NHS
The Princess Alexandra Hospital
NHS Trust

AGENDA
Public meeting of the Board of Directors

Date and time: Thursday 4 April 2024 at 09.30 – 13.00
Venue: Kao Park Boardroom

	Item	Subject	Action	Lead	
01 Opening administration					
09.30	1.1	Apologies	-	Chair	
	1.2	Declarations of Interest	-	Chair	
	1.3	Minutes from previous meeting	Approve	Chair	4
	1.4	Matters arising and action log	Review	All	15
09.35 Staff Story: Project SEARCH (Supported Internships)					
02 Chair and Chief Executive's reports					
10.00	2.1	Chair's report	Inform	Chair	16
10.05	2.2	CEO report	Inform	Chief executive	23
03 Risk					
10.20	3.1	Corporate risk register	Review	Medical Director	32
10.30	3.2	Board assurance framework 2023-24 *Diligent Resources: BAF 2023/24*	Review/ Approve	Head of Corporate Affairs	38
04 Patients					
10.35	4.1	Report from Quality and Safety Committee Part 1 26.03.24	Assure	Committee Chairs	42
10.45	4.2	Maternity Report/s: • Serious Incident (SI) report	Assure	Chief Nurse/ Director of midwifery	48
10.55		Opportunity for members of the public to ask questions about the board discussions or have a question answered			
11.00		BREAK 11.00 -11.10			
11.10	4.3	Nursing, midwifery and care staff levels	Assure	Chief Nurse	52
11.20	4.4	Learning from deaths (Mortality) *Diligent Resources: Telstra: PAH Mortality Insights*	Assure	Medical Director	58
11.30	4.5	Electronic Health Record	Assure	Chief Information Officer	61
05 People					
11.40	5.1	Report from People Committee 25.03.24	Assure	Committee Chair	65

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11.45	5.2	Staff Survey Results	Discuss	Director of People	68
11.50	5.3	Fit and Proper Persons	Assure	Director of People	Verbal
06 Performance/pounds					
11.55	6.1	Report from Performance and Finance Committee 28.03.24	Assure	Chair of Committee	77
12.00	6.2	Draft Annual Operating Plan	Review	Director of Finance	84
12.10	6.3	Finance update	Assure	Director of Finance	88
12.20	6.4	Integrated performance report (IPR)	Discuss	Chief Information Officer	99
	6.5	Opportunity for members of the public to ask questions about the board discussions or have a question answered			
07 Strategy/Governance					
12.30	7.1	Report from Strategic Transformation Committee 25.03.24	Assure	Chair of Committee	114
12.35	7.2	Report from Senior Management Team: Meetings held in March 2024	Assure	Chair of Committee	117
12.40	7.3	Establishment of Leadership Management Team and Terms of Reference	Approve	Head of Corporate Affairs	118
12.45	7.4	Corporate Trustee: Report from CFC.15.03.24	Assure	Trust Chair	122
	8.1	Opportunity for members of the public to ask questions about the board discussions or have a question answered.			
09 Closing administration					
	9.1	Any unresolved issues			
	9.2	Review of Board Charter			
	9.3	Summary of actions and decisions	-	Chair/All	
	9.4	New risks and issues identified	Discuss	All	
	9.5	Any other business	Review	All	
	9.6	Reflection on meeting *(Is the Board content that patient safety and quality has been considered and there was evidence of good governance)*	Discuss	All	
12.55		Close			

Date of next meeting: 6 June 2024

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The Princess Alexandra Hospital
NHS Trust

Purpose:			
The purpose of the Trust Board is to govern the organisation effectively and in doing so to build public and stakeholder confidence that their health and healthcare is in safe hands and ensure that the Trust is providing safe, high quality, patient-centred care. It determines strategy and monitors performance of the Trust, ensuring it meets its statutory obligations and provides the best possible service to patients, within the resources available.			
Quoracy:			
One third of voting members, to include at least one Executive and one Non-Executive (excluding the Chair). Each member shall have one vote and in the event of votes being equal, the Chairman shall have the casting vote.			
Board Membership and Attendance 2024/25			
Non-Executive Director Members of the Board (voting)		**Executive Members of the Board (voting)**	
Title	**Name**	**Title**	**Name**
Trust Chair	Hattie Llewelyn-Davies	Chief Executive	Lance McCarthy
Non-executive director (SID)	George Wood	Chief Nurse	Sharon McNally
Non-executive director	Colin McCready	Chief Operating Officer	Stephanie Lawton
Non-executive director	Elizabeth Baker	Medical Director	Fay Gilder
Non-executive director	Darshana Bawa	Director of Finance	Tom Burton
Associate Non-executive director	Oge Austin-Chukwu	**Executive Members of the Board (non-voting)**	
Associate Non-executive director	Anne Wafula-Strike	Director of Strategy	Michael Meredith
Associate Non-executive director	Dr. Rob Gerlis	Director of People	Gech Emeadi
		Director of Quality Improvement	Jim McLeish
		Chief Information Officer	Phil Holland
Corporate Secretariat			
Head of Corporate Affairs	Heather Schultz	Board & Committee Secretary	Lynne Marriott

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3

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Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**
NHS Trust

Minutes of the Trust Board Meeting in Public at Kao Park
Thursday 1 February 2024 from 09:30 to 12:30

Present:

Hattie Llewelyn-Davis	**Trust Chair (TC)**
Oge Austin-Chukwu (non-voting)	Associate Non-Executive Director (ANED - OA)
Liz Baker (non-voting)	Associate Non-Executive Director (ANED-LB)
Darshana Bawa	Non-Executive Director (NED-DB)
Tom Burton	Director of Finance (DoF)
Ogechi Emeadi (non-voting)	Director of People (DoP)
Rob Gerlis (non-voting) (for part)	Associate Non-Executive Director (ANED-RG)
Phil Holland (for part)	Chief Information Officer (CIO)
Stephanie Lawton	Chief Operating Officer (COO)
Lance McCarthy	Chief Executive Officer (CEO)
Colin McCready	Non-Executive Director (NED-CM)
Jim McLeish (non-voting)	Director of Quality Improvement (DoQI)
Sharon McNally	Chief Nurse (CN)
Michael Meredith (non-voting)	Director of Strategy (DoS)
Anne Wafula-Strike (non-voting)	Associate Non-Executive Director (ANED-AWS)
George Wood (for part)	Non-Executive Director (NED-GW)

In attendance/Observing:

Linda Machakaire	Director of Midwifery (DoM)
Denise Gray	Deputy Director of Midwifery (DDoM)
Ann Nutt	Chair of Patient Panel (CoPP)

Patient Story:

Shahid Sardar	Associate Director – Patient Engagement
Pam Humphrey	Associate Director of Nursing – Surgery & Critical Care

Members of the Public

Mohan Gharial	Member of public
Fran Humphries	General Manager - Medicine

Apologies:

Helen Howe	Non-Executive Director (NED-HH)
Kim Handel	Non-Executive Director (NED-KH)
Fay Gilder	Medical Director (MD)

Secretariat:

Heather Schultz	Head of Corporate Affairs (HoCA)
Lynne Marriott	Board & Committee Secretary (B&CS)

01 OPENING ADMINISTRATION	
1.1	The Trust Chair (TC) welcomed all to the meeting, particularly those members of the public who were in attendance. It was noted that the Chief Information Officer (CIO) would attend at 10:00 to present his two papers but would then depart again to take part in the Future State Validation (FSV) for the new electronic health record (EHR) programme.
1.1 Apologies	
1.2	Apologies were noted as set out above.
1.2 Declarations of Interest	
1.3	No declarations of interest were made.
1.3 Minutes of Previous Meeting	
1.4	The minutes of the previous meeting were approved as an accurate record of the meeting held on 07.12.23 with the following amendment:

1

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**

NHS Trust

	The Chief Nurse (CN) requested that an amendment be made to minute 4.10 so that it read as follows: *'In response then to an offer of support from the CEL, the DoM confirmed she would very much welcome support in terms of supervision in relation to medicines administration for midwifery students and oversight of the current plans'.*

1.4 Matters Arising and Action Log

1.5	There were no matters arising. In terms of the action log the following were noted: <u>TB1.07.12.23/21 – Supervision obligations</u> The Chief Nurse (CN) confirmed that the Clinical Education Lead (non-medical) had linked into Maternity Services so she was content for this action to be closed. <u>TB1.07.12.23/22 – Maternity SIs</u> The CN updated that at the time of reporting, it had been believed there were no avoidable harms. However, one of the two SIs declared in October had now been identified as an avoidable harm and would come back through the Quality & Safety Committee (QSC).
1.6	The action log was noted and members had no comments.

Patient Story: 'The Patient View on Elective Pathways at PAHT'

1.7	The Associate Director of Patient Engagement (AD-PE) introduced the story and informed members its aim was to illustrate the impact of recent Trust work around improvements to elective pathways and in particular theatre productivity. This work had been supported by the GIRFT team. The impact of the work would be demonstrated through the story of a patient.
1.8	The key aims of the programme of GiRFT work had been to support providers and systems to maximise the effectiveness and throughput of their surgical theatres through improvements across the surgical elective pathway. As a result of the work, PAHT orthopaedic pathways had seen significant improvement in theatre touch-time utilisation, and the story presented that day would demonstrate the impact this was having on patients. .
1.9	Board members were then shown a short video-clip of a conversation between the AD-PE and patient (Mr H). Mr H had waited longer than the agreed time for spinal surgery and had finally had his operation for spinal decompression/fusion at PAHT in November 2023. His story highlighted the long waits that patients faced, which was a national issue currently, but part of the Trust's daily work in terms of reducing those waits and getting patients seen and treated.
1.10	Mr H commended the PAHT clinicians involved in their diagnoses and exact plans for surgery but this was against a background of long waits between consultations and cancelled appointments. Managing patients' expectations was key in his mind. However, once a date for surgery was agreed, he highlighted that things had moved quickly in terms of the consent clinic and pre-operative assessment. He admitted he had been very nervous on the day of surgery and had found the long wait on the ward prior to his procedure particularly daunting. However, he highly commended the surgical team for their expertise and capability which he commented was second-to-none and he would not have wanted to undergo surgery at any other hospital.
1.11	In response to the above the Chief Operating Officer (COO) informed members there had been a detailed presentation at the Performance & Finance Committee (PAF) the previous week, on all the work being undertaken by the Trust's Orthopaedic team with the support of the GiRFT team. The team had reviewed the waiting lists and opportunities to reduce those using the GiRFT programme and the result of that had been a significant reduction in length of stay (LoS) for hip and knee patients. A detailed programme of work was now in place to look at pathways and communications with patients on the waiting list with the aim of having no patients waiting over 78 weeks by the end of March 2024. Robust plans were in place to achieve this target by the end of March, with the caveat that there may be additional periods of industrial action which would, impact delivery.

2

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**

NHS Trust

1.12	The TC thanked the COO for her update and added that the GiRFT report had been glowing on the work undertaken by the Trust's Orthopaedic team.
1.13	Associate Non-Executive Anne Wafula-Strike (ANED-AWS) then asked whether there was any more that could be done to support patients with anxiety whilst they waited on the ward on the day of their procedure. The Associate Director of Nursing for Surgery (ADoN-S) responded that There were generally nurses/physios' on the wards to support patients with anxiety. Some patients just wanted time to themselves with no interaction with others directly prior to the procedure. As a final point she added there were currently a number of new nurses joining John Snow Ward who were undertaking some joint work with the clinical nurse specialists in terms of how to manage patients differently.
1.14	In response to the above the Director of Quality Improvement (DoQI) highlighted that a significant amount of work had recently been done around the MSK pathway which would transform waits and pain management which would make patient experience prior to surgery better. The ADoN-S added there was also the 'Waiting Well' community initiative and 'What Matters to You' workshops which had been run by the Trust.
1.15	The TC thanked colleagues for presenting the story. The Trust achievements in terms of the Orthopaedic service were noted along with initiatives to support patients waiting a long time for surgery.
02 Chair and Chief Executive Reports	
2.1 Chair's Report	
2.1	The TC introduced her update and the paper was taken as read. She informed members that Board recruitment was going well and NED Helen Howe would be hugely missed when her NED term came to an end in March. In terms of external stakeholders, she would be joining the Chair of the Patient Panel the following day in the town's Harvey Centre to listen to the views of the local population on the hospital's services, a role which would be repeated by the Chief Nurse at some point in the future.
2.2	In response to a question from NED Darshana Bawa (NED-DB), the TC responded that DNDN stood for the Disabled NHS Directors Network of which ANED-AWS was also a member.
2.2 CEO's Report	
2.3	The CEO presented his report and the key headlines were as follows: **Urgent Care**: As colleagues were aware, the Trust had been under particular pressure over the previous four to five weeks in the ED, seeing an increase in both demand and acuity. There had been two further rounds of industrial action (IA) since the Board had last met which had had a significant impact on the elective backlog. He had spoken at the previous Board about the huge amount of work underway to support patients and flow through the hospital. The UTC was working well and supporting the ED to see patients quickly and colleagues continued to develop and manage same day emergency care by using bed capacity differently including the virtual ward. As alluded to at the last meeting, some tricky decisions had been taken in terms of the use of the discharge lounge to free up bed space in the ED and in terms of managing corridor care in the ED. However some good improvements had been seen particularly in relation to ambulance handover times and improved flow through the ED. Pressures were expected to continue for a good while yet and it remained unclear whether there would be any further periods of IA going forward.
2.4	In response to the above the COO added there had been a letter the previous week from NHSE reminding organisations to make as much progress as possible against the ED four hour standard (76%). The Trust was struggling with this and there had been conversations with the regional team as to where the Trust might land by the end of March. Five key areas had been reiterated and there would be a workshop/webinar with the regional team the following week. The key areas of focus remained: • Streaming, redirection and using alternative pathways, managing rapid assessment (and not over-diagnosing).

3

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**

NHS Trust

	• Maximising use of the UTC and those arriving late. • Ensuring all activity was captured correctly. • Focusing on the immediate handover of patients arriving by ambulance (the Trust was using all available space in ED corridors to support patients). • Timely triage and reducing overall time in the ED if an admission was required.
2.5	In response to the above the TC commented there appeared to be a lot of focus on the UTC and the model of care being used. She suggested therefore the Board should be clear on the impact this service was having on the flow through ED and she asked for a presentation around that at a future Board meeting.
ACTION TB1.01.02.24/24	**Board to receive a presentation on the impact of the new UTC.** **Lead: Chief Operating Officer**
2.6	The COO then informed members that a piece of work that was currently being looked at by the collaborative was the balance between booked appointment slots in the UTC and those patients arriving at the front door, to ensure the right amount of capacity. She undertook to include this information in the presentation mentioned above.
2.7	ANED Oge Austin-Chukwu (ANED-OA) then commended colleagues for their hard work during IA and the fact there had been no serious incidents (SIs). The Chief Nurse (CN) responded that the Trust encouraged the reporting of incidents. These were reviewed by the divisions on a daily basis and anything flagging would be immediately presented to the Incident Management Group. Currently from IA, nothing was flagging in terms of safety which was reassuring.
2.8	ANED Liz Baker (ANED-LB) then asked whether there was any respite for colleagues after IA. The Director of People (DoP) responded there were many Trust initiatives to support staff wellbeing but IA was hard on staff to the point now the ICS was also looking at this. The COO added that there was always a period of recovery required after IA to get back to business as usual. Building in down time was hard given services still had to be delivered.
1009 NED-GW/ANED-RG left the meeting.	
2.9	At this point in the meeting, and given two colleagues had needed to leave the meeting, it was noted that the Board remained quorate. (The quoracy requirement was: *One third of voting members, to include at least one Executive and one Non-Executive (excluding the Chair). Each member shall have one vote and in the event of votes being equal, the Chair shall have the casting vote).*
2.10	**Pay Awards, Pay Reviews and Industrial Action (IA):** The CEO reminded members there was a complex set of pay reviews ongoing and at the time of writing his paper, there had been no output from the BMA in relation to consultant IA. This had now been received and consultants had voted by 51% to 49% not to accept the pay deal offered. The current impact of this was not yet known. A decision was also outstanding in relation to the pay offer which had been made for Speciality and Specialist (SAS) doctors and there were not, as yet, any confirmed dates for IA for any professions. However, junior doctor IA was anticipated before the end of the financial year.
2.11	The CEO added that the nursing pay structure was also under review in terms of whether the pay structure hindered nursing colleagues in their career. The CEO noted that that the financial impact of this along with IA would be picked up at Performance & Finance Committee (PAF). £800m had been made available nationally to all organisations to support with the pre-Christmas element of IA and the Trust had received £3m. This allocation had not covered the full cost of the IA and loss of income as a result, and this had been factored into the financial forecast outturn position. In addition, the Trust had committed, along with all other organisations across the system, to achieve the 4-hour standard, 65 week waiting standard and cancer access standards for the end of 2023/24 aligned with receipt of the additional funding. The HWE ICS system at that point had been projecting a breakeven financial position with significant risk of £7.6m. The additional costs and loss of income from the recent IA had increased the PAHT forecast deficit by £1.5m and the HWE ICS system deficit position by £10.9m.
2.12	**Capital Investment:** Work continued at pace around the new hospital. Since the Board had last met there had been a meeting with the land owners and their agents and colleagues had

4

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**
NHS Trust

	also had early sight of the NHP demand and capacity model. It was important to note that services must continue to be developed and high quality care provided whilst the new hospital was awaited. The new Community Diagnostic Centre (CDC) would support this with a huge opportunity to expand the amount of diagnostic care. There had been a very positive response to a stakeholder event in Epping recently and from an online consultation and it was hoped this service would be open in approximately 12 months' time.
2.13	**Alex Health Implementation**: The CEO updated that good progress was being made with the Trust's new electronic health record (EHR). The current week was an important one in the programme of work (Future State Validation - FSV) when colleagues would see the first cut of what the system looked like. This new system was hugely important for the organisation given the lack of functionality of its current system and the fact the Trust was the highest risk acute hospital currently for EHR. There needed to be recognition there would be a huge amount of transformational change required to support this new system to enable maximum benefits and support the investment being made. It was also a key enabler of the new hospital.
2.14	NED-CM then asked about the new demand and capacity model for the new hospital. The Director of Strategy (DoS) responded that from what had been seen so far, it was excellent and would also be a huge support in terms of ongoing capacity management.
2.15	**Integrated Care Board/Health & Care Partnership:** The ICB continued with the drive towards increased accountability for Health and Care Partnerships from 1 April 2024. The priority areas of focus for the West Essex HCP had been discussed and agreed and the strong focus of the HCP was on ensuring care was provided for patients in the most appropriate setting, with a drive to ensure that the 'out of hospital' models of care were strengthened and developed to support this. The three agreed priorities for the HCP for 2024/25 were 1) Cardiovascular disease 2) Frailty and end of life care and 3) Prevention and out of hospital care.
2.16	At this point the TC reminded members there had been a discussion at the Board's last meeting around Trust staff attending the Oracle Health Conference the previous summer and she asked if there was anything to update. The CEO responded that 16000 people from around the world attended the conference including other NHS Trusts. Colleagues' learning from that event was now starting to show through in terms of the FSV sessions that week and the Board had previously received a presentation on the learning. The new system would have huge benefits for patient safety and integration of data.
2.17	The TC thanked the CEO for his update and noted there would be a future presentation on the UTC, decisions were awaited around further IA, the Board had noted an update on system working and on the new demand and capacity tool for the new hospital programme.
03 RISK/STRATEGY	
3.1 Corporate Risk Register (CRR)	
3.1	This update was presented by the CEO. He informed members that the overall number of risks scoring 15 and above was 44. Of the five risks scoring 20, two were highlighted: • Risk associated with the pharmacy automated dispensing system (score had increased) • Risk that should a hazardous materials incident occur, PAHT will not be able to discharge their duties of decontamination for several people presenting themselves for dry or wet decontamination (new risk) There was one new risk scoring 16 which related to: the risk of harm to patients presenting to PAHT or those having a stroke whilst inpatients at PAHT as the Trust is not a designated stroke centre. .
3.2	In terms of the risk around stroke, the CEO updated that stroke patients were treated and transferred to stroke centres and work was underway to ensure that links to other units were as robust as they could be. The risk had been identified due to an increase in the numbers of patients presenting with a stroke.
3.3	NED-DB asked what would happen if a patient attended with a stroke. The COO responded that the Trust provided stroke services up to 2015/16 but there was now collaborative working

5

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**
NHS Trust

	with Queen's in Romford and ENHT with designated pathways. PAHT could support a stroke patient immediately until they could be transferred out. However this service needed ongoing support so colleagues were now looking at internal pathways and therapy provision. Demand had increased so having the correct wrap-around services in place was important.
3.5	The TC thanked the CEO for his update and confirmed the Board had noted the changes to the Corporate Risk Register.
3.2 Board Assurance Framework (BAF) 2023/24	
3.6	This update was presented by the Head of Corporate Affairs (HoCA) who informed members there were no changes to the risk scores that month. There had been detailed conversations at Board Committees that month, reflected in the Committee reports to Board. She highlighted that there was work underway to develop a new risk for EHR which would be presented to the Strategic Transformation Committee (STC) in March for review/approval.
3.7	The TC thanked the HoCA for her update and the Board noted the development of a new BAF risk around EHR.
4.6 Electronic Health Record (EHR)	
4.1	This update was presented by the CIO. He informed members that the programme was on track for go-live in October 2024 and had achieved some significant mile-stones since the Board had last met. Future State Validation (FSV) had enabled a 'first look' at the new system that week and a key highlight of that work was how much the system would increase the safety and care of patients.
4.2	The CIO continued that FSV would conclude the following day and work would then move to the testing and comms' and engagement phases. The next gateway which was Validate was around the corner, after which the work could move to the 'build and test' phase.
4.3	The CIO continued the programme had some associated risks. The timeline to go-live was critical given the end date of the Cambio contract- and he acknowledged that the training plan was slightly behind plan but plans were in place to catch-up.
4.4	In response to the above ANED-LB commented that the new clinical digital dictation system had been flagged at STC as a key enabler to EHR go-live and she asked if there were other key enablers. The CIO responded there were a number of enablers but cited one example as having sufficient laptops on wheels in ward areas. A programme of work was in place to monitor progress against these key areas.
4.6	The TC then asked how much of a risk would be posed to the timeline in terms of further periods of IA. The CIO responded that IA could potentially impact on the training timetable The TC asked the CIO to address that in his next update to the Board.
ACTION TB1.01.02.24/25	**Next EHR update to Public Board to include mitigations for periods of industrial action up to go-live, and particularly over the summer when staff training was planned. Lead: Chief Information Officer**
4.7	In response to the above the CEO flagged there was a detailed Risks & Issues Log presented to the Programme Board and he asked the CIO to add IA to that.
4.8	In response to the above training conversation, the DoQI highlighted that other operational risks could also impact on the timeline. The TC responded that the Risks & Issues Log should also therefore include any potential operational risks.
ACTION TB1.01.02.24/26	**Industrial action and other potential operational risk impacting on the timeline for implementation to be added to the Alex Health Risks & Issues Log. Lead: Chief Information Officer**
6.3 M9 Integrated Performance Report (IPR)	
6.1	This item was also presented by the CIO who reminded members the report was also discussed in detail at Board Sub-Committees. The key highlights that month were: **Staff Appraisal:** Performance was in special cause variation and starting to see an upturn which was encouraging. **Pressure Ulcers:** The rate of pressure ulcers per 1000 bed days was outside the upper tolerance level for the month of December. The causes were multifactorial and being

6

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**
NHS Trust

	reviewed by the Tissue Viability team and senior leaders. **Ambulance Handovers:** There had been some good improvements in handovers under 15 minutes and a reduction in ambulances waiting over 60 minutes.
6.2	The TC thanked the CIO for his update.
1040 CIO left the meeting as agreed.	
04 PATIENTS	
4.1 Reports from Quality & Safety Committee (QSC)	
4.9	Report from QSC (Part 1) The TC informed members she had chaired this meeting. QSC had received annual reports on End of Life and Organ Donation both of which had been very positive. There had also been an Ophthalmology deep dive and details of the work currently underway to improve performance in that service given current high demand and backlog.
4.10	Report from QSC (Part II – Maternity Oversight) This meeting had been chaired by ANED-RG. One of the key agenda items had been the Maternity Incentive Scheme (MIS) and acknowledgement of the fact the service would be declaring non-compliance with Safety Action 8 (multi-disciplinary training), and noting a big influencing factor here had been IA.
4.11	NED-DB highlighted there had been a previous concern around a spike in PPH towards the end of the year. The CN responded that this had been a one-off spike in October with no particular themes identified and rates were coming down again. For added assurance she was able to confirm that the Patient Safety Group (PSG) would receive an update on massive obstetric haemorrhage in February 2024.
4.2 Maternity Updates	
4.12	Maternity Serious Incidents (SIs) The Director of Midwifery (DoM) presented this update and informed members that no Maternity SIs had been declared in December. Members had no comments/questions.
4.13	Maternity Incentive Scheme (MIS) The DoM informed colleagues that the final position to be declared by 01.02.24 was compliance with nine of the ten safety actions. A recovery position and bid had been submitted in relation to Safety Action 8 (MDT training). She was able to provide assurance however that processes on the ground meant that safety was not being compromised by not having all staff groups fully trained. QSCII had endorsed the final position on behalf of the Board at its meeting on 26.01.24 under delegated authority.
4.14	In response to a question from the TC, it was agreed that the Board would ratify the position in terms of compliance with MIS v5 as endorsed by QSCII. She flagged there had been a request for PAF to consider the financial impact of not achieving the scheme. The DoF responded the organisation wouldn't be penalised instead organisations received a discount on their CNST payments for achieving compliance.
4.15	Maternity Safety & Support Programme (MSSP) This update was presented by the CN who informed members that oversight of this had been via QSCII.
4.16	By way of context the CN reminded colleagues that the Trust had entered the NHS England Maternity Safety Support Programme (MSSP) in 2020 following the Care Quality Commission (CQC) inspection of its maternity services in 2019 and 2021. The key thematic areas raised were maternity staffing, medical culture, maternity triage and governance. The report that day provided a review of improvements made, the sustainability of improvement and the service's readiness to exit the programme. The Sustainability Plan would be monitored via QSCII with progress and assurance provided to the Trust board via exception reporting. QSCII had considered the paper at its January meeting and had endorsed the recommendation to exit the programme pending confirmation from the Regional Maternity Team of the detailed evidence base within the action plan. QSCII would confirm its endorsement at their next meeting in February, for consideration by the Board in March 24.

7

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**
NHS Trust

4.17	In response to the above, the TC highlighted the huge amount of work undertaken by the service to make improvements, leading to its request to exit the plan.
4.18	In line with the recommendation the Board noted the improvements to the service, the sustainability plan and the plan to request endorsement to support the request to exit the MSSP.
	At this point in the meeting there were no questions from members of the public.
Break 1054 to 1105	
4.3 Nursing Midwifery and Care Staff Levels including Nurse Recruitment	
4.19	This update was presented by the CN who reminded members that the paper had also been discussed at the People Committee in January. Overall fill rates continued to be stable albeit those in the ED were dropping slightly so would remain a focus. Of interest were the fill rates in Critical Care had shown a challenging picture in the month which was due to increased activity within the units. As a final point the CN stated there were no quality or safety concerns of note associated with nursing and midwifery staffing levels.
4.20	The TC thanked the CN for her update and it was noted that the Board was assured on the position.
4.4 Nursing Establishment Review	
4.21	This update was presented by the CN and the paper had already been discussed at the People Committee. The report was a six monthly update on overarching nurse staffing levels and provided details as to how the establishment was set in line with best practice. The quality of data collections continued to improve and there was confidence around the levels being reported.
4.22	The CN drew members' attention to section 4 of the paper; whilst there were changes, all were within the overarching funding envelope so no additional investment was being requested.
4.23	The CN continued that the paper also detailed the maternity review and provided evidence based on BirthRate+ with a review recommended every three years. No changes were being requested in terms of overarching staffing. The paper provided details of current recruitment and the 1:23 midwife to birth ratio. The paper did not include a review of paediatric staffing. This service had a new Head of Nursing and a staffing review would now be undertaken for this area in line with Paediatric ED and would be presented to the Board at a future date.
4.24	The CN summarised there were no nursing/midwifery funding implications and any increases required were already funded within current envelopes.
4.25	In response to the above the CEO highlighted that the methodology was highly complex. It was important for members to note that these six monthly reviews had been undertaken for the last two to three years and the organisation had invested in nursing staff over this period in the sum of circa £1.5m. This should provide assurance in terms of the robustness of the process and that there were the right number of colleagues at the right levels (recognising some needed to be moved around to support others). It should be noted the reason the number of WTEs was greater now that it had been was because the Trust was following the tool in order to get the skill-mix and associated investment right. The CN added that the tool was now being updated to include acuity but the outcome of that had not yet been seen
4.26	In response to a question from the TC, it was noted that the review of Paediatric staffing levels would come to the Board for approval in September, having previously been presented to PAF.
ACTION **TB1.01.02.24/27**	**Review of Paediatric staffing levels to be presented to the Trust Board in September (following presentation to PAF).** **Lead: Chief Nurse**
4.5 Learning from Deaths (Mortality)	

8

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**

NHS Trust

4.27	This update was presented by the CEO. He informed colleagues that the report was shorter that month due to the corruption of the data file submitted. In addition to submitting data to HES, the Trust also submitted the same dataset to Telstra who had been able to provide an analysis that the Trust remained within excepted levels for HSMR/SMR.
4.28	The CEO then drew members' attention to section 2 of the paper which referenced progress with structured judgement reviews (SJRs). He provided assurance there had been some conversations with the Divisional Directors who understood the importance of those reviews and having the right capacity in place to undertake them. Colleagues had provided assurance numbers would be back on track within three months.
4.29	In response to a question from NED-CM, the CEO responded that the consequence of submitting a corrupted file was that it would impact on the rolling 12 month position. However, the Trust was continuing to work with Telstra in the background who continued to provide some excellent support and it may be going forward that the Trust needed to dual-report to both HES/Telstra.
4.30	The TC thanked the CEO for his update and confirmed the Board noted the position and the impact of dual-reporting for the remainder of the year.

05 PEOPLE

5.1 Report from People Committee (PC)

5.1	This update was presented by NED-DB as Chair of the PC. She updated that it had been pleasing to note that freedom-to-speak-up referrals were on the increase meaning colleagues were confident in terms of coming forward and raising concerns. PC had also been updated on a recruitment deep dive linking in with workforce plans for the coming year and providing assurance in terms of the organisation's capacity to deliver services.

5.2 Gender Pay Gap

5.2	This item was presented by the DoP, who reminded members this was not an equal pay report, but an analysis of the gap in gender pay providing an opportunity to look into the reasons for that. In terms of hourly rates and average pay there remained a gap with men earning more than women but that gap was reducing. In terms of bonuses she emphasised that in the NHS this related to clinical excellence awards which only applied to doctors and there were generally more male than female doctors. In terms of pay distribution she also cautioned there were more male colleagues in higher bands then female colleagues.
5.4	As a final point the DoP thanked the organisation's Head of EDI for all her hard work and wished her well in her new role in India. This would provide an opportunity to take stock of that role in general going forward.
5.6	The TC then asked if any detail was known around the gender pay gap nationally. The DoP responded she did not know for the current year but the Trust itself compared favourably with others.
5.7	It was noted at this point that the Chair of the Patient (CoPP) wished to discuss some points around EDI training for volunteers, Sunflower lanyards and the inclusion of staff as carers in the Trust's Carers' Policy. The DoP agreed to discuss these elements offline.
5.8	In line with the recommendation the Board approved above the Gender Pay Gap report for publication.

06 PERFORMANCE/POUNDS

6.1 Report from Performance & Finance Committee (PAF)

6.3	This update was provided by NED-CM as Chair of PAF. He updated the Board that in response to a previous request, PAF had received a deep dive into Trauma & Orthopaedics to bring together an overarching view of performance and finance metrics. GiRFT was supporting this work and improvements were already being seen in terms of theatre efficiencies and reduction in waiting lists. There had also been an update on capital with confirmation that unspent CDC monies could not be rolled over and confidence levels were high in terms of PQP achievement for the year 2023/24.
6.4	The TC thanked NED-CM for his update.

9

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**
NHS Trust

6.2 Finance Update	
6.5	This update was presented by the DoF. He updated that the Trust had reported a deficit of £2.5m in M9 against a deficit plan of £2m and a £14.1m deficit YTD against a £5.6m YTD deficit plan. This meant the Trust was adverse to the in-month plan by £0.5m and adverse to the YTD plan by £8.5m, based on the original submitted plan in April 2023, i.e. a £5.1m deficit for the full year.
6.6	In November 2023 the organisation had provided a revised forecast position for the year-end. The Trust's M9 position was favourable to that forecast in-month and YTD by £0.5m, predominantly due to a favourable non-pay position and non-recurrent support from technical measures. Capital spend YTD was £8.1m with an annual plan of £31.2m including externally funded schemes (e.g., EHR, NHP and CDC).
6.7	The DoF continued that with the system forecasting a break-even position at year-end, and with others within the system currently running at a surplus, he anticipated some improvement in the Trust's forecast year-end outturn, noting that would be a non-recurrent funding element.
6.8	In terms of capital the DoF continued that as CDC funding had to be spent within the current year and given issues on the proposed CDC site, it was likely this would not be spent. Conversations were therefore taking place in terms of key priorities for this expenditure and a surgical robot was included in the list, as had been previously agreed at PAF.
6.4 Emergency Preparedness Annual Report and Core Standards Return	
6.9	This update was presented by the COO. The paper was taken as read and members noted there had been some previous discussion on this at PAF. The paper detailed the submission against the national core standards. The COO commended the work of the Trust's Emergency Planning & Resilience Manager to take the organisation from being non-compliant in some areas to be almost fully compliant in all areas.
6.10	In line with the recommendation the Board approved the core standards submission and was assured (and fully supported) that the Business Continuity Programme/ BCMS was now a work in progress.
07 STRATEGY/GOVERNANCE	
7.1 Report from Strategic Transformation Committee (STC)	
7.1	This update was presented by ANED-LB as Chair of STC. She informed members the meeting had discussed progress against PAHT2030 and its milestones. The discussion topic had been the development of Health and Care Partnerships (HCP) and how this was progressing as a programme of work with a focus on leadership and finance.
7.2	The TC thanked ANED-LB for her update.
7.3	At this point the CEO added there had been a recent conversation on how to take the STC forward and the possibility of including system colleagues in part of the meeting in order to drive the HCP work forward. The DoQI added a proposal for this would be put forward to the STC in March and then to the Board in April.
7.2 Report from Senior Management Team	
7.4	The report was noted and members had no comments. The CEO continued that there was now agreement around changes to SMT membership and the timing of meetings to enable broader conversations with the right people, more effectively. Changes would be implemented within the next couple of months.
7.5	As a final point the TC informed members that she, along with other colleagues, was looking at ways in which to get the public more involved in Trust Board meetings which may include the streaming of Board stories. She would keep members updated.
08 QUESTIONS FROM THE PUBLIC	
8.1	There were no questions from the public.

10

Tab 1.3 Minutes of Previous Meeting

1.3

The Princess Alexandra Hospital **NHS**

NHS Trust

09 CLOSING ADMINISTRATION	
9.1 Any Unresolved Issues?	
9.1	There were no unresolved issues.
9.2 Review of Board Charter	
9.2	It was agreed that Board members had adhered to the charter.
9.3 Summary of Actions and Decisions	
9.3	These are noted in the shaded boxes above.
9.4 New Issues/Risks	
9.4	It had been noted earlier in the meeting that a new BAF risk was being worked up in relation to the new EHR.
9.4 Any Other Business (AOB)	
9.5	The CN informed members that the Trust had achieved the national preceptorship quality mark. Her thanks went particularly to the People team and she added that the Trust had been commended on its Preceptorship Policy. The TC suggested it might be useful for a staff member to come and talk about this at a future meeting.
ACTION TB1.01.02.24/28	**Consider a Staff Story around Preceptorship.** **Lead: Director of People**
9.6	The TC then highlighted that a previous Board action had been for her to write to thank the previous Chair of the Charitable Funds Committee (John Keddie) for all his hard work in support of this. She was pleased to update that she had done this, and JK had responded with his best wishes to the Board and notification of plans to remain personally supportive of the charity going forward.
9.5 Reflections on Meeting	
	The meeting closed at 11:48.

Signed as a correct record of the meeting:	
Date:	04.04.24
Signature:	
Name:	Hattie Llewelyn-Davies
Title:	Trust Chair

11

Tab 1.4 Matters Arising and Action Log

ACTION LOG: Trust Board (Public) 04.04.24

The Princess Alexandra Hospital
NHS Trust

Action Ref	Theme	Action	Lead(s)	Due By	Commentary	Status
TB1.01.02.24/24	Urgent Treatment Centre (UTC)	Board to receive a presentation on the impact of the new UTC.	COO	TB2.02.05.24	Item not yet due.	Open
TB1.01.02.24/25	Electronic Health Record (EHR)	Next EHR update to Public Board to include mitigations for periods of industrial action up to go-live, and particularly over the summer when staff training was planned.	CIO	TB1.04.04.24	To be addressed at item 4.5	Open
TB1.01.02.24/26	Electronic Health Record (EHR)	Industrial action and other potential operational risk impacting on the timeline for implementation to be added to the Alex Health Risks & Issues Log.	CIO	TB1.04.04.24	Actioned.	Closed
TB1.01.02.24/27	Paediatric Staffing	Review of Paediatric staffing levels to be presented to the Trust Board in September (following presentation to PAF).	CN	TB1.12.09.24	Item not yet due.	Open
TB1.01.02.24/28	Staff Story	Consider a Staff Story around Preceptorship.	DoP	TBC	To be covered at a future Public Board meeting.	Closed

Tab 2.1 Chair's Report

NHS
The Princess Alexandra Hospital
NHS Trust

2.1

Trust Board (Public) - 4ᵗʰ April 2024

Agenda item:	2.1
Presented by:	Hattie Llewelyn-Davies
Prepared by:	Hattie Llewelyn-Davies
Date prepared:	25ᵗʰ March 2024
Subject / title:	Chair's Report

Purpose:	**Approval**		**Decision**		**Information**	**X**	**Assurance**	

Key issues:	To inform the Board about my work; to increase knowledge of the role; to evidence accountability for what I do. This month's report provides an update on recruitment, appointment to NED Champion/lead roles and Board development session for 2024/25.
Recommendation:	The Board is asked to note the report.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**

Previously considered by:	Not applicable
Risk / links with the BAF:	Not applicable
Legislation, regulatory, equality, diversity and dignity implications:	As the NED EDI Champion this continues to guide my work in all the areas noted below.
Appendices:	Appendix 1: Note to Staff re: NED Kim Handel Appendix 2: Action matrix from NED visits

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Tab 2.1 Chair's Report

NHS

The Princess Alexandra Hospital
NHS Trust

2.1

1.0   Purpose

This report outlines what is at the top of my agenda and what I have been doing in the last few months.

We are mindful that we are entering the pre-election period and have considered the advice received from NHS Providers in this regard.

The aim of the report is to make my role as Chair more accountable to my colleagues and more transparent for our partners and local population.

2.0   Sad News

It is with great sadness that I have to report the death of Kim Handel shortly after our last board meeting in public. Although Kim had only been on the Board for nine months she had a major impact on all of us and the work of the Trust. I attach a copy of the note sent to all staff for information.

3.0   Lance McCarthy

I have to announce the appointment of our CEO, Lance McCarthy to a new job. Lance has been appointed the CEO of Frimley Healthcare. I am extremely sad that we will be losing Lance who has been an exceptional CEO for us and responsible for leading us on the journey to becoming an outstanding trust over the next few years. However, I am also delighted for Lance that his skills and abilities have been recognised by Frimley, a large and prestigious organisation.

Lance will leave us at the end of July and I know there will be many opportunities between now and then to thank him and wish him well for the future.

We intend to recruit a new CEO as soon as possible.

4.0   Board Roles and Recruitment

I am delighted to report that we have appointed Liz Baker to our vacant NED role following an extensive recruitment campaign. Liz will continue to chair the Strategic Transformation Committee. The field of candidates was exceptional and the interview panel agreed that we should offer an associate role to one of the other candidates, Ralph Coulbeck. Ralph has accepted the role and will begin with us on 1 May 2024 subject to references and the Fit and Proper Process checks. Ralph will join the Strategic Transformation Committee and the Quality and Safety Committee (QSC).

Oge Austin - Chukwu will Chair the QSC Part 1 committee going forward and is taking on the Maternity Safety Champion role and NED lead for Doctors disciplinary.

I am able to announce that George Wood is stepping down from his role as Senior Independent Director (SID) following a change in the NHS Code of Governance, which prevents the Chair of the Audit Committee also being the SID. The Board has appointed Darshana Bawa to the SID role. Darshana has also been appointed to the Wellbeing Guardian role.

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Tab 2.1 Chair's Report

NHS
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NHS Trust

2.1

I have taken on the role of Champion for Freedom to Speak Up and attended the annual conference last week. Lindsay Hanmore, (Trust Freedom to Speak Up lead) and I are working with our communications team to promote awareness across the Trust of what we do and how to use the service.

I am also pleased to confirm that Colin McCready has been appointed to the lead role for Mental Health and Liz Baker to the EHR role.

The Board has a vacancy for a NED and we will go out to recruit in the near future to recruit a senior clinician with extensive knowledge of NHS Trusts.

The remaining NED lead roles will be appointed to on conclusion of the above recruitment process.

5.0   Board Development and Governance Work

We are working on the 2024/25 programme for the Board to develop skills and knowledge and ensure we continue to provide good governance. This will include sessions on:
- the new electronic health record
- developing skills in chairing meetings and providing effective challenge
- a workshop to review our PAHT 2030 strategy and ensure it remains fit for purpose
- developing Health and Care Partnerships
- equality, diversity and inclusion.

We are also looking at how we make our induction for new NEDs as effective as possible and developing individual training programme for all NEDs as part of this year's annual appraisal process.

There have also been changes to the governance standard for the annual review to ensure that each Board Member complies with the "Fit and Proper Persons Test" and we are working to make sure that we comply with these new requirements in the upcoming appraisal processes and submission of a declaration of compliance to the region by June 2024.

6.0 Staff Welfare and Resilience

The NEDs continue to do regular visits to our services,
Attached is the action list that has arisen from our regular visits.

The Board is asked to discuss the report, and note it.

Author: Hattie Llewelyn-Davies, Trust Chair.
Date: 21 March 2024.

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Tab 2.1 Chair's Report

NHS

The Princess Alexandra Hospital
NHS Trust

2.1

APPENDIX 1

In loving memory of Kim Handel, non-executive director

We are deeply saddened by the news of the passing of Kim Handel, non-executive director.

Kim passed away on **Friday (2 February)**. She was diagnosed with a rare lung based Melanoma in July of 2023 and been having treatment at the Royal Free Hospital where she first trained as a nurse.

Kim joined us as a non-executive director in **April 2023** and had more than 40 years' experience working with the NHS and private sector, having trained as a nurse. Part of her early career was at PAHT.

She will be remembered for the enormous presence she had, her energy, joy of life and massive commitment to ensuring PAHT provided the best possible service to all our patients.

Her varied career included working as the Chief Nurse of a large, independent London hospital; as a Care Quality Commission (CQC) inspection manager; developing new services and commissioning large new healthcare builds.

After her retirement from full-time work, Kim worked as an advisor on patient risk, safety and quality. Beyond the hospital environment, Kim was also a deputy director and listening volunteer for Samaritans, a national charity.

Kim was a passionate advocate for our patients and our people and chaired our Quality and Safety Committee, together with being our maternity safety champion.

Kim's funeral will be held at St John's Church, Boxmoor Hemel Hempstead. The date will be announced in due course.

Our thoughts are with all of Kim's family and friends at this very sad time.

Hattie Llewelyn-Davies
Chair

Lance McCarthy
Chief executive

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Tab 2.1 Chair's Report

Title: Trust Board Chair's positive leadership walk rounds action matrix

NHS
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NHS Trust

Chair's action matrix. version 4.1

Team: PAHT Chair and non-executive directors service area visits

Updated: March 24

Non-Executive Directors initials:	HH: Helen Howe	Others
HLD: Hattie Llewellyn-Davies (Chair)	DB: Darshana Bawa	PP: Patient Panel
GW: George Wood (senior independent)	AWS: Anne Wafula-Strike (associate)	FtSUG: Freedom to Speak Up Guardian
CM: Colin McCready	LB: Liz Baker (Associate)	
OA: Oge Austin-Chukwu (Associate)	RG: Rob Gerlis (Associate)	

Visit Date	Attendees	Venue	Feedback	Lead	Deadline	Action
19/03/2024	GW & RG	Radiology	Exceptional presentation of area, clearly exceeding expectations.	Estates and Facilities.	tbc	Identified two needs – need for porter for plain film radiology and staff area to be enhanced.
20/02/2024	HLD, OA,RG, DB.	Butterfly Hub	Team hear about people who need their service (on an ICP (Individualised Care Plan)) too late for them to be able to do much other than be there at the end of life.	NED- OA	April 2024	Raise at QSC
			Raise the profile of the team through some of their work on communication etc to support additional volunteers.	ADPE-SS	April 2024	Request communications support – 27/03/2024
			Support needed for a. noise insulation and b. remote alerting.	Estates	tbc	Notified and awaiting update.

2.1

Tab 2.1 Chair's Report

Title: Trust Board Chair's positive leadership walk rounds action matrix

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| 17/01/2024 | HH & AWS | PAH – catering service | The kitchen facilities are well equipped, up to date, spacious and suitable for both Cook- Fresh and Cook-Chill services.

The IT system is good (Symbiotics). Engagement with the EHR team is in place too for future

The restaurant lacks appropriate facilities for customers with physical disabilities. This is being addressed in a significant re-design for which capital funding has been secured.

Staff turnover is a challenge with managers and chefs moving on. A new catering manager and Head Chef have been appointed.

Governance via Nutrition Steering Group to QSC | Corporate | Oct 2024 | Investment is agreed in new freezers where existing ones in situ are now at the end of their life.

There are plans for a significant refresh of the restaurant space (capital approved); and a move to a 7-day hot food offering to staff. |
| 7 November 2023 | HLD | Dementia space | A planned spiritual garden, a dementia sensory garden and a staff garden area, part-funded by NHS Charities Together and part by the charitable funds committee. | Corporate | N/A | No actions were required to follow up. |

Tab 2.1 Chair's Report

Title: Trust Board Chair's positive leadership walk rounds action matrix

NHS
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NHS Trust

		Carers support	The first part of the visit had also identified work by carer support charities and the carer experience lead. The development of a carer passport, lanyard, daily drop-in, and webpage were identified as positive progress in the hospital's work to support unpaid carers	Corporate	N/A	No actions were required to follow up.

2.1

Tab 2.2 CEO's Report

Trust Board – 4 April 2024

Agenda item:	2.2
Presented by:	Lance McCarthy - CEO
Prepared by:	Lance McCarthy - CEO
Date prepared:	26 March 2024
Subject / title:	CEO Update

Purpose:	**Approval**		**Decision**		**Information**	**X**	**Assurance**	**X**

Key issues: please don't expand this cell; additional information should be included in the main body of the report	This report updates the Board on key issues since the last public meeting: - Intensive Care pendants - Operational and financial pressures - Pay awards, pay reviews and industrial action (IA) for medical staff - New Hospital Programme update - Alex Health Implementation - Integrated Care Board / Health and Care Partnership
Recommendation:	The Trust Board is asked to note the CEO report generally and specifically to note: • the issue with and response to the collapse of one of our ITU ceiling pendants and that relevant actions will be undertaken following the external investigation from our structural engineers • the current operational and financial pressures and our responses to them • the latest pay awards, referendums and ballots and potential further industrial action positions • progress with all elements of the new hospital programme at PAHT, the strong score in the NHP governance review and the probable timeline for the PBC approval • progress with the implementation of Alex Health • the key developments across the HWE ICS and WE HCP The Board is also asked to formally recognise and thank Helen Davies for her leadership of the new hospital programme over the last 4 years.

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x	x	x

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Tab 2.2 CEO's Report

NHS

The Princess Alexandra Hospital
NHS Trust

2.2

Previously considered by:	n/a
Risk / links with the BAF:	CEO report links with all the BAF risks
Legislation, regulatory, equality, diversity and dignity implications:	– Regulatory – Board requirement to assure itself of suitable practices and processes in place to minimise the risk to patient safety in relation to urgent care, particularly in light of IA and winter pressures – Regulatory – recognition of our inability this year to meet our regulatory requirement to breakeven financially ---------- – EDI – impact of the previous and future rounds of industrial action on our patients and the potential for a disproportionate impact on some of our patients, particularly those waiting for planned care – EDI – ongoing need to ensure that our recovery plans and our PQP plans are quality and equality impact assessed to prevent any unintended consequences or unequal impact on colleagues or patients – EDI – all the developments to our culture are underpinned by a proactive recognition of the need to ensure and to support EDI for all, in particular with this report in relation to access to and feeling able to openly complete the staff survey and ability to use digital and technological system enhancements (Alex Health for example)
Appendices:	None

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Tab 2.2 CEO's Report

NHS
The Princess Alexandra Hospital
NHS Trust

2.2

Chief Executive's Report
Trust Board: Part I – 4 April 2024

This report provides an update since the last Board meeting on the key issues facing the Trust.

(1)   Intensive Care Unit pendants

Board members will be aware of the collapse of one of the ceiling pendants in our ITU on the morning of Thursday 14 March. The pendants house most of the equipment, gases, electrical supply, data cables and monitors to safely care for critically ill patients.

No patients or colleagues were harmed and the response from the medical, nursing, estates and operational colleagues was fantastic; quick thinking, mobilisation and transfer of patients to suitable alternative spaces; ensuring that all patients continued to receive the care they needed in safe environments.

We created a temporary alternative critical care facility on Henry Moore Ward (used as critical care during the height of the COVID-19 pandemic) whilst the problems with the pendant fixings were resolved. Two patients were transferred out to units in other hospitals. The ITU was deep cleaned and reopened fully on Thursday 21 March, enabling Henry Moore to return to its usual function as a surgical ward.

A full external investigation has been undertaken by structural engineers to determine the cause of the pendant collapse and any subsequent actions that need to be undertaken. The team were provided by the external report from the fire service to support the works required. An After Action Review has been completed with colleagues internally and with ICS and NHSE colleagues to take any additional learning forward. Access to health and wellbeing support for colleagues has been provided.

Thank you to all colleagues who responded so quickly to keep our patients safe and maintaining the continuity of care for our sickest patients.

The Board is asked to note the issue with and response to the collapse of one of our ITU ceiling pendants and that relevant actions will be undertaken following the external investigation from our structural engineers.

(2)   Operational and financial pressures

The key drivers and detailed information supporting the operational and financial pressures and position are outlined in the Integrated Performance Report and associated items on the agenda later. Headline summaries for these are shown below.

2.1   Urgent Care

Our urgent care performance and flow, continues to improve, but remains under significant pressure. As of 25 March, our in-month performance against the 4-hour standard is the best monthly performance since April 2022. Whilst performance is still short of the national expectation of 76% (this will increase to 77% for 2024/25), the progress seen is in line with our urgent care transformation team being overseen by the Urgent and Emergency Care Division.

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Tab 2.2 CEO's Report

The demand for our urgent care services remains high, although the demand is not increasing at the rate that it was in 2022/23. March will be the 10th month this financial year that attendances have been in excess of 10,000.

We continue to work closely with all partner organisation in the West Essex and East and North Hertfordshire places and across the HWE ICS to support our patients safely and effectively; and we continue to see the patient experience and clinical outcome improvements and reduced ED pressures because of our new partnership-run Integrated Urgent Assessment and Treatment Centre (IUATC). The urgent care transformation plan for the next 12 months focusses on all elements of urgent care flow and internal professional standards with clear gains against the 4-hour standard on a monthly basis to achieve the 77% standard by the end of next year.

2.2 Planned care

Strong progress continues to be made across all elements of our planned care provision, despite the recent additional industrial action.

We are expecting there to be less than 5 patients who will have been waiting for more than 78 weeks for treatment by the end of March, of which a number will have been patient choice. We remain on track to have no patients waiting for more than 65 weeks by the end of September 2024.

We continue to meet the 28-day diagnostic standard for cancer across the Trust and continue to reduce the number of patients waiting for longer than 62 days. Our performance against the 6-week diagnostic standard continues to remain consistently in the mid to high 60%s, although we have seen a significant increase in demand over the last year.

2.3 Financial position

The ongoing financial pressures across the system and the organisation mean that we are forecasting a year deficit of £6.1m, as part of a system wide breakeven position. This is despite delivering £17m of cost reductions / income generation through our PQP programme in year.

The real terms funding growth for the NHS for 2024/25 (£2.5bn) is less than 1%, the lowest annual growth for many decades. This is putting considerable strain on the financial forecasts of all organisations for the forthcoming year. Our forecast position for 2024/25, including 5% efficiency savings, is a deficit of £27.9m, as part of a system wide deficit forecast of £80m.

Transformation of services, in partnership with health and care colleagues, in a planned, phased and integrated way is required to achieve cost reductions over the scales faced by the Trust and the system. The importance of system wide working and the development of the local Health and Care Partnerships are fundamental to this.

In addition, another key area of focus locally and nationally to support cost reductions is understanding and addressing the drivers for increased growth in the NHS workforce since 2019/20. PAHT has seen its workforce grow by approximately 14% over the last 5 years, compared with a 20% average growth across the county. We are utilising a national productivity diagnostic tool to support consistent understanding of workforce growth across the country and the identification for areas of opportunity for reduction. Initial information from the tool suggests that approximately 1/3rd of the growth has been in response to national imperatives; 1/3rd has been due meet expected or mandated service improvements for the benefits of our patients, ¼ has been to support quality and safety improvements (including for example our sustained reduction in HSMR) and the remaining 5% - 10% to support local quality improvement

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Tab 2.2 CEO's Report

NHS
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NHS Trust

2.2

initiatives. Addressing our temporary staffing spend as part of this is a major part of our PQP programme for 2024/25.

The Board is asked to note the current operational and financial pressures and our responses to them.

(3)   Pay Awards, pay reviews and Industrial Action (IA) for medical staff

Since the last Board meeting there have been a number of developments related to pay awards and potential industrial action for medical staff.

3.1   Consultants

For consultant medical colleagues, the government increased pay by 6% earlier this year and reached an agreement with the doctors' unions over a pay award for consultant colleagues which included an increase in average salary, a reduction in the spine points on the consultant grade and an increase in the value of local CEAs going directly into basic pay. The BMA, undertook a referendum on this offer in January which was narrowly rejected by its members (51.1% to 48.9%).

An improved pay award, including an additional 2.85% increase for colleagues who have been consultants for between 4 and 7 years, has been put to their members by the BMA to vote on. This is running between 14 March and 3 April, so the outcome may be known by the time we meet as a Board.

3.2   Doctors in training / junior doctors

The doctors' unions remain in dispute with the government regarding pay for doctors in training (junior doctors). The BMA balloted their junior doctor members between 7 February and 20 March to extend their mandate for IA, with 98% of junior doctors voting to continue with IA, on a turnout of 62% and the approval of Action Short Of Strike. This mandate lasts from 3 April 2024 until 19 September 2024. No dates for IA or ASOS have yet been announced. The current pay offer would see an increase in pay of between 8.1% and 10.3%, depending on where on the pay scales colleagues are.

The Board is asked to note the latest pay awards, referendums and ballots and potential further industrial action positions.

(4)   New Hospital Programme Update

We continue to work closely with the national New Hospital Programme (NHP) and NHSE EoE Regional colleagues to progress our plans for building a new Princess Alexandra Hospital by 2030.

4.1   Programme team / advisors

Since we last met as a Board, we have been building back up our programme team and specialist advisory teams.

Helen Davies, who has expertly directed the programme over the last four years retired at easter. Helen will be replaced by Martin John, who is currently the Director of the Science Hub Programme at UK Health Security Agency, who joins us on 4 May.

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Tab 2.2 CEO's Report

NHS
The Princess Alexandra Hospital
NHS Trust

2.2

PMO manager and Technical Director posts are currently being recruited to.

We are also currently in the final stages of the approvals of a number of necessary specialist technical advisors to work with our programme team. Through recent competitive processes we will shortly be formally appointing an architect, civil and structural engineering expertise, facilities and transport management services and the mechanical, electrical and plumbing expertise. Procurement for a strategic adviser to support us with our clinical strategy, financial modelling and healthcare planning is underway and due to be completed in April.

4.2   National demand and capacity model

NHP have developed a comprehensive demand and capacity model for all schemes in the national programme. It builds on a validation of the baseline information of activity and external assumptions of the population and demographic changes expected locally to determine likely demand and capacity requirements into the future for each main service line.

Nationally expected enhancements in care, new techniques, the management of patients more effectively in a community setting and the expected changes in diseases and disease management over time are also part of the model.

We will be entering our data in to the model over the next couple of weeks with a clear set of outputs due by the end of April. These outputs will be translated in to a revised Schedule of Accommodation for all aspects of a new hospital, which will support its redesign.

Simultaneously we are working NHSE East of England colleagues and the other Trusts in the Region who are part of the NHP to compare the size of schemes and the consistently of assumptions, where appropriate.

4.3   Governance and Organisation design

For each of the 40 schemes in the national programme the NHP team have commissioned an external review of each scheme's governance and organisational design. Operational readiness, risk management processes, benefits identification and management and stakeholder management are a number of the key issues reviewed, each scored between 1.0 and 5.0. The PAHT programme has been scored as a 3.8 in total, against an expected score of 3.0 at this stage in the programme from the NHP team. This demonstrates and provides assurance of the strength of governance processes in place and readiness to proceed.

4.4   Programme Business Case (PBC)

The NHP Programme Business Case for the full set of 40 schemes is progressing through the relevant national and governmental approvals processes. It has been approved by the national Joint Investment Committee and is expected to have been through the HMT process by the end of April. At this point there should be a greater level of clarity and certainty over the funding envelopes for each scheme and the expected timeframe for delivery of each scheme.

The Board is asked to note progress with all elements of the new hospital programme at PAHT, the strong score in the NHP governance review and the probable timeline for the PBC approval.

The Board is also asked to formally recognise and to thank Helen Davies for her leadership of the programme over the last 4 years.

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The Princess Alexandra Hospital NHS Trust **2.2**

(5)   Alex Health Implementation

We continue to make strong progress with the implementation of our Alex Health programme, in partnership with Oracle Health colleagues.

With just 31 weeks to go until go-live, we importantly passed through the validate gateway last week, as we get into the depths of the testing phase.

Ground works have started for our main training facility, a 2-storey demountable structure behind the Alex Lounge and restaurant, and training plans are timetables are close to being completed, in time for colleagues to be scheduled before the July training start. Nearly 30,000 hours of training will be required over the summer.

Dragon Medical One dictation is being rolled out well across all the clinical Divisions, which is a key enabler and facilitator for colleagues.

We are entering a crucial phase in the programme, and we have several major milestones to achieve over the next 8 weeks to remain on track to go live in October 2024. The implementation however of the instance of the Oracle Millenium EHR solution that we are implementing will enable us to be one of the most digitally mature hospitals in the country, transforming how our clinicians work, the information and speed of information available to them and supporting more timely and effective clinical decision making. Our patients will benefit from improved experiences, better clinical outcomes and improved safety as a result.

The Board is asked to note progress with the implementation of Alex Health. More detail is provided through a separate paper later on the agenda.

(6)   Integrated Care Board / Health and Care Partnership

6.1   2024/25 financial plan

The Hertfordshire and West Essex System (ICB plus provider organisations) is expecting to breakeven financially in 2023/24, despite variations between organisations.

As at 26 March, the projected financial position for the whole system for 2024/25 is a deficit of £80m, including 5% efficiencies being achieved across each of the provider organisations. This equates to approximately 4% of total turnover.

There is a clear and strong focus on finding system wide solutions as well as individual provider solutions and opportunities to make transformational change supporting the reduction in expenditure or maximisation of income to close this gap.

6.2   Community services model

As part of transforming the care that our populations receive, increasing partnership working and integrating services, there has been a review of all community services provided by all providers across HWE. This has shown significant variation in service offer, access times, cost and value for money across each of the geographical places and lots of opportunity to enhance these and improve the consistency of high-quality care in the home and community settings.

Place based leaders and community service providers are pulling together a series of transformation plans to develop and enhance the non-hospital based models of care over the

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Tab 2.2 CEO's Report

next few years, providing more care for patients closer to home and aligning the expectations with the modelling for the new hospitals in Harlow and Watford.

6.3   Governance structure

As the system dynamics and ways of working start to move towards health and care partnerships (HCPs - 3 geographical and 1 for MH, LD & A) the governance structures and frameworks have started to change to facilitate this. The ICB Board agreed on 22 March to slim down some of their sub-Board Committee meetings and combine some and to ensure that all provider CEOs are members of the ICB Board. The work to formalise the HCPs and their accountabilities is ongoing.

6.4   Priorities in 2024/25 for West Essex HCP

Further to the update at the last Board meeting, the priorities for WE HCP have been further developed through the professional leaders' group and the West Essex HCP Board. Through a combination of transformation on continuous quality improvement the agree priorities and areas for focus for all partners to collaborate on are:
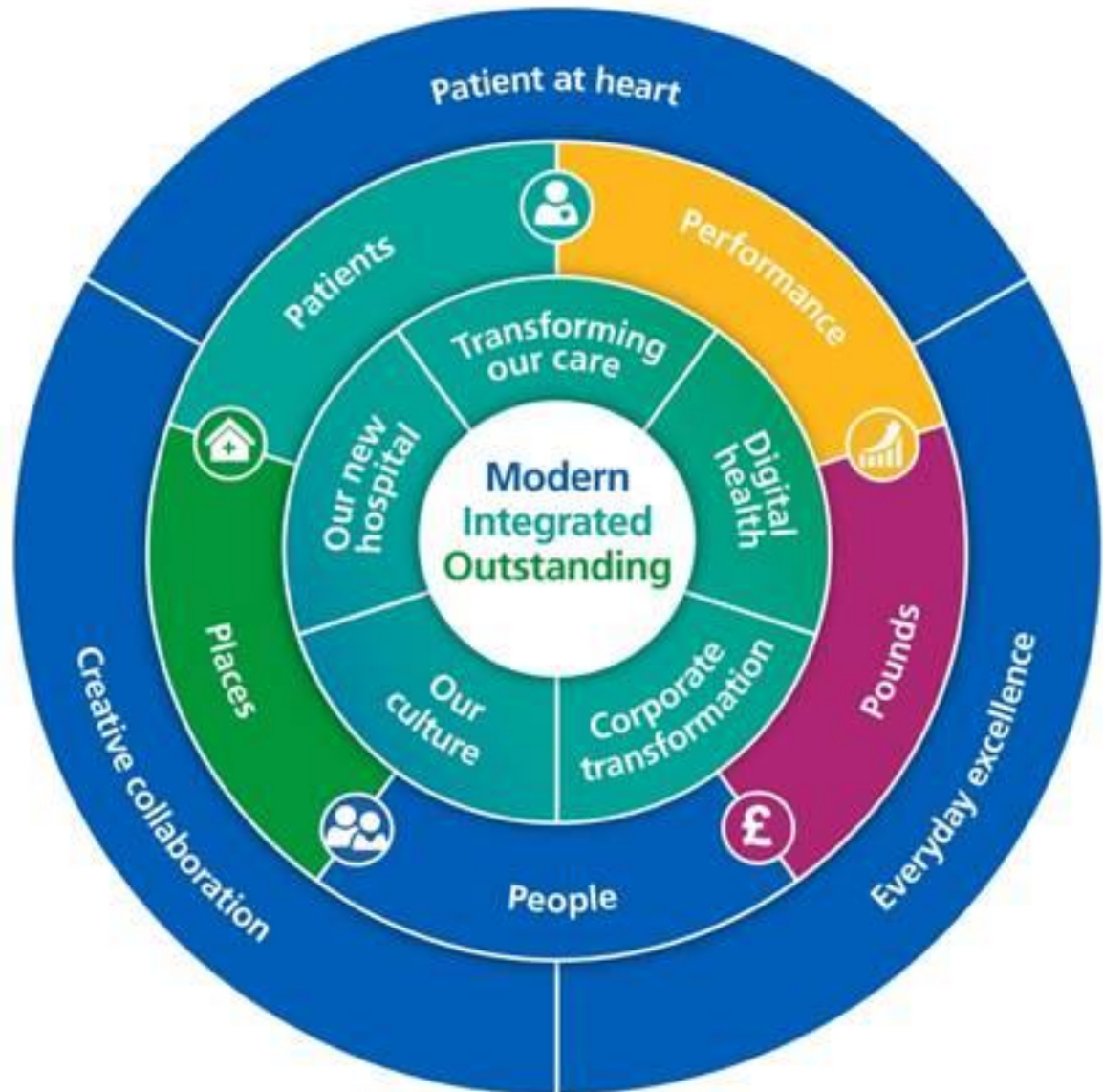- Prevention – children (obesity) and mental health (wider determinants of health)
- Cardiovascular disease – case finding hypertension and heart failure
- Frailty, End of Life Care, Falls – proactive and anticipatory care
- Same day emergency care – UEC flow, Integrated UTC, virtual ward, urgent pathways in the community

These priorities are inextricably linked with the community services transformation across the system and the development of our Integrated UTC model and the provision of care through the local Integrated Neighbourhood Teams across West Essex.

The Board is asked to note the key developments across the HWE ICS and WE HCP.

Author: Lance McCarthy, Chief Executive
Date: 26 March 2024

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Tab 2.2 CEO's Report

PAHT 2030 Roundel; outlining our vision, priorities, objectives and values.

Tab 3.1 Corporate Risk Register

NHS
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TRUST BOARD – 4 APRIL 2024

3.1

Agenda item:	3.1
Presented by:	Fay Gilder – Medical director
Prepared by:	Lisa Flack – Compliance and clinical effectiveness manager Sheila O'Sullivan – Associate director of quality governance
Date prepared:	20 March 2024
Subject / title:	Corporate Risk Register

Purpose:	**Approval**		**Decision**		**Information**	√	**Assurance**	√

Key issues:	This paper presents data for Trust risks scoring 15 and above for all our services. It is a snapshot of risks across the Trust and was taken from our Datix database 28.02.24. The overall number of risks scoring 15 and above is 50. See section 2, tables 1 and 2. Section 3 provides detail on the five risks scoring 20. These five risks continue from the previous report, these cover - - Operational performance – emergency access standard and referral to treatment constitutional standard - Quality – clinical effectiveness: associated with the pharmacy automated dispensing system - Statutory / regulatory compliance: associated with the ability to provide hazardous materials decontamination - Estate infrastructure at PAHT No new risk accepted by RMG scoring 15 or 16 have been raised since 28/12/24.
Recommendation	Trust board is asked to Review and discuss the contents of the corporate risk register

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	√	√	√	√	√

Previously considered by:	Risk Management Group meeting – 12/3/24 Senior Management team meeting – 19/3/24
	Divisions and corporate teams review their risks at their local governance meetings. Teams escalate new risks, closed risks and those that they require assistance with for discussion at Risk Management Group on a monthly basis.

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Tab 3.1 Corporate Risk Register

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The Princess Alexandra Hospital
NHS Trust

3.1

Risk / links with the BAF:	There is a direct link between the risks detailed in this paper and on the BAF
Legislation, regulatory, equality, diversity and dignity	Management of risk is a legal and statutory obligation. This paper has been written with due consideration to equality, diversity and inclusion.
Appendices:	Nil

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Tab 3.1 Corporate Risk Register

NHS
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3.1

1.0   Introduction

This paper details risks scoring 15 and above with data extracted from the Datix system on 28.02.23. Risk is managed as a dynamic process across services, this paper will continue to be updated during March 2024.

The Trust Risk Management Group (RMG) meets monthly and reviews risk by exception on rotation according to the annual work plan (AWP).

In accordance with the Risk Management Strategy and Policy, risk is being assessed and reviewed against category, appetite and risk tolerance levels.

This paper covers risks that have been agreed for placement on the corporate risk register, as well as those operational risks that are completing the process for inclusion onto this register, this includes risks that:
   a) have a current score of 15 or more
   b) exceed the risk categories appetite tolerance level and cannot be managed locally

In addition to the corporate risk register there is an operational risk register that includes risks that are being managed locally within our corporate and divisional teams.

Both corporate and operational registers now also include trust wide risks. These are risks that have the potential to affect services / teams across the organisation. Their management is led by the relevant subject matter expert with input from affected services / teams.

2.0   Context

The corporate risk register is a snapshot of risks across the Trust at a specific point in time and is made up of risks that have a current score of 15 as well as those risks that breach the risk tolerance levels and are not being managed at a local level.
Consideration is also given to patient safety risks with a consequence of 5.

There are 50 risks scoring 15 and above. RMG is progressing with the review of corporate and divisional risks escalated and reviewed for inclusion onto the corporate register.

A separate paper is completed and taken to the Senior Management Team meeting monthly to ensure all leaders are sighted to these risks with the request that placement on the corporate register is discussed and agreed. The annual work plan will continue to be reviewed and updated to ensure that it reflects learning from this new way of working.

The breakdown by service for all risks scoring 15 and above is detailed is in table 1

Table 1 - Risks scoring 15 or more	Risk Score				
	15	**16**	**20**	**25**	**Totals**
Cancer & Clinical Support	3 (3)	4 (4)	1 (1)	0 (0)	**8 (8)**
Estates & Facilities	7 (7)	1 (2)	1 (1)	0 (0)	**9 (10)**
IM&T	0 (0)	1 (1)	0 (0)	0 (0)	**1 (1)**
Corporate	1 (0)	2 (1)	1 (1)	0 (0)	**4 (2)**
CHAWs Child Health	1 (1)	2 (1)	0 (0)	0 (0)	**3 (2)**
CHAWs Women's Health	1 (0)	0 (0)	0 (0)	0 (0)	**1 (0)**

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Tab 3.1 Corporate Risk Register

NHS
The Princess Alexandra Hospital
NHS Trust

3.1

Medicine	0 (0)	0 (0)	0 (0)	0 (0)	**0 (0)**
Surgery	3 (2)	4 (3)	0 (0)	0 (0)	**7 (5)**
Urgent & Emergency Care	1 (1)	4 (5)	0 (0)	0 (0)	**5 (6)**
Trust wide	2 (2)	8 (6)	2 (2)	0 (0)	**12 (10)**
Totals	**19 (16)**	**26 (23)**	**5 (5)**	**(0)**	**50 (44)**

(The scores from paper presented at RMG/ SMT in November and Trust board in December are detailed in brackets)

The breakdown of risks that exceed the risk category appetite tolerance is in table 2. Divisions and services consider those risks that breach appetite and score less than 15 and submit by exception to the RMG who will consider and where appropriate escalate with a recommendation that SMT give approval for inclusion onto the corporate risk register.

Table 2 – Number of risks by category that exceed appetite tolerance	Risk Appetite tolerance level	Risk Score					Totals
		10	**12**	**15**	**16**	**20**	
Quality – Safety	≥ 10	25 (26)	61 (64)	10 (8)	16 (17)	2 (2)	**114 (117)**
Quality – Patient Experience	≥ 12		10 (11)	2 (3)	2 (0)	0 (0)	**14 (14)**
Quality – Clinical Effectiveness	≥ 12		17 (19)	2 (1)	1 (0)	1 (1)	**21 (21)**
People	≥ 15			1 (1)	5 (5)	0 (0)	**6 (5)**
Statutory Compliance & Regulation	≥ 12		11 (12)	4 (4)	0 (0)	2 (1)	**17 (17)**
Finance	≥ 12		4 (5)	0 (0)	0 (0)	0 (0)	**4 (5)**
Reputation	≥ 15			0 (0)	0 (0)	0 (0)	**0 (0)**
Infrastructure	≥ 15			0 (0)	1 (1)	0 (0)	**1 (1)**
Information and Data	≥ 10	0 (0)	9 (12)	0 (0)	0 (0)	0 (0)	**9 (12)**
Systems and Partnerships	≥ 15			0 (0)	1 (0)	0 (0)	**1 (0)**

3.0   Summary of risks scoring 20
There are 5 risks with a score of 20. A summary of these risks and actions / mitigations is below, information taken from divisional risks:

3.1   Quality – Safety:
3.1.1 Emergency care access standard
- There is a risk that patients may deteriorate as a result of failing to deliver the ED four-hour access standard.
  Risk id 85: is a Trust wide risk and is on the corporate risk register. This was initially raised 2016.
  Actions / mitigations: Use of the Manchester Triage tool and Nerve Centre to improve clinical information and prioritisation of patients. Improvement trajectory agreed and oversight by the Urgent Care Board. Implementation and monitoring of CQC improvement plan.

3.1.2 Referral to treatment constitutional standards
- Risk that patients waiting over 52-week for treatment may deteriorate and come to clinical harm. The numbers of patients waiting over 52 weeks has increased

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Tab 3.1 Corporate Risk Register

NHS
The Princess Alexandra Hospital
NHS Trust

3.1

significantly during Covid 19 pandemic and there is insufficient capacity to treat them all within the constitutional standard.

Risk id 497: is a Trust wide risk on the corporate risk register, raised February 2017, score increased since the pandemic.

Actions / mitigations: Regular meetings to review patient target lists (PTL), with priority for long waits. Cancer PTL reviewed every 24-48hrs. Daily circulation of PTL for escalation and long wait plans. Trajectory to reduce number of patients waiting >52 weeks with oversight by the Elective Care Operational Group and System Access Board.

3.2 Statutory Compliance and regulation:

3.2.1 Estates infrastructure

- There is a risk that a critical infrastructure in the Trust's estate may fail due to understaffing of the department and the need to have a qualified individuals to complete regular testing and maintenance.

  Risk id 560: raised August 2023 this is on the corporate risk register since December 2023.

  Actions / mitigations: The Trust employs contractors to support internal gaps. Full review of current staffing levels taking place and business case in development.

3.2.2 Hazmat decontamination capacity and capability

- There is a risk that should a hazardous materials incident occur, PAHT will not be able to discharge their duties of decontamination for several people presenting themselves for dry or wet decontamination. That is caused by insufficient equipment, storage space (for equipment) and trained staff.

  Risk id 611: raised in December 2023 and placed on the corporate risk register in March.

  Actions / mitigations: Purchase additional equipment for decontamination, undertake a baseline assessment to assess existing equipment, develop a training schedule and ensure this is accessible to staff. There is some equipment in place and staff who are trained to use it.

3.3 Clinical Effectiveness

Pharmacy automated dispensing system

- There is a risk that the automated dispensing system could be down by over 7 days if it breaks down. This is due to the unit being used past its estimated shelf life. New spare parts are no longer being manufactured, meaning we are reliant on reconditioned parts being available in Germany and could take over 7 days to be sourced and installed. This delay would lead to significant delays in medicines supply and dispensing.

  Risk id 127: originally raised in December 2013 and on the operational risk register, score was increased as a result of lack of availability for spares and delay arrival of these parts.

  Actions / mitigations: Trust has a system contract in place. Some refurbished parts are available but need to be imported from Germany. Business case completing due process for inclusion on capital plan.

4.0 No new risk scoring 16 raised since 28 December 2023

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Tab 3.1 Corporate Risk Register

NHS
The Princess Alexandra
Hospital
NHS Trust

3.1

5.0   No new risks with a score of 15 raised since 28 December 2023

6.0   Recommendation
Trust board are asked to review and discuss the contents of the corporate risk register

Authors: Lisa Flack – Compliance and clinical effectiveness manager
Sheila O'Sullivan – Associate director of quality governance

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Tab 3.2 Board Assurance Framework 23_24

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NHS Trust

3.2

Trust Board – 4 April 2024

Agenda item:	3.2
Presented by:	Heather Schultz – Head of Corporate Affairs
Prepared by:	Heather Schultz – Head of Corporate Affairs
Subject / title:	Board Assurance Framework 2023/24

Purpose:	**Approval**		**Decision**		**Information**		**Assurance**	x

| **Key issues:** | The Board Assurance Framework (BAF) is presented for review and approval. The risks have been updated with executive leads and reviewed at the relevant committees during January 2024.

A new risk is attached, BAF risk 1.4 EHR: There is a risk that AlexHealth is not deployed by October 2024 and is delayed beyond the end date of the Cambio support contract, resulting in reliance on an unsupported and unstable EHR which poses a risk to the delivery of care and patient safety. The risk has been scored as a 16.

The remaining risk scores have not changed this month and are summarised in Appendix B. The full BAF is available in the resources section of Diligent. |
|---|---|
| **Recommendation:** | The Board is asked to:
  -   Approve the new BAF risk for EHR
  -   Note the BAF and approve the current risk scores. |

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x	x	x
Previously considered by:	STC, QSC, PC and PAF in March 2024.				
Risk / links with the BAF:	As attached.				
Legislation, regulatory, equality, diversity and dignity implications:	NHS Code of Governance in relation to risk management. The controls and mitigating actions outlined in the risks are designed to support delivery of the Trust's strategic objectives and promote an organisational culture that drives improvements in equality, diversity and inclusion.				
Appendices:	Appendix B – BAF dashboard				

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Tab 3.2 Board Assurance Framework 23_24

Risk Key													
Extreme Risk		15-25											
High Risk		8-12		**The Princess Alexandra Hospital Board Assurance Framework 2023-24**									
Medium Risk		4-6											
Low Risk		1-3											

Risk No		PRINCIPAL RISKS				KEY CONTROLS		ASSURANCES ON CONTROLS		BOARD REPORTS				
		Principal Risks		RAG Rating (CXL)	Executive Lead and Committee	Key Controls		Sources of Assurance	Positive/negative assurances on the effectiveness of controls	Residual RAG Rating (CXL)	Gaps in Control	Gaps in Assurance	Review Date	Changes to the risk rating since the last review	Target RAG Rating (CXL)
		What could prevent the objective from being achieved	What are the potential causes and effects of the risks		Which area within our organisation this risk primarily relate to	What controls or systems are in place to assist in securing the delivery of the objectives		Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective	We have evidence that shows we are reasonably managing our risks and objectives are being delivered		Where are we failing to put controls/systems in place or where collectively are they not sufficiently effective.	Where are we failing to gain evidence that our controls/systems, on which we place reliance, are effective			
									Evidence should link to a report from a Committee or Board.					

Strategic Objective 1: Our Patients - we will continue to improve the quality of care, outcomes and experiences that we provide our patients, integrating care with our partners and reducing health inequities in our local population
Strategic Objective 5: Our Pounds – we will manage our pounds effectively to ensure that high quality care is provided in a financially sustainable way

Risk No		Principal Risks	Causes/Effects	RAG Rating (CXL)	Executive Lead and Committee	Key Controls		Sources of Assurance	Positive/negative assurances	Residual RAG	Gaps in Control	Gaps in Assurance	Review Date	Changes	Target RAG
BAF 1.4		**EHR** There is a risk that AlexHealth is not deployed by October 2024 and is delayed beyond the end date of the Cambio support contract, resulting in reliance on an unsupported and unstable EHR which poses a risk to the delivery of care and patient safety.	Causes: i) Delays in data migration due to data quality issues ii) Lack of training of end users due to late booking and unavailability of staff to attend training iii) Lack of engagement with end users and external users meaning understanding of the changes are not implemented iv) Inability to deliver process changes for team to understand new ways of working v) incomplete testing resulting in non deivery of contractual gateways vi)Support contract (Priority 1) with Cambio expires in February 2025	5 X 4= 20	Chief Information Officer **Strategic Transformation Committee**	i) Robust programme governance in place with programme board chaired by CEO with Non Exec attendance as well as oversight from NHS E, reporting into Strategic Transformation Committee. Implementation Board chaired by the Programme Director, Clinical Design Advisory Board chaired by the CNIO and CCIO, and Operational Readiness Board chaired by the Head of Performance and Planning ii) Additional external support and assurance from third party provider to support decision making and delivery iii) Regular oversight at public and private board iv) Listening and feedback mechanisms in place, clinical advisory groups and 'First look Fridays', ambssadors linking in with teams throughout the hospital and change facilitators for every division v) Regular surveys		ii) Alex Health Programme Board (to be chaired by CEO) iii) STCand PAF meetings iv) full Alex Health governance in place: Implementation Board, Clinical Design Advisory Board, Operational Readiness Board	i) Weekly Implementation Board ii) Formal documented Programme Board which review progress, risks and issues on a monthly basis iii) Monthly report to Strategic Transformation Committee iv) Monthly reports to Public and Private Board to assure programme progress to October implementation	4 X 4= 16	i) Resource availability to deliver to timeline within business case model ii) Capacity within operational teams to ensure delivery of change required iii) Oracle capacity to deliver on the timeline		Jan-24	New risk	4x3=12 end of 2024
			Effects: i) Data base failure and need to revert to paper based systems ii)Patient safety risks and inability to plan and deliver patient care appropriately iii) National reporting targets may not be met/ missed. iv) Financial loss to organisation through non-recording of activity, coding of activity and penalties for not demonstrating performance v) Data extraction from Cosmic would be delayed												

3.2

Tab 3.2 Board Assurance Framework 23_24

Board Assurance Framework Summary 2023.24

Risk Ref. Committee	Risk description	Year-end score (Apr 23)	June 23	October 23	Dec 23	Feb 24	April 24		Trend	Target risk score	Executive lead
	Strategic Objective 1: Our Patients - we will continue to improve the quality of care, outcomes and experiences that we provide our patients, integrating care with our partners and reducing health inequities in our local population										
1.1 QSC	Variation in outcomes resulting in an adverse impact on clinical quality, safety and patient experience.	16	16	16	16	16	16		↔	12	CN MD
1.2 STC	EPR: The current EPR has limited functionality resulting in risks relating to delivery of safe and quality patient care.	16	16	16	16	16	16		↔	12	CIO
1.3 PAF	Recovery programme: Risk of poor outcomes and patient harm due to long waiting times for treatment.	15	15	15	15	15	15		↔	10	COO
1.4	EHR There is a risk that Alex Health is not deployed by October 2024 and is delayed beyond the end date of the Cambio support contract, resulting in reliance on an unsupported and unstable EHR which poses a risk to the delivery of care and patient safety.						16 New risk			12	CIO
	Strategic Objective 2: Our People – we will support our people to deliver high quality care within a culture that supports engagement, recruitment and retention and results in further improvements in our staff survey results as we strive to be a model for equality, diversity and inclusion										
2.1 PC	GMC enhanced monitoring: There is a risk that the GMC/HEE will remove the Trust's doctors in training. This is caused by concerns regarding the quality of their experience, supervision and training. Removal of the doctors will result in the Trust being unable to deliver all of its services.	20	20	20	20	20	20		↔	10	MD
2.3 PC	Workforce: Inability to recruit, retain and engage our people	16	16	16	16	16	16		↔	8	DoP
	Strategic Objective 3: Our Places – we will maintain the safety of and improve the quality and look of our places and will work with our partners to develop an OBC for a new hospital, aligned with the development of our local Health and Care Partnership										
3.1 PAF	Estates & Infrastructure: Concerns about potential failure of the Trust's Estate & Infrastructure and consequences for service delivery.	20	20	20	20	20	20		↔	8	DoS
3.2 STC	System pressures: Capacity and capability to deliver long term financial and clinical sustainability at PAHT due to pressures in the wider health and social care system	16	16	16	16	16	16		↔	12	DoS
3.5 STC	New hospital: There is a risk that the new hospital will not be delivered to time and within the available capital funding.	20	20	20	20	20	20		↔	9	DoS
	Strategic Objective 4: Our Performance - we will meet and achieve our performance targets, covering national and local operational, quality and workforce indicators										
4.1 PAF	Seasonal pressures: Risk that the Trust will be unable to sustain and deliver safe, high quality care during seasonal periods due to the increased demand on its services.	12	12	12	12	12	12		↔	12	COO

3.2

Board Assurance Framework Summary 2023.24

Ref	Description										
4.2 PAF	Failure to achieve ED standard resulting in increased risks to patient safety and poor patient experience.	20	20	20	20	20	20		↔	12	COO
4.3 PAF/ (QSC for patient harms)	There is a risk that the ongoing Industrial Action creates deteriorated operational performance in both elective & urgent care. Industrial Action reduces the capacity of operational teams to deliver business as usual and operational improvements in order to provide patients with effective & efficient services and deliver financial balance. This results in less operational performance improvement and deteriorating performance recovery.				20* NEW RISK	20	20		↔	8	COO/MD/CN
Strategic Objective 5: Our Pounds – we will manage **our pounds** effectively to ensure that high quality care is provided in a financially sustainable way											
5.1 PAF	Finance - revenue : Risk that the Trust will fail to meet the financial plan due to the following factors: An annual plan has been set to deliver a deficit plan of £5.1m inclusive of a CIP requirement of c. £16.7m in 2023/24. The plan of £5.1m deficit was originally one of £12m deficit but was improved only following the agreement by the ICS to identify opportunities to improve the deficit through service reconfiguration and following £1.9m of non-recurrent funding allocated to the Trust in 2023/24. Inflation remains high, productivity remains a challenge and there is risk around income from the part move to a PbR basis. Cash will be a challenge in year with the potential deficit driving the Trust towards an adverse cash position.	12	12	16	16	16	16		↔	8	DoF

Tab 4.1 Report from QSC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS:	Trust Board (Public) – 4 April 2024			AGENDA ITEM: 4.1
REPORT TO THE BOARD FROM:	**Quality and Safety Committee (QSC)**			
REPORT FROM:	**Oge Austin-Chukwu**			
DATE OF COMMITTEE MEETING: **26 March 2024**				

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 Infection Prevention & Control (IPCC) Update	Y	Y	N	Key headlines were: - Sharps training for staff was a key focus with oversight via the Health & Safety Committee. - Clostridium difficile (C-diff) cases remained stable and aligned to the East of England base rate. - MRSA cases were the lowest in the ICS and below the East of England average. - MSSA cases were below the East of England average. - Numbers of gram-negative blood stream infections were very similar to the East of England average. - There were currently no COVID cases, seven influenza cases and zero RSV cases. - There had been one further cases of measles.
2.2 Report from Strategic Learning from Deaths Group Learning from Deaths Update	Y	Y	N	The seven month rolling HSMR position was 'lower than expected' and the best Trust position for the previous six years. The full 12 month rolling position would be available by August 2024 following recent data submission issues. An update following recent media interest subsequent to an inquest into a child's death was given. It was noted that no criticisms or regulation 28 findings were made against the trust however, in line with the SI, learning and actions were in place. QSC was assured that the appropriate processes had been followed internally in relation to the SI process,

4.1

Tab 4.1 Report from QSC

BOARD OF DIRECTORS: **Trust Board (Public) – 4 April 2024**   **AGENDA ITEM: 4.1**

REPORT TO THE BOARD FROM: **Quality and Safety Committee (QSC)**

REPORT FROM: **Oge Austin-Chukwu**

DATE OF COMMITTEE MEETING: 26 March 2024

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				that all child deaths are subject to the Child Death Overview Panel (CDOP) and that staff had been supported through the process. It was agreed that QSC will receive an update on the learning and resulting action plans from the UEC/Paediatrics teams.
2.3 Report from Clinical Effectiveness Group	Y	Y	N	It was noted that complaints/PALS concerns had increased during period of industrial action. It was very pleasing to note that the organisation's Blood Transfusion Service had been noted in the top ten nationally in terms of safety.
2.4 Quality PMO Report	Y	Y	N	The report provided a focused update on compliance against the two red CQC 'must do' and 'should do' actions and a narrative around the future direction and next steps for QCIG and the QPMO in relation to regulatory assurance. The two remaining red CQC 'must do' and 'should do' actions are: • S2 (ED 4 Hr standard) sustained lower quartile performance • S3/N (Safeguarding Training) there has been significant focus work to support oversight of safeguarding training with the new 'This is Me' learning platform and revised individuals training needs requirement.

Page **2** of **6**

4.1

Tab 4.1 Report from QSC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS:	Trust Board (Public) – 4 April 2024			AGENDA ITEM: 4.1
REPORT TO THE BOARD FROM:	**Quality and Safety Committee (QSC)**			
REPORT FROM:	**Oge Austin-Chukwu**			
DATE OF COMMITTEE MEETING: 26 March 2024				

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.5 Report from Patient Safety Group (PSG)	Y	Y	N	Key headlines were: • **NatPSA/2023/010/MHRA – Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls:** The group discussed compliance with this national safety alert in detail and agreed a very comprehensive action plan had been established. The closing of the alert was agreed with a request for further assurance that ward areas were able to adhere to the agreed actions. A decision was therefore taken that the divisions would provide an update on compliance in their areas in three months' time. • **Divisional Updates:** Reports were received from UEC and Medicine. There was a focus on work around falls and pressure ulcers in both divisions, and some early improvements were being seen from the recent resurrection of face-to-face complaint meetings.
2.6 Patient Safety & Quality Update	Y	Y	N	The key headlines in-month were noted under the headings of Patient Safety, Legal and Effectiveness. There were currently 15 open which included three new patient safety investigations and three cases with the ICB which left nine existing SIs 2023 to close. Further details around a

4.1

Tab 4.1 Report from QSC

BOARD OF DIRECTORS:	Trust Board (Public) – 4 April 2024			AGENDA ITEM: 4.1
REPORT TO THE BOARD FROM:	Quality and Safety Committee (QSC)			
REPORT FROM:	Oge Austin-Chukwu			
DATE OF COMMITTEE MEETING: 26 March 2024				

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				Coroner's Regulation 28 notice (received end March 24) would be provided the following month.
2.7 Four Monthly Patient Experience Update	Y	Y	N	Key headlines for Q3 were: **Complaints** • 104 open, 170 received since April 2023 and 206 closed. **PALS** • 377 open (previously 467), 4205 received and 4422 closed. QSC requested in a future update, additional detail around response times, processes, and how many cases were resolved with the first response letter.
2.8 BAF Risk 1.1 (Clinical Outcomes)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 16.
3.1 M11 Integrated Performance Report (IPR)	Y	Y	N	There were no areas for escalation. The positive news that the vacancy rate KPI had been met for the first time since May 22 was noted. Whilst performance against statutory mandatory training/appraisals was lower than target, progress was being made.

Tab 4.1 Report from QSC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS:	Trust Board (Public) – 4 April 2024			AGENDA ITEM: 4.1
REPORT TO THE BOARD FROM:	**Quality and Safety Committee (QSC)**			
REPORT FROM:	**Oge Austin-Chukwu**			
DATE OF COMMITTEE MEETING:	**26 March 2024**			

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
3.2 Report Against Operating Plan	Y	Y	N	Key headlines were: • Industrial action (IA) in February was mitigated as much as possible and activity levels were maintained over 103%. • The Trust continued to achieve the 28 day diagnosis standard for suspected cancer referrals. • The 62 day cancer treatment standard was on track to deliver against trajectory. • RTT: The expectation was there would be no patients waiting over 78 weeks by the end of March, and the next trajectory would be to have no patients waiting over 65 weeks by the end of September. • It was unlikely the organisation would achieve the 76% ED 4 hour standard by the end of March but some steady improvements in performance were being seen.
4.1 Quality Account Objectives and Timeline	Y	Y	N	The timeline for submission of the 23/24 Quality Account was noted and the objectives for 24/25 were endorsed subject to inclusion of targets in the objectives.
4.2 Horizon Scanning Update	Y	Y	N	**Martha's rule:** The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offered a 24/7

Page **5** of **6**

4.1

Tab 4.1 Report from QSC

BOARD OF DIRECTORS:	Trust Board (Public) – 4 April 2024			AGENDA ITEM: 4.1
REPORT TO THE BOARD FROM:	Quality and Safety Committee (QSC)			
REPORT FROM:	Oge Austin-Chukwu			
DATE OF COMMITTEE MEETING: 26 March 2024				

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				critical care outreach (CCOT) capability. PAHT would submit an expression of interest to be included in the first phase implementation. **Never event framework consultation:** NHS England is consulting on the future of the Never Events framework. The consultation is being held following the findings of reports from the CQC and HSIB, and further focus groups held by the National Patient Safety Team throughout 2021/22, that highlighted for several types and sub-types of Never Events the barriers were insufficiently strong to make an incident wholly preventable. PAHT would be sharing views regarding the never event framework consultation which would run until 05.05.24.
4.3 Six Monthly Research & Development Update	Y	Y	N	Key highlights for the last six months were: • **34** studies were currently open to recruitment. • The recruitment of patients into studies so far that year was **822.**

Tab 4.2 Maternity Reports

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 4 April 2024

4.2

Agenda item:	4.2
Presented by:	Sharon McNally – Chief Nurse
Prepared by:	Erin Walters, Head of Maternity Governance and Assurance
Date prepared:	06 March 2024
Subject / title:	Overview of Serious Incidents within maternity services
Purpose:	
Key issues:	The Ockenden Report, published in December 2020, recommended that all maternity Serious Incidents (SI's) reports and a summary of the key issues are shared with Trust boards. There have been 0 new maternity incidents declared since the last report for February 2024. There has been 1 maternity incidents closed since the last report (February 2024). Maternity services currently have 7 SI's under investigation (1 MNSI).
Recommendation:	To provide assurance to the Board that the maternity service are continually monitoring compliance and learning from Serious Incidents.

Trust strategic objectives:	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x		

Previously considered by:	Updated post PSG March 24 to remove patient sensitive information.
Risk / links with the BAF:	BAF 1.1
Legislation, regulatory, equality, diversity and dignity implications:	To be compliant with the Ockenden Interim Report that was published in December 2020 with recommendations for maternity services. To also monitor outcomes of those in black and brown ethnicities (known to have poorer outcomes), and vulnerable groups. **Mothers and Babies: Reducing Risk through Audits and Confidential Enquires** MBRRACE Report (October 2023)
Appendices:	n/a

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Tab 4.2 Maternity Reports

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4.2

1.0   Purpose

This paper outlines the open and recently closed Serious Incidents within Maternity services with concerns, themes, areas of good practice and shared learning identified.

2.0   Background

The Ockenden Interim Report, published in December 2020, recommended that all maternity Serious Incidents (SI's) reports and a summary of the key issues are shared with Trust boards.

3.0   Analysis

Maternity currently have 7 SI's under investigation, 1 of which is being investigated by Maternity and Neonatal Safety Investigations (MNSI) formally Healthcare Safety Investigation Branch (HSIB), the detail can be found in Appendix 1. Table 1 details the trend of declared SI's within the last 24 months to February 2024.

Table 1. Comparison of SI's reported for Maternity in last 24 months (to February 2024)
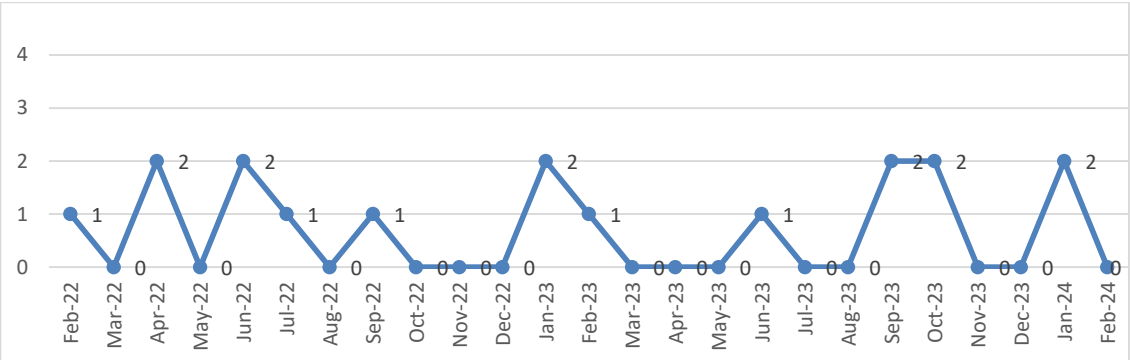
There were 0 new Maternity serious incident declared in February 2024

Table 2. Serious Incidents declared, submitted and closed for February 2024

Serious Investigations			
Number Declared for February 2024			0
Number Submitted for February 2024			2
Number Past CCG Deadline as of February 2024 (Not including HSIB/Approved Extensions)			4
New Serious Investigations declared in February 2024			
Ref	Ethnicity	Summary	Learning Points
Serious Investigations closed in February 2024			
Paweb 127181	White British	Retained swab post an episiotomy in theatres.	• Ensure the WHO checklist is completed for every patient undergoing a surgical procedure in theatre • LOCSSIPS forms are in place for procedures outside of theatre • "Pause for Gauze" - when counts are taking place noise and distractions must be kept to a minimum to enable the scrub and circulating

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Tab 4.2 Maternity Reports

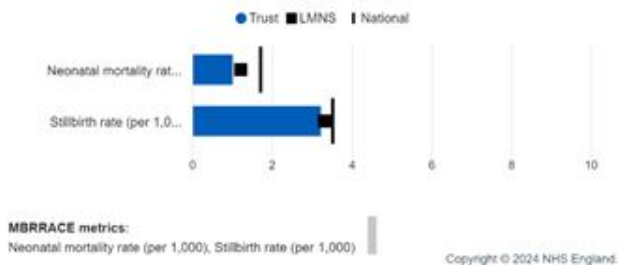|			practitioner to complete the surgical counts. • All swabs should be recorded in multiples of five on the count board. Additional swabs require an individual count and are added to the count board in five's e.g. 5+5+5 • Perineal checks should be offered at every postnatal opportunity. If declines this should be documented.

4.0   Themes

Table 3 details the top themes identified in maternity SI's within the last 24 months to February 2024.

Table 3. Top Themes

Total Number of SI's	Theme	Number
17	Neonatal death	6
	Hypoxic ischaemic encephalopathy (HIE)	4
	Cardiotocograph (CTG) interpretation	3
	Obstetric Haemorrhage	2
	Cross Border Working	2
	Delay in care	2
	Intrauterine death	2
	Retained Object	2
	Escalation	2
	Medical Equipment	2
	Screening Incident	1
	Therapeutic Cooling	1

5.0   Actions to Address Top 3 Themes

All mortality incidents are reviewed by a multidisciplinary panel including external stakeholders. This is reported onto a National database where themes and trends from the cases are collated. Action plans are initiated from every review and these form part of the assurance process for the Maternity Incentive Scheme and Saving Babies Lives Care Bundle v3.

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Tab 4.2 Maternity Reports

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NHS Trust

4.2

Hypoxic ischaemic encephalopathy (HIE) is reported through a variety of forums and monitored across the Local Maternity and Neonatal Services. Despite being a top theme, the service reports very few cases compared to our partner Trusts across the system. This is evidenced by the minimal referrals to MNSI (1 case in last 12 months) where referrals are based on criteria set nationally. Where criteria are met, an immediate review of care is undertaken by the MDT and initial learning and actions are shared. In relation to HIE, there are no overarching themes related to the outcome and each case has individual contributory factors. This is continuously monitored within the service and a deep-dive would be undertaken where themes are noted – this has occurred in previous years where anomalies were detected in the number of cases which led to commissioning of external reviews for each case.

CTG interpretation has been a key workstream for the service. In 2020, physiological interpretation was introduced as the method to determine fetal well-being. As a result of this an annual training and competency package has been introduced, whereby, all midwives and obstetricians are required to pass the assessment following completion of the course. Weekly MDT training has also been introduced and is led by the Fetal Monitoring Midwife or Fetal Monitoring Consultant. These are also attended by the Local Maternity and Neonatal System to encourage shared learning and good practice. Current compliance with the competency and training is >90% for all staff groups.

6.0   Oversight

All incidents are initially reviewed weekdays by an MDT of senior clinicians. Any that require further information/ investigation are escalated to the twice weekly Trust Incident Management Group (IMG) chaired by the Director of Clinical Quality Governance. This where management of the incident is decided i.e. SI declared. This is currently in a transition period with the implementation of the Patient Safety Incident Response Framework (PSIRF).

Further management and investigation is undertaken by the division. It is then approved and noted at Divisional Governance Board, then Patient Safety Group, then Quality and Safety Committee. Final oversight once complete is via Patient Safety Incident Assurance Panel, Trust Board, then the Local Maternity and Neonatal System.

Currently, the division is undertaking a review of the governance pathways and reporting structures to strengthen and develop the existing system so that it aligns further with local and national governance objectives.

Further assurance is achieved though triangulation of outcomes from investigations; this includes those from complaints and legal cases. The quality improvement agenda continues and is monitored via the Maternity Improvement Board and all the workstreams are tracked via the PM3 project management tool.

7.0   Recommendation

It is requested that the Board accepts the report with the information provided and the ongoing work with the investigation process.

Author: Erin Walters, Head of Maternity Governance and Assurance
Date: 06 March 2024

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Tab 4.3 Hard Truths

Trust Board (Public) – 4 April 2024

4.3

Agenda item:	4.3
Presented by:	Giuseppe Labriola – Deputy Chief Nurse
Prepared by:	David Dellow – Safe Staffing Lead and Giuseppe Labriola – Deputy Chief Nurse
Date prepared:	21.2 2024
Subject / title:	Report on Nursing and Care Staff Levels for January 2024.

Purpose:	**Approval**		**Decision**		**Information**	x	**Assurance**	x
Key issues:	The overall fill rate for January has remained stable for Registered Nurses and Healthcare support workers								
	No ward reported average fill rates below 75% for RN against the standard planned template during January 2024								

Recommendation:	The Board is asked to note the information within this report.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	x	x	x		x

|	
Previously considered by:	PC.25.03.24
Risk / links with the BAF:	BAF: 2.1 Workforce capacity All Divisions have both recruitment and retention on their risk registers
Legislation, regulatory, equality, diversity and dignity implications:	NHS England and CQC letter to NHSFT CEOs (31.3.14): Hard Truths Commitment regarding publishing of staffing data. NHS Improvement letter: 22.4.16 NHS Improvement letter re CHPPD: 29/6/18
Appendices:	**Appendix 1:** Registered fill rates by month against adjusted standard planned template. RAG rated. **Appendix 2:** ITU / HDU compliance with Guidelines for the provision of Intensive Care Services

1

Tab 4.3 Hard Truths

There was an increase in the Registered Nurse (RN) fill rates, with the Unregistered and the overall average fill rates decreasing in January. Registered fill rate increased by 0.6% to 96.3% , while the overall fill rate decreased to 102.0% (↓0.7%), along with care staff fill rates decreasing by 2.9% to 114.1%.

There are planned recruitment events throughout February and March for healthcare support workers to recruit into vacant posts.

Emergency Department (ED) fill decreased for RN Day, fill was 84.5%, (↓2.9%) with RN Night decreasing to 92.3%. (↓5.5%) There was an increase in fill rates for unregistered staff in January for Days (↑27.0%) to 101.4% and nights increasing by 13.7% to 98.0%. There has been an increase in RN unavailability during January (sickness and study leave) which the deputy chief nurse is monitoring through divisional roster governance meetings. Matrons and the practice development nurse supported the department during this period.

Critical care fill rates in January - the unit had more than the required numbers of staff for acuity of patients on 12 occasions during the day (green bars) and 18 occasions at night. The numbers on the left of the graph and strength of the bars denotes by how many staff. There were 20 occasions in the month when staffing fell below the required staffing levels across day and night. There were 8 (↓3) occasions when this was by 2 or more staff with 1 (↓1) occasion when this was 4. On occasions when staffing fell below the required levels, the Intensive Therapy Unit (ITU) team were supported by the Critical Care Matron, Practice development nurse and the supervisory nurse in charge working in the clinical numbers to support delivery of safe patient care. This was due to increased capacity within the department. See Appendix 2 for background on how safe staffing is calculated for critical care areas.

Inpatient Fill rate including maternity wards
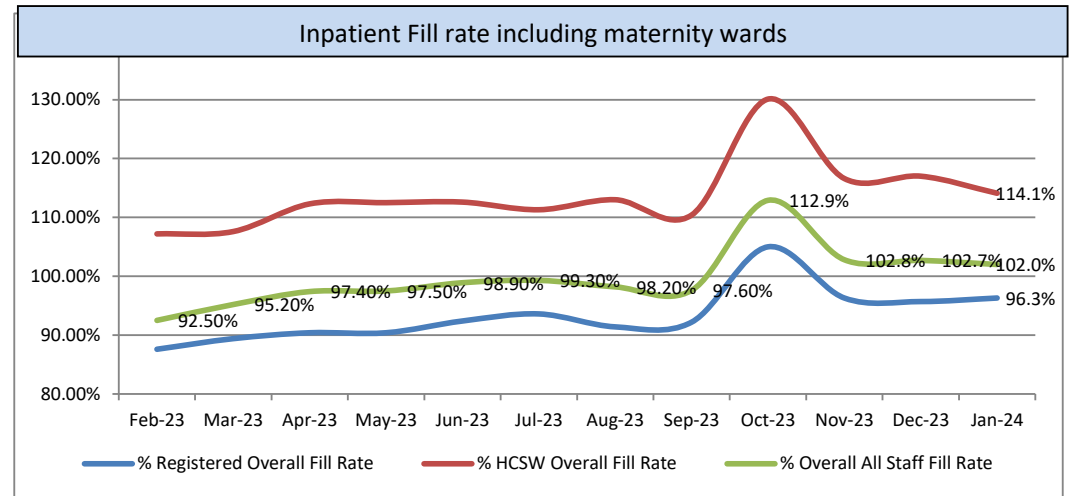
ED Fill rate

A&E Nursing	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
November 2023	89.2%	78.1%	95.3%	93.9%
December 2023	87.4%	74.4%	97.8%	84.3%
January 2024	84.5%	101.4	92.3%	98.0%

Critical Care Fill rate
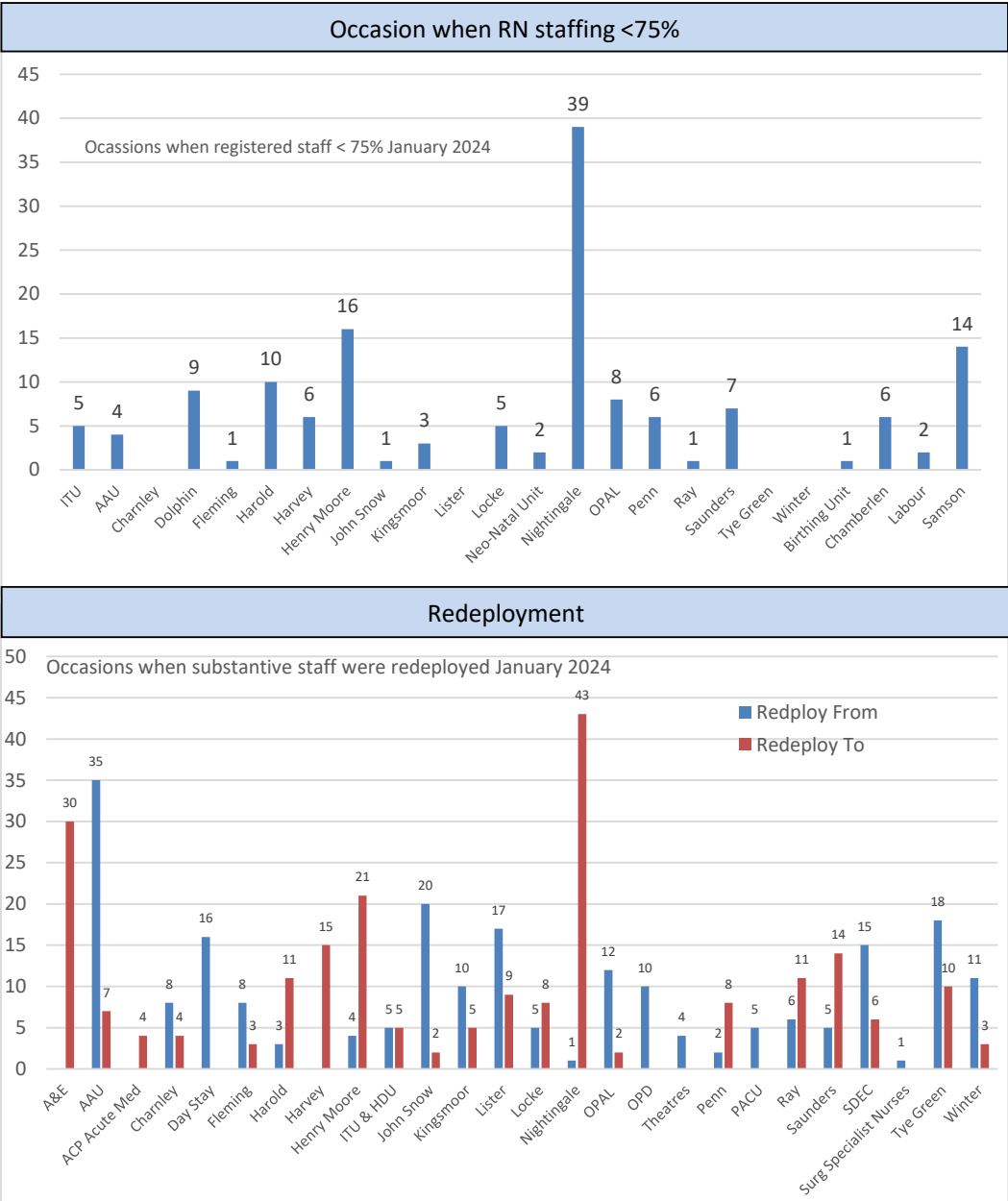

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Tab 4.3 Hard Truths
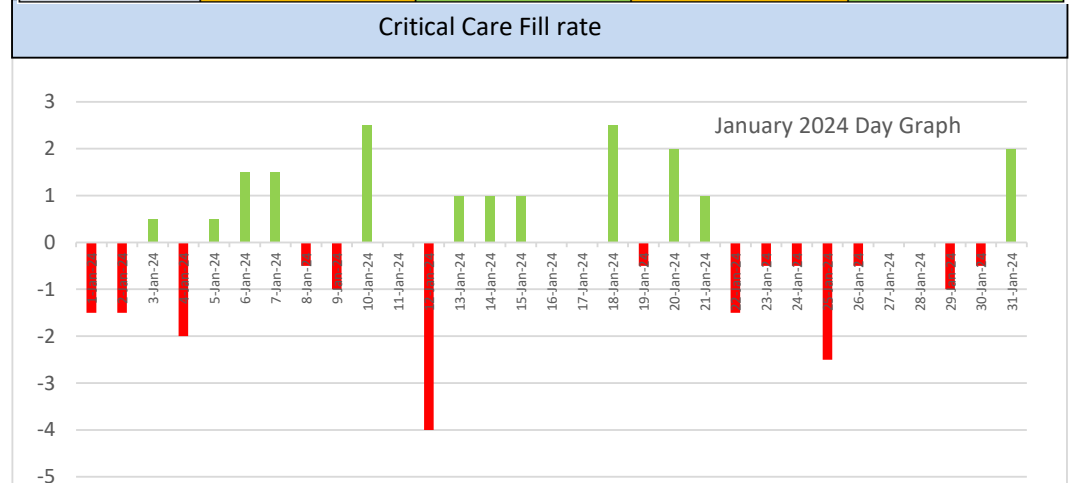
The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards increased by 2 occasions in January to 148. Nightingale was <75% on 44 occasions. This report now includes Maternity 19 (↓4). If a nursing red flag event occurs for the number of staff on duty unable to meet the care needs of patients, staff escalate the situation and if appropriate complete a Datix.

Datix reports in relation to staffing levels decreased to 35 (↓14) against December. Ray Ward and AAU raised 5 with Charnley raising 4.
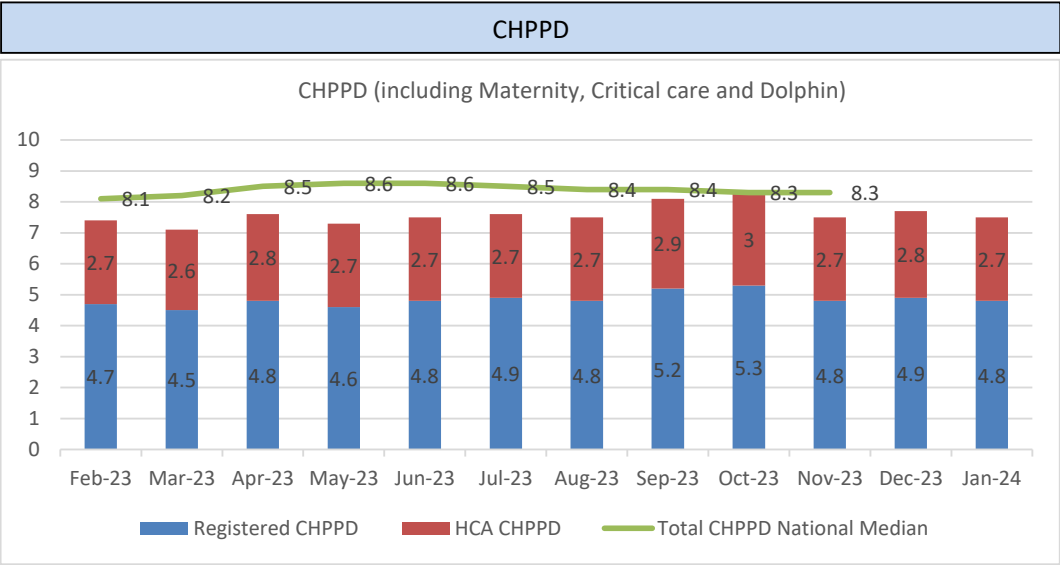
No wards reported average fill rates below 75% for RN against the standard planned template during January. Site wide staffing is reviewed a minimum of 3 times a day. Depending on the patient acuity and dependency, staffing levels are reviewed and adjusted. There has been no significant change in patient outcomes. Staff redeployment demonstrates Nightingale to be the highest receiver of staff.

Redeployment of staff continues to be undertaken to support SafeCare as part of the daily staffing huddles. In January, John Snow Ward remained the ward who redeployed the highest number of substantive staff. The highest net receiver of staff was Nightingale Ward, with ED and Henry Moore Ward being the next highest. During Industrial Action, outpatient department staff were redeployed to support wards but this is not consistently recorded in Health Roster.

SafeCare data is now collected three times a day to improve staffing governance across the organisation.

Occasion when RN staffing <75%

Ocassions when registered staff < 75% January 2024

Redeployment

Occasions when substantive staff were redeployed January 2024

3

4.3

Tab 4.3 Hard Truths

Overall Care Hours Per Patient Day (CHPPD) was 7.6 for January 2024. The Model Hospital data for November 2023 shows the Trust with a CHPPD of 7.6 against the national median of 8.3.

CHPPD

CHPPD (including Maternity, Critical care and Dolphin)

Month	Registered CHPPD	HCA CHPPD	Total CHPPD National Median
Feb-23	4.7	2.7	8.1
Mar-23	4.5	2.6	8.2
Apr-23	4.8	2.8	8.5
May-23	4.6	2.7	8.6
Jun-23	4.8	2.7	8.6
Jul-23	4.9	2.7	8.5
Aug-23	4.8	2.7	8.4
Sep-23	5.2	2.9	8.4
Oct-23	5.3	3	8.3
Nov-23	4.8	2.7	8.3
Dec-23	4.9	2.8	
Jan-24	4.8	2.7	

4

4.3

Tab 4.3 Hard Truths

Appendix.1. Ward level data: fill rates January 2024. *(Adjusted Standard Planned Ward Demand)*

Ward name	Day		Night		% Registered overall fill rate	% HCSW overall fill rate	% Overall fill rate
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)			
ITU & HDU	102.3%	68.8%	109.5%	103.3%	105.9%	86.1%	104.1%
Saunders Unit	80.6%	127.1%	119.1%	198.1%	95.0%	154.0%	117.3%
Penn Ward	84.8%	119.0%	97.5%	165.7%	90.1%	136.7%	106.8%
Henry Moore Ward	99.7%	109.1%	138.9%	119.7%	115.4%	114.2%	114.9%
Harvey Ward	73.7%	148.4%	102.2%	149.1%	85.3%	148.8%	108.3%
John Snow Ward	98.3%	39.7%	95.0%	70.0%	96.7%	49.2%	76.2%
Charnley Ward	99.7%	100.4%	104.3%	128.7%	101.9%	113.9%	105.3%
AAU	92.1%	109.4%	93.5%	148.9%	92.7%	128.3%	100.2%
Harold Ward	85.1%	108.9%	102.3%	132.8%	92.7%	120.3%	101.4%
Kingsmoor General	78.6%	118.8%	105.6%	138.4%	88.9%	128.2%	103.5%
Lister Ward	88.2%	100.3%	102.3%	117.2%	94.2%	108.4%	99.8%
Locke Ward	91.2%	111.8%	105.0%	136.2%	97.0%	123.5%	107.6%
Ray Ward	80.9%	108.6%	91.7%	181.5%	85.5%	136.3%	103.7%
Tye Green Ward	94.7%	99.4%	107.8%	128.2%	100.4%	111.2%	104.6%
Nightingale	75.3%	63.7%	76.8%	99.8%	76.0%	81.0%	78.0%
Opal Unit	106.7%	100.9%	90.1%	121.5%	98.8%	110.8%	103.6%
Winter Ward	91.9%	108.9%	98.6%	130.8%	94.8%	119.4%	104.6%
Fleming Ward	84.7%	103.2%	101.7%	123.2%	91.9%	112.7%	98.3%
Neo-Natal Unit	101.6%	84.9%	99.0%	103.3%	100.3%	94.1%	99.3%
Dolphin Ward	100.6%	53.0%	99.8%	90.9%	100.2%	65.7%	91.6%
Labour Ward	99.4%	109.9%	99.2%	106.7%	99.3%	108.4%	101.3%
Birthing Unit	108.5%	94.8%	100.6%	93.3%	104.7%	94.1%	101.2%
Samson Ward	100.6%	115.5%	103.4%	85.5%	102.0%	101.1%	101.6%
Chamberlen Ward	94.6%	90.0%	99.3%	90.0%	96.9%	90.0%	95.2%
Total	91.8%	103.2%	101.8%	127.4%	96.3%	114.1%	102.0%

5

4.3

Tab 4.3 Hard Truths

Appendix 2: ITU / HDU compliance with Guidelines for the provision of Intensive Care Services (Version 2.1 July 2022)

To ensure that the Board is given an overview of departments other than the inpatient wards and ED and to strengthen our compliance with the NQB 2013 and NQB 2016, this report will be looking at other metrics going forward.

Registered nurse staffing standards published within the Core Standards for Intensive Care Units, state
- Level 3 patients must have a registered nurse/patient ratio of a minimum 1:1 to deliver direct care
- Level 2 patients must have a registered nurse/patient ratio of a minimum of 1:2 to deliver direct care

The graph shows the actual staffing levels against the required number for the patients within the department each day shift. Red bars indicate when shifts had less than the recommended staffing numbers. The strength of the bar indicates how many shift short it was. The green bars indicate when there were more staff than the patient numbers required.

All shifts include a supervisory nurse.

6

Tab 4.4 Learning from Deaths

The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 4 April 2024

4.4

Agenda item:	4.4
Presented by:	Fay Gilder | Medical Director
Prepared by:	Fay Gilder | Medical Director
Date prepared:	18 March 2024
Subject / title:	Learning from Deaths update

Purpose:	**Approval**		**Decision**		**Information**	**x**	**Assurance**	**x**

Key issues:	This paper provides an update on data submission for mortality indices interpretation and programme of work to support structured judgement review (SJR) completion.
Recommendation:	To note the progress being made on the learning from death process and the improvement work to address this.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	✓	✓	✓		

Previously considered by:	QSCI.26.03.24
Risk / links with the BAF:	BAF 1.1 Variation in outcomes resulting in poor clinical quality, safety and patient experience.
Legislation, regulatory, equality, diversity and dignity implications:	*'Learning from Deaths'* - National Quality Board, March 2017 *This paper has been written with due consideration to equality, diversity and inclusion in respect of our patients, people and potential providers.*
Appendices:	Telstra presentation to SLFD

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Tab 4.4 Learning from Deaths

NHS
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4.4

1.0   Purpose/issue

The purpose of this paper is to update Board on the mortality indices and SJR completion progress.

2.0   Background

Princess Alexandra Hospital Trust (PAH) has a learning from death process that meets the national requirements.
The risks associated with this are captured on the learning from death risk register.

3.0   Current Telstra update on mortality indices for Princess Alexandra Hospital (PAH)

As detailed to Board in February 2024, there have been issues with the way data is processed as it is submitted to Hospital Episodes Statistics (HES). We are unable to give a 12 moth rolling position for HSMR.
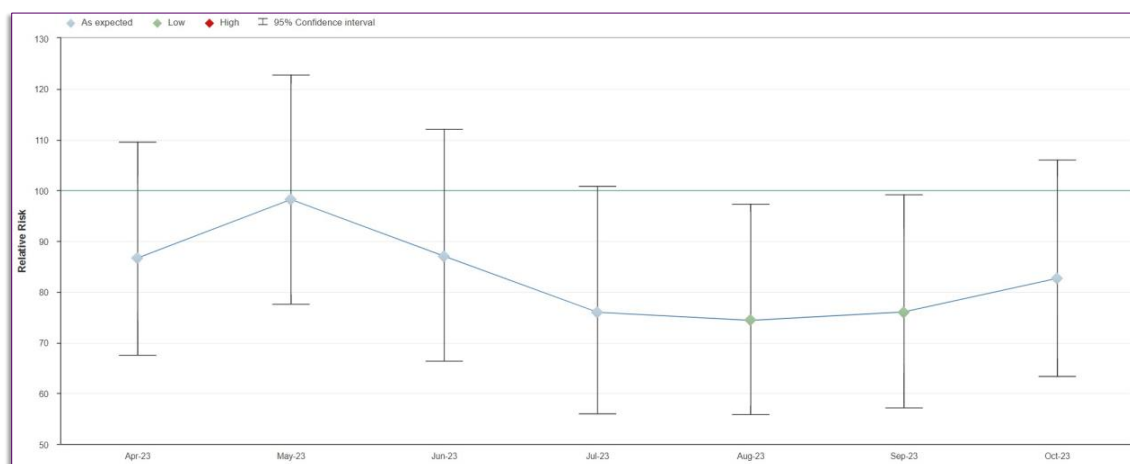
However, as well as submission to HES we also independently submit our data to Telstra. Telstra has worked with us to provide us with mortality indices in the interim.

The current position is described below in Fig 1 and Fig 2.

The HSRM for the period April 2023-October 2023 is 'lower than expected'. Our position as compared to the national position is described in the CUSSUM chart in Figure 2.

Figure 1.

The latest data tells us that the HSMR for the period Apr -23 to Oct-23 is 83.4 and "lower-than-expected", based on 15,085 superspells and 424 deaths (crude rate 2.8%).

Health UK

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Tab 4.4 Learning from Deaths

Figure 2.

National HSMR for the period Apr -23 to Oct-23 is 96.0 and "lower -than-expected" (confidence intervals 95.3 – 96.6).

Page 6   Copyright Telstra©   https://one.drfoster.com/Query/?id=2695862
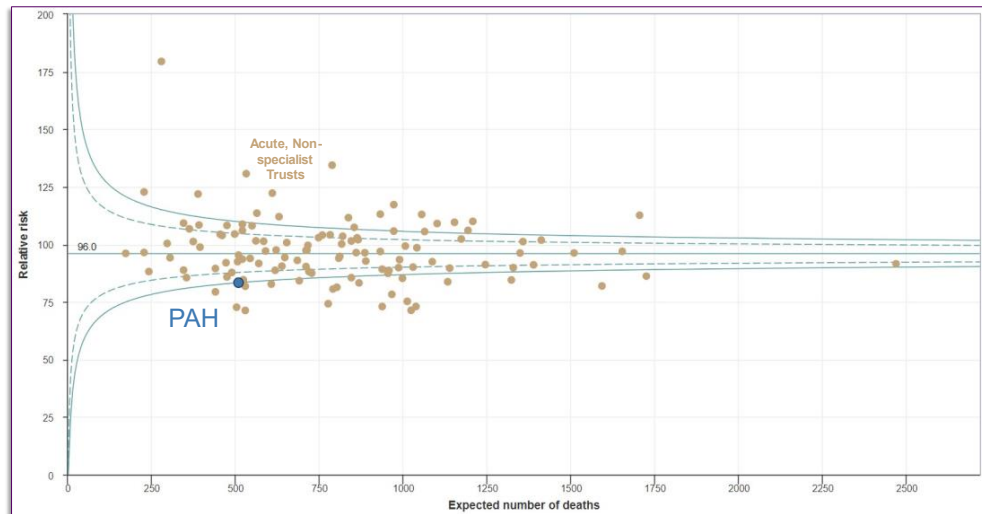
4.0   Structured Judgement Reviews

Considerable work is occurring to support the timely completion of SJRs. The Associate Medical Director (Mortality) has been educating medical colleagues in all relevant clinical specialties regarding the importance and the undertaking of SJRs.

An improvement is expected within 3 months and this will be tracked through the Divisional Review Meetings.

5.0   Risks

No changes identified for the Learning from Deaths risk register.

6.0   SLFD Group

SLFD group meeting summary is presented and discussed at QSC on a monthly basis with key points highlighted in the QSC summary presented to Board.   A NED attends the SLFD group.

7.0   Recommendation

For the Board to provide feedback on the contents of the paper to ensure a dynamic development of the information provided so that assurance can be provided.

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Tab 4.5 Electronic Health Record

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) 4 April 2024

Agenda item:	4.5
Presented by:	Phil Holland, CIO and Alex Health SRO
Prepared by:	Phil Holland, CIO and Alex Health SRO
Date prepared:	27 March 2024
Subject / title:	Alex Health (AH) Programme Update

Purpose:	Approval		Decision		Information		Assurance	x

Key issues: please don't expand this cell; additional information should be included in the main body of the report	The programme continues to progress towards its implementation in October 2024 with key headlines as follows: • Completion of data migration trial load. • Commencement of integration testing preparation for medical device testing. • Delivery of four 'First Look Fridays' which reviewed Anaesthetics, the Emergency Department, and ward rounds. • Completion of the validate gateway which enables the programme to progress into the testing phase. Key risks remain concerning: • Lack of flex in the timeline. • Training preparation progress.
Recommendation:	For information and assurance.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	Patients	People	Performance	Places	Pounds
	x	x		x	x

Previously considered by:	Alex Health Programme Board – 20 March 2024
Risk / links with the BAF:	1.2 EPR
Legislation, regulatory, equality, diversity and dignity implications:	The programme is ensuring that it takes into consideration regulatory requirements such as The Data Protection Act. Our governance arrangements provide assurance that the programme aligns with the appropriate legislation and statutory requirements, such as clinical safety, cyber security, and data protection. It is also ensuring the implementation allows for appropriate access for all individuals, and ensures necessary dignity and diversity implications are factored into the programme, such as enabling all access through the new patient portal, and providing specific training to enable access to our new digital system.
Appendices:	None

Tab 4.5 Electronic Health Record

NHS
The Princess Alexandra Hospital
NHS Trust

4.5

Introduction

The Alex Health programme is currently on course to implement in October, with the majority of our key milestones being hit to date. This paper will outline progress over the last 4 weeks, plans for the next period, current risks we are managing and mitigating, emerging concerns, and review of our critical path.

Programme Progress

The programme has continued to deliver against critical path milestones. The key deliverables have been:

- Completion of data migration trial load one with positive results in the majority of datasets. Expected issues in evidence with the outpatients dataset
- Commencement of integration testing preparation for medical device testing
- Establishment of our training recovery plan and interim arrangements with our new training partner.
- Delivery of four First Look Fridays which reviewed Anaesthetics, the Emergency Department, and ward rounds
- Completion of the validate gateway which enables the programme to progress into the testing phase

Plans for the next period

The key milestone that we will be achieving shortly is commencement of integration testing in early April.

The following key activities will also be completed over the next 4 – 6 weeks:

- Commencement of integration testing and data migration trial load 2
- Continued First Look Fridays covering capacity management, order comms and critical care
- Completion of training lessons plans and training schedule creating

Current Risks and Issues

While the programme is currently rated at amber, there are inevitably some significant risks that we continue to manage and mitigate. The key risks (currently scored over 15) are summarised below:

- Lack of flex in our timeline.
- Training preparation progress

Key risks and issues continued to be managed through the Implementation Board with detailed mitigation plans.

The programme is aware that industrial action for doctor colleagues is ongoing, and therefore a risk that this may continue into the summer. We have contingency time build into our training plan which will allow for unavoidable cancellations of training attendance. This contingency equates to an additional 15% capacity of our calculation of required training hours over the duration of our end user training window from 12 August to 11 October.

Tab 4.5 Electronic Health Record

4.5

Emerging Concerns

Whilst we actively and robustly manage our risks, we also are alert to emerging concerns to ensure we have early sight of them. These are gathered through our formal governance route, but also a number of informal channels to triangulate this information. The key emerging concern is as follows:

- Post Implementation we anticipate that our support functions will need to look different to how they currently do; we are developing our anticipated workforce model over the next 6 weeks for initial review

Critical path timeline review

As described in the 'plans for next period' section, we continue to work towards our critical path and expect to meet our next key milestone of our testing checkpoint on 28 March 2024. The following dates are our next key critical path deliverables:

- W/C 1 April commencement of data migration trial load 2
- W/C 8 April closure of second pulse survey
- W/C 15 April commencement of integration testing
- W/C 6 May completion of maintenance training

Conclusion

The Trust Board is asked to review and consider the contents of this report

Phil Holland

Chief Information Officer and Alex Health SRO

Tab 4.5 Electronic Health Record

NHS
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Our roadmap to go-live

| Design and build | | | | | | | Testing | | | | Training | | | | Go live! |

| Jul 23 | Aug | Sept | Oct | Nov | Dec | Jan 24 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct 24 |

| Project launch | Current state review | Future state review | Localisation | | | Future state validation | System testing | Integration testing | | | Training | | Full dress rehearsal | | Go live |

We are here!

- Align gateway
- Validation gateway
- Testing gateway
- Activate gateway

4.5

Tab 5.1 Report from PC

BOARD OF DIRECTORS: Trust Board   4ᵗʰ April 2024   **AGENDA ITEM: 5.1**

REPORT TO THE BOARD FROM: People Committee

REPORT FROM: Committee Chair – Non-Executive Director Darshana Bawa

DATE OF COMMITTEE MEETING: 25ᵗʰ March 2024

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 Staff Survey	Yes	Yes	No	An update on the staff survey results was received, benchmarking the Trust against 122 trusts. The positive response rate (50%) was 5% higher than the median response rate of the comparison group (45%). It was noted the Trust was moving in the right direction despite being below the national average for the 7 NHS People Promise elements. The free-text comments were discussed. A further update on the feedback to action plans and the quarterly pulse survey would be brought to the July meeting.
2.2 Communications Update	Yes	No	No	An update on the activity of the Communications team was noted including recent media relations. It was noted a higher volume of more neutral and negative media enquiries had been received across January and February 2024.
2.3 Learning and OD Update	Yes	Yes	No	Appraisals and statutory and mandatory training compliance were discussed along with a programme of work to optimise the functionality of TiMS. Appraisals and Statutory and Mandatory training compliance were at 71.64 % and 81.56% respectively. The actions being taken following the internal audit review of recruitment were noted. A further breakdown of the risk of non-compliance with specific training would be considered in the future.

5.1

Tab 5.1 Report from PC

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS: Trust Board 4th April 2024				AGENDA ITEM: 5.1
REPORT TO THE BOARD FROM: People Committee				
REPORT FROM: Committee Chair – Non-Executive Director Darshana Bawa				
DATE OF COMMITTEE MEETING: 25th March 2024				
Agenda Item:	**Committee assured** **Y/N**	**Further work** **Y/N**	**Referral elsewhere for further work** **Y/N**	**Recommendation to Board**
2.4 People Report including Recruitment and Retention Deep Dive	Yes	No	No	The vacancy rate has decreased to 8.56% and sickness has increased to 5.08%. Time to hire is 58 days (a decrease from December) and work is underway to reduce this. The Committee was assured on the progress being made in regards to recruitment and retention following the deep dive. It was agreed an update would be brought back to each meeting in regards to the actions from the recruitment and retention internal audit review.
2.5 Safer Nurse Staffing Report	Yes	No	No	The overall fill rate for January has remained stable for Registered Nurses/Midwives (96.3%) and Healthcare support workers114.1%. No ward reported average fill rates below 75% for RN against the standard planned template during January 2024.
2.6 Nursing Midwifery and Allied Health Professionals Strategy Update	Yes	No	No	The 2020/24 Nursing, midwifery and AHP strategy continues to make good progress. The refreshed strategy is emerging, aligned to relevant national strategies. The timeframe for approval of the strategy is July 24, with an indicative date of the draft strategy being presented at the May People Committee.
2.7 PAHT 2030 Culture Milestones	Yes	No	No	The 2022/23 milestones remain green overall with one milestone currently delayed; talent management (red). Our Culture 2023/24 also remains green overall, with one milestone currently delayed (amber).
2.8 Fit and Proper Persons	Yes	No	No	The Committee noted the draft policy and it would be brought back to the Committee for approval following further review.

5.1

Tab 5.1 Report from PC

BOARD OF DIRECTORS: Trust Board   4ᵗʰ April 2024   **AGENDA ITEM: 5.1**

REPORT TO THE BOARD FROM: People Committee

REPORT FROM: Committee Chair – Non-Executive Director Darshana Bawa

DATE OF COMMITTEE MEETING: 25ᵗʰ March 2024

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.9 GMC Enhanced Monitoring	Yes	No	No	Positive progress was noted.
2.10 BAF Risk 2.1: (GMC enhanced monitoring)	Yes	No	No	The risk score remained unchanged at 20.
2.11 BAF Risk 2.3 Workforce: Inability to recruit, retain and engage our people	Yes	No	No	The risk score remained unchanged at 16.
2.13 Horizon Scanning	Yes	No	No	It was noted the GMC training survey opened on the 19ᵗʰ March. It was also noted further industrial action had been mandated for junior doctors for a further six months. The national review of Nursing and Midwifery job profiles was noted.

5.1

Tab 5.2 Staff Survey Results

Trust Board (Public) – 4 April 2024

Agenda item:	5.2
Presented by:	Ogechi Emeadi – Director of People
Prepared by:	Clare Fisher, senior organisational development partner Jennifer Palmer-Violet, organisational development partner
Date prepared:	23-02-24
Subject / title:	NHS Annual Staff Survey 2023: national benchmarking scores

Purpose:	Approval		Decision		Information	X	Assurance	X
Key issues:	This paper sets out the results for the National Staff Survey 2023, benchmarked against all other acute/acute and community Trusts. This includes our next steps in using this data to drive improvement. This paper is presented in conjunction with item 2.1b *NHS Annual Staff Survey 2023: free-text comment analysis*							
Recommendation:	Review results, be assured of the proposed top three improvement priorities, and the Feedback to Action 2.0 process.							

Trust strategic objectives:	Patients	People	Performance	Places	Pounds
	x	x	x		

Previously considered by:	SMT and JSCC PC.25.03.24
Risk / links with the BAF:	2.3 Inability to recruit and retain our people
Legislation, regulatory, equality, diversity and dignity implications:	CQC - KLOE well led
Appendices:	

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Tab 5.2 Staff Survey Results

2

NHS Annual Staff Survey 2023: national benchmark scores

1.0 Introduction

This paper sets out our Annual Staff Survey 2023 results – benchmarked nationally – and proposes how we will use the data to drive improvement.

2.0 Background

The benchmark report shows our results against the national average and aligns them with the NHS People Promise, i.e. the seven elements that would most improve working life as chosen by NHS employees.

3.0 Guidance on the national benchmark report

- PAHT is benchmarked against 122 trusts (acute, and acute and community).
- Most questions are aligned (where possible) with the NHS People Promise and/or 'staff engagement' and 'morale'; see Appendix 1 for exclusions.
- Some questions are not benchmarked because of incomparable data.
- The results comprise best, average and worst scores for similar organisations.

4.0 Benchmarked response rate

Our response rate (50%) was:

- 5% higher than the median response rate of the comparison group (45%).
- 1% higher than our 2022 response rate (49%).

Tab 5.2 Staff Survey Results

3

5.0 NHS People Promise and theme overview results

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	7.05	5.80	6.52	5.79	5.26	6.18	6.67	6.67	5.63
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	1899	1893	1878	1880	1746	1881	1895	1896	1899

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5.2

Tab 5.2 Staff Survey Results

4

6.0 Result headlines

PAHT scored below the national average for staff engagement and morale, as well as all seven NHS People Promise elements.

However, PAHT has seen marginal increases in staff engagement and morale scores, and improvement across the NHS People Promise (up for all seven elements) compared with 2022. In addition, all People Promise elements and both themes have continued to improve since 2021.

From our own baseline, PAHT is moving in the right direction and it is imperative we build on this momentum. We have analysed the outcomes to determine the specific priority drivers that would have the greatest positive impact for PAHT.

6.1 Comparing PAHT results with the national average

Of the top 10 questions improved from last year, four related to 'Safe and Healthy' and three to 'Always learning'. Since these two areas were part of the five focus areas for PAHT last year, it is reassuring to note that we have moved above the national average.

Of the top 10 declining scores, we are lower than the national average for two key questions;

    A. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (PAHT 47.52%, National average 63.32%)
    B. I would recommend my organisation as a place to work. (PAHT 50.14%, National average 60.52%)

Both these questions were an increase for PAHT on last year of 5% and 6% respectively so we can see again that whilst we are continually improving, we are moving towards the national average.

6.2 Comparing PAHT results year on year

Our most improved and declined questions year on year suggest which NHS People Promise elements / themes should be considered as Trust-wide priorities.

Our improved scores range from up 5.4% to most improved up 8.7% (people not experiencing physical violence at work). Again, strong improvements on 'safe and healthy' and 'always learning'.

Our most declined score was minus 8.5% for having an appraisal in the last 12 months. A contributing factor could be the new Band 5 appraisal window started in October 2023 with approximately 1,200 people expecting to have an appraisal between October 2023 and March 2024. Variance on the other scores was marginal between minus 0.5% and minus 1.8%,

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Tab 5.2 Staff Survey Results

5

7.0 Prioritising improvement actions

Whilst some questions for **We are safe and healthy** and **We are always learning**, improved, the overall results were driven lower by questions where the negative variance influenced the final result. This, supplemented by feedback gained from employee feedback through other channels, means we propose three priorities to support the 2024-2025 PAHT strategic, operational and people objectives.

1. **People Promise: We are always learning**

2. **People Promise: We are safe and healthy**

3. **This is Us management practices and leadership promise**

Focusing on our This is Us management practices and leadership promise reinforces the relational aspect of our work alongside the impact on engagement and morale.

For example, by ensuring everyone receives an annual appraisal – as part of an ongoing dialogue with their manager – we will address concerns around health and wellbeing; knowledge and skills; feeling valued and career development. Ultimately, this will help mitigate the risk around attracting and retaining staff.

8.0 Actioning priorities

We have improved Feedback to Action 2.0 so that employee engagement is a fixture on divisional agendas year-round and collates data from multiple channels. It now offers a mechanism to prioritise and action employee feedback, and enable staff involvement. It also requires rigorous measurement and progress reports to underscore accountability.

Next steps are:

- Divisions nominate a responsible Feedback to Action lead
- Divisional teams attend a team workshop to analyse their outcomes and agree their local themes
- Divisional leads complete an engagement plan which OD will monitor
- OD facilitate 'roadshows' and other events to support teams
- Accountability is through divisional PRM's and Trust governance.

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5.2

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Tab 5.2 Staff Survey Results

Trust Board (Public) – 4 April 2024

Agenda item:	5.2
Presented by:	Ogechi Emeadi – Director of People
Prepared by:	Clare Fisher, Senior OD Partner Jennifer Palmer-Violet, OD Partner
Date prepared:	8 March 2024
Subject / title:	NHS Annual Staff Survey 2023: free-text comment analysis

Purpose:	Approval		Decision		Information	x	Assurance	
Key issues:	This paper sets out the free-text comments submitted by staff participating in the NHS Annual Staff Survey 2023, and the thematic analysis undertaken by the organisational development team. This paper is presented in conjunction with item 2.1a *NHS Annual Staff Survey 2023: national benchmarking scores*							
Recommendation:	Review results, be assured of the inclusion in the improvement priorities, and the Feedback to Action 2.0 process.							
Trust strategic objectives:	Patients	People	Performance	Places	Pounds			
	x	x	x	x	x			

Previously considered by:	SMT PC.25.03.24
Risk / links with the BAF:	2.3 Inability to recruit and retain our people
Legislation, regulatory, equality, diversity and dignity implications:	CQC - KLOE well led
Appendices:	Appendix 1. Full details - 'additional comment' free text responses Appendix 2. Full details 'other grounds for discrimination' free text responses

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Tab 5.2 Staff Survey Results

NHS Annual Staff Survey 2023: Free-text comments thematic analysis

1.0 Introduction

This paper sets out the thematic analysis of responses to the two free-text questions within the annual staff survey 2023:

- "If you have any additional comments about working in this organisation, please write them below"
- Question 16c: "On what grounds have you experienced discrimination? - Other, please specify"

The free text responses are confidential and not published. They have been closely reviewed and any information breaching individual confidentiality redacted. Responses will be shared with SMT and Divisions at their workshops, described in the *NHS Annual Staff Survey 2023: national benchmarking scores* paper, item 2.1a on the agenda.

2.0 Sample base

In total, 494 staff submitted a free-text comment (approx. 26% of respondents).

Of the 204 staff who answered 'yes' to "in the last 12 months have you personally experience discrimination at work from patients / service users, their relatives or other members of the public", and of the 193 staff who answered 'yes' to "in the last 12 months have you personally experienced discrimination at work from – manager / team leader or other colleagues" - 64 staff submitted an 'other option' to explain their reason for experiencing discrimination.

3.0 Scope of free-text report

The free-text report on which this thematic analysis has been completed was received from Picker, the staff survey provider. The free text analysis relates to comments PAHT-wide and is used in conjunction with the survey data outcomes to assess the improvement actions and culture change initiatives.

4.0 Free-text 'additional comment' thematic analysis process

The thematic analysis of the free-text 'additional comment' is subjective and was completed in line with the following approach:

1. Identify the corresponding NHS People Promise theme that best captures the overall nature of the comment
2. Identify the sub-theme describing the specific focus of the comment
3. Where required, comments were split to separately 'code' the themes where several different points were raised within the one original comment.

5.2

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Tab 5.2 Staff Survey Results

4.1 Main themes

Main themes comprise the seven People Promise elements and PAHT themes, i.e. those not adequately represented by the People Promise. The chart below shows all the main themes and their impact (negative, neutral or positive).
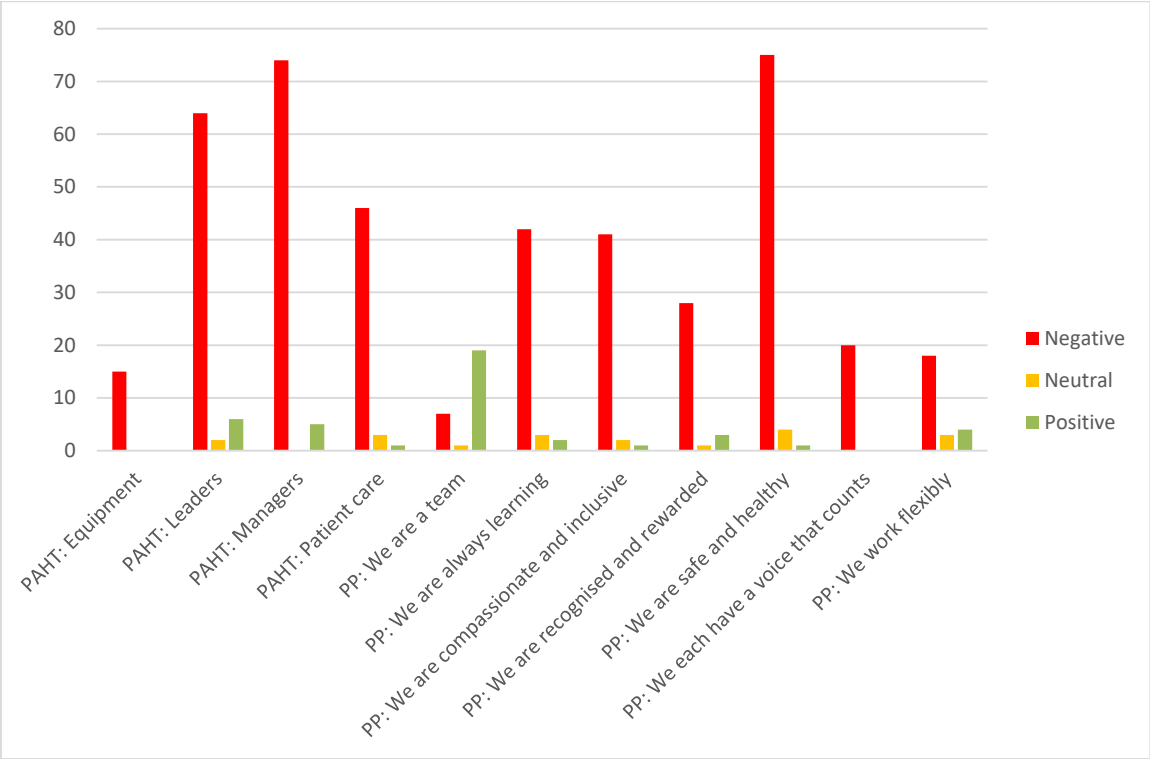
4.2 Sub-themes

Sub-themes (listed below) are mapped to main theme(s) and capture the specific focus of each comment.

- Acting on concerns
- Appraisals
- Career development
- Communication
- Datix
- ED&I
- Executives
- Flexible working
- General
- International
- IT
- Leadership and management

- Line manager
- Mental health
- Morale
- Org design
- Overall health and wellbeing
- Parking
- Patient safety
- Pay and reward
- People team
- Perception of fairness / nepotism
- Physical environment

- Physical health
- Quality of care
- Resources, equipment and supplies
- Rotas
- Team
- Toilets
- Toxicity
- Training
- Workload and staffing levels

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Tab 5.2 Staff Survey Results

5.0 'Grounds for discrimination' free-text comments

Questions 16c explores the grounds for people answering 'yes' to experiencing discrimination in the last 12 months – results in the table below. Overall, there were 321 staff responses; some discrimination categories overlap, i.e. respondents specified gender and ethnic background.

Option	Count	Organisation Overall Percent
Ethnic Background	199	62%
Gender	51	15.00%
Religion	9	2.95%
Sexual Orientation	6	1.81%
Disability	20	6.40%
Age	48	15%
Other (please specify)	80	25%

For those selecting 'other', a free-text option was given to provide further information These responses are summarised below
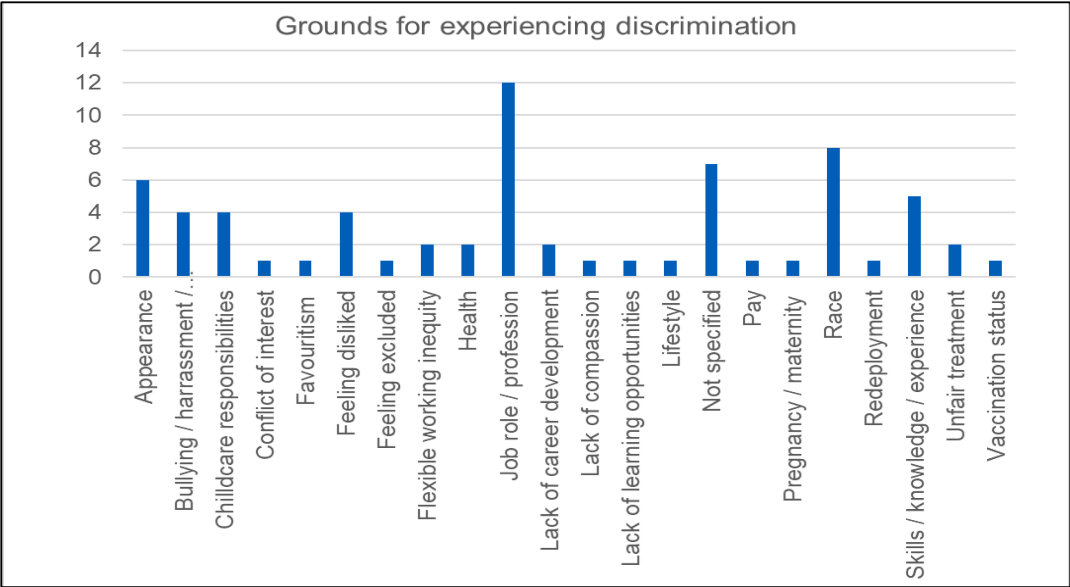
6.0 Integration with Feedback to Action 2.0

Free text analysis was used to supplement the outcomes of the survey questions and proposed improvement actions. As the free text is not locality specific, and to preserve anonymity, themed responses form part of the divisional discussions and will contribute to the divisional and corporate engagement plans.

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Tab 6.1 Report from PAF

BOARD OF DIRECTORS:	Trust Board (Public) 4 April 2024			AGENDA ITEM: 6.1

REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF)

REPORT FROM: Colin McCready - Committee Chair

DATE OF COMMITTEE MEETING: 28.03.24

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 Performance/Finance Deep Dive (Dermatology)	Y	Y	N	This was the second operational/finance deep dive presented to PAF and on this occasion it related to an outpatient service – Dermatology. The data showed that there had been significant increases in demand over recent years for dermatology and service improvements had been seen across a range of areas. KPIs for 18 weeks and diagnosis and then treatment of dermatology concerns was amongst the highest in the system and regionally. There were plans in place for 24/25 to minimise Insourcing and Outsourcing of key services in line with improved recruitment within the service and in addition, the reduction in agency staff costs could be evidenced within the system. However, PAF requested the team to some of the performance more to the level of work completed to show activity trends etc. which would be discussed at the next PAF.

Page **1** of **7**

6.1

Tab 6.1 Report from PAF

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS:	Trust Board (Public) 4 April 2024			AGENDA ITEM: 6.1
REPORT TO THE BOARD FROM:	**Performance & Finance Committee (PAF)**			
REPORT FROM:	**Colin McCready - Committee Chair**			
DATE OF COMMITTEE MEETING: 28.03.24				

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.2 M11 Finance Report	Y	Y	N	In M11 the Trust received an additional £10.4m of non-recurrent funding. £2.5m relating to the M9-M11 industrial action impact, as well as £7.9m non-recurrent income from the ICB to align funding from across the system to support the Trust's bottom line. This had provided a revised forecast outturn of £6.1m deficit at 31.03.24.

The Trust had declared a surplus of £8.7m in M11, with a reported deficit of £6.0m YTD against the original 23/24 plan. This meant that the position was favourable to the YTD plan by £0.2m. Against the revised forecast outturn the Trust was £0.1m worse than plan YTD.

There had also been a requirement to understand the workforce growth between 2019/20 and 2023/24. This had been undertaken with detailed analysis available for Nursing & Midwifery, Medical and Scientific and Technical staff groups. The analysis showed there had been a 14% increase in the establishment compared to 20% nationally. This was in line with the increase from 2015/16 to 2019/20. |

6.1

Tab 6.1 Report from PAF

BOARD OF DIRECTORS:	Trust Board (Public) 4 April 2024			AGENDA ITEM: 6.1

REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF)

REPORT FROM: Colin McCready - Committee Chair

DATE OF COMMITTEE MEETING: 28.03.24

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.4 Annual Operating Plan	Y	Y	N	Templates for the draft submission had been submitted on 15.03.24. The final submission would be early May 2024. The finance plan was a £27.9m deficit with a £18.5m PQP target. The system position was an £80.9m deficit. Workforce movement from March 2024 to March 2025 was a reduction of 153.16 WTEs. The financial plan assumed the ERF activity plan was 110% of 19/20 value weighted activity.
2.5 Capital Update	Y	Y	N	The Trust total CRL for 23/24 is £14.7m. The Trust CDEL is £14.3m. The Trust had been awarded additional PDC funding since the last month to the value of £0.6m. At the same time, it had deferred PDC funding of £2.2m relating to New Hospital Programme. This had resulted in a reduction of the total capital allocation to £30.1m and underspend of £218k was forecast against that currently. The Trust would need to spend £16.4m by the end of M12 to achieve spend against the plan and this would be undertaken through increased billing at year-end and the level of billed spend being recognised in the accounts aligned with prior years at that point in the year. The Trust had spent £13.2m YTD as at M11.

Page **3** of **7**

6.1

Tab 6.1 Report from PAF

The Princess Alexandra Hospital **NHS**
NHS Trust

BOARD OF DIRECTORS:	Trust Board (Public) 4 April 2024			AGENDA ITEM: 6.1

REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF)

REPORT FROM: Colin McCready - Committee Chair

DATE OF COMMITTEE MEETING: 28.03.24

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.7 PQP Update	Y	Y	N	Year to date (YTD) at M11, PQP had over-delivered against target by £60K, however in-month had under delivered by £227k. In total, £1.764M had been delivered in-month and £14.674M YTD. Delivery of the non-recurrent central support continued. 52% YTD and 40% in-month had been delivered recurrently, against the target (80%), the majority of the non-recurrent delivery was income related. Divisional PQP plans totalled £16.7M, including £4.1M central support. Ongoing concerns related to programme delivery remained and those were: 1) Activity and productivity levels and the Trust's overall financial position 2) Current levels of overspend 3) Winter operational challenges and 4) The level of recurrent PQP delivery. Key areas of focus included delivery of the £16.7m PQP target, increasing income capture/coding of activity, reducing temporary pay costs and planning and preparation of the 2024/25 PQP programme.
2.8 BAF Risk 5.1 (Finance – Revenue)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 16.

6.1

Tab 6.1 Report from PAF

BOARD OF DIRECTORS: **Trust Board (Public) 4 April 2024** **AGENDA ITEM: 6.1**

REPORT TO THE BOARD FROM: **Performance & Finance Committee (PAF)**

REPORT FROM: **Colin McCready - Committee Chair**

DATE OF COMMITTEE MEETING: 28.03.24

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
3.1 M11 Integrated Performance Report	Y	Y	N	Key headlines were: • **Diagnostics:** A deterioration in performance from November to December due to reduced capacity over Christmas/New Year but on-going high referral levels. Cytoscopy improvement worked commenced and ongoing Endoscopy improvements. • **Urgent Care:** Significant emergency pressure during January however small improvements in the standard and ambulance handovers remained static overall. Individual days in January saw significant pressure with handovers over 60 minutes and system support was provided where possible. • A query was raised in relation to length of stay and community capacity and would be addressed at Board under the IPR discussion.

Page **5** of **7**

6.1

Tab 6.1 Report from PAF

The Princess Alexandra Hospital **NHS**

NHS Trust

BOARD OF DIRECTORS: Trust Board (Public) 4 April 2024				**AGENDA ITEM: 6.1**
REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF)				
REPORT FROM: Colin McCready - Committee Chair				
DATE OF COMMITTEE MEETING: 28.03.24				
Agenda Item:	**Committee assured** Y/N	**Further work** Y/N	**Referral elsewhere for further work** Y/N	**Recommendation to Board**
3.2 Report Against Operating Plan	Y	Y	N	Key headlines were: - Despite further industrial action in February the Trust maintained good levels of elective activity. - The backlog in cancer patients waiting over 62 days had started to decrease in February and it would be possible to achieve the 31.03.24 standard of 112 set by NHSE. - The diagnostic standard performance had increased by 10% in February. - Outpatient performance standards were starting to show signs of improvement. - The number of long waiting routine patients over 78 weeks had decreased in February. - Urgent care performance had continued to be challenged with ongoing high numbers of patients and high acuity in February.
3.3 BAF Risk 4.1 (Seasonal Pressures)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 12.
3.4 BAF Risk 1.3 (Recovery Programme)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 15.

Page **6** of **7**

6.1

Tab 6.1 Report from PAF

The Princess Alexandra Hospital NHS

NHS Trust

BOARD OF DIRECTORS: Trust Board (Public) 4 April 2024				**AGENDA ITEM: 6.1**
REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF)				
REPORT FROM: Colin McCready - Committee Chair				
DATE OF COMMITTEE MEETING: 28.03.24				

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
3.5 BAF Risk 4.2 (4 Hour Emergency Department Constitutional Standard)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 20.
3.6 BAF Risk 4.3 (Industrial Action)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 20.
4.1 New Hospital Update	Y	Y	N	The update reported on progress towards procuring a team of external advisors ready to restart the programme in April/May 2024.
4.3 BAF Risk 3.1 (Estate & Infrastructure)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 20.
				Other agenda items were: • Contracts Register. • ICS Update • Health & Safety Update

Page **7** of **7**

6.1

Tab 6.2 Annual Operating Plan

The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 4 April 2024

Agenda item:	6.2
Presented by:	Tom Burton, DoF
Prepared by:	Beth Potton, DDoF
Date prepared:	26 March 2024
Subject / title:	2024/25 Draft Plan

Purpose:	**Approval**		**Decision**		**Information**		**Assurance**	**X**

6.2

Key issues: please don't expand this cell; additional information should be included in the main body of the report	Templates for the draft submission were submitted on 15th March 2024. The final submission will be early May 2024. The finance plan is £27.9m deficit with a £18.5m PQP target. The system position is an £80.9m deficit. Workforce movement from March 2024 to March 2025 is a reduction of 153.16 WTE's. The financial plan assumes the ERF activity plan is 110% of 19/20 value weighted activity.
Recommendation:	The Board is asked to note the annual operating plan update.

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients**	**People**	**Performance**	**Places**	**Pounds**
	X	X	X	X	X

Previously considered by:	Paper to EMT, SMT and PAF
Risk / links with the BAF:	BAF risks 5.1 and 5.2.
Legislation, regulatory, equality, diversity and dignity implications:	No impact on EDI identified.
Appendices:	See Draft 24/25 Plan report attached

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Tab 6.2 Annual Operating Plan

Summary

- The Activity, Workforce and Financial Plans for 2024/25 were submitted on 15th March 2024. This is the draft submission and final submission is expected early May 2024.

- The PAH planning team have worked collaboratively to ensure alignment across all three plans and will continue to work to ensure consistency of the final plan submission.

- A 5-year capital plan is included as part of the draft submission. This includes the external funded schemes (EHR and CDC) along with the pressure in 24/25 and 25/26 on the internal capital funding.

- The forecast cash position at 31st March is expected to be c.£13m with an additional £10.4m of cash relating to 23/24 being paid in early April. Work is underway on cash forecasts for 24/25 but with the current planned deficit for 24/25 cash support will be required by the end of Q2.

6.2

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Draft 24/25 Plan

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6.2

24/25 Draft Plan - Key Data Summary

Tab 6.2 Annual Operating Plan

The Princess Alexandra Hospital NHS Trust

Financial Draft Plan

	24/25 £m
23/24 Forecast Outturn	**(14.5)**
Industrial Action M9 and M10	(1.4)
23/24 Forecast Outturn Incl IA	**(15.9)**
Non Recurrent Items in 23/24	(21.7)
Inflation net of efficiency	(7.3)
Capacity & Growth net of costs	0.1
Unavoidable Costs	(3.0)
Strategic Projects	(0.3)
Draft Plan Before Efficiency	**(48.1)**
Efficiency	12.0
ERF Activity above target net of costs	1.2
24/25 Draft Plan	**(34.9)**
Further Stretch	4.9
24/25 Draft Plan	**(30.0)**
Additional System Agreed Stretch to achieve 5% Efficiency	2.1
24/25 Draft Plan with 5% Efficiency	**(27.9)**

Workforce Draft Plan

Summary	Staff in Post March 24	Planned Staff in Post Mar-25	Variance
Total Substantive	3805.95	3777.29	-28.66
Total Agency (includes DE)	120.1	50.6	-69.5
Total Bank	301.9	246.9	-55
Total Workforce (wte)	**4227.95**	**4074.79**	**-153.16**

Activity Draft Plan

	23/24 FOT	24/25 Plan	**%tage 23/24 to 24/25**
Total outpatient attendances (all TFC; consultant and non consultant led)	416,878	462,807	**111%**
First OP apppointments	111,769	113,125	**101%**
Follow-up appointments	174,359	212,117	**122%**
Total number of specific acute elective spells	26,557	27,865	**105%**
Total number of specific acute elective day case spells	23,714	24,924	**105%**
Total number of specific acute elective ordinary spells	2,843	2,941	**103%**

Through the planning meetings and discussions, the finance, activity and workforce are based on the same assumptions. Between draft submission and final submission work will be underway to ensure all triangulation is completed and phasing across the year aligns.

Tab 6.3 Finance Update

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 4 April 2024

Agenda item:	6.3
Presented by:	Tom Burton, DoF
Prepared by:	Beth Potton, DDoF
Date prepared:	26 March 2024
Subject / title:	Month 11 Financial Performance

6.3

Purpose:	Approval		Decision		Information		Assurance	X
Key issues: please don't expand this cell; additional information should be included in the main body of the report	**In M11 the Trust received an additional £10.4m of non-recurrent funding. £2.5m relating to the M9-11 Industrial action impact, as well as £7.9m non-recurrent income from the ICB to align funding across the system to support the Trust's bottom line.** This has provided a revised forecast outturn of £6.1m deficit at 31st March 2024. The Trust declared a surplus of £8.7m in month 11, with a reported deficit of £6.0m YTD against the original 23/24 plan. This means that the Trust is favourable to the YTD plan by £0.2m. Against the revised forecast outturn the Trust is £0.1m worse than plan YTD. Capital spend YTD is £13.2m with an annual plan of £30.1m including externally funded schemes (e.g., EHR, NHP and CDC).								
Recommendation:	The Board is asked to note the month 11 financial results.								
Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients** X		**People** X		**Performance** X		**Places** X		**Pounds** X

Previously considered by:	Paper to EMT, Paper to SMT, Paper to PAF
Risk / links with the BAF:	BAF risks 5.1 and 5.2.
Legislation, regulatory, equality, diversity and dignity implications:	No impact on EDI identified.
Appendices:	See finance report attached

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Tab 6.3 Finance Update

The top 3 issues to note are:

1. The revised forecast position of £15.9m assumed no further industrial action beyond January. Further industrial action took place in February which pushed the forecast outturn position to £16.4m. In M11 £2.5m of funding was received for Industrial Action and £7.9m for further system support. This has provided a revised forecast outturn of £6.1m deficit at 31st March 2024.

2. ERF Income is overperforming by £0.5m YTD. There has been a pronounced improvement in ERF over the last 3 months despite industrial action with year to date performance at 101% of 19/20 weighted value activity.

3. Cash balances have increased significantly during February 2024 due to additional capital PDC receipts, funding from Herts and West Essex ICB for the risk share MOU funding and depreciation support. In addition, there was £1m of VAT recovery.

6.3

Summary finance notes

- Against the original 23/24 plan, the Trust declared a surplus of £8.7m in month 11, with a reported deficit of £6.0m YTD.   This means that the Trust is favourable to the YTD plan by £0.2m. The Trust received an additional £2.5m in month relating to the M9-11 Industrial action impact, as well as £7.9m non-recurrent income from the ICB to support the bottom line. Against the revised forecast outturn the Trust is £0.1m worse than plan YTD.

- In month 11, the Trust has reported income surplus plus additional non-recurrent support to the position driven by:
  - £10.4m non-recurrent support (£7.9m to support the bottom line £2.5m for industrial action mitigation)
  - £0.4m of ERF over-performance in month;
  - £0.3m of prior months ERF improvement;
  - £0.3m of depreciation support, with a YTD value of 0.9m. The full year value will be £1.2m

- Temporary staffing continues to be a key driver of the year to date expenditure position with costs exceeding vacancies by £19.4m YTD. This includes £2.3m of costs relating directly to industrial action YTD, which has been offset by income received to cover this financial impact. Finance are continuing to review with Divisions and Corporate Services the increase in temporary staffing and to identify opportunities to reduce costs.

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Tab 6.3 Finance Update

Table 1: Month 11 and YTD Position against the original plan.

	FY Budget £'m	Feb-24 Budget £'m	Feb-24 Actual £'m	Feb-24 Variance £'m	YTD Budget £'m	YTD Actual £'m	YTD Variance £'m
Income							
NHS & non-NHS Income	351.0	29.0	40.4	11.4	321.2	341.8	20.5
Income Total	**351.0**	**29.0**	**40.4**	**11.4**	**321.2**	**341.8**	**20.5**
Pay							
Substantive	(221.3)	(18.4)	(17.1)	1.2	(203.0)	(187.7)	15.3
Bank	(4.3)	(0.3)	(2.6)	(2.3)	(4.0)	(27.6)	(23.6)
Agency	(6.1)	(0.4)	(1.6)	(1.2)	(5.7)	(16.8)	(11.1)
Pay Total	**(231.7)**	**(19.1)**	**(21.3)**	**(2.2)**	**(212.6)**	**(232.0)**	**(19.4)**
Non-Pay							
Drugs & Medical Gases	(30.0)	(2.5)	(2.2)	0.4	(27.8)	(26.0)	1.9
Supplies & Services - Clinical	(22.1)	(1.8)	(1.8)	0.0	(20.4)	(21.3)	(0.8)
Supplies & Services - General	(11.6)	(1.0)	(1.3)	(0.3)	(10.7)	(13.4)	(2.7)
All other non pay costs	(42.4)	(3.9)	(3.6)	0.2	(38.7)	(38.1)	0.6
Non-Pay Total	**(106.1)**	**(9.2)**	**(8.9)**	**0.4**	**(97.7)**	**(98.7)**	**(1.1)**
Financing & Depn							
Depreciation	(14.7)	(1.1)	(1.0)	0.2	(13.6)	(13.6)	0.0
PDC & Interest	(3.9)	(0.3)	(0.6)	(0.2)	(3.6)	(3.4)	0.1
Financing & Depn Total	**(18.6)**	**(1.4)**	**(1.5)**	**(0)**	**(17.2)**	**(17.0)**	**0.1**
Grand Total	**(5.4)**	**(0.8)**	**8.7**	**9.5**	**(6.2)**	**(6.0)**	**0.2**

- The Trust has an ambitious efficiency programme of £16.7m for 2023/24. Through the PQP exercise, the Trust and operational colleagues have identified opportunities and put in place sustainable efficiency schemes that will begin to address the current underlying deficit. PQP delivery YTD at M11 is £14.7m against a plan of £14.6m.

- The Cash balance was £29.7m as at the end of month 11. The Trust received additional capital PDC receipts, funding from Herts and West Essex ICB for the risk share MOU funding and depreciation support during February. The additional £10.4m funding in M11 position is due to be paid in April 2025.

- Capital spend YTD at M11 is £13.2m with a total capital programme for the year of £30.1m which includes externally funded schemes (New Hospital, EHR and CDC). The spend profile to the end of March 2024 is significant if the capital programme is to be achieved but assurance has been received that these will be fully utilised.

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Tab 6.3 Finance Update

February - Month 11

Financial Performance

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Tab 6.3 Finance Update

Summary financial results

NHS
The Princess Alexandra Hospital
NHS Trust

Note: the various changes that have been made to funding allocations and budgets in 2023/24 make comparison against original targets challenging. We have endeavoured to clarify performance against the original plan and revised forecast throughout.

- Against the original 23/24 plan, the Trust declared a surplus of £8.7m in month 11, with a reported deficit of £6.0m YTD. This means that the Trust is favourable to the YTD plan by £0.2m. The Trust received an additional £2.5m in month relating to the M9-11 Industrial action impact, as well as £7.9m non recurrent income from the ICB to support the bottom line. Against the revised forecast outturn the Trust is £0.1m worse than plan YTD.

- In month 11 , the Trust has reported income surplus plus additional non recurrent support to the position driven by:
  - £10.4m non-recurrent support (£7.9m to support the bottom line £2.5m for industrial action mitigation)
  - £0.4m of ERF over-performance in month;
  - £0.3m of prior months ERF improvement ;
  - £0.3m of depreciation support, with a YTD value of 0.9m. The full year value will be £1.2m

- Temporary staffing continues to be a key driver of the year to date expenditure position with costs exceeding vacancies by £19.4m YTD. This includes £2.3m of costs relating directly to industrial action YTD, which has been offset by income received to cover this financial impact. Finance are continuing to review with Divisions and Corporate Services the increase in temporary staffing and to identify opportunities to reduce costs.

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Summary financial results

Tab 6.3 Finance Update

NHS
The Princess Alexandra Hospital

M11 Reported position against the original plan submitted in April 2023. This shows the additional £10.4m funding having a significantly favourable impact on the in month and year to date position.

	FY Budget £'m	Feb-24			YTD		
		Budget £'m	Actual £'m	Variance £'m	Budget £'m	Actual £'m	Variance £'m
Income							
NHS & non-NHS Income	351.0	29.0	40.4	11.4	321.2	341.8	20.5
Income Total	**351.0**	**29.0**	**40.4**	**11.4**	**321.2**	**341.8**	**20.5**
Pay							
Substantive	(221.3)	(18.4)	(17.1)	1.2	(203.0)	(187.7)	15.3
Bank	(4.3)	(0.3)	(2.6)	(2.3)	(4.0)	(27.6)	(23.6)
Agency	(6.1)	(0.4)	(1.6)	(1.2)	(5.7)	(16.8)	(11.1)
Pay Total	**(231.7)**	**(19.1)**	**(21.3)**	**(2.2)**	**(212.6)**	**(232.0)**	**(19.4)**
Non-Pay							
Drugs & Medical Gases	(30.0)	(2.5)	(2.2)	0.4	(27.8)	(26.0)	1.9
Supplies & Services - Clinical	(22.1)	(1.8)	(1.8)	0.0	(20.4)	(21.3)	(0.8)
Supplies & Services - General	(11.6)	(1.0)	(1.3)	(0.3)	(10.7)	(13.4)	(2.7)
All other non pay costs	(42.4)	(3.9)	(3.6)	0.2	(38.7)	(38.1)	0.6
Non-Pay Total	**(106.1)**	**(9.2)**	**(8.9)**	**0.4**	**(97.7)**	**(98.7)**	**(1.1)**
Financing & Depn							
Depreciation	(14.7)	(1.1)	(1.0)	0.2	(13.6)	(13.6)	0.0
PDC & Interest	(3.9)	(0.3)	(0.6)	(0.2)	(3.6)	(3.4)	0.1
Financing & Depn Total	**(18.6)**	**(1.4)**	**(1.5)**	**(0)**	**(17.2)**	**(17.0)**	**0.1**
Grand Total	**(5.4)**	**(0.8)**	**8.7**	**9.5**	**(6.2)**	**(6.0)**	**0.2**

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Tab 6.3 Finance Update

23/24 Revised Forecast Outturn

The Princess Alexandra Hospital NHS Trust

	FOT £m
Original Plan for 23/24	(5.1)
Base case FOT before IA Support	(26.1)
National IA Funding (M1-8)	3.0
Additional Stretch	8.6
National Reforecast Exercise - M7 (November 2023)	(14.5)
Industrial Action M9 and M10	(1.4)
Revised Forecast Outturn 23/24	(15.9)
Industrial Action M11	(0.5)
Revised Forecast Outturn 23/24 incl IA M9-M11	(16.4)
Industrial Action Funding (M9, 10 & 11)	2.5
HWE System Support	7.9
Revised Forecast Outturn Following IA Funding & System Support	(6.1)

Additional Stretch:	£m
Pay Reduction - bank & agency	1.0
ERF Activity Recording	1.1
Additional ERF Stretch	1.5
Further B/Sheet Flex	0.5
Revenue to capital	0.5
Mitigated Costs	1.5
Remaining Funding from System MOU	2.5
Total Additional Stretch	**8.6**

	Revised Plan £m
M1-11 Revised Plan	(5.6)
M12 Plan based on Revised FOT	(0.4)
23/24 Revised Full Year Plan	(6.1)

Additional funding was received in M11 for industrial action (£2.5m) and additional system support (£7.9m). This additional funding has been recognised all within M11 and has adjusted the forecast outturn position to £6.1m deficit.

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4

Tab 6.3 Finance Update

PQP

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NHS Trust

PQP Delivery at month 11 is slightly ahead of plan. The YTD delivery is £14.7m against a YTD plan of £14.6m. In M11 delivery was slightly behind the plan by £0.2m.

There are further income opportunities that have been identified but given the changes to the elective income regime and for prudence, we have only included ERF income that has been realised (M11 - £0.5m realised).
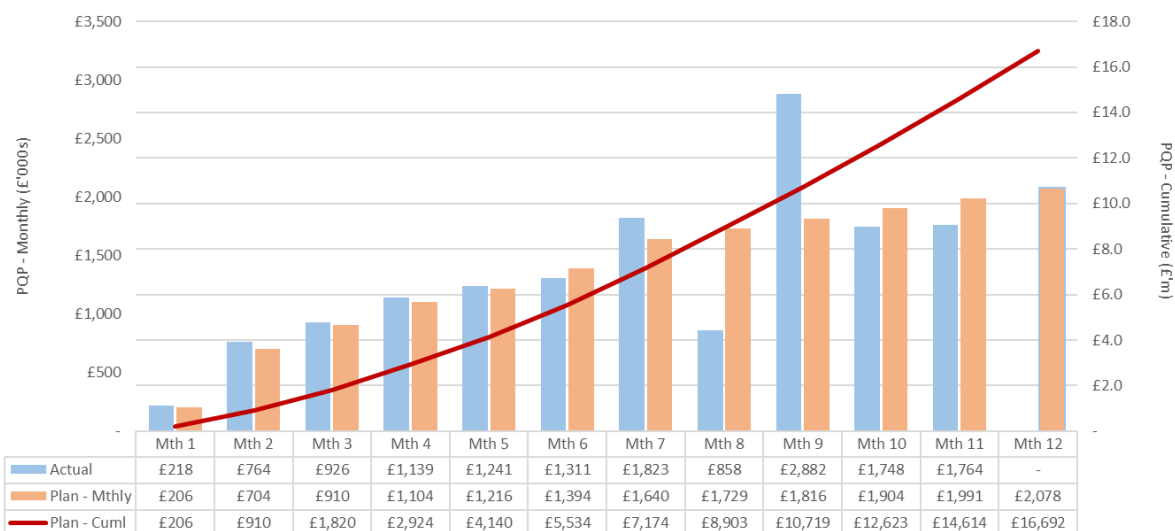
The in month position on the PQP programme was adverse, the plan was phased to increase in the latter months of the year but the savings delivered have not seen a corresponding increase this month.

There remains a gap on schemes including:

- Outpatient and theatre utilisation
- Contract changes in estates
- Non pay reductions in CSS
- Private patient income
- Workforce reductions in OPAL and job planning.

A significantly higher proportion of the PQP programme than planned is being delivered non recurrently. If more schemes cannot be converted or identified recurrently, then there will be a negative financial impact in 24/25.

PQP Savings

	Mth 1	Mth 2	Mth 3	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12
Actual	£218	£764	£926	£1,139	£1,241	£1,311	£1,823	£858	£2,882	£1,748	£1,764	-
Plan - Mthly	£206	£704	£910	£1,104	£1,216	£1,394	£1,640	£1,729	£1,816	£1,904	£1,991	£2,078
Plan - Cuml	£206	£910	£1,820	£2,924	£4,140	£5,534	£7,174	£8,903	£10,719	£12,623	£14,614	£16,692

The figures presented above do not necessarily reconcile to PM3 reported figures by month due to timing of reporting and prior month changes.

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Tab 6.3 Finance Update

Statement of Financial Position

NHS
The Princess Alexandra Hospital
NHS Trust

Statement of Financial Position

Statement of Financial Position	Mar-23 £'m	Jan-24 £'m	Feb-24 £'m	Movement	
				In Month £'m	YTD £'m
Non-current assets					
Property, plant & equipment	164.9	162.5	163.0	0.5	(1.9)
Right of use assets	66.0	30.6	30.4	(0.2)	(35.6)
Intangible assets	15.5	17.3	18.8	1.4	3.2
Trade & other receivables	1.2	0.6	0.6	0.0	(0.6)
Non-current assets	**247.6**	**210.9**	**212.7**	**1.8**	**(34.9)**
Current assets					
Inventories	5.1	5.3	5.3	0.0	0.1
Trade & other receivables	14.4	21.8	30.5	8.7	16.1
Cash & cash equivalents	39.2	7.7	29.7	22.0	(9.5)
Current assets	**58.7**	**34.8**	**65.5**	**30.7**	**6.8**
Total assets	**306.4**	**245.7**	**278.2**	**32.5**	**(28.2)**
Current liabilities					
Trade & other payables	(52.8)	(42.3)	(50.7)	(8.4)	2.1
Provisions	(0.8)	(1.2)	(1.2)	0.0	(0.4)
Borrowings	0.0	(1.8)	(1.8)	0.0	(1.8)
Current liabilities	**(53.6)**	**(45.3)**	**(53.7)**	**(8.4)**	**(0.1)**
Net current assets/ (liabilities)	**5.1**	**(10.5)**	**11.8**	**22.4**	**6.7**
Total assets less current liabilities	**252.8**	**200.4**	**224.5**	**24.2**	**(28.2)**
Non-current liabilities					
Trade & other payables	0.0	0.0	0.0	0.0	0.0
Provisions	(1.3)	(0.9)	(0.9)	(0.0)	0.4
Borrowings	(66.0)	(25.0)	(25.1)	(0.1)	40.9
Total non-current liabilities	**(67.3)**	**(25.9)**	**(26.0)**	**(0.1)**	**41.3**
Total assets employed	**185.5**	**174.5**	**198.5**	**24.1**	**13.1**
Financed by:					
Public dividend capital	347.9	340.9	356.3	15.4	8.4
Income and expenditure reserve	(162.4)	(173.5)	(164.8)	8.7	(2.3)
Revaluation reserve	0.0	7.0	7.0	0.0	7.0
Total taxpayers' equity	**185.5**	**174.5**	**198.5**	**24.1**	**13.0**

- **Non Current Assets** PPE increased of £0.5m is due to fixed assets additions and decrease of £0.2m in Right of Use Assets represents year to date leases depreciation. An increase of £1.4m in intangible Assets is due to addition in Development Expenditure.

- **Trade and Other Receivables** has increased by £8.7m and it is mainly due to a net accrued income of £11.5m for NHS Herts & West Essex ICB support and Industrial action funding, NHSP Ltd prepayment of £1.2m, receipt of £1.2m of depreciation funding, Wayfinder NHS APP of £150k, and Pathology ICS project of £125k.

- **Cash balances** has increased by £22m and bulk of the movement is due to a DHSC's Capital PDC receipt of £15.4m in M11; Risk Share MOU of £2.6m, NHSE's EC Payment Issue 4 of £2.1m, and depreciation Funding of £1.2m from NHS Herts & W Essex ICB; and HMRC's VAT recovery of £1m in M11.

- **Trade and Other Payables** has increased by £8.4m is largely due to M11 deferred income accrual of £5.7m which includes £2.6m ICB MOU risk share funding and unpaid invoices to NHS Professionals Ltd £1,668k, SCC Ltd of £837k, and other various invoices.

- **Borrowings** decrease representing payment of liability falling due & post audit adjustment in ROU assets, following revaluation of St Margaret's Hospital.

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6.3

Tab 6.3 Finance Update

Cashflow

NHS
The Princess Alexandra Hospital
NHS Trust

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24 Forecast
Opening Cash Balance	39,196	32,503	27,345	26,748	24,467	23,316	17,658	11,382	15,285	16,978	7,728	29,706
Closing Cash Balance	32,503	27,345	26,748	24,467	23,316	17,658	11,382	15,285	16,978	7,728	29,706	13,283

Cash Forecast
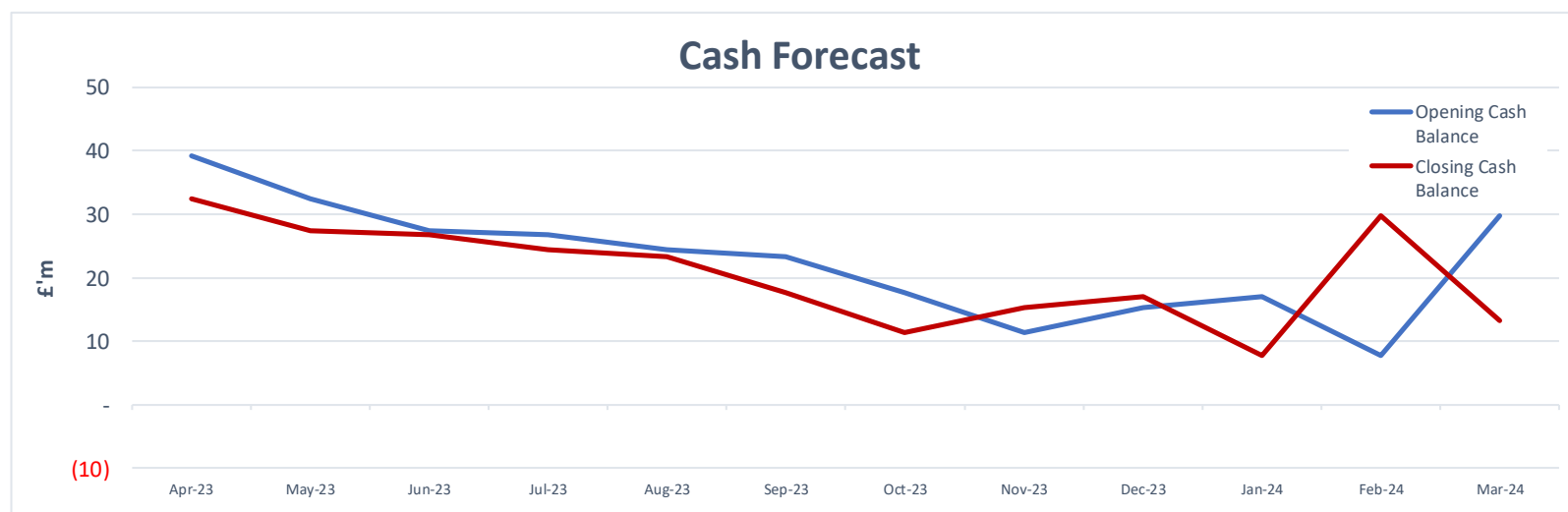
This cashflow is based on the assumption that the 2023/24 planned deficit of £6.1m is achieved.

The increase in the M11 closing balance is due to receipt of capital PDC of £15.4m in February 2024.

We are due to receive the funding for Industrial Action and System Support of £10.4m in April 2024 which is not included in the closing balance of £13.3m above.

6.3

Capital Analysis 23/24

NHS
The Princess Alexandra Hospital
NHS Trust

	Month 11			YTD			Forecast		
	In-Month Forecast £'m	In-month Actual £'m	Variance £'m	Forecast £'m	Actual £'m	Variance £'m	Plan & profile £'m	FY Forecast £'m	Variance £'m
Internally Funded Schemes									
Estates									
2023-24 Ward Refurbishment	200	-	200	800	8	792	1,000	1,000	-
New car park option	70	12	58	170	162	8	240	240	-
New UPS/IPS to critical areas - Phase 1 Main theatres/ED/ITU/HDU	302	13	288	622	45	576	634	634	-
Other Estate Schemes	758	243	514	3,173	1,003	2,170	3,944	3,944	-
Flexible Training Facility	780	-	780	780	-	780	-	1,560	(1,560)
Estates BLM									
Estates BLM Schemes	672	(185)	857	2,697	2,053	644	3,114	3,114	-
ICT & Information									
ICT & Information Schemes	217	-	217	1,783	1,556	227	2,071	2,070	0
EHR	-	-	-	-	-	-	-	-	-
Corporate									
Finance Modernisation	67	-	67	490	433	57	545	545	-
Medical Equipment									
Medical Equipment (Surgery)	-	-	-	502	372	130	1,003	2,895	(1,892)
Medical Equipment (CSS)	(39)	(0)	(39)	453	453	(0)	1,745	1,745	-
Other Equipment (People)	10	-	10	63	28	36	73	73	-
Medical Equipment (Medicine)	14	-	14	19	-	19	65	65	-
Medical Equipment (CHAWS)	(36)	-	(36)	109	48	61	291	291	-
Under-commitment	-	-	-	-	-	-	(0)	-	(0)
CRL to be allocated to plan									
YTD spend on Internal Schemes	**3,013**	**83**	**2,931**	**11,660**	**6,159**	**5,501**	**14,725**	**18,177 -**	**3,452**
Externally Funded Schemes									
New Hospital	122	124 -	2	568	620	(52)	1,060	690	370
New Hospital CPO	120	18	102	216	113	102	-	370	(370)
CDC	1,109	183	926	1,109	1,290	(181)	4,725	1,109	3,616
CDC Enabling Works	243	-	243	446	-	446	500	446	54
EHR	888	919 -	31	7,104	4,777	2,327	8,000	8,000	-
Real Time Location Services	45	-	45	90	-	90	136	136	-
Future Led Connectivity	195	-	195	195	-	195	390	390	-
Diagnostic Equipment - Path Lab Automation	-	-	-	-	-	-	17	17	-
ICS East Imaging Network	283	-	283	-	201	(201)	565	565	-
YTD spend on External Schemes	**3,004**	**1,243**	**1,761**	**9,728**	**7,002**	**2,726**	**15,393**	**11,723**	**3,670**
Total - Internal and External	**6,018**	**1,326**	**4,692**	**21,388**	**13,161**	**8,227**	**30,118**	**29,900**	**218**

6.3

Tab 6.4 IPR

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 4ᵗʰ April 2024

Agenda item:	6.4
Presented by:	Phil Holland – Chief Information Officer
Prepared by:	Antoinette Woodhouse – Head of Information
Date prepared:	28ᵗʰ February 2024
Subject / title:	Integrated Performance Report

Purpose:	**Approval**		**Decision**		**Information**	**X**	**Assurance**	

6.4

Key issues:
please don't expand this cell; additional information should be included in the main body of the report

	Patients	
Patients	**PPH over 1500mls**	Trend above target of 2.9% (4.1% in month of January). The metric is on common cause variation. A deep dive of PPH was discussed at the Patient Safety Group in February 2024, and a refreshed improvement programme is being developed.

	People	
People	**Appraisals**	Our trust-wide appraisal rates are steadily increasing in % but we still have a big proportion of appraisals that are not logged in the system at all. the Team is working with the services to support as much as they can.
	Statutory and Mandatory Training	Statutory and mandatory training is steadily increasing but still below the target of 90%. The team is working with the TIMS provider as there are a number of identified errors with profiles that need to be re-aligned according to job profile in addition to ESR errors that also need amending in order for the system to be optimised.
	Vacancies	The vacancy rate has remained on a steady decline, currently sitting at 8.6%. The team have been working closely with Harlow College, international recruitment agencies and NHSP to support our recruitment and attraction processes.
	Sickness Absence	Overall in month sickness has decreased by 0.4% to 5.0%. Divisions are supported to actively review all attendance cases when triggered to ensure that staff have the appropriate health and wellbeing support in place to help to improve attendance including referrals to Staff Health and Wellbeing. Covid sickness absence and influenza symptoms has increased over the past few months in line with an population increase of Covid and flu. Covid sickness is included as part sickness reporting for this winter therefore it is expected that we continue to see a higher than expected rate.

	Performance	
Performance	**Referral to Treatment**	Small rises in the number of long waiting patients due to reduced capacity from industrial action and winter emergency demand. Only one week of elective activity cancelled due to winter pressures and elective activity recommenced quickly.
	Cancer 62 day pathway	Small improvements in both the 2 week wait and 62 day treatments standards and a fifth month achievement in the 28 day diagnosis standard despite reduced capacity from Christmas and industrial action.
	Urgent Care	Significant emergency pressure during January however small improvement in the 4-hour standard and ambulance handovers remained static overall. Individual days in January had significant pressure with handovers over 60 minutes and system support was provided where possible.
	Diagnostics	Deterioration in performance from November to December due to reduced capacity from the Christmas and New Year but ingoing high referral levels. Cystoscopy improvement work commenced & ongoing endoscopy improvements.

	Pounds
Pounds	No updated data

	Places
Places	No updated data

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Tab 6.4 IPR

NHS
The Princess Alexandra Hospital
NHS Trust

Recommendation:	The Board is asked to note and discuss the contents of this report.
Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	**Patients** **People** **Performance** **Places** **Pounds**

	Patients	People	Performance	Places	Pounds
	X	X	X	X	X

Previously considered by:	
Risk / links with the BAF:	Links to all BAF Risks
Legislation, regulatory, equality, diversity and	No regulatory issues/requirements identified, the IPR demonstrates a full view of service delivery to ensure we take into account equality, diversity and dignity
Appendices:	M11 IPR

6.4

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Tab 6.4 IPR

Integrated Performance Report:

December 2023

As at 26/01/2024

Executive Summary

NHS
The Princess Alexandra Hospital
NHS Trust

Patients			People		
Patients	**PPH over 1500mls**	Trend above target of 2.9% (4.1% in month of January). The metric is on common cause variation. A deep dive of PPH was discussed at the Patient Safety Group in February 2024, and a refreshed improvement programme is being developed.	**People**	**Appraisals**	Since the decline in October 2023 PAHT have been on a steady increase for appraisals, February is marking 67% of appraisals logged. The team still working with the Trust to further increase the numbers
				Statutory and Mandatory Training	Statutory and mandatory training has remain stable at 81%. The team is working with the TIMS service provider to address the many issues within the system and it is proving to be a medium to long term work/solution. Further improvement should be experienced in the months to come.
Performance				**Vacancies**	For the first time since May 22 we have met our KPI for vacancy rate. February numbers are at 8%. There is lots of work ongoing to support decrease vacancy across the trust, including international recruitment, apprenticeships and outreach work with colleges and universities.
Performance	**Referral to Treatment**	Improvements in the number of patients waiting over 65 & 78 weeks despite further industrial action in February. Daily tracking meetings focussing on further reductions to minimal numbers of patients over 78 weeks at 31/3/24		**Sickness Absence**	Overall in month sickness has decreased by 0.3% to 4.7% on a downwards trend from previous months. Divisions are supported to actively review all attendance cases when triggered to ensure that staff have the appropriate health and wellbeing support in place to help to improve attendance including referrals to Staff Health and Wellbeing. COVID sickness absence and influenza symptoms are the most common cause of absence, followed by anxiety/depression, stress.
	Cancer	Ongoing achievement of the 28 day diagnosis standard at Trust level. Urology & Colorectal not achieving this standard but detailed improvement plans in place. Reductions in cancer backlog (patients waiting >62 days) and on track to achieve the NHSE sustainable number of 1,112 but 31/3/24	**Pounds**	**Pounds**	
				No updated data	
	Diagnostics	Significant high demand, particularly in MRI & US. Audiology system still not reporting accurately, hoped to be included in February validated position. Improvements in endoscopy modalities. Cystoscopy demand & capacity being modelled as significant imbalance.		**Places**	
	Urgent Care	The Urgent care department are on track for a 1.1% increase in performance by 31/3/24. The Integrated Urgent Care Centre adds 3% to the performance. The key issues are inefficiencies in the ED non admitted pathway and reduced flow from urgent care into the wards, including too few discharges before noon.	**Places**	No updated data	

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6.4

Section summaries

Tab 6.4 IPR

NHS
The Princess Alexandra Hospital
NHS Trust

Patients Summary		Board Sub Committee: Quality and Safety Committee	
Focus Area	**Description and action**	**Reason for Inclusion**	**Target Date for Resolution if applicable**
PPH over 1500mls	Trend above target of 2.9% (4.1% in month of January). The metric is on common cause variation. A deep dive of PPH was discussed at the Patient Safety Group in February 2024, and a refreshed improvement programme is being developed.	For information	

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Section summaries

NHS

The Princess Alexandra Hospital
NHS Trust

People Summary		Board Sub Committee: Workforce Committee		
Focus Area	**Description and action**		**Reason for Inclusion**	**Target Date for Resolution if applicable**
Vacancies	For the first time since May 2022, we have met our KPI for vacancy rate. February numbers are at 8%. There is lots of work ongoing to support decrease vacancy across the trust, including international recruitment, apprenticeships and outreach work with colleges and universities.			
Statutory & Mandatory training	Statutory and mandatory training has remained stable at 81%. The team is working with the TIMS service provider to address the many issues within the system and it is proving to be a medium to long term work/solution. Further improvement should be experienced in the months to come.			
Sickness Absence	Overall, in month sickness has decreased by 0.3% to 4.7% on a downwards trend from previous months. Divisions are supported to actively review all attendance cases when triggered to ensure that staff have the appropriate health and wellbeing support in place to help to improve attendance including referrals to Staff Health and Wellbeing. COVID sickness absence and influenza symptoms are the most common cause of absence, followed by anxiety/depression, stress.			
Appraisals	Since the decline in October 2023 PAHT have been on a steady increase for appraisals, February is marking 67% of appraisals logged. The team still working with the Trust to further increase the numbers			

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Tab 6.4 IPR

Section summaries

NHS
The Princess Alexandra Hospital
NHS Trust

Performance			Board Sub Committee: Workforce Committee	
Focus Area	**Description and action**		**Reason for Inclusion**	**Target Date for Resolution if applicable**
Diagnostics	Significant high demand, particularly in MRI & US. Audiology system still not reporting accurately, hoped to be included in February validated position. Improvements in endoscopy modalities. Cystoscopy demand & capacity being modelled as significant imbalance.		For information	31/03/2024
RTT	Improvements in the number of patients waiting over 65 & 78 weeks despite further industrial action in February. Daily tracking meetings focussing on further reductions to minimal numbers of patients over 78 weeks at 31/3/24		For information	31/03/2024
Urgent Care	The Urgent care department are on track for a 1.1% increase in performance by 31/3/24. The Integrated Urgent Care Centre adds 3% to the performance. The key issues are inefficiencies in the ED non admitted pathway and reduced flow from urgent care into the wards, including too few discharges before noon.		For information	31/03/2024
Cancer	Ongoing achievement of the 28-day diagnosis standard at Trust level. Urology & Colorectal not achieving this standard but detailed improvement plans in place. Reductions in cancer backlog (patients waiting >62 days) and on track to achieve the NHSE sustainable number of 1,112 but 31/3/24		For information	31/03/2024

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Tab 6.4 IPR

Introduction

About this pack

The Trust produces this Integrated Performance Report (IPR) on a monthly basis to inform our Board, Executive team, Divisions and other stakeholders of the performance across core domains.

This particular report provides a summary of all metrics for the 'our patients' pillar and is structured as follows:

Indicators Summary	Overview of metric performance
Metrics Reports	SPC charts detailing trajectory and variation of metric performance
User Guide & **Supporting Information**	Outline of document interpretation, report content and SPC calculation logic

For further information about this IPR please contact paht.information@nhs.net

Contents

Indicators Summary

Metrics Reports

How to use this report

Supporting Information

6.4

Tab 6.4 IPR

Key Performance Indicators In Special Cause Variation

NHS
The Princess Alexandra Hospital
NHS Trust

5P Section	KPI	SPC Status	Performance	BAF Risk Reference	Current Risk Score	Target Risk Score
Patients	Tissue viability - Pressure Ulcers per 1000 bed days		3	1.1	16	12
	Serious Incidents		1	1.1	16	12
	Falls per 1000 bed days		6.55	1.1	16	12
People	Appraisals - non-medical		67%	2.3	16	8
	Statutory & Mandatory training		81%	2.3	16	8
	Vacancy Rate		8%	2.3	16	8
	Voluntary turnover		11.8%	2.3	16	8
Performance	104 week waits		7	1.3	16	12
	Cancer two week wait		80%	1.3	16	12
	Cancer 28 Day Faster Diagnosis		75%	1.3	16	12
	4 hour standard		52.5%	4.2	16	12

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6.4

Patients section measures in special cause variation

Tab 6.4 IPR

Patients section measures in special cause variation

SPC for D.1 - Falls per 1000 bed days

Previous month ...
February-2024

5.57

Month to date v...
March-2024

6.55

Target
February-2024
Target is at Trust-wide level

6.4

Tab 6.4 IPR
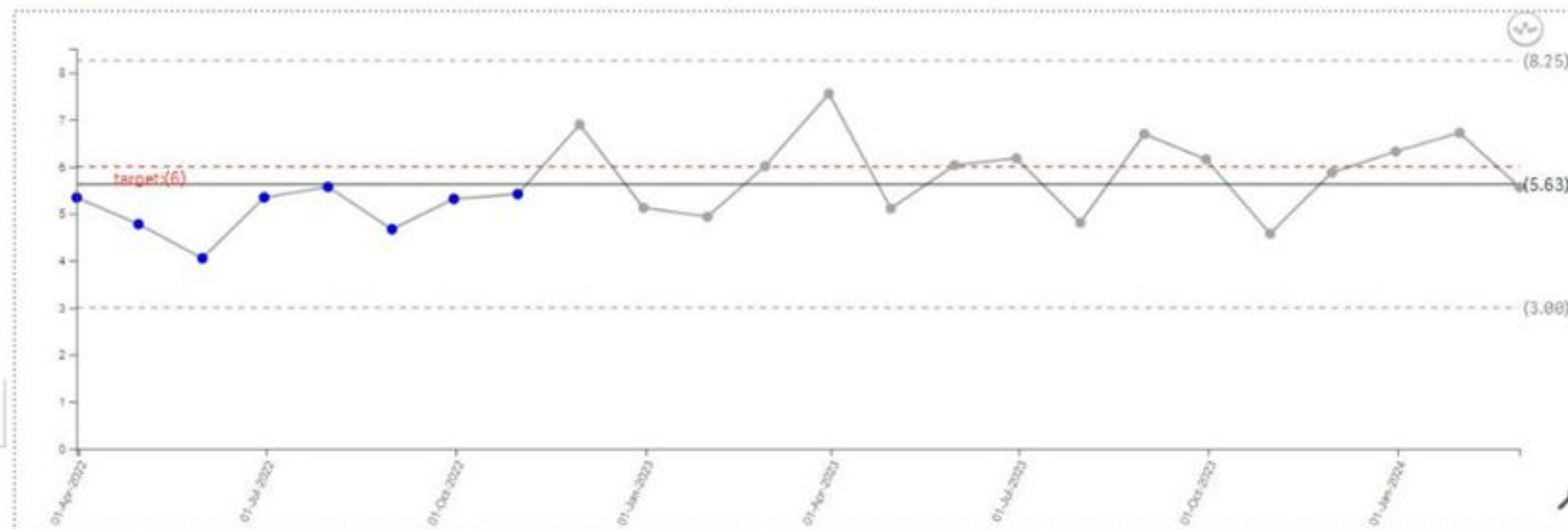
People section measures in special cause variation

SPC for D.28 - Appraisals – non-medical

Previous month ...
January-2024
58.0%

Month to date v...
February-2024
67.0%

Target
February-2024
Target is at Trust-wide level
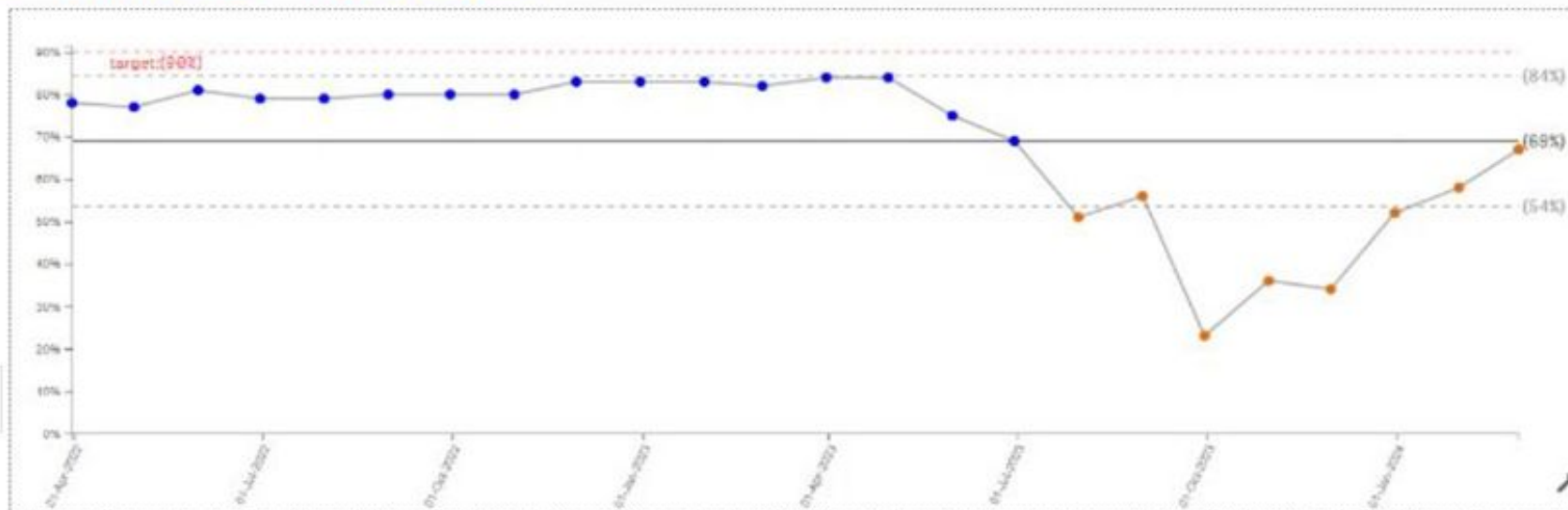
SPC for D.29 - Statutory & Mandatory training

Previous month ...
January-2024
81.0%

Month to date v...
February-2024
81.0%

Target
February-2024
Target is at Trust-wide level
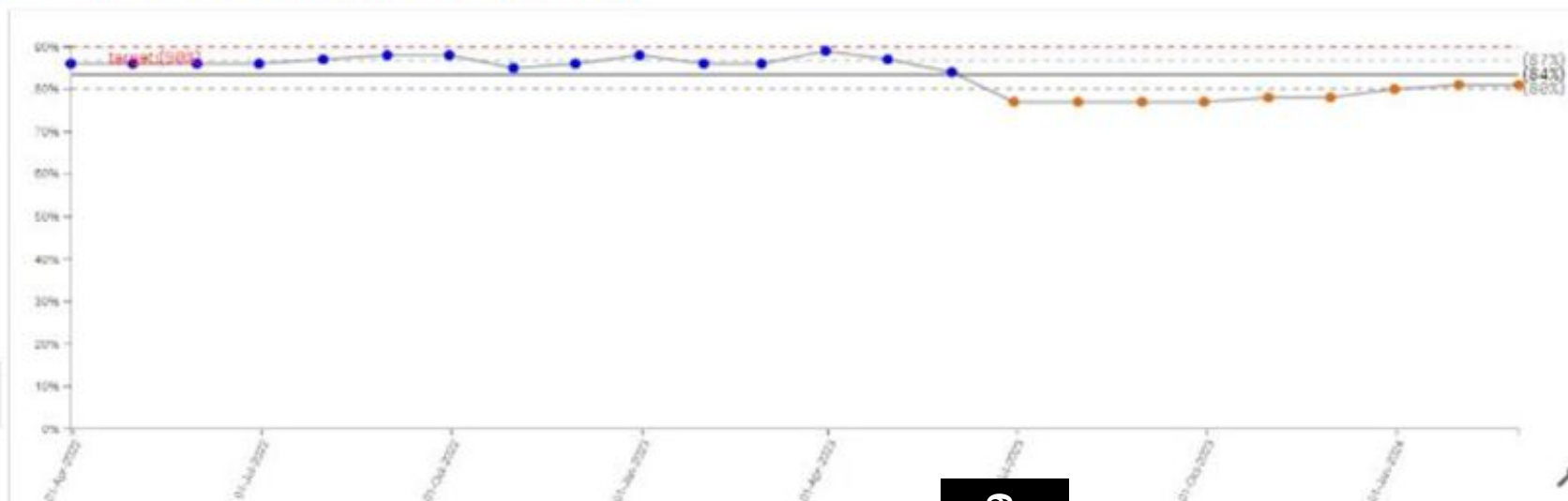
6.4

Tab 6.4 IPR

People section measures in special cause variation

6.4

Tab 6.4 IPR
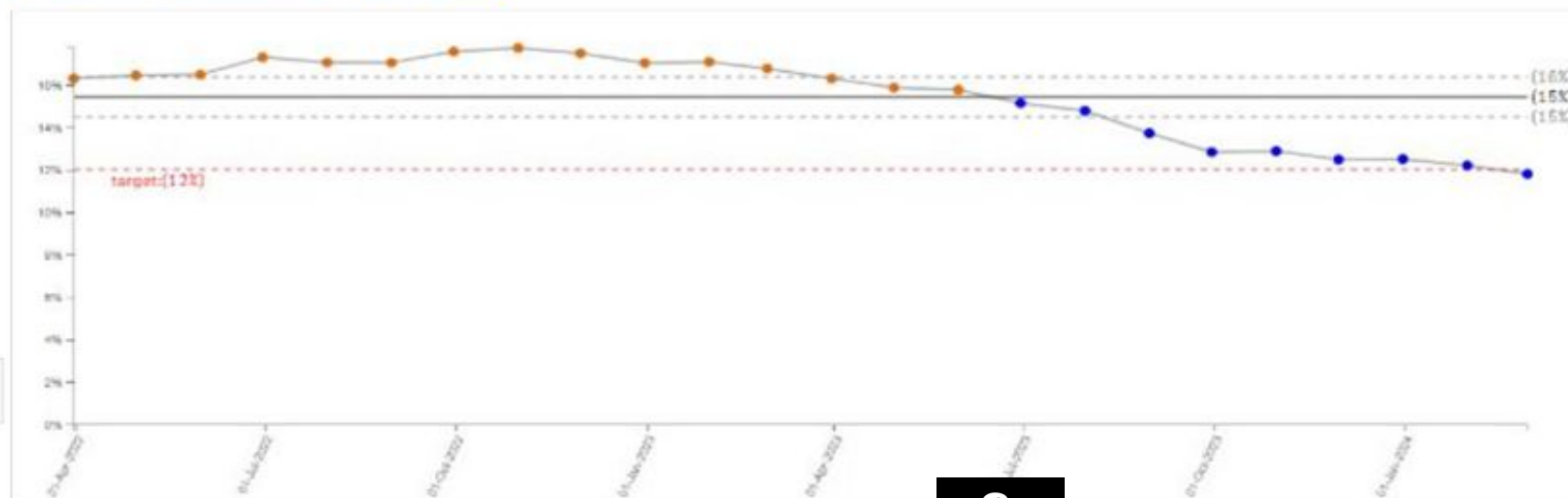
Performance section measures in special cause variation

SPC for D.38 - RTT over 104 week waiters

Previous month ...
December-2023

8

Month to date v...
January-2024

7

Target
January 2024
Target is at Trust-wide level
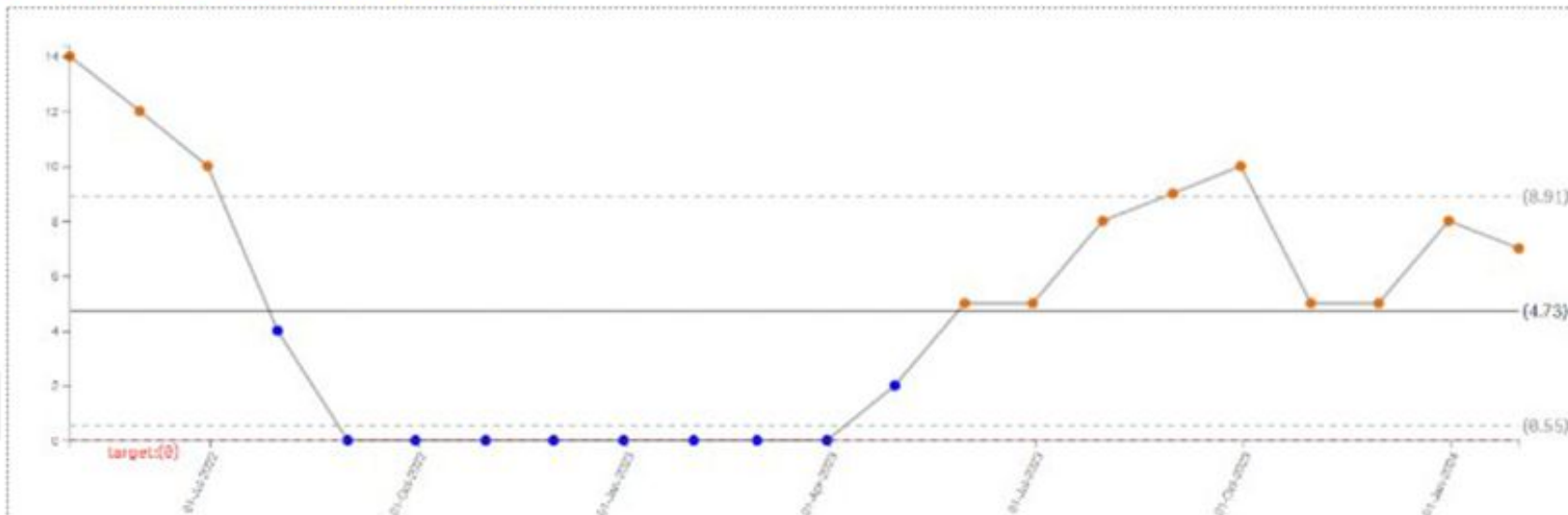
SPC for C.20 - Cancer two week waits
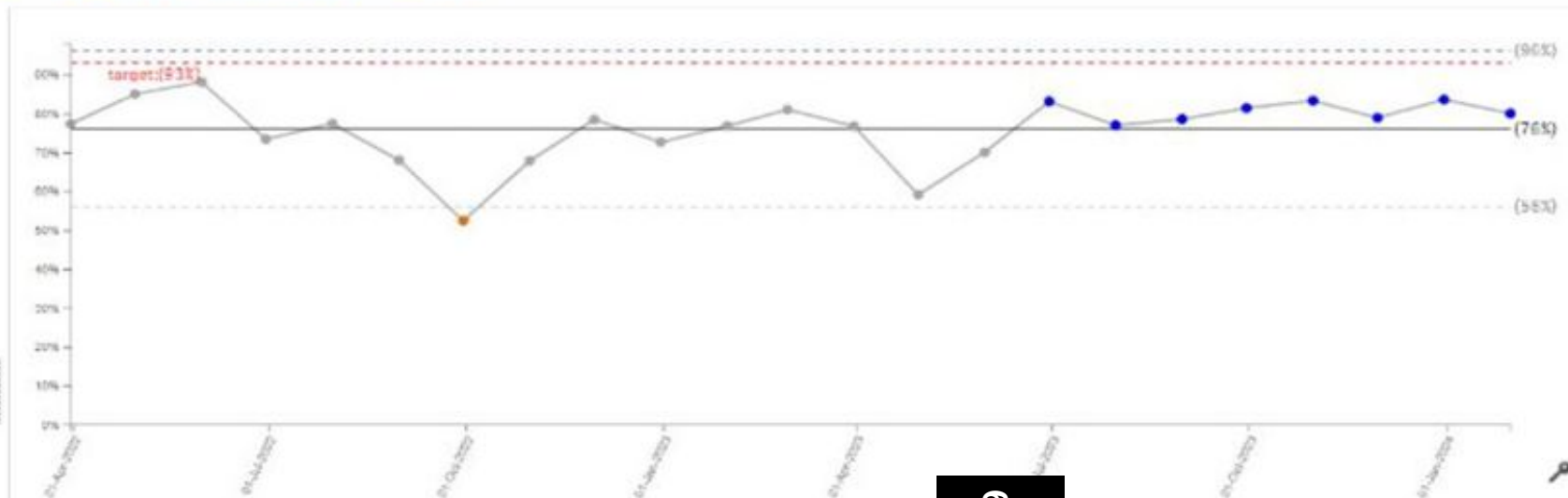
Previous month ...
December-2023

83.6%

Month to date v...
January-2024

80.0%

Target
January 2024
Target is at Trust-wide level

6.4

Tab 6.4 IPR

Performance section measures in special cause variation

Tab 7.1 Report from STC

NHS
The Princess Alexandra
Hospital
NHS Trust

BOARD OF DIRECTORS:	**4 April 2024**		**AGENDA ITEM: 7.1**
REPORT TO THE BOARD FROM:	**Strategic Transformation Committee (STC)**		
REPORT FROM:	**Liz Baker - Chair**		
DATE OF COMMITTEE MEETING:	**25 March 2024**		

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
1.6 Annual Effectiveness Review 23/24	Y	Y	N	The following recommendations were endorsed by STC: • Membership and attendees of the committee to be reviewed. • Split the meeting into two sessions; Part A of the meeting to be a system meeting with system partners in attendance and Part B without system partners, for executives to provide assurance on the business as usual elements within the remit of the committee. Part A of the meeting would effectively replace the discussion session by building on the development of HCPs as a core topic of discussion, with more clearly defined outputs and a programme management approach. **The Terms of Reference will be updated to reflect the changes to membership.**
2.1 PAHT2030 Update	Y	Y	N	The paper was a thematic content, gap analysis and review into the delivery to date of PAHT2030 and how the various clinical and non-clinical strategies were contributing to the delivery of PAHT2030. The paper aimed to identify gaps in the themes included within the various clinical strategies compared to the strategic priority milestones for PAHT2030. It also provided assurance and recommendations to enhance the delivery of PAHT2030 by ensuring that there were clear linkages between the Trust's clinical strategies and the five strategic priorities of PAHT2030.

Page **1** of **3**

7.1

Tab 7.1 Report from STC

NHS
The Princess Alexandra Hospital
NHS Trust

BOARD OF DIRECTORS:		**4 April 2024**		**AGENDA ITEM: 7.1**
REPORT TO THE BOARD FROM:		**Strategic Transformation Committee (STC)**		
REPORT FROM:		**Liz Baker - Chair**		
DATE OF COMMITTEE MEETING:		**25 March 2024**		

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.2 New Hospital Update	Y	Y	N	A new national demand and capacity model was up and running and data would now start to be fed into that to ensure consistency of approach nationally. An update on the land purchase was noted and that the team continued to work hard on recruitment to the programme team.
2.3 BAF Risk 3.5 (New Hospital)	Y	Y	N	It was agreed that the risk score would remain at 20.
2.4 Alex Health Update and Engagement	Y	Y	Y	The electronic health record programme remained on track. The next gateway had been signed off and system testing had concluded the previous week. Plans were now in place for end-user training which was slightly behind schedule.
2.5 Transforming our Care Update / Corporate Transformation Update	Y	Y	N	The Committee received a short video which provided feedback from a clinician on his experience of using new medical dictation software and the benefits it provided in terms of efficiencies and time savings. This software was being rolled out across the Trust prior to the new electronic health record go-live in October 2024.

Page **2** of **3**

7.1

Tab 7.1 Report from STC

NHS
The Princess Alexandra Hospital
NHS Trust

BOARD OF DIRECTORS:	4 April 2024	AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:	**Strategic Transformation Committee (STC)**	
REPORT FROM:	**Liz Baker - Chair**	
DATE OF COMMITTEE MEETING:	**25 March 2024**	

Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.6 BAF Risk 1.2 (EHR)	Y	Y	N	It was agreed that the risk score would remain at 16 and it was noted that consideration was still being given to the requirement for a standalone BAF risk related solely to EHR and the new risk would be presented to Board.
3.4 BAF Risk 3.2 System Pressures	Y	Y	N	The risk score remained unchanged at 16.
Items noted: - Strategic/System Update including reports from the West Essex and East & North Hertfordshire Healthcare Partnership Boards - Healthcare Development Programme Update - Stakeholder Update				
4.1 Discussion Topic: Healthcare Partnership Development Key discussion points were: STC discussed the priorities by which the HCP will be held to account through a governance/ accountability framework. The priorities are supported by an agreed delivery plan which will be monitored in Part A meetings going forward. The need for a clear narrative for staff was noted along with further review of the Place governance structure.				

Page **3** of **3**

7.1

Tab 7.2 Report from SMT

The Princess Alexandra Hospital **NHS**
NHS Trust

Trust Board – 4 April 2024   **Item No: 7.2**

REPORT TO THE BOARD FROM:	Senior Management Team (SMT)
CHAIR:	Lance McCarthy
DATE OF MEETINGS:	**5 March and 19 March 2024**

ITEMS FOR THE BOARD'S INFORMATION AND ASSURANCE

The following items were discussed at the SMT meeting on 5 March 2024:

- Reports from Feeder Groups: Feeder Groups: IG Update Steering group, MSK Board, Nursing Midwifery & Allied Health Professionals, People Meeting, and Urgent Care Programme Board.

- Divisional Board Reports were noted.

- Quality Report

- PQP Report

- QPMO Report

- Contract Management SOP – agreed subject to a review by the IG team.

- Staff survey Results 2023 – three priorities agreed

- Recovery Dashboard

- EHR Update

- PAHT2030 Change Strategy – reviewed and further comments to be considered.

- Car Parking Steering Group Update

- Business Planning update

- Business Case: Learning and Education Training Facility - approved

The following items were discussed at the SMT meeting on 19 March 2024:

- Reports from Feeder Groups: Access Board, Cancer Board, GMC Enhanced Monitoring Group, ICT Programme Board, Risk Management Group

- Quality Accounts 2024 – priorities discussed and agreed

- Corporate Risk Register – approved prior to Board review

- Staff Survey 2023: Free text analysis discussed and actions agreed

- IPR Report

- Car Parking Steering Group

- Finance Update M11 & Capital Update

- 2024/2025 Planning Update

7.2

Page **1** of **1**

Tab 7.3 Establishment of Leadership Mgmt Team and ToR

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board (Public) – 4 April 2024

Agenda item:	7.3
Presented by:	Heather Schultz – Head of Corporate Affairs
Prepared by:	Heather Schultz – Head of Corporate Affairs
Date prepared:	28 March 2024
Subject / title:	Establishment of Leadership Management Team (LMT) Meeting

Purpose:	Approval	x	Decision		Information		Assurance	

7.3

Key issues: please don't expand this cell; additional information should be included in the main body of the report	The current membership of SMT is large (circa 40 members at most meetings) and following a review of the effectiveness of SMT as a decision making body, it is proposed to re-establish SMT as an engagement and information sharing forum. To enable more effective decision making it is proposed to establish the Leadership Management Team (LMT) meeting with a smaller membership (as set out in the attached draft Terms of Reference). The new meeting structure will commence in May 2024.
Recommendation:	The Board is asked to approve: - the establishment of the LMT - the Terms of Reference

Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	Patients	People	Performance	Places	Pounds
	x	x	x	x	x

Previously considered by:	EMT.27.03.24
Risk / links with the BAF:	BAF risks 1.3, 4.1, 4.2 and 4.3
Legislation, regulatory, equality, diversity and dignity implications:	Compliance with Code of Governance and Trust's Standing Orders The LMT meetings will receive updates on EDI issues prior to review by People Committee and Trust Board.
Appendices:	Terms of Reference Trust Governance Structure

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Tab 7.3 Establishment of Leadership Mgmt Team and ToR

The Princess Alexandra Hospital **NHS**
NHS Trust

LEADERSHIP MANAGEMENT TEAM
TERMS OF REFERENCE

PURPOSE: The Leadership Management Team (LMT) comprises the senior leadership group of the Trust.

DUTIES: The following comprise the LMT's main duties:
i. Monitoring the delivery of all Trust financial, quality, access and other national and local targets and standards;
ii. Reviewing and agreeing service development plans and clinical strategies
iii. Approving business cases up to a value of £500k and reviewing business cases in excess of £500k before onward submission to the relevant delegated Committee and Trust Board;
iv. Reviewing the Trust's capital plan and considering supporting business cases as required;
v. Approving and implementing Trust-wide operational policies;
vi. Agreeing any significant changes in operational arrangements;
vii. Overseeing the implementation of any major Trust-wide projects;
viii. Reviewing progress against recommendations made following external reviews, audit reports, peer reviews, inspections by Regulatory Bodies;
ix. Agreeing the Terms of Reference (ToR) and Work Plans for any groups which report to LMT and receive regular updates from their meetings;

7.3

ACCOUNTABLITY: The LMT is accountable to the Trust Board.

CHAIRMAN: Chief Executive/ deputy Chief Executive in their absence.

MEMBERSHIP The following will comprise membership of the SMT:
- Chief Executive (Chair)
- Executive Team
- Divisional Triumvirates/Quadrumvirates including Divisional Directors, Directors of Operations and Associate Directors of Nursing / Director of Midwifery/ Head of Children's Nursing.
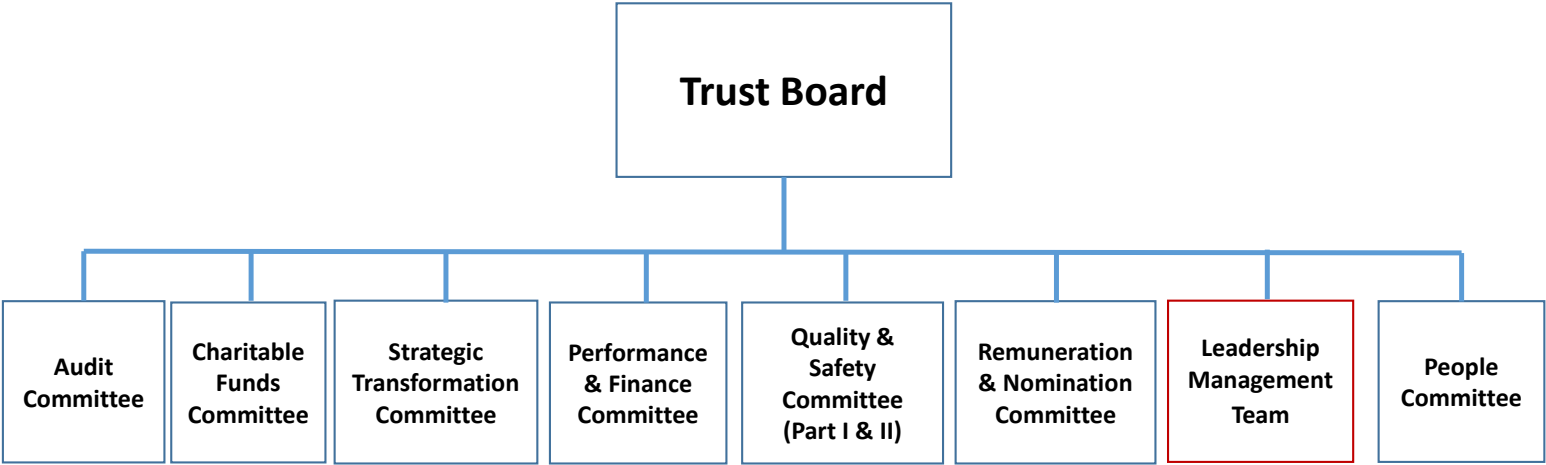
Nominated deputies can attend on behalf of an Executive. It is expected the divisional triumvirate / quadrumvirate members will attend and therefore divisional deputies are not required. Deputies are not entitled to exercise a vote.

Other managers may be invited to attend for specific items or on request.

Members are expected to make every effort to attend all meetings and an attendance register shall be taken at each meeting.

DECLARATION OF INTERESTS: All members and those in attendance must declare any actual or potential conflicts of interest; these shall be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration must be excluded from the discussion.

1

Tab 7.3 Establishment of Leadership Mgmt Team and ToR

The Princess Alexandra Hospital **NHS**
NHS Trust

LEAD EXECUTIVE:	Chief Executive.
QUORUM:	The quorum for any meeting of the LMT shall be the attendance of three members of the Executive Team and one representative from each division.
MEETING FREQUENCY:	Meetings of the LMT shall be held on the second and fourth Tuesday of the month or at such other times as the Chief Executive requires.

MEETING ORGANISATION:

i.   Meetings of the LMT shall be set before the start of the financial year;
ii. The Head of Corporate Affairs shall ensure there is appropriate secretarial and administrative support to the Committee;
iii. The draft agenda shall be compiled with input from both the Executive Team and Divisional teams;
iv. It is expected that the LMT meetings will be face to face;
v.   All final papers/reports must be submitted by close of business on the Wednesday before the meeting;
vi. The agenda and supporting papers shall be forwarded to each LMT member and planned attendees on the Friday before the meeting.

7.3

REPORTING: Internal meetings (as scheduled):

i.   ICT Programme Board
ii.   Trust Policy Group
iii. Information Governance Steering Group
iv.   Access Board
v.   Cancer Board
vi.   Risk Management Group
vii. Nursing, Midwifery & Allied Health Professionals
viii. Space Utilisation Group
ix.   Executive Children's and Young People Board Report
x.   Divisional Board Reports
xi.   Senior Management Team

AUTHORITY:	The LMT has the authority to investigate any activity within the ToR's including seeking any information it requires from anyone employed by or working on behalf of the Trust.
TERMS OF REFERENCE	The ToR's will be reviewed annually.
DATE APPROVED	LMT: Trust Board:

2

Tab 7.3 Establishment of Leadership Mgmt Team and ToR

NHS
The Princess Alexandra Hospital
NHS Trust

Trust Board

| Audit Committee | Charitable Funds Committee | Strategic Transformation Committee | Performance & Finance Committee | Quality & Safety Committee (Part I & II) | Remuneration & Nomination Committee | Leadership Management Team | People Committee |

modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

7.3

Tab 7.4 Report from CFC

The Princess Alexandra Hospital **NHS**
NHS Trust

BOARD OF DIRECTORS: Trust Board 4th April 2024				AGENDA ITEM: 7.4
REPORT TO THE BOARD FROM: Charitable Funds Committee				
REPORT FROM: Committee Chair- Non-Executive Director Helen Howe				
DATE OF COMMITTEE MEETING: 15th March 2024				
Agenda Item:	**Committee assured** **Y/N**	**Further work** **Y/N**	**Referral elsewhere for further work** **Y/N**	**Recommendation to Board**
2.1 Breast Unit Fundraising Update	Yes	Yes	No	The Committee approved the proposed Kilimanjaro Trek taking place from the 29th January to the 9th February 2025. It was noted a breakdown of income from individual fundraising projects would be brought back to the Committee and assurance regarding the risks associated with some of the events.
2.2 Charity/Fundraising Update	Yes	Yes	No	The timeline for recruiting to the Head of Charity post would be accelerated. The recruitment for a Charity Officer was also being progressed at pace.
2.3 Charity Risk Register Update	Yes	Yes	No	The risks relating to the charity were noted, no changes had been made since the previous meeting.
2.4 Request to spend Charitable Funds -Care of the Elderly/Frailty	Yes	Yes	No	The Committee approved the requested use of £49,890 from charitable funds for 10 RITA devices for patients. CFC agreed that the guiding principles for agreeing bids would be discussed at a meeting on 8 April 2024.
3.1 Charitable Funds Finance Report	Yes	No	No	A summary of financial activity from 1 April to 31 December 2023 was noted; at M9, the charitable funds totalled £857k.
4.1 Appointment of Independent Chair of CFC	N/A	N/A	No	The Committee recommended to the Corporate Trustee the appointment of Helen Howe as the Independent Chair of Charitable Funds Committee from 1 April 2024 to 31 March 2025.

7.4