69.9%	75.4%	75.0%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%

Responses 552 560 537 1277 1245

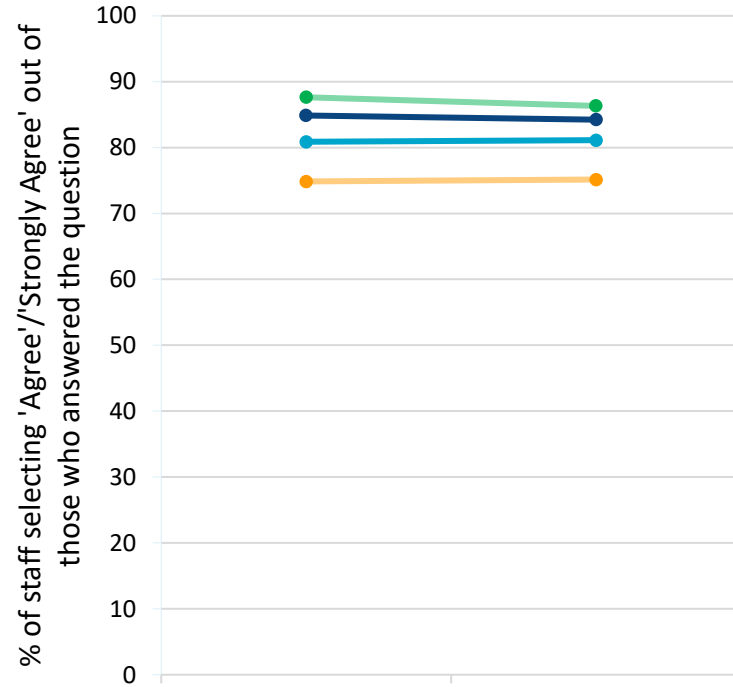


Q7d Team members understand each other's roles.



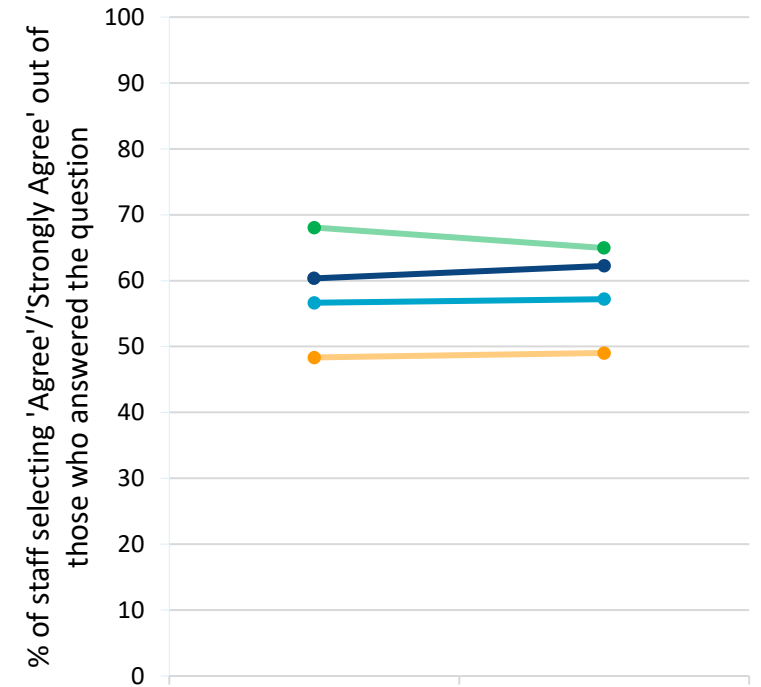
	2021	2022
Your org	74.9%	76.5%
Best	80.6%	76.8%
Average	71.4%	70.7%
Worst	66.2%	65.8%
Responses	1273	1245

Q7e I enjoy working with the colleagues in my team.

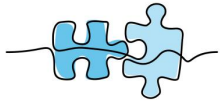


	2021	2022
Your org	84.9%	84.2%
Best	87.6%	86.3%
Average	80.9%	81.1%
Worst	74.8%	75.1%
Responses	1271	1244

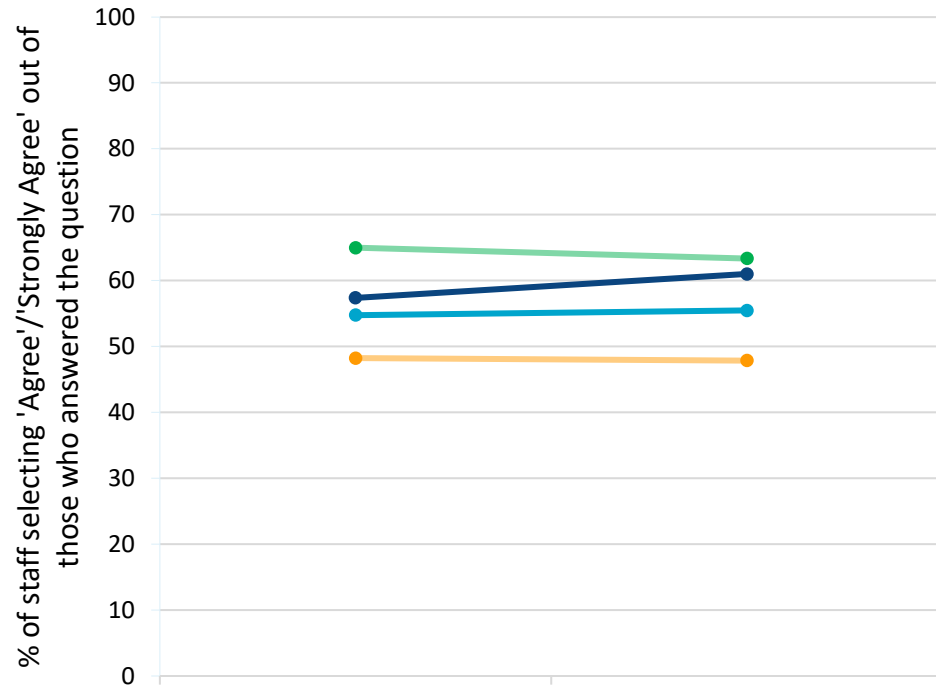
Q7f My team has enough freedom in how to do its work.



	2021	2022
Your org	60.3%	62.2%
Best	68.0%	64.9%
Average	56.6%	57.2%
Worst	48.3%	49.0%
Responses	1272	1241



Q7g In my team disagreements are dealt with constructively.



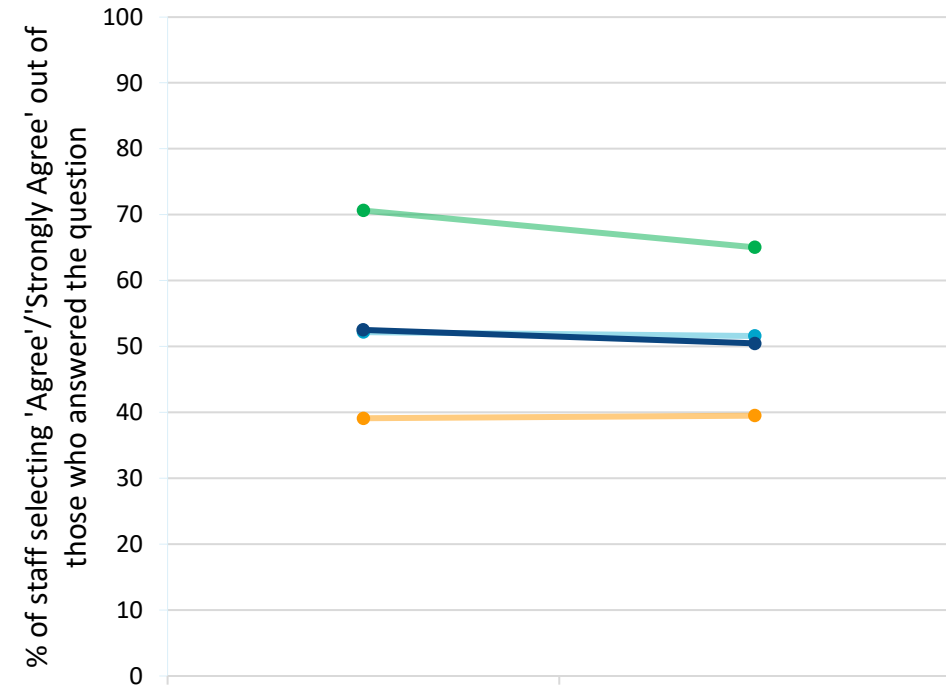
	2021	2022
Your org	57.4%	61.0%
Best	65.0%	63.3%
Average	54.8%	55.5%
Worst	48.2%	47.9%

Responses

1271

1241

Q8a Teams within this organisation work well together to achieve their objectives.

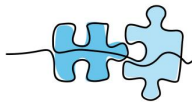


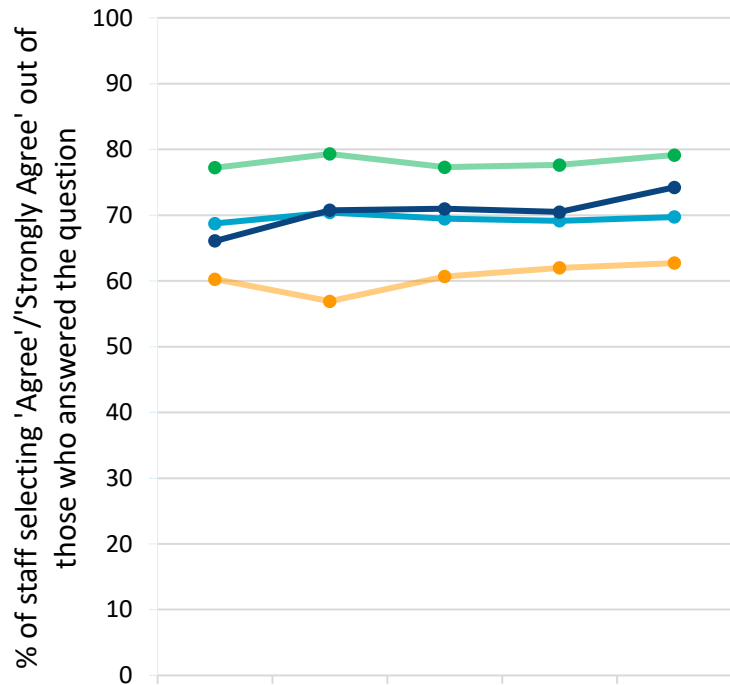
	2021	2022
Your org	52.5%	50.5%
Best	70.6%	65.1%
Average	52.2%	51.6%
Worst	39.1%	39.5%

Responses

1272

1245

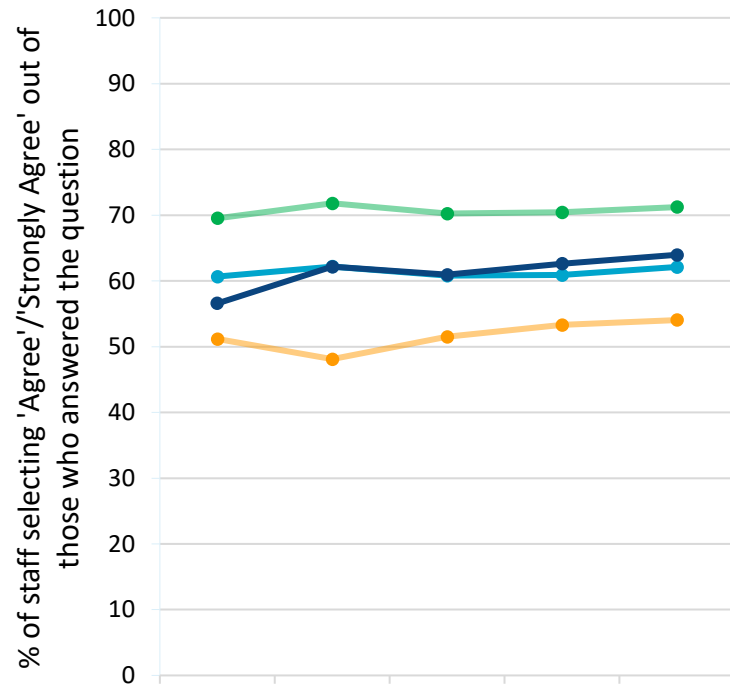
 Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	66.1%	70.8%	71.0%	70.5%	74.2%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%

Responses 554 557 537 1279 1244

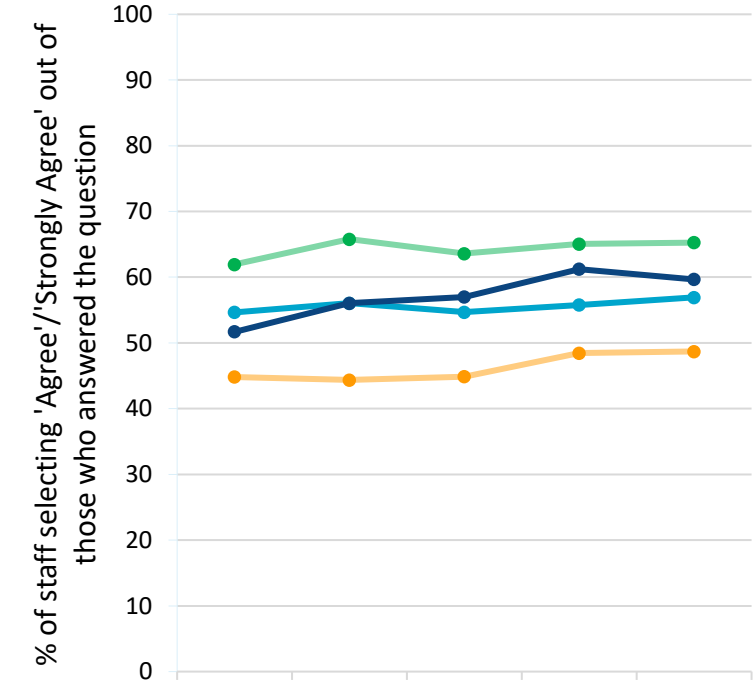
Q9b My immediate manager gives me clear feedback on my work.



	2018	2019	2020	2021	2022
Your org	56.6%	62.2%	60.9%	62.6%	64.0%
Best	69.5%	71.8%	70.3%	70.4%	71.3%
Average	60.7%	62.2%	60.8%	60.9%	62.1%
Worst	51.2%	48.1%	51.5%	53.3%	54.1%

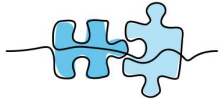
Responses 552 557 537 1276 1243

Q9c My immediate manager asks for my opinion before making decisions that affect my work.

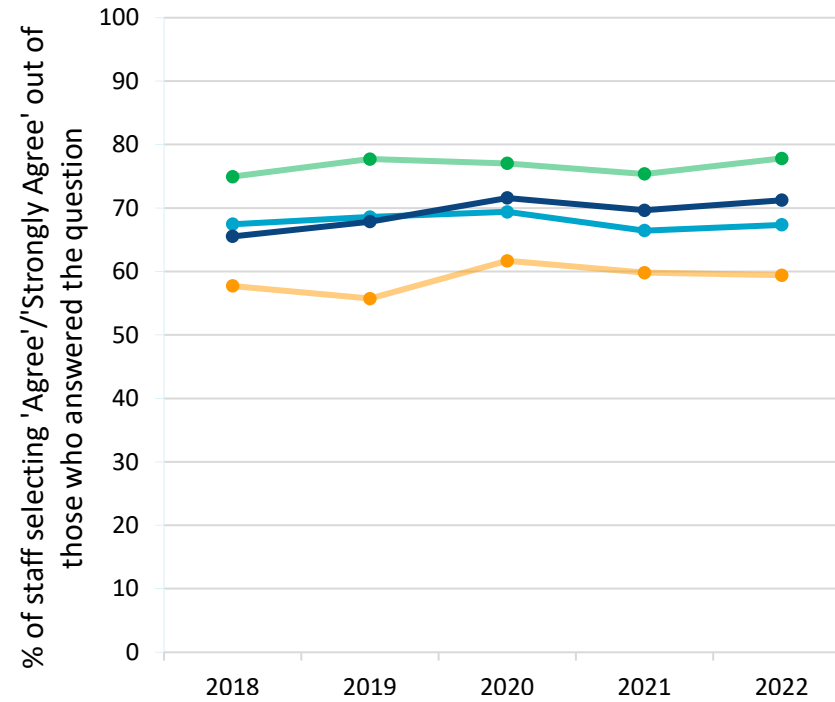


	2018	2019	2020	2021	2022
Your org	51.7%	56.0%	57.0%	61.2%	59.7%
Best	61.9%	65.8%	63.6%	65.1%	65.3%
Average	54.7%	56.0%	54.7%	55.8%	56.9%
Worst	44.8%	44.4%	44.9%	48.4%	48.7%

Responses 553 557 535 1275 1245



Q9d My immediate manager takes a positive interest in my health and well-being.



	2018	2019	2020	2021	2022
Your org	65.5%	67.8%	71.6%	69.6%	71.2%
Best	74.9%	77.7%	77.0%	75.4%	77.8%
Average	67.5%	68.6%	69.4%	66.4%	67.4%
Worst	57.7%	55.7%	61.7%	59.8%	59.4%
Responses	552	557	537	1277	1244

Theme – Staff engagement

Questions included:

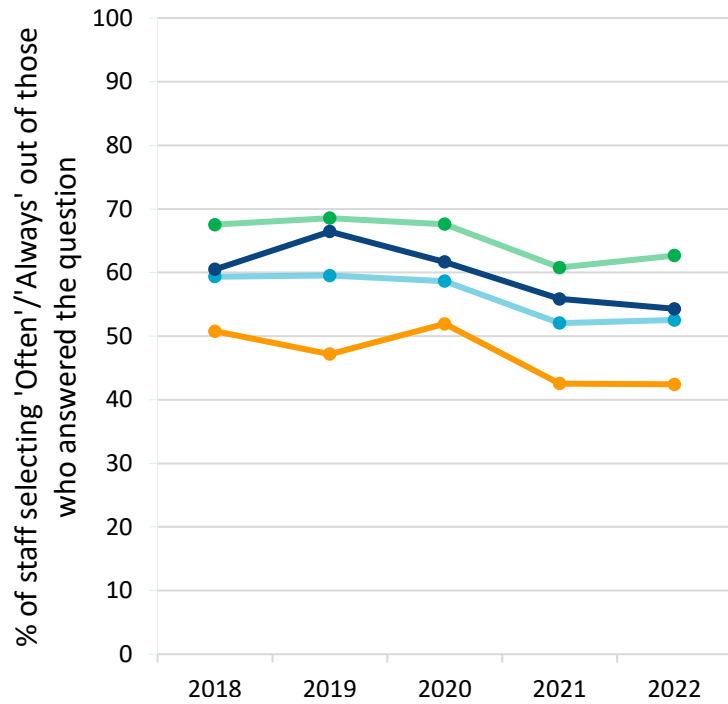
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q23a, Q23c, Q23d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

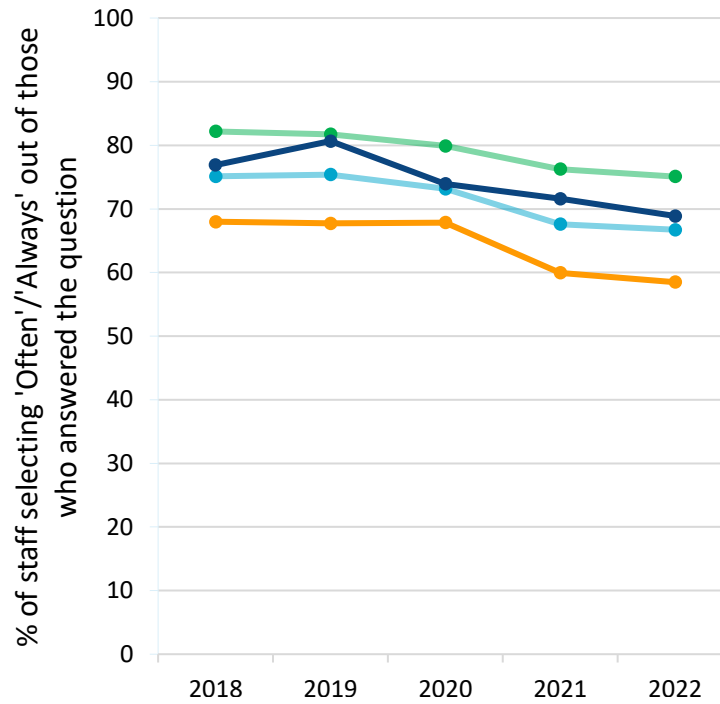
Q2a I look forward to going to work.



	2018	2019	2020	2021	2022
Your org	60.5%	66.4%	61.7%	55.9%	54.3%
Best	67.5%	68.6%	67.6%	60.8%	62.7%
Average	59.4%	59.5%	58.6%	52.0%	52.5%
Worst	50.8%	47.2%	51.9%	42.5%	42.4%

Responses 552 561 540 1272 1240

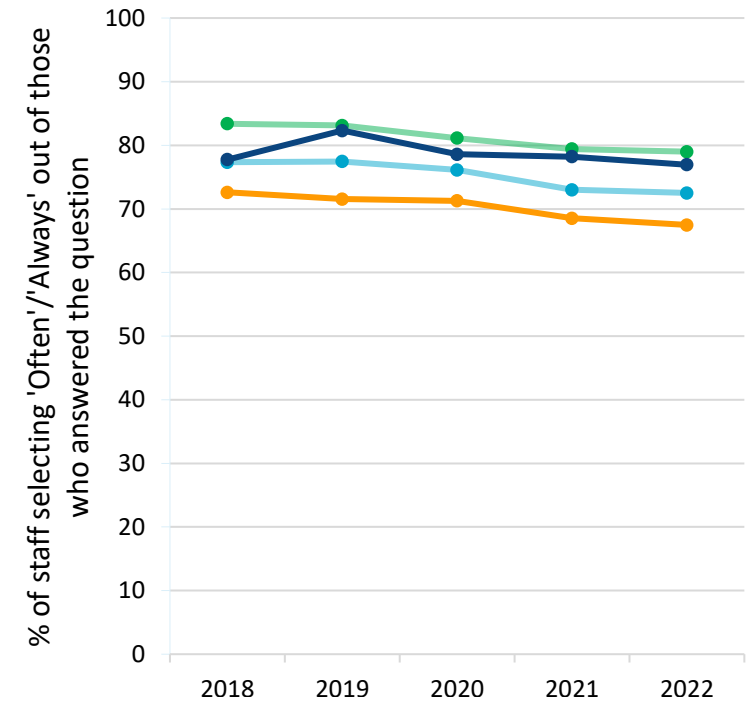
Q2b I am enthusiastic about my job.



	2018	2019	2020	2021	2022
Your org	76.9%	80.7%	73.9%	71.6%	68.9%
Best	82.2%	81.7%	79.9%	76.2%	75.1%
Average	75.1%	75.4%	73.2%	67.6%	66.7%
Worst	68.0%	67.7%	67.9%	60.0%	58.5%

Responses 544 557 536 1268 1237

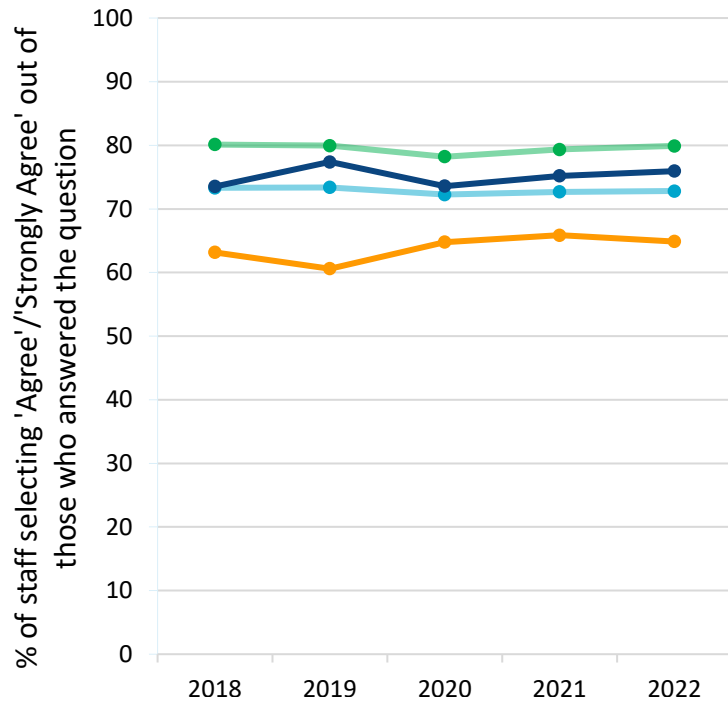
Q2c Time passes quickly when I am working.



	2018	2019	2020	2021	2022
Your org	77.7%	82.3%	78.6%	78.2%	77.0%
Best	83.4%	83.1%	81.1%	79.4%	79.0%
Average	77.3%	77.4%	76.1%	73.0%	72.5%
Worst	72.6%	71.6%	71.3%	68.5%	67.5%

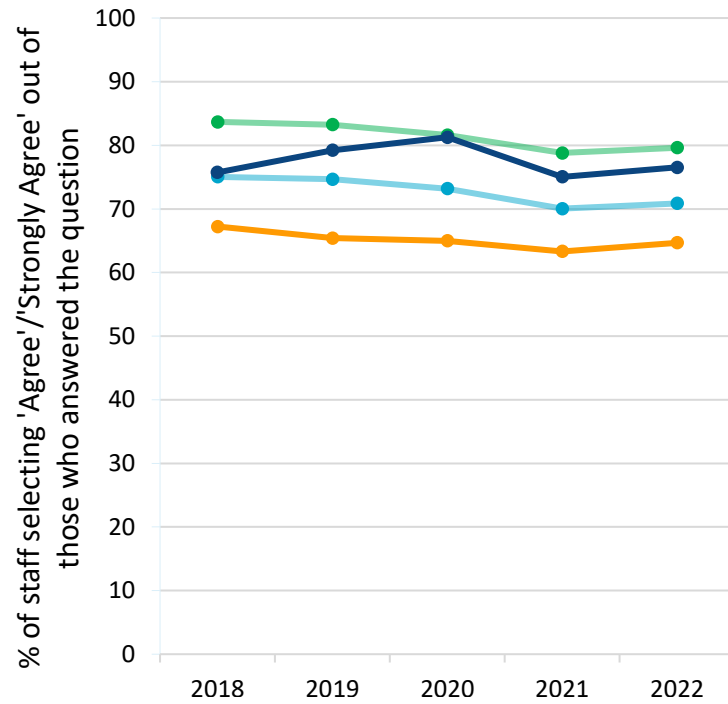
Responses 545 554 534 1269 1237

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



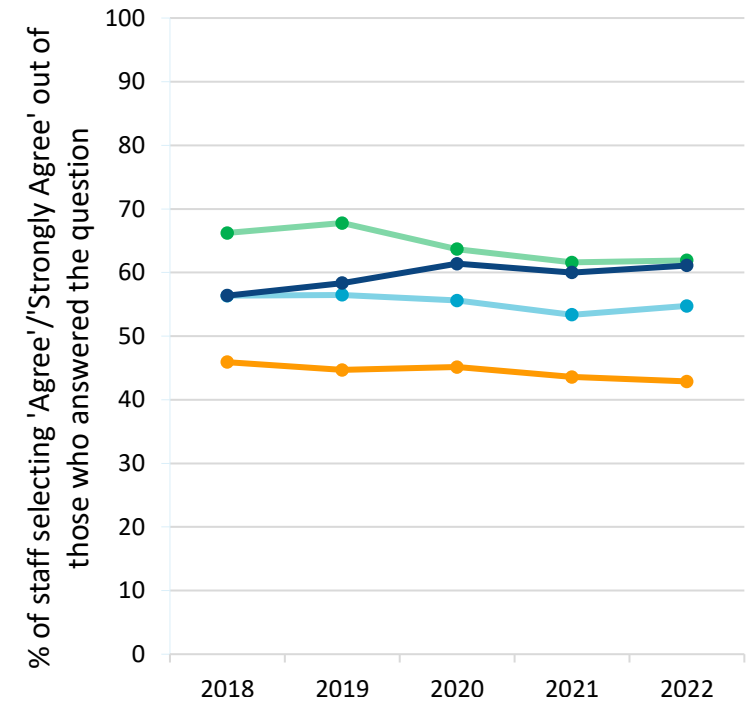
	2018	2019	2020	2021	2022
Your org	73.5%	77.4%	73.6%	75.2%	76.0%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	555	562	539	1273	1239

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



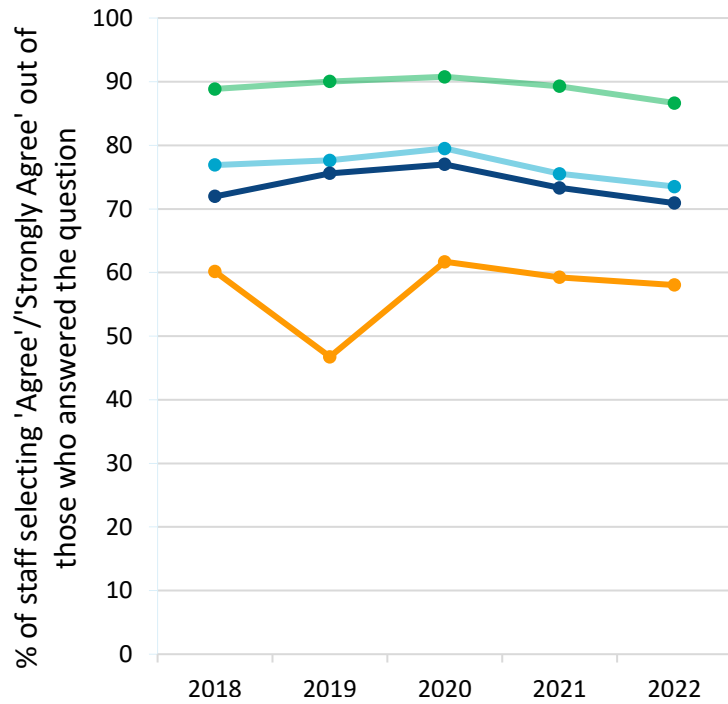
	2018	2019	2020	2021	2022
Your org	75.7%	79.2%	81.3%	75.0%	76.5%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	554	562	536	1275	1242

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



	2018	2019	2020	2021	2022
Your org	56.4%	58.4%	61.4%	60.0%	61.1%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	552	560	539	1276	1243

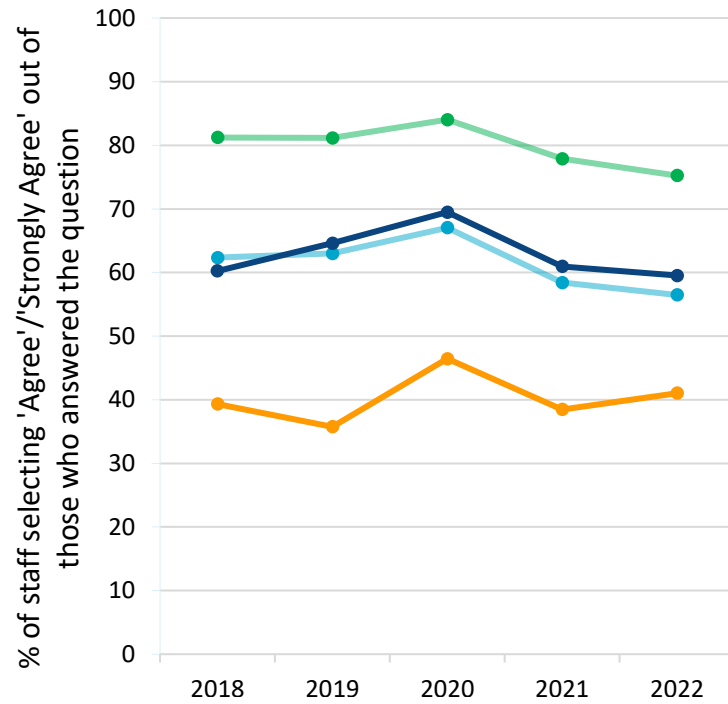
Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	72.0%	75.6%	77.0%	73.3%	70.9%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%

Responses 549 552 538 1272 1244

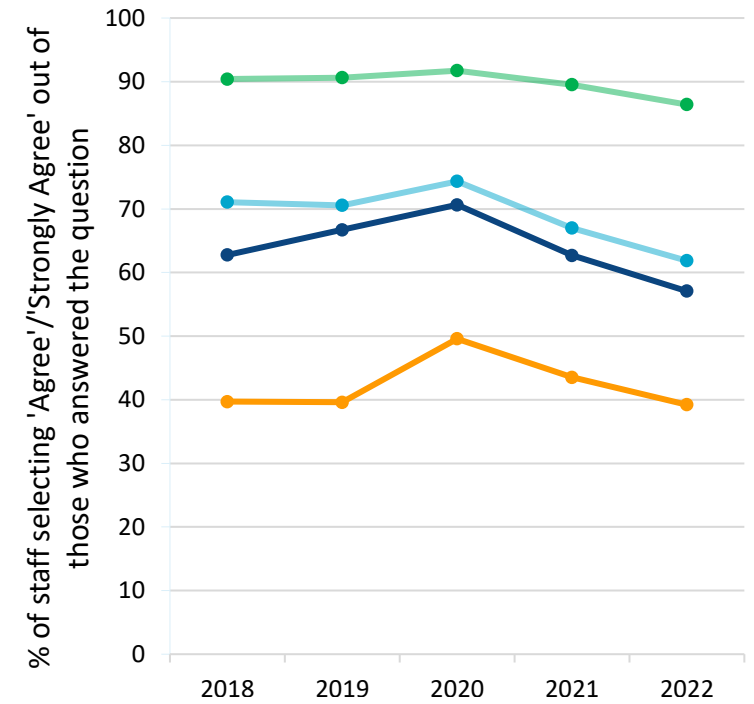
Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	60.2%	64.6%	69.5%	61.0%	59.5%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%

Responses 548 551 538 1269 1242

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



	2018	2019	2020	2021	2022
Your org	62.7%	66.7%	70.6%	62.7%	57.1%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%

Responses 545 550 538 1264 1242

Theme - Morale

Questions included:

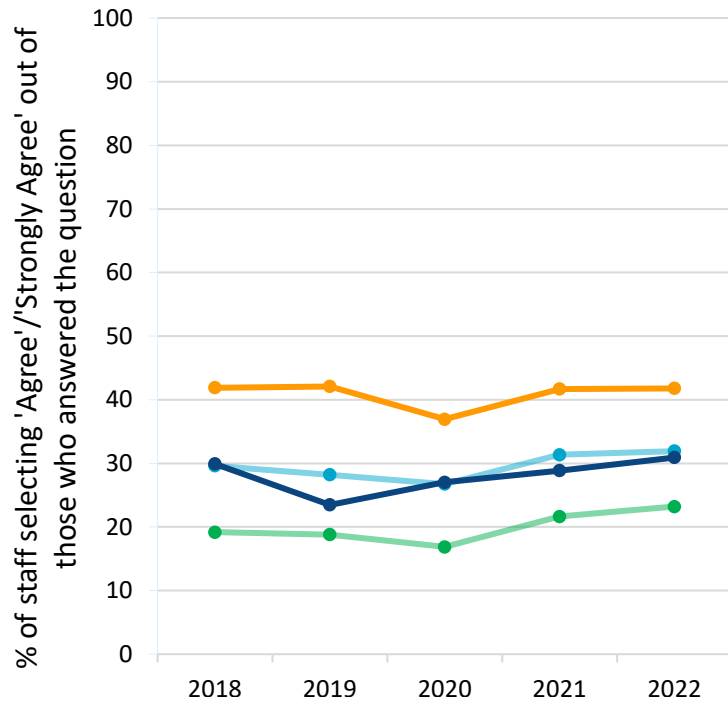
Thinking about leaving – Q24a, Q24b, Q24c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

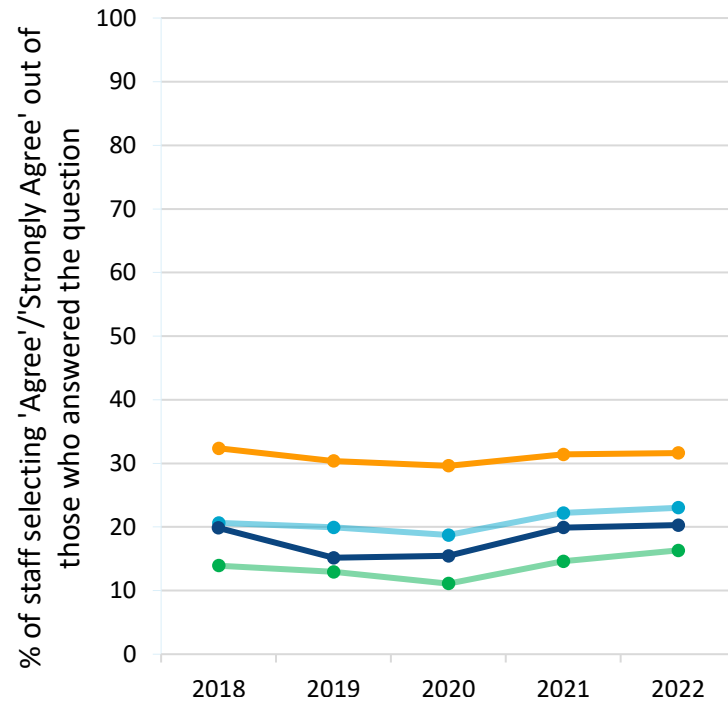
Q24a I often think about leaving this organisation.



	2018	2019	2020	2021	2022
Your org	29.9%	23.5%	27.0%	28.9%	30.9%
Best	19.2%	18.8%	16.9%	21.6%	23.2%
Average	29.6%	28.2%	26.8%	31.3%	31.9%
Worst	41.9%	42.1%	36.9%	41.7%	41.8%

Responses 548 551 536 1270 1249

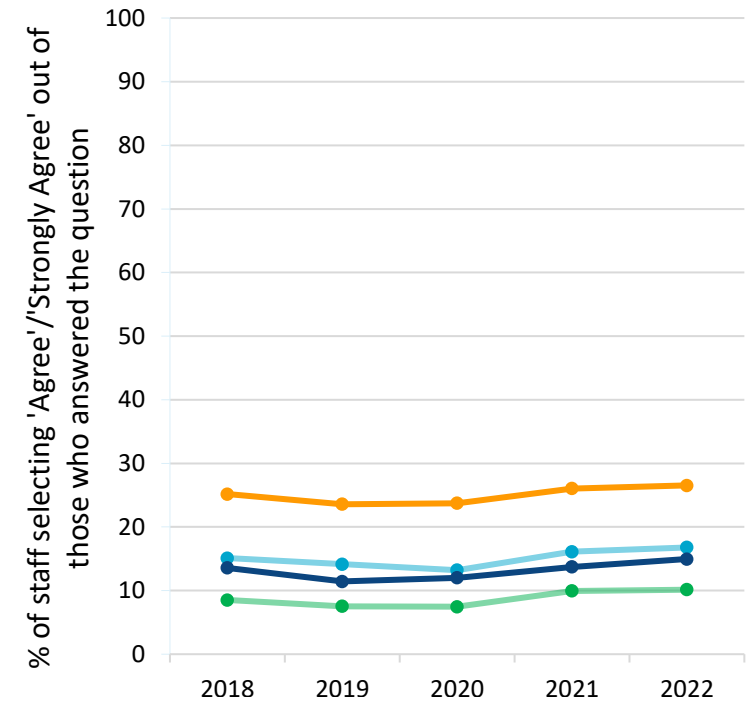
Q24b I will probably look for a job at a new organisation in the next 12 months.



	2018	2019	2020	2021	2022
Your org	19.9%	15.1%	15.5%	19.9%	20.3%
Best	13.9%	12.9%	11.1%	14.6%	16.3%
Average	20.6%	19.9%	18.7%	22.2%	23.0%
Worst	32.3%	30.4%	29.6%	31.4%	31.6%

Responses 544 551 537 1266 1245

Q24c As soon as I can find another job, I will leave this organisation.

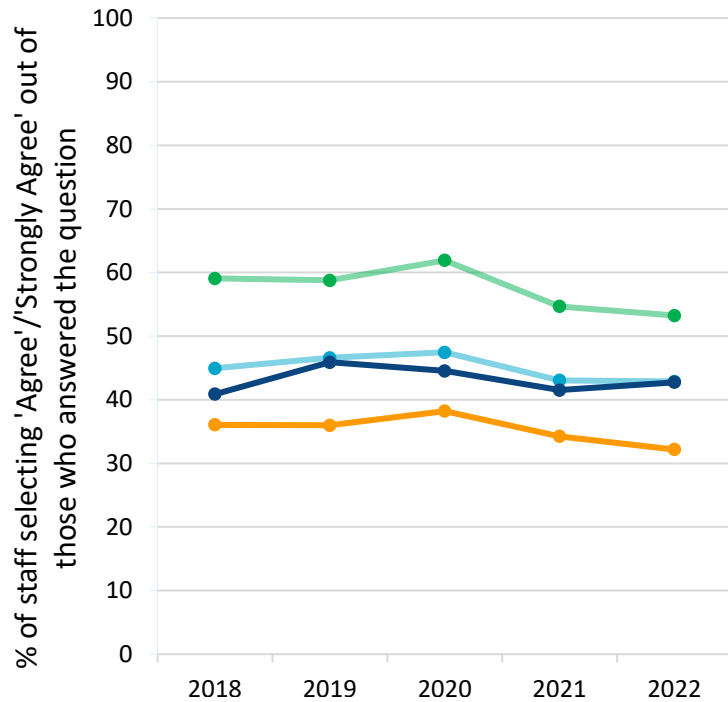


	2018	2019	2020	2021	2022
Your org	13.5%	11.4%	12.0%	13.7%	14.9%
Best	8.5%	7.5%	7.5%	9.9%	10.2%
Average	15.1%	14.1%	13.2%	16.1%	16.8%
Worst	25.2%	23.6%	23.7%	26.0%	26.5%

Responses 546 551 535 1262 1247



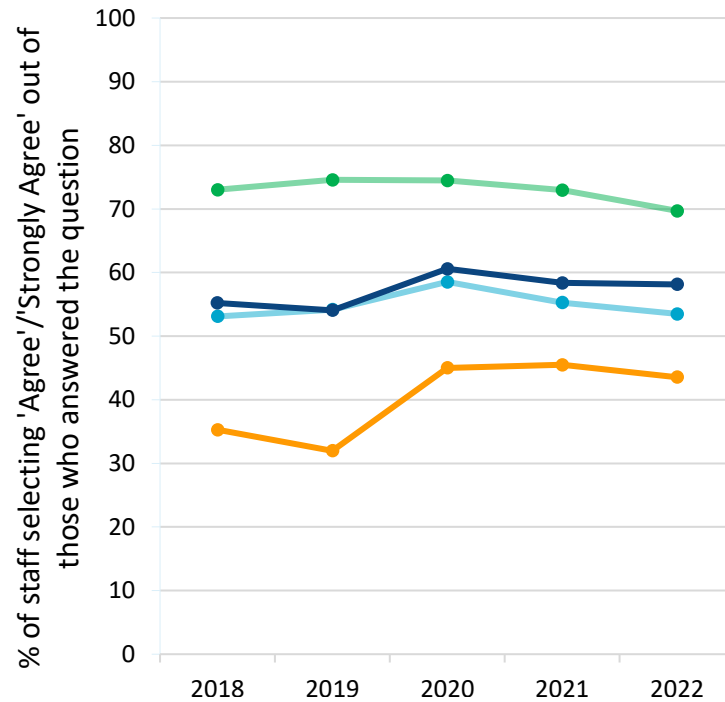
Q3g I am able to meet all the conflicting demands on my time at work.



	2018	2019	2020	2021	2022
Your org	40.9%	45.9%	44.5%	41.5%	42.7%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%

Responses 554 561 536 1270 1242

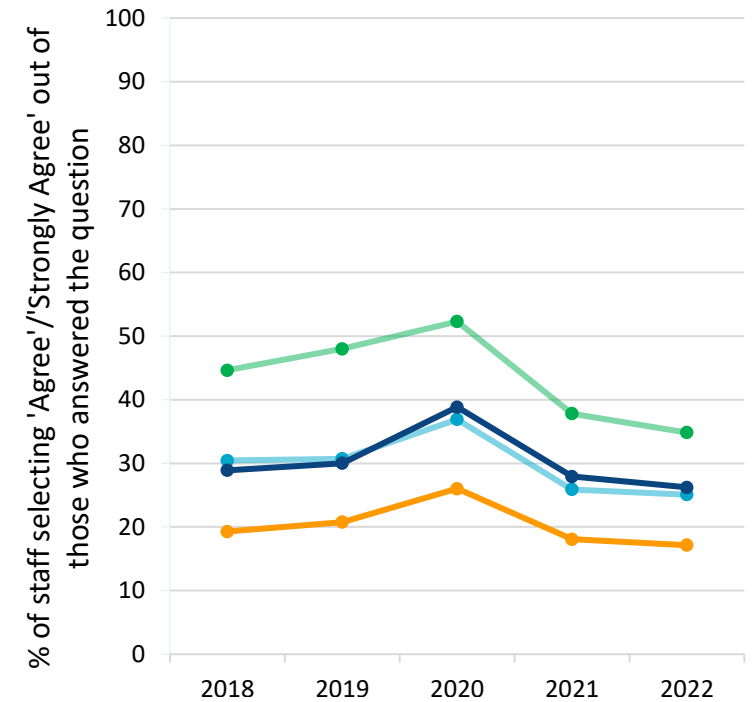
Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Your org	55.2%	54.1%	60.6%	58.4%	58.1%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%

Responses 553 562 536 1275 1239

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

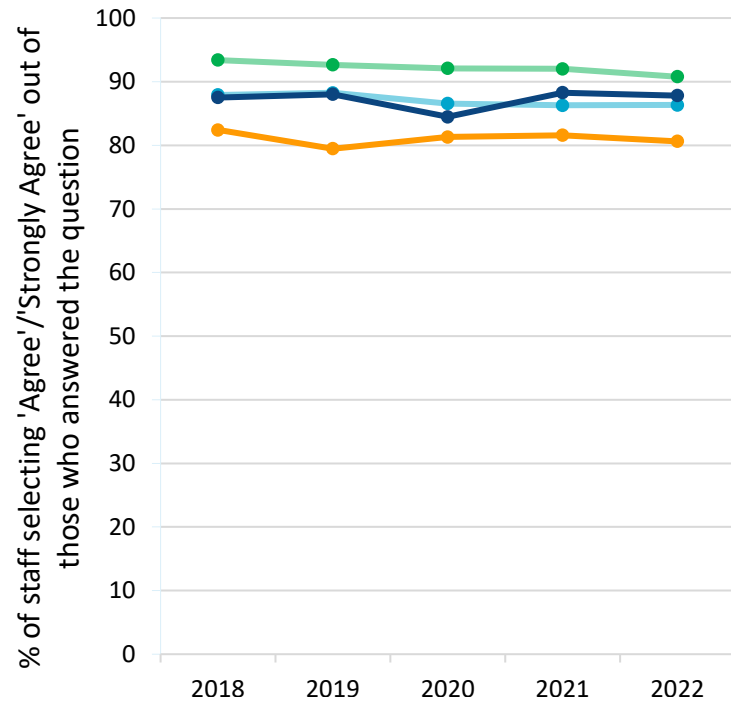


	2018	2019	2020	2021	2022
Your org	28.9%	30.0%	38.8%	27.9%	26.2%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%

Responses 552 560 535 1279 1242



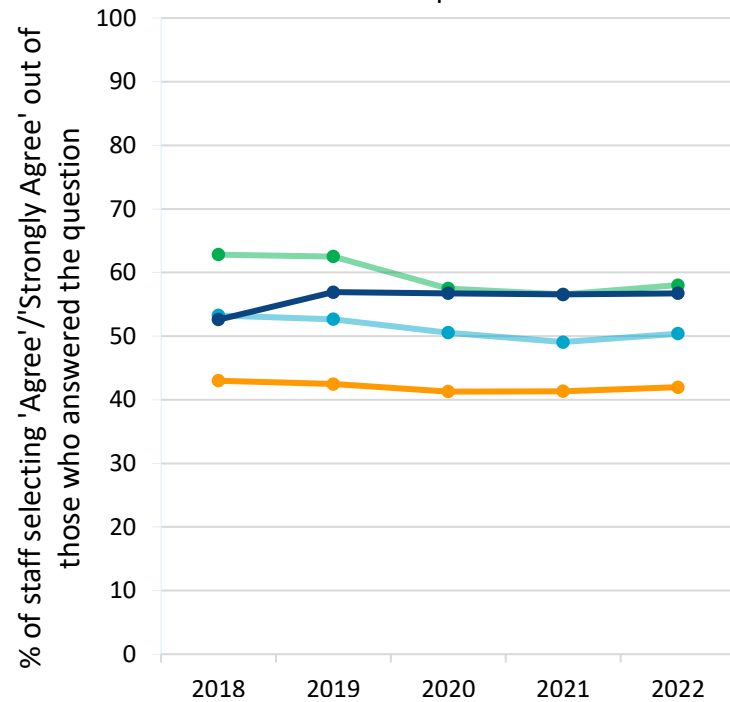
Q3a I always know what my work responsibilities are.



	2018	2019	2020	2021	2022
Your org	87.5%	88.0%	84.5%	88.3%	87.8%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%

Responses 554 562 536 1278 1248

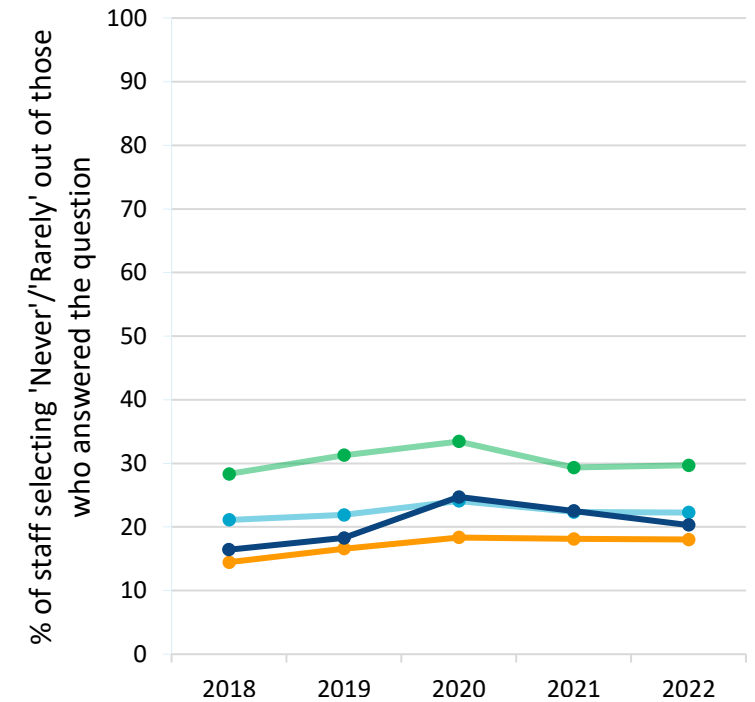
Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	52.6%	56.9%	56.7%	56.5%	56.7%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%

Responses 553 560 539 1279 1245

Q5a I have unrealistic time pressures.

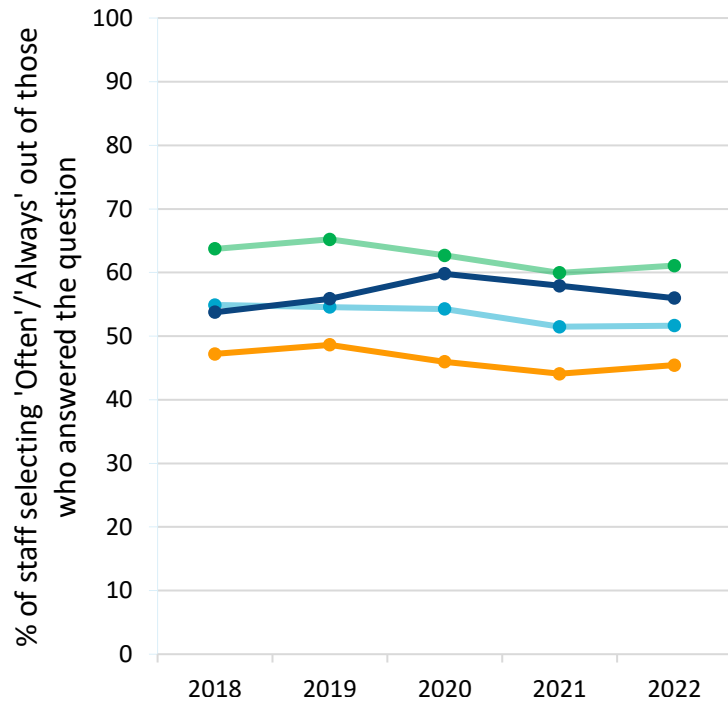


	2018	2019	2020	2021	2022
Your org	16.4%	18.3%	24.7%	22.5%	20.3%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%

Responses 555 560 536 1276 1245



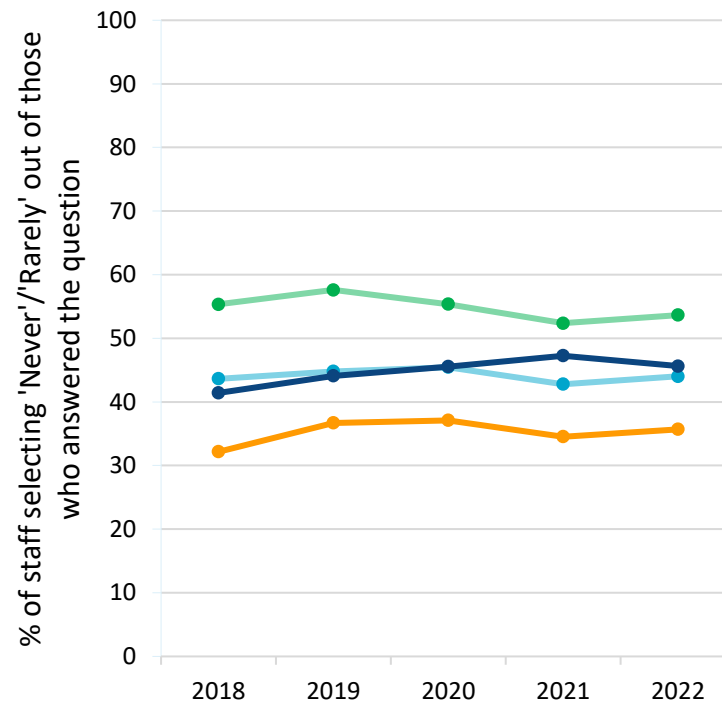
Q5b I have a choice in deciding how to do my work.



	2018	2019	2020	2021	2022
Your org	53.7%	55.9%	59.8%	57.9%	56.0%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%

Responses 551 559 535 1276 1243

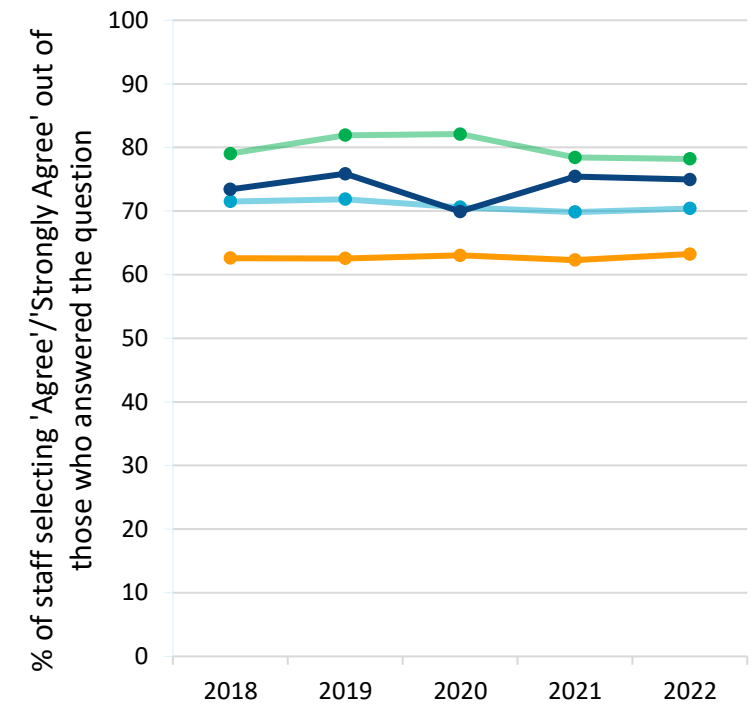
Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	41.4%	44.1%	45.6%	47.3%	45.6%
Best	55.3%	57.6%	55.4%	52.4%	53.6%
Average	43.6%	44.8%	45.4%	42.8%	44.0%
Worst	32.2%	36.7%	37.1%	34.5%	35.7%

Responses 552 558 533 1274 1240

Q7c I receive the respect I deserve from my colleagues at work.

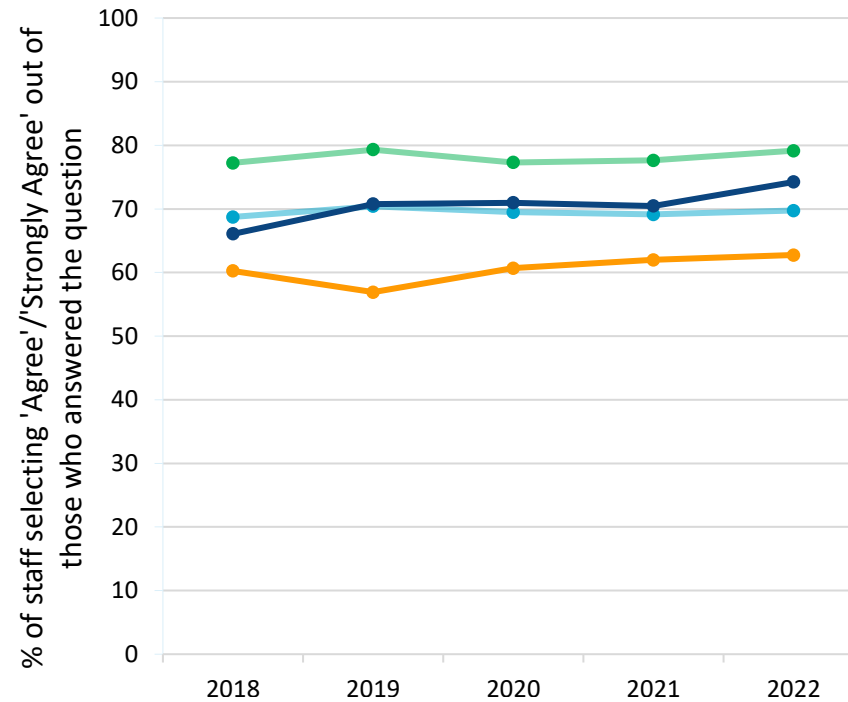


	2018	2019	2020	2021	2022
Your org	73.4%	75.9%	69.9%	75.4%	75.0%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%

Responses 552 560 537 1277 1245



Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	66.1%	70.8%	71.0%	70.5%	74.2%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	554	557	537	1279	1244

Question not linked to People Promise elements or themes

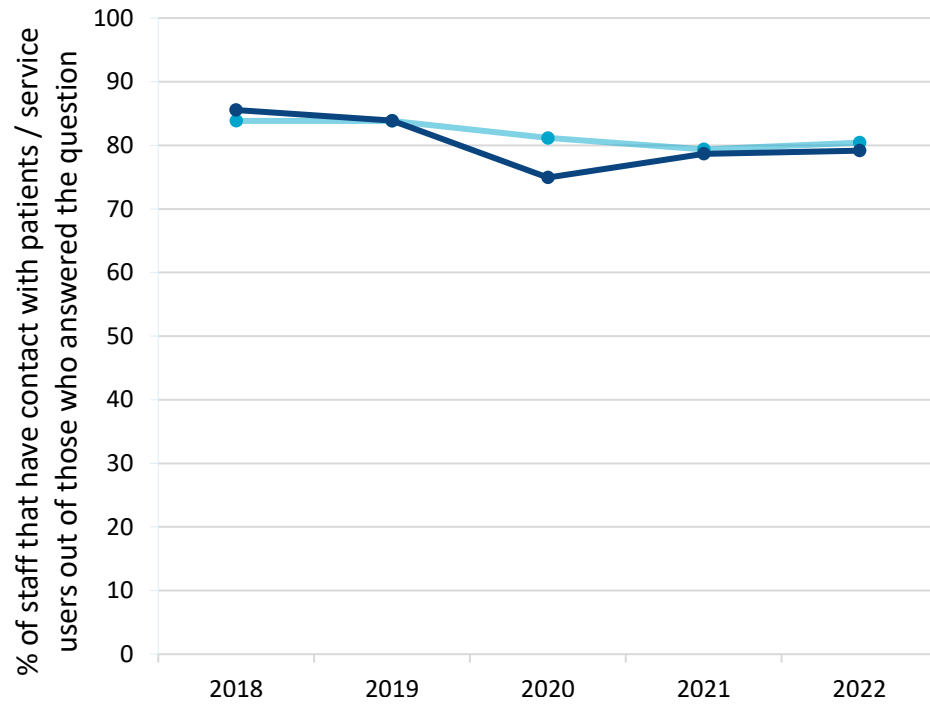
Questions included:

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

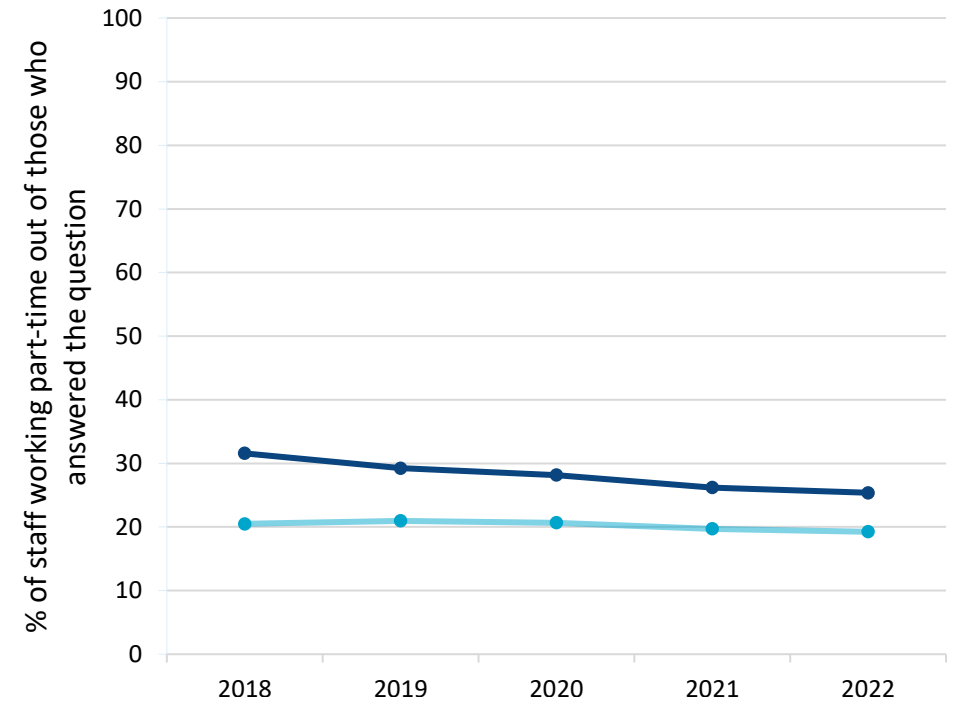


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2018	2019	2020	2021	2022
Your org	85.6%	83.9%	75.0%	78.7%	79.2%
Average	83.8%	83.9%	81.2%	79.4%	80.4%
Responses	547	558	539	1275	1244

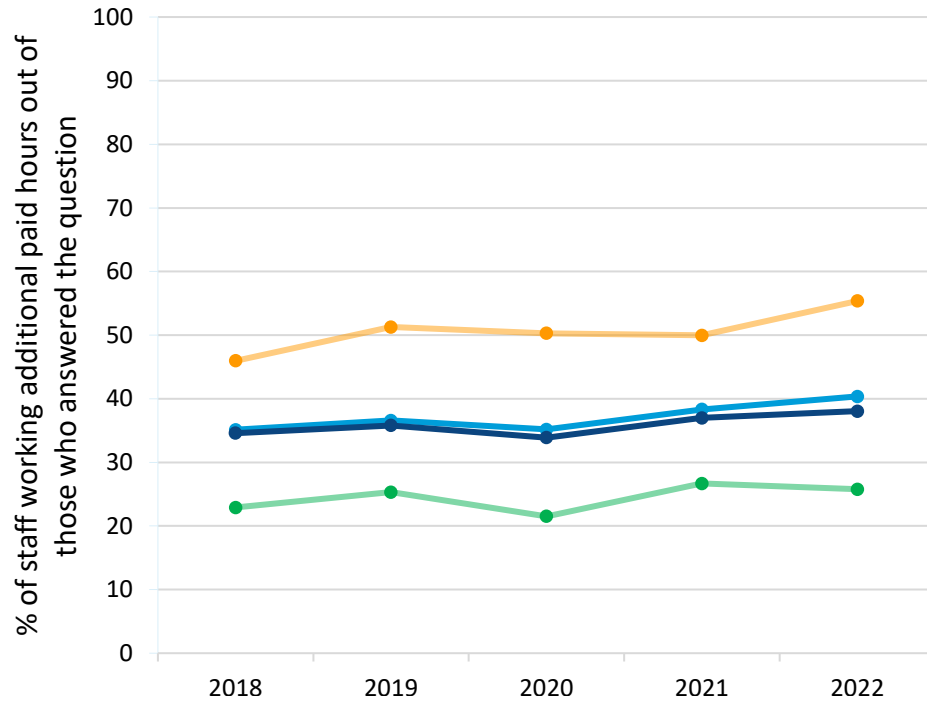
Q10a How many hours a week are you contracted to work?



	2018	2019	2020	2021	2022
Your org	31.6%	29.2%	28.2%	26.2%	25.4%
Average	20.5%	21.0%	20.7%	19.7%	19.2%
Responses	554	561	515	1233	1199

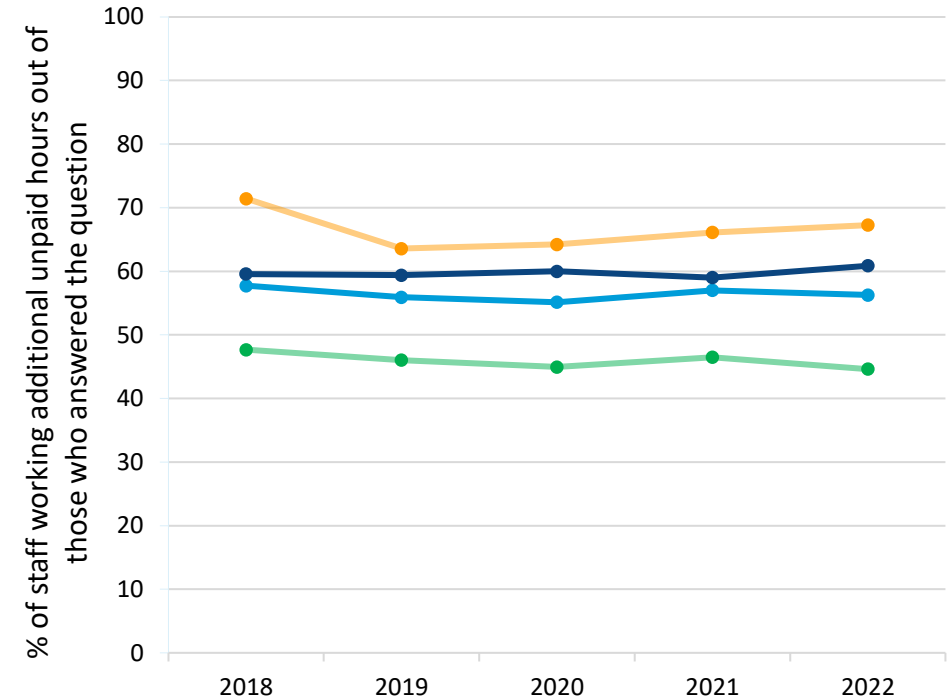


Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	34.6%	35.8%	33.9%	37.0%	38.0%
Lowest	22.9%	25.3%	21.5%	26.7%	25.8%
Average	35.1%	36.6%	35.2%	38.3%	40.4%
Highest	46.0%	51.3%	50.3%	50.0%	55.4%
Responses	537	539	524	1218	1177

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

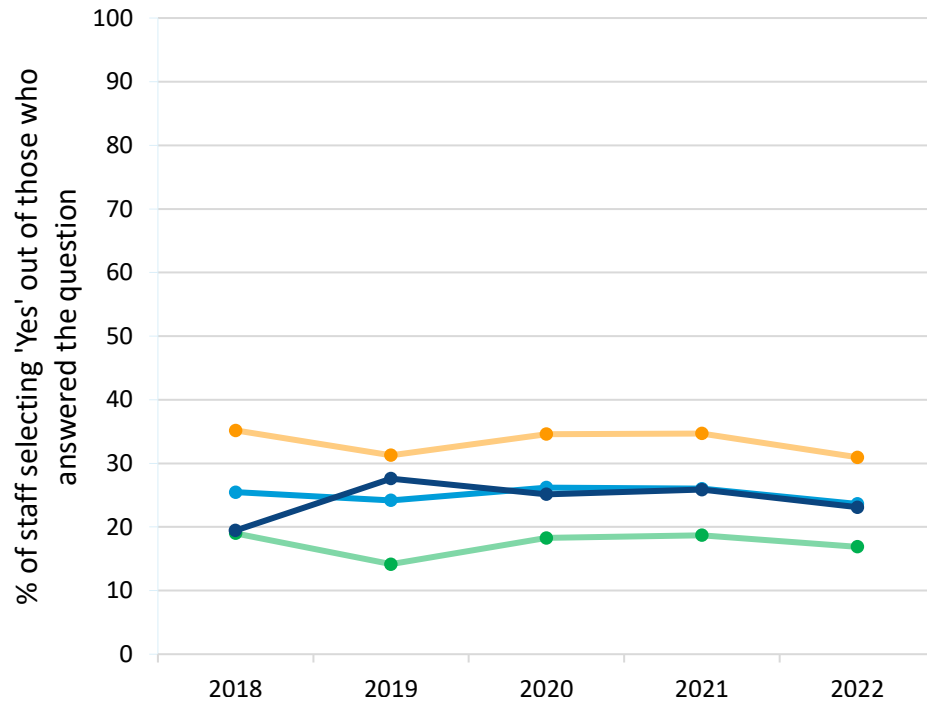


	2018	2019	2020	2021	2022
Your org	59.6%	59.4%	60.0%	59.0%	60.9%
Lowest	47.7%	46.0%	45.0%	46.5%	44.6%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Highest	71.4%	63.6%	64.2%	66.1%	67.3%
Responses	540	539	526	1231	1192



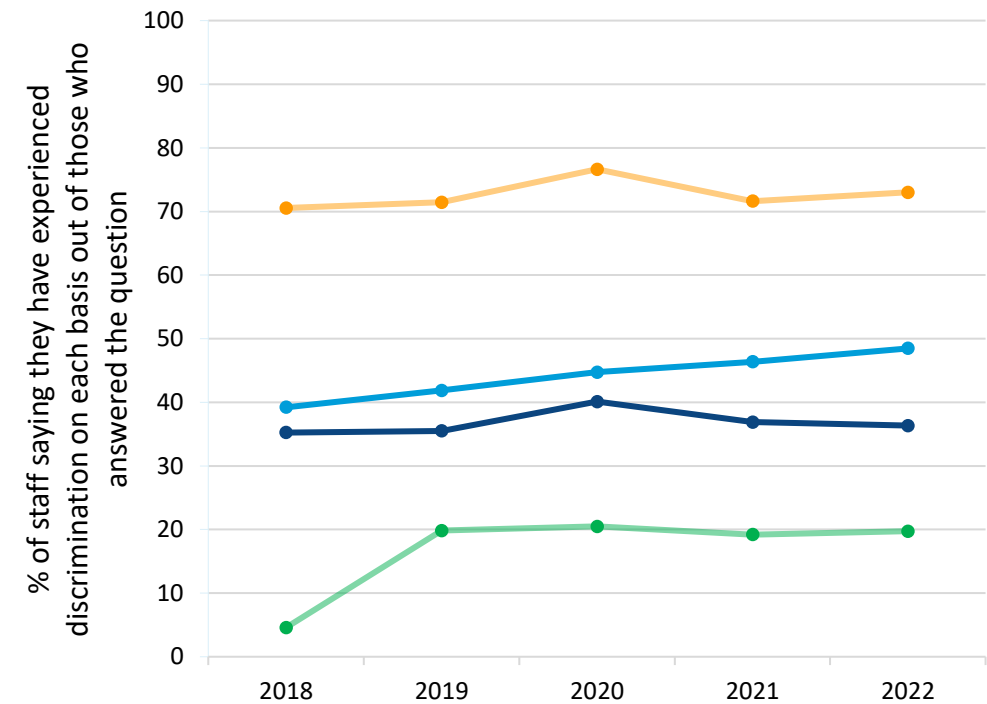
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q11e Have you felt pressure from your manager to come to work?



	2018	2019	2020	2021	2022
Your org	19.5%	27.6%	25.1%	25.9%	23.1%
Best	19.0%	14.1%	18.3%	18.7%	16.9%
Average	25.5%	24.2%	26.2%	26.0%	23.6%
Worst	35.2%	31.3%	34.6%	34.7%	30.9%
Responses	334	315	242	574	658

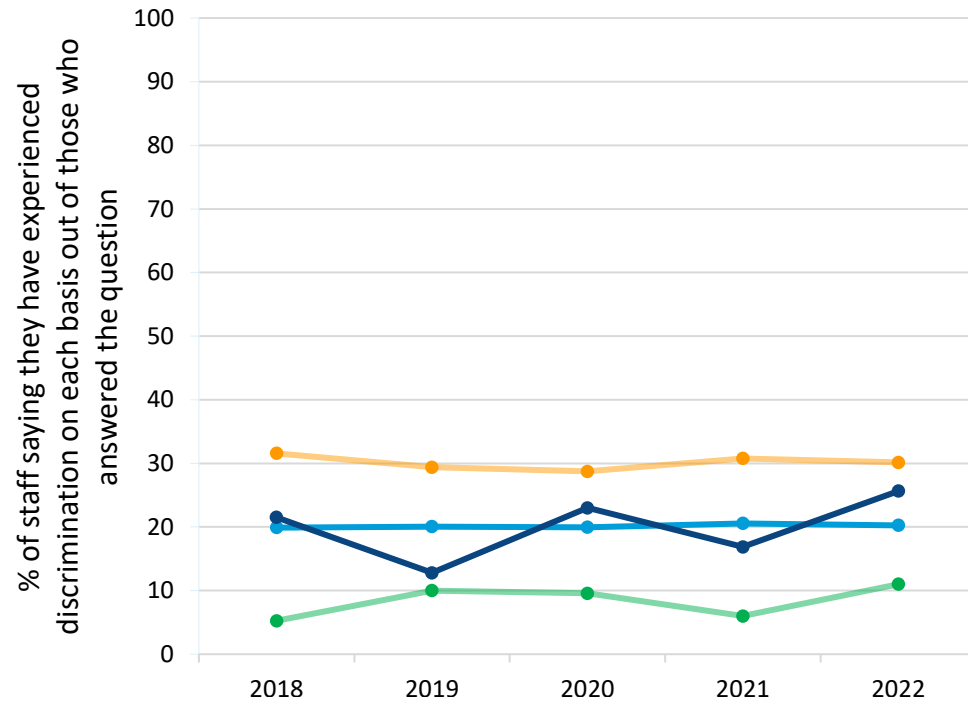
Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.



	2018	2019	2020	2021	2022
Your org	35.2%	35.5%	40.1%	36.9%	36.3%
Best	4.6%	19.8%	20.5%	19.2%	19.7%
Average	39.2%	41.9%	44.7%	46.4%	48.5%
Worst	70.5%	71.4%	76.6%	71.6%	73.0%
Responses	62	70	49	138	140

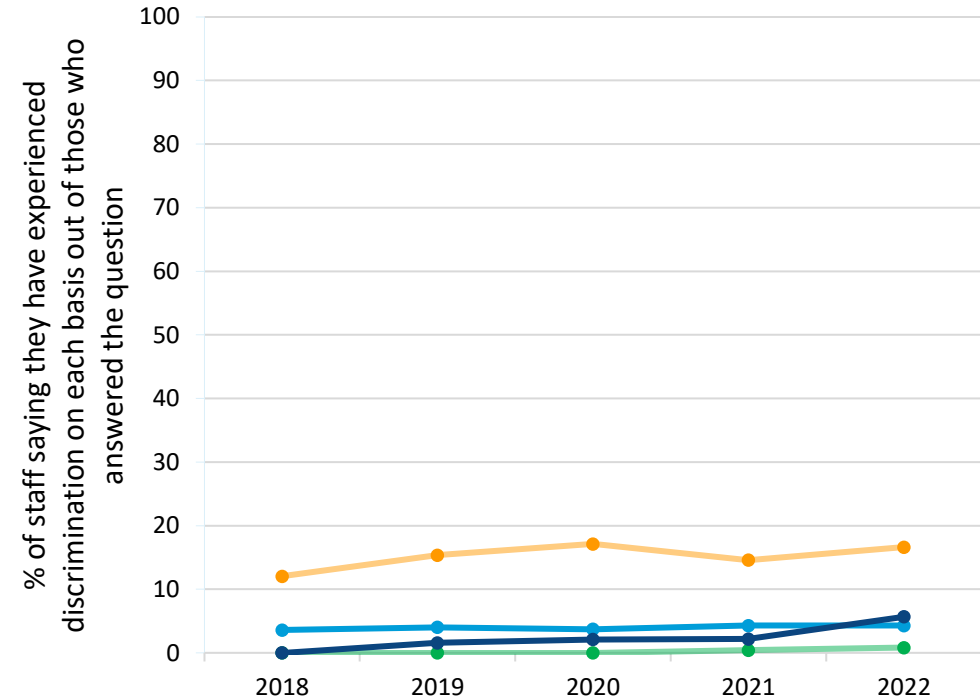


Q16c.2 On what grounds have you experienced discrimination? – Gender.



	2018	2019	2020	2021	2022
Your org	21.5%	12.8%	23.0%	16.9%	25.6%
Best	5.2%	10.0%	9.6%	6.0%	11.0%
Average	19.9%	20.1%	20.0%	20.6%	20.3%
Worst	31.6%	29.4%	28.7%	30.8%	30.1%
Responses	62	70	49	138	140

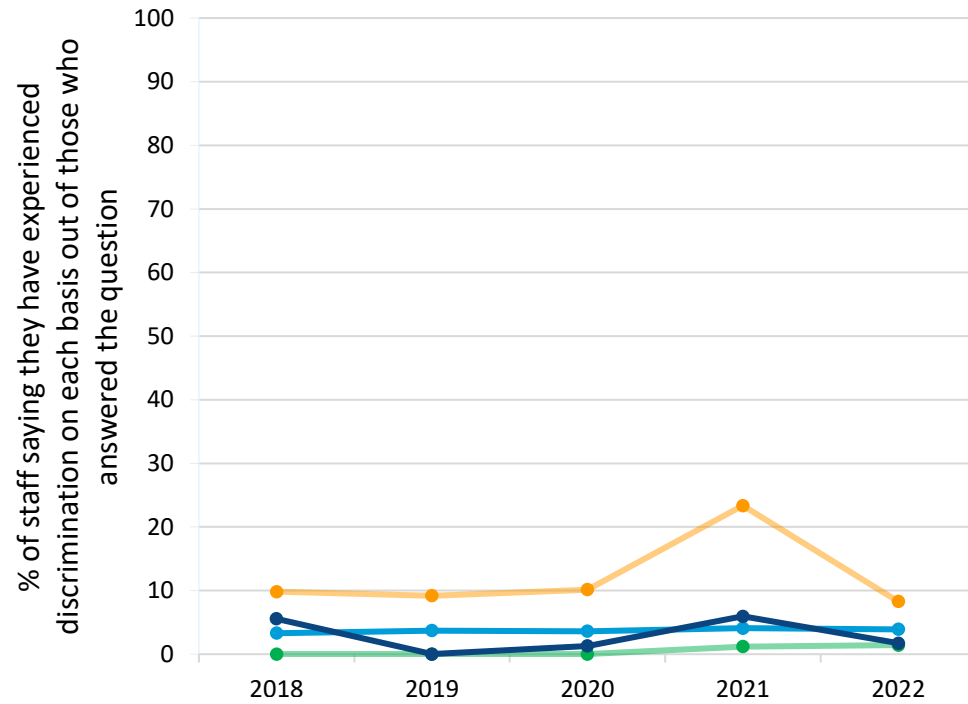
Q16c.3 On what grounds have you experienced discrimination? – Religion.



	2018	2019	2020	2021	2022
Your org	0.0%	1.6%	2.1%	2.2%	5.7%
Best	0.0%	0.0%	0.0%	0.4%	0.8%
Average	3.6%	4.0%	3.7%	4.3%	4.3%
Worst	12.0%	15.4%	17.1%	14.6%	16.6%
Responses	62	70	49	138	140



Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.

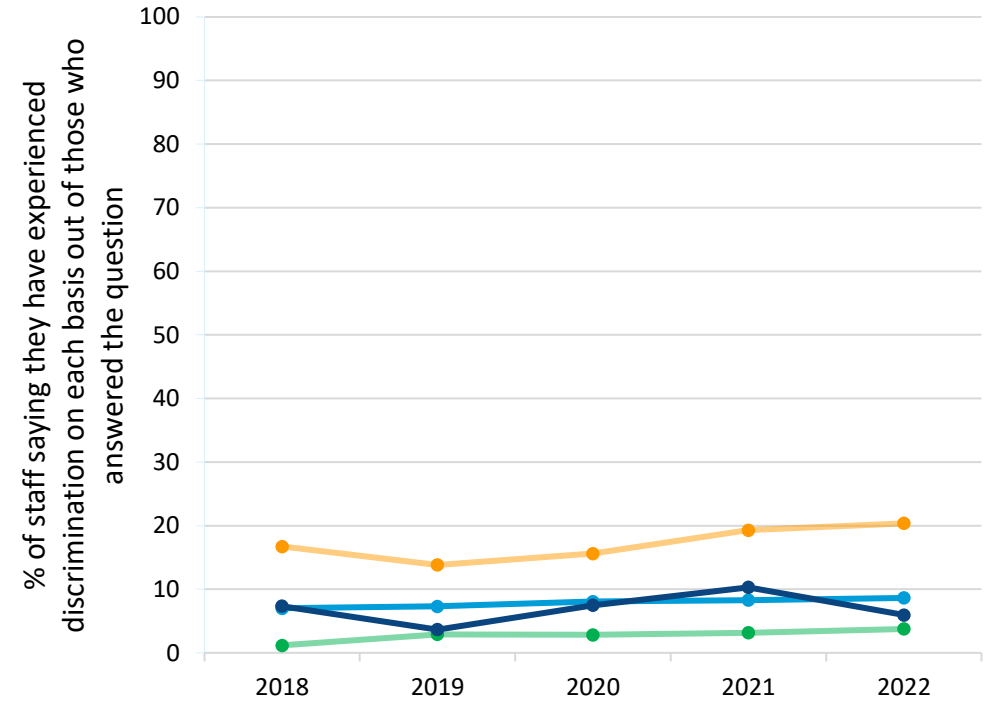


2018 2019 2020 2021 2022

Your org	5.6%	0.0%	1.3%	5.9%	1.7%
Best	0.0%	0.0%	0.0%	1.2%	1.4%
Average	3.3%	3.7%	3.6%	4.1%	3.9%
Worst	9.8%	9.2%	10.1%	23.4%	8.3%

Responses 62 70 49 138 140

Q16c.5 On what grounds have you experienced discrimination? – Disability.



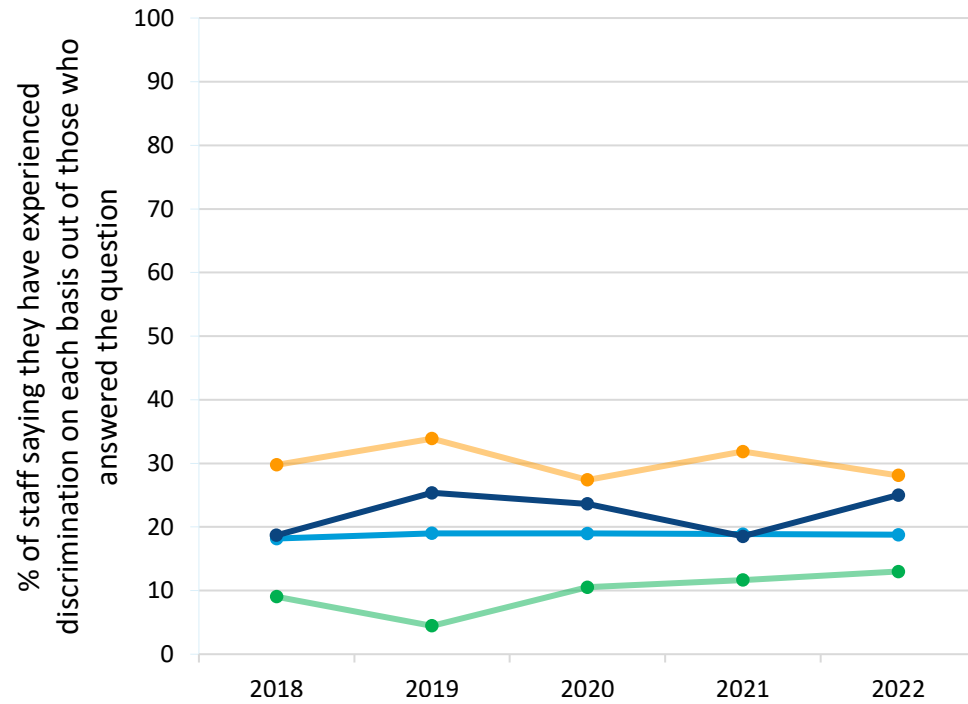
2018 2019 2020 2021 2022

Your org	7.3%	3.7%	7.5%	10.3%	6.0%
Best	1.2%	2.9%	2.8%	3.2%	3.8%
Average	7.0%	7.3%	8.1%	8.3%	8.7%
Worst	16.7%	13.8%	15.6%	19.3%	20.4%

Responses 62 70 49 138 140

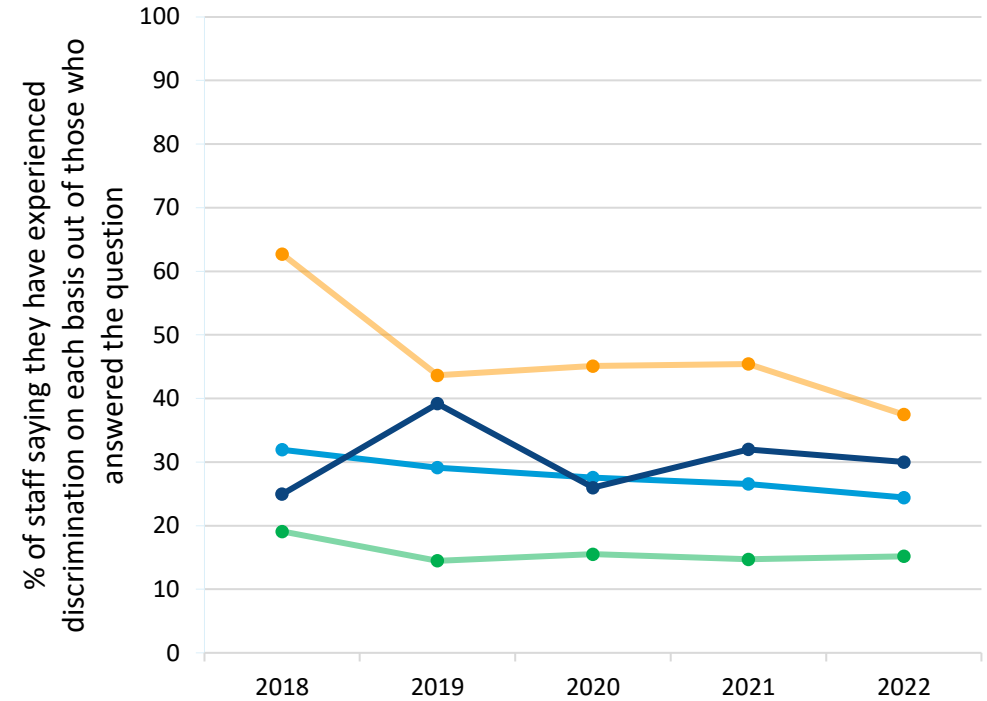


Q16c.6 On what grounds have you experienced discrimination? – Age.



	2018	2019	2020	2021	2022
Your org	18.7%	25.4%	23.6%	18.5%	25.0%
Best	9.0%	4.5%	10.5%	11.7%	13.0%
Average	18.2%	19.0%	19.0%	18.9%	18.8%
Worst	29.8%	33.9%	27.4%	31.8%	28.1%
Responses	62	70	49	138	140

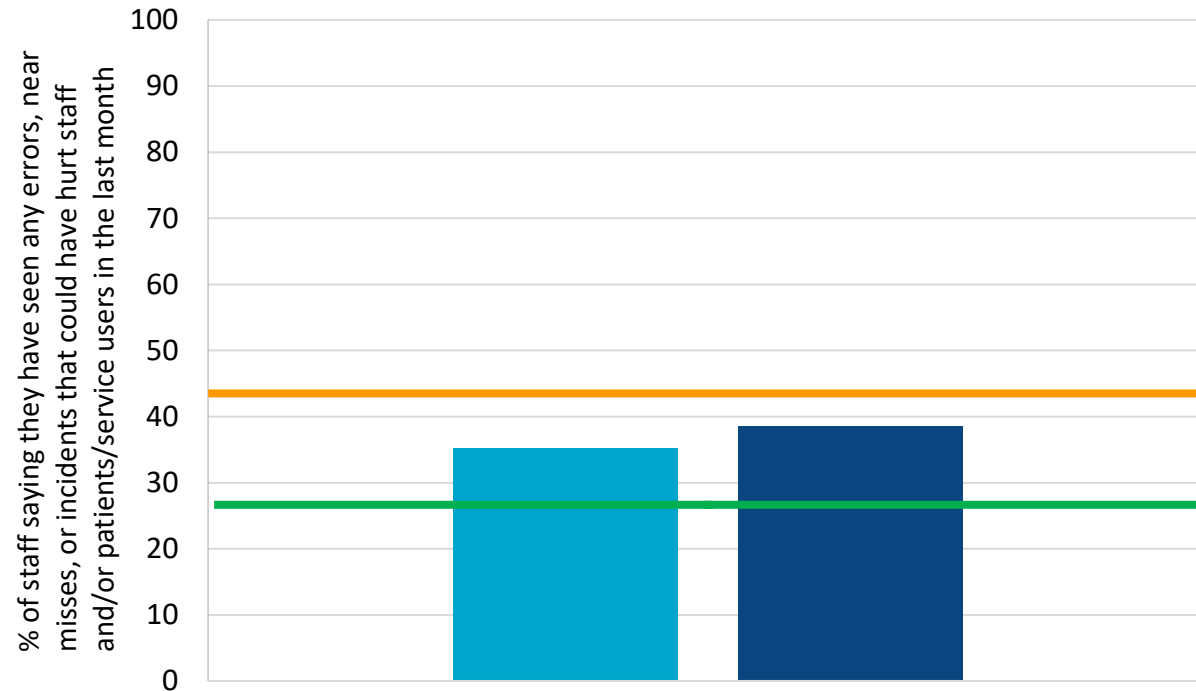
Q16c.7 On what grounds have you experienced discrimination? – Other.



	2018	2019	2020	2021	2022
Your org	24.9%	39.2%	26.0%	32.0%	30.0%
Best	19.1%	14.5%	15.5%	14.7%	15.2%
Average	31.9%	29.1%	27.6%	26.6%	24.4%
Worst	62.7%	43.6%	45.1%	45.4%	37.5%
Responses	62	70	49	138	140



Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



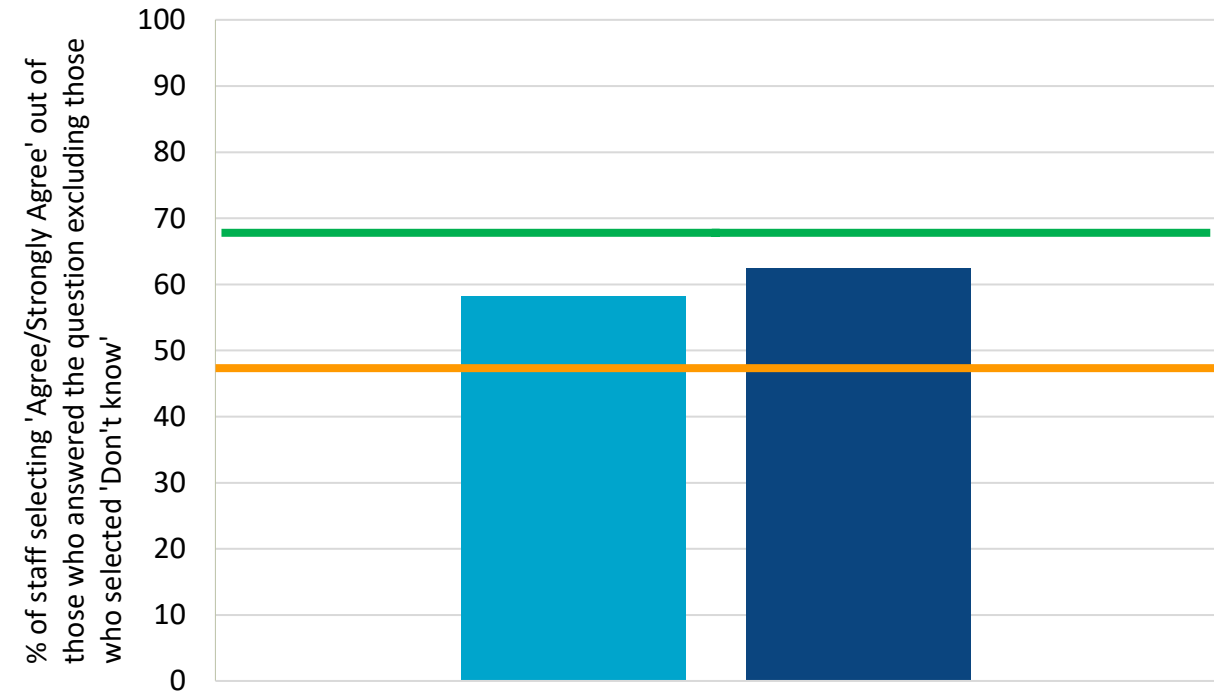
2022

Your org	38.5%
Best	26.7%
Average	35.2%
Worst	43.5%

Responses

1239

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.



2022

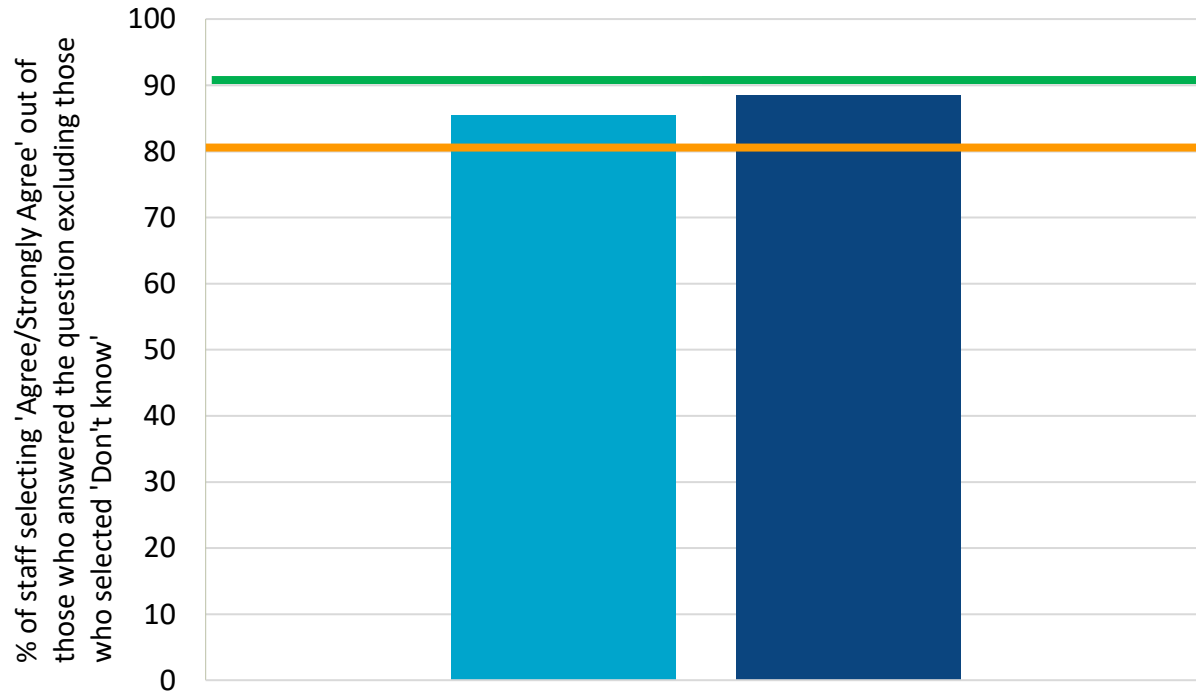
Your org	62.3%
Best	67.8%
Average	58.2%
Worst	47.3%

Responses

959



Q18b My organisation encourages us to report errors, near misses or incidents.



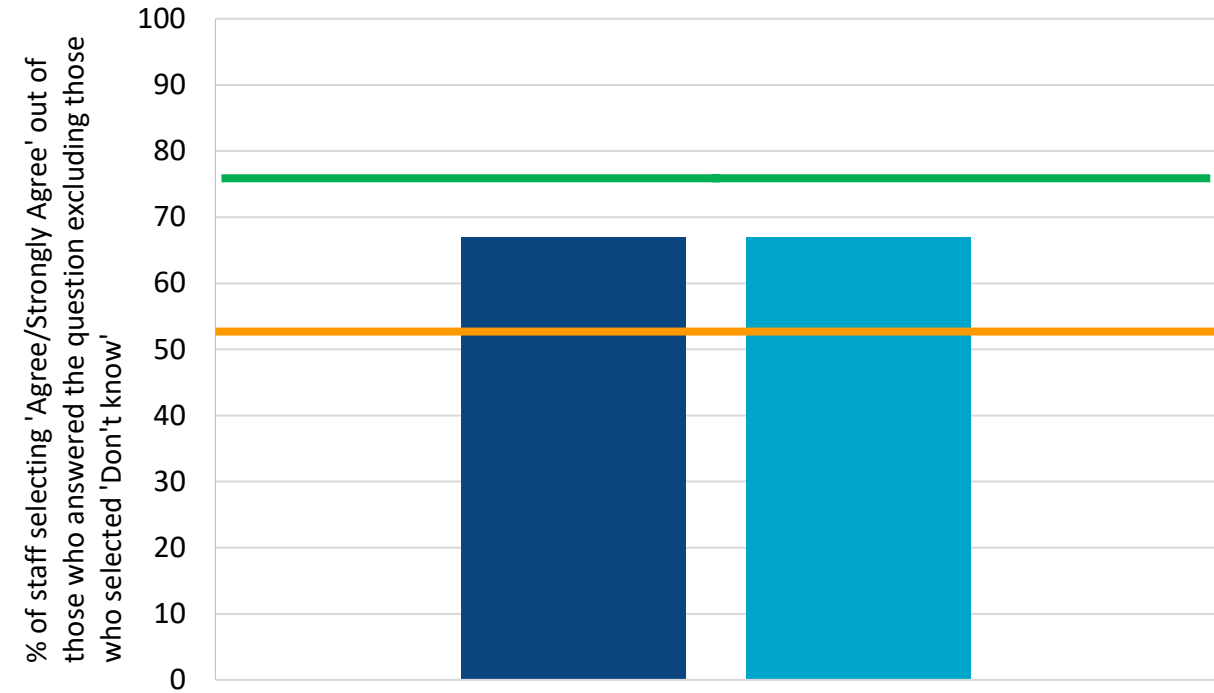
2022

Your org	88.5%
Best	90.8%
Average	85.5%
Worst	80.6%

Responses

1203

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



2022

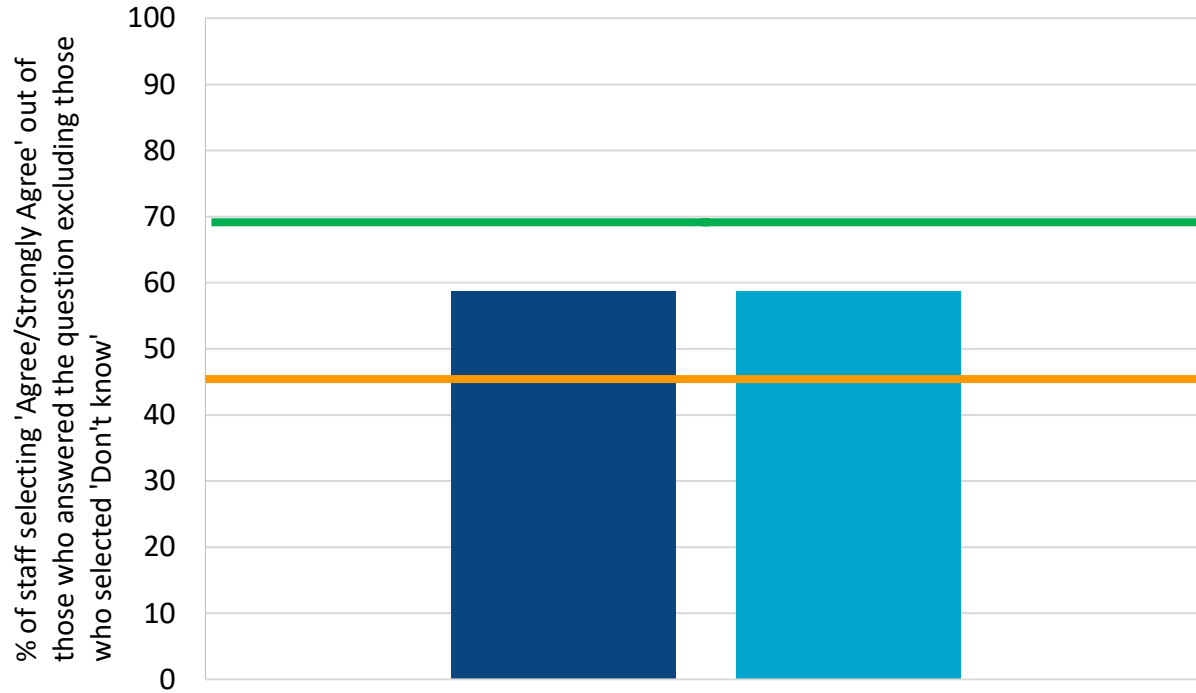
Your org	66.9%
Best	75.9%
Average	67.0%
Worst	52.7%

Responses

1097

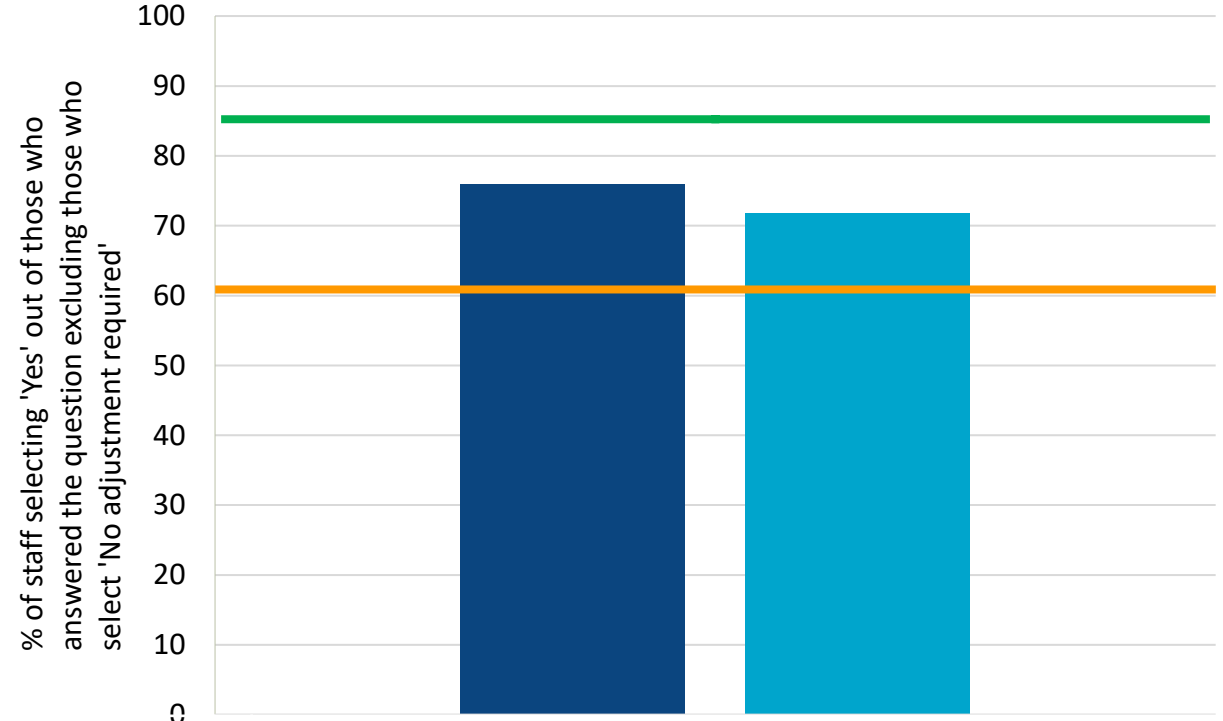


Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022
Your org	58.7%
Best	69.1%
Average	58.8%
Worst	45.4%
Responses	1109

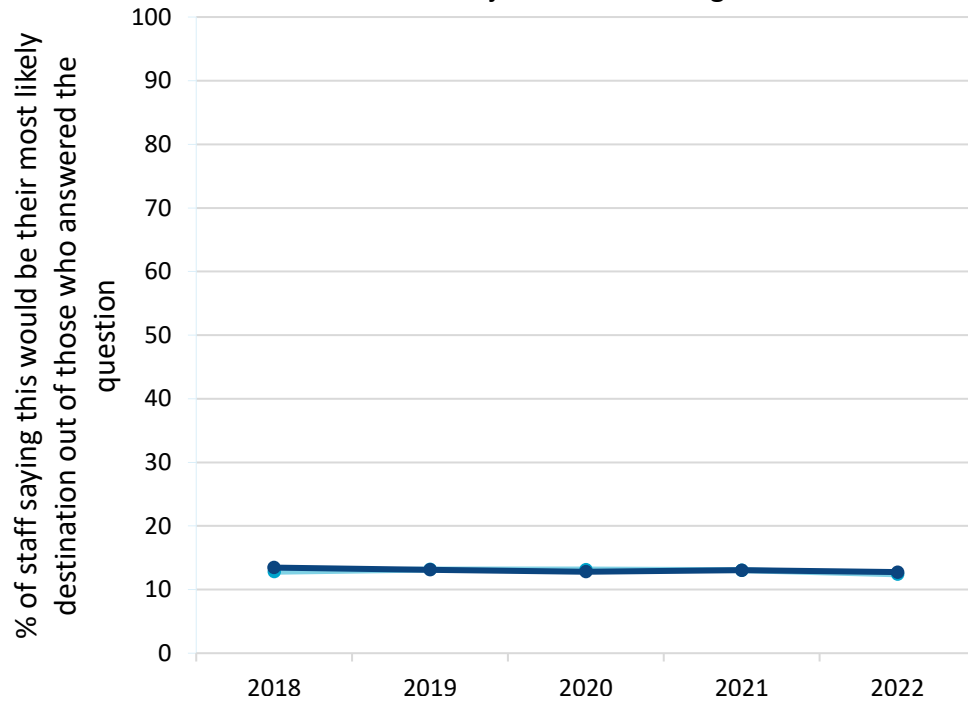
Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



	2022
Your org	76.0%
Best	85.3%
Average	71.7%
Worst	60.9%
Responses	155

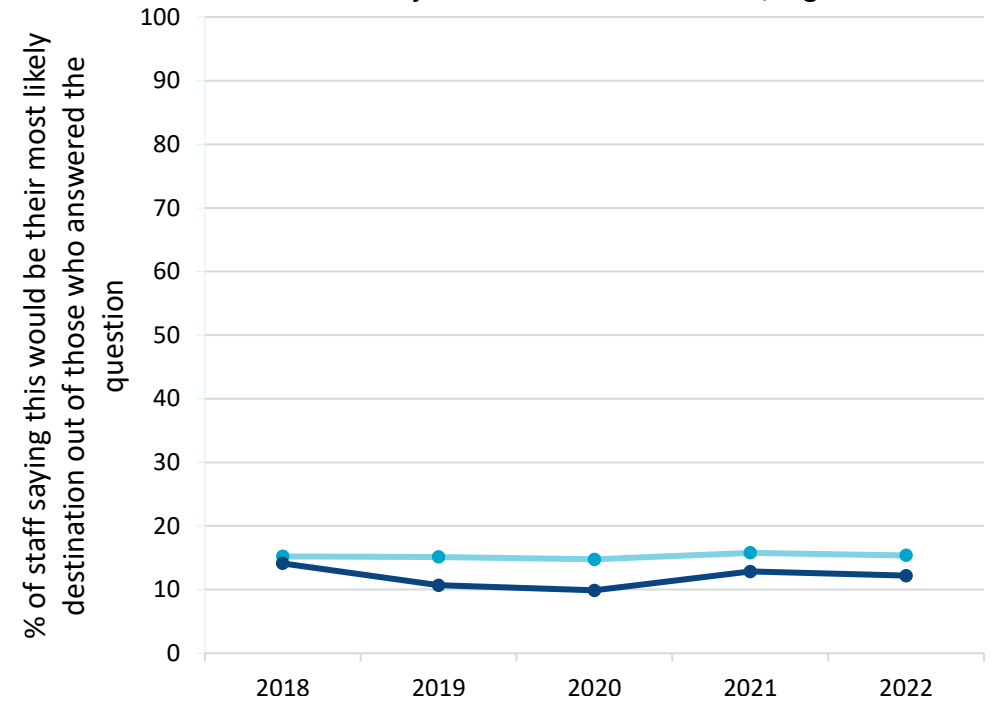


Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



	2018	2019	2020	2021	2022
Your org	13.5%	13.1%	12.8%	13.0%	12.7%
Average	12.8%	13.2%	13.1%	13.0%	12.4%
Responses	460	450	476	1090	1076

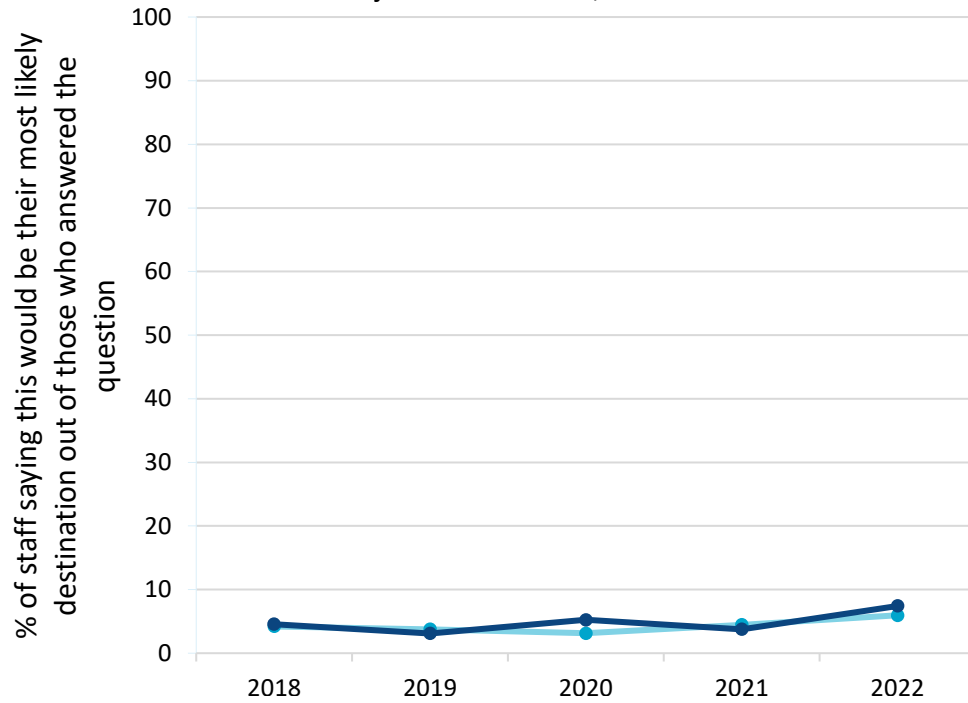
Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



	2018	2019	2020	2021	2022
Your org	14.1%	10.7%	9.9%	12.8%	12.2%
Average	15.2%	15.1%	14.8%	15.8%	15.4%
Responses	460	450	476	1090	1076



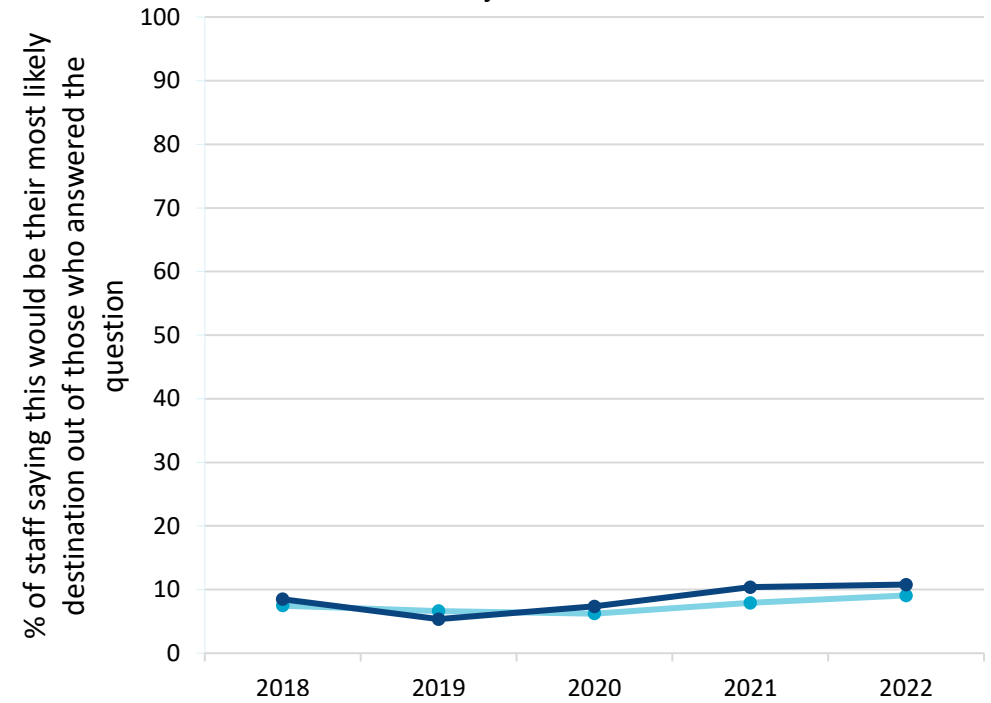
Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	4.6%	3.1%	5.3%	3.8%	7.4%
Average	4.2%	3.8%	3.1%	4.5%	6.0%
Responses	460	450	476	1090	1076

Q24d.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.

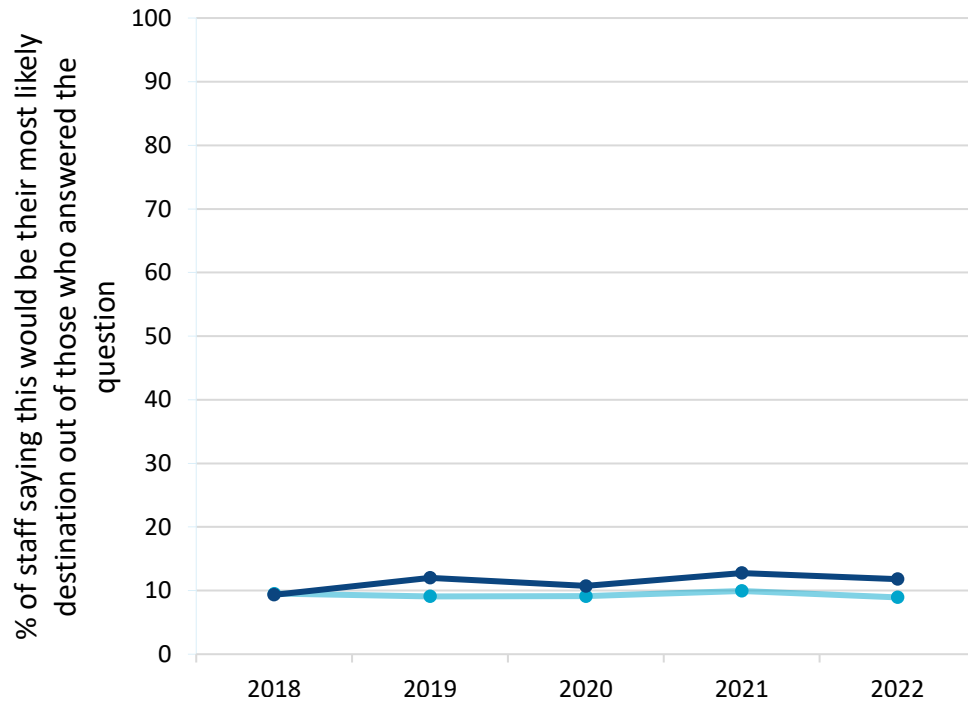


2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	8.5%	5.3%	7.4%	10.4%	10.8%
Average	7.5%	6.6%	6.2%	7.9%	9.1%
Responses	460	450	476	1090	1076

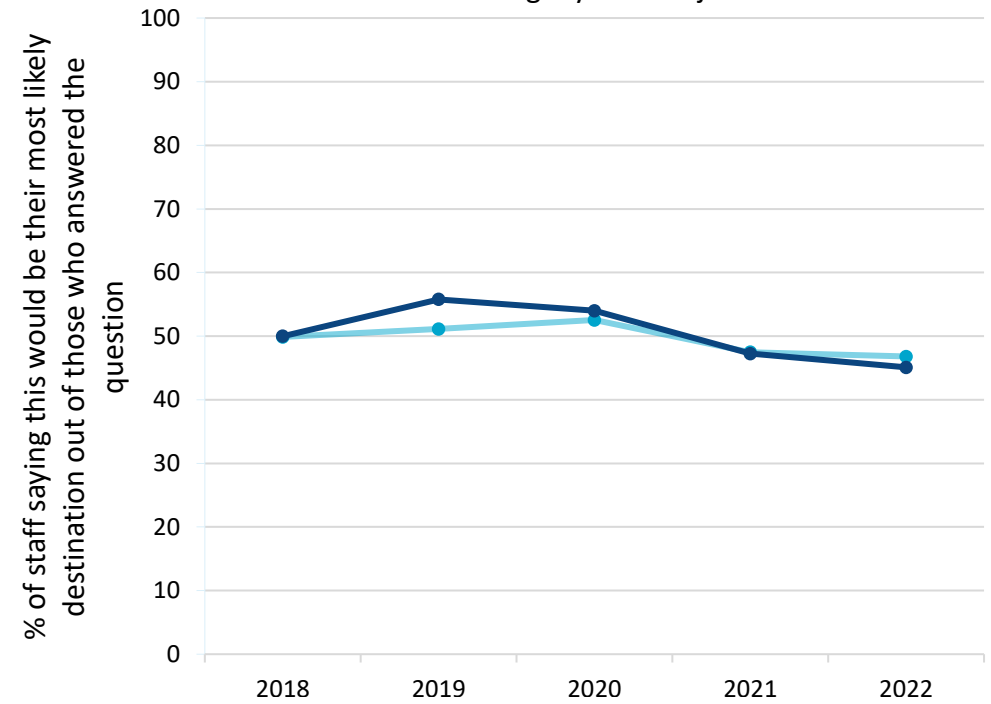


Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2018	2019	2020	2021	2022
Your org	9.3%	12.0%	10.7%	12.8%	11.8%
Average	9.5%	9.1%	9.1%	10.0%	8.9%
Responses	460	450	476	1090	1076

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2018	2019	2020	2021	2022
Your org	50.0%	55.8%	54.0%	47.2%	45.1%
Average	49.9%	51.1%	52.5%	47.5%	46.8%
Responses	460	450	476	1090	1076

Workforce Equality Standards

Please note, when there are less than 11 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

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 2018-2022 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 2018-2022 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 q30b (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.

This year, the text for q30b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

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	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	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		
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	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	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	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

Workforce Race Equality Standards (WRES)

N.B.

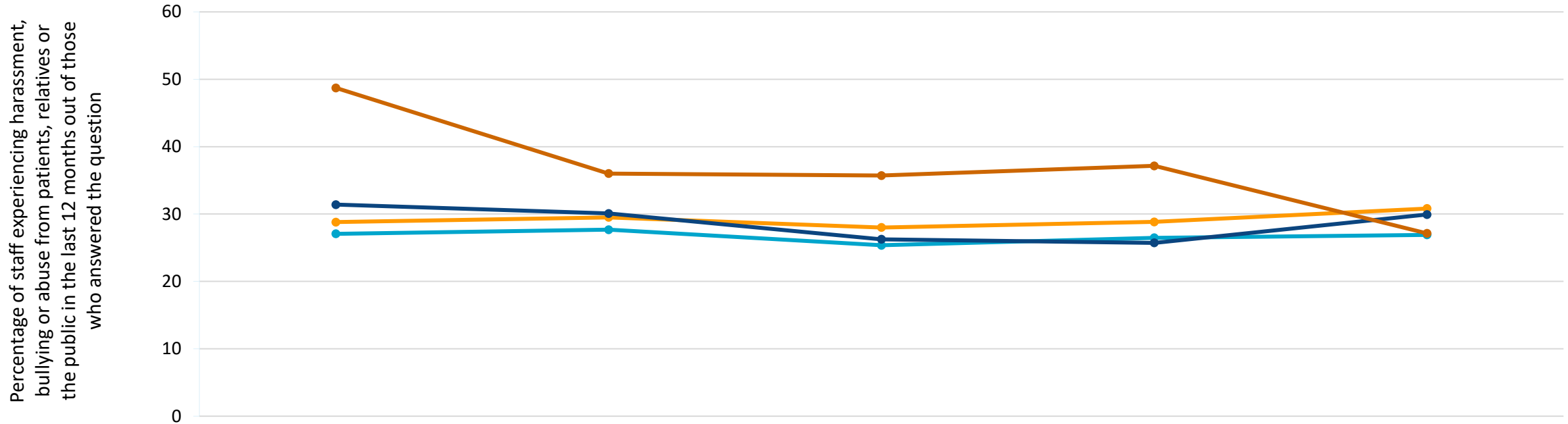
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WRES charts are unweighted.

Please note, where there are less than 11 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)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



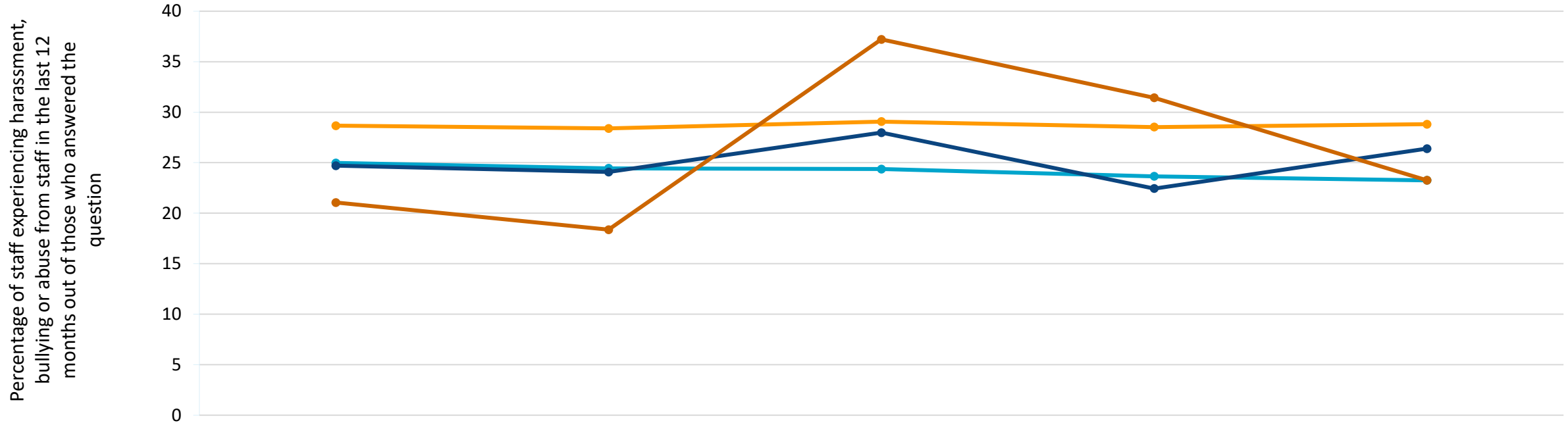
	2018	2019	2020	2021	2022
White staff: Your org	31.4%	30.1%	26.3%	25.7%	29.9%
All other ethnic groups*: Your org	48.7%	36.0%	35.7%	37.1%	27.1%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	497	492	476	1147	1096
All other ethnic groups*: Responses	39	50	42	105	129

*Staff from all other ethnic groups combined
 Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



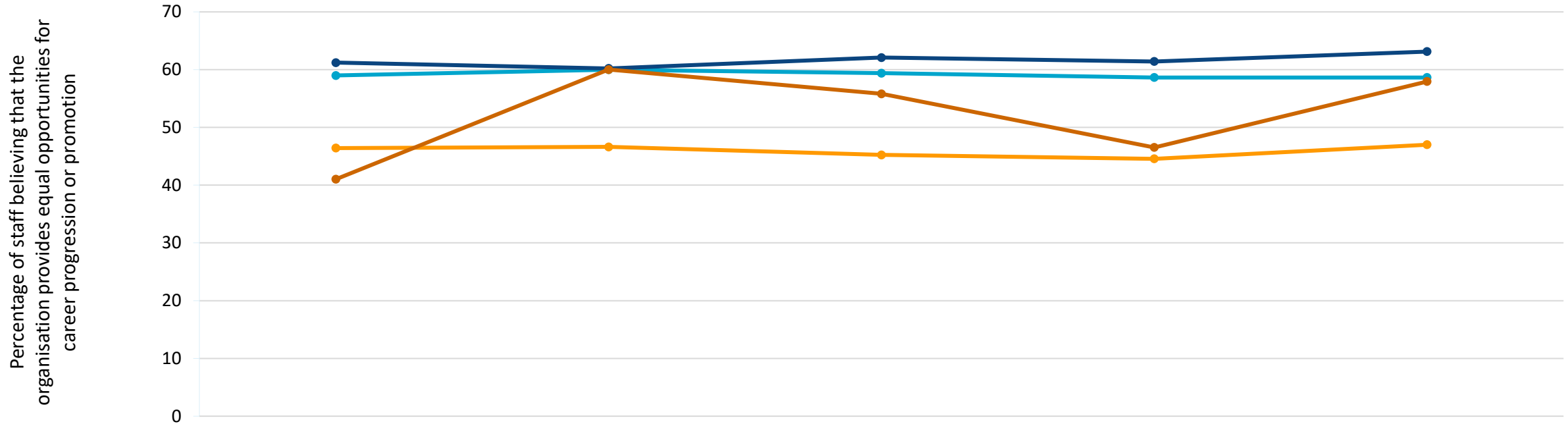
	2018	2019	2020	2021	2022
White staff: Your org	24.7%	24.1%	28.0%	22.4%	26.4%
All other ethnic groups*: Your org	21.1%	18.4%	37.2%	31.4%	23.3%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	498	486	479	1145	1095
All other ethnic groups*: Responses	38	49	43	105	129

*Staff from all other ethnic groups combined



Workforce Race Equality Standard (WRES)

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



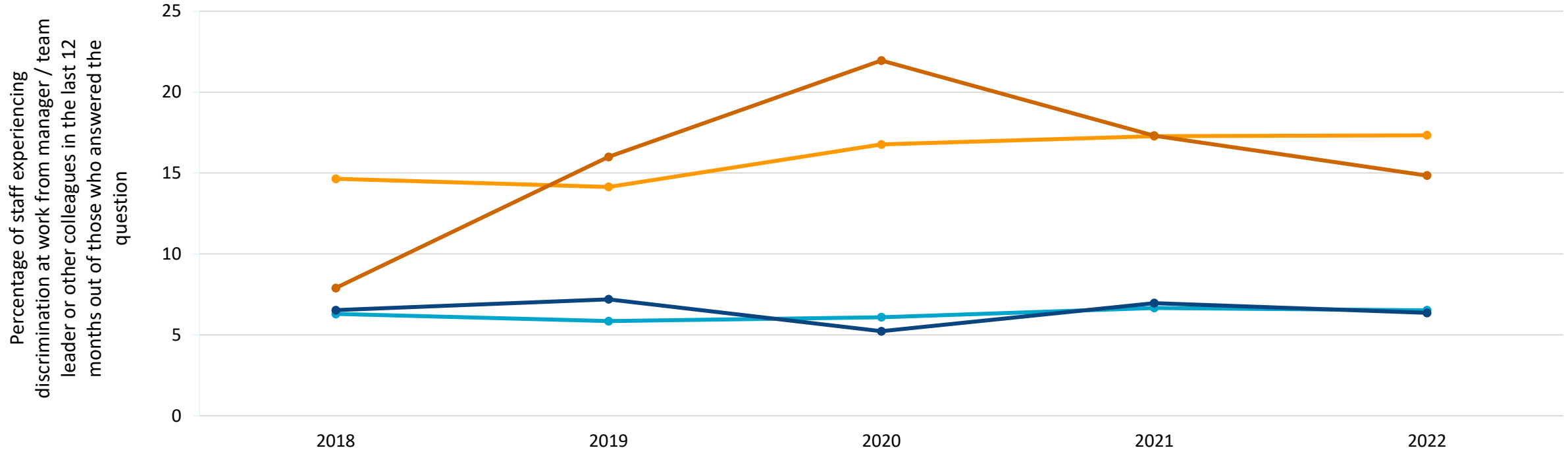
	2018	2019	2020	2021	2022
White staff: Your org	61.2%	60.2%	62.1%	61.4%	63.1%
All other ethnic groups*: Your org	41.0%	60.0%	55.8%	46.5%	57.9%
White staff: Average	59.0%	60.0%	59.4%	58.6%	58.6%
All other ethnic groups*: Average	46.4%	46.6%	45.2%	44.6%	47.0%
White staff: Responses	495	495	480	1135	1090
All other ethnic groups*: Responses	39	50	43	101	126

*Staff from all other ethnic groups combined
 Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
White staff: Your org	6.5%	7.2%	5.2%	7.0%	6.4%
All other ethnic groups*: Your org	7.9%	16.0%	22.0%	17.3%	14.8%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	490	486	478	1148	1100
All other ethnic groups*: Responses	38	50	41	104	128

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Workforce Disability Equality Standards (WDES)

N.B.

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.

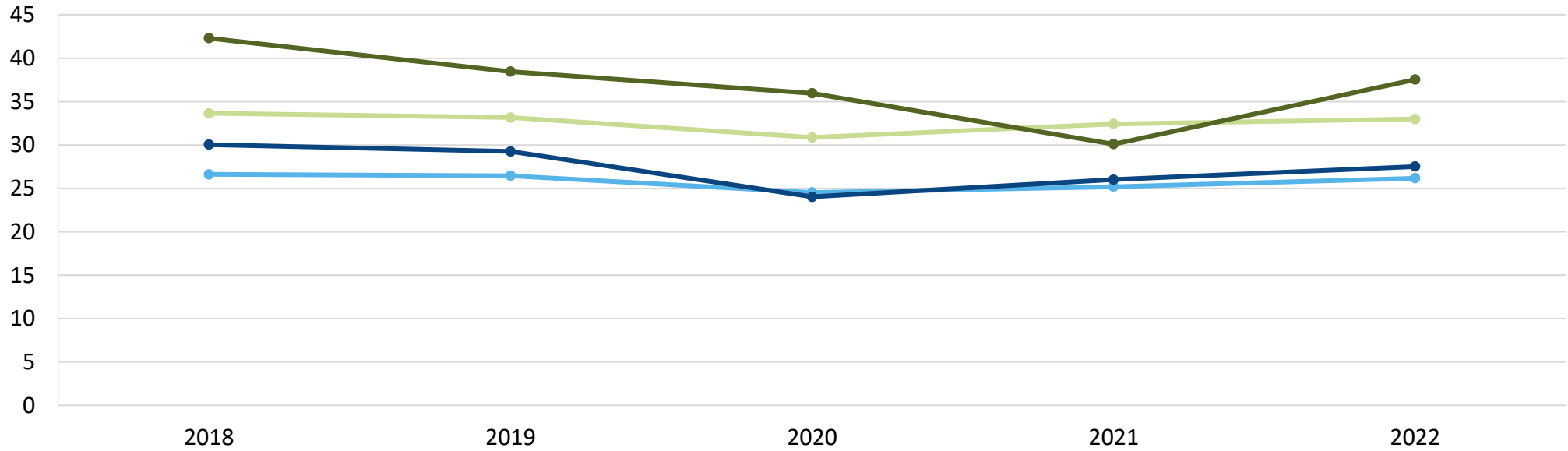
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

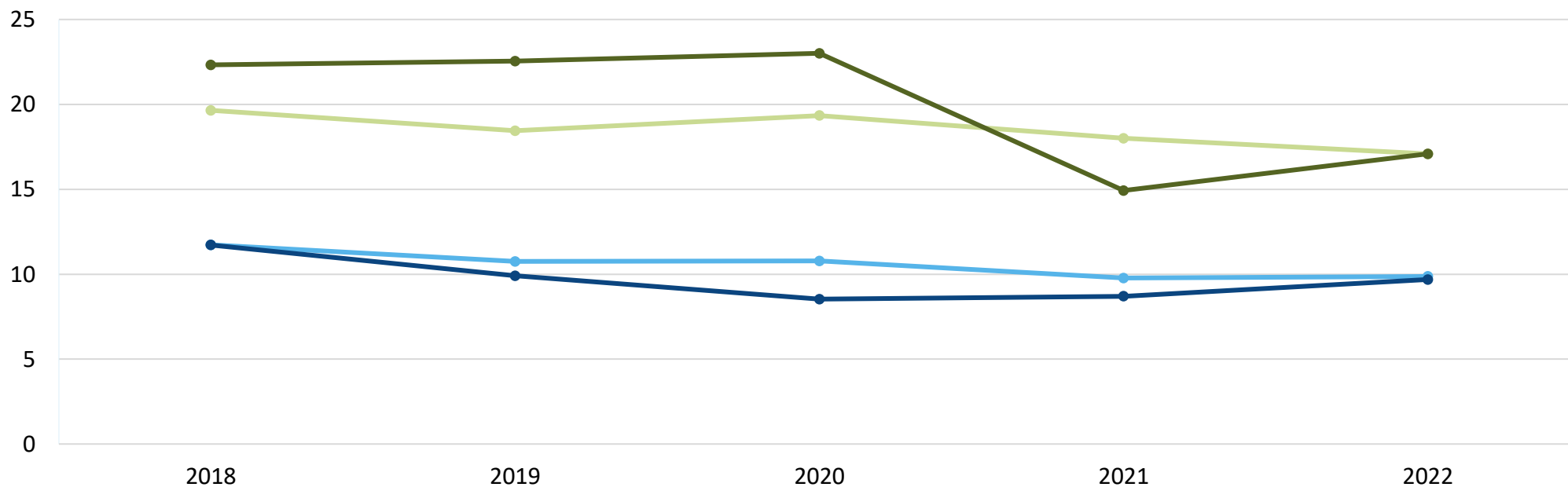
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	42.3%	38.5%	36.0%	30.1%	37.5%
Staff without a LTC or illness: Your org	30.0%	29.3%	24.0%	26.0%	27.5%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	104	104	114	289	277
Staff without a LTC or illness: Responses	436	441	408	965	956

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

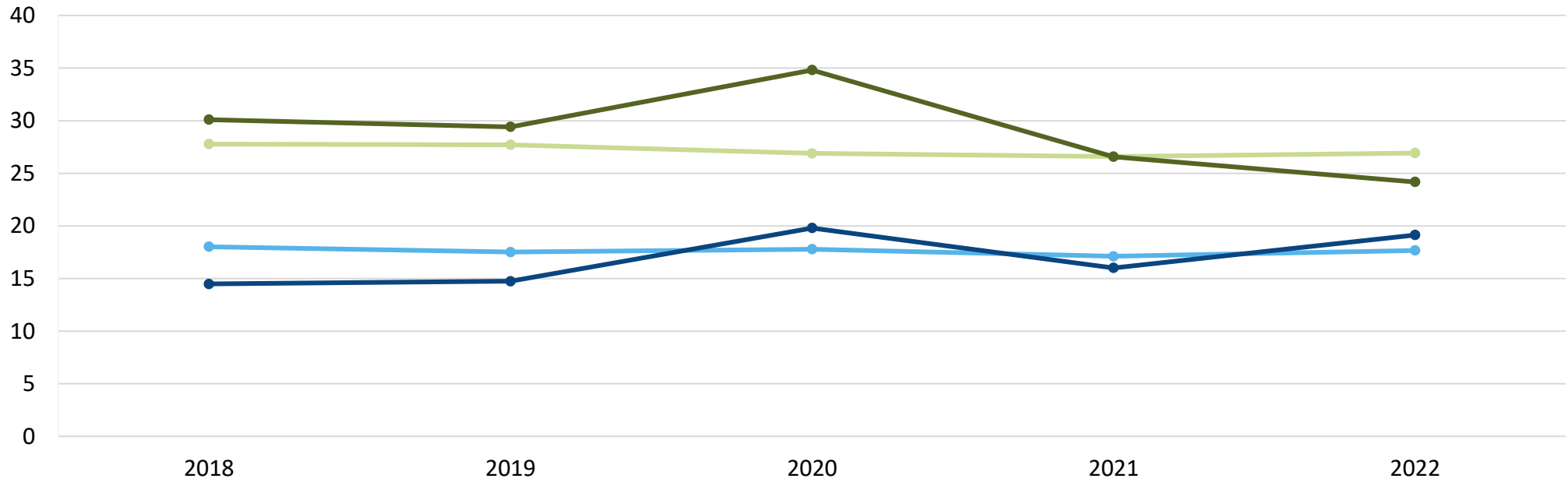
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	22.3%	22.5%	23.0%	14.9%	17.1%
Staff without a LTC or illness: Your org	11.7%	9.9%	8.5%	8.7%	9.7%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	103	102	113	288	275
Staff without a LTC or illness: Responses	435	434	410	954	950

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



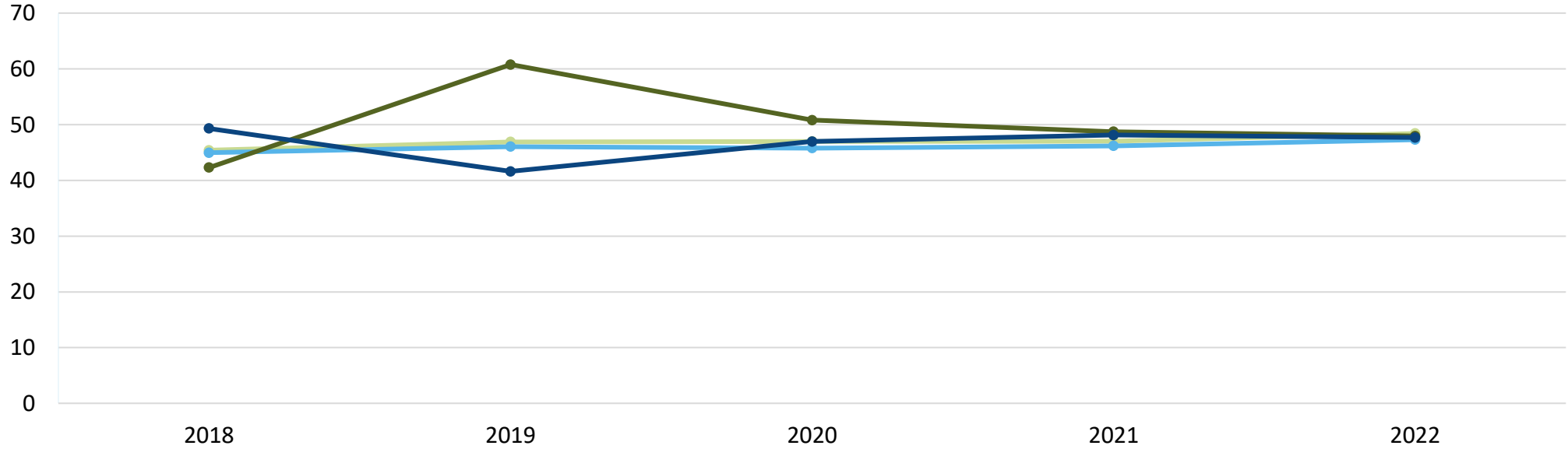
	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	30.1%	29.4%	34.8%	26.6%	24.2%
Staff without a LTC or illness: Your org	14.5%	14.7%	19.8%	16.0%	19.1%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	103	102	112	286	273
Staff without a LTC or illness: Responses	435	434	409	956	951



Workforce Disability Equality Standards

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

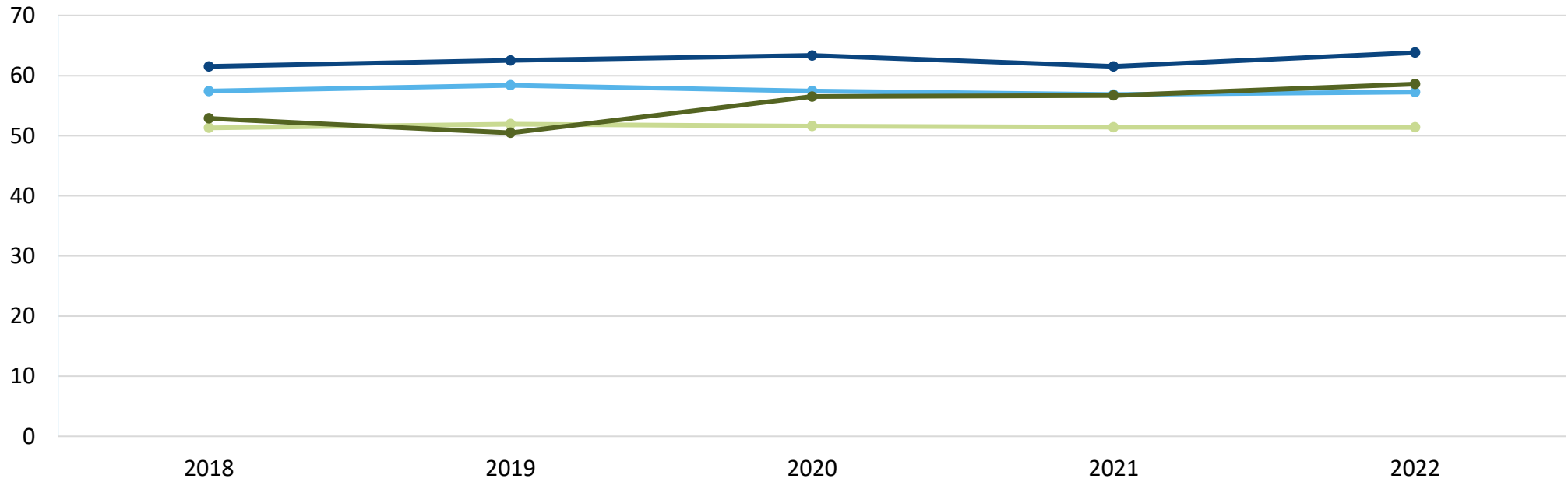
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	42.3%	60.8%	50.8%	48.7%	48.0%
Staff without a LTC or illness: Your org	49.3%	41.6%	47.0%	48.1%	47.7%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	52	51	61	119	123
Staff without a LTC or illness: Responses	150	137	132	295	325

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

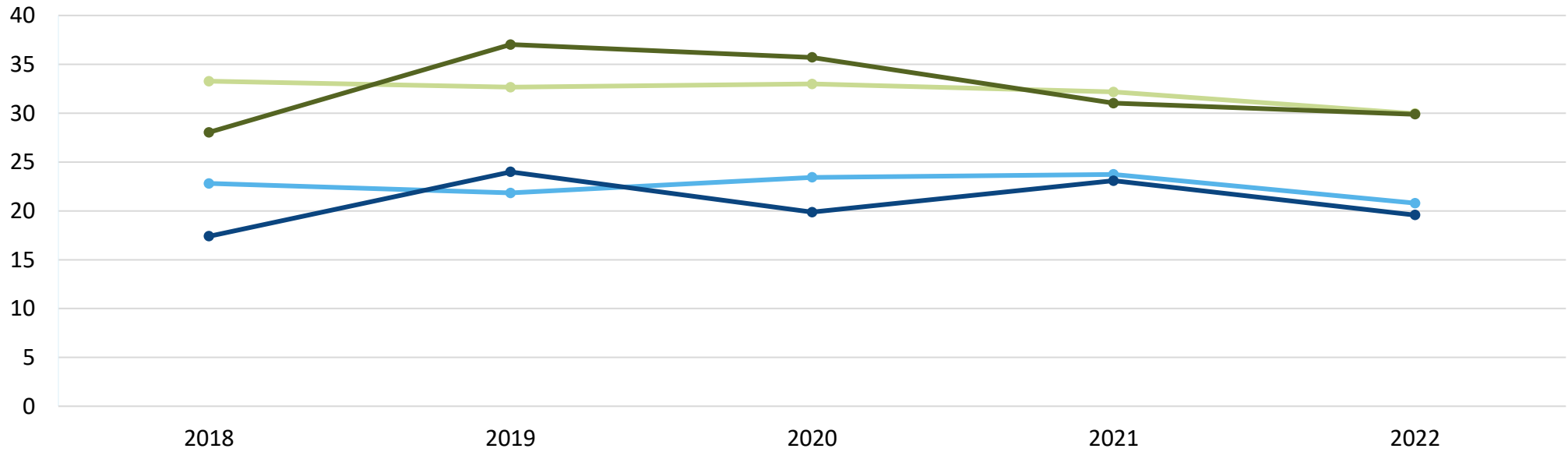
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	52.9%	50.5%	56.5%	56.7%	58.6%
Staff without a LTC or illness: Your org	61.5%	62.5%	63.3%	61.5%	63.8%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	104	105	115	284	273
Staff without a LTC or illness: Responses	434	443	412	954	951

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

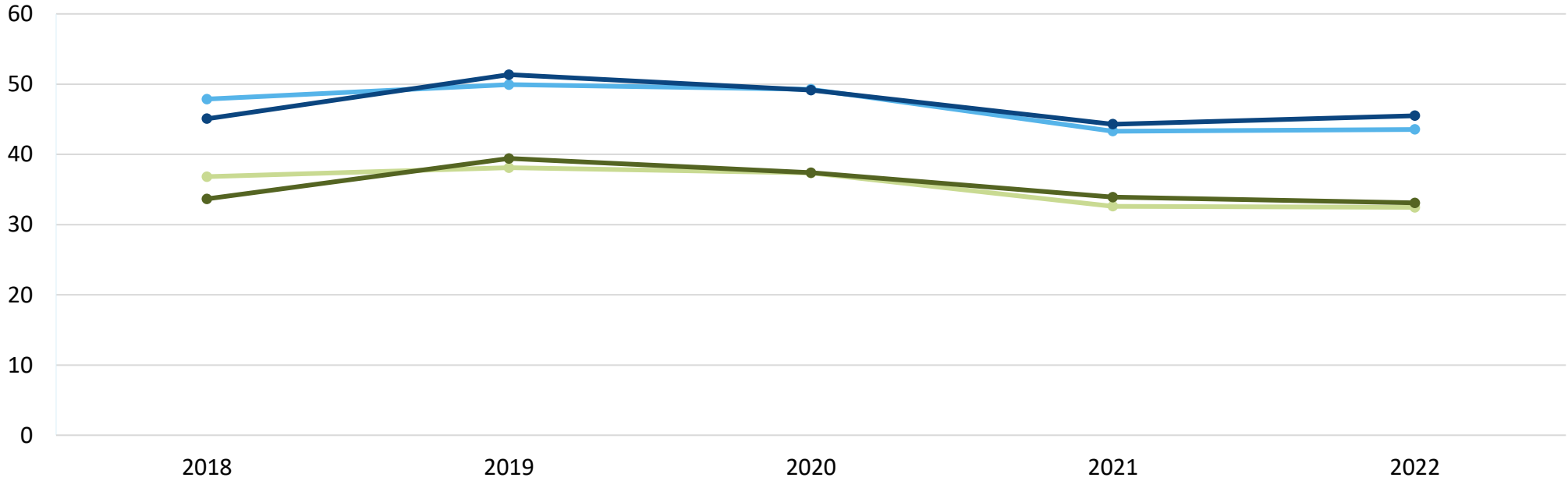
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	28.0%	37.0%	35.7%	31.0%	29.9%
Staff without a LTC or illness: Your org	17.4%	24.0%	19.9%	23.1%	19.6%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	82	81	70	174	184
Staff without a LTC or illness: Responses	247	225	166	394	470

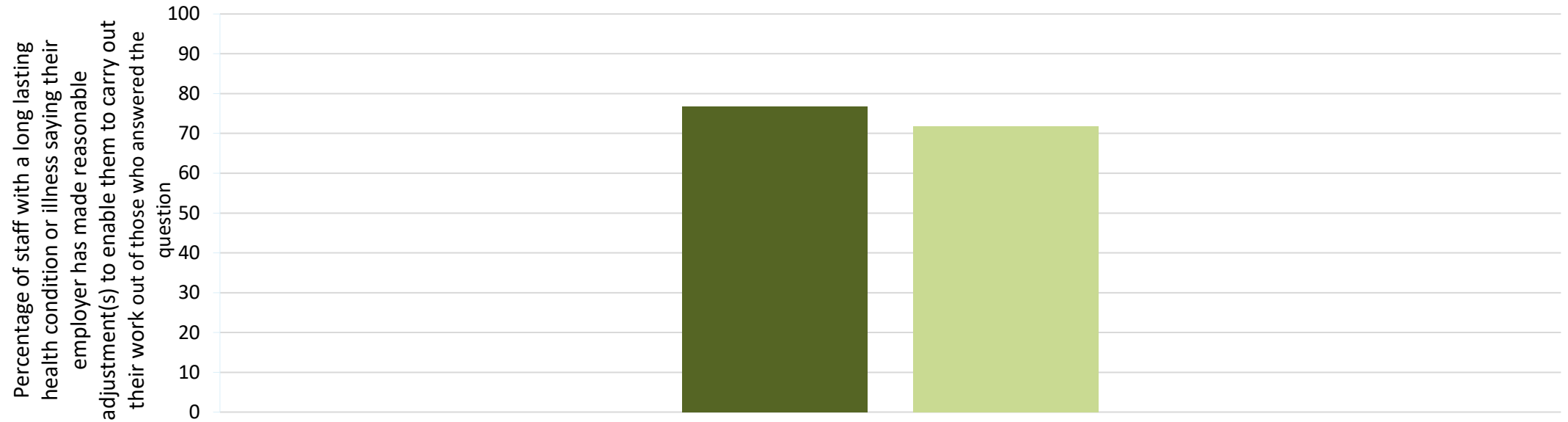
Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.



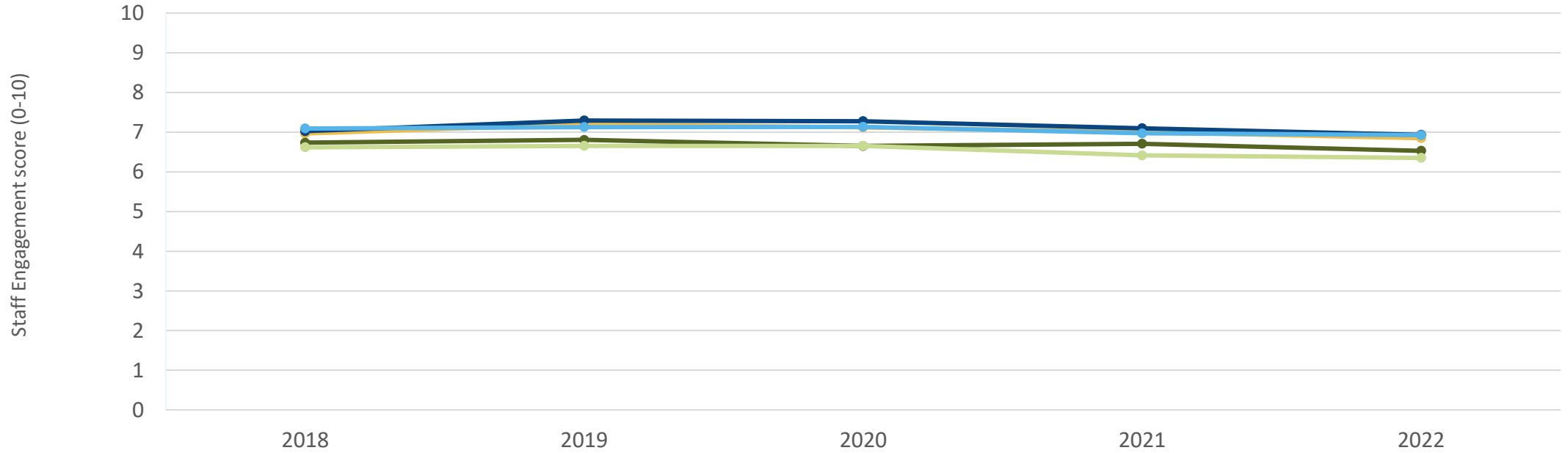
	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	33.7%	39.4%	37.4%	33.9%	33.1%
Staff without a LTC or illness: Your org	45.1%	51.3%	49.2%	44.3%	45.5%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	104	104	115	289	275
Staff without a LTC or illness: Responses	437	446	413	966	958

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.



Staff with a LTC or illness: Your org	76.8%
Staff with a LTC or illness: Average	71.8%
Staff with a LTC or illness: Responses	155

Staff engagement score (0-10)



	2018	2019	2020	2021	2022
Organisation average	7.0	7.2	7.1	7.0	6.8
Staff with a LTC or illness: Your org	6.7	6.8	6.7	6.7	6.5
Staff without a LTC or illness: Your org	7.0	7.3	7.3	7.1	6.9
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0	6.9
Staff with a LTC or illness: Responses	104	104	115	290	275
Staff without a LTC or illness: Responses	438	446	415	973	964

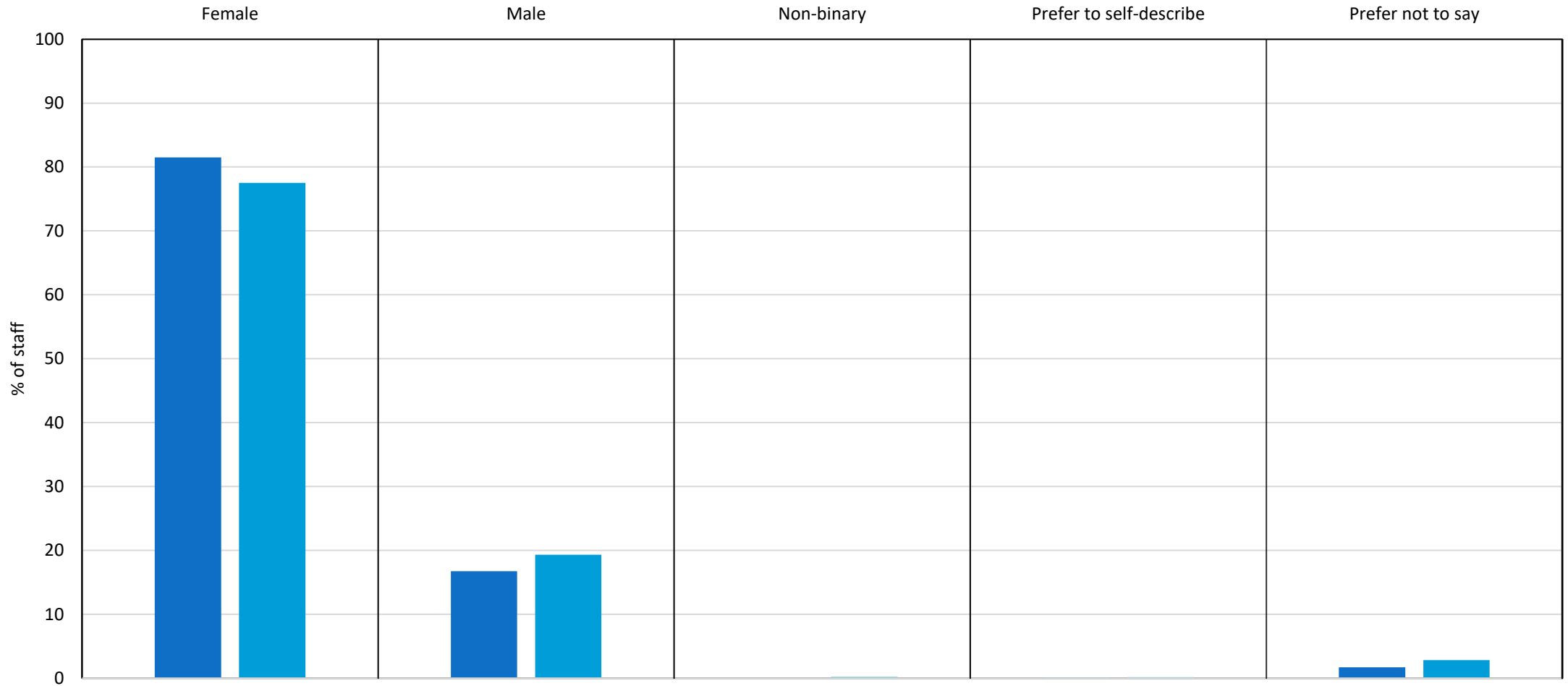
About your respondents

This section will show demographic information for 2022.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



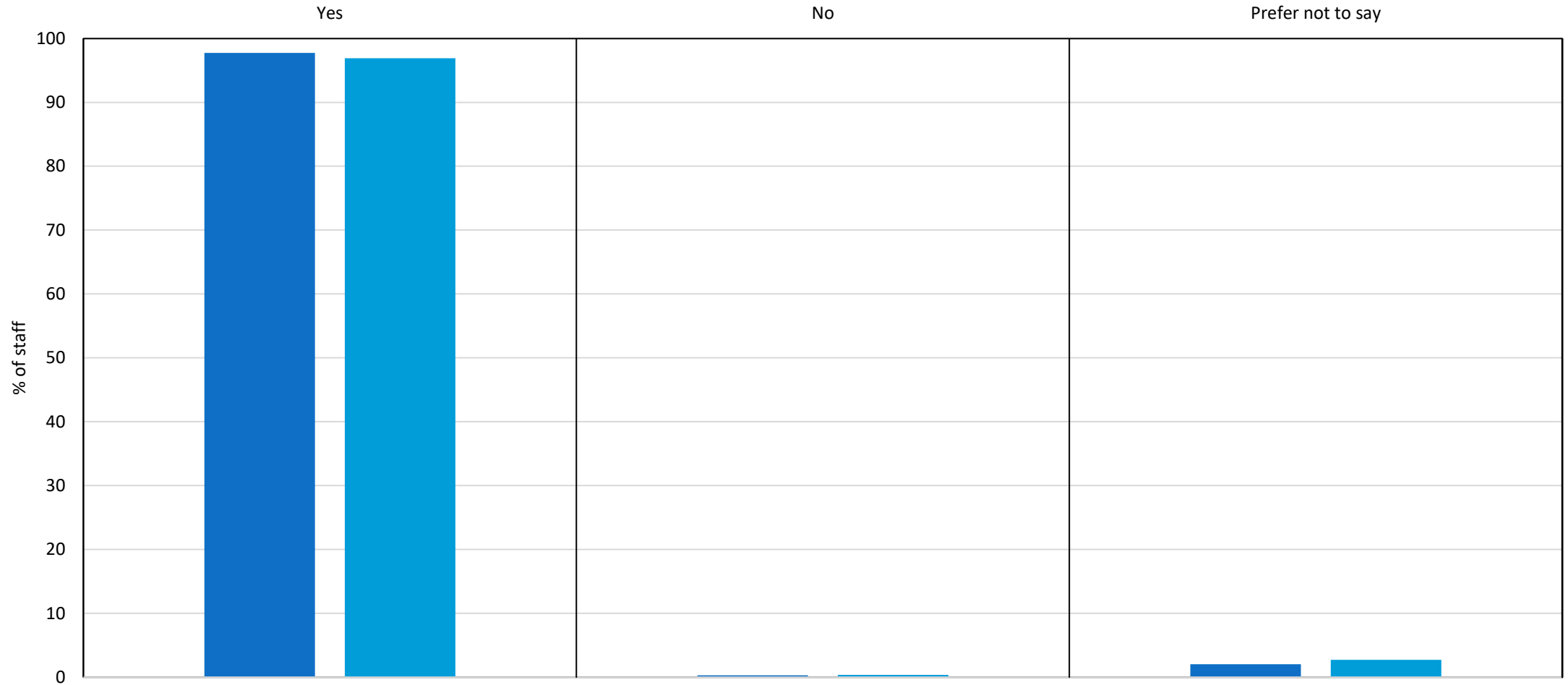
Background details - Gender



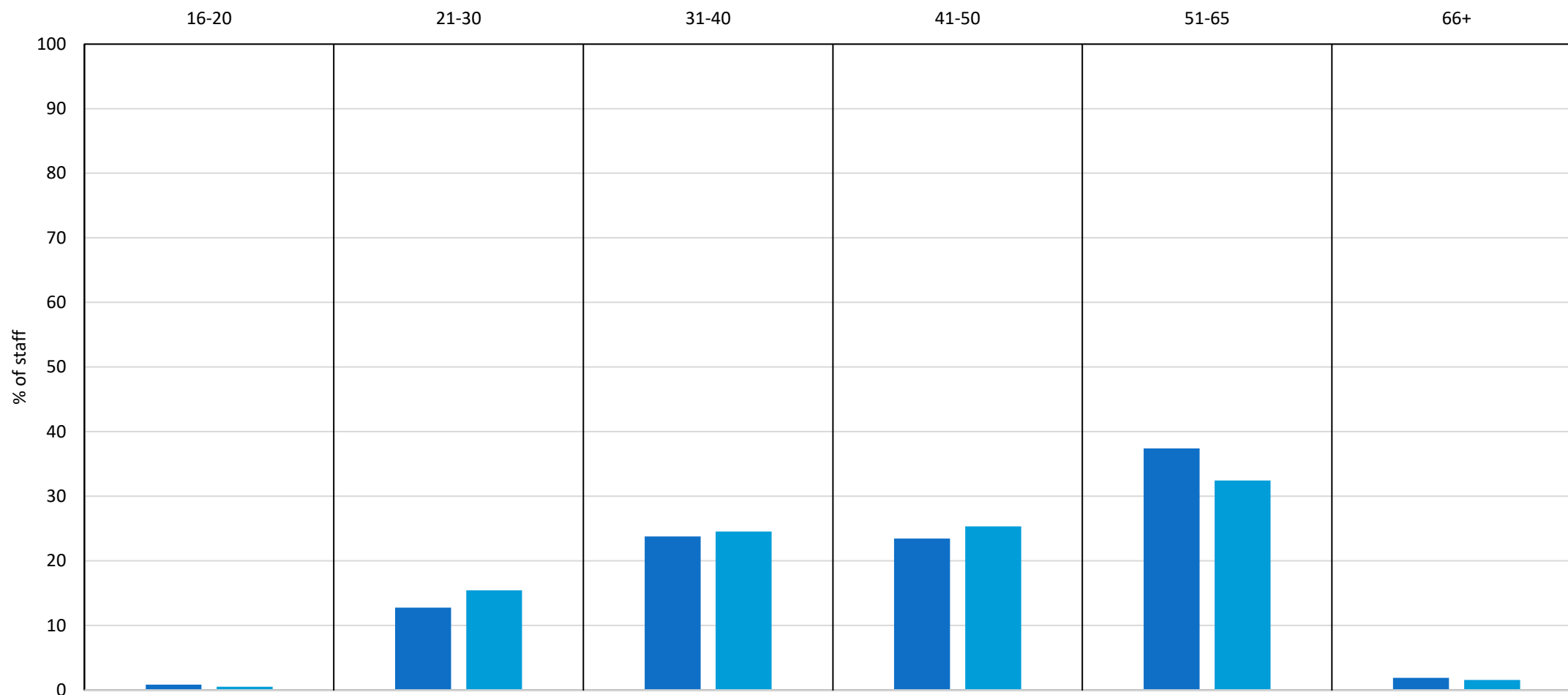
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	81.5%	16.7%	0.0%	0.1%	1.7%
Average	77.5%	19.3%	0.2%	0.1%	2.8%
Responses	1243	1243	1243	1243	1243



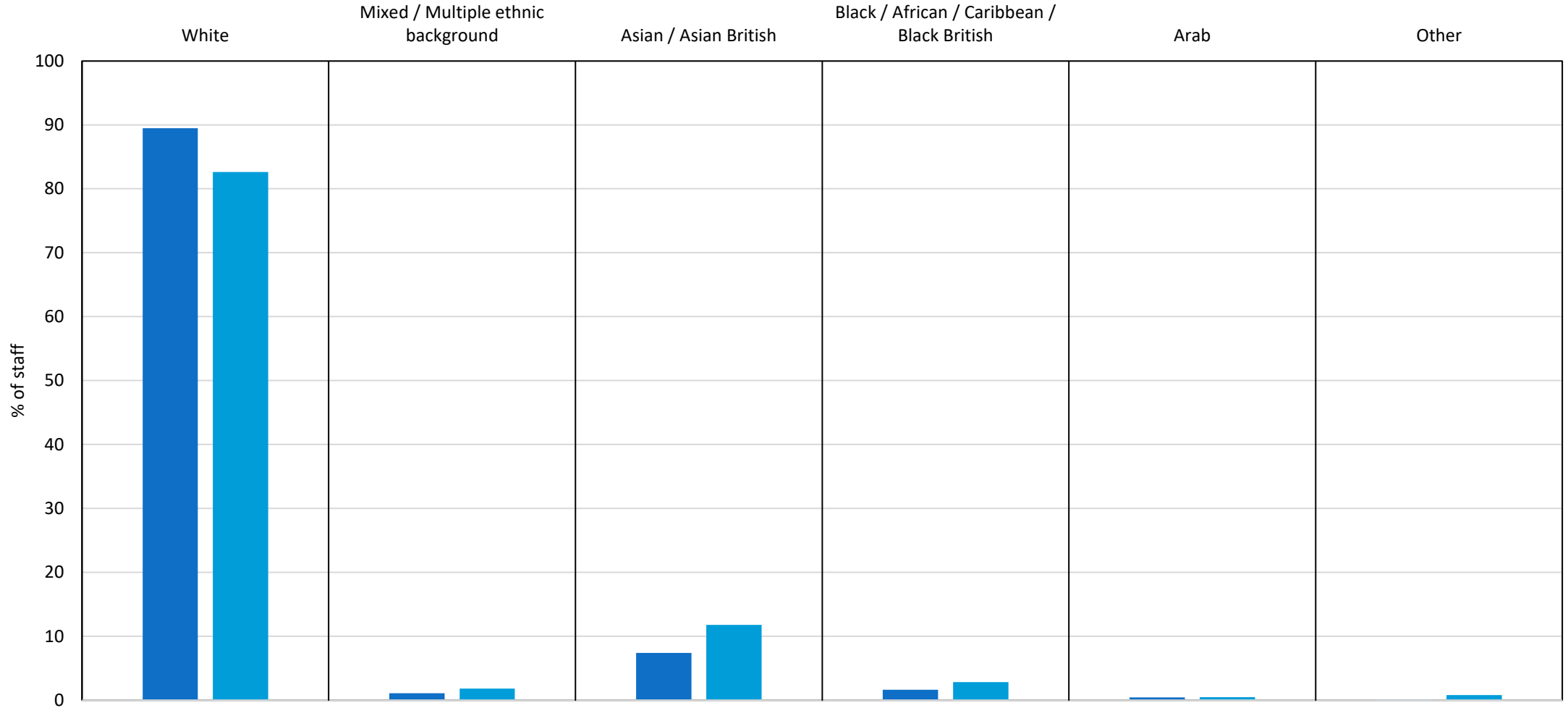
Background details – Is your gender identity the same as the sex you were assigned at birth?



	Yes	No	Prefer not to say
Your org	97.7%	0.3%	2.0%
Average	96.9%	0.4%	2.7%
Responses	1146	1146	1146

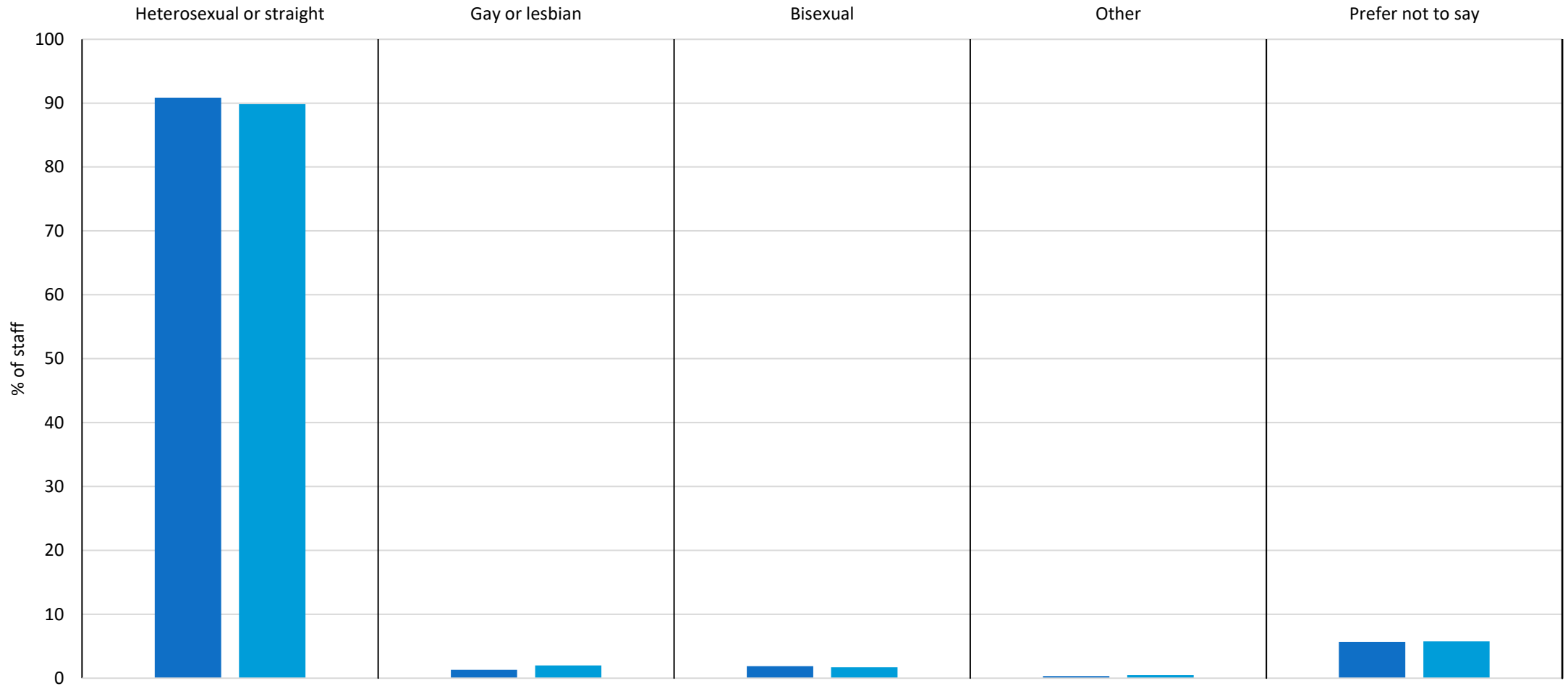


	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.8%	12.7%	23.8%	23.4%	37.4%	1.9%
Average	0.5%	15.4%	24.5%	25.3%	32.4%	1.5%
Responses	1225	1225	1225	1225	1225	1225



	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	89.5%	1.1%	7.4%	1.6%	0.4%	0.1%
Average	82.6%	1.8%	11.8%	2.8%	0.5%	0.8%
Responses	1235	1235	1235	1235	1235	1235

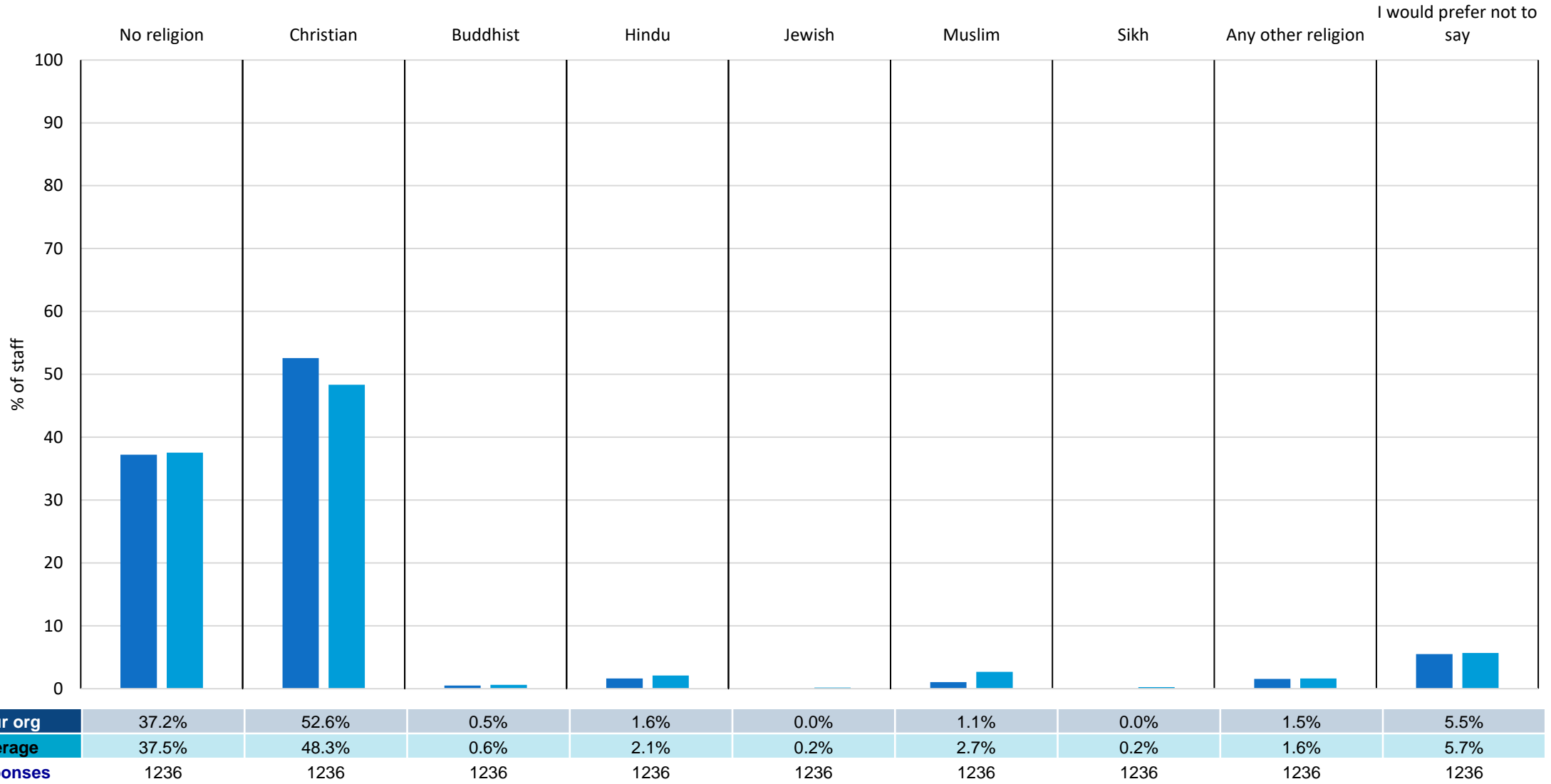
Background details – Sexual orientation



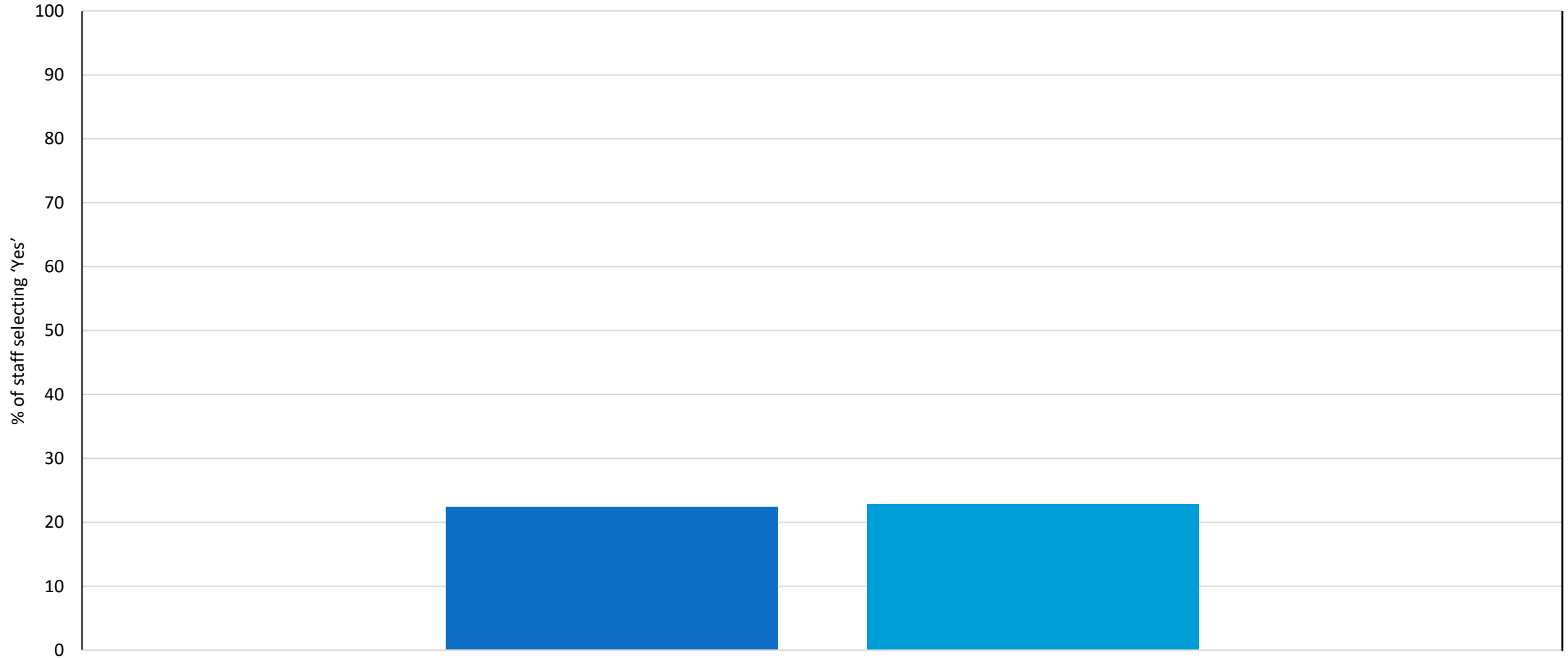
Responses	1234	1234	1234	1234	1234
Your org	90.8%	1.3%	1.9%	0.3%	5.7%
Average	89.8%	2.0%	1.7%	0.5%	5.7%



Background details - Religion



Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



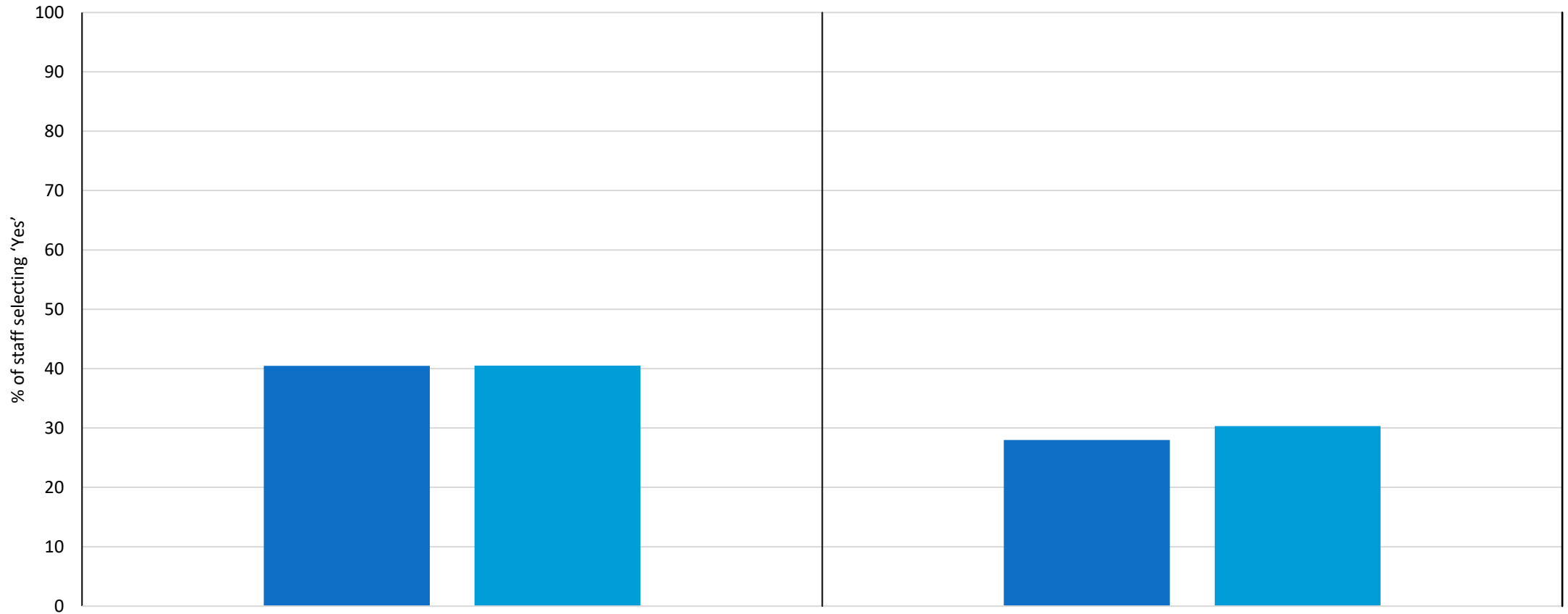
Your org	22.3%
Average	22.9%
Responses	1244



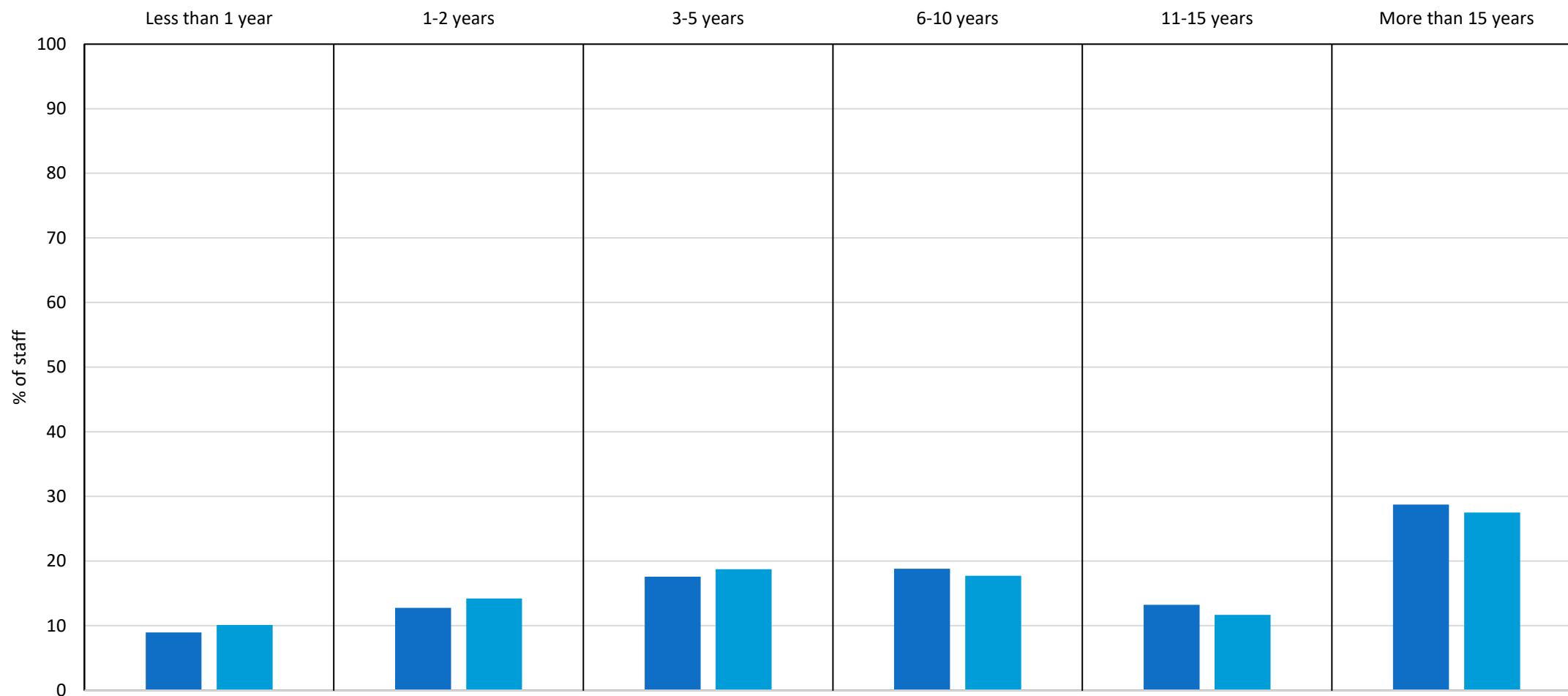
Background details – Parental / caring responsibilities

Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



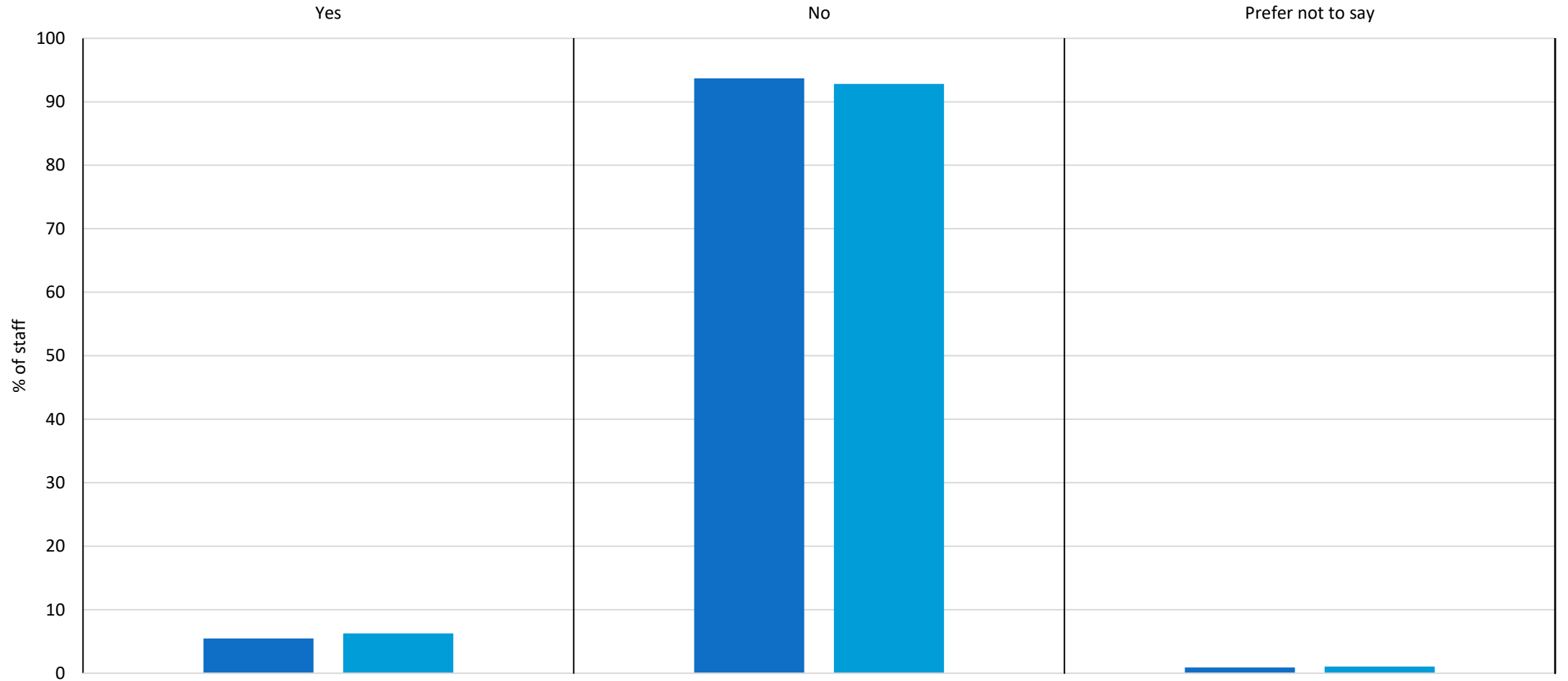
Your org	40.5%	28.0%
Average	40.5%	30.3%
Responses	1236	1229



Responses	1240	1240	1240	1240	1240	1240
Your org	9.0%	12.7%	17.6%	18.8%	13.2%	28.7%
Average	10.1%	14.2%	18.7%	17.7%	11.7%	27.5%

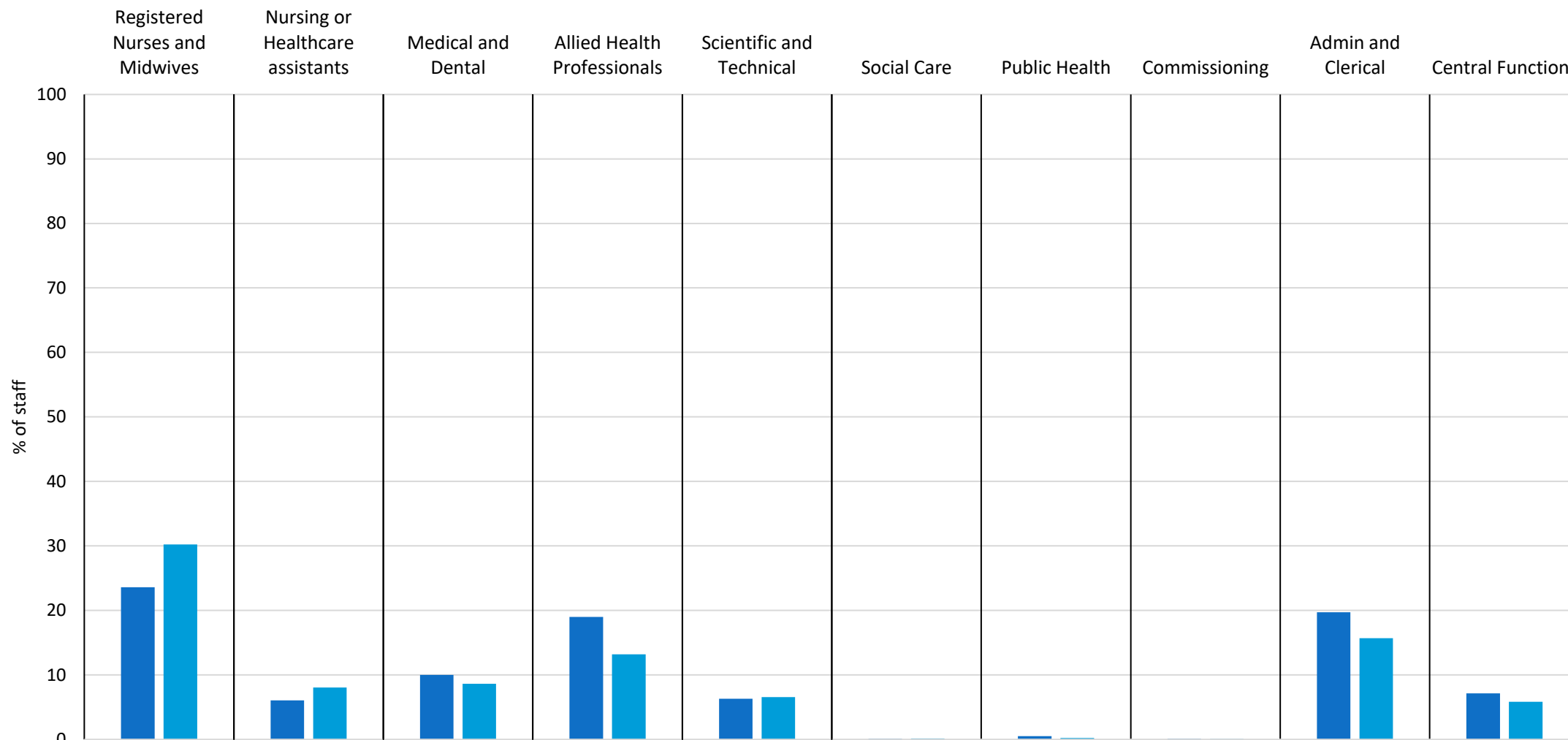


Background details – When you joined this organisation were you recruited from outside of the UK?



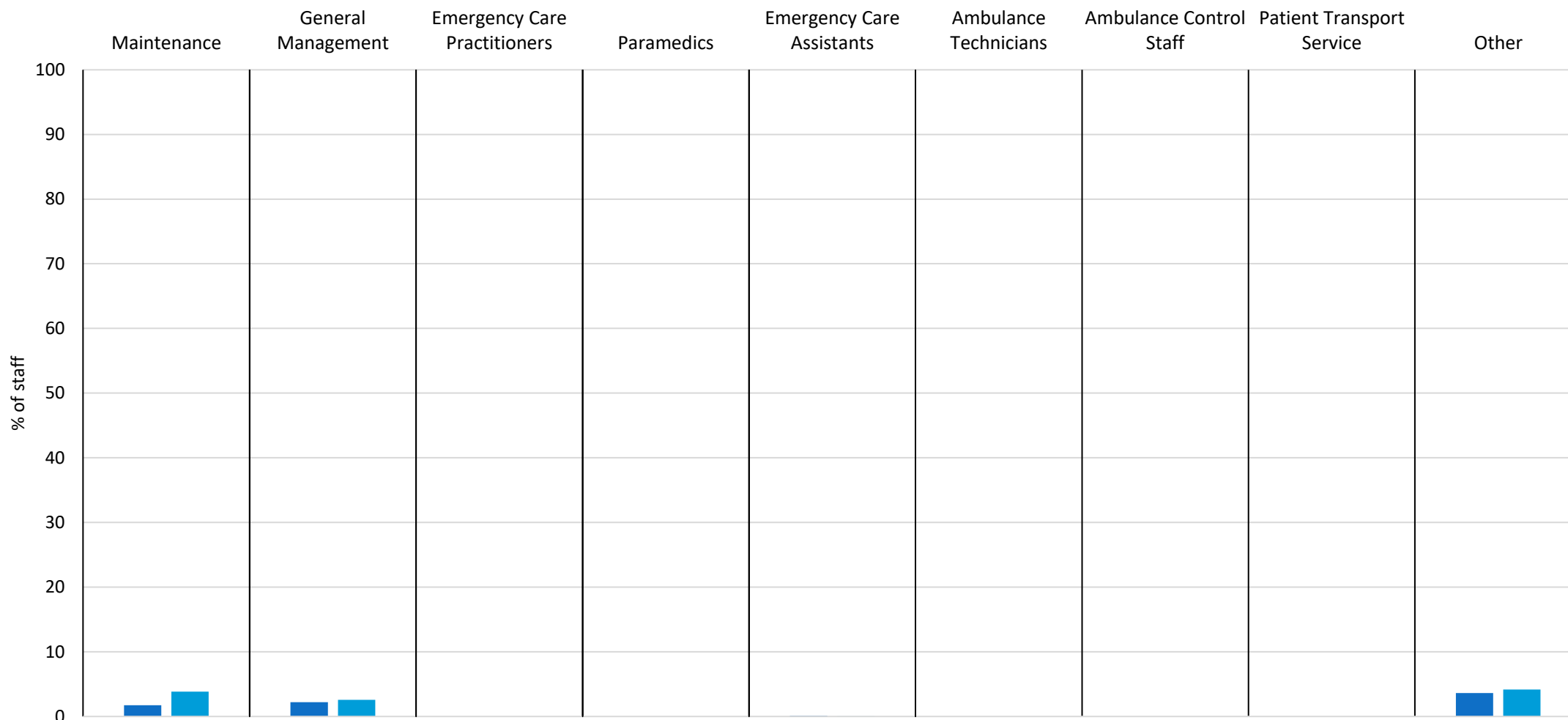
	Yes	No	Prefer not to say
Your org	5.4%	93.7%	0.9%
Average	6.2%	92.8%	1.0%
Responses	1140	1140	1140

Background details – Occupational group



Your org	23.6%	6.1%	10.0%	19.0%	6.3%	0.1%	0.5%	0.1%	19.7%	7.1%
Average	30.2%	8.0%	8.6%	13.2%	6.5%	0.1%	0.2%	0.1%	15.7%	5.8%
Responses	1222	1222	1222	1222	1222	1222	1222	1222	1222	1222

Background details – Occupational group

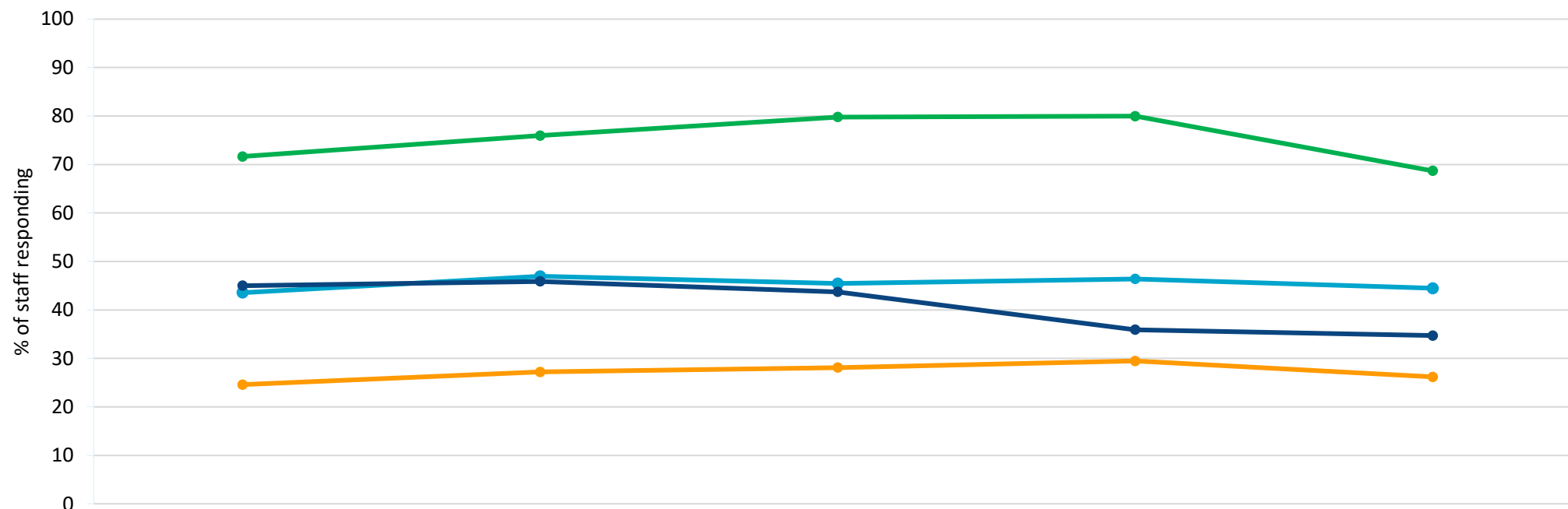


	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	1.7%	2.2%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	3.6%
Average	3.8%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%
Responses	1222	1222	1222	1222	1222	1222	1222	1222	1222

Appendices

Appendix A: Response rate

Response rate



	2018	2019	2020	2021	2022
Your org	45.0%	45.9%	43.7%	35.9%	34.7%
Highest	71.6%	76.0%	79.8%	79.9%	68.7%
Average	43.6%	46.9%	45.4%	46.4%	44.5%
Lowest	24.6%	27.2%	28.1%	29.5%	26.2%
Responses	557	563	542	1284	1255

Appendix B: Significance testing 2021 vs 2022

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.3	1282	7.3	1247	Not significant
We are recognised and rewarded	6.1	1277	5.9	1246	Significantly lower
We each have a voice that counts	6.9	1260	6.8	1229	Not significant
We are safe and healthy	6.0	1271	6.0	1231	Not significant
We are always learning	5.5	1182	5.5	1203	Not significant
We work flexibly	6.1	1271	6.2	1241	Not significant
We are a team	6.8	1275	6.8	1244	Not significant
Themes					
Staff Engagement	7.0	1282	6.9	1250	Significantly lower
Morale	5.9	1283	5.9	1249	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the [technical document](#).

Appendix C: Tips on using your benchmark report

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 score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores 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 graph.

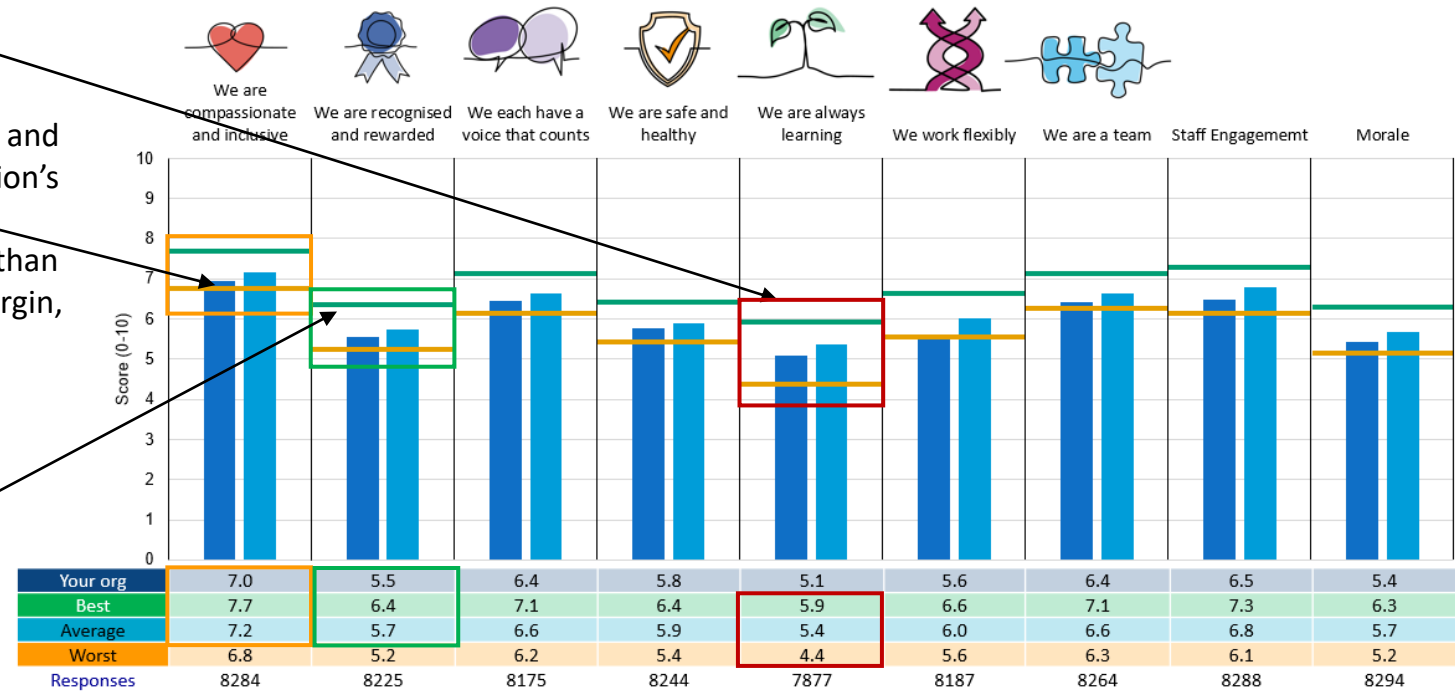
N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking 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 2022.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores 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' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.



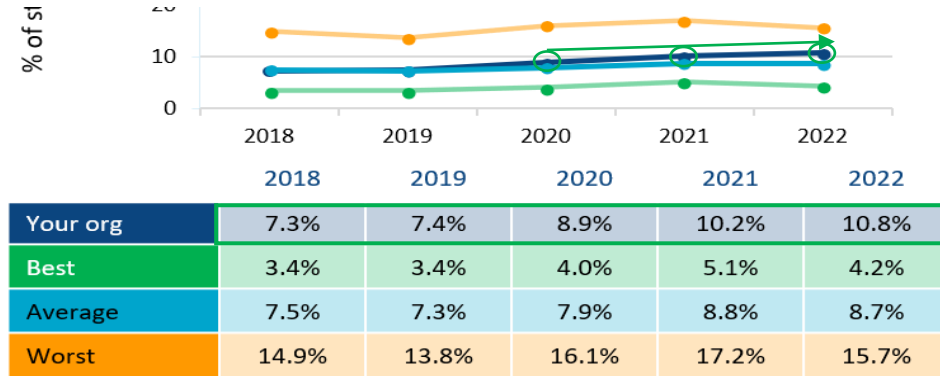
Only one example is highlighted for each point

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' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

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.

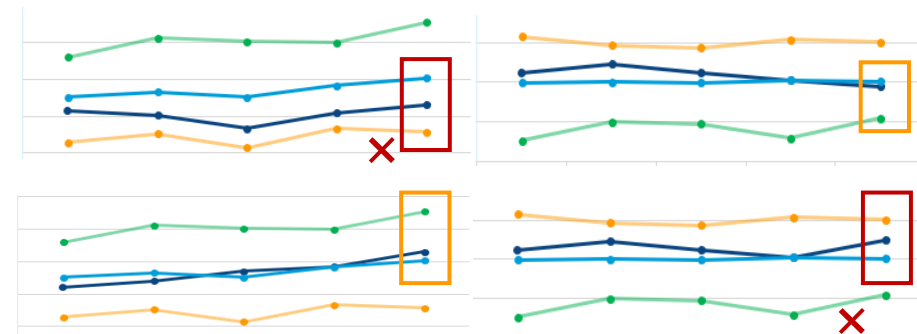


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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 scores, you should review the sub-scores and questions feeding into these scores. 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' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores 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 & worst benchmarking group result for question

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.

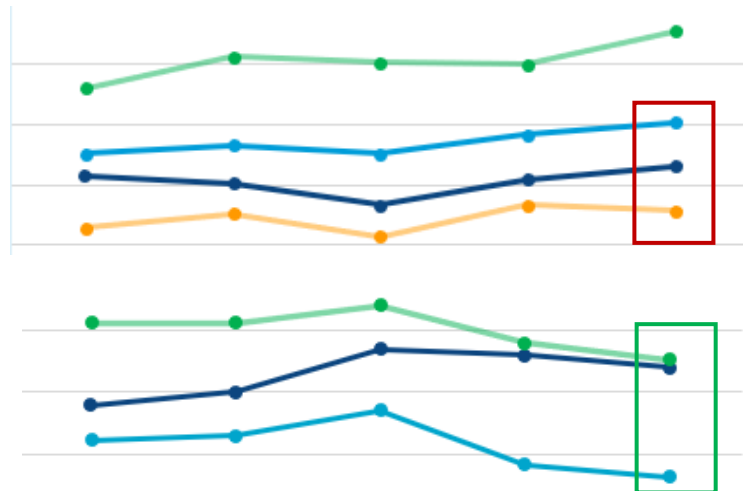
Identifying questions of interest

➤ 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 score 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 score, particularly questions where your organisation result is very close to the worst score. 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 trust 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.

Appendix D: Additional reporting outputs

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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 local results



Local Dashboards: Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally 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 results



National Dashboards: Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.



Regional / System overview and Regional / System breakdown Dashboards containing results for each region and each ICS.



Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



Wye Valley NHS Trust

2022 NHS Staff Survey

Breakdown report

Introduction	4
People Promise element and Theme results – Breakdowns 1	5
<u>Clinical Support Services Division</u>	6
<u>Corporate Division</u>	7
<u>Integrated Care Division</u>	8
<u>Medical Division</u>	9
<u>Surgical Division</u>	10

<u>Acute & County Wide Directorate</u>	12
<u>Acute & Emergency Medicine Directorate</u>	13
<u>Ambulatory Medicine Directorate</u>	14
<u>Cancer Services Directorate</u>	15
<u>City Locality Directorate</u>	16
<u>Diagnostic Services Directorate</u>	17
<u>Director of Nursing</u>	18
<u>East Locality Directorate</u>	19
<u>Finance Directorate</u>	20
<u>Head, Neck & Orthopaedics Directorate</u>	21
<u>Human Resources Directorate</u>	22
<u>Integrated Services Directorate</u>	23
<u>Medical Division Management</u>	24
<u>Medicine Directorate</u>	25
<u>N&W Locality Directorate</u>	26
<u>Patient Access Directorate</u>	27
<u>Pharmacy Directorate</u>	28
<u>S&W Locality Directorate</u>	29
<u>Surgical Division Management</u>	30
<u>Surgical Specialties Directorate</u>	31
<u>Theatres & Critical Care Directorate</u>	32
<u>Trust Headquarters</u>	33
<u>Women's & Children's Directorate</u>	34

This directorate report for Wye Valley NHS Trust contains results by breakdown for People Promise element and theme results from the 2022 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 directorate 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.

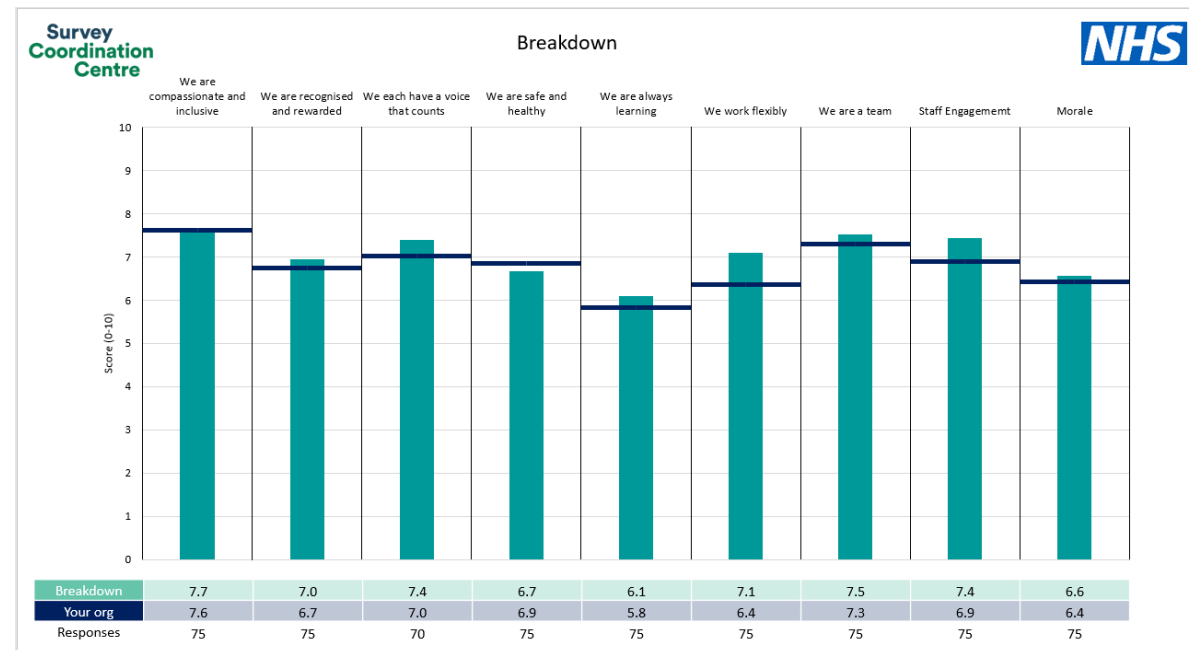
The breakdowns used in this report were provided and defined by Wye Valley NHS Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

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 directorate 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

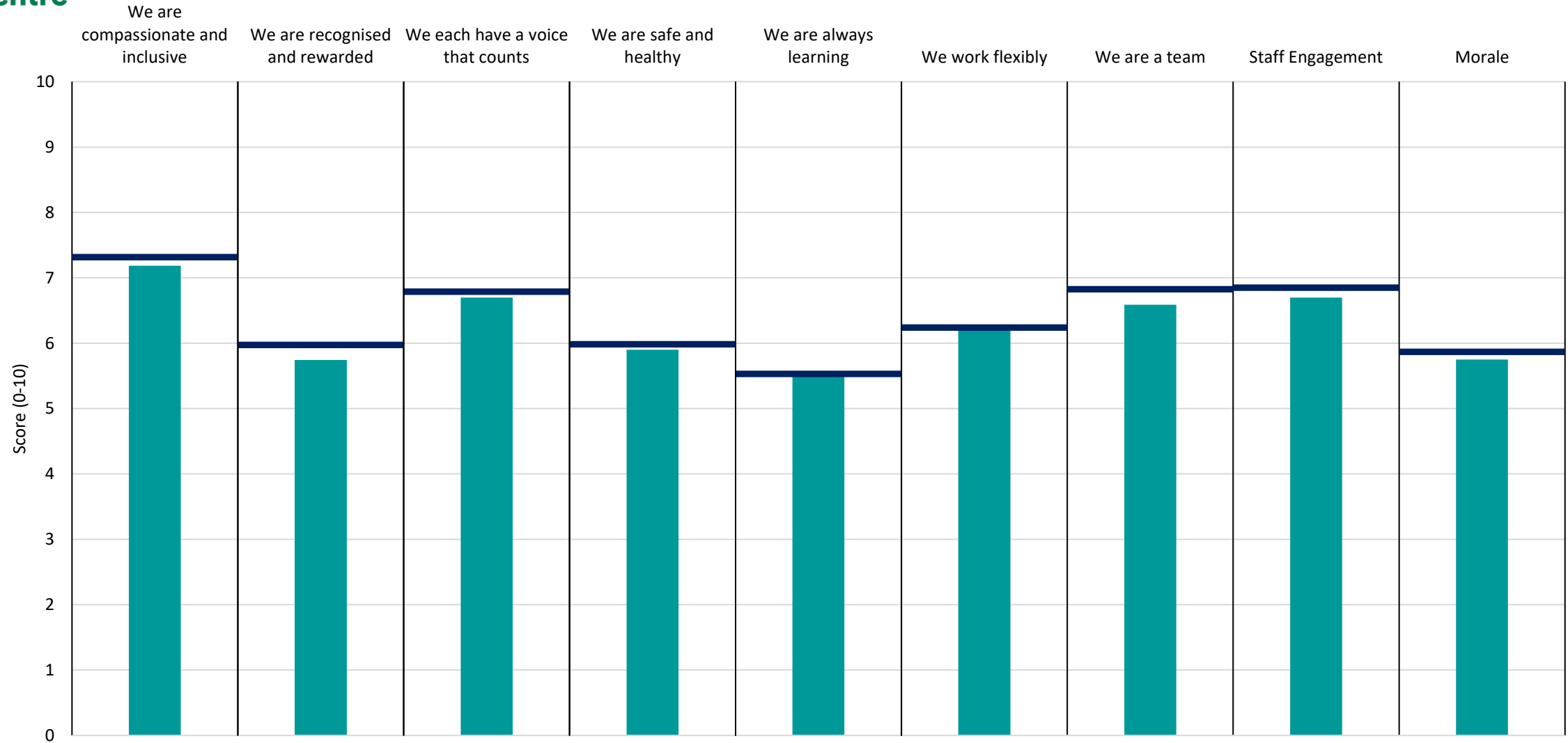
The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the directorate and trust scores.



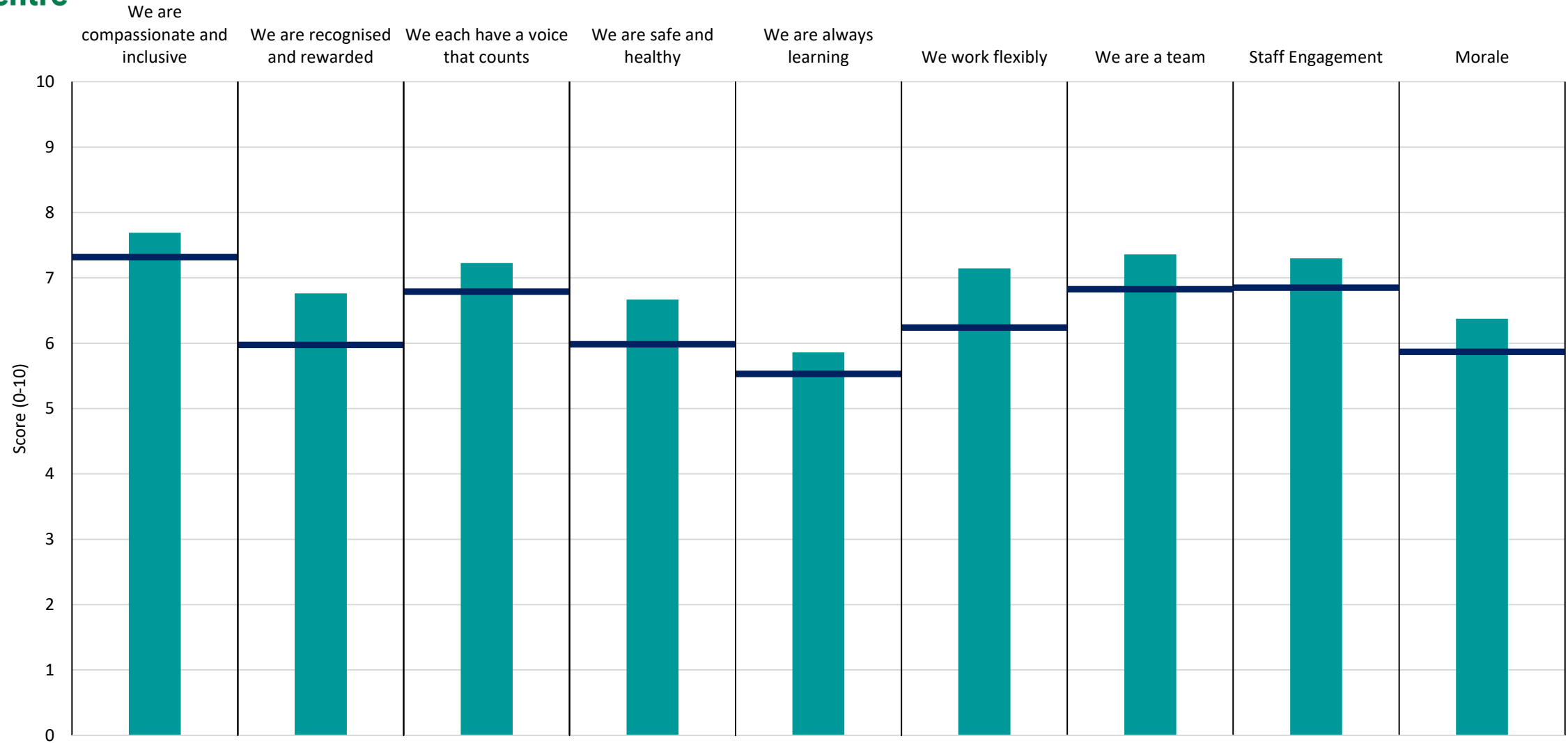
! Note: when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Breakdowns 1

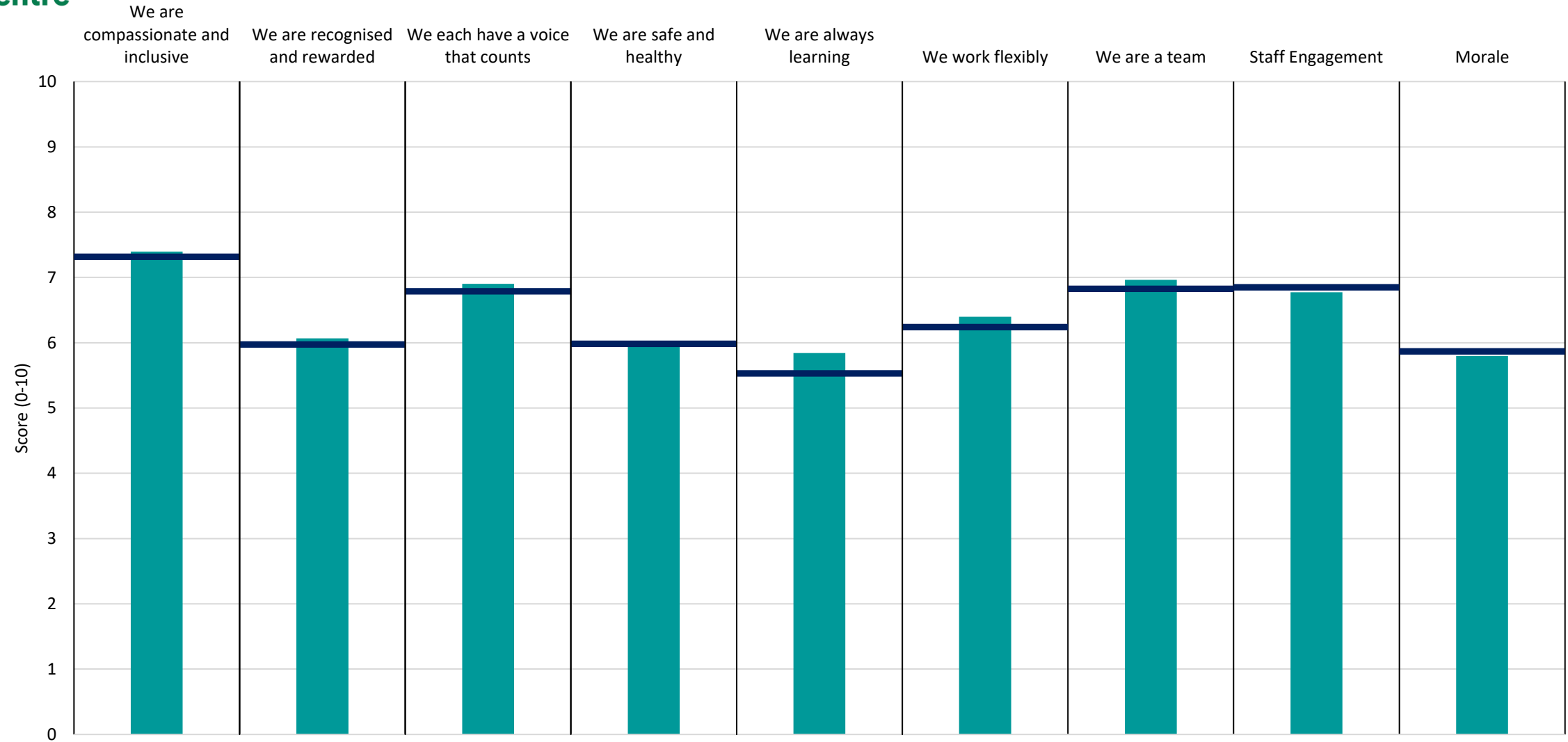
Wye Valley NHS Trust
2022 NHS Staff Survey



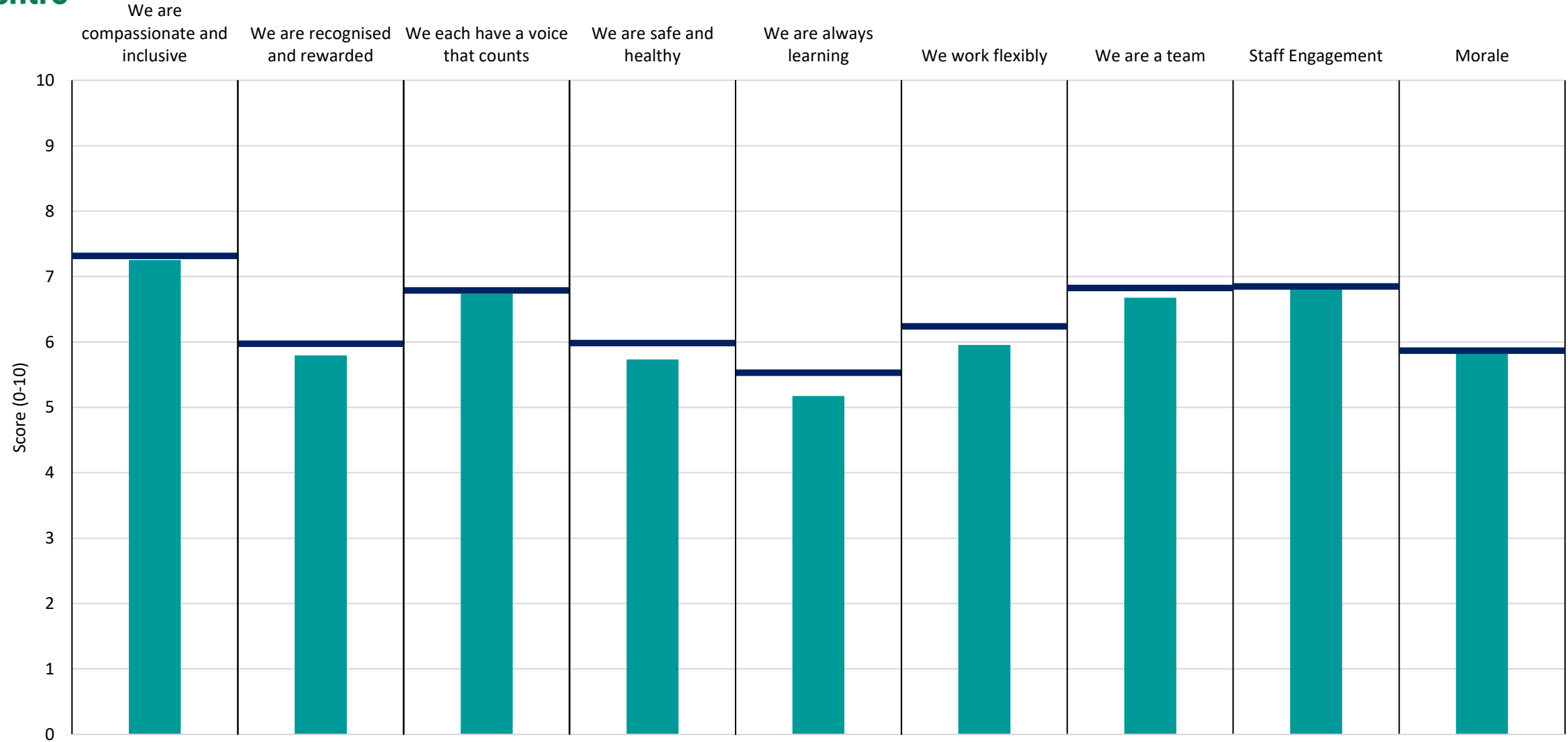
Breakdown	7.2	5.7	6.7	5.9	5.5	6.2	6.6	6.7	5.7
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	207	207	206	207	198	207	207	207	207



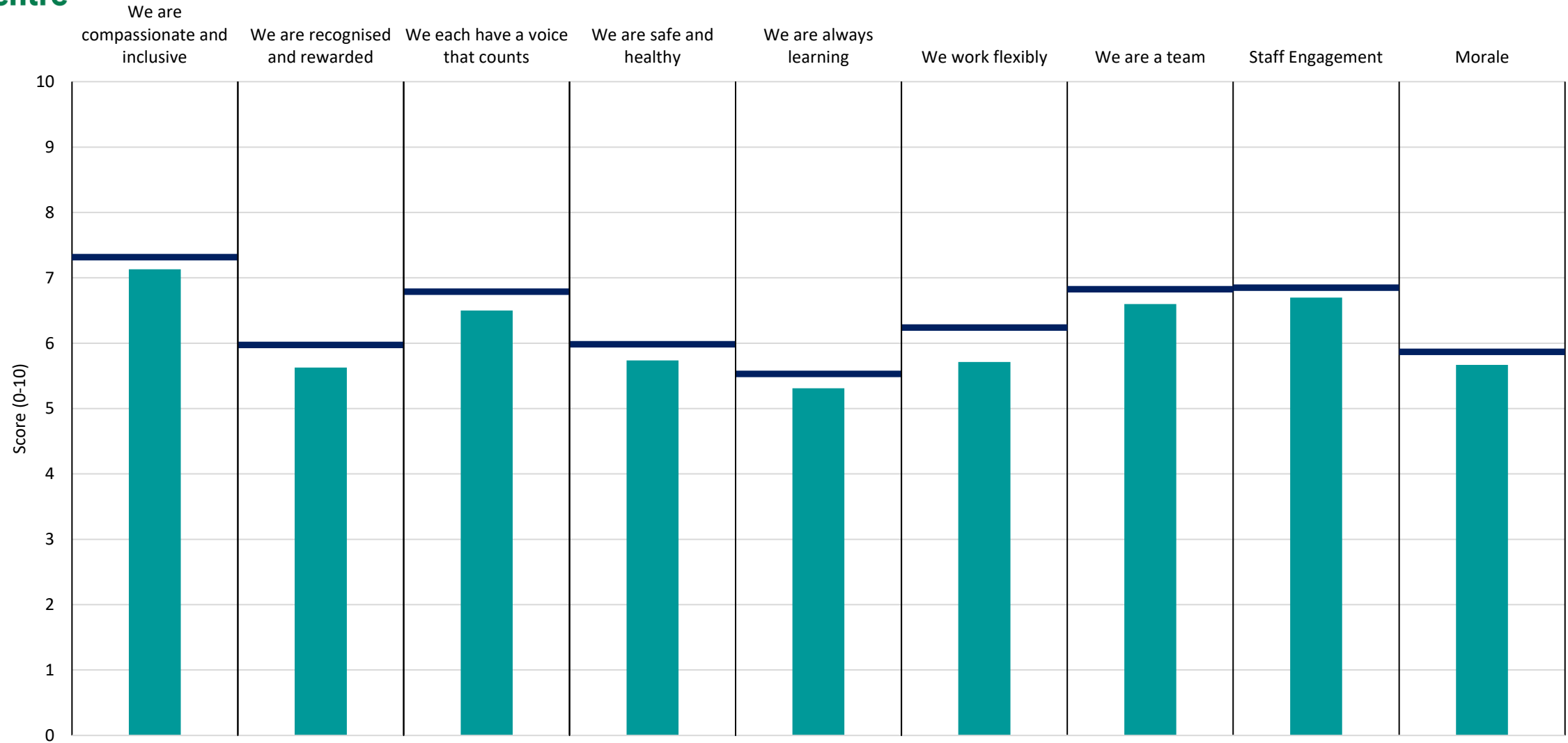
Breakdown	7.7	6.8	7.2	6.7	5.9	7.1	7.4	7.3	6.4
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	226	226	222	222	218	224	224	226	226



Breakdown	7.4	6.1	6.9	6.0	5.8	6.4	7.0	6.8	5.8
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	264	263	261	261	259	262	263	264	264



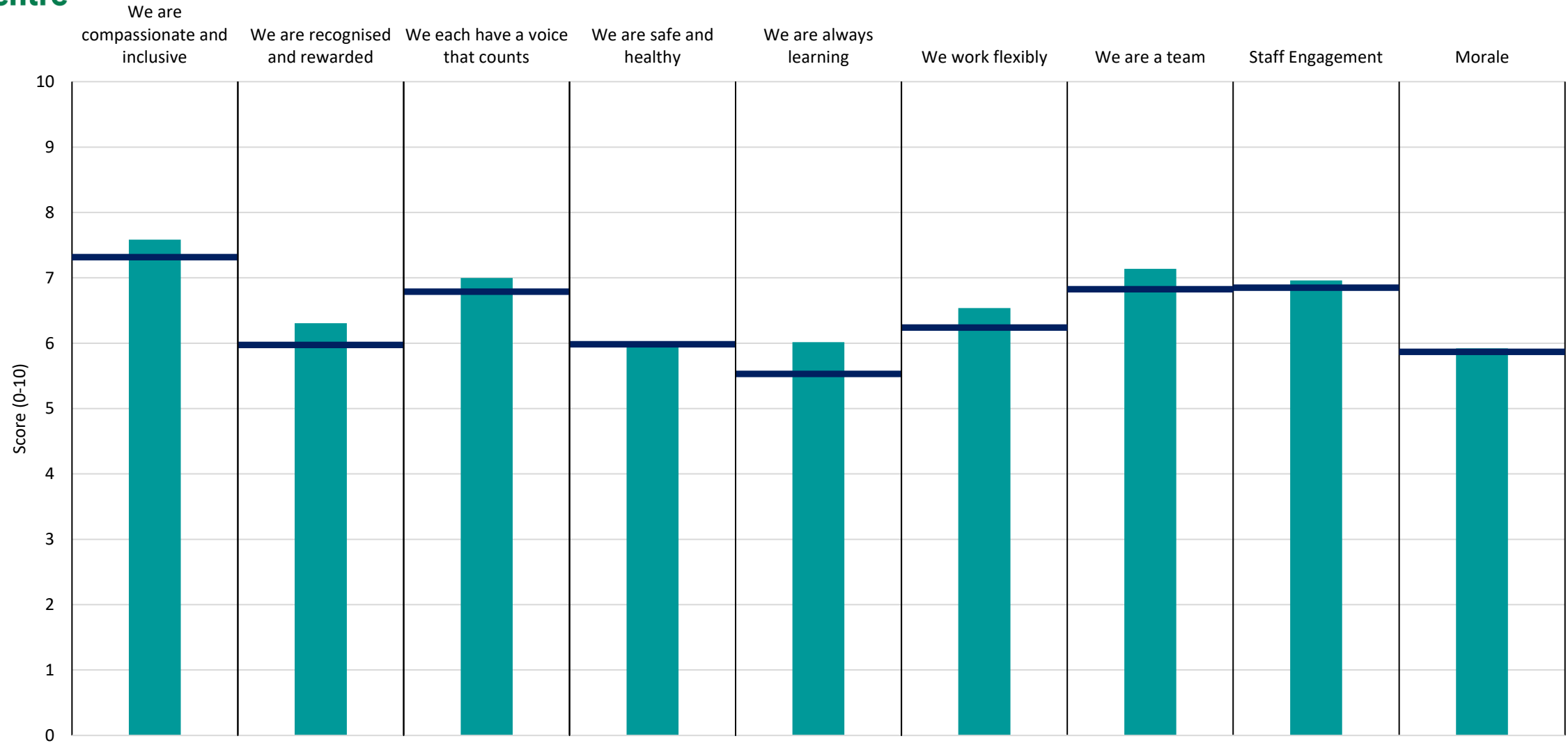
Breakdown	7.3	5.8	6.7	5.7	5.2	6.0	6.7	6.9	5.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	209	209	204	207	202	208	209	209	209



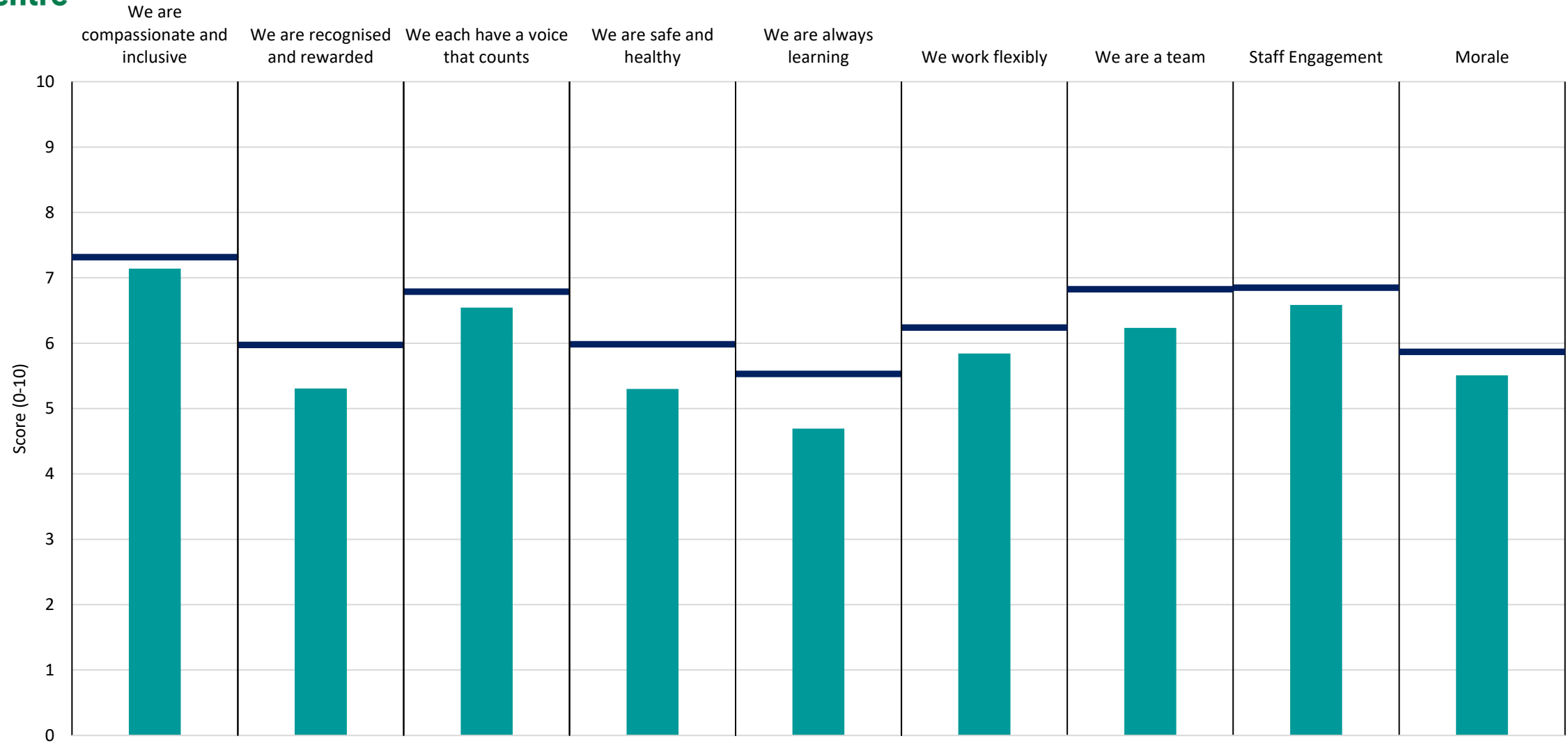
Breakdown	7.1	5.6	6.5	5.7	5.3	5.7	6.6	6.7	5.7
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	341	341	336	334	326	340	341	344	343

Breakdowns 2

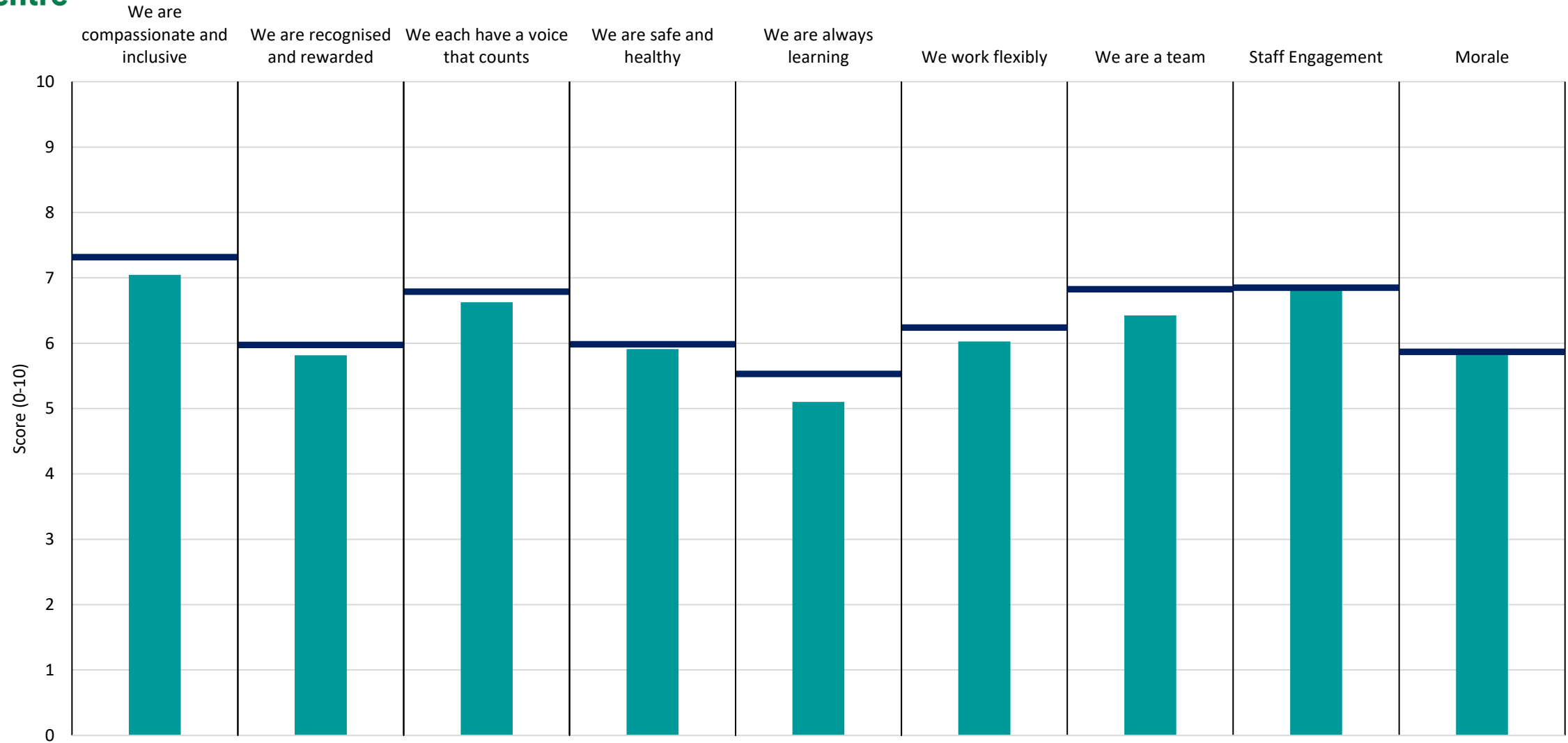
Wye Valley NHS Trust
2022 NHS Staff Survey



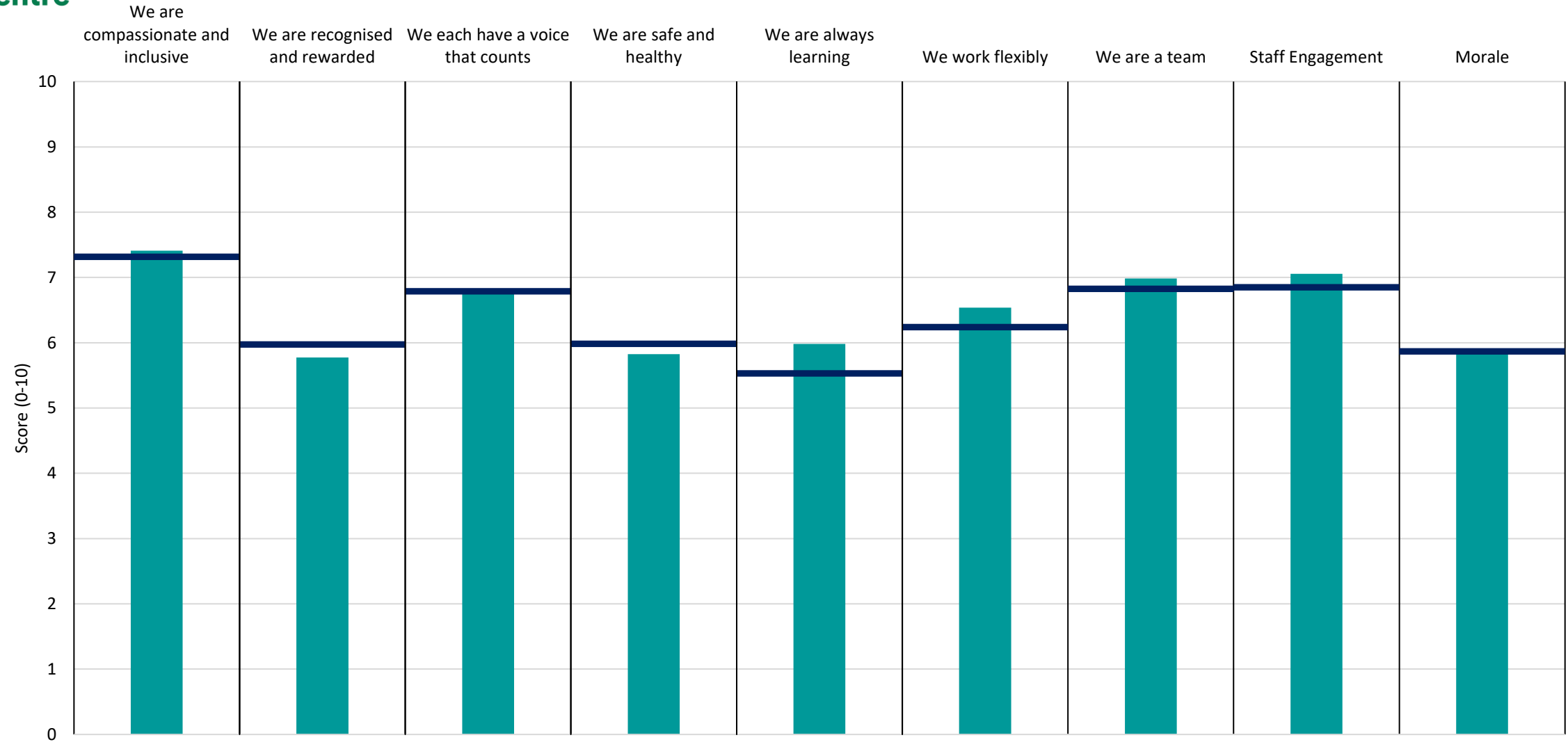
Breakdown	7.6	6.3	7.0	6.0	6.0	6.5	7.1	7.0	5.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	148	147	147	147	144	147	148	148	148



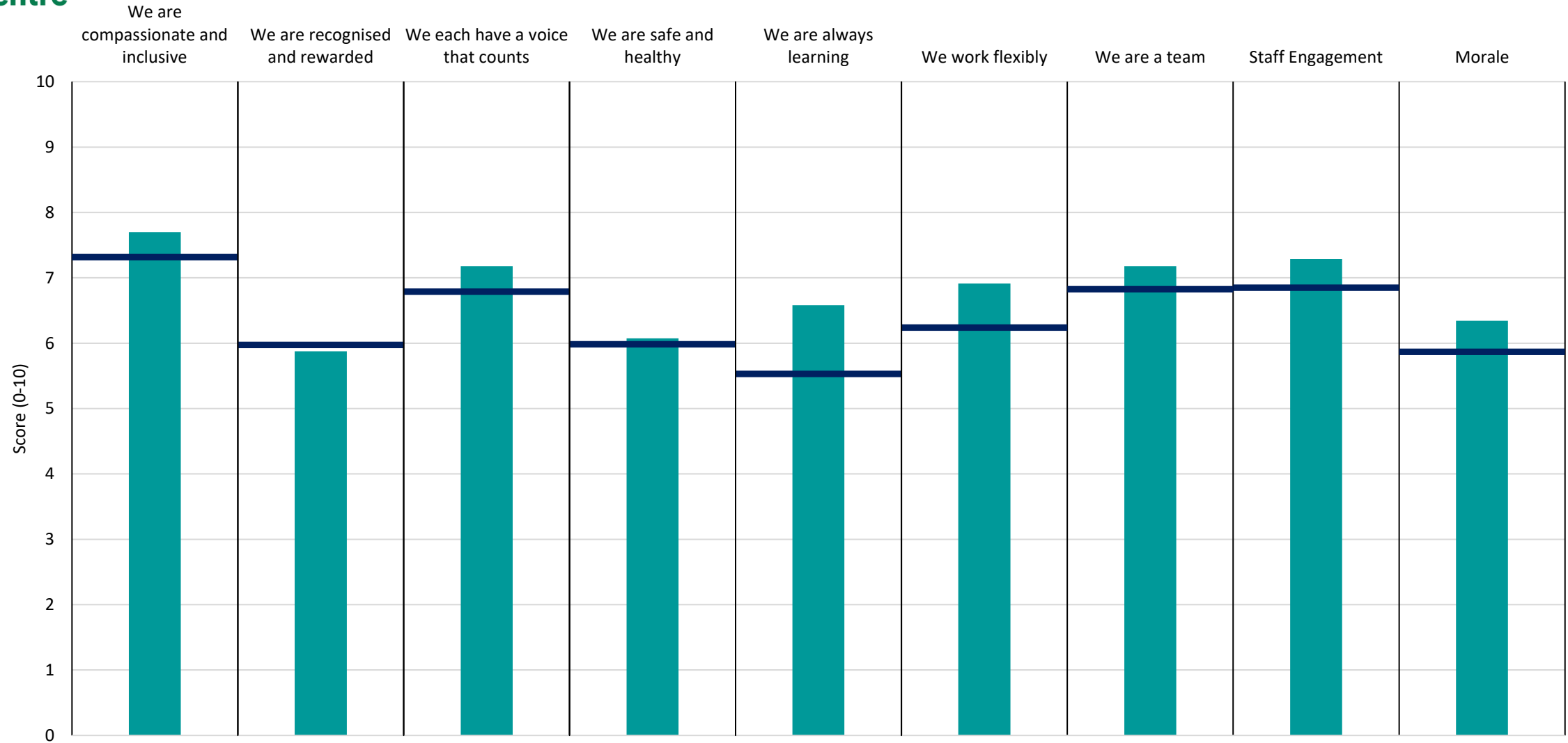
Breakdown	7.1	5.3	6.5	5.3	4.7	5.8	6.2	6.6	5.5
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	47	47	46	47	45	47	47	47	47



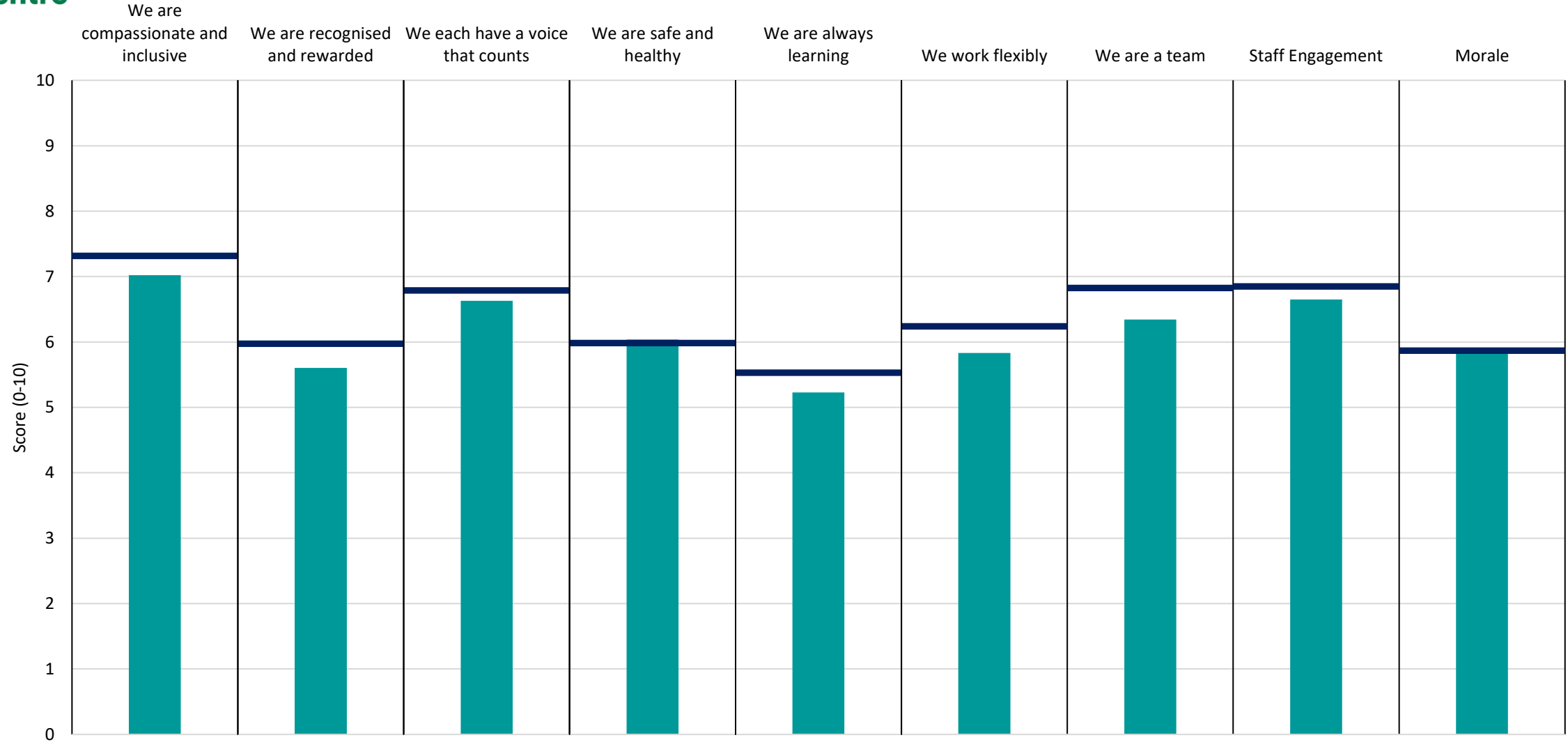
Breakdown	7.0	5.8	6.6	5.9	5.1	6.0	6.4	6.8	5.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	64	64	63	63	62	63	64	64	64



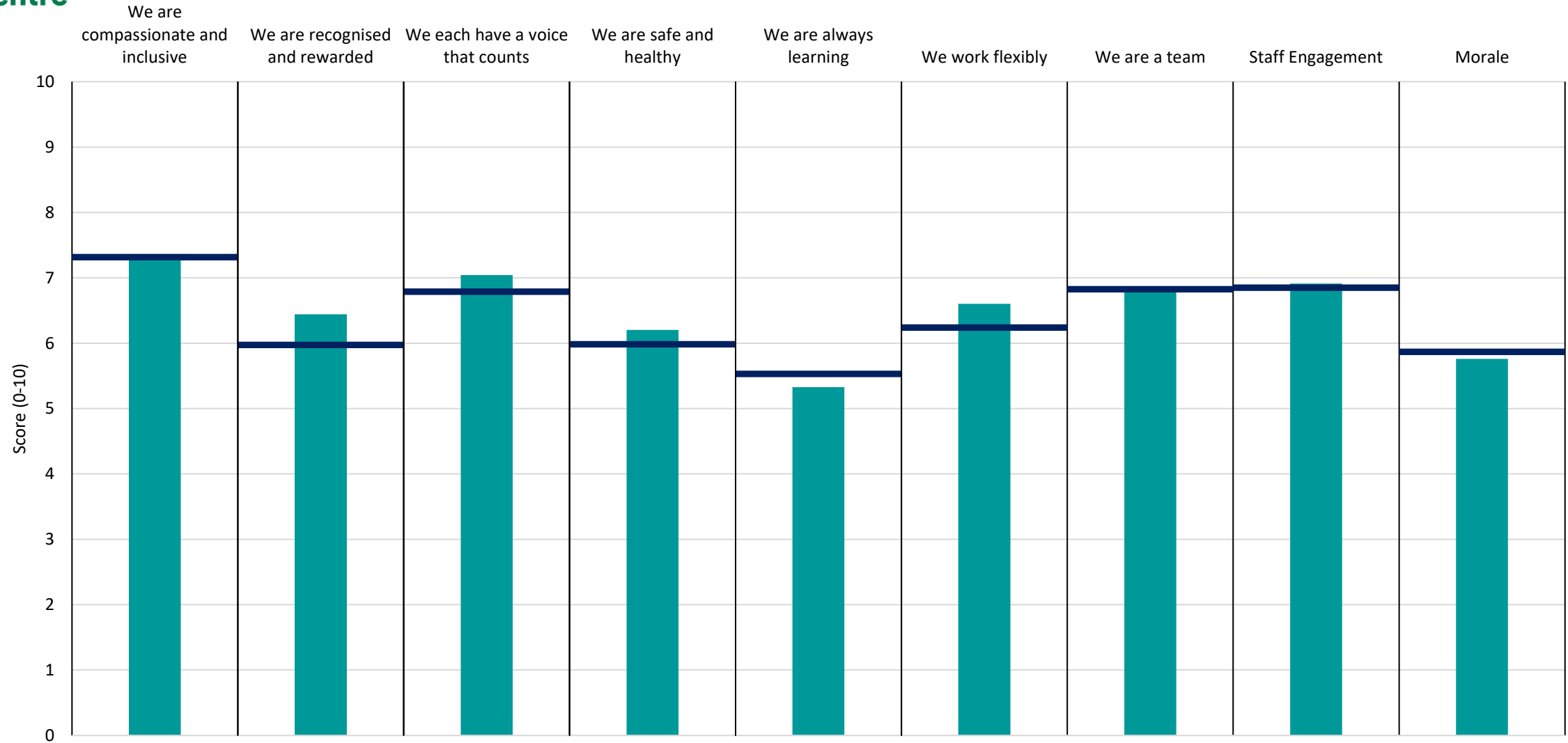
Breakdown	7.4	5.8	6.8	5.8	6.0	6.5	7.0	7.1	5.8
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	45	45	44	45	43	45	45	45	45



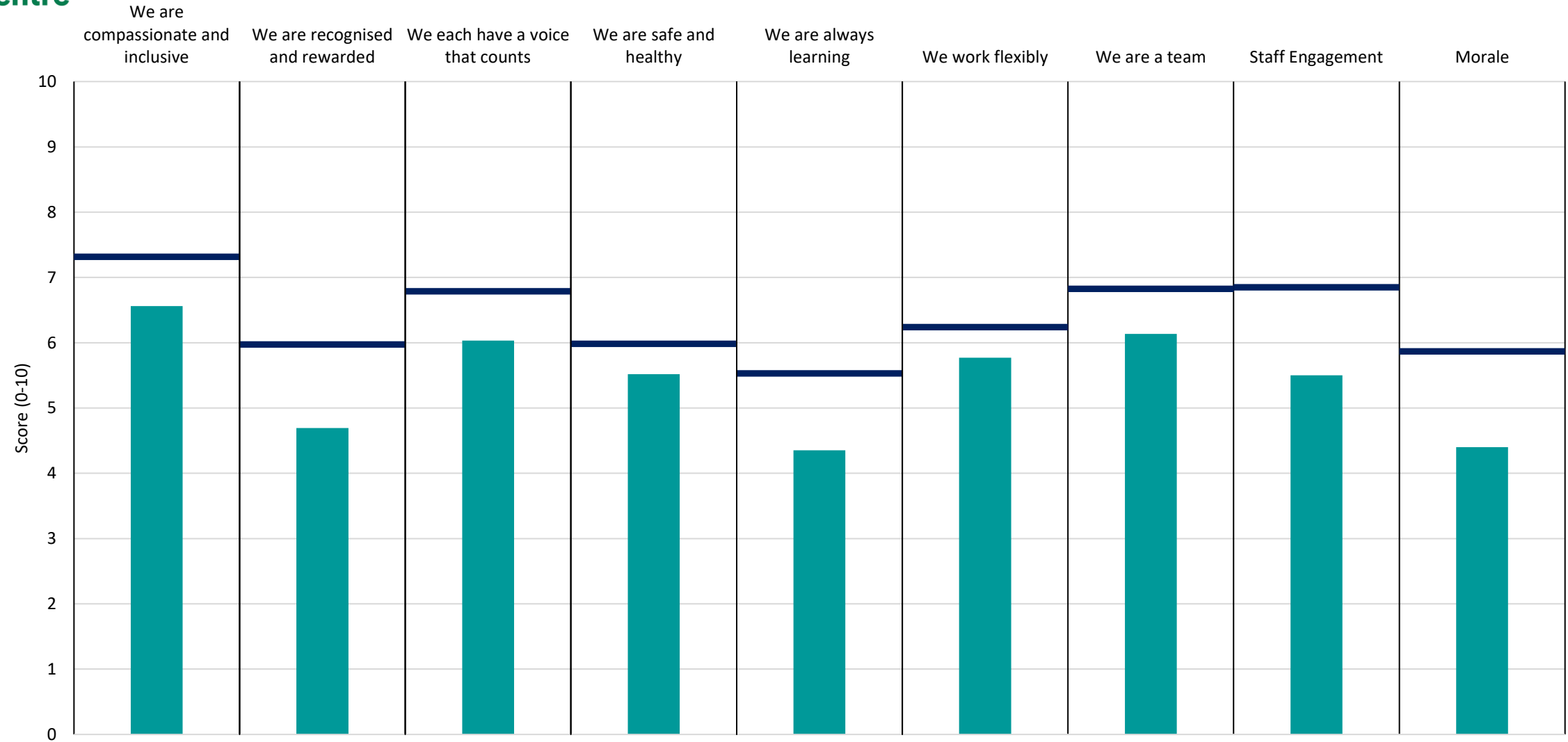
Breakdown	7.7	5.9	7.2	6.1	6.6	6.9	7.2	7.3	6.3
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	17	17	17	17	16	17	17	17	17



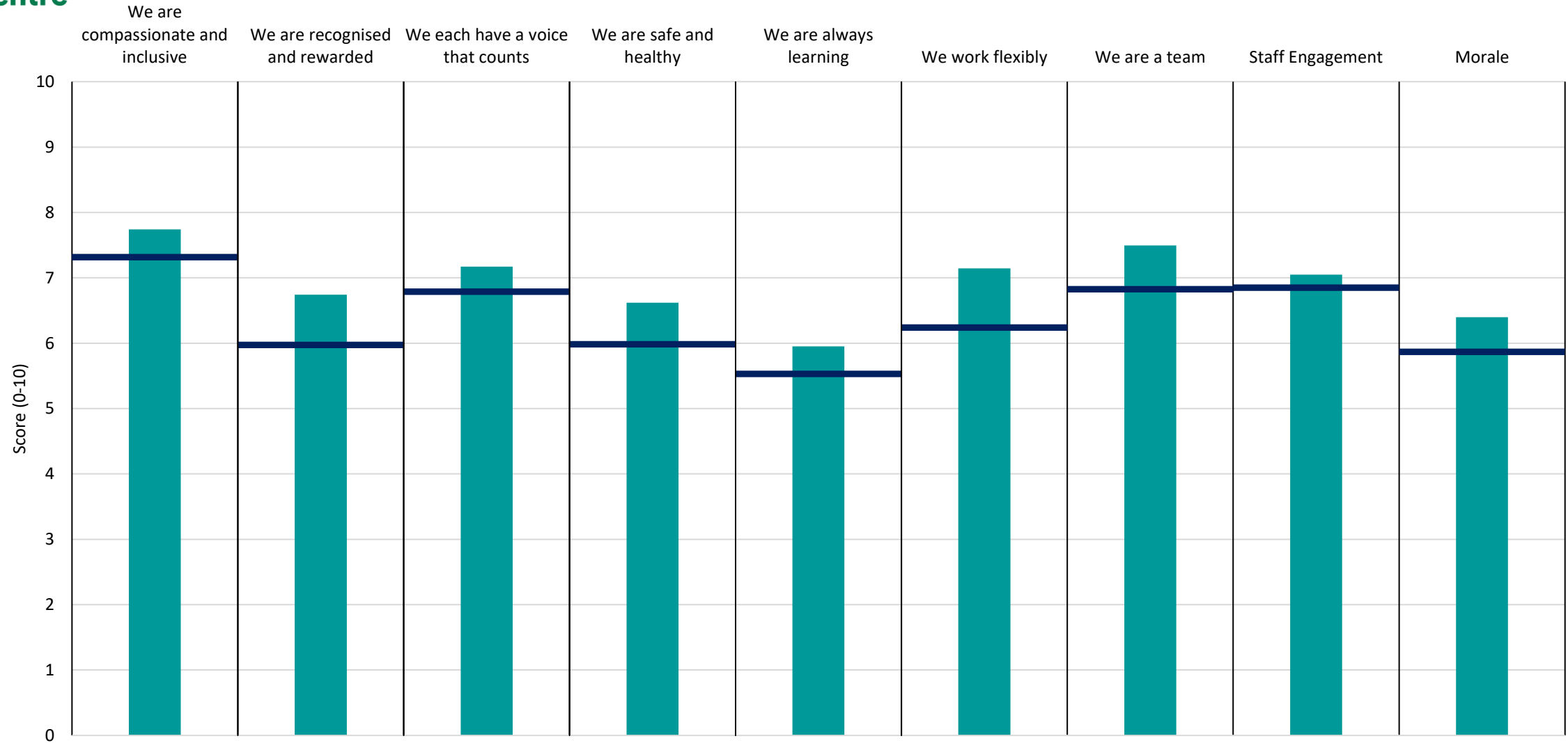
Breakdown	7.0	5.6	6.6	6.0	5.2	5.8	6.3	6.6	5.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	99	99	99	99	94	99	99	99	99



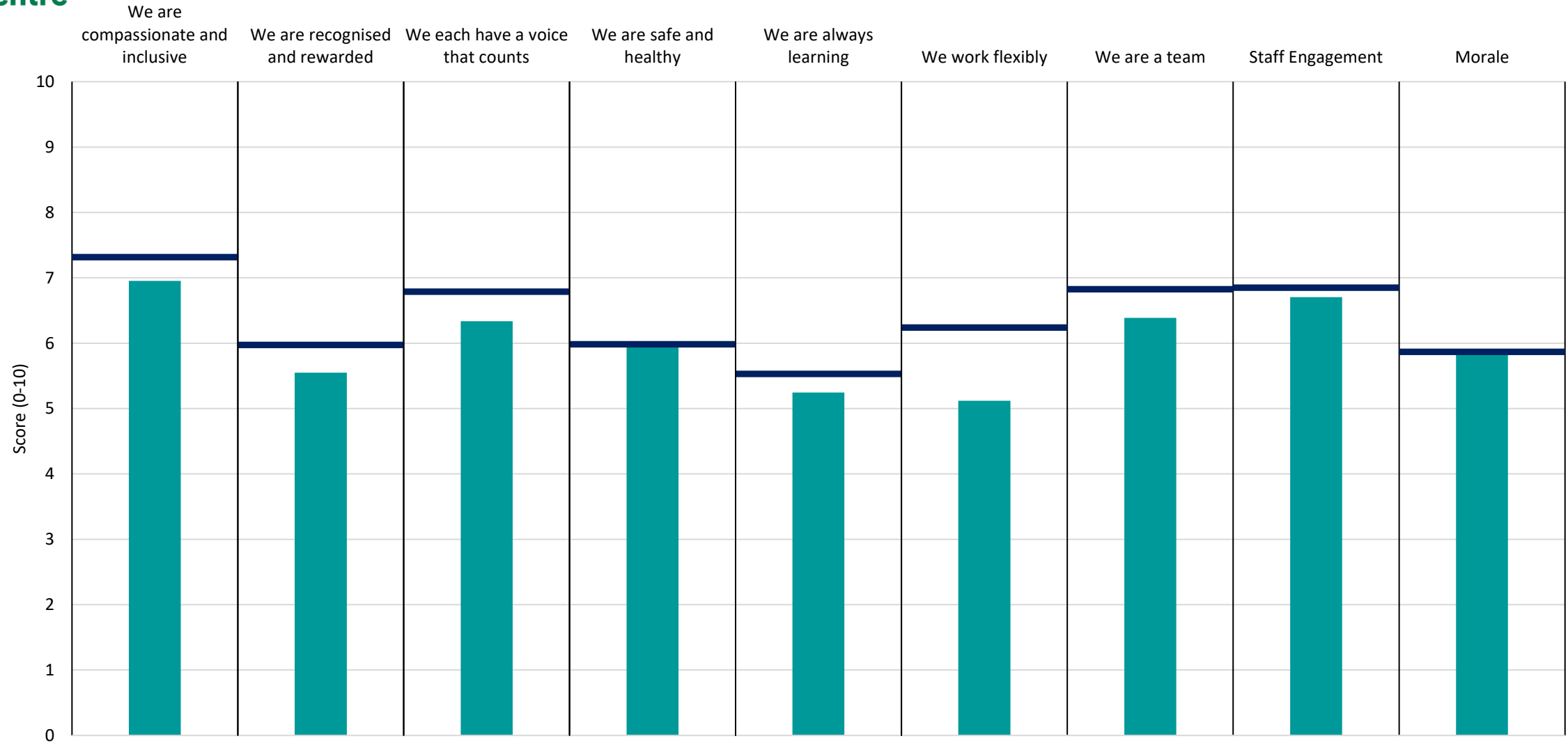
Breakdown	7.3	6.4	7.0	6.2	5.3	6.6	6.8	6.9	5.8
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	26	26	26	26	26	26	26	26	26



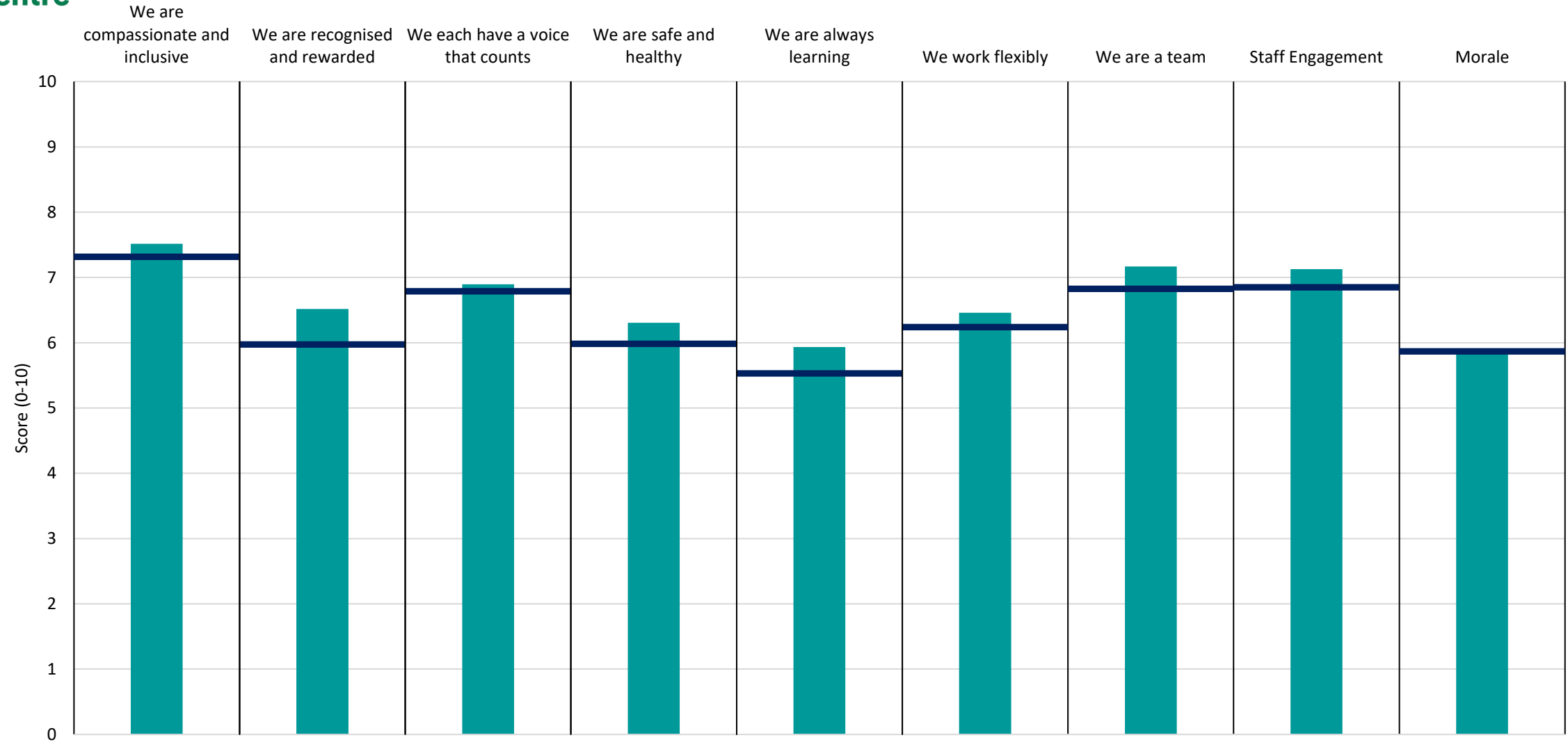
Breakdown	6.6	4.7	6.0	5.5	4.4	5.8	6.1	5.5	4.4
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	13	13	13	13	13	13	13	13	13



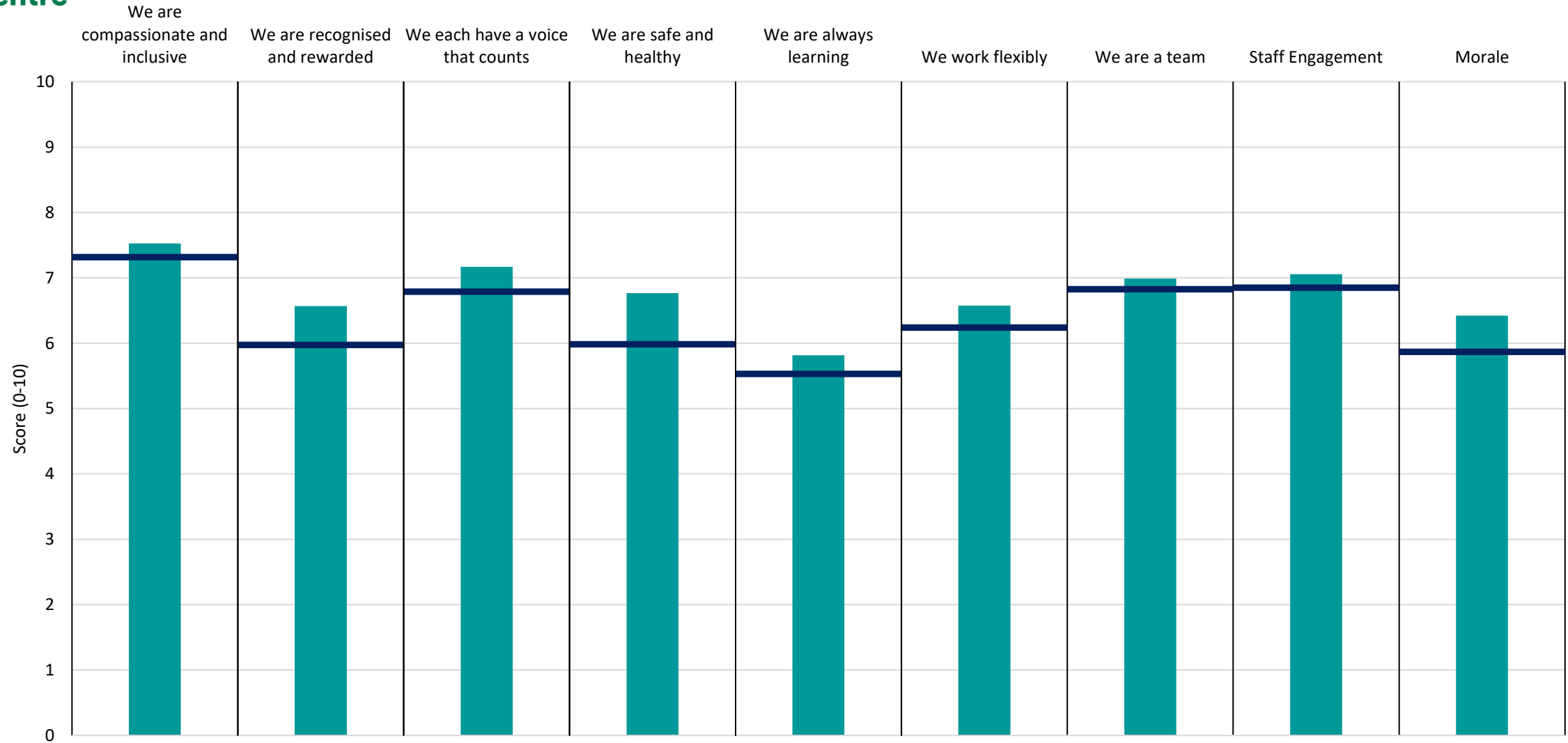
Breakdown	7.7	6.7	7.2	6.6	6.0	7.1	7.5	7.0	6.4
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	56	56	56	56	56	55	56	56	56



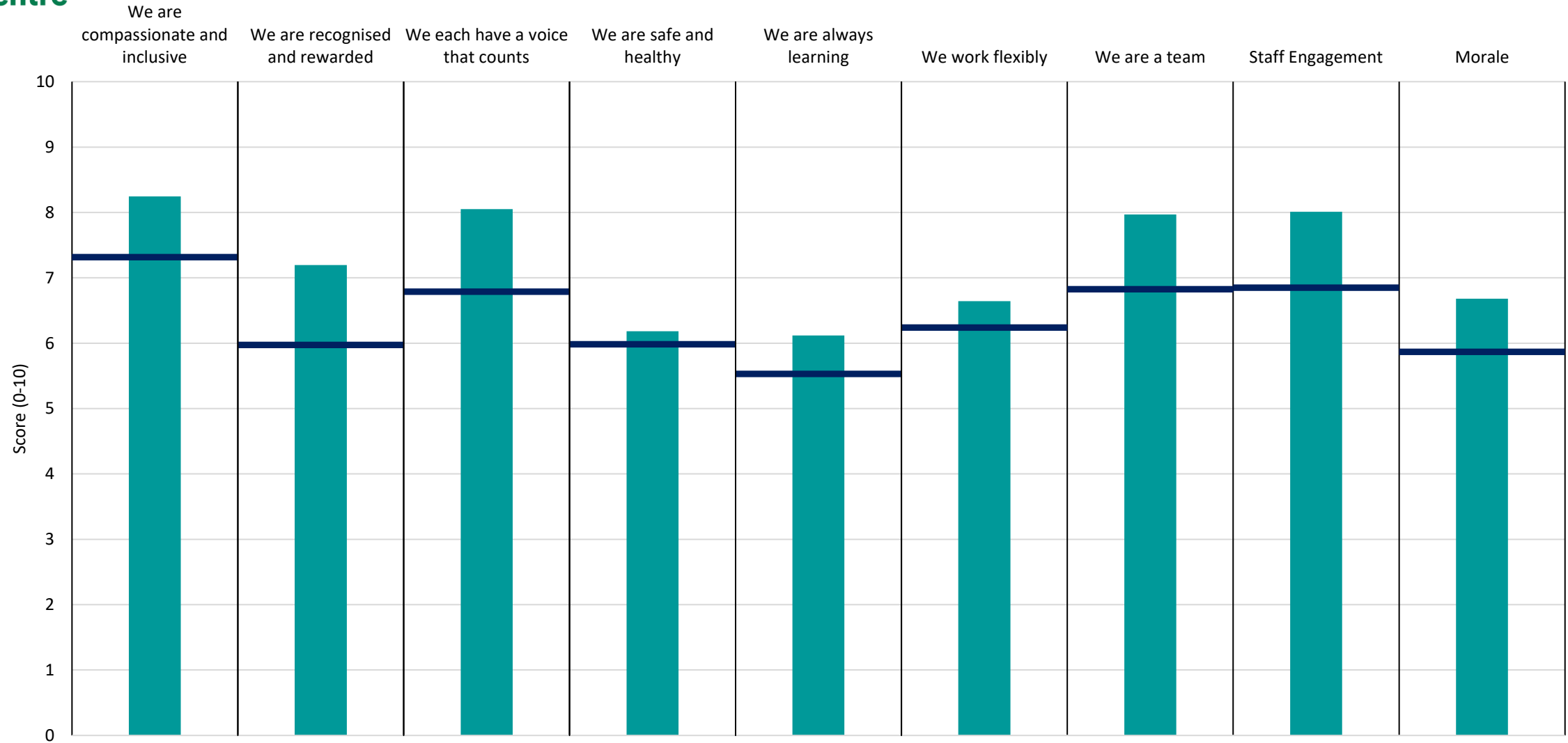
Breakdown	7.0	5.5	6.3	6.0	5.2	5.1	6.4	6.7	5.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	75	74	74	74	72	74	74	75	75



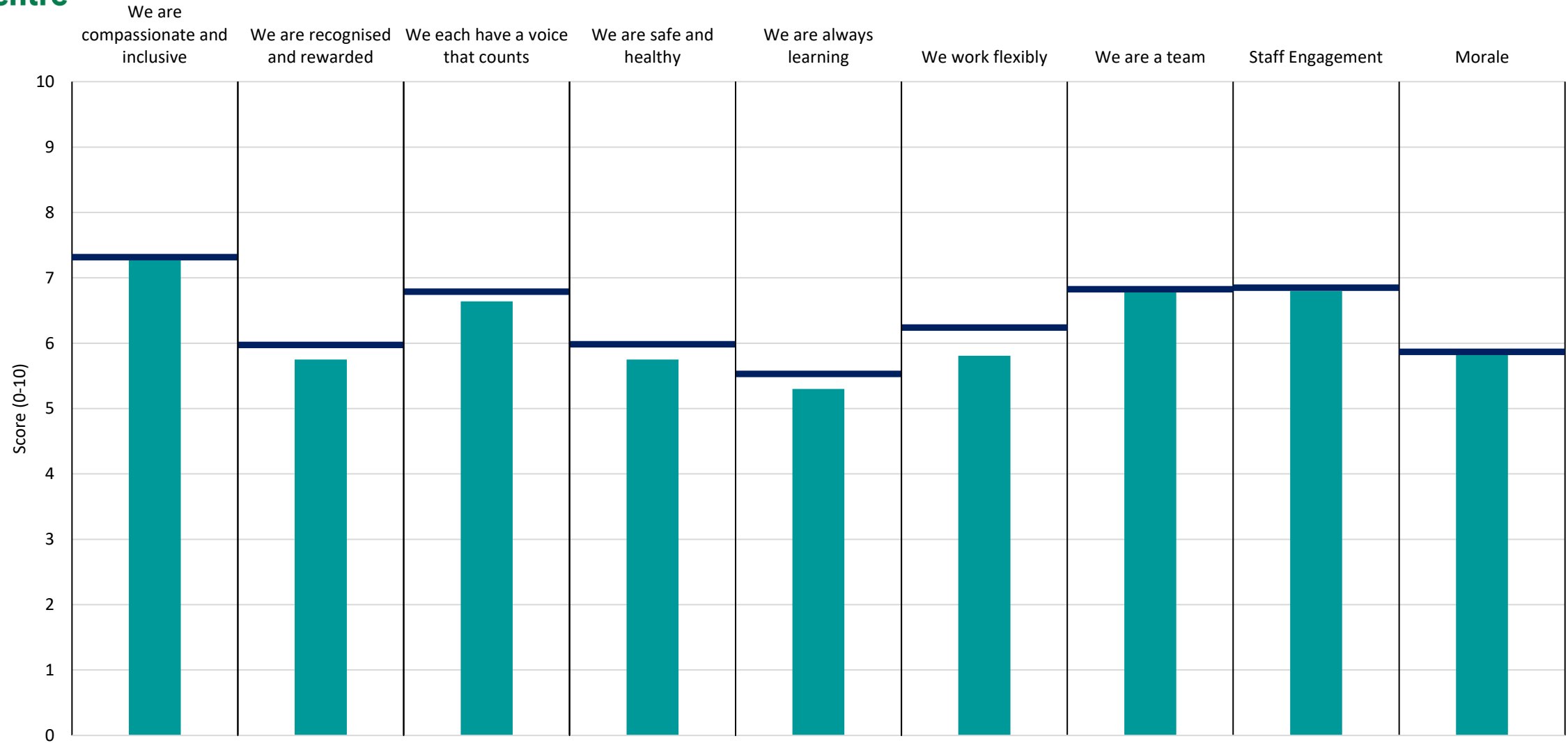
Breakdown	7.5	6.5	6.9	6.3	5.9	6.5	7.2	7.1	5.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	78	78	76	77	76	78	77	78	78



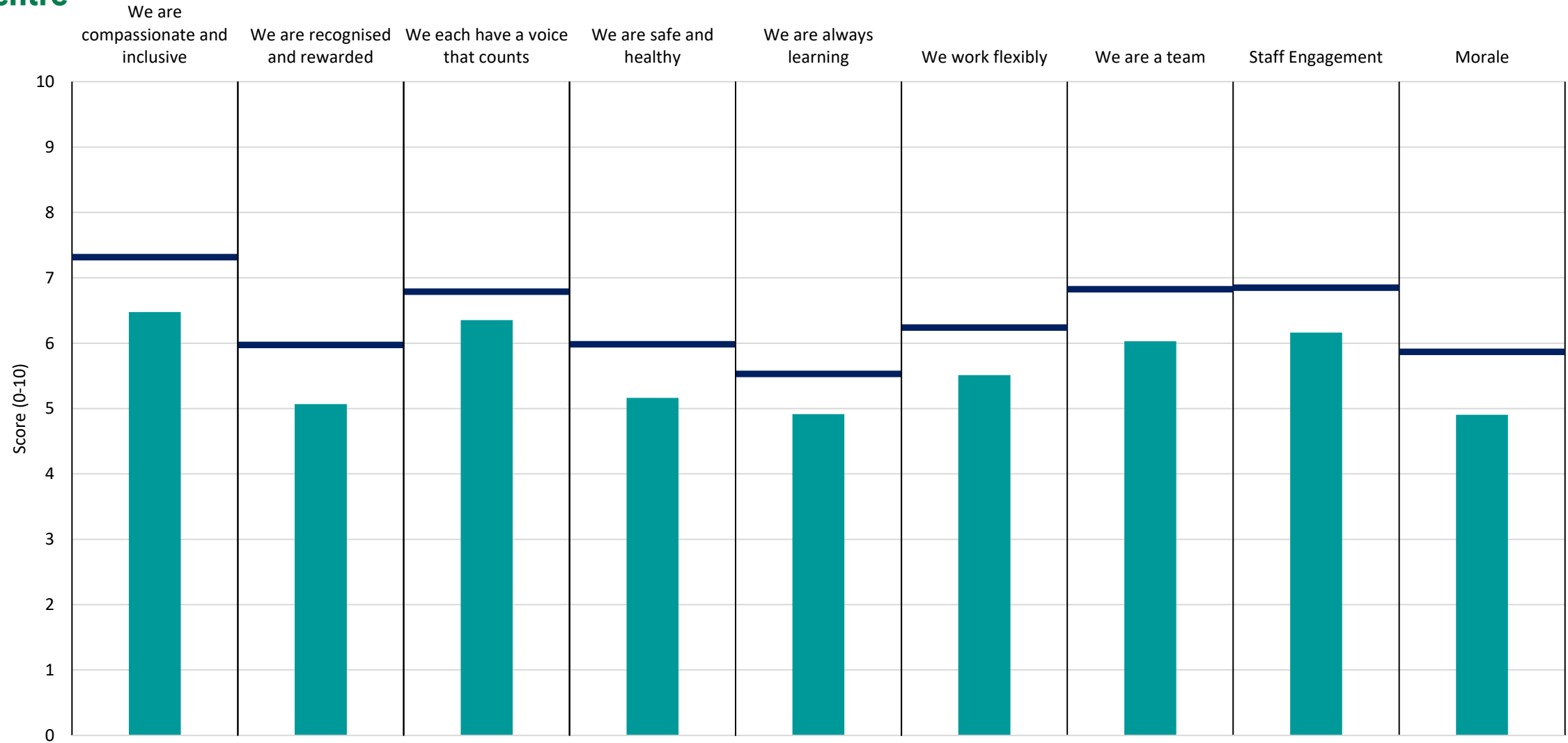
Breakdown	7.5	6.6	7.2	6.8	5.8	6.6	7.0	7.1	6.4
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	37	37	37	37	36	37	37	37	37



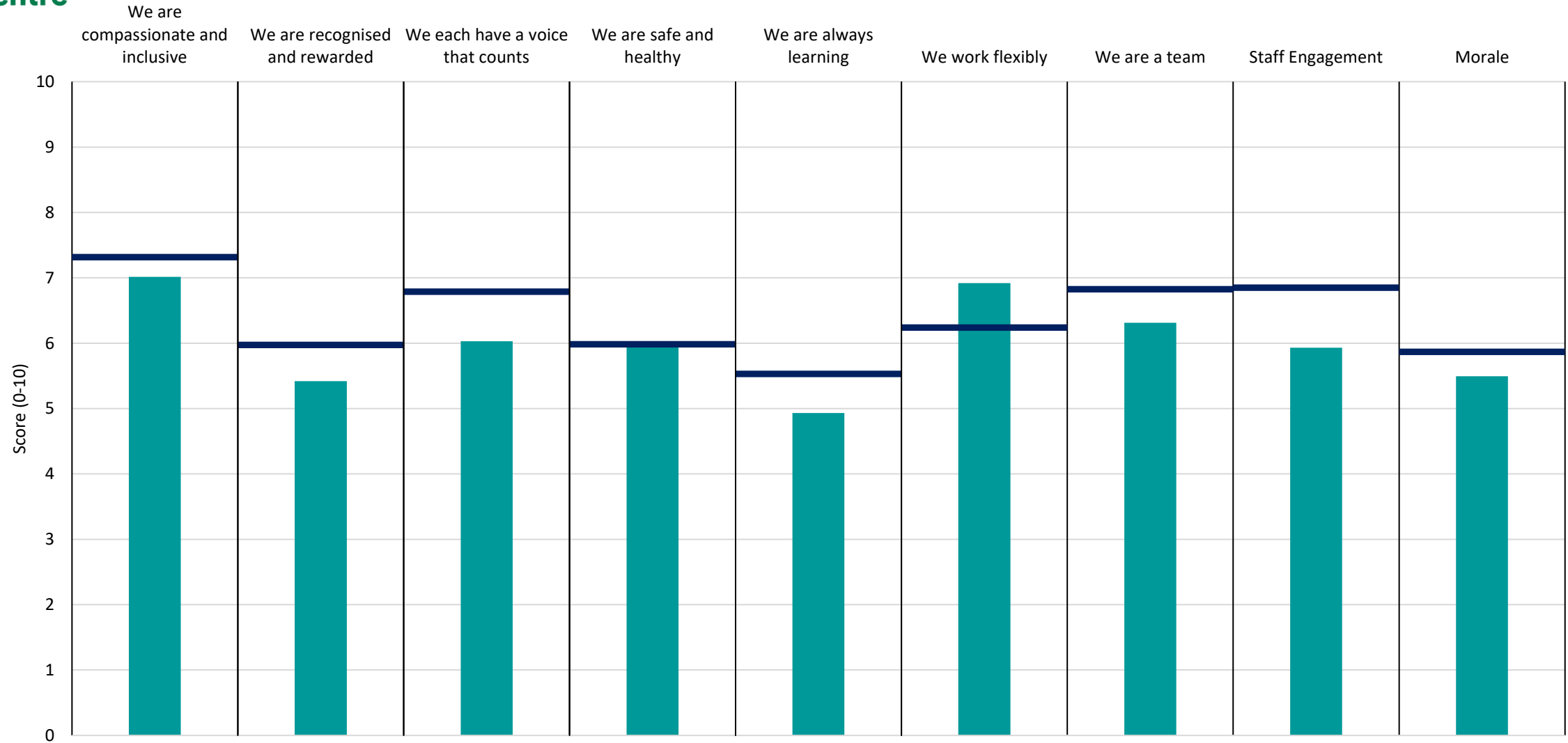
Breakdown	8.2	7.2	8.1	6.2	6.1	6.6	8.0	8.0	6.7
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	18	18	18	18	17	18	18	18	18



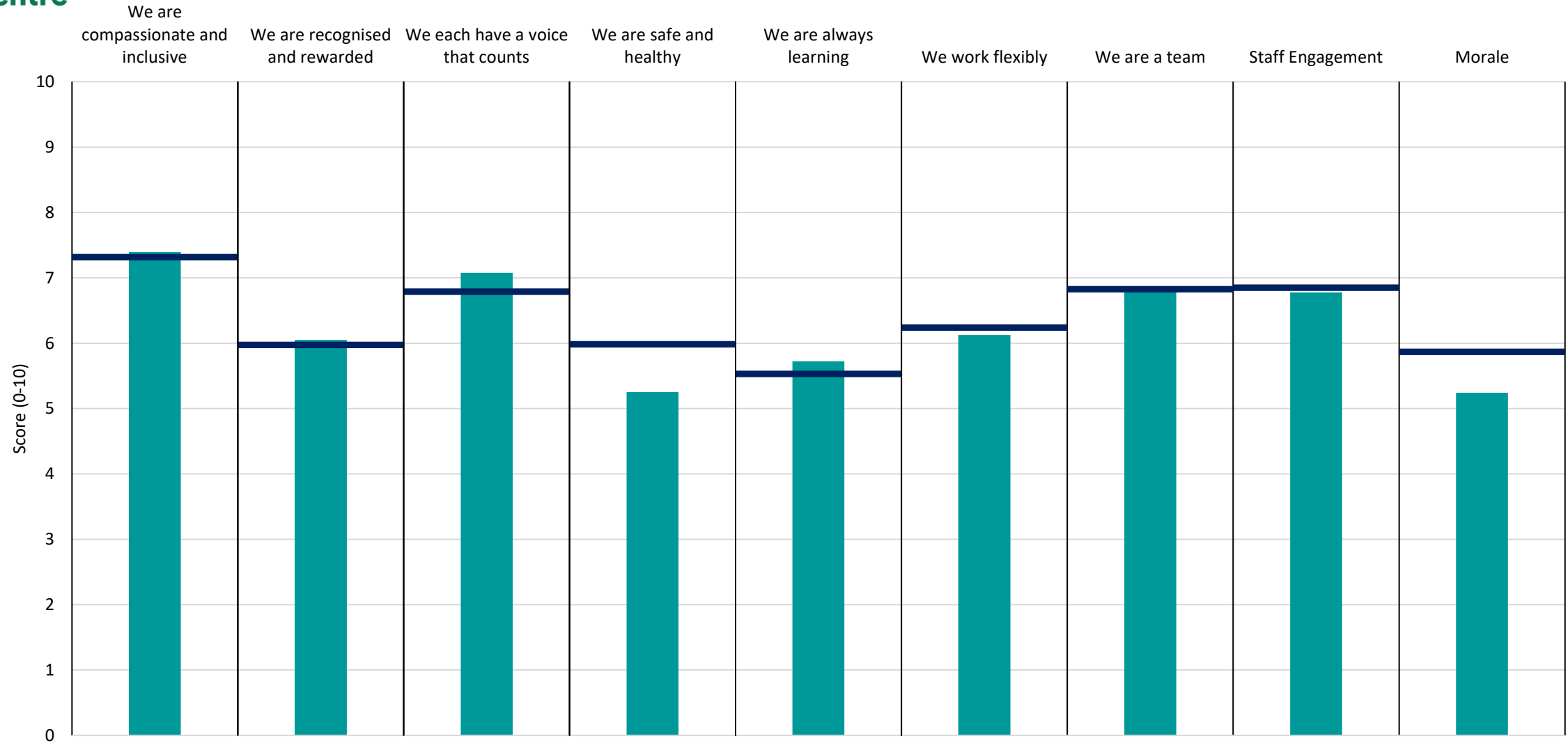
Breakdown	7.3	5.8	6.6	5.8	5.3	5.8	6.8	6.8	5.8
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	80	80	77	79	78	80	80	80	80



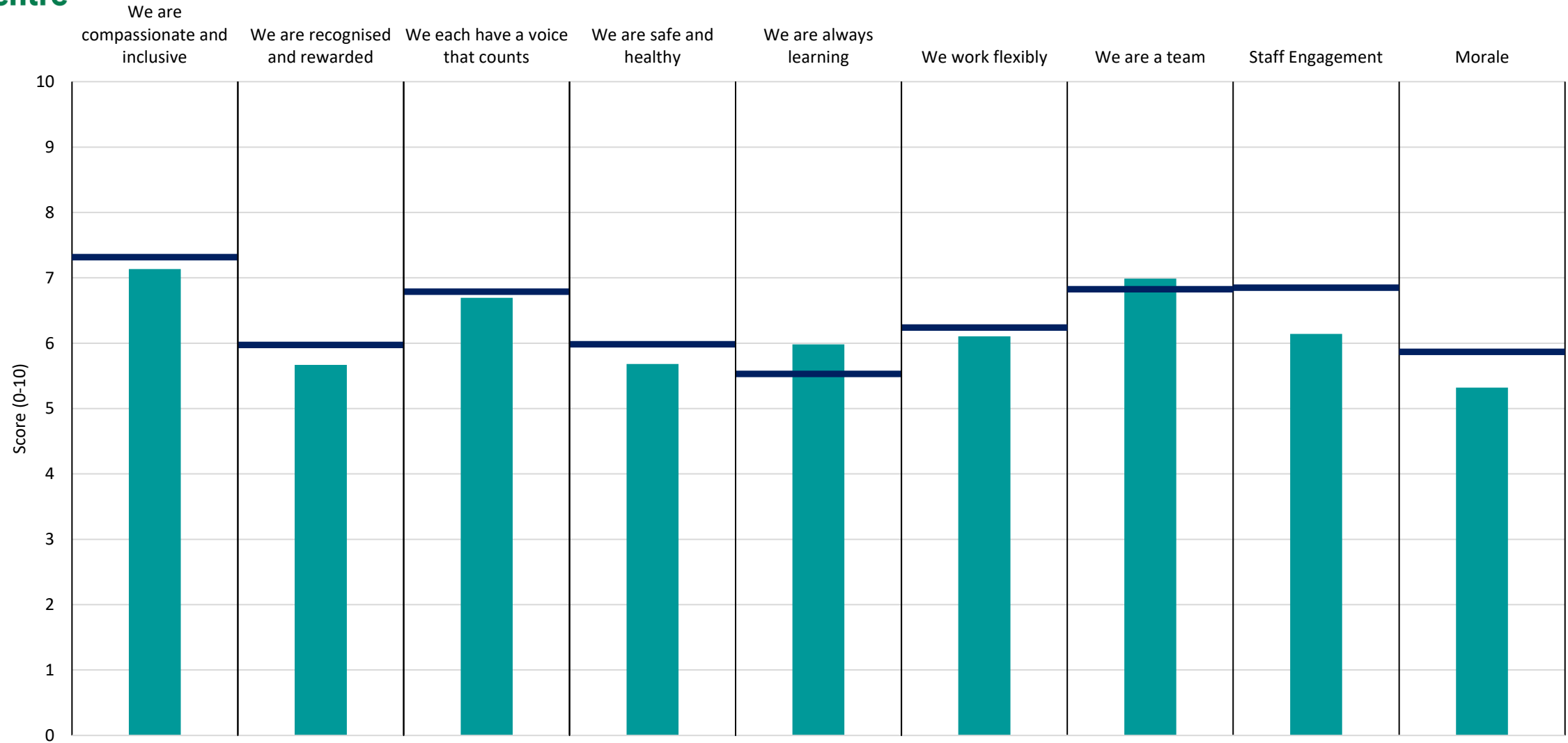
Breakdown	6.5	5.1	6.4	5.2	4.9	5.5	6.0	6.2	4.9
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	22	22	21	20	22	22	22	22	22



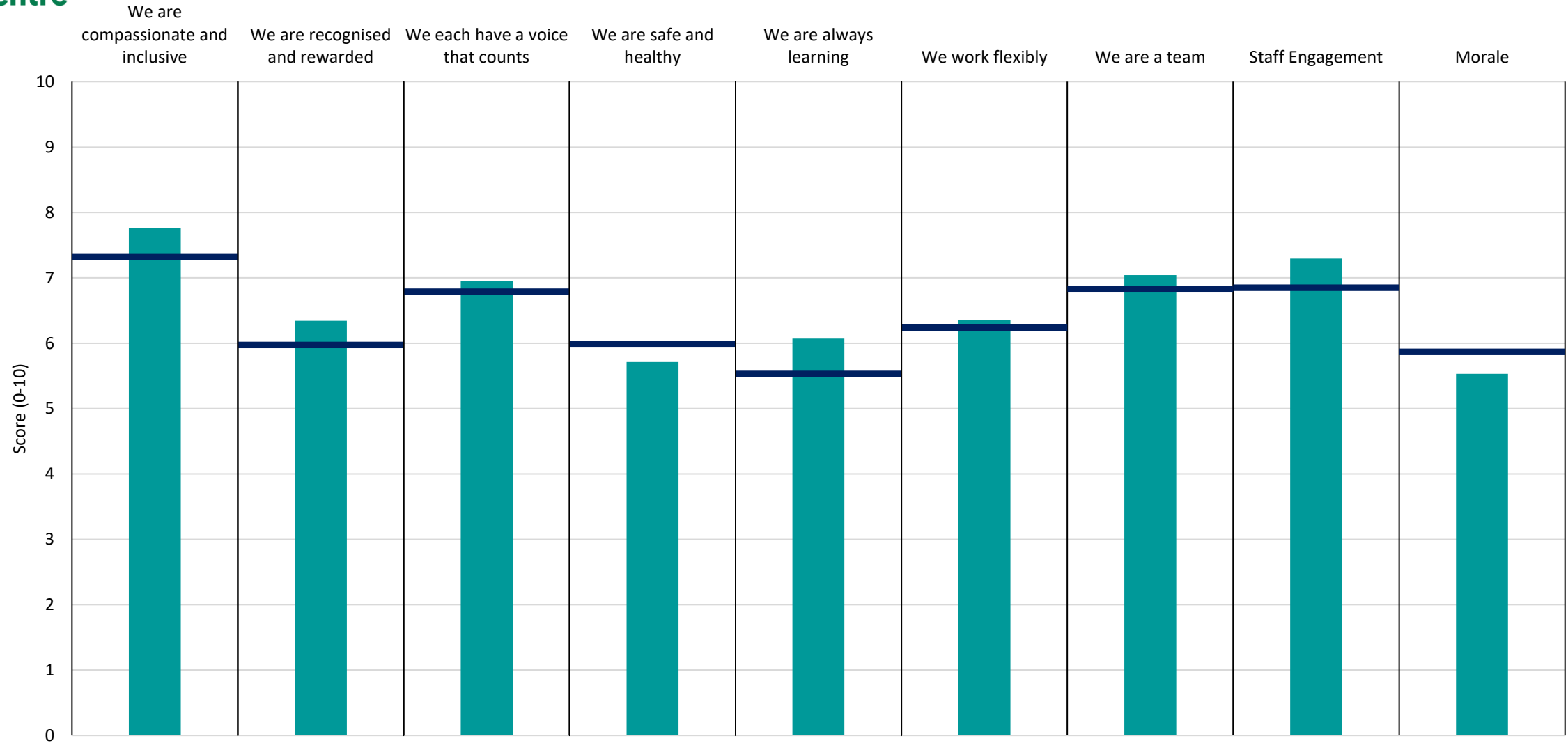
Breakdown	7.0	5.4	6.0	6.0	4.9	6.9	6.3	5.9	5.5
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	23	23	23	23	21	23	23	23	23



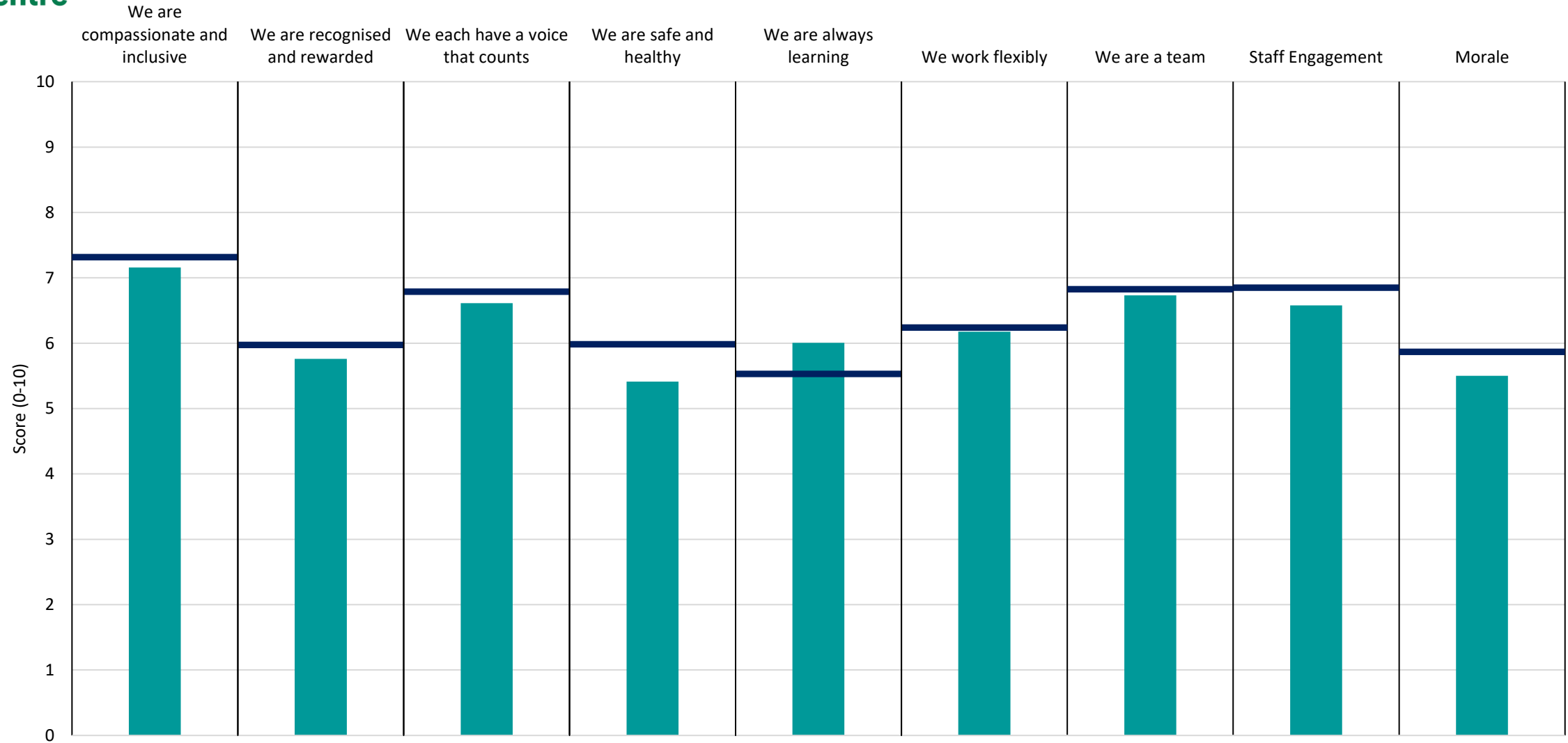
Breakdown	7.4	6.1	7.1	5.3	5.7	6.1	6.8	6.8	5.2
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	30	30	30	30	30	30	30	30	30



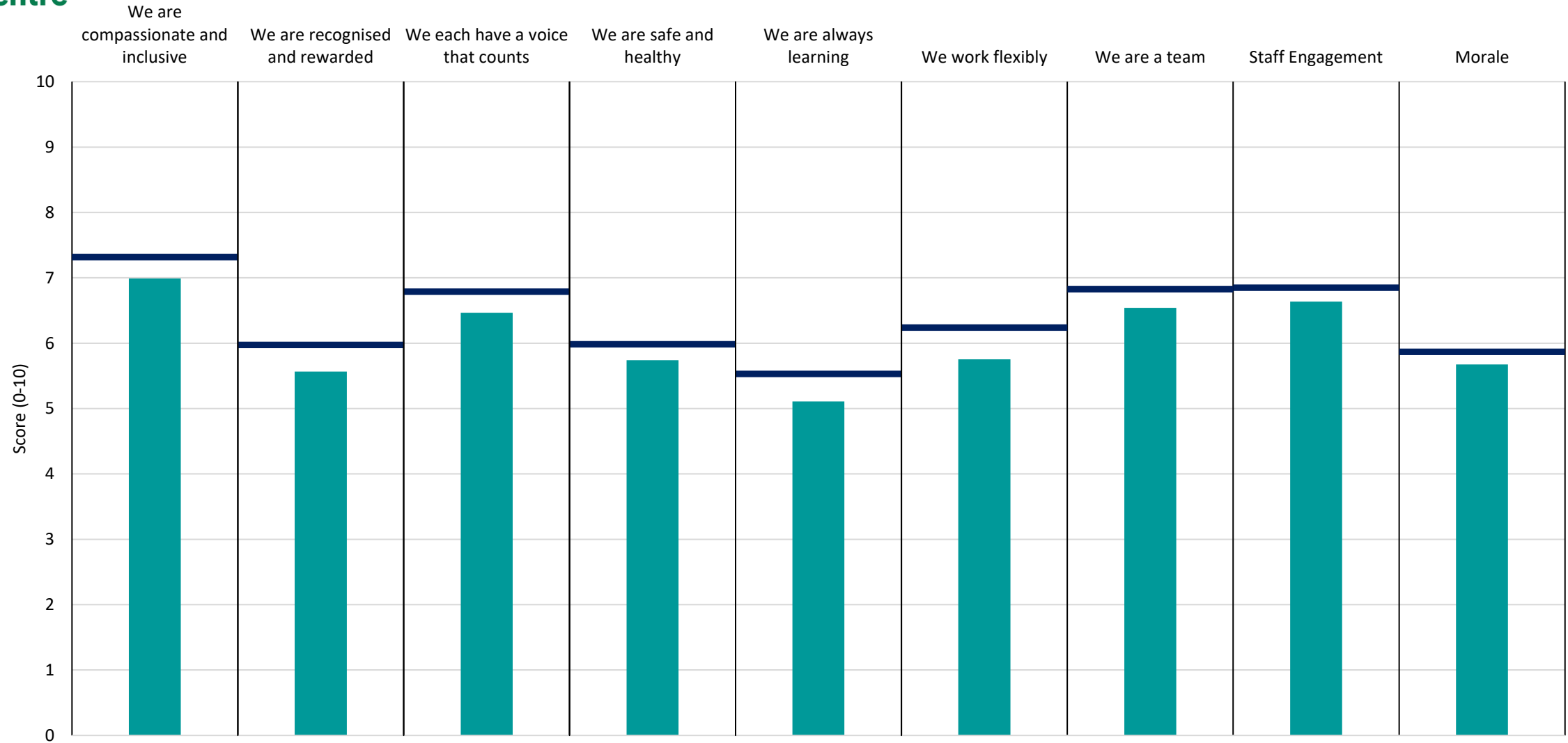
Breakdown	7.1	5.7	6.7	5.7	6.0	6.1	7.0	6.1	5.3
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	27	27	26	27	28	26	26	27	27



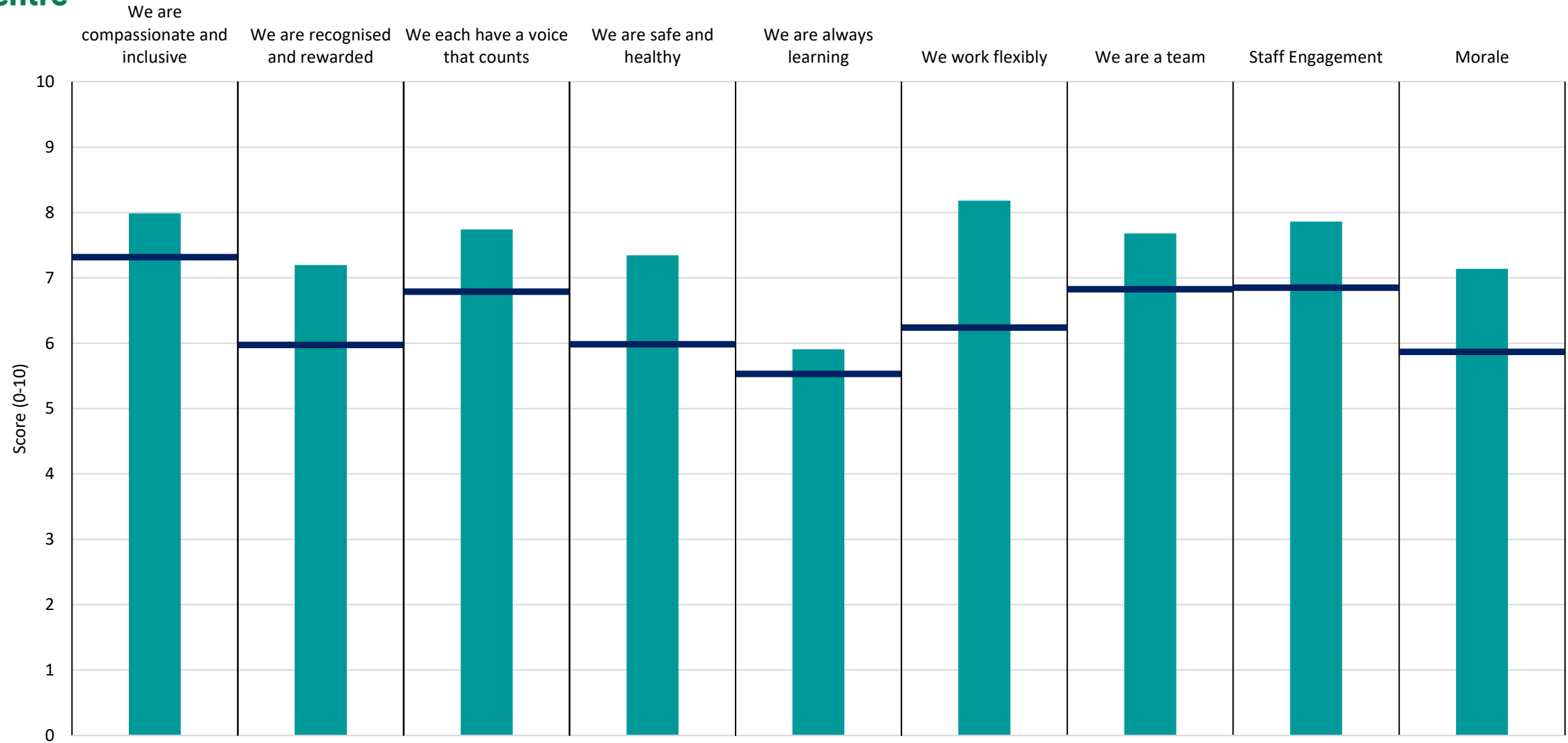
Breakdown	7.8	6.3	7.0	5.7	6.1	6.4	7.0	7.3	5.5
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	19	19	19	19	19	19	19	19	19



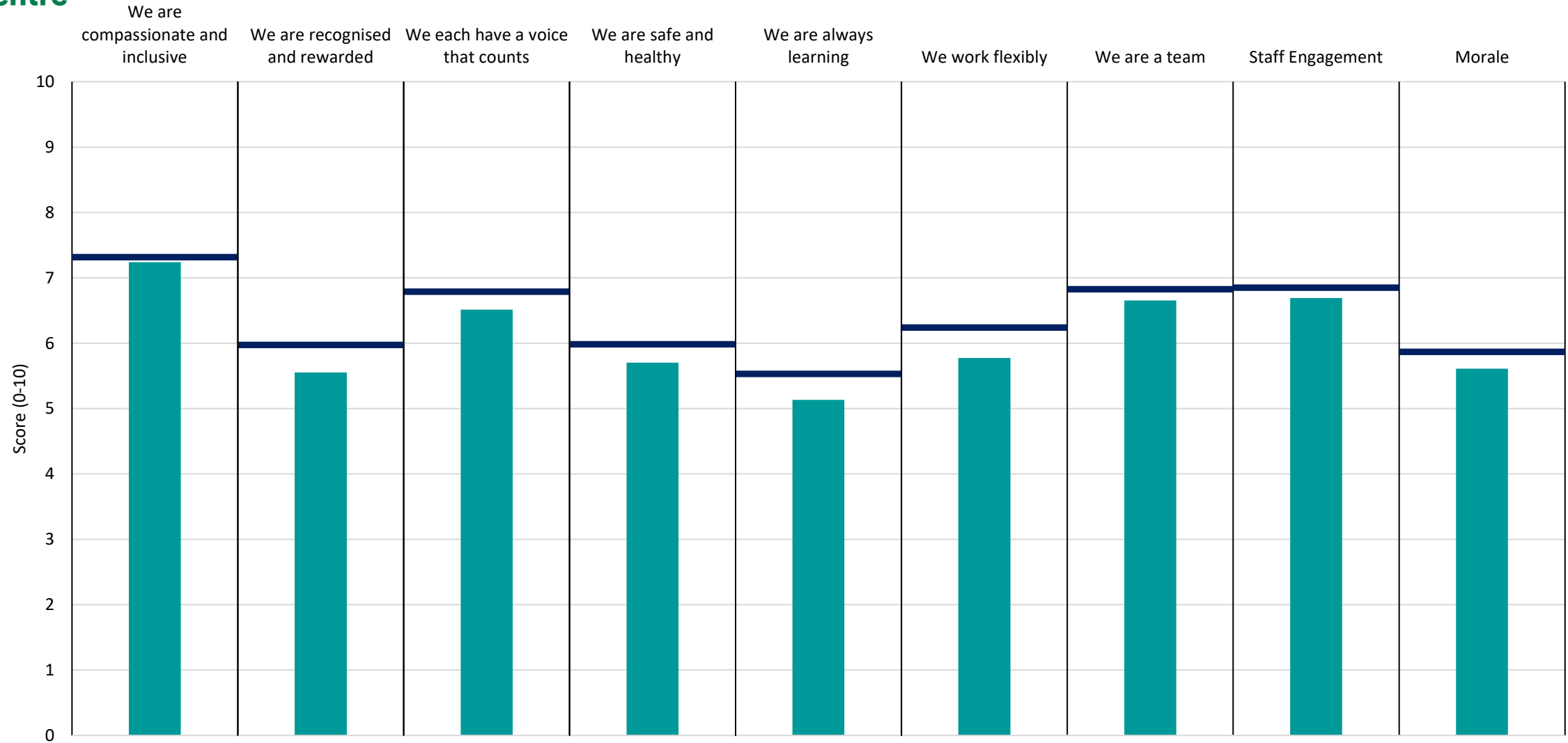
Breakdown	7.2	5.8	6.6	5.4	6.0	6.2	6.7	6.6	5.5
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	47	46	45	45	39	46	47	48	47



Breakdown	7.0	5.6	6.5	5.7	5.1	5.8	6.5	6.6	5.7
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	89	91	87	86	87	90	90	91	91



Breakdown	8.0	7.2	7.7	7.3	5.9	8.2	7.7	7.9	7.1
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	66	66	64	63	60	65	65	66	66



Breakdown	7.2	5.6	6.5	5.7	5.1	5.8	6.7	6.7	5.6
Your org	7.3	6.0	6.8	6.0	5.5	6.2	6.8	6.8	5.9
Responses	111	111	111	110	109	111	111	111	111

Report to:	Public Board
Date of Meeting:	06/04/2023
Title of Report:	Quality Committee January 2023 Summary Report
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	N/A
Lead Executive Director:	Chief Nursing Officer
Author:	Ian James NED and Quality Committee Chair
Documents covered by this report:	N/A
1. Purpose of the report	
The Trust Board is asked to receive and note this summary of items discussed	
2. Recommendation(s)	
For information.	
3. Executive Director Opinion¹	
N/A	
4. Please tick box for the Trust's 2022/23 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input checked="" type="checkbox"/> Improve the experience of patients receiving care by improving our clinical communication</p> <p><input checked="" type="checkbox"/> Improve patient safety through implementing change as we learn from incidents and complaints across our system</p> <p><input type="checkbox"/> Reduce waiting times for diagnostics, elective and cancer care</p> <p><input type="checkbox"/> Develop a new integrated model for urgent care in Herefordshire improving access times and reducing demand for hospital care</p> <p>Integration</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Reduce health inequalities and improve the health and wellbeing of Herefordshire residents by utilising population health data at primary care network level</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Join up care for our population through shared electronic records and develop a patient portal to transform patient experience</p>	<p>Sustainability</p> <p><input type="checkbox"/> Create sufficient Covid-safe operating capacity by delivering plans for an ambulatory elective surgical hub</p> <p><input type="checkbox"/> Stop adding paper to medical records in all care settings</p> <p><input type="checkbox"/> Reduce carbon emissions by delivering our Green Plan to reduce energy consumption and reduce the impact of the supply chain</p> <p><input type="checkbox"/> Increase elective productivity by making every referral count, empowering patients and reducing waste</p> <p>Workforce and Leadership</p> <p><input type="checkbox"/> Improve recruitment, retention and employment opportunities by taking an integrated approach to support worker development across health and care</p> <p><input type="checkbox"/> Develop our managers' skills and system leadership capability</p> <p><input type="checkbox"/> Continue to improve our support for staff health and wellbeing and respond to the staff survey</p> <p><input type="checkbox"/> Further develop place-based leadership and governance through the one Herefordshire Partnership and Integrated Care Executive</p>

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.

Quality Priorities 2023/24

Committee had a full discussion about what our Quality Priorities should be for the coming year, with the usual challenges posed by the focus we are giving to quality across so many service areas alongside the need to have a manageable number of priorities that the Committee can give particular emphasis to over the next 12 months. I think we have the balance right and we will of course continue to scrutinise the wider range of quality challenges as part of our normal business.

CQUINS 2023/24 (Commissioning for Quality and Innovation)

Committee agreed our CQUINS for 23/24 following discussions between Trust and the Herefordshire and Worcestershire ICB. The 5 selected continue our quality focus on pressure ulcers and nutrition, recognise our recent Serious Incident challenges around recognising and responding to deteriorating patients, support our recovery work in Urgent and Emergency Care by focussing on our response to frailty and give a new impetus to our work to improve communications with community pharmacists about changes to medicines for discharged patients.

Quality Priority – Infection Prevention

Committee received 3 reports detailing aspects of the Trusts work to improve Infection Prevention:

- The Quarter 3 Update Report
- The Infection Prevention Improvement Plan
- The Quarter 3 Cleanliness Report

We noted in particular: our C-Diff rates are essentially in line with target set for the Trust at the start of the year and our relative position compared to other Trusts as improved significantly, though we continue to discuss reporting with data leads regionally and nationally to ensure consistency or reporting and data comparisons. Following our NHSE inspection in October we approved a revised Infection Prevention Improvement Plan. This brings together all actions into 1 Plan and has been developed working with NHSE. Committee welcomed the opportunity to work with regional colleagues on our infection prevention work. Finally our recently introduced Cleanliness Audits are still bedding-in but are starting to show an impact with scores improving through the year.

Quality Priority – Medicines Safety

Committee received the update report from the Medicines Safety Committee and welcomed in particular that the electronic prescribing system (EPMA) is now able to report on where there have been missed doses of medication. While challenges remain in interpreting and using the data to best effect in supporting improvements, this is an important development. Concerns about pharmacy staffing levels continue and we were updated about the initiatives underway including with the ICS and wider partners to mitigate this risk.

Quality Priority - Mortality Report

Committee was pleased to note the overall improving situation with regard to the Trust's relative scores against the mortality indices

Colposcopy Update Report

Committee received the 6-monthly update and was pleased in particular to note the improved performance for waiting times with all KPI's met. We also noted staffing challenges in histopathology that are impacting on some reporting times and asked for further information in future reports about any delays in patients being offered treatment dates.

Quality Priority – Maternity - Perinatal Quality Surveillance Model (PQSM) Report

Committee received an update report and noted the positive move to include focus on MDT ward rounds within the monthly audits but noted that records are showing that these may not be happening routinely. This maybe lack of recording but Committee asked for further feedback for assurance purposes.

Quality Priority – Maternity – CQC Maternity Survey

Committee received a summary of the results from the survey carried in February 2022 which showed a spread of scores broadly comparable with other Trusts, with strengths in many areas particularly antenatal care and areas as well as areas we should focus on for improvement including post-birth mental health support and support and advice at the start of labour.

Quality Priority – Patient Experience

Committee received a comprehensive update on patient experience and noted in particular the good work to improve 'Friends and Family' feedback using text-messaging and plans to use this in other areas too. Committee also welcomed the work to "get ahead" of the annual national in-patient survey by carrying out our own mini-surveys using volunteers. The report included a detailed analysis of complaints responses and indicated potential to improve our response times if we can use good practice in some areas to support improvements in others.

Patient Safety Committee Summary Report

Discussion focussed on the work to further strengthen procedures following the never event concerning the nasogastric tube.

WYE VALLEY NHS TRUST
Minutes of the Quality Committee
Held on 26 January 2023 at 1.00 – 3.00 pm
Via MS Teams

Present:

Ian James	IJ	Committee Chair and Non-Executive Director
Lucy Flanagan	LF	Chief Nursing Officer
Jane Ives	JI	Managing Director
Frances Martin	FM	Non-Executive Director
David Mowbray	DM	Chief Medical Officer
Grace Quantock	GQ	Non-Executive Director
Nicola Twigg	NT	Non-Executive Director

In attendance:

Sarah Ashwood	SA	Matron for Quality and Safety
Lynne Carpenter	LC	Quality and Safety Matron
Robbie Dedi	RD	Deputy Chief Medical Officer
Ingrid Du Rand	ID	Associate Chief Medical Officer, Research and Development – For Item 4
Kirstie Gardner	KG	Named Nurse Children In Care - For Item 5
Val Jones	VJ	Executive Assistant (for the minutes)
Emma Lunn	EL	Advanced Practitioner MHA, MCA – For item 5
Vicky Morris	VM	Non-Executive Member, Integrated Care Boards Representative – Observing
Carron Shelley	CS	Named Nurse Safeguarding Children – For item 5
Rachael Skinner	RS	Integrated Care Boards Representative – Arrived during Item 4 (technical issues)

The Non-Executive Member, Integrated Care Boards Representative introduced herself and gave the background to her role. She was observing the meeting to add value to the QRD meeting and to prevent duplication at these and Quality Committee meetings.

QC001/01.23

APOLOGIES FOR ABSENCE

- (a) Due to operational pressures, Divisional Teams were stood down from attending.
- (b) Apologies were received from Natasha Owen, Associate Director of Quality Governance.

QC002/01.23

QUORUM

The meeting was quorate.

QC003/01.23

DECLARATIONS OF INTEREST

There were no declarations of interest received.

QC004/01.23	<u>MINUTES OF THE MEETING HELD ON 15 DECEMBER 2022</u>	
	Resolved – that the minutes of the meeting held on 15 December 2022 be confirmed as an accurate record of the meeting and signed by the Committee Chair.	
QC005/01.23	<u>ACTION LOG</u>	
	<p>(a) The Chief Nursing Officer (CNO) advised of the commitment agreed at the Nurse Agency Reduction Programme (NARP) meeting, and previously at the Quality Committee, to reduce the use of Registered Mental Health nurses (only a limited number of nurses are available). The CNO shared a graph from the NARP Performance Report on agency reduction, which will be included in the papers for the Board of Directors meeting. It has been agreed that the mental health team will be available Monday to Friday during core hours to provide support and advice on management of individual patients.</p> <p>(b) QC017/06.22 – (B) – Serious Incident Presentation – Radiology Cluster Review - The Deputy Chief Medical Officer (DCMO) confirmed that no incidents have been reported. The update on whether we are still seeing any incidental cancer findings not urgently flagged and communicated to the referring Clinicians is now delayed until April as the CRIS system did not go in until the end of the year. This system will enable more up to date reporting.</p> <p>(c) QC012/10.22 – (B) – Workshop – Review of Committee - A workshop including the Chief Medical Officer (CMO), DCMO and Associate Chief Medical Officer, Clinical Support Division is being held to discuss the new reporting format. Proposals will be provided to the March Quality Committee meeting.</p> <p>(d) QC017/11.22 – (C) - Perinatal Mortality Review – As this had previously been presented, it was agreed to close this action.</p> <p>(e) QC019/11.22 – (B) – Any Other Business – The draft Quality Priorities 2023/24 will be presented to the February Quality Committee meeting.</p>	<p>RD/KL</p> <p>LF</p> <p>LF</p>
	<p><u>Resolved – that:</u></p> <p>(A) The Action Log be received and noted.</p> <p>(B) The update on whether we are still seeing any incidental cancer findings not urgently flagged and communicated to the referring Clinicians will be presented to the April Quality Committee meeting.</p> <p>(C) The Chief Nursing Officer will suspend Divisional Reports until the new format is agreed with proposals being presented to the March Quality Committee meeting.</p>	<p>RD/KL</p> <p>LF</p>

	(D) The draft Quality Priorities 2023/24 will be presented to the February Quality Committee meeting.	LF
	BUSINESS SECTION	
QC006/01.22	<u>RESEARCH AND DEVELOPMENT QUARTERLY UPDATE REPORT</u>	
	<p>The Associate Chief Medical Officer, Research and Development (ACMORD) presented the Research and Development Quarterly Update Report and the following key points were noted:</p> <ul style="list-style-type: none"> • There have been a lot of changes since the ACMORD started in post with Covid bringing many of these to the forefront. • We currently have twenty one studies open in ten different specialities along with ten studies in the process of being set up. • It is very positive to advise that we have opened an Oncology Commercial Trial – this is one of our priorities set. • We are looking to set up further Commercial Trials which have added financial benefits and strengthens the portfolio of the Trust. • Recruitment – There are no concerns around this and we are almost back to pre Covid numbers. There was a dip during December and January, but this was a reflection of our clinical demand. We are still continuing to recruit to trials. • Flu Viral Trial – We are struggling to open this trial. The main issue is around the lack of Pharmacists. • There is a well-established team with a well-staffed nursing team (3.5WTE) with a number of studies open with a high number of patients recruited. • There are strong links with the Research Network and within the Foundation Group. The financial infrastructure will remain the same for 2023/24. • Rural and disadvantaged communities are a priority for inequitable access. • REMAP – CAP Trial – Lack of Pharmacy cover is of concern. There are currently nine intervention trials open which require Pharmacy cover and approval. There has been a thorough review of the process to ensure that the trials are safe. There has been no need to pause or cancel any trials. However, there is concern around opening up further trials that require Pharmacy time. We are re-evaluating the situation with the concern that we may be excluding patients in Herefordshire if we do participate in some of these trials due to this issue. Alternative options of using a Pharmacy Technician or Locum or distant Pharmacy are being explored. 	

- Radiology reporting time is a second risk for Oncology trials due to lack of capacity. Some Trusts are outsourcing their screening due to this issue.
- We are redeveloping and reviewing our Research Strategy. This is currently in draft format but will be presented to a future meeting for review.
- A Research Policy is being written to look specifically at bringing in new technology and the process around this. The plan is to develop the Strategy first and then the Policy, which again will be brought back to a future meeting.
- Mr James (Chair of the Quality Committee and NED) noted that we are the ninth highest Trust in the Region for overall recruitment which is very positive given our size.
- The Managing Director queried how much broader the Research Strategy will be in terms of including Nursing and Midwifery staff and Allied Health Professionals. The ACMORD confirmed that the plan is to include all staff groups with research. Traditionally it has always been Consultant led whereas we want other team members to take up research. We are actively engaging with all healthcare groups. The Policy will be designed to define the process more clearly and to make research more accessible for all staff.
- The DCMO questioned whether Middle Grades are being considered to be used for a research post. The ACMORD advised that they are reviewing whether we could have a Joint Fellow in Research and Education along with discussions with University Hospitals Birmingham. This would need to be at a F3 level at least to attract more Middle Grade Fellows. Initially we need to have the finances for a Pharmacist and these costs may be more than we currently have monies for. If we are able to open more Commercial Trials in the future this may then be possible.
- The Integrated Care Boards Representative agreed with the need for Research and Development leadership which is very important and also attracts more interest in the post.
- Mr James (Chair and NED) noted that a lot is being done across Place but the challenge is around how we use the opportunities to bring Research and Development to new interventions that are being brought in. The ACMORD advised that we are looking within the consortium to research vehicles to deliver research along with Public Health involvement, eg with smoking cessation and weight loss. We have put a bid in for financial support but there are a large number of requests for this resource.
- The CMO advised that our ambition is to have research activity in all areas but ideally joint academic hosts if this can be achieved. This is being included in our Research Strategy. We now have links with University of Warwick which may give us more access to studies.

	<p><u>Resolved</u> – that the Research and Development Quarterly Update Report be received and noted.</p>	
<p>QC007/01.23</p>	<p><u>QUARTER 3 2022/23 SAFEGUARDING REPORTS</u></p>	
	<p>The Named Nurse Safeguarding Children (NNSC), Named Nurse Children in Care and Advanced Practitioner Mental Health Act, Mental Capacity Act presented the Quarter 3 2022/23 Safeguarding Reports, which were taken as read, and the following key points were noted:</p> <p><u>Named Nurse Safeguarding Children</u></p> <ul style="list-style-type: none"> • The safeguarding workload has remained unabated. Despite these pressures, staff are ensuring attendance at meetings and supervision levels are being kept at the required level. • Child Protection Plans remained fairly steady through this quarter. We are in a better position with numbers than we were a year ago. These are manageable but still higher than we would want. • Domestic Abuse – We track all cases referred – just over 1200 this quarter. A process is in place to ensure information is passed onto practitioners. • There is a possibility of monies being found for a Domestic Abuse Lead across the Trust for Adults and Children. This is an important role to support with the Domestic Abuse Act. • Training – Level 3 training numbers are slightly down, especially in the Emergency Department (ED) due to current pressures. Therefore the team are visiting ED on a regular basis to pick up on any issues or areas to discuss. • Board Training – This has been refreshed following the recent changes with a simplified process to review when staff leave and arrive. There are no concerns around this. • The number of LADO cases are increasing slightly – five in the last quarter. • Challenges – There has been an increasing workload within the MASH Health Practitioner role which is being closely monitored by the Safeguarding Children Team. Across the board, there has been an uplift in resource for Children’s Social Care and Police due to this increase, but not for health. We are working with the Integrated Care Board ((ICB) who have offered some support. Unfortunately the current model offer is not working and we are working with the Head of Safeguarding, ICB regarding this. • Capacity – We have been at 40% for some time now due to sickness within the team. It is a credit to the team that they are continuing to keep on top of issues despite this. The team are working with the CNO and the Associate CNO around this. 	

- There are continuing challenges around Children’s Social Care regarding the escalation of cases and processes which has been escalated and is being monitored. The team are working with the Associate CNO around this.
- The CNO noted that the Children Safeguarding team are very small but deal with a very complex caseload. Early Help Assessments (EHA) are increasing which is good – the threshold in Herefordshire for suggested numbers on plan are too high and therefore a suggestion that EHA is not being used when it should be - so rising EHA numbers and a drop in child protection plans are a good indicator. The NNSC advised that there are a number of changes being made in the Early Help System to help increase numbers including a telephone number for self-referral and professionals to use.
- The CNO and the CMO attended a second Partnership Summit last week where the Eleanor Brazil Report was discussed, the report is due to be published soon.
- The CNO advised that she is planning to shadow the MASH as a “fresh pair of eyes” as MASH is viewed as being under resourced and could possibly work more effectively.
- The CNO highlighted the extreme volume of children that our Community Teams are responsible for. An internal Finance & Performance Executive meeting is being set up to look at performance. The CNO and CMO are in discussion with the Local Authority to produce a simple dashboard to ensure that all partner agencies are sighted on the issues.
- The Managing Director questioned if the NNSC felt that there was good engagement and how the improvement journey was going. The NNSC confirmed that there was good support for the team from the CNO and Associate CNO. This issue is also a standing item on the Overarching Safeguarding meeting. We may need to escalate certain elements but the NNSC was confident of the processes in place. The team are aware of any issues and ensure that we get collective responses to forward onto a higher level. The Managing Director agreed that we want to work in partnership with services for children but we need to ensure that the next OFSTED and any future reviews following the Eleanor Brazil Report are not critical of our services.
- The CNO advised that the difficulties of such a small Safeguarding Team attending a plethora of meetings was raised at the first part of the recent Summit. This will be raised with the Corporate Director, Herefordshire Council to ensure that this is being reviewed The CMO offered his support escalating this issue where needed to ensure that this is resolved.

	<ul style="list-style-type: none"> • The Integrated Care Boards Representative agreed that conversations need to be held with high level decision makers. She has not yet seen the report, but expected that a lot more work will be required. <p><u>Named Nurse Children In Care</u></p> <ul style="list-style-type: none"> • There are a high number of children in care – 407 in total (an increase of 37 compared to the same period last year). There has also been an increase in the number of unaccompanied asylum seeking children. • Initial Health Assessments continue to be a significant challenge. There were twenty nine children new in care from November to date. There are a number of meetings being held around this issue. • Clinic capacity is very difficult to judge, especially for Children In Care awaiting their medical consents. Clinics are therefore being filled with other children requiring appointments. However, we are expecting a large number of children requiring appointments once the medical consents are completed. • Support is being offered from the CNO, Associate CNO and the ICB. • There are high sickness rates within the nursing staff. There has been an associated slight reduction in Health Assessments due to this and other issues. • The CNO questioned if there is signposting and pathways for support for children and young people after completing the Strengths and Difficulties questionnaire. The Named Nurse Children In Care advised that this is an area that requires improvement and further resources. • The CNO has sent a copy of the CLA and Child Safeguarding reports to the Corporate Director, Herefordshire to advise that this issue has not been resolved as he understood that there were no issues with Initial Health Assessments or medical consents. • The Managing Director questioned if the numbers of children coming through the system had the correct consent in place, would we have the capacity to see them. The Named Nurse Children In Care believed overall we would have capacity but this would depend on the number of these clinics already booked with children for other reasons. • The Managing Director queried with the range of issues identified, if these were being formally discussed. The CNO advised that she is liaising with the Corporate Director, Herefordshire Council but queried whether these issues should also be raised with the Chief Executive, Herefordshire Council. It was agreed that the CNO and Mr James (Chair and NED) will discuss this option of ensuring good partnership outside of this meeting. 	<p>LF/IJ</p>
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	<p><u>Adult Safeguarding</u></p> <ul style="list-style-type: none"> • There were high numbers of Adult Safeguarding referrals received in Quarter 3 – a total of 168. • Consistently patients are more complex with an increase in domestic abuse cases. There also continues to be more issues with self neglect, carer strain and gaps in Social Care. • We continue to deliver additional Mental Capacity Act training above mandatory training. This has been rolled out from September and has been well received with positive feedback. There is an issue with medical staff attending. • Mandatory training figures have dipped during Quarter 3 but are consistent. • Positively, more staff are approaching the team for advice and we continue to have a clinical presence on the wards for staff to discuss any complex issues. • There is no further update on the implementation of the Liberty Protection Safeguards. This has been out for consultation with draft guidelines originally expected at the end of winter but these are now not expected until the end of March. This date may be delayed further. • The CNO advised that the Mental Health Trust provide Learning Disability Nurse support through a Service Level Agreement (SLA). The SLA is for 1 WTE band 6, however they provide more cover than we are currently paying for. The Mental Health Trust now want to operate only within the context of the SLA. The CNO has asked for a Capacity and Demand exercise to outline the implications of a scaled back service, the service we currently receive and any gaps associated with this. The results of this will be discussed at the Executive Directors meeting and potentially the Trust Management Board depending on the outcome. • Ms Quantock (NED) questioned, in regard to the increase in self neglect, what is our approach to preventing this and are we ensuring best practice. The Advanced Practitioner, MHA, MCA advised that each patient is reviewed on a case by case basis. In Herefordshire we have a Complex Adult Risk Management meeting where patients are discussed. Any one is able to initiate this process with all services involved including the patient themselves. 	
	<p><u>Resolved – that:</u></p> <p>(A) The Quarter 3 2023/23 Safeguarding Reports be received and noted.</p>	

	<p>(B) Meeting to discuss the option of formally discussing the issues around Children In Care with the Chief Executive, Herefordshire Council.</p>	<p>LF/IJ</p>
<p>QC008/01.23</p>	<p><u>QUALITY PRIORITY – MORTALITY REPORT</u></p>	
	<p>The CMO presented the Quality Priority – Mortality Report and the following key points were noted:</p> <ul style="list-style-type: none"> • There is good news to report overall with mortality figures continuing to drop. Both the HED data (more up to date figures but not used for official figures) and the national figures (come out later, six month lag) are reducing. • Crude Mortality – Since October, this has been rising and therefore a deterioration in figures may show in the next few months. • For Out Of Hospital and Palliative Care there are two codes that can be used. One alters the outcome of expected death (specialist palliative care or non-specialist palliative care). The way that we are coding our patients means that our numbers are higher than they should be. • Perinatal figures continue to be reassuring. However, the MBRRACE Report shows us as amber (5% or above or below the average). This is due to being compared with Scandinavia’s figures. The CMO was confident that we are on track for the reduction in figures as per the national standards. • Medical Examiner services continue on track with the countywide Medical Examiner service starting in April. • Mr James (Chair and NED) queried how we are progressing with the outliers for our SHMI rates. The CMO advised that these areas were included in the report with a deep dive being carried out into Fractured Neck of Femur and Stroke. • Mr James (Chair and NED) noted that we perform well nationally for MBRRACE but are in the amber category when benchmarked. The CMO advised that we are the 7th best Trust in the country for our MBRRACE figures which is especially positive for a small Trust that also delivers 30 weekers, which is unusual. • The Managing Director queried how variable the MBRRACE figure is. The CMO advised that this is reported every few years, with the latest figures from 2020. • The Managing Director questioned when the results from the Stroke audit will be available. The CMO confirmed that this will be available for the February Quality Committee Report. 	<p>DM</p>

	<ul style="list-style-type: none"> The Managing Director noted the Crude Mortality Chart within the report which showed the increase in October which is due to a number of factors, eg flu, delays in patients getting to the Trust due to ambulance delays, but still shows that our numbers are significantly lower than nationally and across the ICS. The Managing Director queried if we are having a higher than normal number of deaths in ED due to the waits or if the numerators are too low. The DCMO has asked for this to be reviewed. We are trying to identify the mortality of those patients that have died rather than being admitted. The crude mortality figures do not look much different compared to those who are admitted or not. The CMO noted that comparative data with Worcester would be useful to review. The Integrated Care Boards Representative was in conversation with Worcester around their excess mortality and therefore agreed this would be an appropriate conversation to have. The Non-Executive Member, Integrated Care Boards Representative will discuss at the QRD meeting around comparing different mortality reviews and outcomes and what this is telling us as a system. 	<p>VM</p>
	<p><u>Resolved</u> – that:</p> <p>(A) The Quality Priority – Mortality Report be received and noted.</p> <p>(B) The results from the Stroke audit will be available for the February Quality Committee Report.</p> <p>(C) The Non-Executive Member, Integrated Care Boards Representative will discuss at the QRD meeting around comparing different mortality reviews and outcomes and what this is telling us as a system.</p>	<p>DM</p> <p>VM</p>
<p>QC009/01.23</p>	<p><u>CQC INSPECTION AND ACTION PLAN</u></p>	
	<p>The CNO presented the CQC Inspection and Action Plan and the following key points were noted:</p> <ul style="list-style-type: none"> The inspection was held on 12 October with the final publication on 21 December. It is very positive that the Safety, Well Led and overall rating for Surgical Specialities has been lifted from inadequate to “requires improvement”. There are a relatively small number of “must” dos with the actions associated with these included in the report along with a small number of “should” dos. At the last Board of Directors meeting, it was proposed that the Quality Committee have oversight of the action plan with a quarterly review. Many actions are already included in our Quality Priorities and discussed as business as usual as well. 	

	<ul style="list-style-type: none"> It was noted that further clarity from the Care Quality Commission was required in relation to the following broad statement – “The provider must ensure that systems for monitoring quality of care are effective to identify risks and drive improvements (Regulation 17 (2)(a)(b))” as this was felt to be a very broad statement and therefore difficult to write an action against. 	
	<u>Resolved</u> – that the CQC Inspection and Action Plan be received and noted.	
QC010/01.23	<u>PQSM REPORT</u>	
	<p>The Matron for Quality and Safety (MQS) presented the PQSM Report and the following key points were noted:</p> <ul style="list-style-type: none"> There was one late miscarriage in November. The family are being supported by the Bereavement Midwife. A recent HCA Inspection recommended a review of our training and competency package for Clinicians undertaking perinatal and post mortem consent. The Obstetric team have completed on-line training but not the competency learning. The Paediatric team have also been asked to complete this training. Staffing issues continue with no real change. There were two complaints received during December. Communication, clinical care and staff attitudes will be added to the theme of the month as they are recurrent themes. There were two incidents that required Obstetric Consultant attendance, one of which is now a Serious Incident. The MQS provided the background to these incidents. The CMO queried if the Obstetric Emergency update is being implemented in terms of when to put out an emergency call. The MQS advised that we were hoping to be part of a pilot for Trusts for research around this but we are too small a Trust to be part of this. The change to national protocol will mean a big change to current practice. 	
	<u>Resolved</u> – that the PQSM Report be received and noted.	
QC011/01.23	<u>CLINICAL EFFECTIVENESS AND AUDIT REPORT</u>	
	<p>The CNO presented the Clinical Effectiveness and Audit Report and the following key points were noted:</p> <ul style="list-style-type: none"> Due to operational pressures, the attendance and agenda were reduced. A review of CQUINS performance for Quarter 2 was undertaken which included flu, lower leg healing rates, pressure ulcers, MUST scores and malnutrition. 	

	<ul style="list-style-type: none"> • It was highlighted that the Trust did not achieve the flu target which is below trajectory and is a common theme for a number of Trusts. • The MUST, lower leg healing rates and pressure ulcer targets were achieved. No surgical cases met the criteria, hence a nil return. • We are struggling with the “Treatment of community acquired pneumonia in line with care bundle” CQUIN. A lengthy discussion was held around this. • The DCMO advised that we have to complete all domains to achieve this with one area – recording the severity of pneumonia – only useful to record when a patient is being discharged and patients less likely to be scored on this when admitted. This is completed manually. Some of the other factors in the CQUIN are more clinically useful, with all other areas of the CQUIN being achieved. • Mr James (Chair and NED) queried why the Trust signed up to this CQUIN if we are not able to achieve it. The DCMO advised that it was felt useful as we have high mortality rates for our patients with pneumonia. Most domains are useful to try and achieve. We need to agree on how we provide the narrative around this if we are criticised for not achieving this. • The Managing Director questioned if this has made a difference to our mortality figures, which is the objective. The DCMO advised that it is difficult to know. It has added focus and discussions and therefore improved practice and visibility of this issue. The CMO advised that historically our SHMI for pneumonia has been extremely high and has proven to be a difficult outlier group to reduce, but which has recently improved, but it is difficult to pinpoint the reason for this. • A meeting is being held with the CMO, CNO, DCMO and Associate CMO, Clinical Support around our CQUINS for 2023/24 which will be on the next Quality Committee agenda. • NICE compliance was discussed along with the Standard Operating Procedure for Care of the nephrostomy patient and Delivering thrombolysis for inpatient stroke presentations being approved. 	LF
	<p><u>Resolved</u> – that the Clinical Effectiveness and Audit Report be received and noted.</p>	
	<p><u>CONFIDENTIAL SECTION</u></p>	
QC012/01.23	<p><u>SERIOUS INCIDENT REPORT</u></p>	
QC013/01.23	<p><u>HTA VISIT – MORTUARY REPORT AND ACTIONS</u></p>	
QC014/01.23	<p><u>ANY OTHER BUSINESS</u></p>	

QC015/01.23	<u>DATE OF NEXT MEETING</u>	
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Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
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
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
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
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