

AGENDA
Public meeting of the Board of Directors
Date and time: Thursday 7 December 2023 at 09.30 – 12.30

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	11
09.35 Staff story: 'My journey as a LGBTQ+ staff member'					
02 Chair and Chief Executive's reports					
10.00	2.1	Chair's report	Inform	Chair	12
10.05	2.2	CEO report	Inform	Chief executive	15
03 Risk					
10.20	3.1	Corporate risk register	Review	Medical Director	21
10.30	3.2	Board assurance framework 2023-24 <i>Diligent Resources: BAF 2023/24</i>	Review/ Approve	Head of corporate affairs	27
04 Patients					
10.35	4.1	Report from Quality and Safety Committee 24.11.23:	Assure	Committee Chairs	31 36
		<ul style="list-style-type: none"> Part I Part II – Maternity Oversight 			
10.45	4.2	Maternity: <ul style="list-style-type: none"> SI report Maternity Incentive Scheme 	Assure	Chief nurse/ Director of midwifery	37 41
		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 including nurse recruitment	Assure	Chief nurse	49
11.20	4.4	Learning from deaths (Mortality)	Assure	Medical Director	55
11.30	4.5	Electronic Health Record	Assure	Chief Information Officer	61
11.35	4.6	Adult Inpatient Survey Results 2022	Assure	Chief Nurse	64
05 People					



modern • integrated • outstanding

1

patient at heart • everyday excellence • creative collaboration

11.45	5.1	Report from People Committee 27.11.23	Assure	Committee Chair	71
06 Performance/pounds					
11.50	6.1	Report from Performance and Finance Committee 30.11.23	Assure	Chair of Committee	73
11.55	6.2	Finance update	Assure	Director of Finance	79
12.05	6.3	Integrated performance report	Discuss	Chief Information Officer	89
07 Strategy/Governance					
12.10	7.1	Report from Strategic Transformation Committee 27.11.23	Assure	Chair of Committee	104
	7.2	Report from Audit Committee 04.12.23	Assure	Chair of Committee	Verbal
	7.3	Report from Senior Management Team Meetings held in September 2023	Assure	Chair of Committee	107
	8.1	Opportunity for members of the public to ask questions about the board discussions or have a question answered.			
09 Closing administration					
12.20	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	
12.30		Close			

Date of next meeting: 1 February 2024

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 2023/24

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	Helen Howe	Medical Director	Fay Gilder
Non-executive director	Darshana Bawa	Director of Finance	Tom Burton
No-executive director	Kim Handel		
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
Associate Non-executive director	Elizabeth Baker	Director of Quality Improvement	Jim McLeish
		Chief Information Officer	Phil Holland
Corporate Secretariat			
Head of Corporate Affairs	Heather Schultz	Board & Committee Secretary	Lynne Marriott

**Minutes of the Trust Board Meeting in Public at Kao Park
Thursday 5 October 2023 from 09:30 to 12:30**

Present:

Hattie Llewelyn-Davis
Liz Baker (non-voting)
Darshana Bawa
Tom Burton
Ogechi Emeadi (non-voting)
Rob Gerlis (non-voting)
Fay Gilder
Phil Holland
Oge Austin-Chukwu (non-voting)
Stephanie Lawton
Lance McCarthy
Colin McCready
Jim McLeish (non-voting)
Sharon McNally
Anne Wafula-Strike (non-voting)
George Wood

Trust Chair (TC)
Associate Non-Executive Director (ANED-LB)
Non-Executive Director (NED-DB)
Director of Finance (DoF)
Director of People (DoP)
Associate Non-Executive Director (ANED-RG)
Medical Director (MD)
Chief Information Officer (CIO)
Associate Non-Executive Director (ANED - OA)
Chief Operating Officer (COO)
Chief Executive Officer (CEO)
Non-Executive Director (NED-CM)
Director of Quality Improvement (DoQI)
Chief Nurse (CN)
Associate Non-Executive Director (ANED-AWS)
Non-Executive Director (NED-GW)

In attendance/Observing:

Linda Machakaire
Oluwaseyi Akinlaja
Lauren Nash

Director of Midwifery
Consultant Midwife: Midwifery Led Care and Public Health
Head of Communications

Patient Story:

Shahid Sardar

Associate Director for Patient Engagement and Experience

Members of the Public

None

Apologies:

Michael Meredith (non-voting)
Helen Howe

Director of Strategy (DoS)
Non-Executive Director (NED-HH)

Secretariat:

Heather Schultz

Head of Corporate Affairs (HoCA)

01 OPENING ADMINISTRATION

1.1 The Trust Chair (TC) welcomed all to the meeting and introductions were made for the benefit of members of the staff in attendance.

1.1 Apologies

1.2 Apologies were noted as set out above.

1.2 Declarations of Interest

1.3 There were no declarations of interest.

1.3 Minutes of Previous Meeting

1.4 The minutes of the previous meeting were approved as an accurate record of the meeting subject to correction of the spelling of ANED-OAC's name.

1.4 Matters Arising and Action Log

1.5	There were no matters arising and the action log was noted.
Patient Story:	
1.6	The CIO introduced the item and explained that Annette's story highlighted the experiences of patients with disabilities accessing digital information. Annette's experience had been shared at a workshop earlier in the year and gave insight into what needs to be done to ensure the Trust's new EHR (Alex Health) is accessible to all patients and that documentation is easy to read.
1.7	Members watched a short video of Annette describing some of her life experiences as a deaf blind person and how it had impacted on her self-esteem and confidence during her childhood and adult years. She explained how a communicator guide and a guide dog had changed her life in recent years.
1.8	Annette explained how she accesses digital information at home with the aid of technology and has also chosen to go 'paperless'. She described a recent experience when she received a letter and couldn't read it, so ignored it and found out later that the letter contained information about her diagnosis.
1.9	The Associate Director-Patient Experience (AD-PE) confirmed that Annette and a number of other patients with disparate disabilities who attended the workshop were working with the Trust on a way finding project. The Trust has developed a persona called 'Alex' to help patients to find different locations in the hospital. Members watched a clip demonstrating how Alex works. In terms of next steps, the teams would be looking at how reasonable adjustments are made, how flags can be applied consistently in the new EHR and how environments and behaviours can support.
1.10	In response to a question from the COO, the CIO confirmed that there would be touch points to access Alex in various locations. He also noted that children would be included in the project going forward and that work was underway nationally to link it into the NHS app'.
1.11	In response to a question from ANED-AWS, the CN reminded members that staff were trained to help so if Alex wasn't working patients could ask a member of staff to help them.
1.12	NED-GW asked what percentage of the Trust's patients were deaf blind and how the ICB could help. The AD-PE said there was a significant amount of work still to be done and engagement with primary care was ongoing.
1.13	The TC thanked the AD-PE and CIO for bringing the story to Board highlighting the need for personalised care for patients.
02 Chair and Chief Executive Reports	
2.1 Chair's Report	
2.1	The update was noted. NED-GW asked if the Trust was engaged in the development of a strategy for the St. Margaret's Hospital site; the CEO confirmed that the Trust was engaged.
2.2 CEO's Report	
2.2	<p>The CEO highlighted the following sections in the report:</p> <ul style="list-style-type: none"> - The Board paper in response to the Lucy Letby verdict setting out the Board's responsibilities, acknowledging the work already done and the work that will continue. - The latest information on the pay award and the impact of industrial action on the recovery plan and staff as well as increased anxiety and concern from patients which was also having an impact on staff. It was noted that there had not been an increase in clinical incidents during the periods of industrial action. - A positive visit from Lord Nick Markham CBE, Parliamentary under Secretary of State at the DHSC and Minister for the Lords responsible for the New Hospital Programme. - The Trust's financial position; at the end of month 5 the Trust was approximately £6m behind deficit plan.
2.3	The TC asked the Head of Communications to send a thank you to all staff for their work during the period of industrial action.
ACTION TB1.05.10.23/13	Send a thank you to staff for their work during the periods of industrial action. Lead: TC/Head of Communications

2.4	The TC asked how staff were being supported during this time and if there was more that could be done. The CEO said that health and wellbeing initiatives were in place but acknowledged there was always more that could be done. The COO noted that after action reviews were undertaken after every period of industrial action and the learning from each shared. Going forward a small team of staff would focus exclusively on industrial action and the DoP highlighted that intelligence from staff networks and freedom to speak up guardians was being closely monitored.
03 RISK/STRATEGY	
3.1 Corporate Risk Register (CRR)	
3.1	The Medical Director (MD) presented the paper which summarised the Corporate Risk Register for the first time since the risk management process had been revised. The paper included an update on safety risks with a risk score in excess of 12 and the tables displayed risk according to category. New risks were highlighted including the new risk scoring 20 in relation to estates that 'a critical infrastructure in the Trust estate may fail due to understaffing of the department and the need to have a qualified individual to complete regular testing and maintenance'. Mitigating actions were in place and the team felt the risk score could be reduced. Two further new risks scoring 16 and one new risk scoring 15 were noted.
3.2	ANED-RG asked if the risk of not achieving the Maternity Incentive Scheme should be included. The MD confirmed that this was under consideration. NED-DB asked whether actions taken to mitigate risks were reviewed to check if they had been successful. The MD explained that the Risk Management Group reviewed the closure of risks.
3.2	The paper was noted.
3.2 Board Assurance Framework (BAF) 2023/24	
3.4	The Head of Corporate Affairs presented the update. The risks had been discussed in detail at committees and a discussion had taken place at PAF regarding the finance risk score (BAF risk 5.1). PAF had recommended an increase in the risk score from 12 to 16 to reflect the Trust's challenging financial position. Noting that the auditors had queried the risk score during the year end audit, NED-GW asked whether the score should in fact increase to 20. The DoF said this might be necessary within the next month or so and the score would remain under review.
3.5	The Board approved the increase in the score to 16 noting that there may be a further increase in the next month.
04 PATIENTS	
4.1 Reports from Quality & Safety Committee (QSC)	
4.1	NED-KH presented the report from QSCI and highlighted that the committee had received assurance on the following: <ul style="list-style-type: none"> - Medicines optimisation - BAF risk 1.1 reviewed and score to remain at 16 - PSIRF report - ASI lists
4.2	ANED-LB asked for further information on the increase in acts of violence and aggression on staff. The COO explained the steps being taken to address the increase including locking down the site, establishing a security group and having a police presence on site. She noted that that this increase was across the NHS and there was not one particular cause for it.
4.3	ANED-RG presented the report from QSCII and highlighted the Maternity Incentive Scheme update which would be discussed under item 4.2 and that work in relation to the service exiting the support programme was underway.
4.2 Maternity Updates	
4.4	The Director of Midwifery (DoM) joined the meeting. The CN highlighted the SI report and that Maternity services had 2 SIs under investigation. None of these SIs were with the Healthcare Safety Investigation Branch.

4.5	ANED-AWS highlighted that the Early Pregnancy Unit was open from 09.00 to 16.00 on weekdays and asked what happened on weekends. The DoM confirmed that patients would attend A&E out of hours. The DoM agreed to meet offline with ANED-AWS to discuss an anecdote relating to out of hours attendance.
4.6	In terms of the Maternity Incentive Scheme, the CN highlighted that two of the ten safety actions had been achieved with the remainder at risk and the possibility that the service would not achieve the requirements of the scheme for Year 5. ANED-RG fed back from the QSC II meeting that the impact of industrial action was being acknowledged at a regional level. In response to a question from NED-CM around the reasons for not meeting the MIS standards, the DoM explained that the standards had changed/been enhanced but the periods of industrial action had also had an impact particularly in relation to safety action 8 which focussed on training levels. NED-GW asked how other Trusts were performing and the DoM confirmed that other Trusts were in a similar position to PAHT.
4.7	The Board noted the position with further updates to be presented by way of QSCII reports to Board.
4.3 Nursing Midwifery and Care Staff Levels including Nurse Recruitment	
4.8	The CN presented the update which had been discussed in detail at the People Committee. She highlighted the continued improvement in fill rates but reminded members that additional capacity would be opened over winter.
4.9	The report was noted.
4.4 Learning from Deaths (Mortality)	
4.10	The MD reminded members that for the last few months, the Trust's 12 month rolling HSMR had been 'higher than expected'. The 12 month HSMR had been slowly improving. The 'in month' HSMR and SMR were 'as expected'. The capturing of specialist palliative care by the coding team continued to improve and improves the quality of the data submitted to Telstra. The impact of industrial action on completion of summary judgement reviews was noted.
4.11	In response to a question from NED-GW, it was confirmed that there was a slight increase in observed deaths in diabetes but this did not mean the Trust was seeing an increase in patients attending with diabetes. NED-GW asked if deprivation was taken into account and the MD agreed to report back on this.
ACTION TB1.05.10.23/14	Establish whether deprivation is taken into account in mortality indices. Lead: Medical Director
4.12	ANED-AWS asked if there had been any deaths related to Covid treatments. The MD confirmed that drug induced diabetes had been a consequence of steroid treatment but as the symptoms of Covid reduce in severity, steroids are used much less frequently as a treatment for Covid.
4.5 Electronic Health Record (EHR)	
4.13	The CIO confirmed that the programme continued at pace to ensure gateway deadlines were met and to enable go live in October 2024. The next gateway review would take place in February 2024. The Board noted the risks to the programme including resourcing and the mitigations in place.
4.14	ANED-RG asked if the patient portal would be in place from go live and the CIO confirmed that it would not be – the scope would be increased six months after go live.
05 PEOPLE	
5.1 Report from People Committee (PC)	
5.1	NED-DB presented the report and highlighted the following: <ul style="list-style-type: none"> - Improvement in the vacancy rate and turn over - EDI strategy reviewed and recommended to the Board for approval - The Guardian of Safer Working report had been discussed
5.2 Equality, Diversity and Inclusion Strategy	

5.2	The DoP presented the strategy for approval. She highlighted the vision and goals which had been discussed at engagement sessions and the language (use of the term 'BAME') had been discussed and agreed with the network. The next step would be to embed the strategy.
5.3	The TC asked how the strategy would be embedded and the DoP said it would be integral to everything and should be reflected in agenda items, cover sheets to papers etc. She reiterated that it would start with the Trust's people.
5.4	The Board approved the strategy.
5.3 Workforce Race Equality Standards	
5.5	The DoP presented the report. The paper provided the 2023 WRES data set for PAHT that had been submitted to NHS England in August 2023, together with a summary of actions taken in the past year and proposed refresh of the WRES action plan. The data in the report covered the period from April 2022 to March 2023. Some improvement in the metrics was noted but it was acknowledged that there was more to do.
5.6	The Board approved the report and the action plan.
5.4 Workforce Disability Equality Standards	
5.7	The report was noted with some caution around the data due to low numbers of staff registering a disability. In summary, the Trust had improved on six of the ten WDES metrics since 2022 (metrics 1, 4, 5, 6, 7 and 8). There had been a worsening in the position for metrics 2, 4 and 9a. The report provided an update on each of the areas of the WDES action plan, and set out actions in a number of areas to progress disability equality and inclusion at PAHT.
5.8	The report was approved and it was noted that work was ongoing.
5.5 Annual Medical Revalidation Report and Statement of Compliance	
5.9	The MD presented the Appraisal and Revalidation data for the completed round of appraisals for 2022/23. This included all medical staff (excluding doctors in training) directly employed by PAHT. The paper set out a summary of the processes for the annual appraisal, compliance data, and revalidation processes, and how these are monitored and assessed for quality assurance purposes, as requested by NHS England. The Board approved the statement of compliance.
5.6 Fit & Proper Persons Revised Framework	
5.10	The DoP took the paper as read and reminded Board members that there was also a helpful presentation in resources. She highlighted the timeline for key activities and confirmed that the competency framework was still to be published. She asked Board members to familiarise themselves with the new requirements, support the proposal that the revised framework would only apply to Trust board members and support the members of staff identified who would have access to ESR. It was noted that 'board members' included all Board members who regularly attend Board.
5.11	The Board noted the requirements and supported the proposals set out above.
06 PERFORMANCE/POUNDS	
6.1 Report from Performance & Finance Committee (PAF)	
6.1	NED-CM presented the report highlighting the challenging financial position, the updates on finance modernisation and expiring contracts.
6.2 Finance Update	
6.2	The report was taken as read and would be discussed further in the private session.
6.3 M5 Integrated Performance Report (IPR)	
6.3	The CIO presented the report and highlighted that the BAF risk score had been added. Falls remained in positive common cause variation, the ED 4 hour standard remained in special






	cause variation and ambulance handovers were now in common cause variation. The impact of industrial action on waiting lists was noted.
6.4 Self Certification: Protecting and Expanding Elective Care Capacity	
6.4	The Board approved the self-certification and noted the two areas of limited assurance.
07 STRATEGY/GOVERNANCE	
7.1 Report from Strategic Transformation Committee (STC)	
7.1	ANED-LB presented the report and highlighted that some items on the workplan had moved into business as usual. Other highlights included: <ul style="list-style-type: none"> - In terms of PAHT2030, transforming our care had been rated green - The digital transformation update had been noted - The strategic topic discussed as 'mapping of place' and had reiterated the need for PAHT to take on the role of an anchor organisation working closely with place based colleagues.
7.2 Report from Audit Committee (AC)	
7.2	NED-GW highlighted the outcome of the committee effectiveness review and asked the Board to approve the revised Terms of Reference.
7.3	The report was noted and the Terms of Reference approved.
7.3 Report from Senior Management Team	
7.4	The report was noted.
7.4 Corporate Trustee: Report from CFC.15.09.23	
7.5	In the absence of NED-HH, the Chair of CFC, the report was noted.
08 QUESTIONS FROM THE PUBLIC	
8.1	There were no questions from the public.
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	
9.4	These are noted in the shaded boxes above.
9.4 New Issues/Risks	
9.3	None noted.
9.4 Any Other Business (AOB)	
9.4	The CN noted that the CQC Adult Inpatient Survey had been published and would be reported to QSC in November and Board in December.
9.5	The DoP reminded members that it was Black History Month and Speak Up month with events planned.
9.5 Reflections on Meeting	
9.6	Members agreed that it had been a good meeting.
	The meeting closed at 12:00.
Signed as a correct record of the meeting:	
Date:	07.12.23
Signature:	

Name:	Hattie Llewelyn-Davies
Title:	Trust Chair

ACTION LOG: Trust Board (Public) 07.12.23

Action Ref	Theme	Action	Lead(s)	Due By	Commentary	Status
TB1.05.10.23/13	Industrial Action	Send a thank you to staff for their work during the periods of industrial action.	TC HoC	TB1.05.12.23	Actioned.	Closed
TB1.05.10.23/14	Mortality	Establish whether deprivation is taken into account in mortality indices.	MD	TB1.05.12.23	The HSMR model does adjust for deprivation. It is calculated at the postcode sector level of a patient's residence which is pulled from the HES data. Telstra currently use the Carstairs index to formulate the deprivation quintiles (which they can analyse by in HIP); 'below average', 'average', 'above average', 'most deprived' and 'least deprived'. Telstra are also able to analyse by 'local authority' on HIP, which may give some further insight into deprivation within an area of the region.	Closed

Trust Board – 7 December 2023

Agenda item:	2.1				
Presented by:	Hattie Llewelyn-Davies				
Prepared by:	Hattie Llewelyn-Davies				
Date prepared:	30 th November 2023				
Subject / title:	Chair's Report				
Purpose:	Approval		Decision		Information <input checked="" type="checkbox"/> Assurance
Key issues:	To inform the Board about my work; to increase knowledge of the role; to evidence accountability for what I do				
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 <input checked="" type="checkbox"/>	 People <input checked="" type="checkbox"/>	 Performance <input checked="" type="checkbox"/>	 Places <input checked="" type="checkbox"/>	 Pounds <input type="checkbox"/>
Previously considered by:	Not applicable				
Risk / links with the BAF:	No risks have been identified but walkabouts are a way of gaining assurance on the BAF risks and other risks on the risk registers.				
Legislation, regulatory, equality, diversity and dignity implications:	As the NED EDI Champion this continues to guide my work in all the areas noted below. Specific reference is made to disability in this report.				
Appendices:	None				

1.0 Purpose/issue

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

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 Equalities:

I am really proud of PAHT's new Strategy for EDI. It was great to be at the Board meeting when we approved it last month.

We had some great events celebrating Black History Month last month and have others planned for Disability Month this month. As part of this I have taken part in a video explaining what it's like to be a disabled director in the NHS on behalf of the Disabled NHS Directors Network. It has had some wide exposure and has been well received.

I know that we will continue to develop our work in this area, both for the benefit of our people but most importantly our patients. Health inequalities in our catchment area are considerable and we must seek to do whatever we can to minimise this.

3.0 External Work:

I continue to work with the NHSE scheme mentoring new chairs and also have a regular slot on the quarterly NHS Providers training course for new chairs. Looking at recent chair appointments the support for new chairs is really apparent and I hope that it enables the chairs to be as effective as possible early in their tenure. I continue to work on the mentoring scheme we run and have developed a new training course for aspiring chairs.

At an ICB level the provider chairs continue to meet each month to enable us to support the Executive teams more effectively in achieving the new ways of working together for the benefit of our local population. This has been particularly important during the recent discussions around all of our financial performance.

The work I have been involved in and reported to the last meeting on the Independent Remuneration Panel for Harlow Council has completed and a report will go to Cabinet in the New Year. It is now entirely up to the Councillors whether they accept our recommendations or not, but I have really enjoyed learning more about the Council and how it works.

4.0 NED visits

The NEDs continue to do regular visits to our services, both as individuals and teams. Most people reading this will be aware that I have just had a hip replacement, so I look forward to being able to taking a much more active role in the walkabouts from now on.

On the 7th of November 2023 NED colleagues visited dementia spaces around the hospital. A planned spiritual garden, a dementia sensory garden and a staff garden

area, part-funded by NHS Charities Together and part by the PAHT Charity. No actions were identified to follow up this part of the visit.

The first part of the visit 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.

On a previous visit to Gibberd Ward, we identified a need for disabled parking spaces and I have asked the Director of Strategy to update the Board on this issue at the Board meeting on the 7th December 2023.






5.0 Finally:

My thanks to everyone for their best wishes and for their support covering my meetings while I was off post my operation. It will be lovely to see everyone at the Board Meeting. My time off is also the reason why this is a slightly shorter report than normal!

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

Author: Hattie Llewelyn-Davies. Trust Chair.
Date: 30th November 2023.

Trust Board (Private) – 7 December 2023

Agenda item:	2.2							
Presented by:	Lance McCarthy - CEO							
Prepared by:	Lance McCarthy - CEO							
Date prepared:	30 November 2023							
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: <ul style="list-style-type: none">- Urgent Care and winter planning- Pay awards and industrial action- New Hospital Programme update- Alex Health Implementation- Other key headlines							
Recommendation:	The Trust Board is asked to note the CEO report generally and specifically to: <ul style="list-style-type: none">- note the early success of the new IUATC- note the latest pay award and industrial action positions- note progress with the development of the new hospital programme and the recent Public Accounts Committee report in to the NHP- note progress with the implementation of Alex Health- note the other key headlines- note progress with the implementation of PAHT 2030							
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:	n/a							
Risk / links with the BAF:	CEO report links with all the BAF risks							

Legislation, regulatory, equality, diversity and dignity implications:	<ul style="list-style-type: none"> – Regulatory – Board requirement to assure itself of suitable practices and processes in place to minimise the risk to patient safety of IA and winter pressures <p>-----</p> <ul style="list-style-type: none"> – EDI – impact of the previous and future rounds of industrial action of our doctors in training and consultant on our patients and the potential for a disproportionate impact on some of our patients – 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 and NHS SBS solutions)
Appendices:	None

Chief Executive's Report

Trust Board: Part I – 7 December 2023

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

(1) Urgent care and winter planning

Our urgent care performance and flow, as with many other acute providers, is under pressure and strain currently. As we head into winter, we have been working 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 over the next few months.

We implemented a new Integrated Urgent Assessment and Treatment Centre (IUATC) on 1 November; a partnership with local primary care and community services colleagues to deliver more timely and effective urgent care for the less acute presentations. We are currently seeing approximately 90 patients per day through the unit with plans to increase this to approximately 120 patients per day over forthcoming months. The new IUATC enables booked appointments to be made for suitable patients via NHS 111 and post initial clinical assessment in ED. Nearly 1/3rd of all appointments to date have been booked into slots via NHS 111, offering a more timely and planned service for patients, being seen by the right clinicians to support their needs. The ongoing building of relationships between all parts of the local system will continue to develop and enhance joint understanding of pressures and joint pathways of care.

We are holding a winter summit in December with all relevant colleagues to align our operational plans across the Trust and across the local places. Key to effective management of urgent care will be the flow of patients into, through and out of the hospital as most appropriate, and there is a strong focus on ensuring the full use of all virtual ward and community bed capacity out of hospital in conjunction with our community services providers and the most effective use of our Same Day Emergency Care (SDEC) resources.

The Board is asked to note the early success of the IUATC and the plans for winter

(2) Pay Awards and Industrial Action

The government has reached an agreement with the doctors' unions over a pay award for consultant colleagues which is now being put to union members. The award includes an increase in average salary, a reduction in the spine points on the consultant grade and an increase in the value of local CEAs but going directly in to basic pay and scrapping the CEA process. The outcome of the referendum to union members is expected in January.

The doctors' unions remain in dispute with the government about pay for doctors in training although I understand that there are ongoing talks between both sides.

Consequently no further planned dates of industrial action have been announced.

The government announced earlier this month that £800m would be transferred to organisations via Integrated Care Boards to help to cover the cost of industrial action to date this year, with the expectation that there will be no further periods of strike action this financial year. We have been allocated £2.98m from HWE ICB based on a formula aligned with the number of nursing and medical colleagues in each organisation across the ICS and the days of strike action undertaken by different staff groups to date. In addition, the proportion of elective activity needing to be undertaken relative to

19/20 levels to achieve additional funding through the Elective Recovery Fund (ERF) has been reduced by a number of percentage points. These, whilst helpful, do not cover the full cost of the industrial action and loss of income as a result of the industrial action at PAHT.

We have committed, along with all other organisations across our 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 for IA. The system is projecting a breakeven financial position with significant risk of £7.6m.

The Board is asked to note the latest pay award and industrial action positions, the receipt of our share of the national funding and associated access standard commitments.

(3) 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.

Our Programme team are continuing with our plans to purchase the land for the new hospital, continuing negotiations with the landowners. We are awaiting more specific detail on timeframes from the national NHP and are looking forward to working with them and key local stakeholders to implement 'hospital 2.0' (a vision for how hospital builds can be delivered with greater standardisation, efficiency and cost).

Since we last met as a Board, the Public Accounts Committee has produced a report in to its findings related to the New Hospital Programme. This was published on 17 November 2023 and can be accessed through this link; [New Hospital Programme: Inquiry finds no confidence Government will deliver on promises - Committees - UK Parliament](#)

The report is critical, voicing concern about the lack of progress, worry that the new hospitals will be built too small and concern that the total size of the budget is insufficient to build all new hospitals in the programme. It makes a number of recommendations for swifter action and we will work with regional and national colleagues to support the implementation of these and support the national NHP.

More information on NHP, 'hospital 2.0' and the next steps, can be found on our new hospital website, www.newpah.org.

The new hospital is a fundamental part of, and one of our 5 key priorities to deliver our strategy, PAHT 2030, and our vision of being Modern, Integrated and Outstanding. Together with the implementation of our Electronic Health Record, the digital and cultural transformations across the Trust and the improvements in care and quality improvement initiatives in place, we are making strong progress to achieving our vision.

The Board is asked to note progress with the development of the new hospital programme and the recent PAC report in to the NHP.

(4) Alex Health Implementation

We continue to make strong progress with the implementation of our Alex Health programme, in partnership with Oracle Health colleagues. We have just completed and signed off the complex and detailed workbooks required to build the system for our hospital, wards and departments which is a key milestone in the implementation. Alex Health, our new electronic health record remains on track to go live in October 2024.

As I have described previously to Board members, this is one the biggest transformation programmes that PAHT has ever seen and is core to the delivery of our digital strategy and the digital health priority that is part of PAHT 2030. It will provide the bedrock of digital systems, patient information capture and appropriate sharing and enable many other digital and technological advances to be built upon it.

A complex programme of change to clinical, non-clinical and technology processes is aligned with the programme to ensure we maximise full value and efficiency and benefits from the system. This is being overseen by the Quality First and PMO teams and aligned with our PQP and clinical transformation and corporate transformation programmes.

The Board is asked to note progress with the implementation of Alex Health and the digital health priority of PAHT 2030 and alignment with PQP and other PAHT 2030 priorities.

(5) Other key headlines / developments for noting

Other key items of note for the Trust Board include:

Month 5 I&E position

More information on our financial income and expenditure position is provided later on the agenda. As a headline, we remain adrift from our planned deficit plan, due predominately to costs of industrial action, premium cover payments for medical staff, excess inflation costs not funded and lower levels of income than expected and some other cost pressures in year. We are currently forecasting a deficit of £7.6m greater than plan.

We continue to drive our Patient, Quality and Productivity (PQP) plans hard to support and underpin our drive towards PAHT 2030, the operating plan for 2023/24 and our financial efficiency requirements. Further PQP schemes have been developed with the clinical and corporate divisions to close this gap.

Our forecast outturn has been discussed with ICS, regional and national colleagues and is built in to the ICBs forecast outturn position.

Staff survey

The latest national staff survey has now closed. 48.6% of all colleagues completed the survey, ranging from 34.6% to 73.7% by Division, and ranging between 31.8% and 67.4% by staff group.

The results will be published in the spring.

New consultant Development Programme

Our new look Consultant Development Programme has been reignited. The first session of a 6-month programme supporting new consultant colleagues started on 22 November with 20 attendees. The programme is the latest in our OD support for colleagues and follows on from the recent introduction of our Ready to Manage and Ready to Learn programmes, supporting colleagues across the Trust, a fundamental part of Our Culture priority for PAHT 2030.

A second cohort of 20 colleagues will go through the programme in 2024.

New finance, accounting and procurement system

One of the corporate service transformation programmes is the introduction of a new finance, accounting and procurement system to better manage our procurement and account for our spending more effectively. We successfully transitioned to a new Oracle solution through NHS Shared Business Solutions (SBS) in November. Thanks to all colleagues who have been involved in a successful implementation.

The Board is asked to note these other key headlines.

Author: Lance McCarthy, Chief Executive
Date: 30 November 2023

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



TRUST BOARD
7 DECEMBER 2023

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:	27 November 2023				
Subject / title:	Corporate Risk Register				
Purpose:	Approval		Decision	Information	Assurance
Key issues:	<p>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 on 24 October 2023.</p> <p>The overall number of risks scoring 15 and above is 43. See section 2, tables 1 and 2.</p> <p>Section 3 provides detail on the risks scoring 20, no new risks identified:</p> <ul style="list-style-type: none"> Two risks in the category of Quality – Safety, associated with meeting: <ul style="list-style-type: none"> the 4 hour Emergency Department (ED) standard and the 52-week standard for treatment One risk in the category of statutory / regulatory compliance, associated with: <ul style="list-style-type: none"> Ability to complete regular testing and maintenance of critical infrastructure. <p>Actions and mitigations for each risk are detailed in section three.</p> <p>Section 4 provides details of new risk scoring 16:</p> <ul style="list-style-type: none"> There is one new risk in the category of Quality – Safety associated with: <ul style="list-style-type: none"> Pharmacy service and vacancies, previously scoring 20 <p>Section 5 provides details of new risks scoring 15</p> <ul style="list-style-type: none"> There is one new risk, for Statutory / regulatory compliance 				
Recommendation	Trust board is asked to <ul style="list-style-type: none"> Review and discuss the contents of the corporate risk register 				
Trust strategic objectives:	 Patients √	 People √	 Performance √	 Places √	 Pounds √
Previously considered by:	Risk Management Group Senior Management Team				

	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.
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

1.0 Introduction

This paper details risks scoring 15 and above with data extracted from the Datix system on 24 October. As risk is managed as a dynamic process across services, this paper will continue to be updated during October.

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 new 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.

The discussions at Risk Management Group and Senior Management Team meetings will evolve over the coming months and so the content of future papers may change as we adapt to the new approach. All feedback for the improvement of this paper is welcome

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 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 43 risks scoring 15 and above. RMG is progressing with the review of corporate and divisional risks escalated against the new criteria 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 in table 1

Table 1 - Risks scoring 15 or more	Risk Score				Totals
	15	16	20	25	
Cancer & Clinical Support	1 (0)	5 (5)	0 (1)	0 (0)	6 (6)
Estates & Facilities	7 (7)	2 (2)	1 (1)	0 (0)	10 (10)
IM&T	0 (0)	1 (1)	0 (0)	0 (0)	1 (1)

Operational	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Corporate	0 (0)	3 (4)	0 (0)	0 (0)	3 (4)
FAWs Child Health	1 (1)	1 (1)	0 (0)	0 (0)	2 (2)
FAWs Women's Health	0 (1)	0 (0)	0 (0)	0 (0)	0 (1)
Medicine	1 (1)	0 (0)	0 (0)	0 (0)	1 (1)
Surgery	3 (4)	4 (3)	0 (0)	0 (0)	7 (7)
Urgent & Emergency Care	1 (1)	4 (7)	0 (1)	0 (0)	5 (9)
Trust wide	1 (2)	5 (4)	2 (2)	0 (0)	8 (8)
Totals	15 (17)	25 (27)	3 (5)	0 (0)	43 (49)

(The scores from paper presented at RMG/ SMT in September 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	24 (21)	65 (67)	7 (7)	16 (19)	2 (3)	114 (117)
Quality – Patient Experience	≥ 12		10 (9)	2 (2)	0 (1)	0 (0)	12 (12)
Quality – Clinical Effectiveness	≥ 12		19 (15)	0 (0)	1 (1)	0 (1)	20 (17)
People	≥ 15			1 (2)	6 (5)	0 (1)	7 (8)
Statutory Compliance & Regulation	≥ 12		11 (12)	4 (5)	0 (0)	1 (1)	16 (18)
Finance	≥ 12		4 (4)	(0)	1 (1)	(0)	5 (5)
Reputation	≥ 15			1 (1)	(0)	(0)	1 (1)
Infrastructure	≥ 15			0 (1)	1 (1)	0 (0)	1 (2)
Information and Data	≥ 10	(0)	13 (12)	0 (0)	0 (0)	0 (0)	13 (12)
Systems and Partnerships	≥ 15			0 (0)	0 (0)	0 (0)	0 (0)

2.1 Movement of risks from the Allocate system onto the Datix system

It should be noted that while the vast majority of risks have been transferred onto the Datix risk register from the Allocate system, there remains 13 risks on the Allocate system. Support has been offered to those who are yet to complete this work.

3.0 Summary of risks scoring 20

There are 3 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 standard.

Risk id 85: this is a Trust wide risk 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 significantly during Covid 19 pandemic and there is insufficient capacity to treat them all within the standard.

Risk id 497: this 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 a corporate team risk, currently on the operational risk register for discussion to place on corporate register planned.

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

4.0 One reduction in risk score from 20 to 16

4.1 Quality - Safety:

- There is a risk that pharmacy will be unable to provide a robust service to all wards due to staffing vacancies. This is impacting on the ability to complete medicines reconciliation with the reduction of a clinical pharmacist impacting on medicines safety across wards.

Risk id 130: Clinical support services risk on the corporate risk register. It was raised initially in March 2014 and increased in 2023 to a 20. The score was reduced during October 2023, as a result of 4 new starters in pharmacy. Work continues to further reduce the risk to an acceptable level.

Actions / mitigations: Prioritising inpatient and discharge prescriptions. Oversight monitored by division and divisional performance reviews with executive team.

5.0 One NEW risk with a score of 15 raised

5.1 Statutory compliance and regulation:

- There is a risk that the Trust is non-compliant with managing healthcare fire safety as there is a need to have a rehearsed fire emergency plan, an arson policy and a fire strategy for each of our buildings.

Risk id 554: Estates and Facilities risk on the Corporate risk register, raised August 2023

Actions / mitigations: Contractors used to complete checks. Fire policy in place inclusive of a fire emergency plan. Fire dampers serviced and maintained and certificated using a contractor. Actions in progress to further reduce the risk to an acceptable level.

3.1






6.0 Recommendation

Trust board is asked to review and discuss the contents of the corporate risk register

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

Trust Board – 7 December 2023

3.2

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:	<p>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 November 2023. The risk scores have not changed this month and are summarised in Appendix B.</p> <p>It is proposed to add a new risk to the BAF - Risk 4.3 Industrial Action. The risk was discussed at PAF and PAF recommended that the Board approves the risk. The COO/MD and CN are the executive leads and PAF will have oversight of the risk. The risk has been scored at 20.</p> <p>The risk is attached as Appendix C. The full BAF is available in the resources section of Diligent.</p>							
Recommendation:	<p>The Board is asked to:</p> <ul style="list-style-type: none">- Approve the new risk relating to industrial action and the score of 20.							
Trust strategic objectives:	 Patients	 People	 Performance	 Places	 Pounds			
	x	x	x	x	x			
Previously considered by:	STC, QSC, PC and PAF in November 2023.							
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 Appendix C – BAF risk 4.3 Industrial action							

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				↔	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				↔	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				↔	10	COO
	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				↔	10	MD
2.3 PC	Workforce: Inability to recruit, retain and engage our people	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				↔	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				↔	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				↔	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	COO
4.2 PAF	Failure to achieve ED standard resulting in increased risks to patient safety and poor patient experience.	20	20	20	20				↔	12	COO
4.3 PAF/	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				20* NEW RISK					8	COO/MD/CN

Board Assurance Framework Summary 2023.24

(QSC for patient harms)	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.										
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	<p>Finance - revenue : Risk that the Trust will fail to meet the financial plan due to the following factors:</p> <p>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.</p> <p>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.</p> <p>Inflation remains high, productivity remains a challenge and there is risk around income from the part move to a PbR basis.</p> <p>Cash will be a challenge in year with the potential deficit driving the Trust towards an adverse cash position.</p>	12	12	16	16				↔	8	DoF

Risk Key														
Extreme Risk		15-25	The Princess Alexandra Hospital Board Assurance Framework 2023-24											
High Risk		8-12												
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 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)
Strategic objective 4: Our Performance - we will meet and achieve our performance targets, covering national and local operational, quality and workforce indicators														
Risk 4.3		<p>There is a risk that the ongoing Industrial Action creates deteriorated operational performance in both elective & urgent care. Industrial Action reduces the 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.</p>	<p>Causes:</p> <p>Pay disputes leading to ongoing periods of industrial action</p>	4x5=20	<p>Exec leads: COO, MD and CN Committee : Performance and Finance Committee/Quality and Safety Committee</p>	<p>Setting up an Industrial Action (IA) team to lead the preparation & delivery of IA to release the operational teams back to business as usual</p> <p>Operational teams trying to maintain a much elective activity as possible during IA & put on additional catch-up clinics/theatre sessions</p> <p>Identifying learning from IA in After Action Reviews that can be turned into new improved business as usual.</p> <p>Incident management structure in place during periods of IA EPRR framework</p>	<p>Cell meetings, IMT meetings SMT and PAF meetings</p>	<p>Monthly, weekly and daily monitoring of elective backlogs in RTT & cancer, and of urgent & emergency care standards. Reporting at speciality, divisional, Access & Cancer Board, SMT, PRM, & Board sub-committee level.</p>	4x5=20	<p>Deviation from cell structures due to pace</p>	<p>None noted.</p>	22/11/2023	<p>NEW RISK</p>	4x2=8 March 2024
			<p>Effects:</p> <p>Reduced capacity of operational teams to deliver business as usual and operational improvements in order to provide patients with effective & efficient services</p> <p>Deteriorating performance recovery.</p> <p>Increased elective backlogs and deteriorating urgent care performance.</p> <p>Poor patient experience and risk of harm to patients</p> <p>Deterioration in productivity and PQP delivery</p>											

BOARD OF DIRECTORS: Trust Board (Public) – 7 December 2023 AGENDA ITEM: 4.1 REPORT TO THE BOARD FROM: Quality and Safety Committee (QSC) REPORT FROM: Kim Handel (Chair) DATE OF COMMITTEE MEETING: 24 November 2023				
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: <ul style="list-style-type: none"> Water Safety Group now progressing well and next steps would be to formalise the Ventilation Group report into IPCC. Respiratory viruses were not currently an issue. The low uptake of 'flu and Covid vaccinations was noted.
2.2 Adult Inpatient Survey Results 2022				The results had been published by the CQC based on benchmarked data in September and although the results were not showing a significant deterioration from previous years, the Trust was still placed in the bottom third of trusts in a number of areas. An action plan was now in place, focussing on admission and discharge and a task and finish group has been established. QSC will receive regular updates and the paper is on the agenda for the Board meeting on 7 December 2023.
2.3 Report from Strategic Learning from Deaths Group / Learning from Deaths Update	Y	Y	N	QSC noted that whilst the organisation's 12 month rolling HSMR was 'higher than expected', it was consistently going down and an analysis suggested that for the next month it would be back to 'as expected'. The 12 month rolling SMR was now 'as expected' which reflected the work undertaken in lots of different areas and in particular the work with the Palliative Care team and coding team to understand where the former was documenting care in error in Nerve Centre.

BOARD OF DIRECTORS: Trust Board (Public) – 7 December 2023 REPORT TO THE BOARD FROM: Quality and Safety Committee (QSC) REPORT FROM: Kim Handel (Chair) DATE OF COMMITTEE MEETING: 24 November 2023				AGENDA ITEM: 4.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.5 Report from Clinical Effectiveness Group(CEG)	Y	Y	N	Key highlights were: <ul style="list-style-type: none"> • Actions were underway in the divisions to finalise plans to address the review of recommendations published following participation in National Quality Account audits and the review of NICE guidance. • Outpatient appointment department had reported gaps in staffing that was impacting on responding to patients wishing to notify the Trust about changes to OPD appointments. The division had raised this as a risk and were in the process of recruiting to that team. • The group approved the Research, Development & Innovation strategy.
2.6 BAF Risk 1.1 (Clinical Outcomes)				It was agreed that the risk score should remain at 16. It was agreed that the target date for achieving a score of 12 would be reviewed for the January meeting.
2.7 Report from Quality Compliance Improvement Group (PMO Update)	Y	Y	N	The two red-rated items remained: <ul style="list-style-type: none"> • S2 (ED 4 Hr standard) sustained lower quartile performance. • S3/N (Safeguarding Training) – significant improvement work and understanding of the supporting processes had been undertaken to

BOARD OF DIRECTORS: Trust Board (Public) – 7 December 2023 AGENDA ITEM: 4.1 REPORT TO THE BOARD FROM: Quality and Safety Committee (QSC) REPORT FROM: Kim Handel (Chair) DATE OF COMMITTEE MEETING: 24 November 2023				
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				<p>address the gaps in training. This would continue to be monitored.</p> <p>There were 11 red milestones and the PMO was following up with leads to confirm completion. Five green milestones had moved to green in-month, the majority in Urgent Care/Maternity.</p>
2.8 Report from Patient Safety Group (PSG)	Y	Y	N	<p>There had been no claims or incidents associated with E-consent since its rollout and this was a significant achievement over the last year. It was also noted that the Safeguarding (annual report presented to October QSC) had also been able to demonstrate that since the introduction of e-consent there had been an improvement in the quality of information and a reduction in incidents.</p>
2.9 Patient Safety & Quality Update	Y	Y	N	<p>Key highlights were:</p> <ul style="list-style-type: none"> • 1345 incidents reported in-month with 653 incidents open >30days: 41% - improvement again in-month. • EDI data presented in month with focus on 0-5 year age group. • 18 open serious incidents (SIs), three new incidents raised and one incident de-escalated. All SI action plans tracked and monitored. • Five new claims and one closed (value £35K) at a total cost of £92k.






BOARD OF DIRECTORS: Trust Board (Public) – 7 December 2023 REPORT TO THE BOARD FROM: Quality and Safety Committee (QSC) REPORT FROM: Kim Handel (Chair) DATE OF COMMITTEE MEETING: 24 November 2023				AGENDA ITEM: 4.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				<ul style="list-style-type: none"> Four new inquests notified and three cases closed with no care concerns. 17 audits (18%) had an action plan completed and 77 to be uploaded onto the Trust data base. NICE guidance: Improved position with number overdue review decreasing by 15%.
3.1 M7 Integrated Performance Report	Y	Y	N	The Committee was assured that patient safety and quality metrics were positive and stable.
3.2 Report Against Operating Plan	Y	Y	N	Key points to note were: <ul style="list-style-type: none"> Urgent & emergency care activity continued to be high and flow through the hospital challenged. Bed capacity was extremely high with escalation capacity open. Ambulance handover delays had improved but still required focus. 78+ week waits were forecasting a small decrease in November but with an aim to reduce to 4 from 113 in October. The majority of the 65+ week patients in March 2024 had been booked in October-December with a small number of ENT & Orthopaedics to be booked. Cancer metrics continued to improve and the Trust had achieved the faster diagnosis standard in September,

BOARD OF DIRECTORS: Trust Board (Public) – 7 December 2023 REPORT TO THE BOARD FROM: Quality and Safety Committee (QSC) REPORT FROM: Kim Handel (Chair) DATE OF COMMITTEE MEETING: 24 November 2023				AGENDA ITEM: 4.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
				the only Trust in the East of England to do so.
4.1 Horizon Scanning Update	Y	Y	N	Key points to note were the CQC State of Care Report 2022/23 had been published as well as the Healthcare Services Safety Investigations Body (HSSIB): investigation report: 'Safety Management Systems – an introduction for healthcare'.
4.2 Research & Development Annual Report	Y	Y	N	This was once again a good news story for the organisation. The key highlight of which was that the team's Oncology Research Nurse had been officially recognised as an Internationally Qualified Clinical Research Nurse.

BOARD OF DIRECTORS: Trust Board (Public)				AGENDA ITEM: 4.1
REPORT TO THE BOARD FROM: Quality & Safety Committee (Part II)				
REPORT FROM: Rob Gerlis - Committee Chair				
DATE OF COMMITTEE MEETING: 24 November 2023				
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 Maternity Report (dashboard)	Y	Y	N	QSC II noted the improved staffing position; 16 new starters are being onboarded and the team were commended on the successful recruitment campaign. Progress against transformation workstreams was noted.
2.2 Maternity Incentive Scheme (MIS)	Y	Y	N	An update on delivery of the MIS safety actions was noted. Work is underway and at the time of reporting safety actions 4 and 6 were identified as the areas of risk. A detailed update will be presented to the Board.
2.3 Maternity Serious Incidents (SIs) Update	Y	N	N	There have been 2 new maternity incidents declared since the last report for October 2023. There have been no maternity incidents closed since the last report (October 2023). Maternity services currently have 6 SI's under investigation (0 HSIB).
2.4 Culture Update	Y	Y	N	The clinical strategy is under review and a culture workstream aligned to the revised strategy will be developed. QSC will have oversight of progress.
2.5 Maternity and Neonatal Safety Champions' Report	Y	N	N	The maternity safety champions report highlighted their review of MIS compliance and SIs. Walkabouts continue.
2.7 Maternity Safety and Support Programme Report	Y	Y	N	The framework for the service exiting the support programme was presented and the full plan will be presented to the next meeting.

Trust Board (Public) – 7 December 2023

4.2

Agenda item:	4.2				
Presented by:	Linda Machakaire, Director of Midwifery				
Prepared by:	Erin Walters, Head of Maternity Governance and Assurance				
Date prepared:	03 rd November 2023				
Subject / title:	Overview of Serious Incidents within maternity services				
Purpose:					
Key issues:	<p>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.</p> <p>There have been 2 new maternity incidents declared reported in October 2023.</p> <p>Maternity services currently have six SI's under investigation, with no cases with the Maternity and Neonatal Safety Investigations (MNSI; formally Healthcare Safety Investigation Branch, HSIB)</p> <p>Thematic learning and improvement priorities are included under section 4 and 5 of this report.</p>				
Recommendation:	To provide assurance 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:	Quality and Safety Committee November 23				
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.				
Appendices:					

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

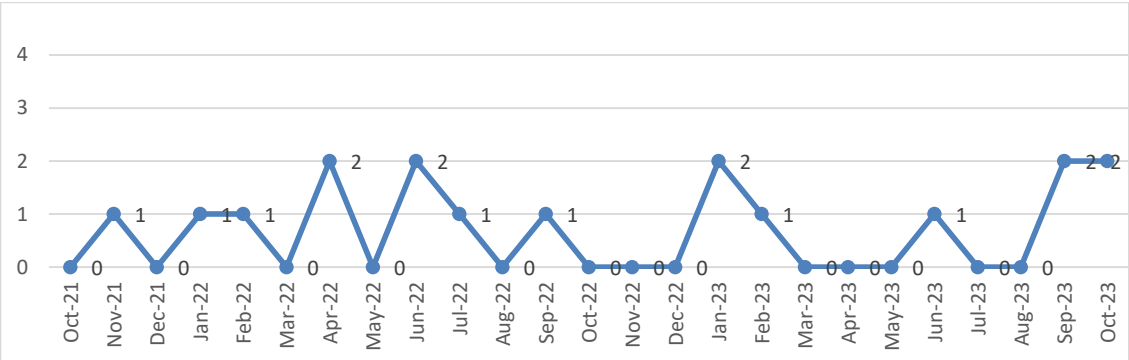
The Ockenden Interim Report, published in December 2020, recommended that all maternity Serious Incidents (SI's) reports and a summary of the key issues are shared with Trust boards.

3.0 Analysis

Maternity currently has six SI's under investigation, none of which are being investigated by Maternity and Neonatal Safety Investigations (MNSI; formally Healthcare Safety Investigation Branch, HSIB), the detail relating to these cases is tabled at QSC.

Table 1 details the trend of declared SI's within the last 24 months to October 2023.

Table 1. Comparison of SI's reported for Maternity in last 24 months (to October 2023)



There were 2 new Maternity serious incidents declared in October 2023

Table 2. Serious Incidents declared, submitted and closed for October 2023

Serious Investigations			
Number Declared for October 2023			2
Number Submitted for October 2023			0
Number Past CCG Deadline as of August 2023 (Not including HSIB/Approved Extensions)			1
New Serious Investigations declared in October 2023			
Ref	Ethnicity	Summary	Learning Points

PAweb 137585	White British	<p>A baby sadly died at a few hours of life after being born prematurely at 36 weeks gestation.</p> <p>The on-going investigation is exploring various issues that include multi-disciplinary planning, escalation and communication.</p>	<ul style="list-style-type: none"> To note, this is not a HSIB/ MNSI referral as this is a pre-term baby Immediate learning was extracted and prompt actions taken to promote safety. The family and staff were supported using several available resources.
PAweb 137182		<p>A baby was born via a planned caesarean section but needed neonatal intensive care at a tertiary unit. The baby was subsequently diagnosed with hypoxic-ischaemic encephalopathy (HIE)</p>	<ul style="list-style-type: none"> Lines of enquiry include the antenatal pathway and how to adequately ascertain fetal well-being prior to a planned caesarean section

4.0 Themes

Table 3 details the top themes identified in maternity SI's within the last 24 months to September 2023

Table 3. Top Themes

Total Number of SI's	Theme	Number
17	Neonatal death	5
	Hypoxic ischaemic encephalopathy	3
	Obstetric Haemorrhage	2
	Cross Border Working	2
	Delay in care	2
	Intrauterine death	2
	Cardiotocograph (CTG) interpretation	2
	Retained Object	2
	Escalation	2

	Medical Equipment	2
	Screening Incident	1
	Therapeutic Cooling	1

5.0 Oversight

All highlighted concerns have been escalated at Divisional level. All incidents are discussed at the Women's Weekly Assurance Meeting, the monthly Divisional Governance Meeting and the twice weekly Trust Incident Management Group with escalation, where relevant, for further investigation. A Maternity Assurance Committee has been established (February 2022) to provide assurance for quality and safety of the maternity service.

The Maternity Improvement board (MIB; launched 12 August 2021) continues to drive change within the service.

Current work streams for the MIB include:

- Maternity Triage and Telephone Helpline
- Induction of Labour
- Transitional Care
- Fetal Growth
- Diabetes
- Caesarean Booking Process
- Culture
- Antenatal Care – Booking Pathway
- Antenatal Care – Antenatal Clinic Demand and Capacity
- Pre-Term Birth

Each work stream has an identified lead and progress is reported back to the Maternity Improvement Board, and digitally tracked through the PM3 project management tool. MIB reports into the monthly executive Maternity Assurance Committee.

6.0 Recommendation






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

Author: Erin Walters, Head of Maternity Governance and Assurance

Date: 03rd November 2023

Trust Board (Public) – 7 December 2023

4.2

Agenda item:	4.2				
Presented by:	Linda Machakaire – Director of Midwifery				
Prepared by:	Elita Mazzocchi – Maternity Transformation Programme Manager				
Date prepared:	9 th November 2023				
Subject / title:	Maternity Incentive Scheme year 5 progress update				
Purpose:	Approval		Decision		Information X Assurance X
Key issues:	<p>The Maternity Incentive Scheme (MIS) plays a pivotal role in enhancing the safety of maternity care by incentivising Trust contributions to the Clinical Negligence Scheme for Trusts (CNST). The Scheme recognises Trusts that fulfil ten safety actions focused on improving best practices in maternity and neonatal services.</p> <p>The Princess Alexandra Hospital NHS Trust (PAHT) maternity services current position with compliance is detailed in table 1, with plans to achieve all 10 safety actions included. It should be noted that risk to compliance remains with 5 of the required safety actions.</p> <p>The Board is required to submit a declaration of position by 1st February. Oversight continues through both QSC and the Local Maternity Neonatal System with progress, evidence and compliance.</p> <p>Failure to achieve MIS Year 5 compliance not only poses safety concerns but also means that the Trust cannot reclaim its financial contribution which is utilised for maternity service investment. For PAHT, this translates to a minimum of £1.2 million.</p>				
Recommendation:	The Board is requested to note the progress and the risk of potential non-compliance with MIS year 5.				
Trust strategic objectives:	 Patients X	 People X	 Performance X	 Places X	 Pounds X
Previously considered by:	Divisional Board, October 2023 Quality and Safety Committee November 2023. This paper has been updated with minor amendments.				
Risk / links with the BAF:	Strategic Objectives: our Patients, Performance, Pounds				
Legislation, regulatory, equality, diversity and dignity implications:	To be compliant with national safety actions included in the maternity incentive scheme year 5				

Appendices:	
-------------	--

1.0 Purpose

This paper outlines the current compliance of PAHT maternity service with MIS year 5, and provides an overview of the actions that requires to be undertaken in order to achieve full compliance with the Scheme.

The full MIS guidance is available here: <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/>

2.0 Background

NHS Resolution is operating the fifth year of MIS, to continue promoting safer maternity care. The MIS applies to all acute trusts providing maternity services and belonging to the CNST. As in previous years, members contribute an additional 10% of the CNST maternity premium to the scheme, forming the CNST maternity incentive fund. The scheme encourages adherence to ten maternity safety actions as outlined in previous iterations.

Trusts demonstrating fulfilment of all ten safety actions will recover the portion of their contribution related to the CNST maternity incentive fund and may receive a share of unallocated funds. Trusts failing to meet the ten-out-of-ten threshold will not recover their contribution but could be eligible for a smaller discretionary payment from the scheme to aid progress on unmet actions.

To qualify for payment under the scheme, Trusts must submit their completed Board declaration by 1st February 2024, and adhere to several conditions, including achieving all ten maternity safety actions, including Trust Board and ICB evidence sign off.

3.0 Analysis

Ongoing assessments of PAHT maternity services' compliance with the safety actions have been carried out since the guidance's release in May 2023. As of October 2023, PAHT appears unlikely to achieve compliance with the Scheme unless the actions detailed in Table 2 of this report are implemented.

Progress updates, discussions, and escalation of risks and concerns have been shared regularly as part of various committees and teams, including Child Health and Women’s Services (CHaWS) Divisional Board, Governance Board, Quality and Safety Committee (QSC) and Trust Board. The review involves the broader multidisciplinary maternity and neonatal team and may include external team members as required.

Table 1. Current progress with safety actions and trajectory



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

Safety action	Current position, Nov 2023	Action impacted by IA?	Lead responsible – actions still required
1. PMRT	No concerns identified	Yes	DoM – as of now, compliant. Awaiting sign off
2. MSDS	Achieved	No	Maternity Digital Lead Midwife
3. Transitional Care & ATAIN	At risk, if work is not completed within the timescale	Yes	DoM/ NNU HoN – <i>Transitional Care</i> guideline awaiting ratification
4. Medical Workforce	At risk, if work is not completed within the timescale	Yes	Divisional Director – <i>neonatal medical staffing</i> not compliant. Awaiting an action plan from Clinical Director; draft has been completed
5. Midwifery staffing	No concerns identified	No	DoM – as of now compliant and awaiting sign off
6. SBL	At risk	Yes	Divisional Director, DoM, Clinical Director – <i>Element 5: pre-term births. Needs designated a neonatologist, and neonatal nurse. Element Diabetes – 50% compliant (need 80% as a whole)</i>
7. MVP	At risk, if agreement between ICB and MVP Chair is not achieved.	No	ICB/ DoM - for sign off at December LMNS board
8. Training	At risk, obstetric and anaesthetic staffing compliance significantly below threshold	Yes	Divisional Director, Clinical Director, Associate Director of Operations - <i>some sessions being planned to meet interim compliance of 80%</i>
9. Safety Champions	At risk, no evidence of input in culture work	No	Deputy DOM – <i>evidence of SC presence at quadrumvirate meetings needed. Meetings booked for Dec 2023</i>
10. HSIB/ EN	No concerns identified	No	Head of Maternity Governance and Assurance – as of now compliant, awaiting sign

**The compliance trajectory is subject to change. The trajectory outlined above is only a prediction and it is dependent from the action leads undertaking the set activities within the given deadlines.*

Progress update

As of October 2023, PAHT maternity services are nearly fully compliant with 5 out of the 10 safety actions of MIS year 5, as detailed in Table 1 above.

As of November 2023, the service currently falls short of compliance in the following safety actions:

- **Safety Action 3, transitional care (TC)**

Non-compliant with British Association of Perinatal Medicine (BAPM) standards for transitional care (TC). However, there are plans are in place and underway which, if completed, will enable the service to declare compliance with the safety action.

This includes ensuring that a TC guideline is up to date and in place by the neonatal team. Please see full details in Appendix 1.

- **Safety action 4, medical staffing**

The trajectory for this action has been set as compliant for February 2024.

However, there are challenges around completion of specified activities by the obstetric and neonatal medical teams, which remain outstanding and have been escalated to the Divisional Director.

This includes the need of completing a neonatal medical staffing action plan and a compensatory SoP for obstetric staffing by the Divisional Director/Clinical Director. Please see full details in Appendix 1.

- **Safety action 6, implementation of [Saving Babies' Lives Care Bundle V3 \(NHS England, May 2023\)](#).**

Non-compliant due to the intricacies associated with the new version of Saving Babies' Lives Care Bundle V3 (NHS England, May 2023).

Challenges have been identified in achieving compliance with elements 5 (preterm), 4 (training) and 6 (diabetes).

This is due to multiple factors including delays in reviewing/approving local guidelines and completion of audits/engagement by the obstetric team in undertaking the activities outlined in SBL. This is due to the impact of IA and capacity within the obstetric team. For full details of the open actions please refer to Appendix 1.

- **Safety action 7, Maternity and Neonatal Voice Partnership (MNVP)**

The trajectory for this action has been set as compliant for February 2024. However, there are ongoing discussions between the current Maternity Voices Partnership (MVP) Chair and ICB regarding moving towards a MNVP and remuneration. Until an agreement is reached, this could pose a risk to the achievement of this action.

A meeting is scheduled on 06/12/2023 to ratify the transition plan from MVP to MNVP service.

- **Safety action 8, training**

The trajectory is set as non-compliant for December 2023 due to the impact of industrial actions on training compliance for medical staff, which is currently lagging behind the target.

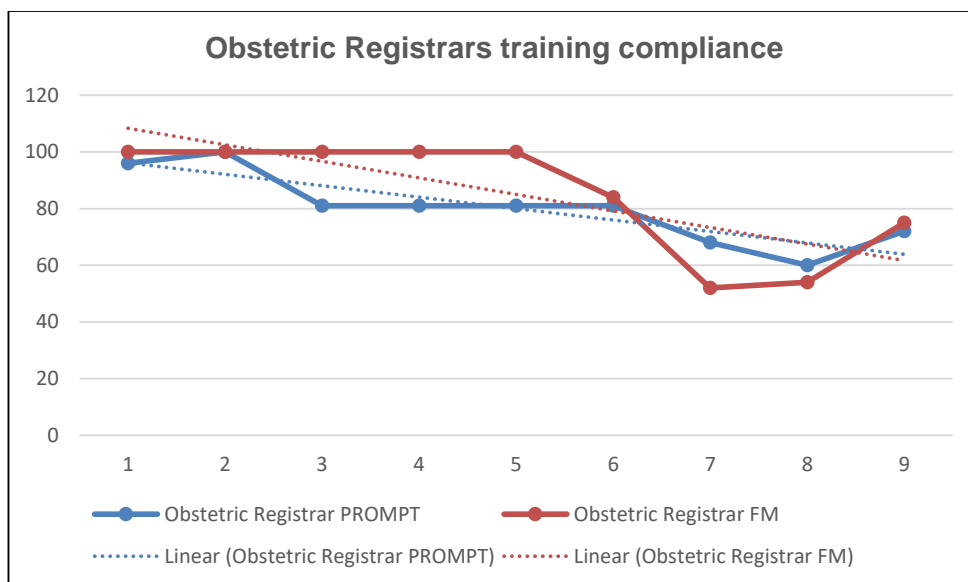
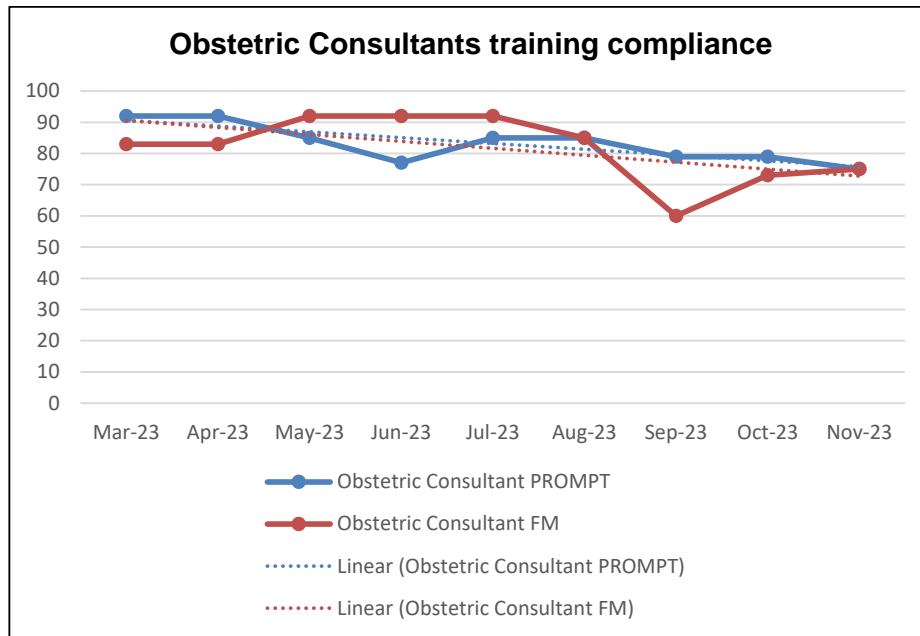
The trajectory is set as non-compliant for both obstetric and anaesthetic staff.

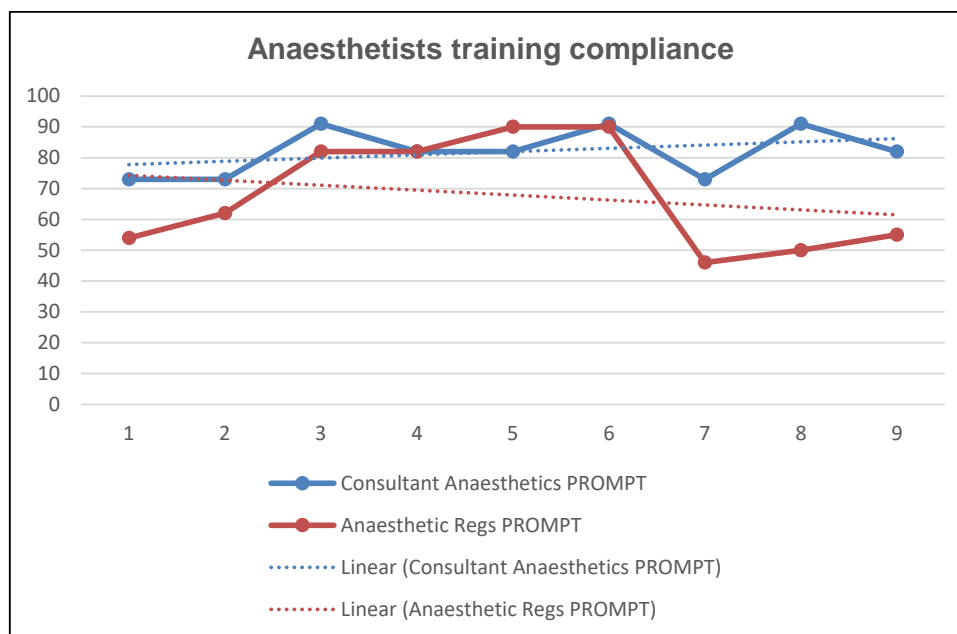
Additional training sessions have been scheduled and this has been escalated to the Divisional Director and Operations team. However, the compliance continues to drop over the months- please refer to graphs and trendlines below.

The service is considering introduction of ad-hoc sessions to address compliance.

		Actual								Trajectory
Staff group	Training	Mar [%]	Apr [%]	May [%]	Jun [%]	Jul [%]	Aug [%]	Sep [%]	Oct [%]	Nov [%]
Obstetric Consultant	PROMPT	92	92	85	77	85	85	79	79	75
	FM	83	83	92	92	92	85	60	73	75
Obstetric Registrar	PROMPT	96	100	81	81	81	81	68	60	72
	FM	100	100	100	100	100	84	52	54	75
Consultant Anaesthetics	PROMPT	73	73	91	82	82	91	73	91	82
Anaesthetics	PROMPT	54	62	82	82	90	90	46	50	55
Midwives	PROMPT	91	94	96	96	94	95	94	94	95
	NLS	89	92	93	89	92	92	90	93	93
	FM	97	97	99	98	96	96	95	91	91
MCAs	PROMPT	93	91	93	89	93	96	90	89	94
Nurses	PROMPT	100	100	100	100	100	100	100	100	100
Nursery Nurses	PROMPT	100	100	100	80	80	80	100	100	100

4.2





- Safety action 9, safety champions**

The trajectory for this action has been set as compliant for February 2024 however, work is required to address the requirement around culture work by the quadrumvirate and Board safety champions, which remains outstanding. Two meetings have been scheduled by the Board safety champions and quadrumvirate to address this in December 2023 and January 2024.

Action plan

The maternity team continue to focus on safety and compliance with the safety actions. The detailed action plan was tabled at QSC in November 23.






4.0 Recommendation

It is requested that the Board accepts the report with the information provided and the risk associated with potential non-compliance with the Scheme.

Author: Elita Mazzocchi, Maternity Transformation Programme Manager

Date: 23/10/2023

Trust Board (Public) – 7 December 2023

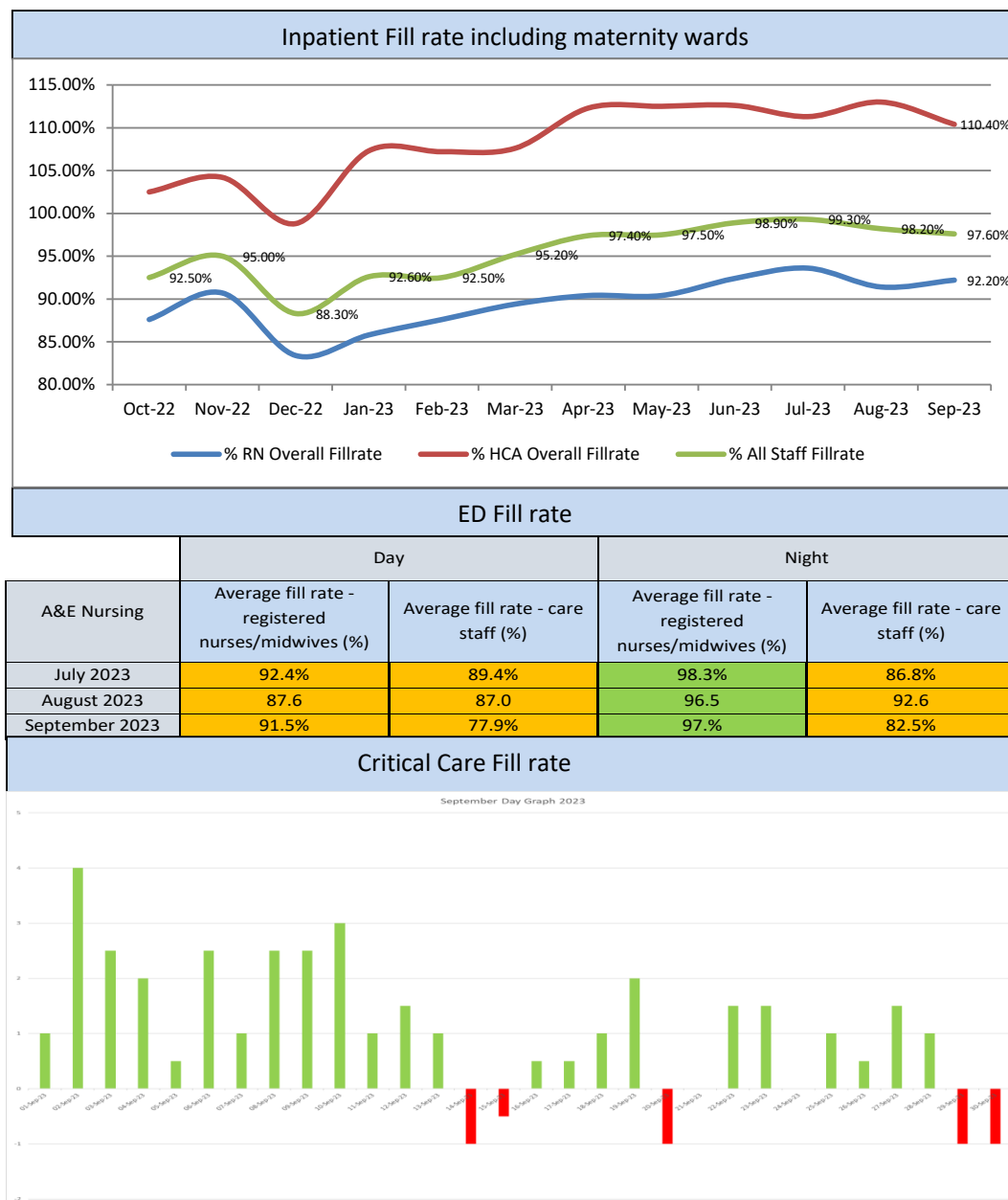
Agenda item:	4.3				
Presented by:	Giuseppe Labriola – Deputy Chief Nurse				
Prepared by:	David Dellow – Safe Staffing Lead and Giuseppe Labriola – Deputy Chief Nurse				
Date prepared:	13 th October 2023				
Subject / title:	Report on Nursing and Care Staff Levels for September 2023.				
Purpose:	Approval		Decision		Information x Assurance x
Key issues:	<p>The overall fill rate for September was 97.6%. Registered Nurse fill rate increased by 0.8% to 92.2% with care staff fill rates decreasing by 2.6% to 110.4%.</p> <p>No wards reported average fill rates below 75% for RN against the standard planned template during September, this is the sixth consecutive month.</p>				
Recommendation:	The committee 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.27.11.23				
Risk / links with the BAF:	<p>BAF: 2.1 Workforce capacity</p> <p>All Divisions have both recruitment and retention on their risk registers</p>				
Legislation, regulatory, equality, diversity and dignity implications:	<p>NHS England and CQC letter to NHSFT CEOs (31.3.14): Hard Truths Commitment regarding publishing of staffing data.</p> <p>NHS Improvement letter: 22.4.16</p> <p>NHS Improvement letter re CHPPD: 29/6/18</p>				
Appendices:	<p>Appendix 1: Registered fill rates by month against adjusted standard planned template. RAG rated.</p> <p>Appendix 2: ITU / HDU compliance with Guidelines for the provision of Intensive Care Services</p> <p>Appendix 3: Critical Care Staffing Levels against required staffing -Trend January - September 2023</p>				

There was a reduction in the Registered and the overall average fill rates in September; with the overall fill rate decreasing to 97.6%. RN fill rate increased by 0.8% to 92.2% with care staff fill rates decreasing by 2.6% to 110.4%.

We continue to utilise NHS Professionals (NHSP) and agency to mitigate vacant shifts. In addition, our senior nurses and midwives are also supporting individual areas.

Emergency Department (ED) Registered fill increased in September RN Day fill was 91.5%, (↑3.9%) with RN Night at 97%. (↑0.5%) There was a reduction in fill rates for care staff in September with days, (↓9.1%) to 77.9% and nights decreasing by 10.1% to 82.5%

Critical care fill rates in September - the unit had more than the required numbers of staff for acuity of patients on 27 occasions during the day (green bars) and 21 occasions at night. The numbers on the left of the graph and strength of the bars denotes by how many staff. There were 9 occasions in the month when staffing fell below the required staffing levels across day and night. There were no occasions when this was by 2 or more staff. 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. Regular reporting and comparison month on month will help to provide a benchmark for this variation. See Appendix 2 for background on how safe staffing is calculated for critical care areas. Appendix 3: shows the trend data for day and night staffing against required staffing for January – September 2023. Staffing met or exceeded required staffing on 74.6% of day and 82.4% of night shifts.



The number of occasions/shifts where the reported fill rate has fallen below 75% across the wards decreased to 185 (↓5) against August. This report now includes Maternity (79). If a nursing red flag event occurs for number of staff on duty to meet the care needs of patients, staff escalate the situation and if appropriate complete a Datix.

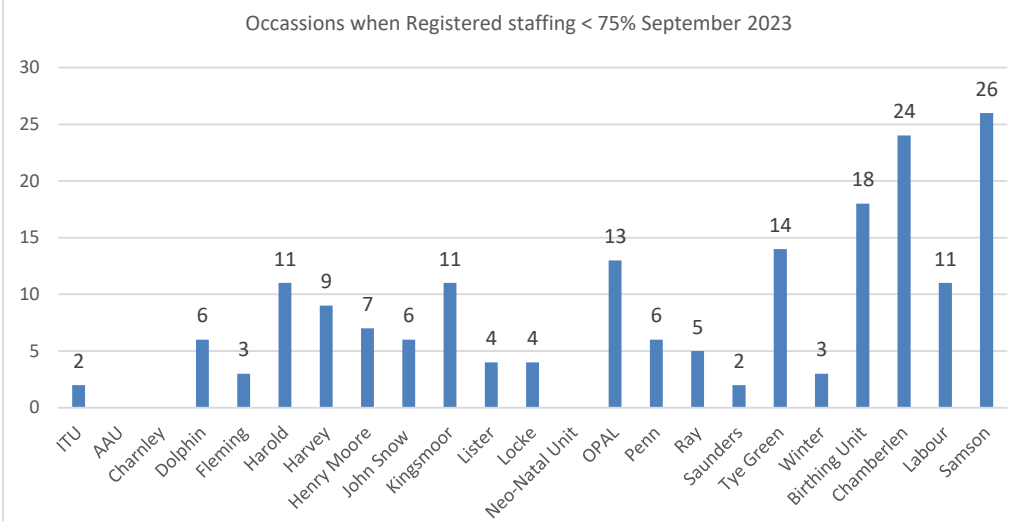
Datix reports in relation to staffing levels decreased to 45 (↓3) against August. ED raised 7 with Penn, Samson and Tye Green raising 6 each.

No wards reported average fill rates below 75% for RN against the standard planned template during September. This is the sixth consecutive month in a row. Dolphin Ward average unregistered fill rate was 74.2%.

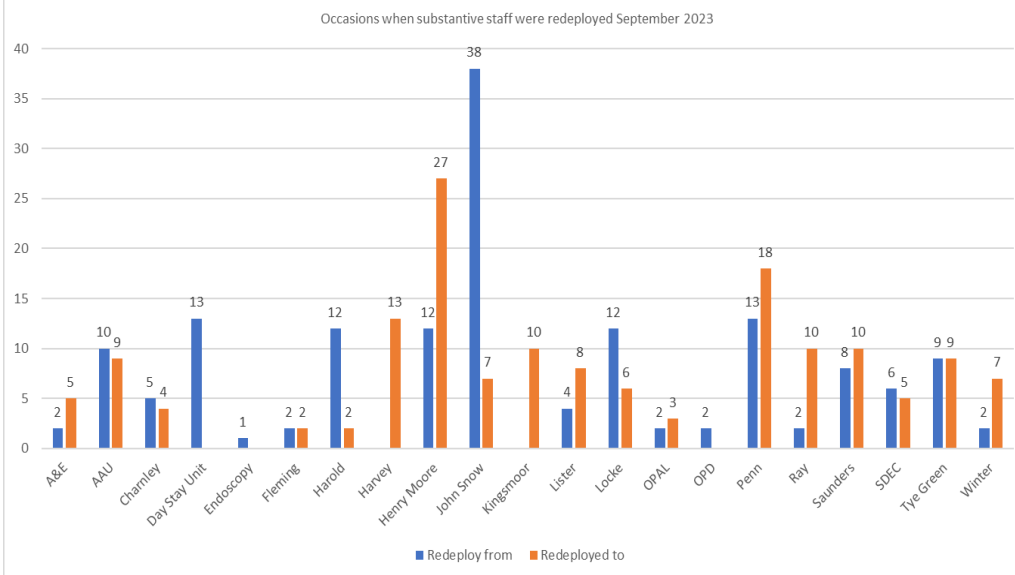
Redeployment of staff continues to be undertaken to support SafeCare as part of the daily huddles. In September, John Snow remained the ward who redeployed the highest number of substantive staff. Highest net receivers of staff were Henry Moore, Penn and Harvey Wards. The deputy chief nurse and safer staffing lead are formalising a new process for the daily staffing huddles and the use of SafeCare. SafeCare data is now collected three times a day.

Following the ward managers awayday a small working group have developed a buddy ward redeployment standard operating procedure, this has been presented to the nursing teams and is currently awaiting ratification at the Trust policy group

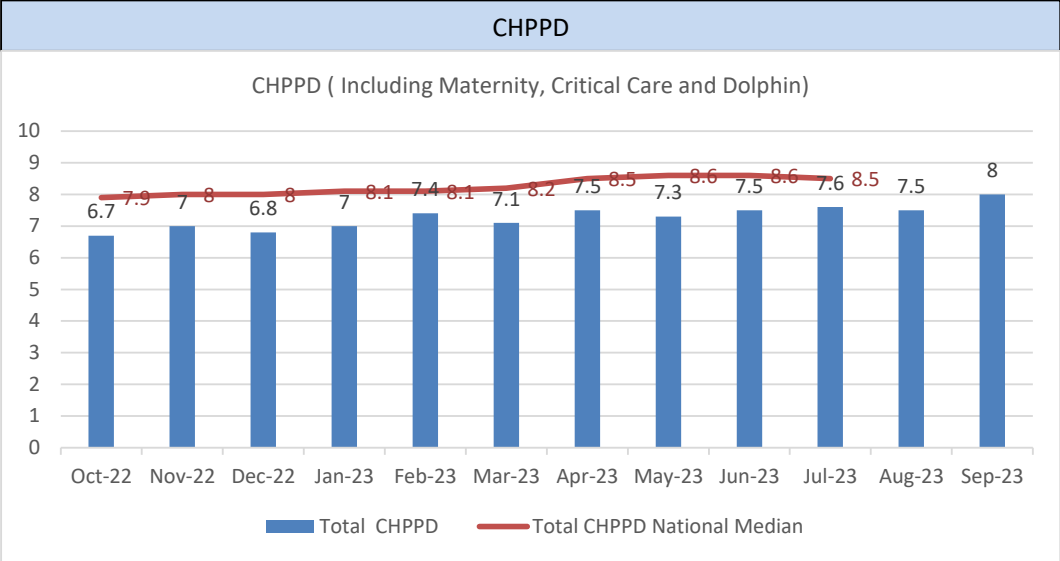
Occasion when RN staffing <75%



Redeployment



Overall Care Hours Per Patient Day (CHPPD) was 8 for September 2023. The Model Hospital data for July 2023 shows the Trust with a CHPPD of 7.6 against the national median of 8.5.



Appendix.1. Ward level data: fill rates September 2023. (Adjusted Standard Planned Ward Demand)

Ward name	Day		Night		% RN overall fill rate	% overall HCSW 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	91.6%	77.5%	93.2%	86.5%	92.4%	82.0%	91.5%
Saunders Unit	86.2%	110.1%	118.2%	155.1%	98.2%	127.2%	109.1%
Penn Ward	88.9%	116.0%	101.0%	154.5%	94.0%	130.6%	107.1%
Henry Moore Ward	86.3%	90.7%	126.1%	98.5%	102.2%	94.5%	98.9%
Harvey Ward	75.6%	119.1%	103.5%	119.2%	86.9%	119.2%	98.6%
John Snow Ward	93.8%	42.7%	90.0%	56.7%	92.0%	47.1%	72.6%
Charnley Ward	88.1%	112.3%	92.8%	116.0%	90.3%	114.0%	97.1%
AAU	93.8%	128.1%	109.6%	120.0%	100.8%	124.3%	105.8%
Harold Ward	78.5%	86.2%	97.7%	126.7%	86.9%	105.6%	92.8%
Kingsmoor General	79.4%	99.2%	113.0%	138.0%	92.2%	117.7%	101.7%
Lister Ward	87.2%	102.2%	95.9%	139.0%	90.9%	119.8%	102.4%
Locke Ward	84.1%	100.5%	96.7%	129.4%	89.4%	114.3%	99.4%
Ray Ward	80.6%	86.7%	97.5%	143.7%	87.8%	108.3%	95.1%
Tye Green Ward	75.8%	89.9%	87.2%	137.0%	80.7%	109.1%	91.8%
Opal Unit	99.8%	107.0%	89.2%	119.6%	94.7%	113.0%	102.0%
Winter Ward	91.6%	94.4%	109.3%	130.0%	99.1%	111.4%	104.0%
Fleming Ward	79.9%	99.2%	97.7%	125.8%	87.4%	111.9%	94.9%
Neo-Natal Unit	96.6%	104.1%	98.8%	96.7%	97.7%	100.4%	98.1%
Dolphin Ward	97.4%	65.5%	109.9%	91.6%	103.0%	74.2%	95.8%
Labour Ward	96.6%	86.9%	90.4%	93.8%	93.6%	90.2%	92.9%
Birthing Unit	84.4%	146.4%	89.8%	99.4%	87.0%	123.9%	99.3%
Samson Ward	83.8%	159.0%	83.2%	112.7%	83.6%	136.9%	104.9%
Chamberlen Ward	81.4%	120.0%	84.1%	103.3%	82.7%	112.0%	90.0%
Total	87.1%	100.4%	98.5%	122.8%	92.2%	110.4%	97.9%

4.3

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.

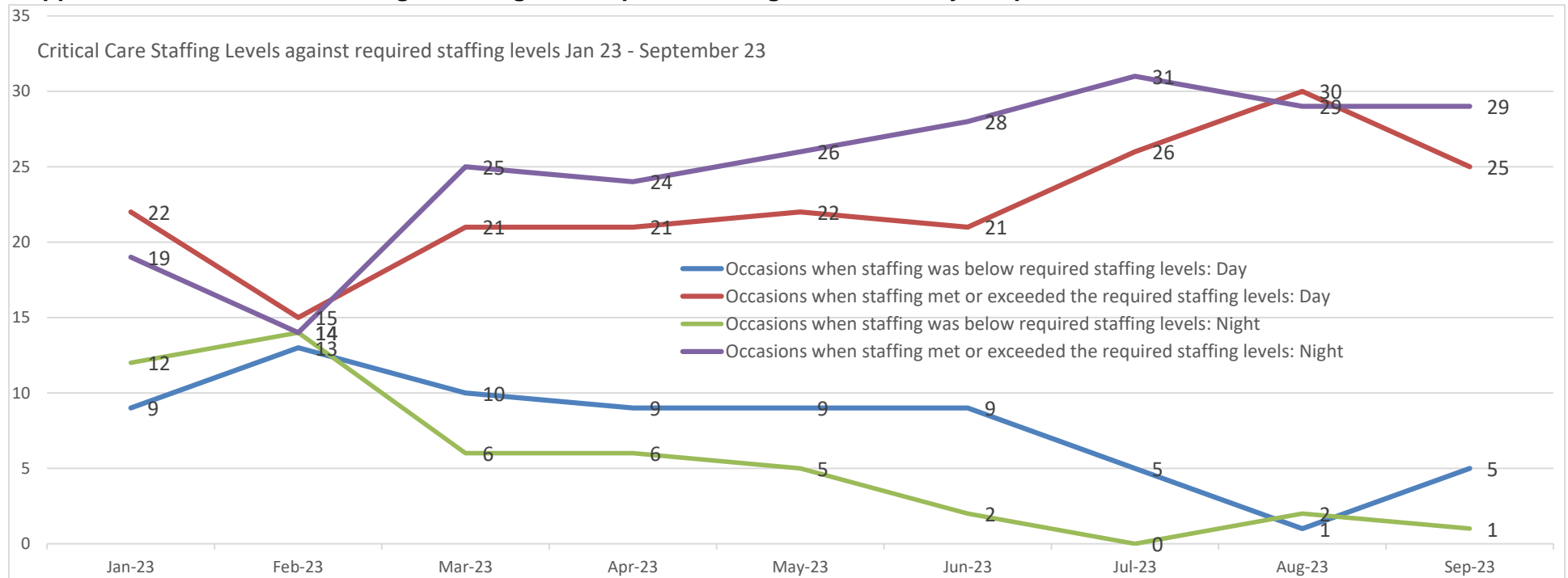
Registered nurse staffing standards published within the Core Standards for Intensive Care Units, state

- 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 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.

Appendix 3: Critical Care Staffing Levels against required staffing -Trend January - September 2023



Trust Board to be held in public – 7 December 2023

4.4

Agenda item:	4.4				
Presented by:	Fay Gilder Medical Director				
Prepared by:	Fay Gilder Medical Director				
Date prepared:	15 November 2023				
Subject / title:	Learning from deaths and Mortality Paper				
Purpose:	Approval		Decision		Information x Assurance x
Key issues:	This paper provides assurance on the learning from death process and highlights key pieces of learning and updates on the current programme of work to improve clinical practice and patient outcomes.				
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:	n/a				
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:	<i>'Learning from Deaths'</i> - National Quality Board, March 2017 <i>This paper has been written with due consideration to equality, diversity and inclusion in respect of our patients, people and potential providers.</i>				
Appendices:					

1.0 Purpose/issue

The purpose of this paper is to provide monthly assurance on the learning from death process. The paper will highlight key pieces of learning and provide progress updates on the current programme of work to improve clinical practice and patient outcomes

2.0 Background

PAHT 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.

4.4

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

3.1 Analysis

REPORT HEADLINES

Data Period: Jul 2022 - Jun 2023

Metric	Result
HSMR	107.30 (higher-than-expected) (100.4 – 114.6)
HSMR position vs. peers	Regional bespoke peer group = 17 acute trusts: <ul style="list-style-type: none"> • 7 higher-than-expected • 5 within expected • 5 lower-than-expected Region as a whole = 100.8 (within expected) (99.6 – 102.1) <i>*Trust are <u>NOT</u> statistically significantly higher than current peer group</i>
All Diagnosis SMR	106.1 (within expected)
Significant Diagnosis Groups	<ul style="list-style-type: none"> • Chronic renal failure (22 superspells; 4 deaths) • Diabetes mellitus with complications (197 superspells; 11 deaths) • Fluid and electrolyte disorders (310 superspells; 23 deaths) • Other infections, including parasitic (64 superspells; 8 deaths) • Respiratory failure, insufficiency, arrest (adult) (67 superspells; 29 deaths)
CUSUM breaches	<ul style="list-style-type: none"> • Cardiac dysrhythmias (12 deaths) (Feb-23) • Disease of mouth, excluding dental (1 death) (Nov-22) • Fluid and electrolyte disorders (23 deaths) (Jan-23) • Immunity disorders (1 death) (Jul-22) • Other infections, including parasitic (8 deaths) (Jun-23) • Other liver diseases (12 deaths) (Mar-23) • Respiratory failure, insufficiency, arrest (adult) (29 deaths) (Dec-22) • Transient cerebral ischaemia (1 death) (Jan-23)
SHMI position	(Jun-22 to May-23) 107.88 (as expected)

Hospital Standardised Mortality Ratio (HSMR) Overview

HSMR for Jun-23 is 82.03 and “within expected”, based on 2233 superspells and 60 deaths (crude rate 2.69%). HSMR for the period Jul-22 to Jun-23 is 107.30 and “higher-than-expected”, based on 23,510 superspells and 894 deaths (crude rate 3.80%).

The rolling-12-month HSMR remains *just* higher-than-expected (low 95% CI is 100.38) and crude rate and expected rate are converging. July 2022 reported a HSMR of 124.27 and it is highly anticipated that if the Trust report a HSMR value lower than this for July 2023 then the Trust will have a HSMR that is “within expected”. Regional and national peer comparisons find PAH to not be statistically significantly different to peers.

4.4

Figure 1 – HSMR Monthly Trend

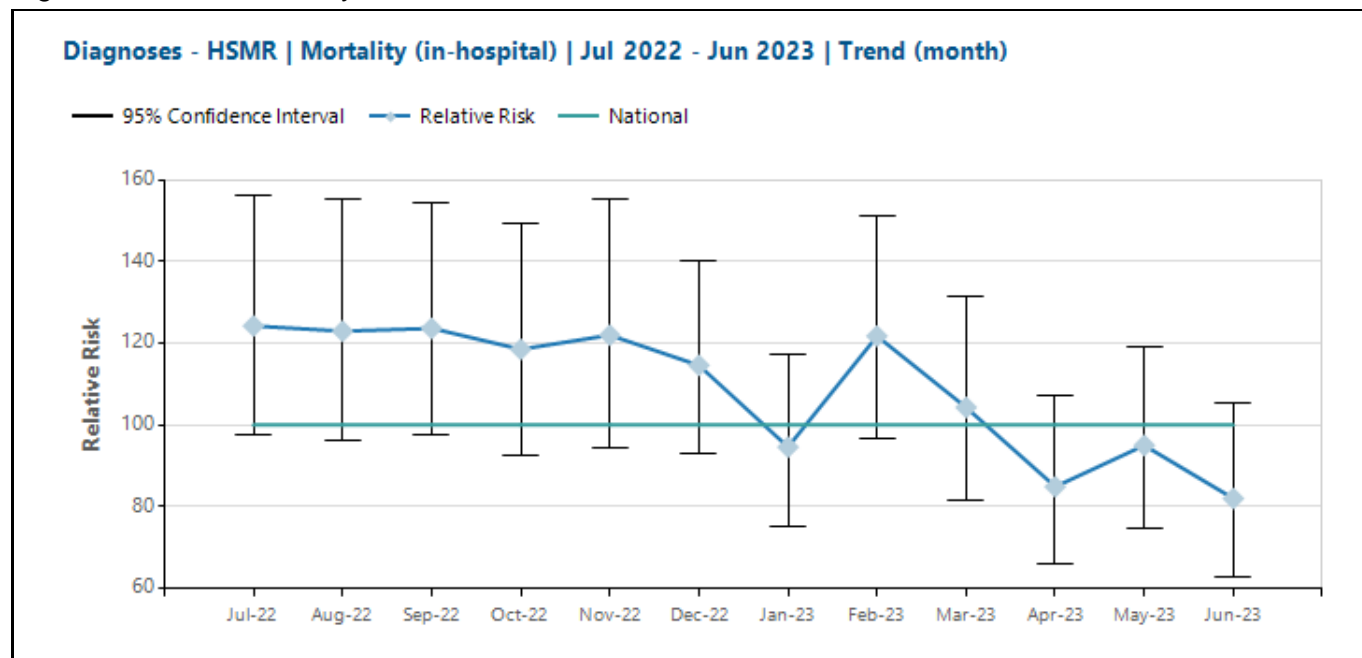
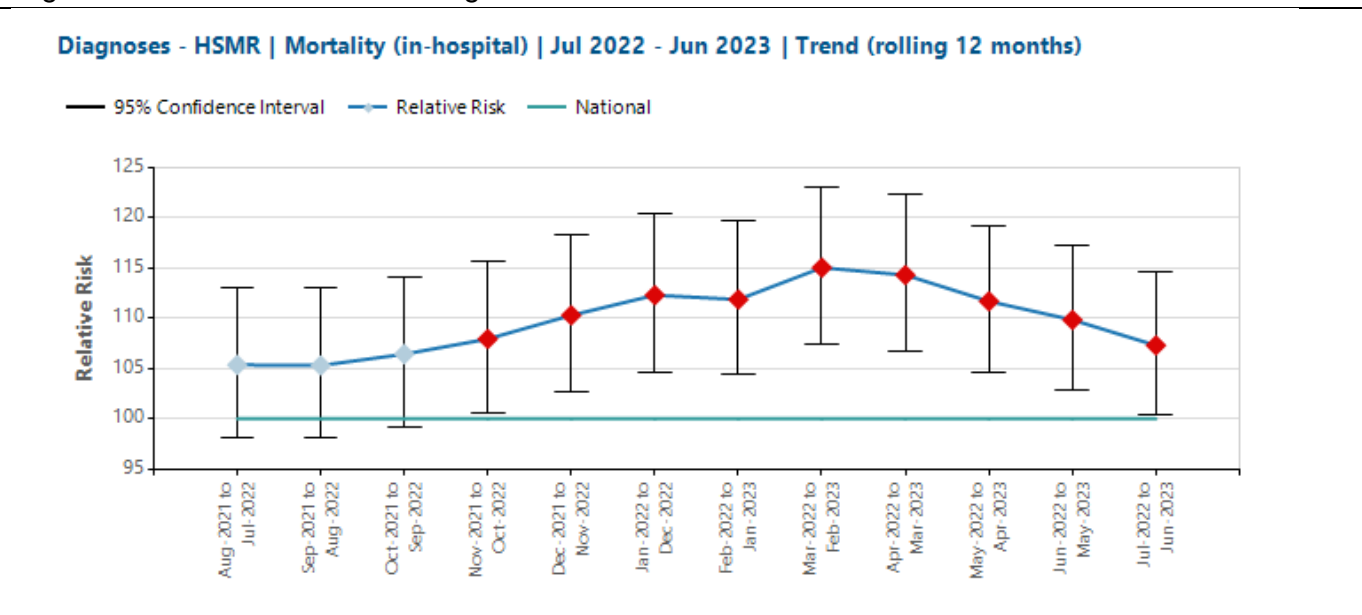


Figure 2 – HSMR 12 Month Rolling Trend



Standardised Mortality Ratio (SMR) Overview

Key points

SMR for Jun-23 is 83.5 and “within expected”, based on 5532 superspells and 75 deaths (crude rate 1.4%).

SMR for the period Jul-22 to Jun-23 is 106.1 and “within expected”, based on 65,955 superspells and 1114 deaths (crude rate 1.7%).

There are **two new outliers** for the most recent round of data. Reviews of each will be undertaken. Each of these groups are non-HSMR.

4.4

Figure 3 – SMR monthly trend

Diagnoses | Mortality (in-hospital) | Jul 2022 - Jun 2023 | Trend (month)

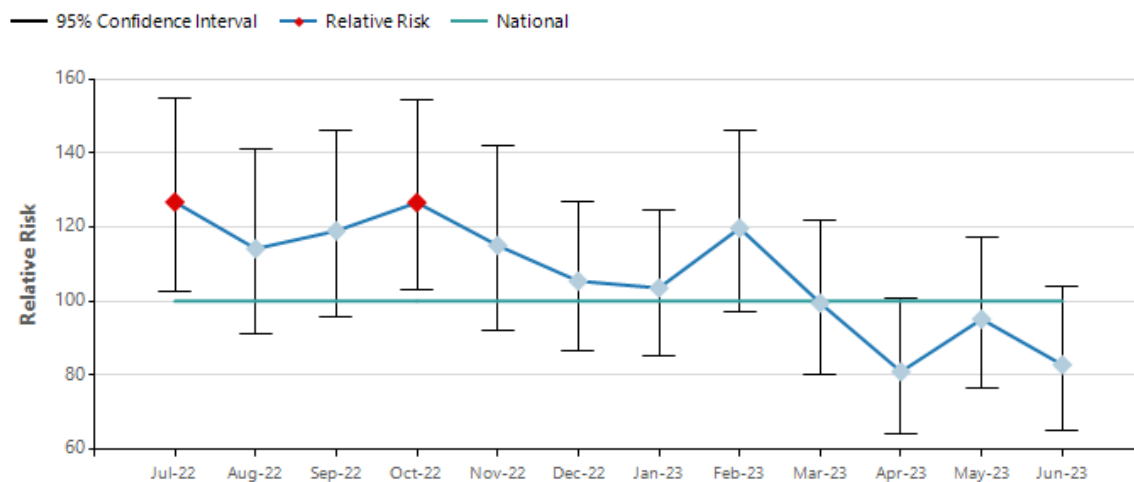


Figure 4 – SMR All Diagnoses Rolling Trend

Diagnoses | Mortality (in-hospital) | Jul 2022 - Jun 2023 | Trend (rolling 12 months)

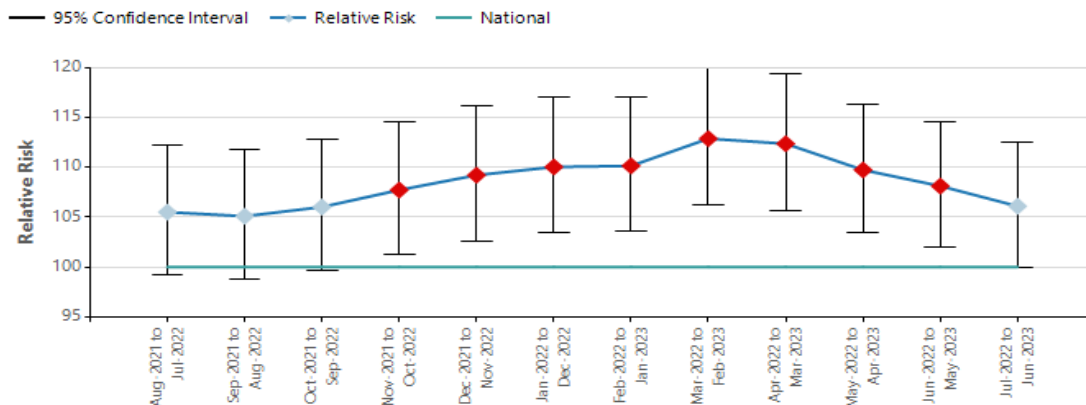


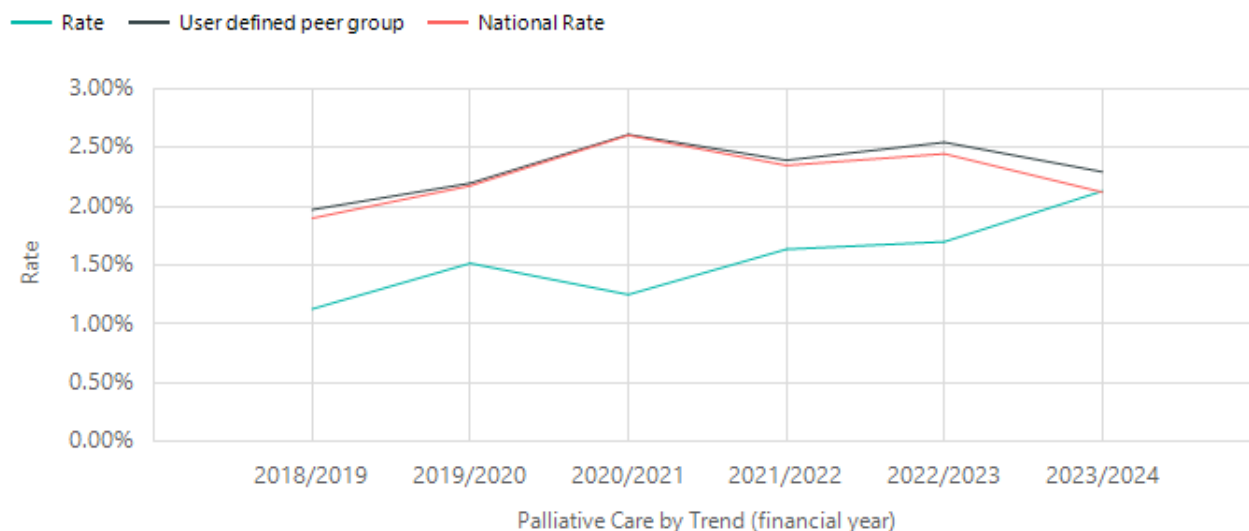
Figure 5 – SMR Statistically Significant Diagnosis Groups

Diagnosis group	Code	Superspel ls	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All		1,265	100.0 %	1,269	82	6.5 %	39.8	3.1 %	42.2	206.2	164.0	256.0
Coronary atherosclerosis and other heart disease	101	608	48.1 %	609	7	1.2 %	2.7	0.5 %	4.3	255.4	102.3	526.0
Fluid and electrolyte disorders	55	309	24.4 %	310	23	7.4 %	12.7	4.1 %	10.3	181.2	114.8	271.0
Diabetes mellitus with complications	50	197	15.6 %	197	11	5.6 %	5.2	2.6 %	5.8	211.0	105.2	377.6
Respiratory failure, insufficiency, arrest (adult)	131	65	5.1 %	67	29	44.6 %	15.7	24.2 %	13.3	184.2	123.3	264.5
Other infections, including parasitic	8	64	5.1 %	64	8	12.5 %	2.4	3.7 %	5.6	337.4	145.3	664.9
Chronic renal failure	158	22	1.7 %	22	4	18.2 %	1.0	4.5 %	3.0	401.7	108.1	1,028.4

4.4

Trends in coding - Palliative Care coding

Figure 6 – Palliative care coding rate vs national



3.3 Summary

Mortality indices are improving. Analysis of the causes for the 'above expected indices' has been described in previous papers. Palliative care coding has significantly improved. The case records for the new outlier groups will be scrutinised for quality of care, clinical documentation and coding.

4.0 Mortality Programme Updates

Update were received from:



patient at heart • everyday excellence • creative collaboration

- the Acute Kidney Injury programme – of note there have been three new appointments to support of the AKI/sepsis programme. These are a new appointment to the role of Sepsis/AKI lead nurse and two deputy leads (doctors in training). This will enable ongoing work to improve the management of AKI in the Trust.
- The fractured Neck of Femur programme (#NOF). Key challenge is protecting a bed on Tye Green for #NOF patients to be transferred from ED. Work is being done to understand opportunities for reducing length of stay after the GiRFT review.

5.0 Learning from deaths process update

5.1 Mortality Narrative

There were 84 deaths in October 2023.

15 cases referred for SJR's

There are 141 outstanding SJRs (over 6 weeks of the patients' death.) The Divisional Directors for Medicine and Surgery have devised a plan to work on the backlog.

There were no cases presented to the second review panel.

6.0 Medical Examiner (ME) Headlines

During October 2023 there were 84 deaths

100% were scrutinised by 8 Medical Examiners.

11 cases were referred to the Coroner:

Of these, 4 Form A's were issued (COD agreed with coroner).

1 death certificate was issued by the GP.

Ongoing Developments:

A SOP has been written to outline the scrutiny procedure and is being finalised and made ready to share across the trust.

Site Team training was booked to facilitate a new system in the A&E department whereby the team will assist Drs in producing certificates for acute and urgent OOH deaths before their shift ends.

A formal process for the scrutiny of perinatal deaths is under construction using an MDT approach. The neonatal team and ME Service are scheduling training so staff members have a better understanding of the process when there is a death on the ward.

7.0 Risks






No changes identified for the Learning from Deaths risk register. The Learning from Deaths risk register has been moved from Health Assure Allocate to Datix.

8.0 Recommendation

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

Trust Board (Public) - Thursday 7 December 2023

4.5

Agenda item:	4.5				
Presented by:	Phil Holland – Chief Information Officer				
Prepared by:	Phil Holland – Chief Information Officer				
Date prepared:	1 December 2023				
Subject / title:	Alex Health Programme Update				
Purpose:	Approval		Decision		Information X Assurance
Key issues: please don't expand this cell; additional information should be included in the main body of the report	Update provided on progress to: <ul style="list-style-type: none"> • Completion of data collection workbooks • Plan for next phase <ul style="list-style-type: none"> ○ Data migration trial load 1 ○ Testing plan and approach ○ Future state validation • External assurance and support commencing 				
Recommendation:	The Board is asked to note the contents of this paper.				
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:	Alex Health Programme Board and ICT Steering Group				
Risk / links with the BAF:	1.2 Data Quality				
Legislation, regulatory, equality, diversity and dignity implications:	The Alex Health Programme in ensuring it support the organisation on complying with our regularly and legal obligations such as access to records and data protection act. It will also support increasing access to information for our diverse population through being able to access the information in different means and protecting their information appropriately.				
Appendices:	EHR Update				

Introduction

The Trust Board will be aware that the Alex Health programme is a key element of our digital strategy, and the main delivery item through 2023 to 2025. This paper articulates progress to date of the programme.

Alex Health Programme Update

The programme continues at pace to ensure we meet our gateway deadlines, to enable our October 2024 go live. A recent critical milestone has been the completion of the data collection workbooks following the localisation activity. These workbooks document how we want to localise the system for our needs and enable Oracle to build the local configuration system over the next two months.

In addition, we have completed the physical install of our primary and secondary circuits to ensure access to Millennium. These will give significant resilience in terms of availability of the application.

Risk and Issue Management

As advised previously, due to the tight timescale and large scope, we will need to manage multiple risks in the programme. We have established a robust governance process to ensure we have early sight of emerging risks and issues. Whilst we have made significant progress with risks reported last month (such as our technical design team, data migration and testing), we continue to proactively manage risks in relation to:

- Ability for clinicians to continually actively engage with the programme, whilst balancing their clinical responsibilities
- Resourcing gaps continue to exist in a small number of workstreams
- Continued pressure on our timeline due to a lack of contingency and criticality of our October go live

Due to the above, a number of our workstreams will remain in escalation for sometime to ensure we maintain the necessary pace and focus on delivery.

All of these have been highlighted to the Programme Board with mitigation plans in place.

Two previously highlighted risks have been mitigated recently as articulated in the programme update concerning data collection workbooks and circuit installation.

Critical Path Progress

Over the next 3 months we will be commencing our data migration activity, with our first trial load commencing in January, with results expected from this in March. This will be the first of three trial loads. In addition to this, we will be developing our test plan, approach and producing our local test scripts.

We will also be completing the majority of our detailed workflows using our Willow Road patient profiles. This will then inform our validation of what our future state will look like when we go live in October. This is a key component of the validate gateway review at the beginning of February.

External Support and Assurance

We have received consistent advice from both Oracle and NHS England that we would benefit from engaging with additional external support; to provide myself as SRO, and the Board with support and assurance to give us the best chance of a successful implementation.






We have recently commenced this work with meetings with members of the executive team and senior members of the programme team. We will also benefit from their attendance at some of our governance meetings to support our decision making and overall management and delivery of the programme. The support will be focussed on three areas:

- To provide independent assurance on the overall effectiveness of the programme
- To support and coach key programme members through expert EHR mentoring and coaching
- To provide specific support and assurance through the gateway reviews and critical milestone

Conclusion

The Board is requested to consider and note the contents of this report.

Phil Holland
Chief Information Officer and Alex Health SRO

Agenda item:	2.2				
Presented by:	Sharon McNally, Chief Nurse and Deputy Chief Executive Officer				
Prepared by:	Shahid Sardar, Associate Director for Patient Engagement				
Date prepared:	14/11/2023				
Subject / title:	Our response to the Adult Inpatient Survey Results 2022				
Purpose:	Approval	Decision	Information	X	Assurance
Key issues: please don't expand this cell; additional information should be included in the main body of the report	<p>In Sept 2023, CQC published their national adult inpatient survey which indicated that PAHT remained in the lower section of benchmark data.</p> <p>In response, the Patient Experience Group established a feeder task and finish group to understand areas for additional focus, pace or improvement actions. The key areas of focus for the group are - admission, sleep and noise at night, food and nutrition, ward level care and treatment and the discharge process.</p>				
Recommendation:	To receive the report 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	
Previously considered by:	Patient Experience Group October QSC November 2023				
Risk / links with the BAF:	BAF Risk 1.1: Risks logged for inpatient survey outcomes				
Legislation, regulatory, equality, diversity and dignity implications:	95% of PAH survey respondents treated with respect and dignity versus 98% nationally, benchmarking PAH as worse than expected for this metric.				
Appendices:	1. Seven thematic areas with 25 questions listed rated 'worse than'				

Title: Adult Inpatient Survey Results 2022
Date: November 2023

1. Purpose

This report is intended to the give the Board an overview and assurance of the actions in place to address the results of the benchmarked PAHT National Inpatient Experience Survey 2022/23 published in September 2023. The survey is based on fieldwork in the month of November 2022. A response was received from 441 patients, of which 55.9% were female, 70% aged 66+ and 93.4% white.

2. Seven themes from the National Inpatient Survey 2022

Of 60 questions asked in the National inpatient survey a number are rated worse than the other Trusts in England, 2 have deteriorated in a statistically significant way versus our historic performance.

The domains for the questions above are 1. Admission (2 questions) 2. Noise at night (1 question) 3. Food (2 questions) 4. Doctors and Nurses (5 questions) 5. Care, treatment and procedures (6 questions) 6. Leaving hospital (6 questions) and 7. Overall experience (3 questions).

The results of the survey have been discussed at the Patient Experience Group (PEG) and whilst we know that there is ongoing work in a number of these areas (particularly hospital food, doctors and nurses and overall experience), a task and finish group has prioritised the remaining four areas for work by a cross divisional team. The task and finish group will report to PEG and into QSC.

Additionally, the results of the emergency department patient satisfaction survey will be included within the work of the task and finish group.

It should be noted that some areas have improved within our survey results, notably those associated with our mealtime processes:

Q13: Did you get enough help to eat your meals? Q14: were you able to get food outside of set meal times?

3. Task and finish group for four thematic areas

The group is chaired by the Chief Nurse and in partnership with representation of our patient panel, quality and safety team, quality first, nursing, allied health professionals, medical and the quality programme management office. It is meeting every 3 weeks and focusing on four key areas - admission, noise, care and treatment and leaving hospital. Overarching this approach is the development of a ‘what matters to me’ approach.

An example of the questions rated ‘worse than’ in one thematic area (admission) is below:

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q2	Did not mind waiting as long as did for admission	75%	*	58%	54%	49%	61%	49%
Q4	Did not have to wait long time to get to bed on ward	-	-	-	79%	78%	83%	78%

4. Action planning

As a result, there is a developing tactical action plan with currently 21 actions in place. An example of plans in response to one thematic area is below. The group propose to provide regular updates to PEG as the programme develops over the next 12 months.

5. Recommendations:

To receive this report for information and assurance.

Shahid Sardar

Associate Director for Patient Experience and Engagement
14 November 2023

4.6

Appendix 1: Seven thematic areas with 25 questions listed rated 'worse than'.

1. Admission

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q2	Did not mind waiting as long as did for admission	75%	*	58%	54%	49%	61%	49%
Q4	Did not have to wait long time to get to bed on ward	-	-	-	79%	78%	83%	78%

2. Sleep and noise at night

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q5	Not prevented from sleeping at night	-	-	41%	38%	33%	48%	33%
Q7	Staff explained reasons for changing wards at night	-	-	75%	83%	74%	81%	74%
Q8	Room or ward very or fairly clean	96%	98%	97%	96%	95%	97%	95%
Q9	Got enough help from staff to wash or keep clean	88%	85%	89%	87%	88%	91%	88%

3. Food (2)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q10	Able to take own medication when needed to	77%	77%	90%	88%	83%	87%	83%
Q11	Offered food that met dietary requirements	-	-	84%	85%	87%	90%	87%
Q12	Food was very good or fairly good	51%	52%	58%	57%	54%	69%	54%
Q13	Got enough help from staff to eat meals	72%	78%	73%	83%	82%	82%	82%
Q14	Able to get food outside of meal times	-	-	-	58%	66%	75%	66%
Q15	Got enough to drink	92%	93%	93%	92%	91%	94%	91%

4. Doctors and Nurses (5)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q16	Doctors answered questions clearly	93%	92%	94%	94%	93%	95%	93%
Q17	Had confidence and trust in the doctors	96%	95%	98%	97%	95%	98%	95%
Q18	Doctors included patient in conversation	-	-	94%	95%	96%	96%	96%
Q19	Nurses answered questions clearly	93%	93%	96%	97%	95%	97%	95%
Q20	Had confidence and trust in the nurses	96%	95%	99%	98%	96%	98%	96%
Q21	Nurses included patient in conversation	-	-	94%	95%	95%	97%	95%
Q22	Always or sometimes enough nurses on duty	86%	86%	90%	86%	84%	89%	84%

5. Care, treatment and procedures (6)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q23	Staff did not contradict each other about care and treatment	63%	59%	65%	60%	57%	65%	57%
Q24	Was involved in decisions about care and treatment	-	-	75%	71%	69%	80%	69%
Q25	Right amount of information given on condition or treatment	75%	72%	75%	71%	69%	80%	69%
Q26	Felt able to discuss worries and fears with staff	-	-	91%	87%	85%	91%	85%
Q27	Given enough privacy when being examined or treated	99%	99%	98%	98%	97%	99%	97%
Q28	Staff helped control pain	-	-	95%	96%	96%	97%	96%
Q29	Staff helped when needed attention	-	-	97%	96%	95%	98%	95%
Q31	Questions before procedure were answered well	-	-	95%	89%	95%	95%	95%
Q32	Explained how well procedure had gone	-	-	85%	85%	81%	86%	81%

6. Leaving hospital (6)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q33	Felt involved in decisions about discharge from hospital	-	-	72%	66%	64%	76%	64%
Q34	Family or carers involvement in discussions about leaving the hospital	-	-	-	-	54%	60%	54%
Q35	Staff discussed need for additional equipment or home adaptation after discharge	80%	77%	86%	77%	81%	82%	81%
Q36	Given enough notice about when discharge would be	84%	81%	86%	83%	84%	87%	84%
Q37	Given information about what they should or should not do after leaving hospital	-	-	-	70%	69%	79%	69%
Q38	Understood information about what they should or should not do after leaving hospital	-	-	-	96%	94%	96%	94%
		2018	2019	2020	2021	2022	Average	Organisation
Q39	Given information about medicine at discharge	-	-	85%	87%	79%	86%	79%
Q40	Knew what would happen next with care after leaving hospital	82%	76%	85%	79%	77%	84%	77%
Q41	Told who to contact if worried after discharge	70%	65%	68%	60%	55%	75%	55%
Q42	Staff discussed need for further health or social care services after discharge	81%	81%	83%	73%	76%	80%	76%
Q44	Got enough support from health or social care professionals after discharge	84%	76%	79%	73%	73%	77%	73%

7. Overall experience (3)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q45	Treated with respect and dignity overall	96%	97%	97%	96%	95%	96%	95%
Q46	Rated overall experience as 7/10 or more	81%	81%	79%	71%	70%	81%	70%
Q47	Asked to give views on quality of care during stay	5%	9%	7%	7%	7%	13%	7%
Q51	Condition(s) taken into account during your care and treatment whilst in hospital	-	-	-	-	83%	87%	83%

4.6

BOARD OF DIRECTORS: Trust Board (Public) 5 October 2023				AGENDA ITEM: 5.1
REPORT TO THE BOARD FROM: People Committee (PC)				
REPORT FROM: Darshana Bawa – Committee Chair				
DATE OF COMMITTEE MEETING: 27 November 2023				
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 People Report	Yes	Y	N	The following metrics were noted: <ul style="list-style-type: none"> Vacancy rate reduced to 9.4% but remains above target of 8%. Time to hire has reduced to 56 days but also above target with a plan in place for further reduction. Bank and Agency – a small reduction in spend for the month of £169k. Total spend £3.7M with vacancies remaining the highest reason for booking. A project group has been established to review spend. Sickness absence rate is 4.43% against the target of 3.7%
2.2 Safer Nurse Staffing Report	Yes	N	N	The Committee was assured in regards to the provision of safer nurse and midwifery staffing and that processes are in place for managing and monitoring staffing levels. The paper will be discussed at Board
2.3 BAF Risk 2.3 Workforce: (Inability to recruit, retain and engage our people)	Yes	N	N	The risk score remains unchanged at 16. It was noted that the target risk date had been revised.
2.4 Staff Health and Wellbeing	Yes	N	N	All metrics are green and within target, the employee assistance programme (EAP) provider is being changed and a programme of work is being scoped to reduce violence and aggression.

BOARD OF DIRECTORS:		Trust Board (Public) 5 October 2023		AGENDA ITEM: 5.1
REPORT TO THE BOARD FROM:		People Committee (PC)		
REPORT FROM:		Darshana Bawa – Committee Chair		
DATE OF COMMITTEE MEETING:		27 November 2023		
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.5 PAHT Culture Milestones	Yes	N	N	Good progress against the milestones was noted.
2.6 BAF Risk 2.1: (GMC enhanced monitoring)	Yes	Y	N	The score remains unchanged at 20 although improvements are being recognised these need to be sustained. A recent review by the School of Paediatrics had been positive.
2.7 Annual report on Equality and Diversity	Yes	Y	N	The committee commended the good work and noted that the EDI strategy and 10 high impact actions will also support future programmes of work.
3.1 Communications Update	Yes	N	N	An overview of recent communication initiatives was noted along with next steps in relation to the external review.
4.1 Learning and OD update including: - Statutory and mandatory training - People Pulse Survey Q2	Partial	Y	N	Work is underway to review areas of non-compliance with statutory and mandatory training compliance. The target is to achieve 90% compliance by 31 March 2024. The committee noted some gaps in assurance around the process whilst the new process is being embedded – these have been highlighted by the Trust's internal auditors in a recent audit. Top themes from the People Pulse Q2 2023-24 results were discussed, some of which were disappointing, noting that the response rate was 0.6%.
4.2 People Meeting	Yes	N	N	The committee noted the updates from the group.

BOARD OF DIRECTORS: Trust Board (Private) 7 December 2023 REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF) REPORT FROM: Colin McCready - Committee Chair DATE OF COMMITTEE MEETING: 30 November 2023				AGENDA ITEM: 6.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 M7 Finance Report	Y	Y	N	<p>The Trust reported a deficit of £13.2m YTD, a £3.7m YTD deficit in October was assumed in the final planning submission giving an overall YTD deficit of £9.5m against plan. Activity underperformance YTD at M7 was contributing £2.4m to the current deficit position.</p> <p>Capital spend YTD was £6m with an annual plan of £31.2m including externally funded schemes (e.g., EHR, NHP and CDC). The spend profile for Q3 and Q4 was significant if the capital programme was to be achieved but assurances had been given that the programme would be fully spent in year.</p>

BOARD OF DIRECTORS:		Trust Board (Private) 7 December 2023		AGENDA ITEM: 6.1
REPORT TO THE BOARD FROM:		Performance & Finance Committee (PAF)		
REPORT FROM:		Colin McCready - Committee Chair		
DATE OF COMMITTEE MEETING:		30 November 2023		
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.2 M7 Re-forecast	Y	Y	N	<p>NHSE confirmed on 08.11.23 that funding would be made available to cover the costs of industrial action through additional funding and elective activity baseline changes. The allocation for Herts & West Essex ICB was £13.6m with PAH's share being £2.98m. The elective activity income (ERF) baselines for 2023/24 had been further reduced by 2%. For PAH this had taken it from the original target of 103% to 101% for the reduction relating to April industrial action to a target of 99% based on the latest announcement. The baseline adjustment did not increase overall income but reduced the threshold required to earn additional income and 'de-risked' the Trust's plan.</p> <p>The Forecast previously reported at M5 (August) was a deficit of £21m, £15.9m gap to the submitted plan of £5.1m.</p> <p>The refreshed forecast at M7 (October) is a deficit of £14.5m, £9.4m gap to the submitted plan of £5.1m.</p>






BOARD OF DIRECTORS: Trust Board (Private) 7 December 2023 REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF) REPORT FROM: Colin McCready - Committee Chair DATE OF COMMITTEE MEETING: 30 November 2023				AGENDA ITEM: 6.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.5 PQP Report	Y	Y	N	In total £1.823m was delivered in-month and £7.4m YTD. In terms of recurrent savings, the Trust has delivered 57% YTD and 76% in M7 recurrently, against a target of 80%. Divisional PQP plans and trajectories currently totalled £16.58m in year, including £4.1m from central, with additional pipeline schemes being discussed.
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.

BOARD OF DIRECTORS: Trust Board (Private) 7 December 2023 REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF) REPORT FROM: Colin McCready - Committee Chair DATE OF COMMITTEE MEETING: 30 November 2023				AGENDA ITEM: 6.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
3.1 M7 Integrated Performance Report	Y	Y	N	<p>The two key highlights from the new format report were:</p> <p>Cancer: Performance was good with performance against the 2 week wait the best since May 2022. The 28 day faster diagnosis service was working well, with performance the best in the East of England.</p> <p>Urgent Care: Ambulance handovers were now in common cause variation with 13% of handovers in less than 15 minutes. The opening of the new Urgent Treatment Centre (UTC) was having a positive impact with the 'time to be seen' now reduced, and the overall average ED wait time for the non-admitted pathway had come down by 30 minutes and was below four hours.</p>
3.2 Report Against Operating Plan	Y	Y	N	There were notable improvements in cancer performance and improving areas of diagnostic standards. Areas of high risk continued to be in long waiting elective and urgent care.
3.3 Cyber Security Update	Y	Y	N	PAF received an update on measures taken over the past year in relation to cyber security and staff awareness.

BOARD OF DIRECTORS: Trust Board (Private) 7 December 2023 AGENDA ITEM: 6.1 REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF) REPORT FROM: Colin McCready - Committee Chair DATE OF COMMITTEE MEETING: 30 November 2023				
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
3.4 Darktrace Update	Y	Y	N	PAF noted that Darktrace formed a key role in the Trust's multi-layer cyber security defences and although it had not had to prevent or detect a cyber-attack at the Trust so far, the live examples of Darktrace in action provided some assurance of its capabilities.
3.5 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.
3.6 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.
3.7 BAF Risk 4.2 (ED 4 Hour Standard)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 20.
3.8 BAF Risk 4.3 (Industrial Action)	Y	Y	N	This is a new risk which will be presented to Board for approval. PAF reviewed the risk and supported the current risk score of 20, recommending the risk to Board for approval and inclusion in the BAF.
4.3 Update on Estates Recommendations from Internal Audit	Y	Y	N	The recommendations were all complete, and would be reviewed again in Q4. Audit Committee would also be receiving an update from BDO on implementation of the recommendations.

BOARD OF DIRECTORS: Trust Board (Private) 7 December 2023 REPORT TO THE BOARD FROM: Performance & Finance Committee (PAF) REPORT FROM: Colin McCready - Committee Chair DATE OF COMMITTEE MEETING: 30 November 2023				AGENDA ITEM: 6.1
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
4.4 BAF Risk 3.1 (Estate and Infrastructure)	Y	Y	N	In line with the recommendation it was agreed that the risk score would remain at 20.
4.5 Elective Hub	Y	Y	N	PAF supported and recommended the full business case (FBC) Trust Board for approval.
4.6 Waste Contract	Y	Y	N	Approval was sought and agreed, to extend the Trust's waste contracts under the current individual waste disposal service procurement framework under a three-year (3yr) or three plus one plus one (3+1+1) contract.
AOB: Community Diagnostic Centre	Y	Y	N	PAF noted the current capital position on the CDC and supported the start of RIBA 3 design. A request would now be made of the Trust Board for delegated authority to PAF to ensure the timeline was maintained.
Other items discussed: <ul style="list-style-type: none"> • ICS Update • Quarterly Procurement Update • Finance Modernisation Update • New Hospital Update • Bi-Monthly Health & Safety Update 				

Trust Board (Public) - 7 December 2023

Agenda item:	6.2				
Presented by:	Tom Burton, DoF				
Prepared by:	Beth Potton, DDoF				
Date prepared:	27 November 2023				
Subject / title:	Month 7 Financial Performance				
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	<p>This report provides an update on the Trust's financial performance for October 2023 (Month 7). The Trust reported a deficit of £13.2m YTD, a £3.7m YTD deficit in October was assumed in the final planning submission so we have an overall YTD deficit of £9.5m against plan.</p> <p>Activity underperformance YTD at month 7 is contributing £2.4m to the current deficit position.</p> <p>Capital spend YTD is £6m with an annual plan of £31.2m including externally funded schemes (e.g., EHR, NHP and CDC). The spend profile for Q3 and Q4 is significant if the capital programme is to be achieved but assurances have been given that the programme will be fully spent in year.</p> <p>The system position continues to remain challenge and we are being asked as a system to identify means of mitigating the pressures.</p>				
Recommendation:	The Committee is asked to note the month 7 financial results.				
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 at EMT, Paper to SMT				
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				

Summary finance notes

- The Trust declared a deficit of £1.5m in month 7 and £13.2m YTD. This means that the Trust is adverse to the month 7 plan by £1.9m and the YTD plan by £9.5m.
- At month 7 the Trust remains behind plan on elective activity. Activity underperformance is contributing £2.4m to the Trust deficit position.
- This adverse variance is predominantly driven by:
 - o costs relating to industrial action (both directly associated with strike days and indirectly associated with ramp up and ramp down of work either side of strike action).
 - o continued high agency usage, particularly within medical agency (this has been exacerbated by enhanced contributions paid to staff during IA) and;
 - o elective activity underperformance (particularly within elective inpatients).
- 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 M7 is £7.4m against a plan of £7.2m. From Q3 the phasing of PQP delivery increased significantly and the increase has been in part achieved in month as a result of a year-to-date adjustment for Estates and Facilities for non-recurrent measures (mainly rebates on business rates and energy).
- Cash balance is £11.4m as at the end of month 7. The Trust is still able to meet its short-term cash obligations but with an increasing deficit, additional oversight is being provided of the cash balance currently. Following a series of announcements around additional funding both nationally and within the system, we anticipate much of the risk around cash will be ameliorated within the current year.
- Capital spend YTD at M7 is £6.0m with a total capital programme for the year of £31.2m which includes externally funded schemes (New Hospital, EHR and CDC). The spend profile for Q3 and Q4 is significant if the capital programme is to be achieved but assurance has been received that these will be fully utilised in year. Due to delays around CDC, we are concerned around delivery of the PDC allocation in year but are keeping this under review.

6.2



The Princess Alexandra
Hospital
NHS Trust

October - Month 7

Financial Performance



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

Summary financial results



The Princess Alexandra
Hospital
NHS Trust

- The Trust declared a deficit of £1.5m in month 7 and £13.2m YTD. This means that the Trust is adverse to the YTD plan by £9.5m.
 - The activity underperformance is contributing £2.4m to the current deficit position YTD. This is in the variable elements of activity subject to Elective Recovery Fund. As part of recovery initiative, work is underway to improve data capture and recording to the beginning of the year.
 - The month 7 YTD income position includes non-recurrent funding from the ICB in line with annual planning of £2.5m. Further analysis outlining the impact on the month 7 and YTD position with and without this income is shown on slide 5 along with a bridge detailing the YTD deficit drivers on slide 7.
 - International nurse uplifts began to be actioned in M7 which included backpay of £1.0m. There are further uplifts to be enacted over the next few months and we will see a further £0.8m backpay. The full year impact is expected to be £2.5m.
 - Temporary staffing continues to be a key driver of the deficit with costs exceeding vacancies by £10.6m YTD. This includes £1.4m of costs relating directly to industrial action* YTD. Finance are continuing to review with Divisions and Corporate Services the increase in temporary staffing and to identify opportunities to reduce costs in the remaining five months.
- * This is only the cost of covering staff directly on strike days.*



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

Summary financial results



The Princess Alexandra
Hospital

Tab 6.2 Finance Update

	FY Budget £'m	Oct-23			YTD		
		Budget £'m	Actual £'m	Variance £'m	Budget £'m	Actual £'m	Variance £'m
<u>Income</u>							
NHS Clinical SLA Income	316.7	27.9	24.0	(3.9)	187.9	180.7	(7.2)
Non NHS Clinical Income	20.1	1.3	1.4	0.2	8.8	12.2	3.5
Non Clinical Income	14.2	1.4	4.7	3.3	7.7	13.0	5.3
Income Total	351.0	30.5	30.1	(0)	204.3	206.0	1.6
<u>Pay</u>							
Substantive	(221.4)	(18.6)	(17.9)	0.7	(129.4)	(118.7)	10.8
Bank	(4.3)	(0.4)	(2.3)	(1.9)	(2.6)	(17.3)	(14.7)
Agency	(6.2)	(0.4)	(1.5)	(1.0)	(4.0)	(10.6)	(6.6)
Pay Total	(231.9)	(19.3)	(21.6)	(2.3)	(136.0)	(146.6)	(10.6)
<u>Non-Pay</u>							
Drugs & Medical Gases	(30.0)	(2.6)	(2.6)	0.0	(17.7)	(16.4)	1.3
Supplies & Services - Clinical	(20.6)	(1.8)	(2.0)	(0.1)	(12.1)	(12.6)	(0.5)
Supplies & Services - General	(4.2)	(0.4)	(0.6)	(0.2)	(2.5)	(3.6)	(1.1)
All other non pay costs	(51.1)	(4.4)	(4.1)	0.3	(28.5)	(30.1)	(1.5)
Non-Pay Total	(105.9)	(9.2)	(9.2)	0.0	(60.8)	(62.7)	(1.9)
<u>Financing & Depn</u>							
Depreciation	(14.7)	(1.3)	(1.3)	(0.0)	(8.9)	(8.9)	(0.0)
PDC & Interest	(3.9)	(0.3)	0.5	0.8	(2.3)	(1.0)	1.2
Financing & Depn Total	(18.6)	(1.6)	(0.8)	0.8	(11.2)	(9.9)	1.2
Grand Total	(5.4)	0.4	(1.5)	(1.9)	(3.7)	(13.2)	(9.5)



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

6.2

Summary financial results



The Princess Alexandra
Hospital

Month 7 position adjusted for non-recurrent income from ICB

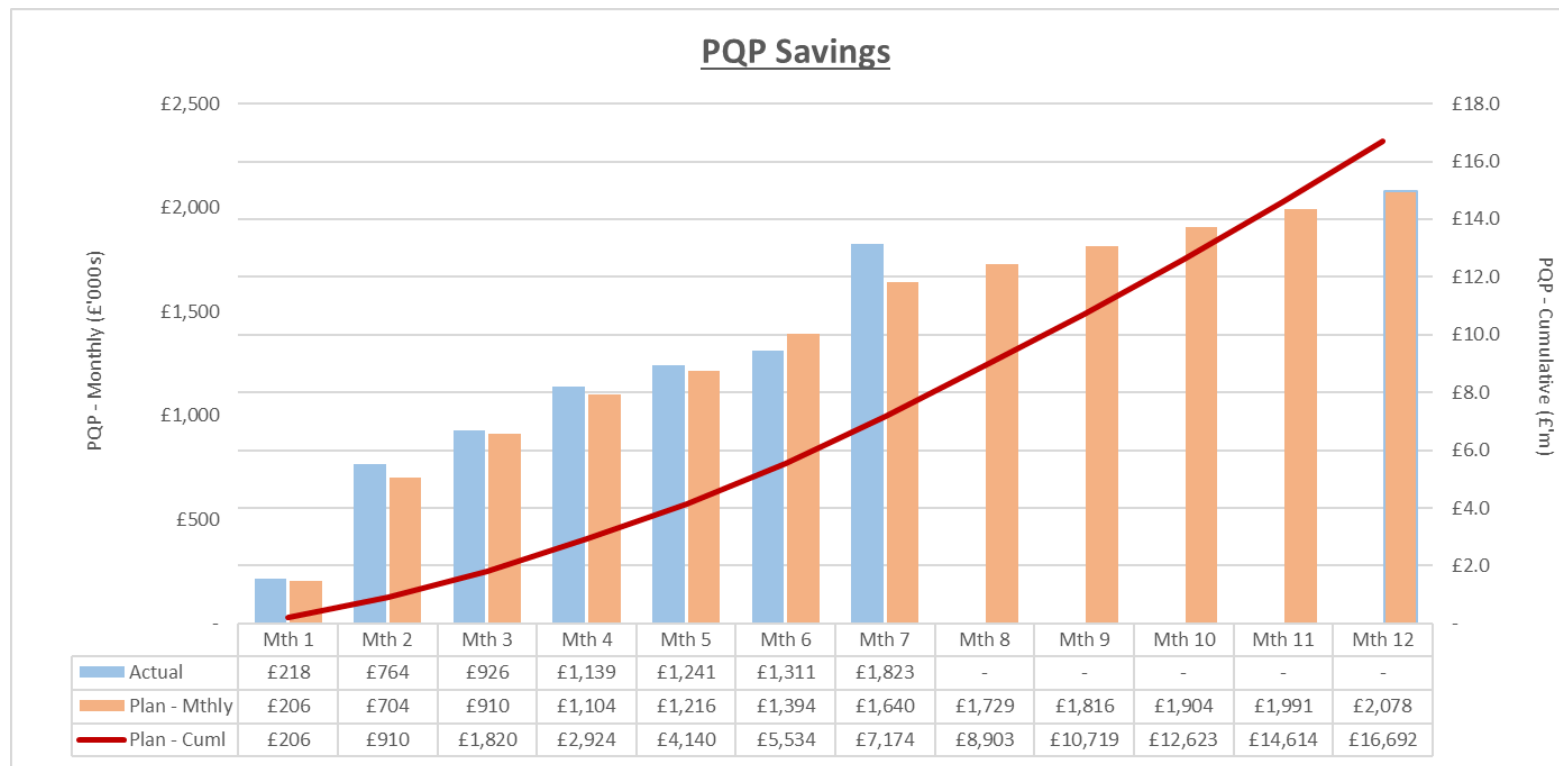
	FY Budget £'m	Oct-23			YTD		
		Budget £'m	Actual £'m	Variance £'m	Budget £'m	Actual £'m	Variance £'m
<u>Income</u>							
NHS Clinical SLA Income	316.7	27.9	24.0	(3.9)	187.9	178.2	(9.7)
Non NHS Clinical Income	20.1	1.3	1.4	0.2	8.8	12.2	3.5
Non Clinical Income	14.2	1.4	4.7	3.3	7.7	13.0	5.3
Income Total	351.0	30.5	30.1	(0.4)	204.3	203.5	(0.9)
<u>Pay</u>							
Substantive	(221.4)	(18.6)	(17.9)	0.7	(129.4)	(118.7)	10.8
Bank	(4.3)	(0.4)	(2.3)	(1.9)	(2.6)	(17.3)	(14.7)
Agency	(6.2)	(0.4)	(1.5)	(1.0)	(4.0)	(10.6)	(6.6)
Pay Total	(231.9)	(19.3)	(21.6)	(2.3)	(136.0)	(146.6)	(10.6)
<u>Non-Pay</u>							
Drugs & Medical Gases	(30.0)	(2.6)	(2.6)	0.0	(17.7)	(16.4)	1.3
Supplies & Services - Clinical	(20.6)	(1.8)	(2.0)	(0.1)	(12.1)	(12.6)	(0.5)
Supplies & Services - General	(4.2)	(0.4)	(0.6)	(0.2)	(2.5)	(3.6)	(1.1)
All other non pay costs	(51.1)	(4.4)	(4.1)	0.3	(28.5)	(30.1)	(1.5)
Non-Pay Total	(105.9)	(9.2)	(9.2)	0.0	(60.8)	(62.7)	(1.9)
<u>Financing & Depn</u>							
Depreciation	(14.7)	(1.3)	(1.3)	(0.0)	(8.9)	(8.9)	(0.0)
PDC & Interest	(3.9)	(0.3)	0.5	0.8	(2.3)	(1.0)	1.2
Financing & Depn Total	(18.6)	(1.6)	(0.8)	0.8	(11.2)	(9.9)	1.2
Grand Total	(5.4)	0.37	(1.5)	(1.9)	(3.7)	(15.7)	(12.0)



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

PQP Delivery at month 7 is slightly ahead of plan YTD and in month, however there was a year to date adjustment of £0.7m therefore the underlying position in month was below plan by £0.4m. There are further income opportunities that have been identified but given the changes to the elective income regime and for prudence, we have excluded income capture from this analysis.



Statement of Financial Position



The Princess Alexandra
Hospital
NHS Trust

Statement of Financial Position

Statement of Financial Position				Movement	
	Mar-23 £'m	Sep-23 £'m	Oct-23 £'m	In Month £'m	YTD £'m
Non-current assets					
Property, plant & equipment	164.9	164.1	164.2	0.1	(0.8)
Right of use assets	66.0	30.6	30.5	(0.2)	(35.5)
Intangible assets	15.5	15.7	16.0	0.2	0.4
Trade & other receivables	1.2	0.6	0.6	0.0	(0.6)
Non-current assets	247.6	211.0	211.2	0.1	(36.5)
Current assets					
Inventories	5.1	5.3	5.3	0.0	0.1
Trade & other receivables	14.4	13.9	14.7	0.8	0.3
Cash & cash equivalents	39.2	17.7	11.4	(6.3)	(27.8)
Current assets	58.7	36.9	31.3	(5.5)	(27.4)
Total assets	306.4	247.9	242.5	(5.4)	(63.9)
Current liabilities					
Trade & other payables	(52.8)	(41.3)	(37.6)	3.7	15.2
Provisions	(0.8)	(1.2)	(1.2)	0.0	(0.4)
Borrowings	0.0	(1.9)	(1.9)	0.0	(1.9)
Current liabilities	(53.6)	(44.4)	(40.7)	3.7	12.9
Net current assets/ (liabilities)	5.1	(7.5)	(9.3)	(1.8)	(14.5)
Total assets less current liabilities	252.8	203.5	201.9	(1.7)	(50.9)
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)	(25.1)	(24.9)	0.2	41.0
Total non-current liabilities	(67.3)	(26.0)	(25.9)	0.2	41.4
Total assets employed	185.5	177.5	176.0	(1.5)	(9.5)
Financed by:					
Public dividend capital	347.9	340.9	340.9	0.0	(7.0)
Income and expenditure reserve	(162.4)	(170.4)	(171.9)	(1.5)	(9.5)
Revaluation reserve	0.0	7.0	7.0	0.0	7.0
Total taxpayers' equity	185.5	177.5	176.0	(1.5)	(9.5)

- Non Current Assets** have increased slightly from last month. The decrease of £0.2m in ROU assets represents ROU depreciation.
- Trade and Other Receivables** have increased by £0.8m from last month and is mainly due to new invoices raised for £0.4m to Mid & South Essex NHS FT, 0.3m Essex Partnership and others.
- Cash balances** has decreased by £6.3m from last month and is as a result of payment of SSE outstanding backlog invoices of £6.5m less £0.2m receipt from our customers .
- Trade and Other Payables** The decrease of £3.7m is largely due to clearing NHS Professional Ltd outstanding invoices of £3.5m.
- Borrowings** decrease representing payment of liability falling due & post audit adjustment in ROU assets, following revaluation of St Margaret's Hospital.



Cashflow

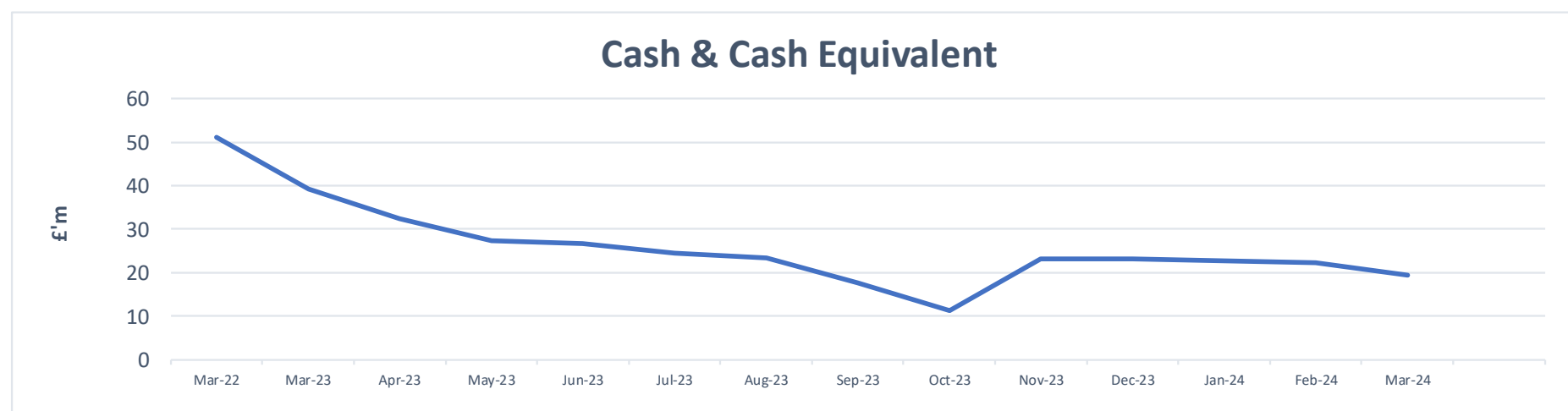


The Princess Alexandra
Hospital
NHS Trust

Cash and Cash Equivalents

		YTD							Forecast				
Mar-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
51,075	39,196	32,503	27,345	26,748	24,467	23,315	17,658	11,382	23,103	23,176	22,724	22,201	19,515

1 month
trend
↓



This cashflow is based on the assumption that the 2023/24 planned deficit of £5.4m is achieved.



Capital Analysis 23/24



The Princess Alexandra
Hospital
NHS Trust






	Plan		Month 7			YTD		
	Original Plan	Revised Plan	Plan & profile £'m	Actual £'m	Variance £'m	Plan and profile £'m	Actual £'m	Variance £'m
Internally Funded Schemes								
Estates								
Ward refurb and remedial works	5,824	1,000	-	-	-	1,000	-	1,000
New car park option	1,000	200	-	35	(35)	200	36	164
New UPS/IPS to critical areas - Phase 1 Main theatres/ED/ITU/HDU	764	634	-	1	(1)	634	9	625
Other Estate Schemes	4,862	3,539	234	50	184	3,389	635	2,754
Estates BLM								
Estates BLM Schemes	3,554	3,114	94	123	(29)	3,114	899	2,215
ICT & Information								
ICT & Information Schemes	3,874	1,964	169	0	169	2,114	741	1,373
EHR	1,911	1,661	-	-	-	1,661	-	1,661
Corporate								
Finance Modernisation	545	545	45	160	(115)	545	205	340
Medical Equipment								
Medical Equipment (Surgery)	3,080	431	10	158	(148)	431	313	118
Medical Equipment (CSS)	652	552	25	(0)	25	552	440	112
Other Equipment (People)	64	28	-	-	-	28	28	0
Medical Equipment (Medicine)	125	-	-	-	-	-	-	-
Medical Equipment (CHAWS)	189	109	12	-	12	109	-	109
Contingency	289	948	-	-	-	948	-	948
CRL to be allocated to plan								
YTD spend on Internal Schemes	26,733	14,725	589	526	63	14,725	3,307	11,418
Externally Funded Schemes								
New Hospital	1,060	1,060	110	145	(35)	1,060	275	785
New Hospital CPO	1,700	1,700	192	(11)	203	1,700	148	1,552
CDC	5,225	5,225	581	201	380	5,225	716	4,509
CDC - Enabling works	-	508	-	-	-	508	-	508
EHR	8,000	8,000	888	564	324	8,000	1,592	6,408
YTD spend on External Schemes	15,985	16,493	1,771	899	872	16,493	2,731	13,762
Total - Internal and External	42,718	31,218	2,360	1,424	935	31,218	6,038	25,180



Trust Board (Public) - 7 December 2023

Agenda item:	6.3																																																																																																																
Presented by:	Phil Holland – Chief Information Officer																																																																																																																
Prepared by:	Phil Holland – Chief Information Officer																																																																																																																
Date prepared:	1 st December 2023																																																																																																																
Subject / title:	Integrated Performance Report																																																																																																																
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	<p>The Integrated Performance Report provides assurance on key indicators aligned to our board assurance framework</p> <table><thead><tr><th>SP Section</th><th>KPI</th><th>SPC status</th><th>Performance</th><th>BAF Risk Reference</th><th>Current Risk Score</th><th>Target Risk Score</th></tr></thead><tbody><tr><td>Patients</td><td>Serious Incidents</td><td></td><td>3</td><td>1.1</td><td>16</td><td>12</td></tr><tr><td>Patients</td><td>Pressure Ulcers per 1000 bed days</td><td></td><td>3</td><td>1.1</td><td>16</td><td>12</td></tr><tr><td>Patients</td><td>Smoking rates at delivery</td><td></td><td>6.0%</td><td>1.1</td><td>16</td><td>12</td></tr><tr><td colspan="7"></td></tr><tr><td>People</td><td>Vacancy Rate</td><td></td><td>9.9%</td><td>2.3</td><td>16</td><td>8</td></tr><tr><td>People</td><td>Appraisals</td><td></td><td>36.0%</td><td>2.3</td><td>16</td><td>8</td></tr><tr><td>People</td><td>Voluntary Turnover</td><td></td><td>12.9%</td><td>2.3</td><td>16</td><td>8</td></tr><tr><td colspan="7"></td></tr><tr><td>Performance</td><td>Referral to Treatment</td><td></td><td>51%</td><td>1.3</td><td>15</td><td>10</td></tr><tr><td>Performance</td><td>52 week waits</td><td></td><td>2171</td><td>1.3</td><td>15</td><td>10</td></tr><tr><td>Performance</td><td>4 hour standard</td><td></td><td>51%</td><td>4.2</td><td>16</td><td>12</td></tr><tr><td>Performance</td><td>Ambulance handovers less than 15 mins</td><td></td><td>13%</td><td>4.2</td><td>16</td><td>12</td></tr><tr><td>Performance</td><td>Patients over 12 hours in ED from arrival</td><td></td><td>788</td><td>4.2</td><td>16</td><td>12</td></tr><tr><td>Performance</td><td>Patients over 7 days length of stay</td><td></td><td>169</td><td>4.2</td><td>16</td><td>12</td></tr></tbody></table>								SP Section	KPI	SPC status	Performance	BAF Risk Reference	Current Risk Score	Target Risk Score	Patients	Serious Incidents		3	1.1	16	12	Patients	Pressure Ulcers per 1000 bed days		3	1.1	16	12	Patients	Smoking rates at delivery		6.0%	1.1	16	12								People	Vacancy Rate		9.9%	2.3	16	8	People	Appraisals		36.0%	2.3	16	8	People	Voluntary Turnover		12.9%	2.3	16	8								Performance	Referral to Treatment		51%	1.3	15	10	Performance	52 week waits		2171	1.3	15	10	Performance	4 hour standard		51%	4.2	16	12	Performance	Ambulance handovers less than 15 mins		13%	4.2	16	12	Performance	Patients over 12 hours in ED from arrival		788	4.2	16	12	Performance	Patients over 7 days length of stay		169	4.2	16	12
SP Section	KPI	SPC status	Performance	BAF Risk Reference	Current Risk Score	Target Risk Score																																																																																																											
Patients	Serious Incidents		3	1.1	16	12																																																																																																											
Patients	Pressure Ulcers per 1000 bed days		3	1.1	16	12																																																																																																											
Patients	Smoking rates at delivery		6.0%	1.1	16	12																																																																																																											
People	Vacancy Rate		9.9%	2.3	16	8																																																																																																											
People	Appraisals		36.0%	2.3	16	8																																																																																																											
People	Voluntary Turnover		12.9%	2.3	16	8																																																																																																											
Performance	Referral to Treatment		51%	1.3	15	10																																																																																																											
Performance	52 week waits		2171	1.3	15	10																																																																																																											
Performance	4 hour standard		51%	4.2	16	12																																																																																																											
Performance	Ambulance handovers less than 15 mins		13%	4.2	16	12																																																																																																											
Performance	Patients over 12 hours in ED from arrival		788	4.2	16	12																																																																																																											
Performance	Patients over 7 days length of stay		169	4.2	16	12																																																																																																											

6.3

Recommendation:	The Trust Board is ask to review and consider the IPR for 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	X
Previously considered by:	QSC.24.11.23 and PAF.30.11.23				
Risk / links with the BAF:	Links to all BAF risks.				
Legislation, regulatory, equality, diversity and dignity implications:	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:	M7 IPR				

Integrated Performance Report:

October 2023

As at 16/11/23

Executive Summary



The Princess Alexandra
Hospital
NHS Trust

Patients		
Patients		All metrics are within variation
Pounds		
Pounds	Income/Activity	Planned care of Elective and Day Case continues to be behind plan in part related to industrial act. Recording of activity in the right systems as well as in the right point of delivery is key to improving our Elective Recovery Fund (ERF) target. Work underway to change activity recording to the beginning of the year to maximise ERF income opportunities.
	Capital Spend	The Trust total revised Capital resourcing for 2023/24 is £30.7m, this includes external PDC including the new hospital project, CDC, EHR, and others. As at Month 7 the year to date capital spend is £6m behind plan.
	Cash	The Trust's cash balance is £11.4m. The cash reserves which were boosted due to the national Covid support received by the Trust have started reducing as we continue to run with a deficit. There remains focus on the level of unpaid invoices and maintaining the Trust's improved 30 day BPPC performance.
	Surplus \ Deficit	The Trust reported a deficit of £13.2m YTD in October (Month 7) against a YTD planned deficit of £3.7m. We will continue to work with each divisional team to review and challenge spend with specific focus on temporary staffing to ensure we can begin to reduce the usage. The
	PQP	The 23/24 PQP target is £16.7m with a YTD planned savings at month 7 of £7.2m. Actual delivery is slightly ahead of plan at £7.4m YTD.

Places	
Places	Housekeeping
	Catering
	Places Summary

the new Synbiotix system has now been rolled out for the food ordering service on the wards. Feedback to date on the system is good.

Meal number are increasing due to the increase in patient numbers across

ED CQC - fabric works. Plan to be agreed with end users for least impact on service for all users but complete in a timely manner ahead of CQC visit

Fleming Ward - agreement to proceed with a full upgrade option working with newly appointed P23 contractor on CDC at SMH with completion before xmas 2023

Medical Gas infrastructure - final phase of AVSU renewal programme



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

Executive Summary



The Princess Alexandra
Hospital
NHS Trust

People		
People	Appraisals	Remains in special cause variation and the lowest we have seen on the chart.
	Statutory and Mandatory Training	Consistently failing the target and has seen a fall against the standard.
	Sickness Absence	Has returned to common cause variation following a return to performance below the mean
Performance		
Performance	Diagnostics	Whilst performance remains in common cause variation, we have seen the second month of improvement back towards the mean
	52 week waits	Still in special cause variation, with a continued focus on clinical priority patients. The volume of patients waiting 52 weeks has remained relatively constant for a significant period
	Stranded Patients	The number of patients with a length of stay over 7 days has reduced to near the mean for the first time since June 2022. However, the indicator remains in special cause variation. Performance data is currently for March
	Ambulance handovers	Now in common cause variation we can see that 13% of ambulance handovers were in less than 15minutes. However, the number of patient handovers over 60minutes has increased to 43% which is a significant spike from the previous month.

Performance		
Performance	Referral to Treatment	Performance remains in special cause variation, with performance static at a similar level for over 12 months. Recovery actions continue to be in place, with patients being treated in clinical priority.
	Cancer 2 week wait	Remains in common cause variation, but performance remains near the mean. Focus is now on increasing capacity.
	Cancer 62 day pathway	Returned to common cause variation. Focus is being placed on the long wait patients, which is having an impact on the overall performance
	Four hour standard	Remains in special cause variation. A number of indicators are in special cause variation highlighting the continued pressure on the service



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

6.3

Section summaries



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
RTT 18 weeks performance	The ongoing impact of industrial action is putting pressure on capacity to clear the longest waiting routine patients. 104, 78 and 52 week waiting patient numbers are increasing. Ongoing close review of these patients and re-booking as quickly as possible.	For recognition	31/03/2024
6ww diagnostics	Steady small improvement in the Trust overall standard and excellent radiology performance, CT 99%, MRI 94% and Ultrasound 85%. Risks with Audiology (18%) but improvement plan in progress with locum staff and potential out-source option. (National standard 95% by 31/3/25)	For recognition	31/03/2025
Urgent Care	Continued pressure at the front door with high attendances and reduced bed capacity. Improvement plans in progress	For information	31/03/2024
Cancer	Ongoing pressure of reduced capacity from industrial action & bank holidays however steady improvements in 28 day diagnosis standard to mitigate clinical risk of long waits. Number of patients waiting over 62 days has started to decrease in July (data in IPR is May)	For increased visibility and awareness	31/03/2024



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

Section summaries



The Princess Alexandra
Hospital
NHS Trust

Board Sub Committee: People Committee			
People Summary			
Focus Area	Description and action	Reason for Inclusion	Target Date for Resolution if applicable
Sickness	Sickness absence workshops for managers are scheduled and taking place within divisions. Individual long term cases and actions discussed at management level	For information	Q2
Appraisal	Time constraints cited as reasons for non-compliance. Individualised reports sent to triumvirate and managers. Managers asked to book outstanding appraisals within the next month. Compliance rates are addressed at PRMs	For information	Q2
Stat and Mand Training	Compliance remains static, challenges of protected time to complete training cited. There is a blended approach to training, delivered both via teams and face to face in the learning and education facility.	For information	Q2
Vacancy	Vacancy rate impacted by high level of vacancies within Nursing & Midwifery, Estates & Ancillary and A&C staff groups. Recruitment action plans continue to be agreed with divisions; recruitment team attending local job centre to highlight working for the Trust and to promote vacancies.	For information	Q3
Turnover	Leaving reasons are being linked to relocation due to cost of living and health and wellbeing. There is continued promotion of the trusts health and wellbeing offer including sessions on budgeting and access to Citizen's Advice sessions held on site. The trust have also undertaken a number of cost of living initiatives such as continuing free parking and access to Harlow community hub and food bank. PAHT are part of the retention pathfinder programme within the ICS	For information	Q3



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

6.3

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](#)

Key Performance Indicators In Special Cause Variation



The Princess Alexandra
Hospital
NHS Trust

Tab 6.3 IPR

5P Section	KPI	SPC status	Performance	BAF Risk Reference	Current Risk Score	Target Risk Score
Patients	Serious Incidents		3	1.1	16	12
Patients	Pressure Ulcers per 1000 bed days		3	1.1	16	12
Patients	Smoking rates at delivery		6.0%	1.1	16	12
People	Vacancy Rate		9.9%	2.3	16	8
People	Appraisals		36.0%	2.3	16	8
People	Voluntary Turnover		12.9%	2.3	16	8
Performance	Referral to Treatment		51%	1.3	15	10
Performance	52 week waits		2171	1.3	15	10
Performance	4 hour standard		51%	4.2	16	12
Performance	Ambulance handovers less than 15 mins		13%	4.2	16	12
Performance	Patients over 12 hours in ED from arrival		788	4.2	16	12
Performance	Patients over 7 days length of stay		169	4.2	16	12

Figure included is for September.



modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

6.3

Patients section measures in special cause variation

C.13 - SPC for Serious Incidents

Previous month ...

August-2023

-

Month to date v...

September-2023

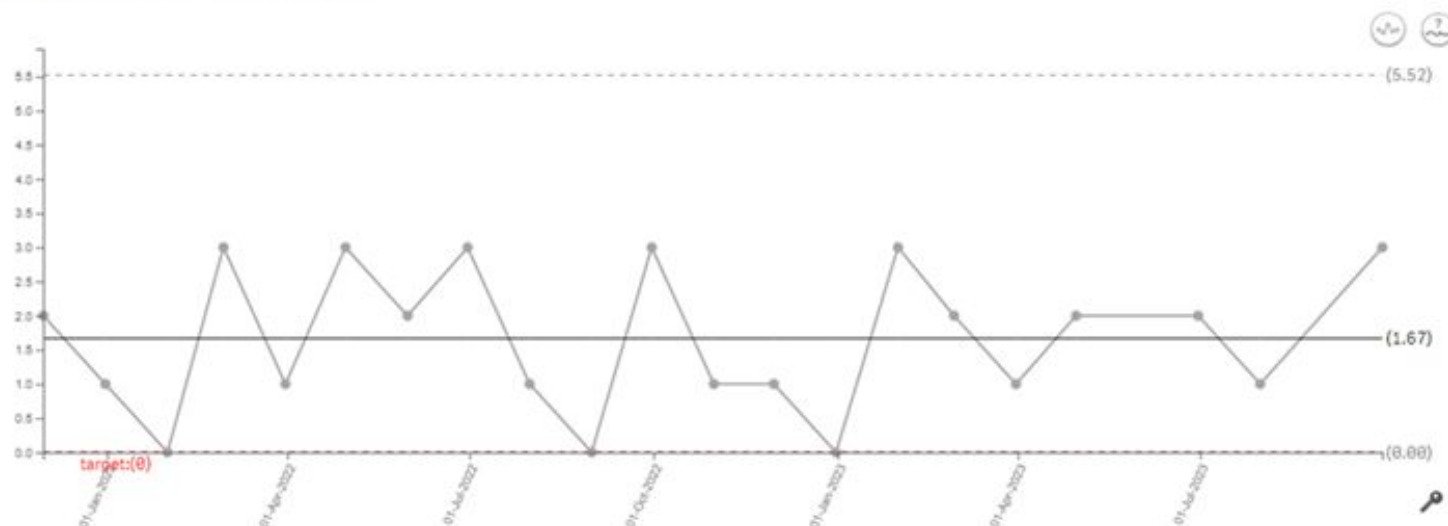
3

Target

September-2023

0.0

Target is at Trust-wide level



C.14 - SPC for Pressure ulcers per 1000 bed days

Previous month ...

August-2023

-

Month to date v...

September-2023

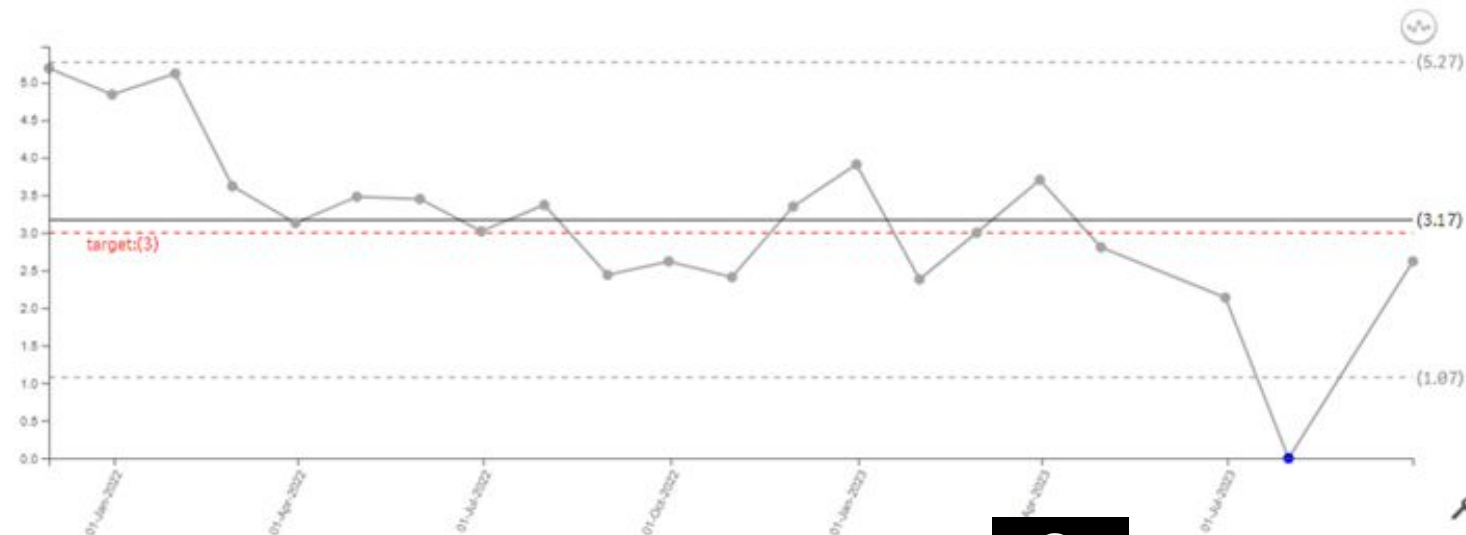
3

Target

September-2023

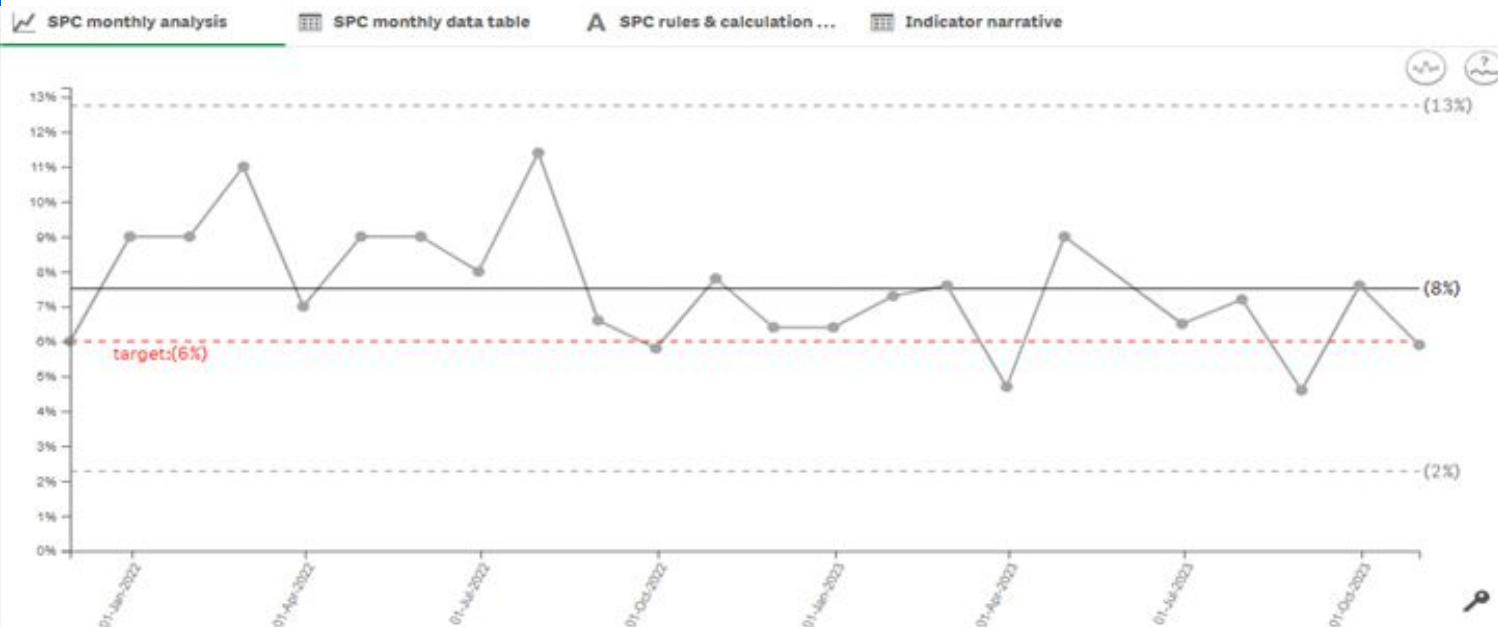
3.0

Target is at Trust-wide level



Patients section measures in special cause variation

Smoking rates at delivery



People section measures in special cause variation

D.29 - SPC for Statutory & Mandatory training

Previous month ...
September-2023

77.4%

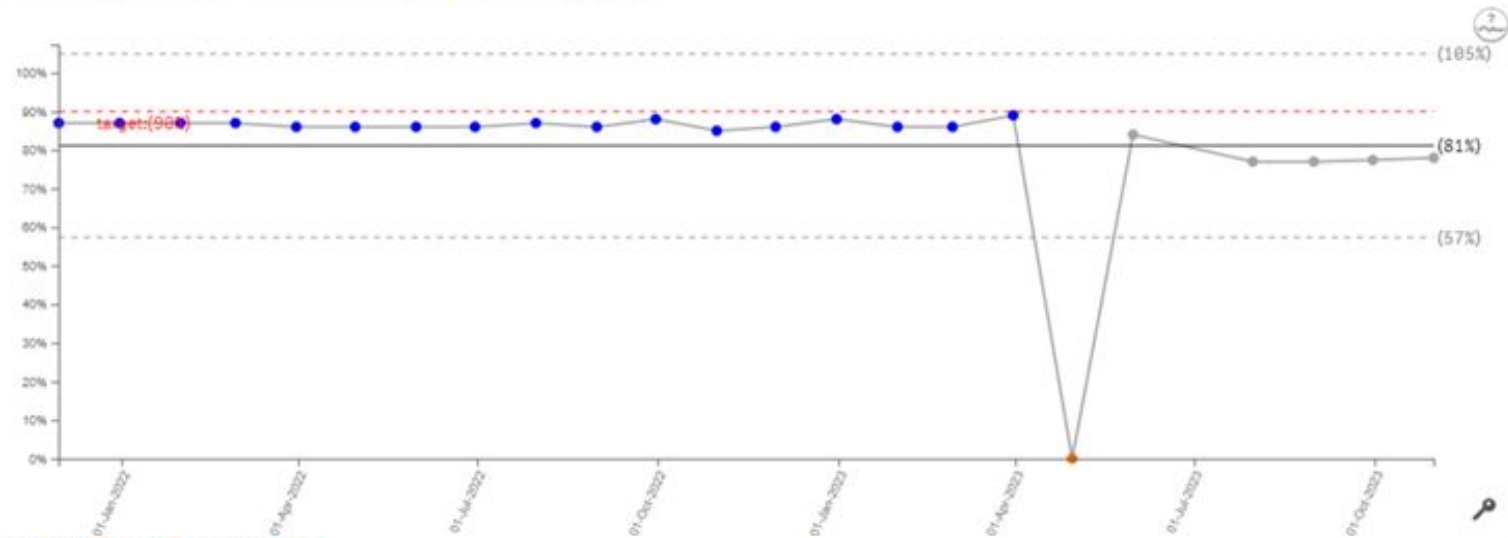
Month to date v...
October-2023

78.0%

Target
October-2023

90.0%

Target is at Trust-wide level



D.27 - SPC for Vacancy Rate

Previous month ...
July-2023

12.4%

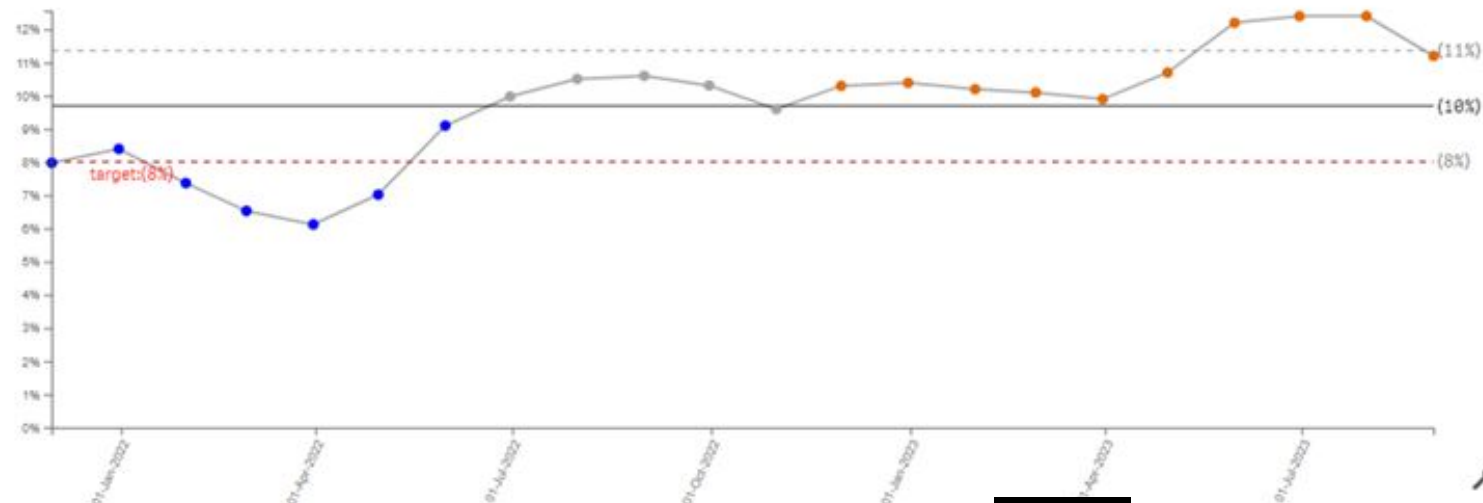
Month to date v...
August-2023

11.2%

Target
August-2023

8.0%

Target is at Trust-wide level



People section measures in special cause variation

D.24 - SPC for Staff Turnover Voluntary

Previous month ...
September-2023

12.8%

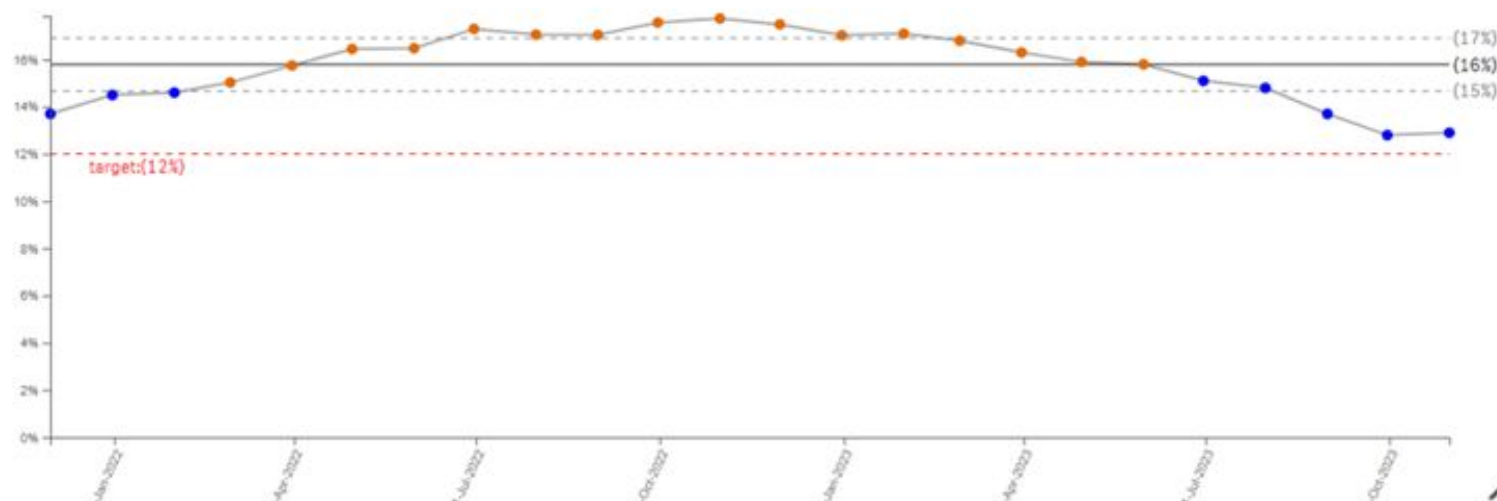
Month to date v...
October-2023

12.9%

Target
October-2023

12.0%

Target is at Trust-wide level



D.28 - SPC for Appraisals - non medical

Previous month ...
September-2023

—

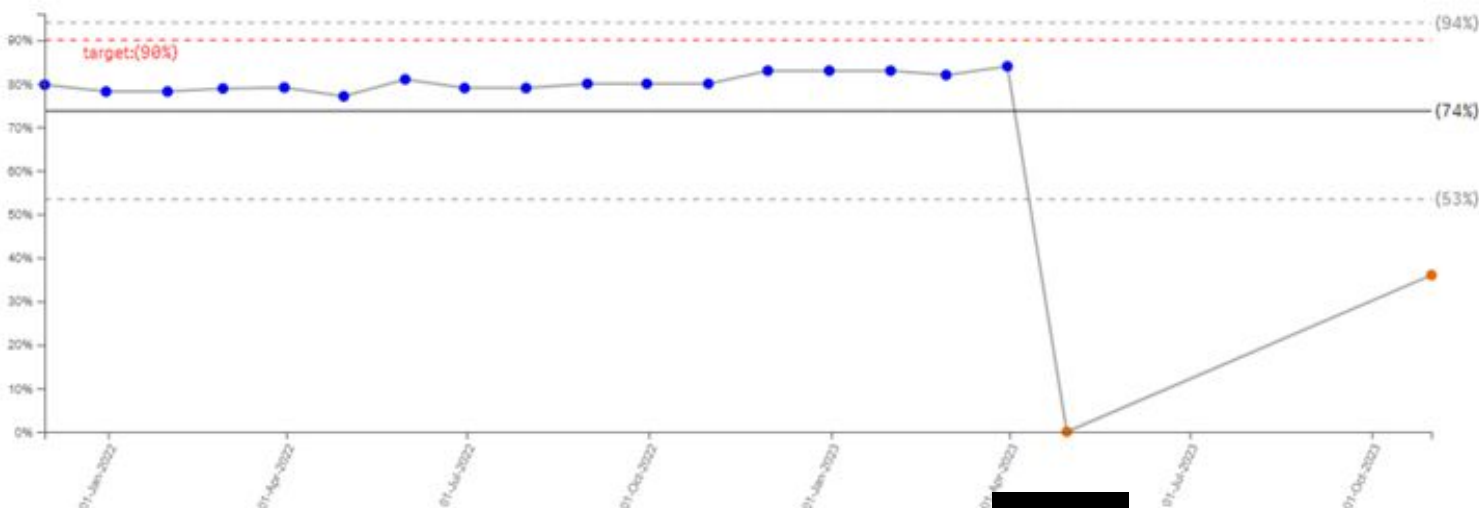
Month to date v...
October-2023

36.0%

Target
October-2023

90.0%

Target is at Trust-wide level



Performance section measures in special cause variation

A.4 - SPC for Proportion of Patient treated within 4 hours in ED

Previous month ...
October-2023

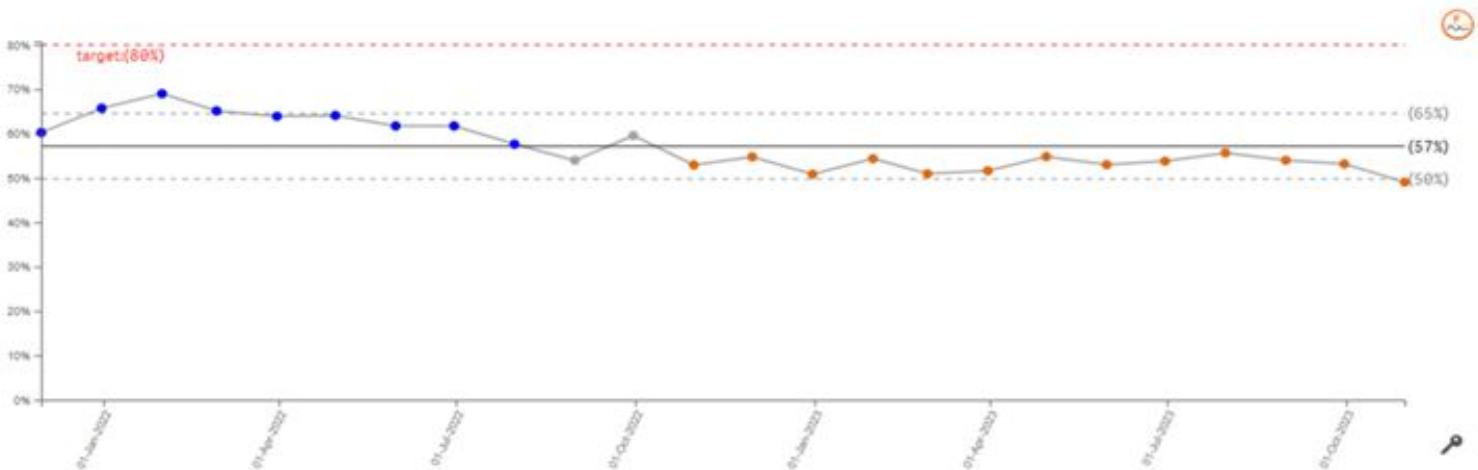
49.1%

Month to date v...
November-2023

51.0%

Target
October-2023
80.0%

Target is at Trust-wide level



C.22 - SPC for Cancer 28 Day Faster Diagnosis

Previous month ...
July-2023

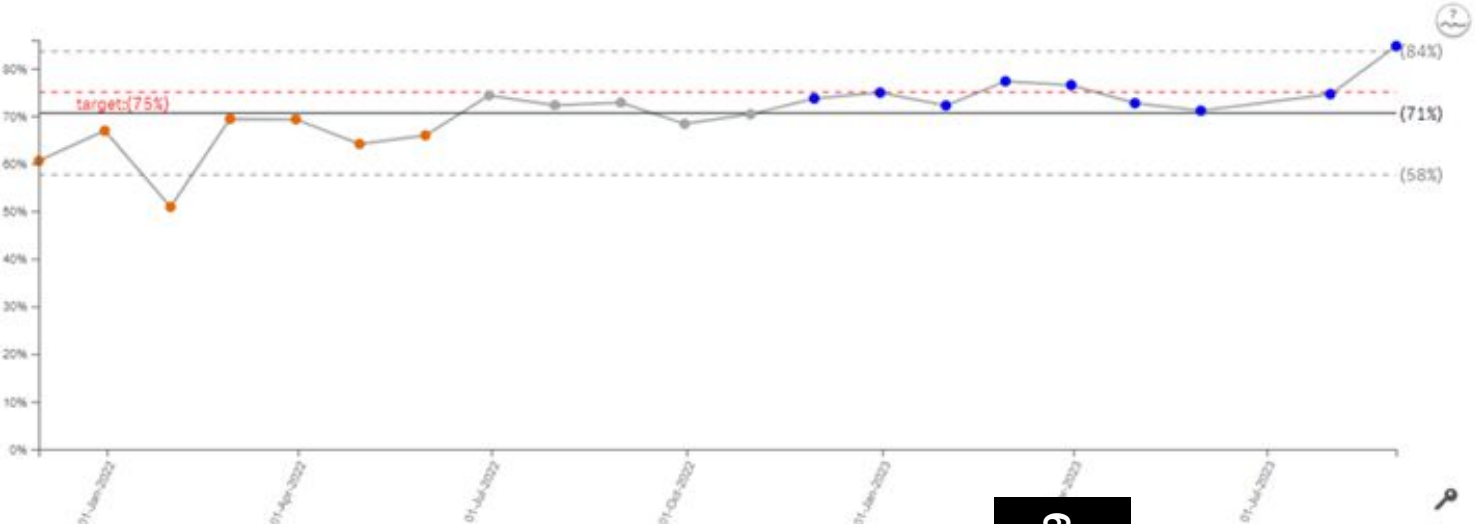
74.6%

Month to date v...
August-2023

84.7%

Target
August-2023
75.0%

Target is at Trust-wide level



Performance section measures in special cause variation

A.20 - SPC for Proportion of Ambulance Handovers Greater than 60 minutes

Previous month ...
October-2023

43.4%

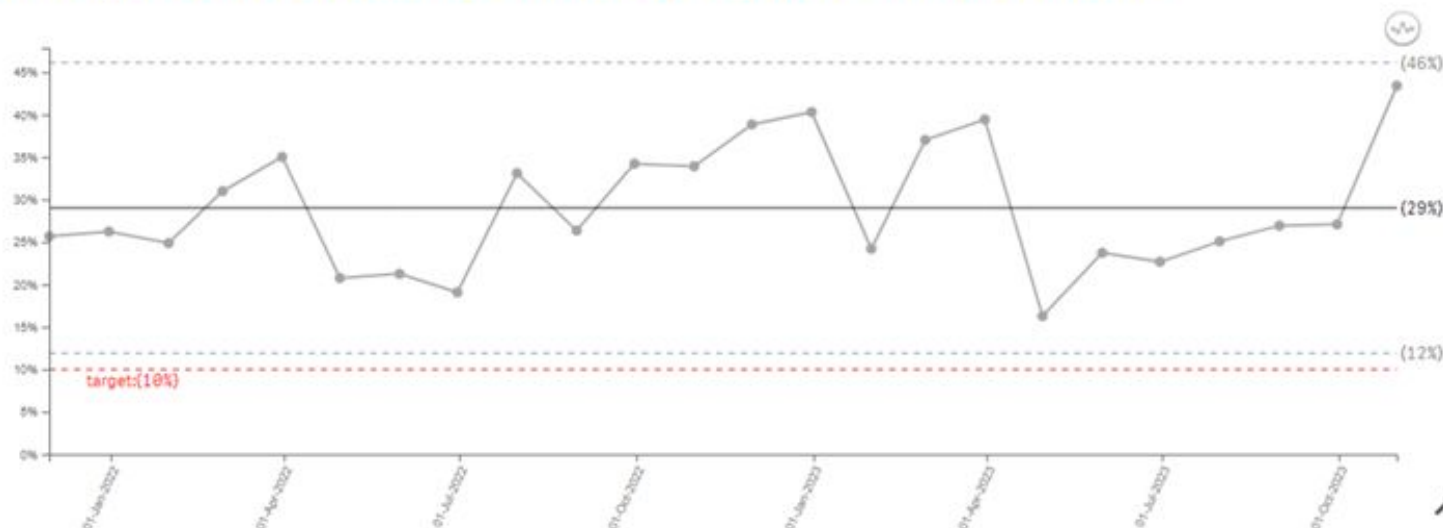
Month to date v...
November-2023

55.4%

Target
October-2023

10.0%

Target is at Trust-wide level



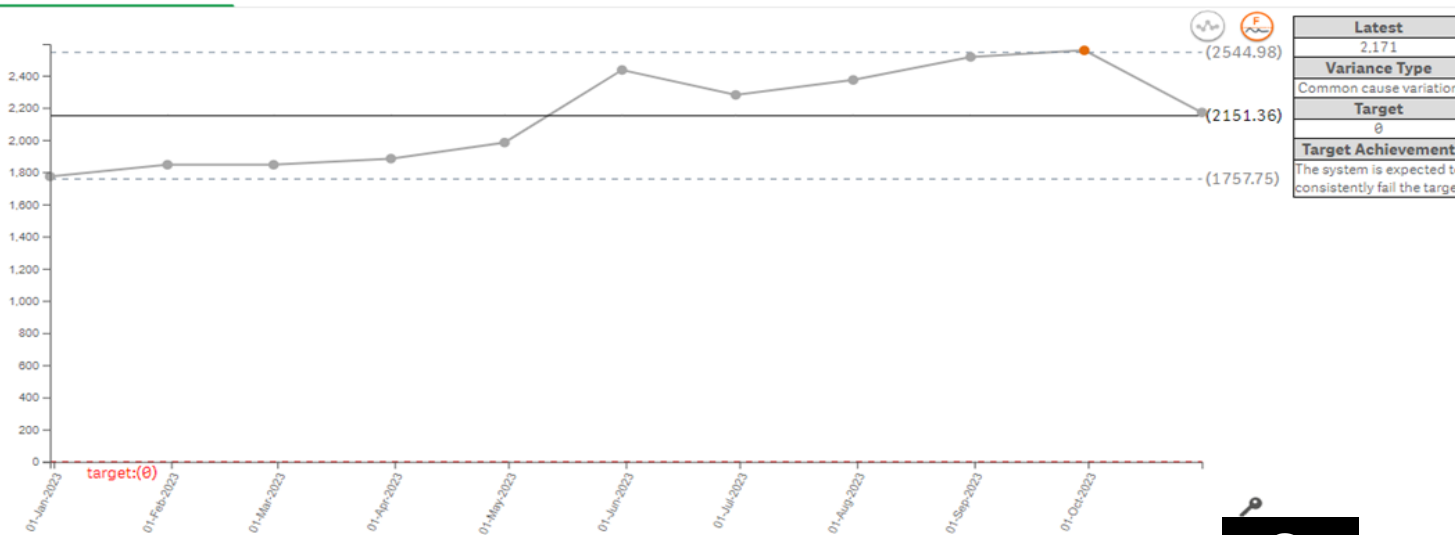
RTT over 52 week waiters

SPC monthly analysis

SPC monthly data table

SPC rules & calculation ...

Indicator narrative



Latest
2.171
Variance Type
Common cause variation
Target
0
Target Achievement
The system is expected to consistently fail the target

BOARD OF DIRECTORS:		7 December 2023		AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:		Strategic Transformation Committee (STC)		
REPORT FROM:		Liz Baker - Chair		
DATE OF COMMITTEE MEETING:		27 November 2023		
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
2.1 PAHT2030 Update / Corporate Transformation: Medical Administration	Y	Y	N	PAHT2030: STC noted that 2022 milestones remained 'green' although incomplete. 2023 milestones were 'green' apart from Corporate Transformation which had moved to amber. New Hospital remained 'green' due to internal actions being 'green'. The committee received an update on progress with the Medical Administration programme of work.
2.2 Transforming our Care (Massimo Project)	Y	Y	N	The Medical Director provided a verbal update, informing members that the project had not yet delivered, albeit there had been huge amounts of learning from the work undertaken to date. From the outputs so far it was clear that this technology could keep patients safe and provide rapid treatment; it was well tolerated by patients and well-liked by clinicians/nursing colleagues. It would be key in terms of moving to the new hospital, where the plan currently was for 100% single rooms. STC agreed it had been very useful to discuss a project where there had not yet been 100% success.
2.3 Electronic Health Record (EHR) Programme Update / Digital	Y	Y	N	EHR Update: STC noted that the work was tracking well to timescales, albeit those were tight and driven by constraints related to the current system. Resourcing would remain an issue throughout the programme and go-live was still on track for October 2024.

BOARD OF DIRECTORS:		7 December 2023		AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:		Strategic Transformation Committee (STC)		
REPORT FROM:		Liz Baker - Chair		
DATE OF COMMITTEE MEETING:		27 November 2023		
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
Transformation Update				Digital Transformation Update: STC received a presentation on artificial intelligence (AI) in Radiology (choosing the correct test) and an update on the successes of AI in relation to chest x-rays. The Trust was significantly leading the pack regionally in terms of its use of AI, and next steps included a move into breast imaging. STC agreed it would now be useful to capture outcomes-based data to see whether survival rates were now on the increase.
2.4 New Hospital Update	Y	Y	N	The NHP six month plan was being developed and had developed a demand and capacity model and organisations would be required to run to that model.
2.5 BAF Risk 1.2 (EHR)	Y	Y	N	It was agreed that the risk score would remain at 16.
2.5 BAF Risk 3.5 (New Hospital)	Y	Y	N	It was agreed that the risk score would remain at 20.
3.4 BAF Risk 3.2 System Pressures	Y	Y	N	The risk score remained unchanged at 16.
Items noted: - System Transformation Update including Strategic/System Update				

BOARD OF DIRECTORS:		7 December 2023		AGENDA ITEM: 7.1
REPORT TO THE BOARD FROM:		Strategic Transformation Committee (STC)		
REPORT FROM:		Liz Baker - Chair		
DATE OF COMMITTEE MEETING:		27 November 2023		
Agenda Item:	Committee assured Y/N	Further work Y/N	Referral elsewhere for further work Y/N	Recommendation to Board
<ul style="list-style-type: none"> - Report from West Essex Health Care Partnership - Stakeholder Update 				
4.1 Discussion Topic: Healthcare Partnership Development Programme				
The Place Director, Hertfordshire & West Essex ICB led an update and discussion around the developing Healthcare Partnerships, with a focus on accountability from ICB to Place and how Place managed those elements going forward. Key to the discussion was the ambition that from now until 01.04.24, the four HCPs across the system had responsibility for financial performance and this would require having key information available for the local population and flexibility in terms of how decisions were made and how finances were used collectively.				

Trust Board – 7 December 2023

Item No: 7.3

REPORT TO THE BOARD FROM:

Senior Management Team (SMT)

CHAIR:

Lance McCarthy

DATE OF MEETINGS:

7 & 21 November 2023

ITEMS FOR THE BOARD'S INFORMATION AND ASSURANCE

The following items were discussed at SMT meetings in November 2023:

7 November 2023:

- Reports from Divisional Board meetings
- Reports from feeder groups: GMC Enhanced Monitoring Group, Risk Management Group, Access Board, Cancer Board, IG Steering Group, Urgent Care Programme Board (verbal)
- External Visits Register
- Quality Report
- PMO/PQP
- Recognition of International Nurses Previous Experience
- Daisy Programme
- Recovery Dashboard
- Space Utilisation Group Update
- Finance update M6

21 November 2023:

- CQUIN
- Risk Management Update
- Quarterly Staff Survey (people pulse)
- IPR - September
- Finance update M7

7.3