PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 22 December 2022 in the Board Room, Westmorland General Hospital, Burton Road, Kendal LA9 7RG

Please note the meeting will also take place via Microsoft Teams.

Commencing at 9.30am

Reference Document Pack			
Item		**Lead**	**Paper**
Quality and safety: ***Delivering outstanding care and experience***			
182i	Maternity Report Appendices	Chief Nursing Officer / Director of Midwifery	Attached
Performance and resources: **Make the best use of our physical and financial resources**			
184 ii	Assurance Committee Minutes	Chairs of the Assurance Committees	Attached

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Perinatal Quality Surveillance Model

CQC Maternity Rating	Overall	Safe	Effective	Caring	Well-Led	Responsive
RLI	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement	Good
FGH	Inadequate	Requires Improvement	Inadequate	Good	Inadequate	Good
WGH	Inadequate	Inadequate	Requires Improvement	Not rated	Inadequate	Requires Improvement

Maternity Safety Support Programme Yes	Yes

	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
Findings of review of all perinatal deaths using the real time data monitoring tool	None - meeting cancelled due to staff shortages/ sickness	1 Review completed - IUD. Issues identified - no CO monitoring performed, maternal pulse not recorded when ausculatating fetal heart, missed opportunities to refer for a growth scan from GROW chart.	2 Reviews completed: 1 NND - Issue identified with mums psychological care in the postnatal period. NND due to fatal abnormality not detectable in the ante-natal period. 1 IUD - review identified 'No issues with care identified'	0 Reviews completed due to annual leave and half term giving limited availability for midwifery and clinical staff to support with the reviews	1 review completed IUD - review identified no issues with care	1 twin Stillbirth 35/40_ PMRT outstanding, been to ERG no identified care delivery issues	0 reviews completed	2 PMRT reports completed. 1 New PMRT case reported, 72 hour review identified learning. Case has been StEIS reported for SI	3 PMRT reports complete. External PMRT report has been shared at Private Board. 1 New PMRT case reported 72 hour review completed. Deemed Not StEIS reportable	3 new PMRT in month, 3 PMRT reports completed. Learning themes:1. Unwell diabetic, missed DKA. 2. Not to passively cool on resuscitatire. 3. Missed possible opportunity to be seen.	0 new PMRT cases in month. 12 historical cases closed - no care and service delivery issues identified.				
Findings of the review of all cases eligible for referral to HSIB	0	0	0	1 Neonatal Death. HSIB awaiting parents consent to progress with the investigation.	0	0	0	0	0	0	1 case accepted by HSIB for severe HIE. 0 reports received				
The number of incidents logged graded as moderate or above	1 Moderate Harm	4 Moderate Harm	6 Moderate Harm	4 Moderate Harm (3 PPH's >2000mls & 1 Term baby admission to NNU), 1 Neonatal Death	6 Moderate Harm including: 3 PPH's >2000mls 2 Term admissions to NNU 1 Thrombectomy	10 Moderate Harm including: 3 PPH's 2 Poor clinician documentation 1 Shoulder Dystocia 1 unsuccesful forceps 1 low cord gas 1 neonatal seizure 1 term admission to NNU	1 Severe Harm: Maternal Blood loss 10 Moderate Harm: 3 x Maternal - Blood Loss >1500mls 6 x Neonatal - Term Baby Admitted To NNU 1 x Fetal - Stillbirth	1 x Neonatal Death - 26+5 weeks gestation. 1 x Severe Harm - externally reported: Birth Trauma (already linked to PSI 275993 which has had an RCA, and steis reported). 13 x Moderate Harms: 5 x Blood Loss >1500mls, 2 x Intensive Care Admission, 2 x Term Baby Admitted To NNU, 1 x Anaesthetic Complications, 1 x Care - Incorrect Care, 1 x Shoulder Dystocia, 1 x Safeguarding Referral Made	1 x Neonatal Death 28+1 weeks gestation. 4 x Arterial Gas <7.05 Or Base ExcessOf >10 2 x Blood Loss >1500mls 2 x Term Baby Admitted To NNU 1 x Readmission Of Mother 1 x Baby Born Less Than 27 Weeks Outside NICU 1 x Neonatal Transfer	x4 Death: x1 Confirmed IUD of 31+6 fetus during admission for severe PET/HELLP. x1 Feticide at St M's 29/09/22 for trisomy 21 in twin 1. x1 IUD diagnosed while patient away in Poland and x1 Historical PMRT case from 2020 harm level increased to death - neonatal death. 9 Moderate Harm: x5 Blood Loss >1500mls, x1 Intensive Care Admission, x1 Neonatal - APGAR Score <7 @ 5minute, x1 Arterial Gas <7.05 Or Base ExcessOf >10, x1 Term Baby Admitted To NNU	9 x moderate - 5 x PPH, 1 ITU and PPH, 1 ITU bronchospasm, 1 ITU for further observations and 1 missed diabetes and baby transferred out to level 3 tertiary centre for additional care. 2 x severe - 1 missed fetal anomaly, 1 HIE grade 3				
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training															
SBLCBv2	61%	72.80%	Midwives 79.7% Doctors 33.3% Total 75.3%	Midwives 74.7% Doctors 56.5% Total 72.9%	Midwives 66% Doctors 37.8% Total: 66%	Midwives 65% Doctors 38.9% Total: 60.4%	Midwives 69% Doctors 36.6% Total: 64%	Midwives 69% Doctors 25% Total 59%	Midwives: 73.4% Doctors: 40% Total: 67%	Midwives: 60.6% Doctors: 35% Total: 56%	Midwives: 72% Doctors: 42% Total: 67%				
GAP and GROW Training			Midwives 83%% Doctors 75% Total 82.3%	Midwives 78.8%% Doctors 76.5% Total 78.5%	Midwives 74.7% Doctors 76.5% Total 74.9%	Midwives 75.4% Doctors 84% Total 76.6%	Midwives 86.5% Doctors 80.8% Total: 85.7%	Midwives 90.3% Doctors 76.9% Total 88.5%	Midwives: 90.1% Doctors: 84% Total: 89.3%	Midwives: 93.8% Doctors: 69.2% Total: 91.5%	Midwives: 95.7% Doctors: 66.7% Total: 91.5%				
Fetal Surveillance in Labour	63%	75.90%	K2 Competency assessment Midwives 87.7% Doctors 73.9% Total 86% 90.2% of staff have completed face to face training	K2 Competency assessment Midwives 87.7% Doctors 73.9% Total 86% 90.2% of staff have completed face to face training	K2 Compliance assessment: 88.6% Midwives - 88% Doctors - 72.2% Total 85.1%	K2 Competency assessment: 90.9% Midwives - 92.5% Doctors - 80.8% Total inc.Face to face training - 86%	K2 Competency Assessment: 84.9% Midwives: 89.4% Doctors: 68.6% Total inc face to face:86%	K2 competency assessment: 84.7% Midwives: 88.2% Doctors: 64.3%	Midwives: 91.7% Doctors: 61.7% Total: 87%	Midwives: 96.3% Doctors: 87.5% Total: 94.8%	Midwives: 94.7% Doctors: 92.5% Total: 94.3%				
Maternity Emergencies and Multiprofessional training	47%	70.70%	Midwives/MSW's 79.9% Doctors 65.2% Total 78.3%	Midwives 77% MSW's 80% Doctors 61% Anaesthetists 32% Total 69%	Midwives 77.2% MSWs 83.3 Doctors 57.6% Anaesthetists 45.5% Total 69.6%	Midwives 81% MSWs 71.4% Drs 61.8% Anaesthetists 35.6% Total: 70.9%	Midwives 90.1% MSWs 87.2% Doctors 56% Anaesthetists 48% Total 72.6%	Midwives 90.1% MSWs 87.2% Doctors 56% Anaesthetists 48% Total 72.6%	Midwives 93% MSWs 93.5% Doctors 62.8% Anaesthetists 57% Total 83.1%	Midwives 86.7% MSWs 92.2% Doctors 82.1% Anaesthetists 65.2% Total 83.8%	Midwives 99.4% MSWs 100% Doctors 93% Anaesthetists 95.8%				
Personalised Care	64%	73.40%	Midwives # MSW's 83.9% Doctors 52.2% Total 80.9%	Midwives 74.7% MSWs # Doctors 56.5% Total 72.9%	Midwives 73.5% MSW's 78.2% Doctors 58.1% Total 72.7%	Midwives 74.9% MSWs 80% Doctors 62.5% Total 74.5%	Midwives 82.2% MSWs 83% Doctors 69.7% Total 76.1%	Midwives 82.2% MSWs 83% Doctors 69.7% Total 76.1%	Midwives 89% MSWs 96% Doctors 57% Total 85.4%	Midwives 93.9% MSWs 91% Doctors 74.4% Total 90.2%	Midwives 88.7% MSWs 100% Doctors 61.7% Total 87.3%				
Care during Labour and the Immediate Postnatal Period	61%	72.80%	Midwives/MSW's 79.7% Doctors 33.3% Total 75.3%	Midwives/MSW's 78.7% Doctors 37.5% Total 74.7%	Midwives 75.3% MSWs 85.5% Doctors 58.8% Total 75.3%	Midwives 79.8% MSWs 85.5% Doctors 65.7% Total 79.2%	Midwives 84.4% MSWs 92.5% Doctors 65.6% Total 83.3%	Midwives 84.4% MSWs 92.5% Doctors 65.6% Total 83.3%	Midwives 89% MSWs 98% Doctors 54.2% Total 86.1%	Midwives 91% MSWs 90% Doctors 75% Total 89.5%	Midwives 89% MSWs 93% Doctors 65% Total 86%				
Newborn Life Support	80%	92.70%	Midwives 93.2% Doctors 90.5% Total 92.9%	Midwives 94% Doctors 90.5% Total 93.7%	Midwives 94.6% Doctors 92.3% Total 93.9%	Midwives 94.7% Doctors 92.3% Total 94.4%	Midwives 93% MSWs 96% Doctors 91.3% Total 93.4%	Midwives 94.6% MSWs 95.8% Doctors 88% Total :94.1%	Midwives 96% MSWs 98% Doctors 91.7% Total 96%	Midwives 87% MSWs 92% Doctors 65.7% Total 85.1%	Midwives 98.8% MSWs 98% Doctors 94.2% Total 98%				
Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
Minimum midwife safe staffing															

Midwifery Staff average fill rate	RLI 93.21% FGH 83.27%	RLI 86.46% FGH 88.4%	RLI 87.22% FGH 85.49%	RLI 88.22% FGH 87.09%	RLI 87.2% FGH 84.63%	RLI 89.09% FGH 87.97%	RLI 91.25% FGH 85.39%	RLI 88.83 % FGH 79.46 %	RLI 85.39% FGH 79.51%	RLI 86.64% FGH 86.39%	RLI 86.79% FGH 84.5%				
Midwifery bank usage	RLI 1152.58 hrs	RLI 1264.52 hrs FGH 267.42 hrs	RLI 1144.58 hrs FGH 266.91 hrs	RLI 1092.66 hrs FGH 286.92 hrs	RLI 1359.5 hrs FGH 340.42 hrs	RLI 881.25 hrs FGH 254.92 hrs	RLI 1034 hrs FGH 247.5 hrs	RLI 1621.33 hrs FGH 548.83 hrs	RLI 770.67 hrs FGH 272.75 hrs	RLI 1025.17 hrs FGH 333 hrs	RLI 1015.42 hrs FGH 312.67 hrs				
Midwifery agency usage	RLI 187 hours FGH 725.5 hrs	RLI 221.5 hours FGH 710.08 hrs	RLI 88 hours FGH 892.17 hrs	RLI 119 hrs FGH 996.5 hrs	RLI 250.75 hrs FGH 1064 hrs	RLI 427.58 hrs FGH 987.25 hrs	RLI 385.42 hrs FGH 1088.5 hrs	RLI 235.33 hrs FGH 826.25 hrs	RLI 86.17 hrs FGH 729 hrs	RLI 286.75 hrs FGH 976.67 hrs	RLI 152 hrs FGH 865 hrs				
Service User Voice Feedback	Midwife led unit provision, decorative order Choice available continuity of antenatal care Reliability of provision	Request to extend the dashboard information for public view, Agreement to provide this on the website	Infant Feeding support Antenatal Education (face to face and publicity of provision).	An online antenatal education package is being introduced across the LMNS with MVP support,	MVP 15 steps undertaken at RLI- positive feedback from service users. Parts of environment praised (art work), concern raised about estates ie LW flooring/visitors toliet and 'non welcoming environment on entering	Visiting arrangements have been reviewed in line with trust and national guidance and the introduction of sibling visiting now available. With a plan to review further in July.	Themes around not being listended to and not receiving individualised care.	Feedback from a younger mum in relation to poor staff communication. Next MVP face to face meeting to be arranged at a Young Mum's Group.	Concerns raised regarding availability of homebirth service across sites - Consultant midwife addressing concerns with users and midwifery teams	Concerns regarding delays with 'listen with mother' debriefs - service to be reviewed including referral process and criteria.	Checkpoint survey highlighted some service users have difficulty contacting their community midwife when required - action plan to be developed				
Staff feedback from frontline champions and walk abouts	Homebirth bags heavy and not standardised	12 Homebirth Bags ordered	MSSP Engagement event with doctors. Clinicians highlighted issues with mandatory fields within BadgerNet, digital support offered.	Speciality specific training commenced with junior obstetricians and being developed for other staff groups.	MVP 15 steps undertaken at RLI (with NED)- staff discussed the reduced availability of support for women throughout the pandemic. Visiting provision currently under review. Awaiting written report.	Staff have escalated the environmental conditions on ward 17 at RLI (extreme heat). Estates team adding reflective film to windows w/c 18.7.22. Arranging for twice daily temperature monitoring. On risk register.	Walk about by DOM, WGH staff raised concerns about night shifts at Helme Chase. Listening event to be arranged with HOM and Consultant Midwife.	Clinical Staff asking for increased communication - HOM's to implement new drop-in/update staff sessions. Communication strategy in progress. Feedback on Ward that no Band 2 MSW. No TC nurses. Delays in IOL	Need for triage service at RLI to ensure safe and timely assessment of women on arrival. New area identified, however capital works required - costings requested.	Use of bereavement room at RLI suspended due to safety concerns, plan in place and costings for improvement requested from capital team.	Staff at SLBC have raised issues of inclusion at an engagement event with the trust Head of Inclusion and Diversity. Programme of work to be undertaken to address concerns.				
HSIB/ NHSR/ CQC or other organisation with a concern or request for action made directly with Trust	0	Each baby Counts Thematic review received from NHS Resolution	0	0	0	1 action plan requested from a thematic review	0	1 CQC	0	0	0				
Coroner Regulation 28 made directly Trust	0	0	0	0	0	0	0	0	0	0	0				
Progress in Achievement of CNST			Evidence requested for year 2 submission	Scheme restarted	Year 4 on-going assessment against new criteria.	Benchmarking taking place of year 2, 3 and 4 criteria. Currently 3/10	Evidence requested for year 1 submission	CNST Year 1 declaration submitted. 5/10 compliance with Year 4 to date	CNST year 1 evidence to be uploaded to NHSR. 5/10 complaince with year 4 to date - awaiting revised guidance	CNST year 1 evidence submitted awaiting feedback from NHSR. Year 4 revised guidance now available, projected compliance 7/10	CNST year 1 evidence submitted awaiting feedback from NHSR. Year 4 projected compliance 8/10				
Situations in which a Consultant MUST ATTEND								15 out of 15	15 out of 15	15 out of 15	15 out of 15				
Unless the most senior doctor present has documented evidence as being signed off as competent								11 out of 11	11 out of 11	11 out of 11	11 out of 11				

Proportion of Midwives responding with 'Agree or Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment	67%
Proportion of speciality trainees in Obstetrics and Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (National 79.3%, 2019)	RLI 90.91% FGH 91.25%

Latest available annual figures used	**UHMBT**	**National**
Stillbirth Rate	2.87 per 1000 2021/22	3.8 per 1000 (2020)
Neonatal Death Rate	1.2 per 1000 2021/22	1.3 per 1000 (2019)
Perinatal Mortality Rate	3.88 per 1000 (2019)	4.96 per 1000 (2018)

Stillbirths after 24 weeks gestation and excluding termination of pregnancy
Neonatal deaths after 24 weeks gestation

University Hospitals of Morecambe Bay
NHS Foundation Trust

Maternity Dashboard

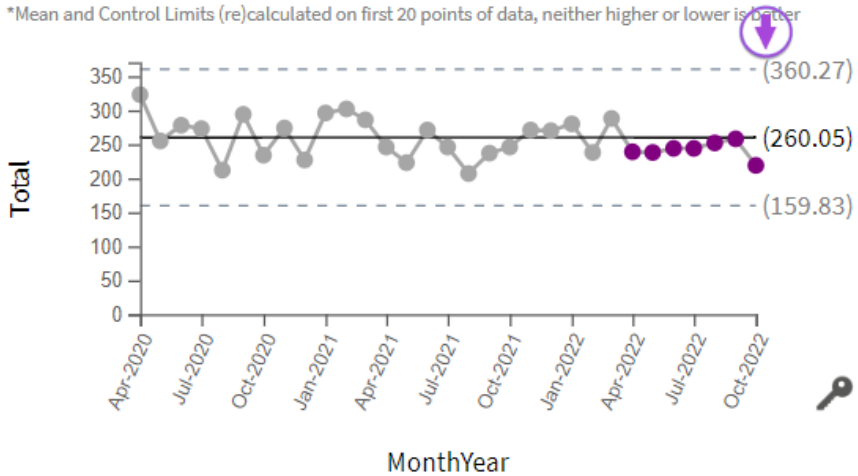
October 2022

Karen Bridgeman

Bookings

Total Number of Bookings

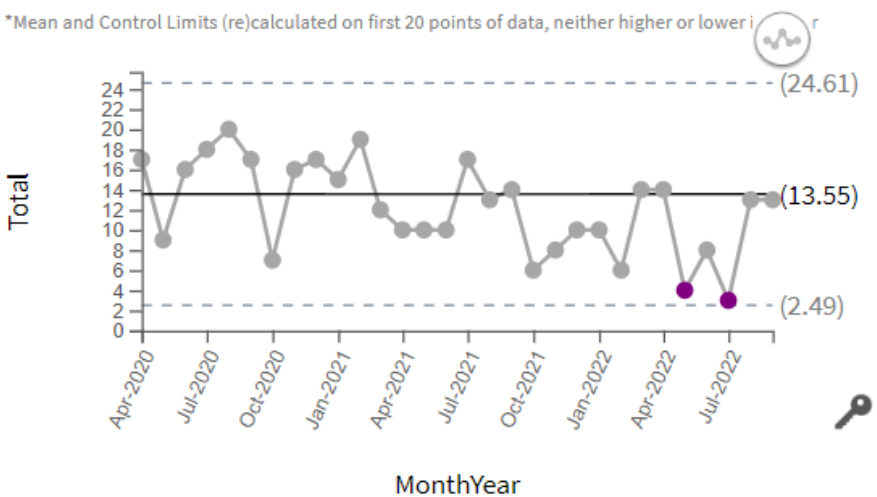
*Mean and Control Limits (re)calculated on first 20 points of data, neither higher or lower is better



Latest
219
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Bookings Transferred In

*Mean and Control Limits (re)calculated on first 20 points of data, neither higher or lower i



Latest
13
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

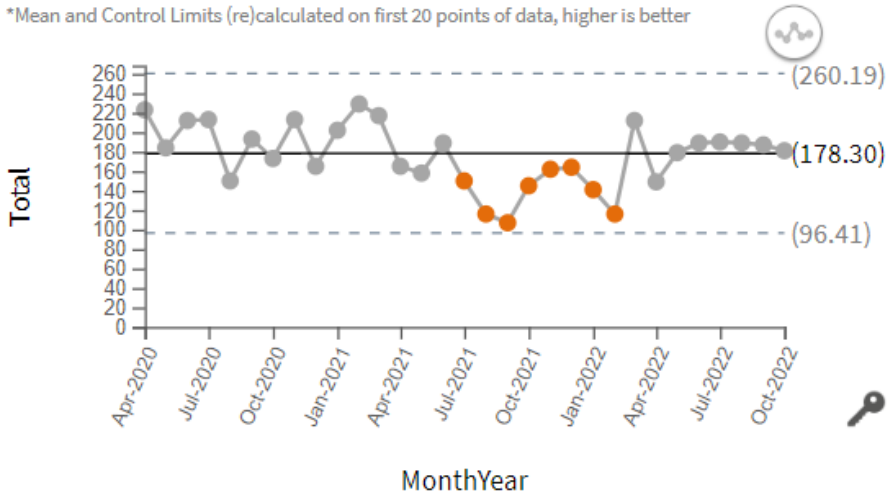
Summary:

General reduction in booking numbers
The decrease in number of booking transferred in is due to the shared system, and a change in processes for border bookings.

Bookings

Number of Bookings by 9 Weeks + 6 Days

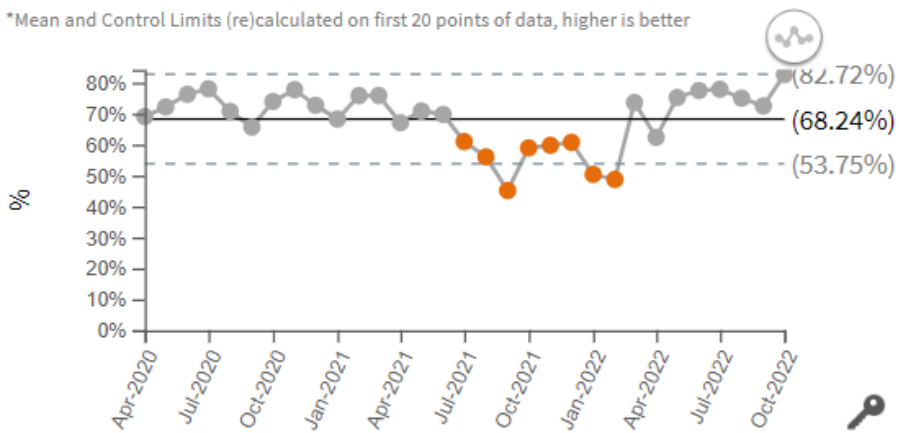
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
181
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Percentage of Bookings by 9 Weeks + 6 Days

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better

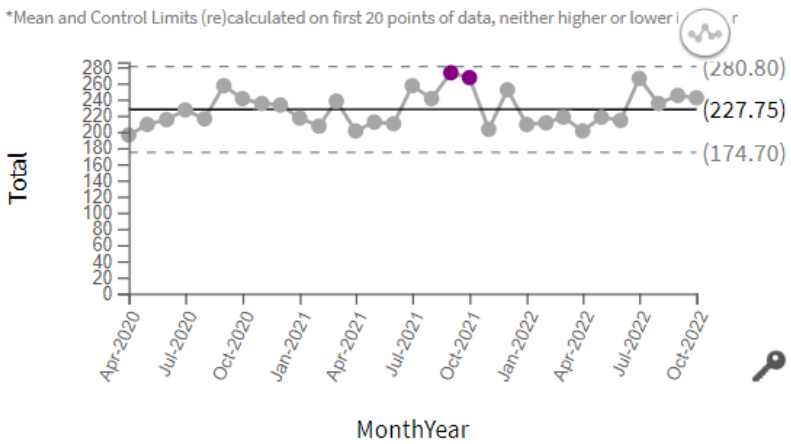


Latest
82.65%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

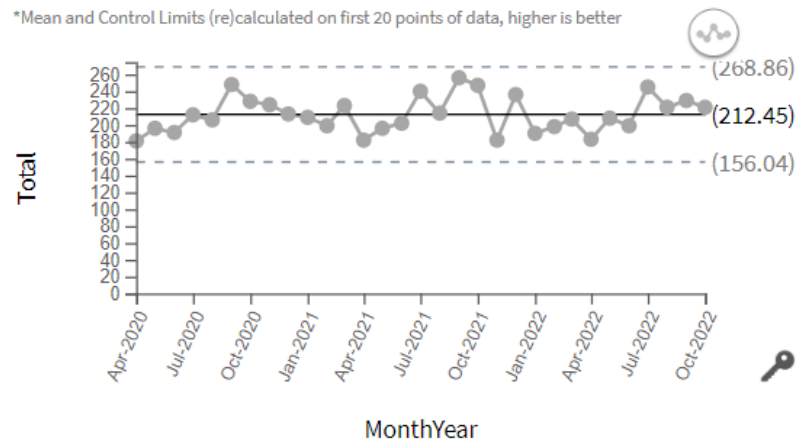
There was a significant decrease in booking's undertaken by 9+6 weeks during the COVID-19 pandemic however since February 2022 bookings have maintained common cause variation

Number of Women Delivered



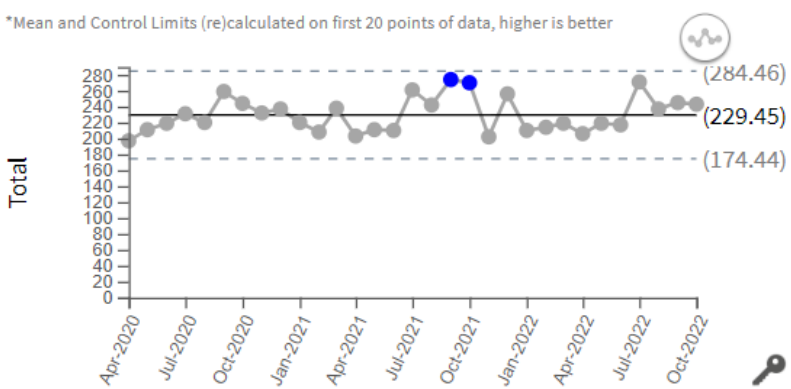
Latest
242
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Women Delivered ≥ 37 Weeks



Latest
221
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Live Births



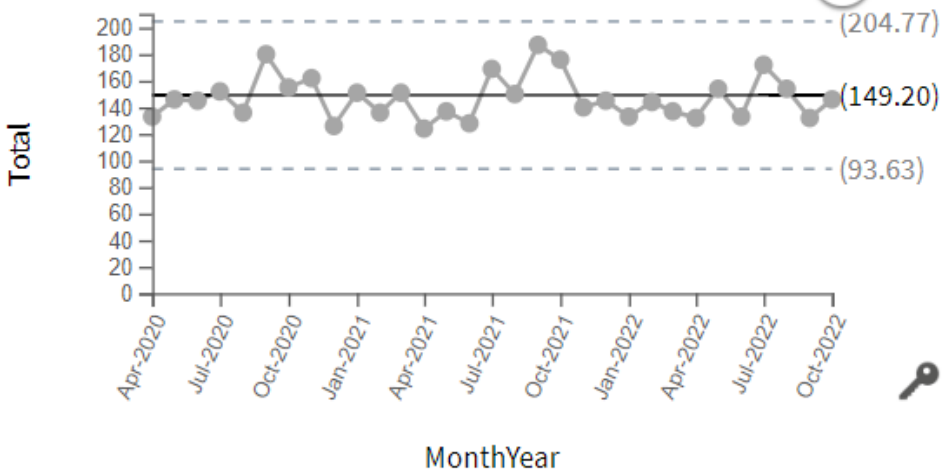
Latest
243
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

The birth rate demonstrates normal variation

Number of Vaginal Births

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better

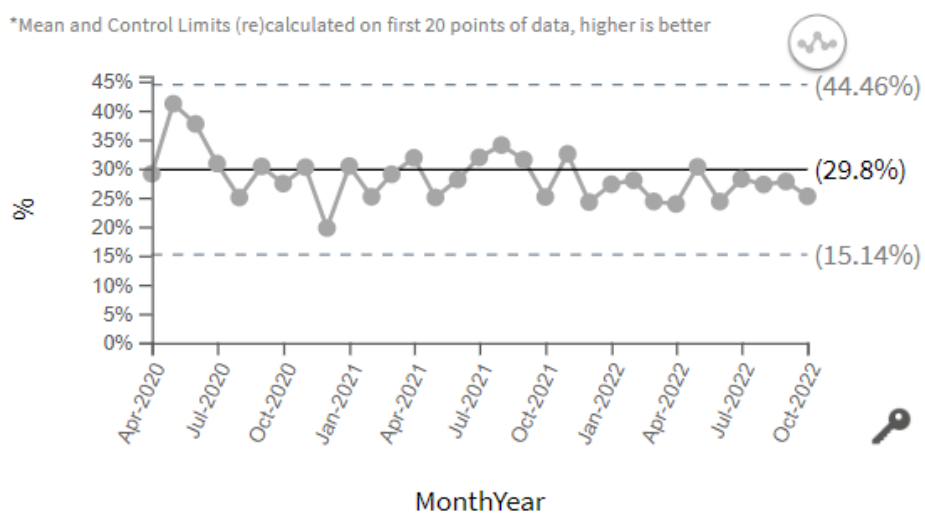


Latest
146
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:
Vaginal births and spontaneous vaginal births demonstrate normal variation

Percentage of Spontaneous Vaginal Births

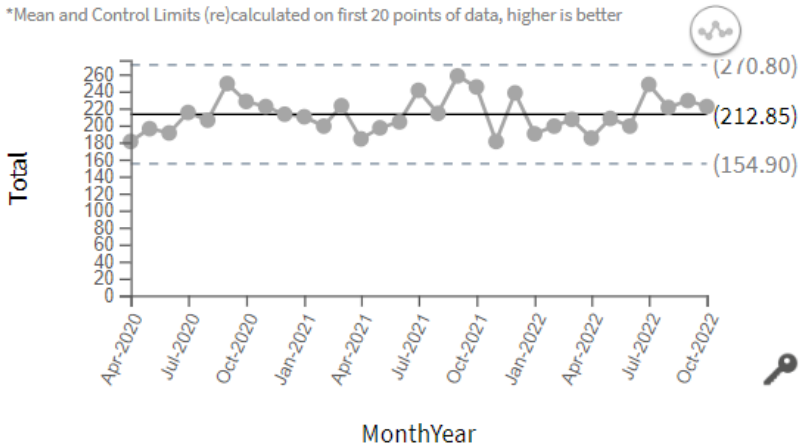
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
25.21%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Live Births ≥ 37 Weeks

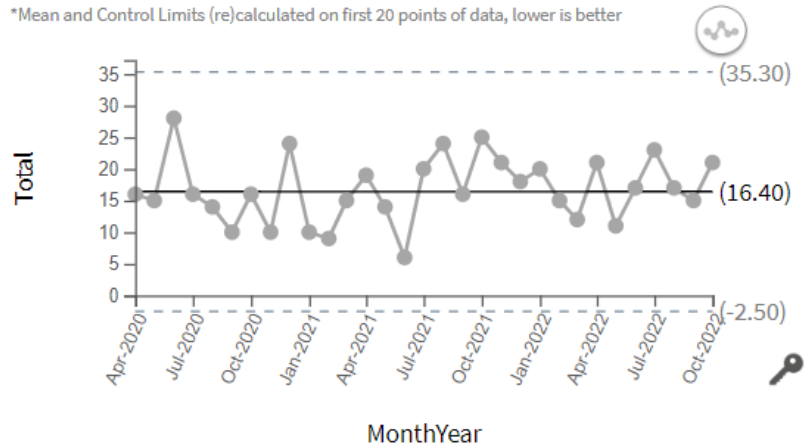
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
222
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Pre-term Live Births < 37 Weeks

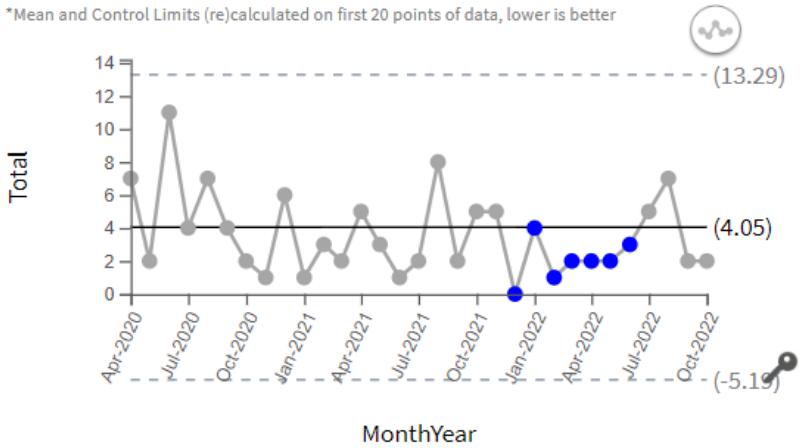
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
21
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Pre-term Live Births < 34 Weeks

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better

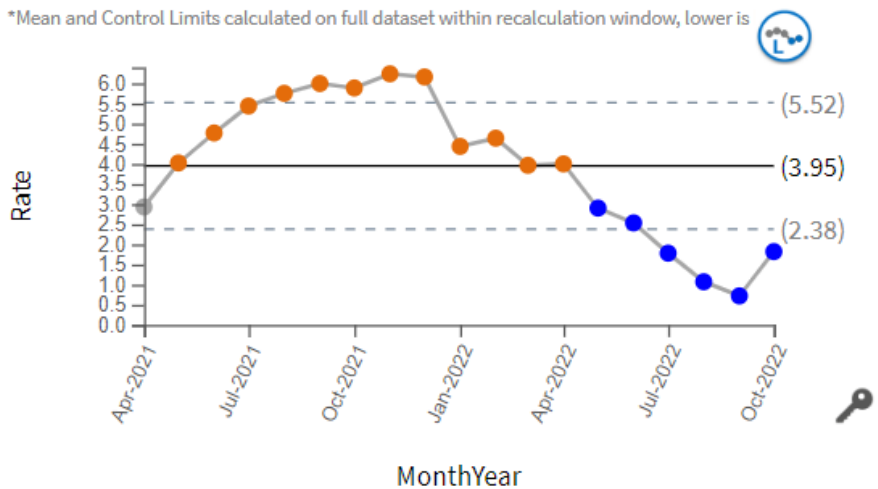


Latest
2
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

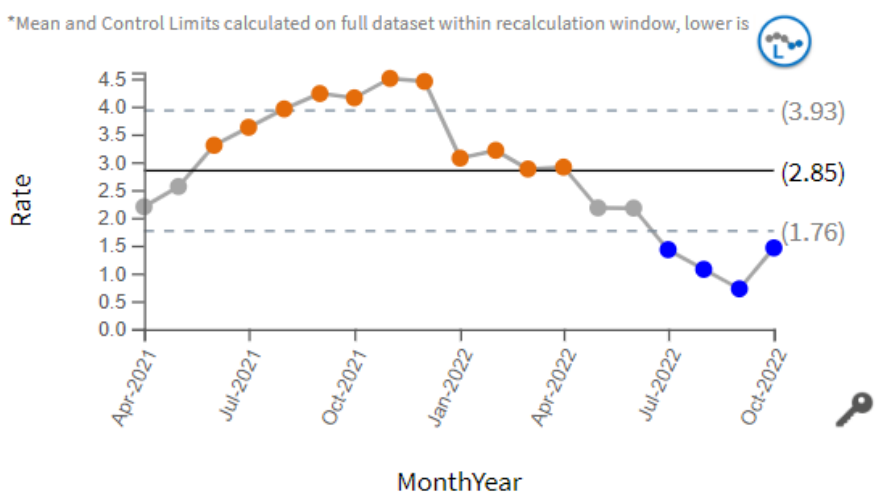
The rate of preterm births <34weeks remains within common cause variation.

Total Stillbirth Rate (≥ 24 weeks)



Latest
2
Variance Type
Special cause variation - improvement (indicator where low is good)
Target
N/A
Target Achievement
N/A

Stillbirth Rate excluding TOPFA & declined TOPFA



Latest
1
Variance Type
Special cause variation - improvement (indicator where low is good)
Target
N/A
Target Achievement
N/A

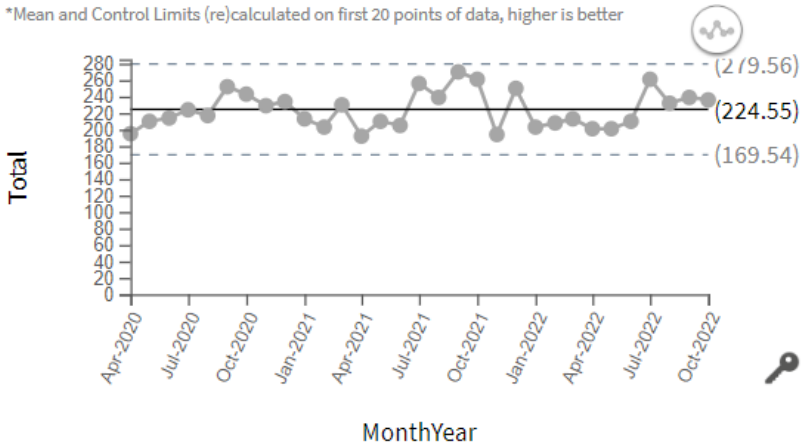
Summary:

The stillbirth rate has been calculated based on 12 month rolling data. A special cause for improvement was highlighted. During the COVID-19 pandemic there was a noted national increase in stillbirths. This data may represent this increase and the decrease maybe associated with the return to face to face appointments, and the normal care pathway in 2022.

All stillbirths are reviewed at PMRT to identify any themes and trends.

Number of Babies Born in a CLU / Labour Ward

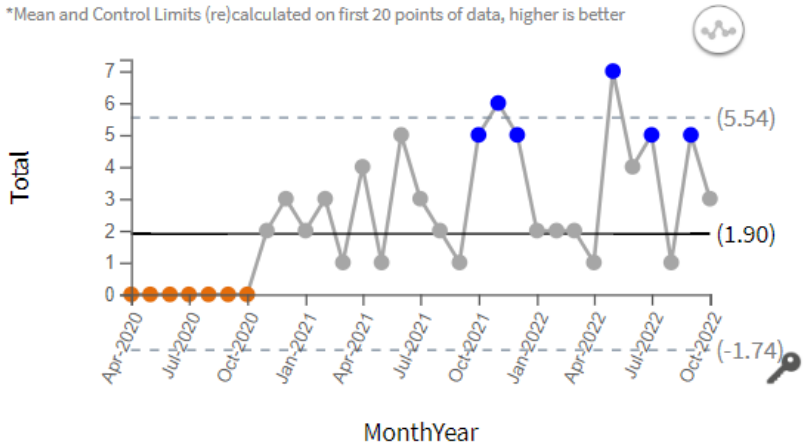
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
236
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Babies Born in a Free-standing MLU

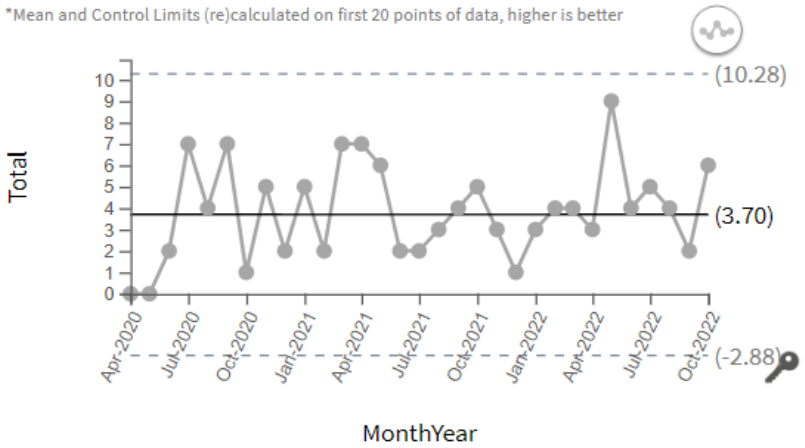
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
3
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Homebirths

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better

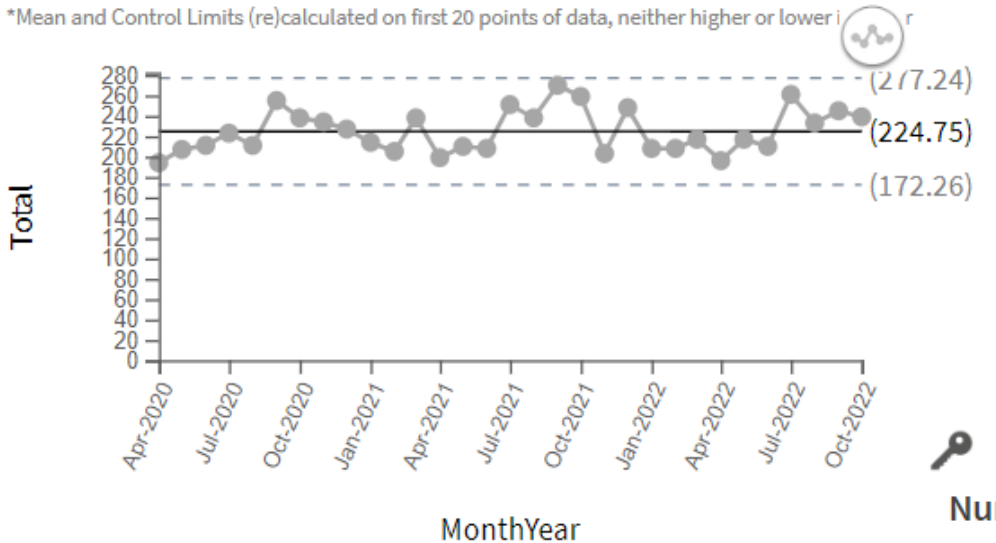


Latest
6
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

Common cause variation is seen in all birth settings. HCMU shows periods of fluctuation.

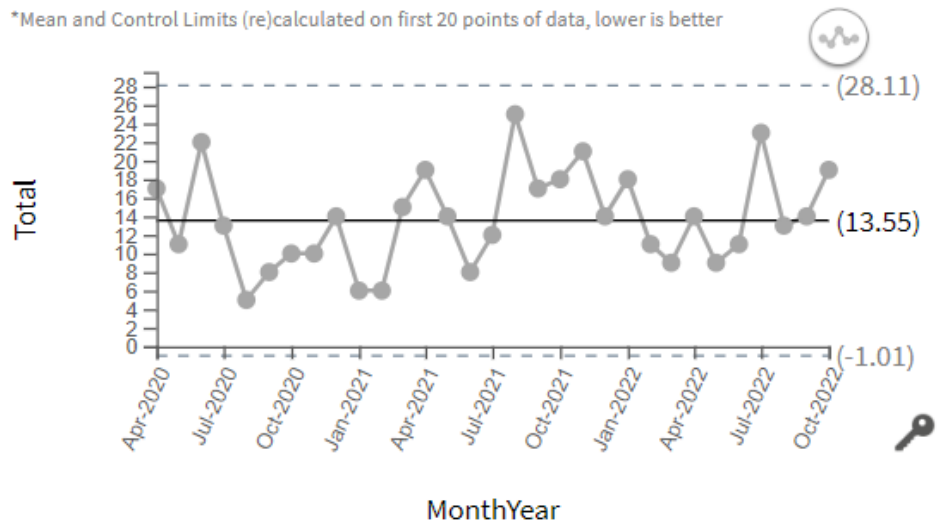
Number of Singleton Babies Born (Registrable Births)



Latest
239
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:
Common cause variation is seen in number of babies born, include premature babies.

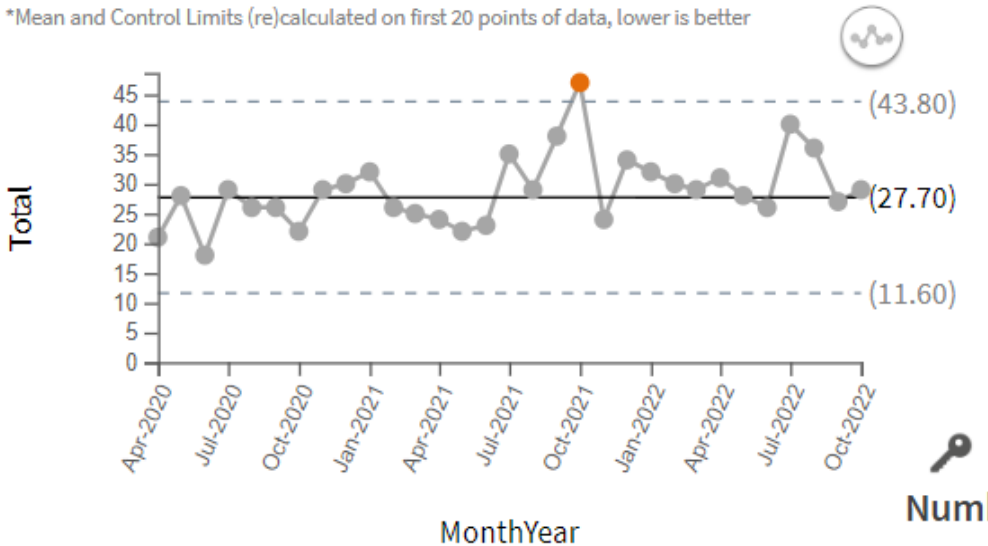
Number of Singleton Births ≥ 24 Weeks & < 37 Weeks



Latest
19
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Women Instrumental Births

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better

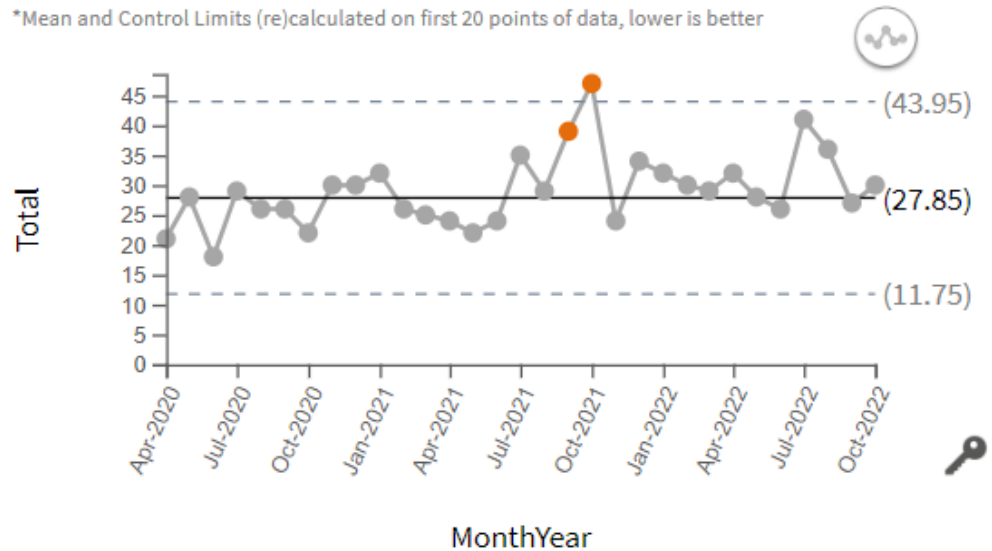


Latest
29
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:
Common cause variation is observed with instrumental births

Number of Babies Instrumental Births

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better

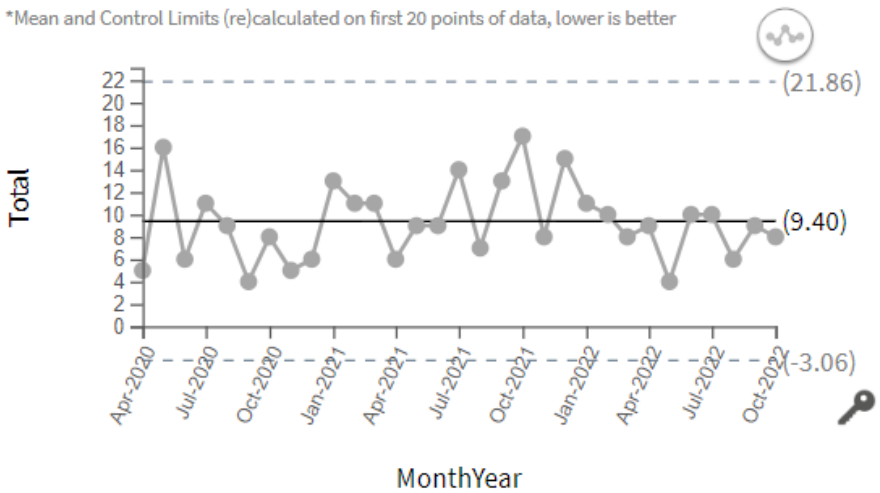


Latest
30
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Assisted Vaginal Births

Number of Women Ventouse Births

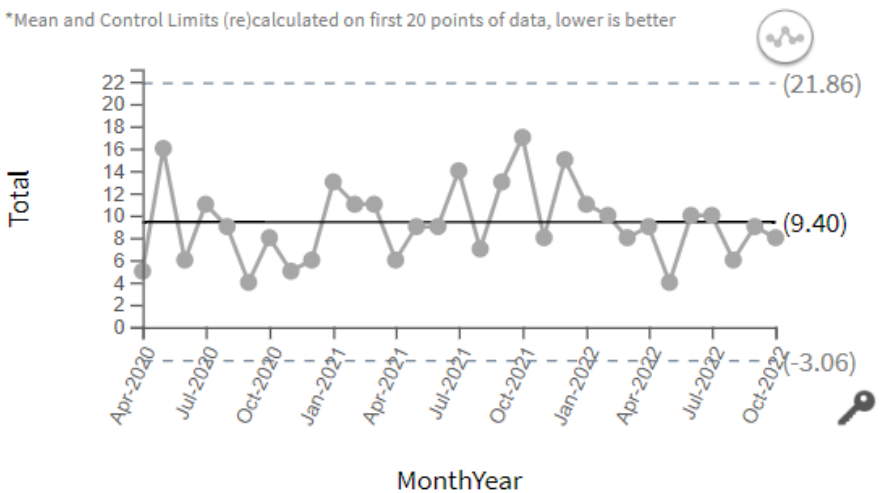
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
8
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Babies Ventouse Births

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
8
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

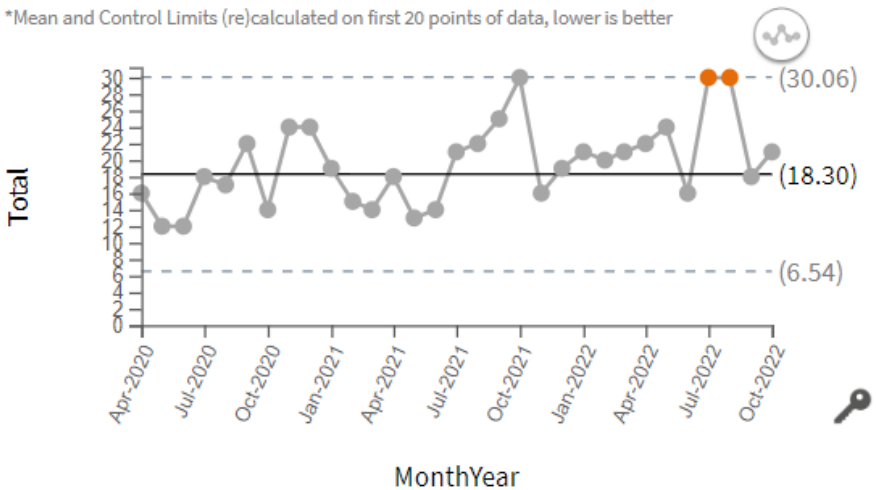
Summary:

Common cause variation is observed with ventouse births

Assisted Vaginal Births

Number of Women Forceps Births

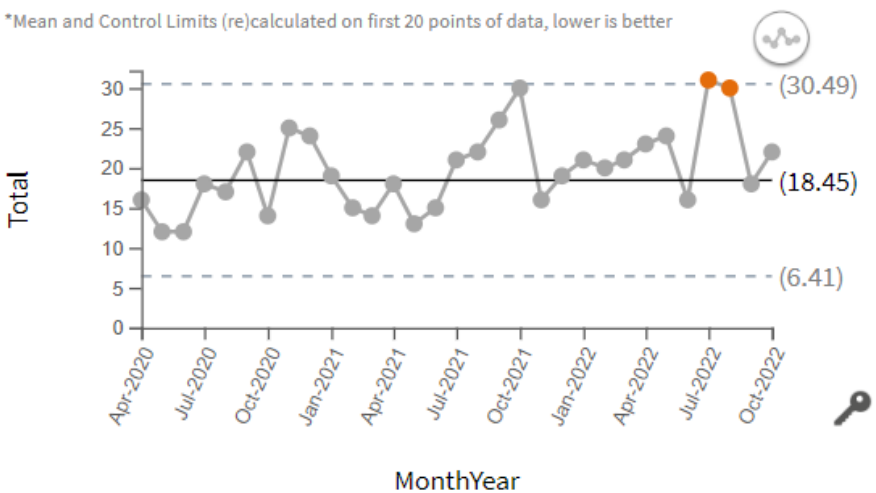
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
21
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Babies Forceps Births

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
22
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

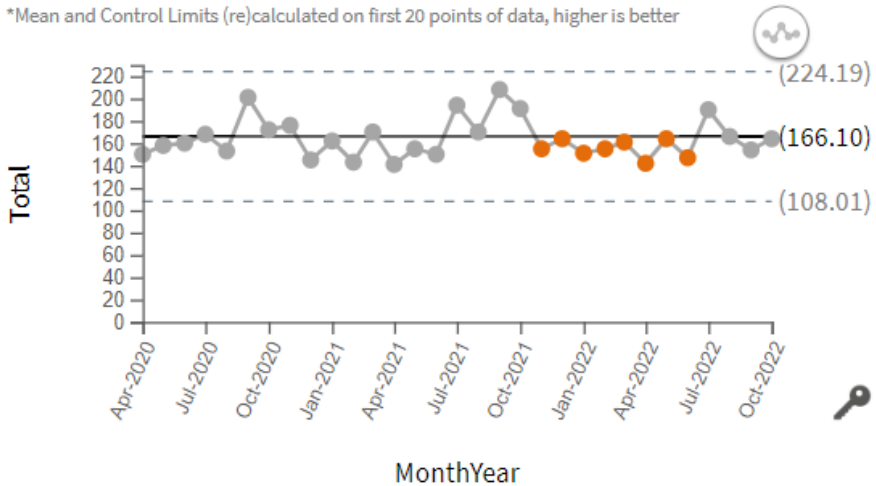
Summary:

Common cause variation is observed with forceps births, previously being monitored

Care in Labour

Number of Women Receiving 1:1 Care in Labour

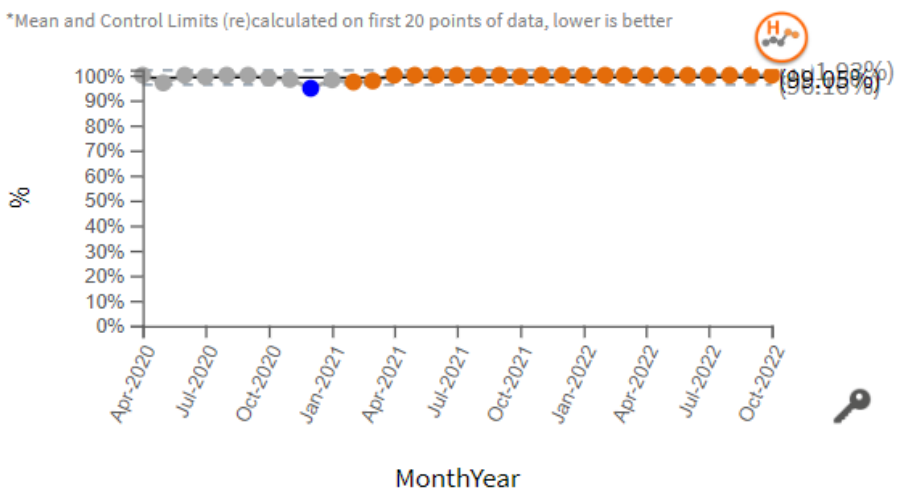
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
164
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Percentage of Women Receiving 1:1 Care in Labour

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
100.00%
Variance Type
Special cause variation - cause for concern (indicator where high is a concern)
Target
N/A
Target Achievement
N/A

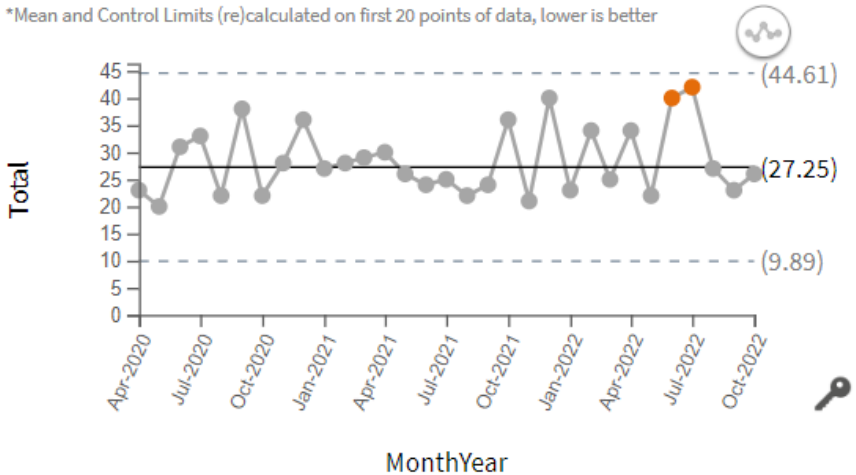
Summary:

1:1 care in labour is maintained at 100%

Low Birth Weight (Grow)

Number of Live Born Babies ≤ 10th Centile

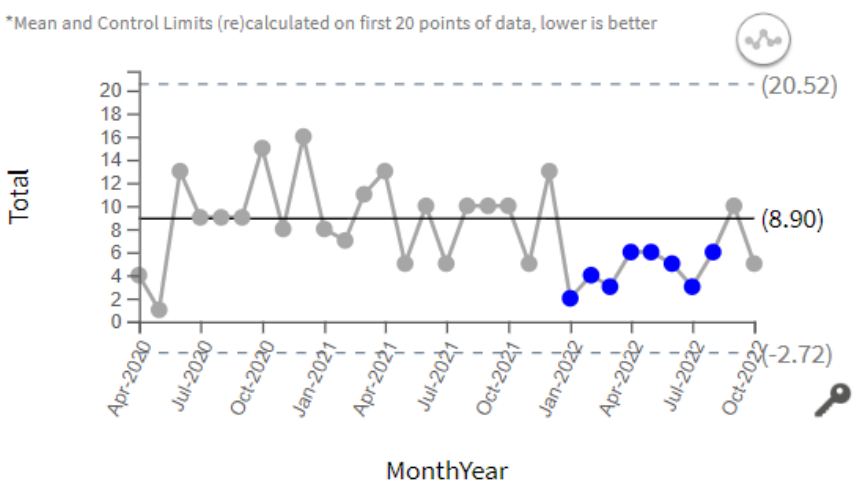
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
26
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Live Born Babies ≤ 3rd Centile

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
5
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

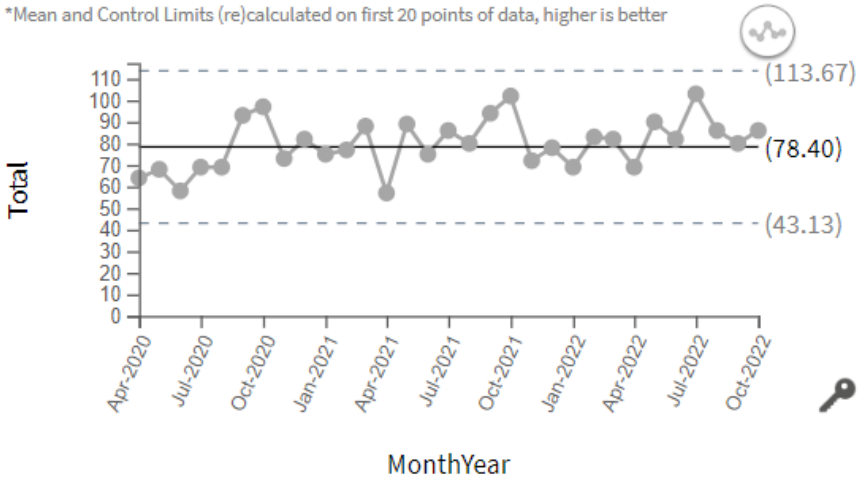
There is a change in the data collection, after it was identified that the Northwest dashboard was incorrectly using the wrong gestation which accounts for the special cause for improvement.

September saw an upward trend of babies born <3rd centile, to monitor – this has now maintained common cause variation

Inductions of Labour

Total Number of Women Successfully Induced

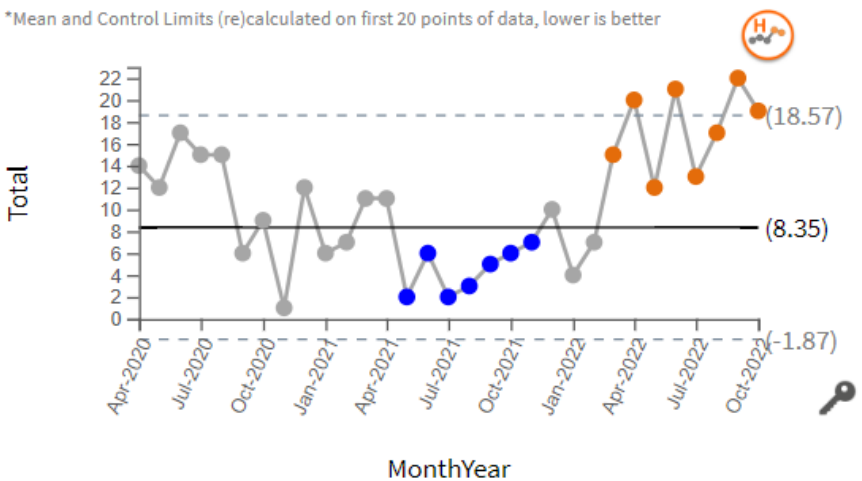
*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
86
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Women Unsuccessfully Induced

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



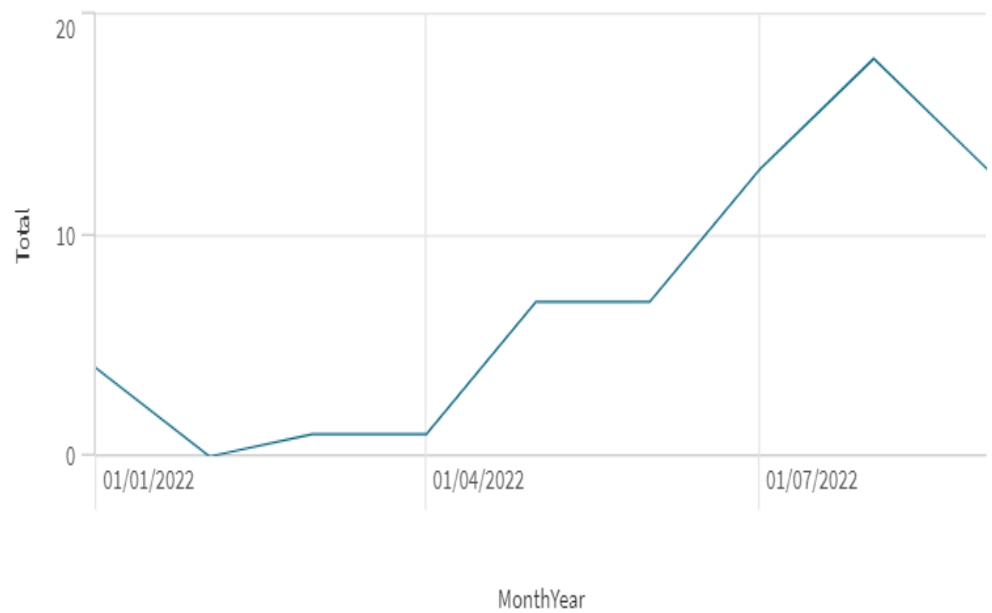
Latest
19
Variance Type
Special cause variation - cause for concern (indicator where high is a concern)
Target
N/A
Target Achievement
N/A

Summary:

A thematic review of the induction of labour is in progress.

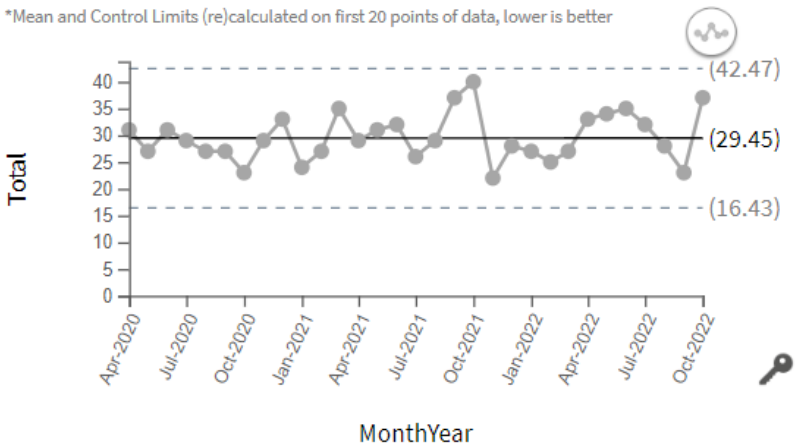
New delayed IOL Ulysees run chart

Number of women with a delayed induction of labour



Number of Women Induced <39 weeks

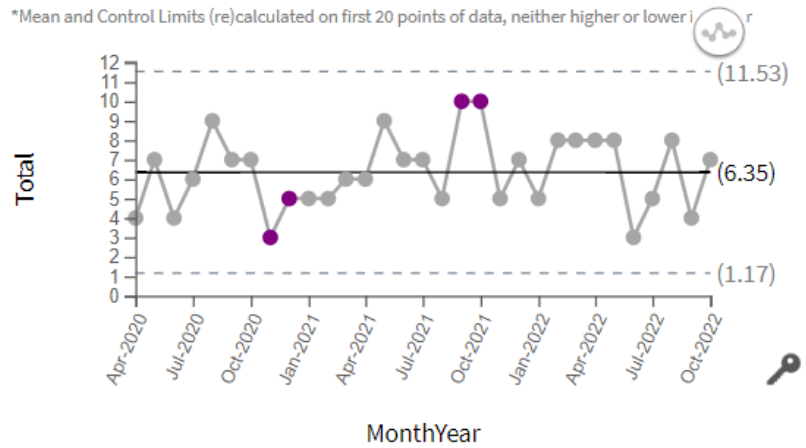
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
37
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Women Induced >41+5 weeks

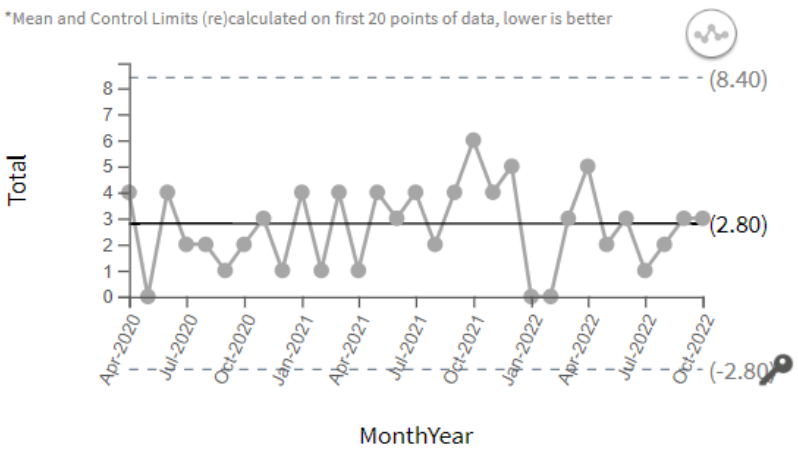
*Mean and Control Limits (re)calculated on first 20 points of data, neither higher or lower i r



Latest
7
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of Women Induced for RFM only before 39+0 weeks

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



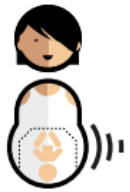
Latest
3
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

Common cause variation is observed with all categories of induction of labour

3.1 The 10 groups of the Robson Classification

GROUP **1**

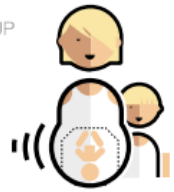


Nulliparous women with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour

GROUP **2**

Nulliparous women with a single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour

GROUP **3**



Multiparous women without a previous uterine scar, with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour

GROUP **4**

Multiparous women without a previous uterine scar, with a single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour

GROUP **5**

All multiparous women with at least one previous uterine scar, with a single cephalic pregnancy, ≥37 weeks gestation

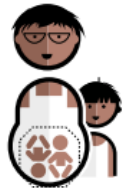
GROUP **6**

All nulliparous women with a single breech pregnancy

GROUP **7**

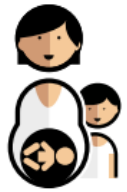
All multiparous women with a single breech pregnancy, including women with previous uterine scars

GROUP **8**



All women with multiple pregnancies, including women with previous uterine scars

GROUP **9**



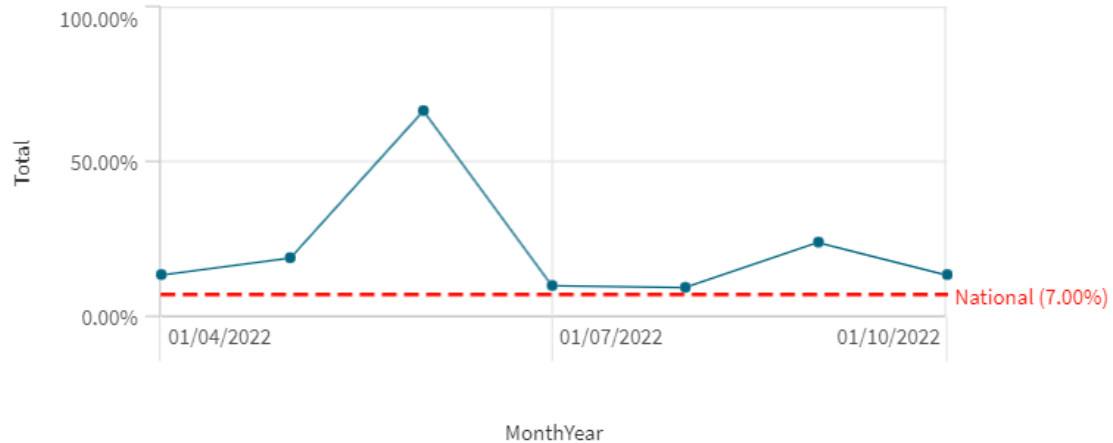
All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars

GROUP **10**

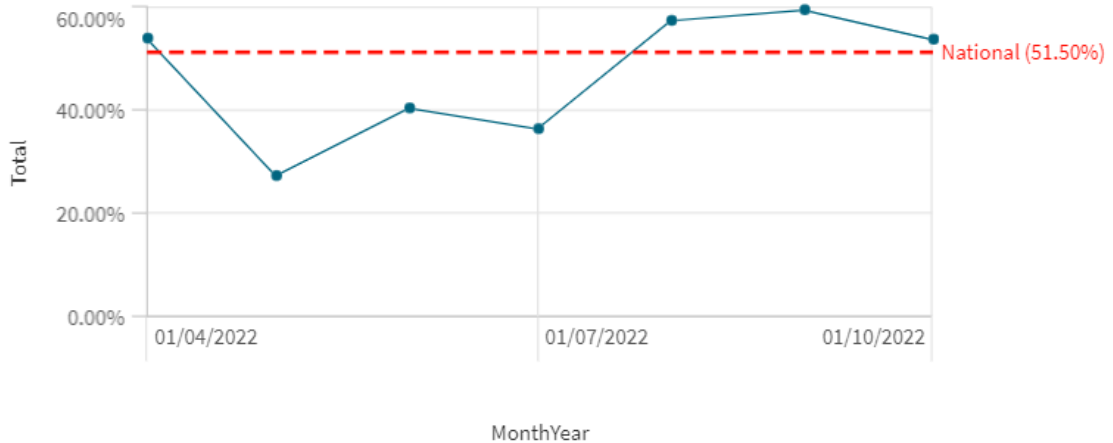
All women with a single cephalic pregnancy <37weeks gestation, including women with previous scars

Robson Groups

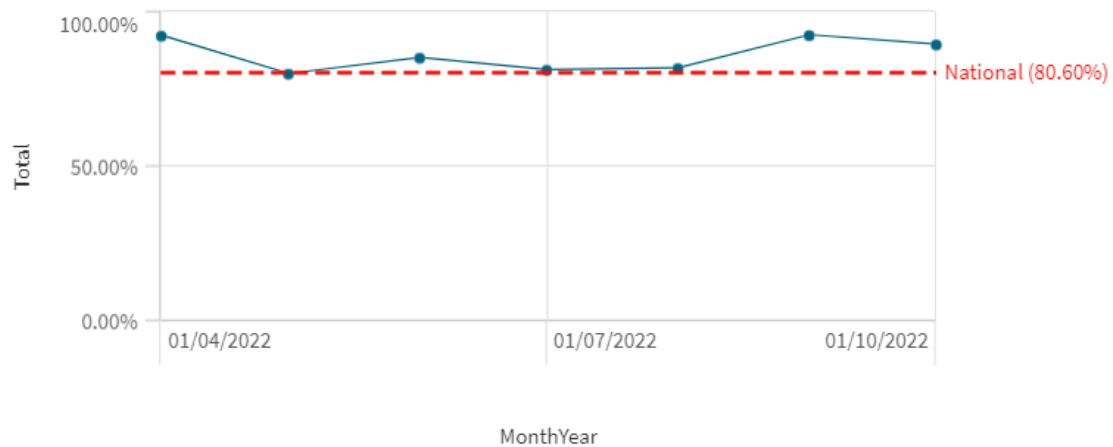
Percentage of Women Experiencing a C-Section in Robson Group 1



Percentage of Women Experiencing a C-Section in Robson Group 2



Percentage of Women Experiencing a C-Section (Robson Group 5)



Summary:

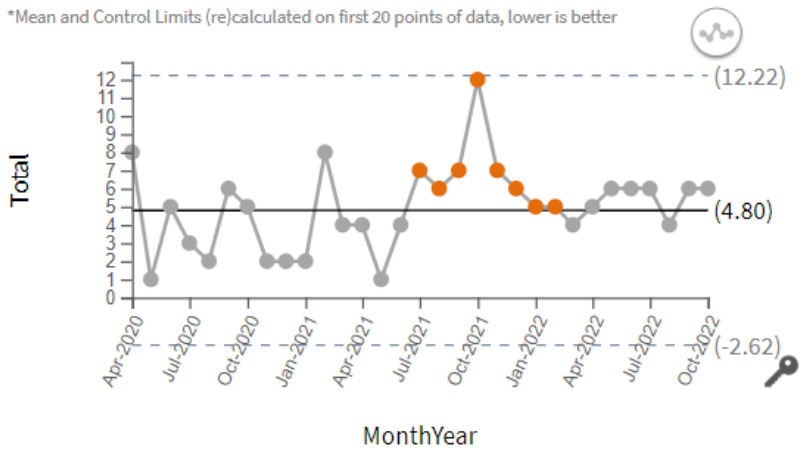
Robson criteria cannot be shown on an SPC chart due to the change in EPR system over to Badgernet in 2022. The information is not obtainable prior to the move to Badgernet. Run charts will be used until there are enough data points to move to SPC charts.

The data is demonstrating a rise in September to monitor, this has continued into October.

3rd / 4th Degree Tears

Number of 3rd/4th Degree Tears

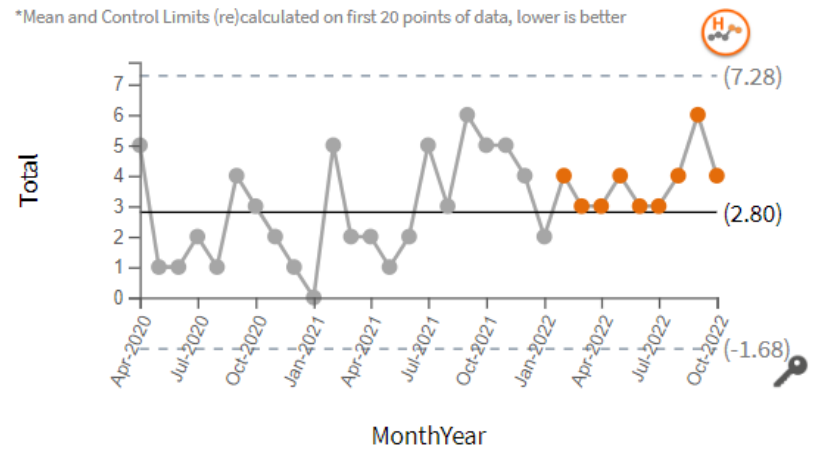
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
6
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Number of 3rd/4th Degree Tears in Vaginal Births

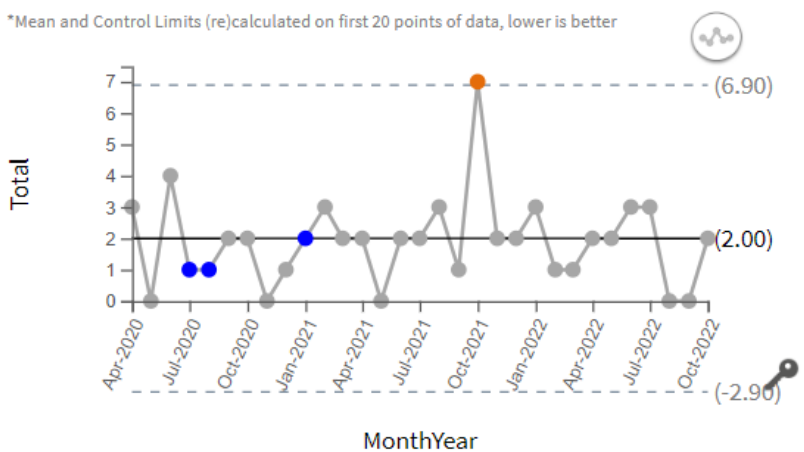
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
4
Variance Type
Special cause variation - cause for concern (indicator where high is a concern)
Target
N/A
Target Achievement
N/A

Number of 3rd/4th Degree Tears in Instrumental/Unsuccessful Instrumental Vag…

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
2
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

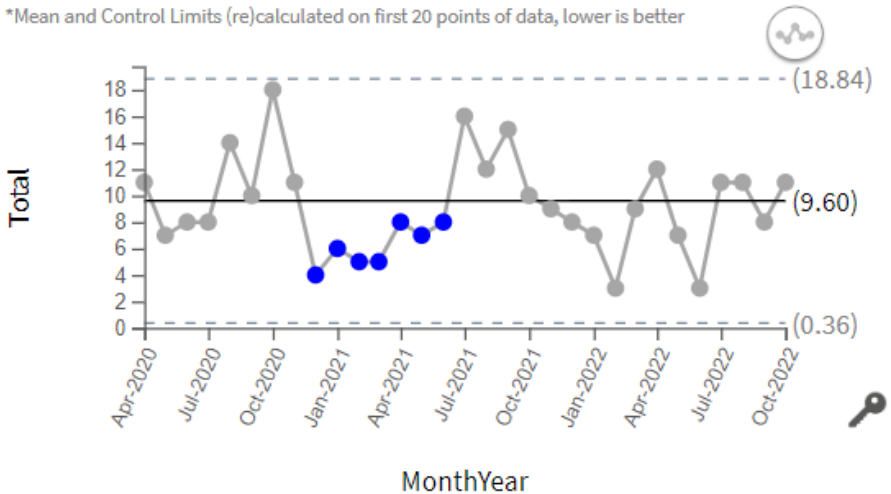
There is a special cause for concern with 3rd/4th degree tears associated with vaginal births. This has continued in October.

Recommend: Thematic review

Haemorrhages

Number of Haemorrhages ≥1500 ml

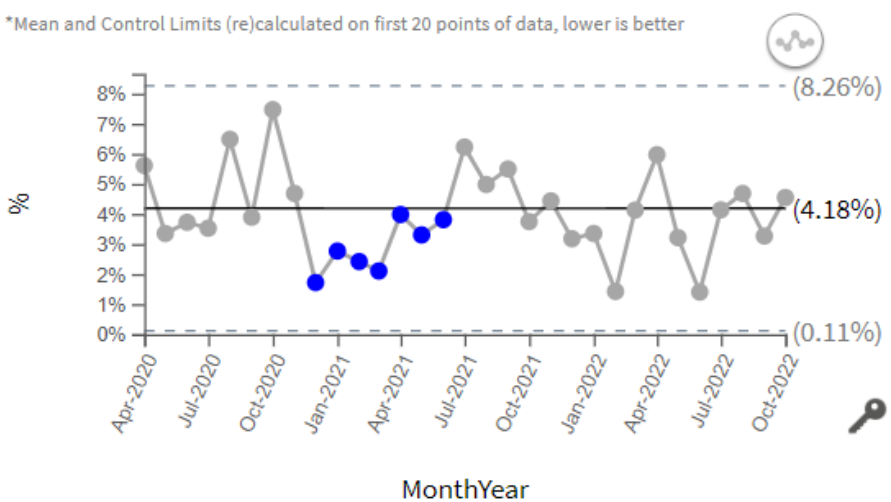
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
11
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Percentage of Haemorrhages ≥1500 ml

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
4.55%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

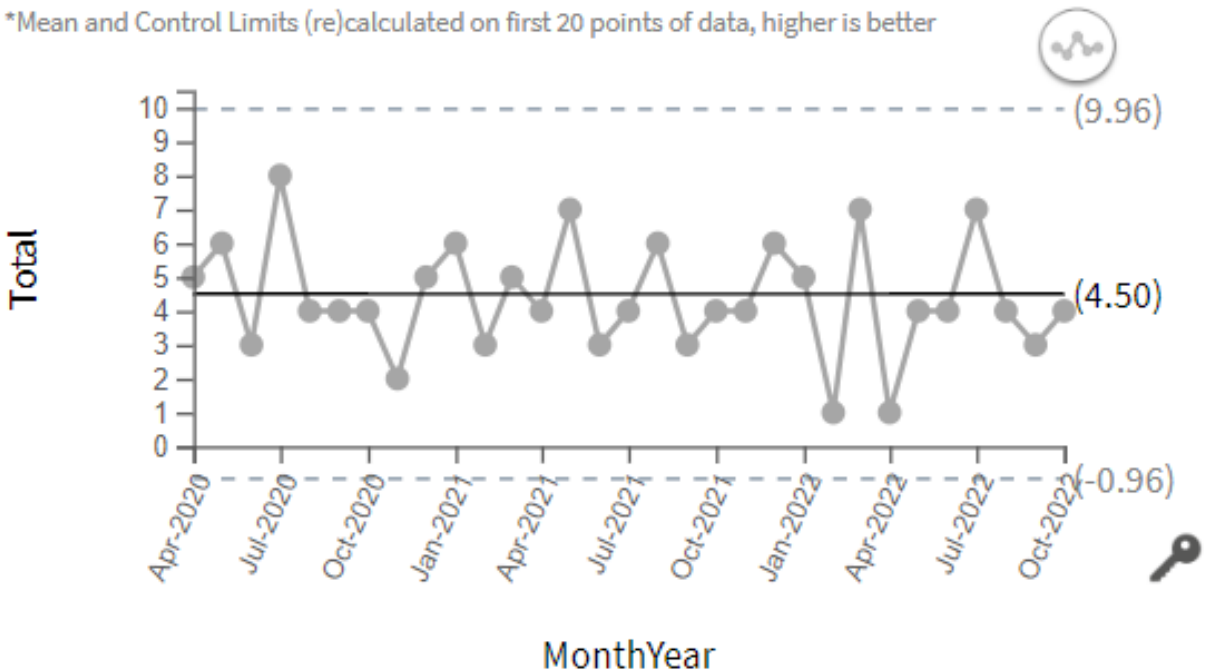
Common cause variation is observed with PPH. But we have previously been identified as an outlier.

A thematical review remains in progress.

Tranexamic acid will be implemented for all high risk caesarean sections.

Number of women having a vaginal birth, after a previous caesarean section

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



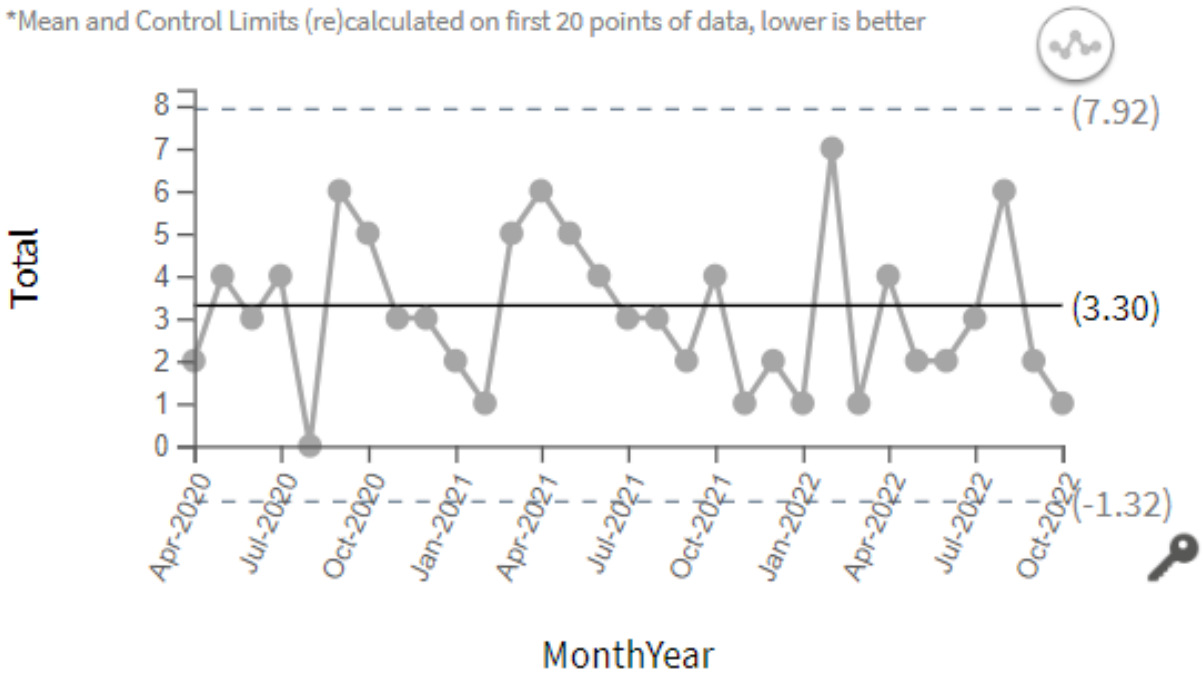
Latest
4
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

Common cause variation is observed

Number of Shoulder Dystocia Events

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
1
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

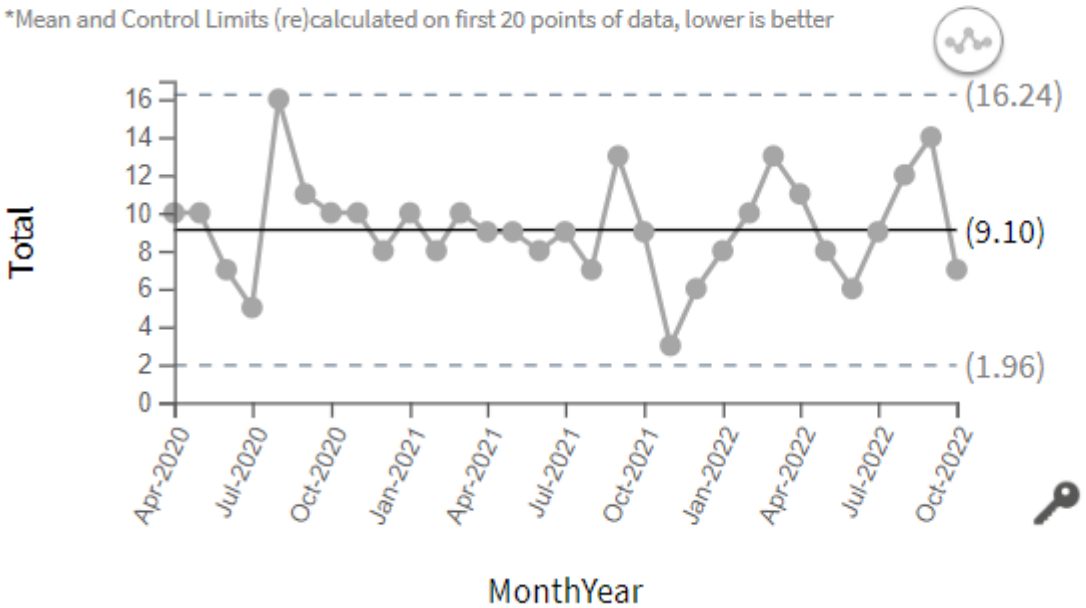
Summary:

Common cause variation is observed. All shoulder dystocia's are incident reported and reviewed.

Neonatal Admissions

Number of Neonatal Admissions - Term Babies

*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



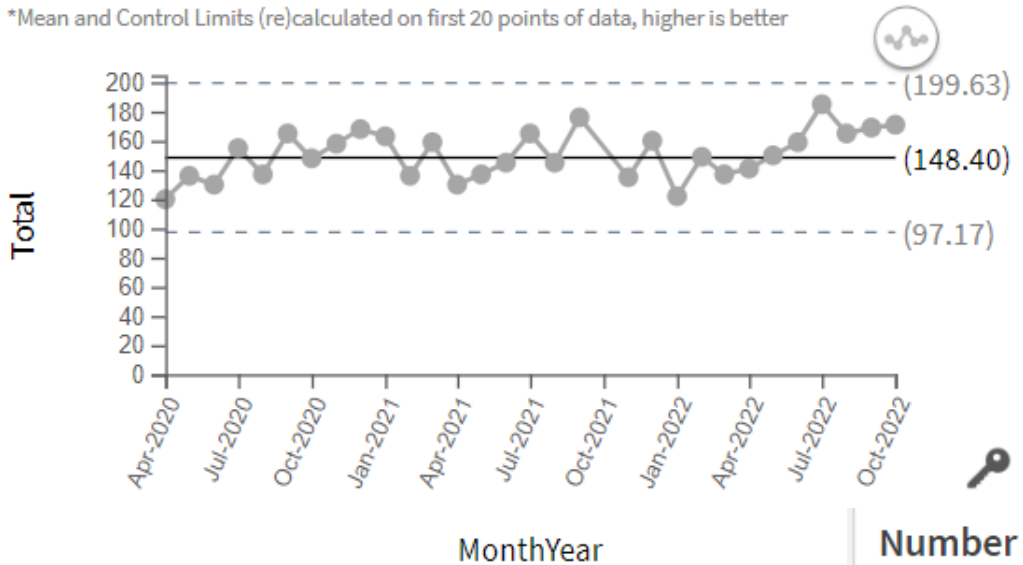
Latest
7
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

Common cause variation is observed. All term admissions are reviewed at the weekly ATAIN meeting. UHMBT term admission rate is below the 5% target.

Number of infants receiving any breastmilk in the first 48hours (Including Home…

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better

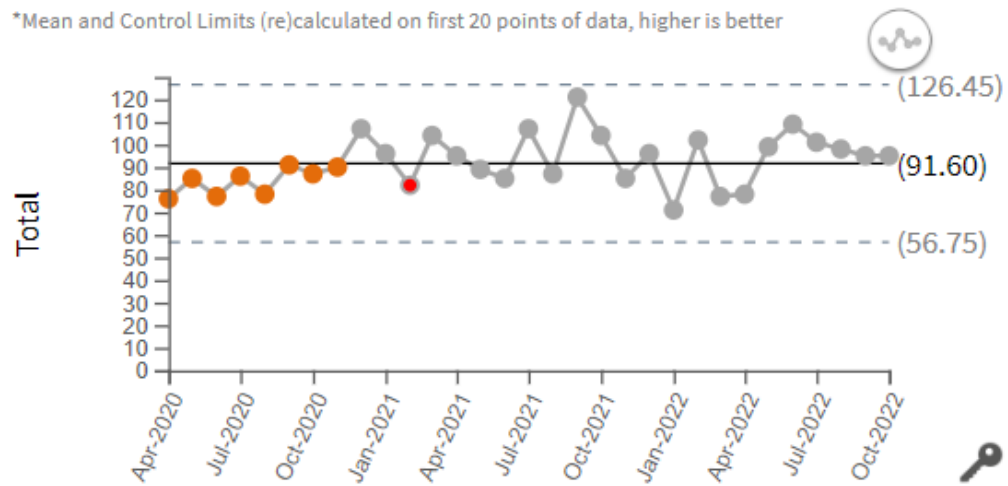


Latest
171
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:
Common cause variation observed for all categories of breastfed babies.

Number of infants totally breastfed/breastmilk on day 5

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better

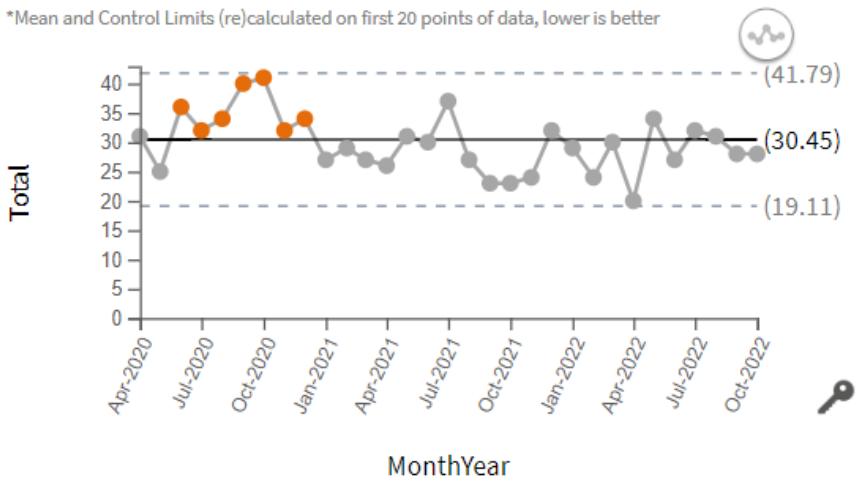


Latest
95
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Smoking in Pregnancy

Number of Women Smoking at Booking

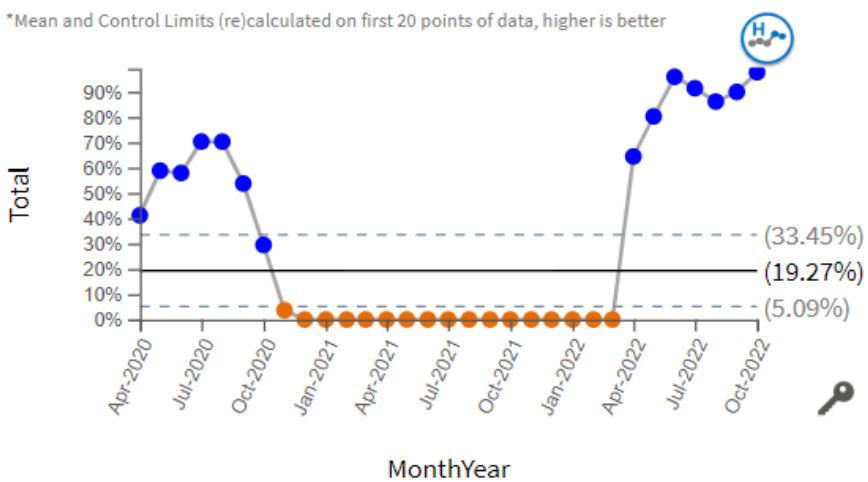
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
28
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Percentage of women where CO measurement at booking is recorded

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better



Latest
97.72%
Variance Type
Special cause variation - improvement (indicator where high is good)
Target
N/A
Target Achievement
N/A

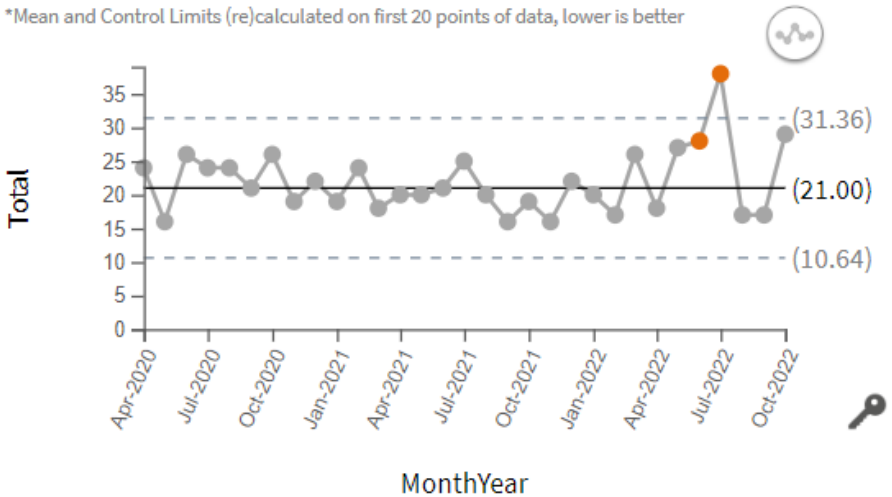
Summary:

In 2020 there was a pause in CO monitoring due to the COVID-19 pandemic. Following Public Health Guidance published in 2022 reinstating CO monitoring, CO monitoring was reinstated.

Smoking in Pregnancy

Number of Women Smoking at Delivery

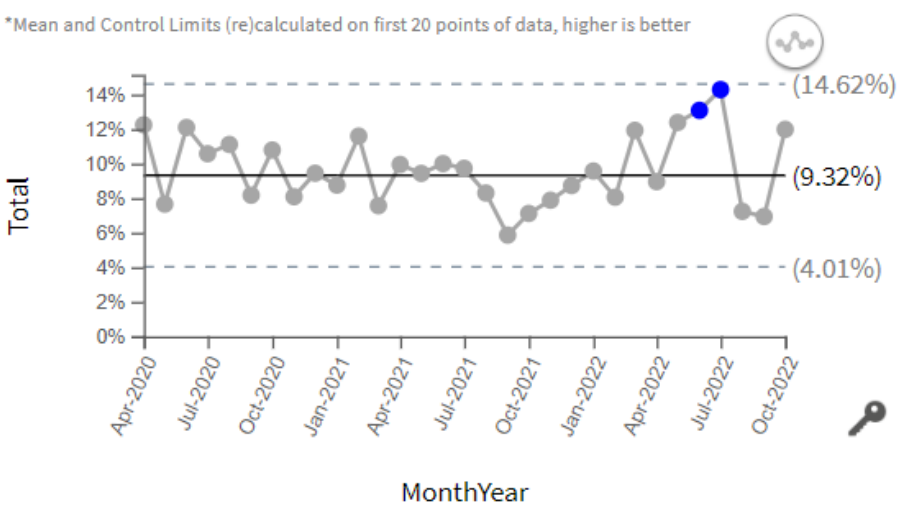
*Mean and Control Limits (re)calculated on first 20 points of data, lower is better



Latest
29
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Percentage of Women Smoking at Delivery

*Mean and Control Limits (re)calculated on first 20 points of data, higher is better

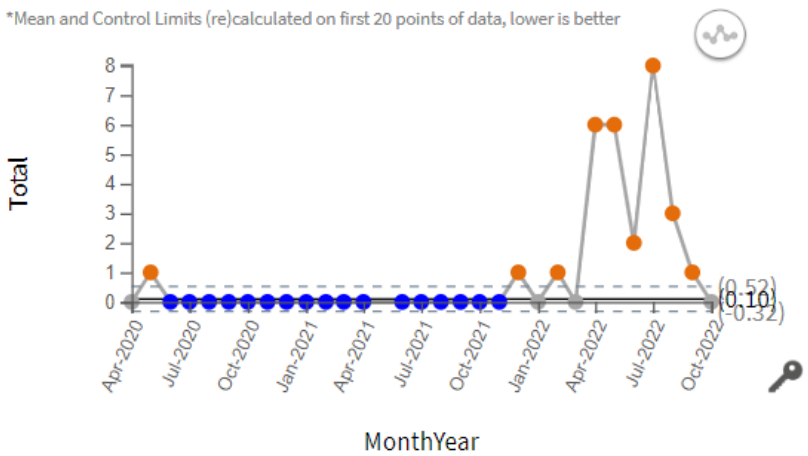


Latest
11.98%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

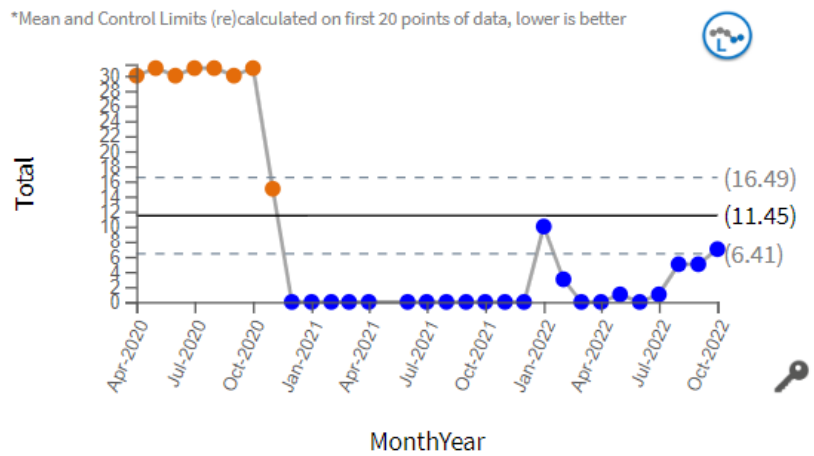
Common cause variation observed for Smoking at time of delivery

Obstetric Unit - number of days the service has diverted on in reporting period



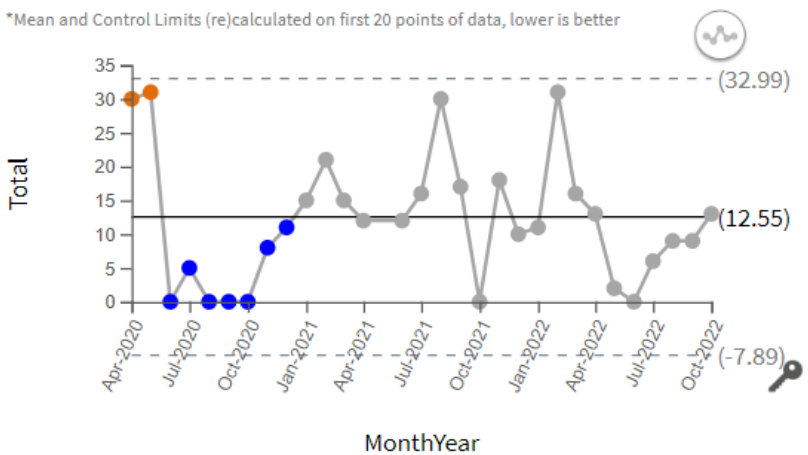
Latest
0
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

FMU - number of days the service has diverted on in reporting period



Latest
7
Variance Type
Special cause variation - improvement (indicator where low is good)
Target
N/A
Target Achievement
N/A

Homebirth - number of days the service has diverted on in reporting period



Latest
13
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Summary:

There is a cause for concern noted with the number of days the Obstetric unit has been deflected. This is in response to staffing levels and acuity. October has seen fewer deflections.

Summary

- A review of the induction of labour to explore the rationale behind why unsuccessful IOL have increased
- Ongoing PPH thematic review
- Analysis of the data from 3rd/4th degree tears

Next steps with the dashboard

- Embed further percentage charts
- Include new charts for small numbers, such as G charts
- Filter data to sites

Minutes of the People Committee Meeting held on Monday 03 October 2022 via M/S Teams

PRESENT:

Adrian Leather	Chair, Non-Executive Director
Lyn Hadwin	Deputy Director of People & OD
Ray Olive	Assistant Director of People & OD
Scott McLean	Chief Operating Officer
Lynne Wyre	Deputy Chief Nurse
Dan West	Deputy Chief Nurse
Lorna Pritt	Associate Chief Nurse
Matt France	Assistant Director of Organisational Development & Learning
Angela Parfitt	Deputy Director of Governance
Mike Wilson	Public Governor
Paul Jones	Company Secretary
Katy Stretch	Head of People Services
Lee Tarren	Assistant Director of People & OD – Workforce Transformation
Hannah Chandisingh	Head of Inclusion & Engagement
Ben Maden	USS Chair
Rebekah Coombes	Deputy Improvement Director (NHSIE) (observing)
Caroline Chubb	Minute Taker

45. WELCOME & APOLOGIES FOR ABSENCE

Apologies were received from Richard Sachs, Jane McNicholas, Beverley Edgar, Bridget Lees and Clare Hill. The Committee welcomed Angela Parfitt to the meeting.

46. DECLARATIONS OF INTEREST

No conflicts of interest were noted.

47. MINUTES OF THE MEETING HELD ON MONDAY 26 SEPTEMBER 2022

The minutes were accepted as a true and accurate record.

48. MATTERS ARISING AND ACTION LOG

Discussions took place regarding overdue actions in the Action Log with the following agreed:

- Lyn and Ray to conduct a review of the Action Log and issue a revised version to the People Committee members within the next 7 days.
- Item 29 (19.07.21) – to be closed as the item went to People & OD Strategy Group. New action to be created in line with Bev Edgar's request for an updated paper in light of the recent changes and new round of funding from NHS England. Liesje will

link with Lorna to pull report together to come back to People Committee. Update to be included in the review by Lyn and Ray.
- Items 100 and 111 – this piece of work is ongoing, update to be included in the review by Lyn and Ray.
- Item 137 to be closed as it will be discussed under Matt's update today.
- Item 15 to be closed as it will be covered in agenda item 60 today.
- Other items to be closed: 52, 78, 139, 10, 15, 33.

49. PEOPLE & OD RISK REPORT

Consideration was given to the report submitted by Ray Olive.

Ray advised the Committee of an emergent risk around potential Industrial Action by the RCN with an expectation that other unions may ballot for strike action. In addition, Ray informed the Committee of a risk relating to the organisation not currently meeting the legal requirement to provide infant feeding rooms on each site. A proposed solution has been put forward with capital funding required.

Ray highlighted there are 17 overdue risks, with five of these being high value. The Committee discussed the high volume of risks and were assured that they are all being actively managed. Ray confirmed that the BAF risks which were discussed at the last Committee meeting were resolved and scored at 9 but are awaiting approval.

Hannah Chandisingh confirmed that risk 2146 needs to remain at a high level until there is a sustained improvement.

Scott McLean advised he feels risk 1952 is not accurately scored but assured the Committee that Bridget Lees, Jane McNicholas and he were assured that there is no risk of harm to patients as a result of gaps in the medical rota. The Care Group has been asked to review the score based on the incidence of harm as opposed to the incidence of doctors not being on the rota.

The Committee were assured that all risks are monitored with some being reviewed following the most recent round of Performance Review Meetings, led by the Governance Business Partners and it's expected that some risks will have reduced by the next People Committee.

ACTION:

- Lyn and Scott to discuss with the Care Group Triumverates regarding additional support which can be provided for the predominant risks such as industrial action. Any relevant actions from this to come back to the People Committee as appropriate.
- Scott, Ray and Lyn to explore if there are any inappropriately scored risks, and if there are, to be reported to the next People Committee.

AGREED:

- Risk 2146 to be reviewed with a caveat that it be escalated again should there be an increase in the data.

50. FINANCIAL WELLBEING UPDATE

Consideration was given to the report submitted by Lyn Hadwin.

Lyn outlined the main points around support being provided to assist colleagues, including mileage and the potential option of drawing down a proportion of their pay earlier. There are some risks around this and the organisation needs to ensure the situation is not made worse for individuals. Lyn advised the Committee that the short-term actions will become a cell within the Workforce Cell to ensure the support is managed appropriately. There are also reviews around the cost of food within the hospitals. Salary increases were paid in September but there is a pensions impact with some colleagues paying a higher level and the organisation is exploring how they can be supported. Colleagues will also be supported in respect of their health, wellbeing and their mental health in respect of the cost of living issues and the potential industrial action.

Ray assured the Committee that a significant amount of work is taking place in the health and wellbeing teams across the ICB looking at options to support all colleagues and particularly those on lower incomes. A monthly newsletter will be circulated giving updated information on financial wellbeing. Any bids for Charity money will be led by Clare Hill. It was noted that there are a number of staff discounts available as set out in the report.

AGREED: The Committee:

- noted the contents of the report.

51. CQC / RCS / NICHE IMPROVEMENT PLAN UPDATE

Consideration was given to the report submitted by Angela Parfitt.

Angela highlighted that one of the CQC Must Do actions relating to the Cultural Programme is a long-term piece of work which runs to 2025, as such this will go outside of the timeframe but it was acknowledged that this is expected due to the work involved. Three of the Must Do actions are fully complete, one is awaiting approval and six are on schedule. Eight are overdue and are being addressed via actions such as increased frequency of the Support & Review Panels, which now includes Non-Executive Director attendance. Angela advised that the Compliance & Assurance Lead is supporting the NICHE work in Medicine. The Committee was assured that actions are being taken to monitor Midwifery with monthly reports through the Director of Midwifery and noted that work is continuing around staffing levels in line with the recommendations.

The Committee was assured that delivery of the Leadership Development Programme is on target and there are no anticipated risks, however it was acknowledged that external factors such as winter pressures and another Covid wave may have an impact.

AGREED: The Committee:

- noted the contents of the report
- supported the delivery of the recommendations
- noted that the Committee will receive an update at the next Committee meeting for NICHE targeted to the recommendations specifically covering work streams applicable to the Committee

52. MEDICAL WORKFORCE UPDATE

Consideration was given to the report submitted by Lee Tarren.

Lee outlined two significant issues currently are the BMA rate card for Consultants and SAS doctors, and Job Planning.

In terms of the BMA rate card, Lee reported that the organisation has received notification from 3 departments withdrawing their services within the last week which will affect delivery of care. The rate is being negotiated with the BMA and the LNC Chair with a view to holding an extraordinary JLNC this week to agree the terms.

In respect of Job Planning, Lee reported that some areas do not have routine work scheduled at weekends which is impacting Waiting List Initiatives. Actions are being taken to address the issues including additional training on Job Planning over the next two weeks.

The Committee noted that the organisation works with ICB and PCB colleagues, however the Trust is in a different position to other organisations in relation to the impact on electives and patient care, hence the links with the professional groups regarding the BMA rate card. Lyn outlined that updates on Job Planning will be reported to the People Committee and Performance meetings going forward.

The Committee were assured that recruitment panels continue to be diverse and that support is provided as appropriate with monitoring and quality checks taking place through the Fair & Inclusive workstream under the RSP.

Lee explained that Retinue will now only provide the Trust with either Locum Consultants or Specialist Grades and to support the long-term plan, the organisation is looking at the uptake of the Specialist Grade who are on a par with Consultants but don't have Specialist Registration. Retinue are also seeking recruitment within the UK for the Trust rather than just internationally.

AGREED: The Committee:

- noted the contents of the report

ACTION:

- Job Planning Update to be added as a standard item to the People Committee agenda

53. POLICY DEVELOPMENT UPDATE

Consideration was given to the report submitted by Katy Stretch.

The Committee noted that policies such as Grievance & Resolution, Recruitment & Selection and Disciplinary have been identified as key to ensuring they reflect the organisation's values and encompass the Just & Restorative programme and support the goals of the RSP. Katy assured the Committee that work is ongoing to support this with established processes being expedited. This includes an Extraordinary Policy Group taking place on 17 October in addition to the regular meeting on 18 October, to focus on the priority policies with a view to having final drafts available. Katy assured the Committee that the Inclusion Network Leads are invited to the Extraordinary Policy Group Meeting and Hannah Chandisingh will advise Katy if there are any problems with this.

The Chair acknowledged concerns raised by Ben regarding the volume of work expected of USS colleagues in a limited timeframe around policy reviews in line with the RSP. This had been raised at Trust Board and the Chief Executive had apologised for the way this had been handled. The Committee noted the concerns. Lyn offered to speak to any managers around release time for colleagues to attend Policy Group meetings and assured the Committee that review of policies will focus on quality, process and inclusivity and will not be rushed through.

The Chair acknowledged Ben's concerns around the emerging risk in respect of the number of outstanding policies requiring review and agreement in time for the organisation to exit SOF4 in March 2023.

Katy assured the Committee that Equality Impact Assessments are part of the review process and will link with Hannah to ensure this is robust. It was noted that release time to attend meetings can sometimes be difficult for Staff Network leads as they don't have protected time but Lyn and Hannah can have conversations with individuals and departments if required.

AGREED: The Committee:

- noted the plan to expedite the policy development process and the associated dependencies within the RSP

ACTION:

- Katy and Angela to determine how many Blackpool and Cumbria Partnership policies are overdue for review and check if the process of regular reviews is fit for purpose and enables stakeholders to be involved; to be fed back to People Committee through either Lyn or Ray's input for assurance.
- Angela to explore diaries around the Procedural Documents Group to ensure USS attendance.
- Ray to include data on outstanding policies in the IPR from November 2022.

54. CULTURAL TRANSFORMATION PROGRAMME UPDATE

Consideration was given to the report and action plan submitted by Matt France.

Matt reported that 772 colleagues have now attended the one-day Leadership Development Workshop. A shortfall has been noted due to recent organisational pressures, meaning it is just short of the target numbers, however the Committee was assured that the programme is on track. There are 8 workstreams including Inclusion & Diversity, which has been added in light of the Moving Forward responses on this topic. Work continues to progress the programme with small adjustments as necessary. The Committee noted that winter pressures may have an impact resulting in reduced attendance. Matt highlighted the potential risk of resources and venues for room hire into 2023 with options being explored.

Angela Parfitt confirmed that within the Improvement Plan Report, the "Must Do" action is behind track, not the workstream in relation to it.

Matt assured the Committee that Dan West is taking forward the Freedom to Speak Up review and improvement plan to ensure that colleagues feel safe to report concerns.

The Committee acknowledged concerns raised by Ben and Hannah that feedback at a recent Culture Change Team meeting suggested there had been little or no visible change. The Committee noted that such change takes time to embed and that sustainability is key. Matt reported that such impact is difficult to predict but the expectation is that in the 2023 Staff Survey, having had a second wave of leadership development, there would be some noticeable changes in the questions around My Immediate Line Manager. Evaluation will be carried out at Levels 2 and 3.

AGREED: The Committee:

- Noted the progress with the Culture Transformation Programme and priority workstreams

ACTION:

- Matt to bring back to the November PC, updates on the evaluation and progress from the various staff engagement work

55. FLOURISH STRATEGY FOR 2022 TO 2027 AND HEALTH & WELLBEING ACTION PLAN 2022-23

Consideration was given to the report submitted by Ray Olive.

Ray highlighted that Financial Wellbeing will be included in the strategy under Mental Health Matters and this will be seen in the annual action plans going forward.

The Committee noted that in respect of the response to the RSP actions allocated to Flourish, over 1200 colleagues have been supported, including 360 colleagues who accessed the menopause support. It is World Menopause Day on 18 October with plans in place to raise awareness across the Trust. The Committee was assured that policy changes have been made around the use of water bottles and colleagues now have access to hydration at their workstations and that work continues to address nutrition and access to breaks. Assurance checks (not spot checks as outlined on the slide), will be conducted to ensure compliance.

Ray reported that the newly launched course on Compassion Fatigue has already had 46 colleagues attend.

Matt highlighted the good work being done by the OH & Wellbeing team with improvements demonstrated in the most recent Pulse Survey where there was a 14% increase in colleagues believing that the Trust takes their health and wellbeing seriously.

Ray confirmed that the in-depth action plan includes aspects of targeted communications relating to elements such as nutrition, hydration, menopause etc.

AGREED: The Committee:

- Approved the Flourish Strategy for 2022-27

ACTION:

- Regular updates on the strategy, action plans and implementation to come back to PC as part of the IPR

56. EXTERNAL HR REVIEW UPDATE

Lyn Hadwin verbally advised the Committee that the External HR Review has been received and plans will be made to disseminate it and explore taking recommendations out into the organisation once Bev Edgar, Interim CPO, has returned from leave.

AGREED: The Committee:

- Accepted and supported the report

57. FREEDOM TO SPEAK UP REVIEW UPDATE

Consideration was given to the report by Matt France.

Matt assured the Committee that an internal review of the Freedom to Speak Up (FTSU) service against National Guardian Office (NGO) took place last week. Dan West, Deputy Chief Nurse, is leading the review and it is expected that there will be a series of actions available by the end of October 2022, which will come back to the People Committee in November. Matt confirmed that work has been continuing on updating the FTSU app, including pop-up videos. The Committee were assured that there were no risks currently in respect of the SOF4.

ACTION:

- Matt to provide an updated Action Plan at the November PC.

58. SAFE STAFFING RECOVERY SUPPORT PROGRAMME EXIT REPORT

Consideration was given to the report which was presented by Lorna Pritt on behalf of Bridget Lees.

Lorna confirmed that this is the final exit report for the SIB and the paper sets out the processes over the last 12 months around meeting the requirements for exit in respect of establishment setting, reporting, planned versus actual staffing, etc and the procedural documents to support the processes and that work is continuing to refine and improve these.

Lynne Wyre confirmed that the report will be submitted to the SIB on 11 October where a decision will be made about the exit for this aspect of SOF4. The Committee congratulated Lorna and the team for this being the first exit report produced. Angela assured the Committee that evidence from the report will be used for monitoring against the CQC Must Do and Should Do elements and NICHE recommendations as appropriate.

Lorna assured the Committee that professional judgement as set out in the report refers to a consistent internal triangulated approach, including the senior clinical team and Associate Directors of Nursing, to meet the National Quality Board workforce standards. This provides professional insight alongside the data to ensure a robust process. Work continues to refine the fill rate data with a view to increasing to 90% compliance going forward.

Lynne Wyre confirmed that Dan West will focus on the forward planning workforce strategy. Lynne to advise the Chair on when the Committee can expect an update on this.

59. PEOPLE & OD INTEGRATED PERFORMANCE REPORT

Consideration was given to the report submitted by Ray Olive.

Recruit & Retain - Consultant recruitment remains concern for the Trust; the current vacancy rate is 16.4% and has increased in month by 0.5%. This picture is in line with the risk profile highlighted by the Care Groups but will improve as several successful consultants have been appointed. Midwives vacancy rate is of significant concern and has increased to 21.1%, this is due to an increase in establishment in line with recent recommendations to the service. This a 0.9% increase in month. Work continues in Midwifery to seek alternate methods to fill vacancies, including a number of Apprentices who have commenced.

All other Medics (SAA/Higher & Junior) positions saw an improved picture due to several successful Doctors starting in post and Junior doctor change over. The Committee were assured that the Agency Spend Medical and Dental showed a second consecutive month by

circa £51k and Nursing Agency Spend decreased second consecutive month by circa £8.5k. This is a result of increased nurse fill rates and not agency staff.

Colleague turnover is at 10.0% in August 2022 (7.9% in August 2021), this is above the Trust's target for turnover.

Grow & Develop - Removal of the 12-month extension to Data Security Awareness Training and Information Governance extension has seen CSF compliance drop to 93%, which is an improvement on previous month. The Leadership programme attendance forecast based on current bookings is on track as of end of August. Booking lead time has tended to be around 3 weeks ahead of attending the course.

Engage & Involve - The Triumvirate Leadership Programme was scoped by end of July, with planned commencement originally planned for September. However, further work is required with the provider meaning that the programme is likely to start in October. Revised governance and engagement structures in place: CEO led Programme Board reporting directly to the Board of Directors, Fortnightly Delivery Group (with revised structure including workstream deep dives) and the Culture Change Team. Formal engagement for the development of a new reward and recognition strategy has commenced with workshops open to all colleagues during July and early August. This was the focus of the August Culture Change team workshop, ahead of recommendations being presented to the Culture Programme Board in September. 51 colleagues have been appointed as Culture Change Agents with 2 workshops held so far, with monthly connections being scheduled for 22-23.

Health & Wellbeing – Attendance has decreased to 5.7% from 7.8% in July 22. Covid related absence is down to 0.8%, which is decrease in month of 1.1%, Non-Covid has seen a slight decline, but within statistical variation tolerances. The demands on the physical support services continues to grow, current wait to access service is 4 weeks at RLI, under a week at WGH and 2 weeks at FGH. Demand for psychological support continues to grow with a total number of 333 consultations carried out in August 2022 (increase of 42 consultations). EASE service has been successfully rolled out and a performance dashboard will be available to measure the impact of EASE referrals. Roll out of further training and development to the psychological support team to increase capacity for assessment and triage. Ray confirmed the Covid vaccination programme has been rolled out with details of how to access being communicated across the Trust. The flu vaccination programme will commence on 10 October.

Ray advised the Committee that a Draft People Strategy will be presented at the next meeting, one part of which will be the Trust's workforce strategy for the future, linked to the work currently taking place regarding the clinical strategy. A completed Draft People Strategy will be presented to the Committee early in the new year, with a 5-year workforce plan expected by March 2023. The plan will not feature expected costs but will look to move professional colleagues to work at the top of their licence, based on work being done around the clinical strategy. The Chair requested that an overview is provided at the next Committee to tie all the elements together. Ray confirmed that once the draft strategy is available, engagement sessions will be held with colleagues and USS.

60. EMPLOYEE RELATIONS – HOTSPOTS PROGRESS UPDATE

Consideration was given to the report presented by Lyn Hadwin.

Lyn highlighted that there is still a backlog of Employment Tribunals which is causing delays and that 2 colleagues were excluded due to external factors and not within the organisation, however the Trust is still providing support to those individuals. The Chair noted that the

dashboard provided is very insightful and highlights the large amount of work being done by the team. The Chair requested Employee Relations cases trends over time to be included in the report for the next Committee to support the setting of targets, particularly around early resolutions to check policy effectiveness and set targets for the Committee and the work being done.

The Chair thanked the team for their continued work on the Employee Relations cases.

ACTION:

- Lyn and Ben to explore themes and trends associated with incidents, Freedom to Speak Up and whistleblowing, ensuring support is provided to colleagues, and report back to the January 2023 Committee with recommendations
- Lyn to ensure that the ER reports going forward will feature data comparing ethnic minority colleagues compared with white colleagues – Hannah to support

61. NATIONAL STAFF SURVEY 2022

Consideration was given to the report presented by Matt France.

Matt confirmed the organisation's current response rate is 11.73%, versus the national average of 7.6%. There are no scores yet for Estates & Facilities colleagues as they complete a paper version of the survey so will take longer to score. A significant Communications plan is underway, including some videos put together by P&OD colleagues. All colleagues are encouraged to complete the survey to try to reach 50% responding.

62. PEOPLE & OD STRATEGY GROUP

3A key issues report and actions received and noted.

63. CULTURAL TRANSFORMATION PROGRAMME BOARD

3A key issues report and actions received and noted.

64. JOINT LOCAL NEGOTIATING COMMITTEE (JLNC)

Not available.

65. PARTNERSHIP NEGOTIATING CONSULTATIVE COMMITTEE

Draft minutes were received and noted.

66. INCLUSION AND DIVERSITY STEERING GROUP

3A key issues report and actions received and noted.

67. CYCLE OF BUSINESS

The Chair noted the additional item of Job Planning to be added as a standing item on the agenda and will link with Caroline to arrange for this to be added to the Cycle of Business.

68. ATTENDANCE MONITORING REGISTER

The Committee noted that the meeting was well attended with core members of the Committee.

69. ANY OTHER BUSINESS

- **3A'S REPORT** – The Chair to discuss with Caroline Chubb.

  AGREED: The Committee agreed that the level of Assurance at today's Committee was Moderate.

- **FUTURE MEETINGS**

  - The Chair advised the Committee that the meetings will be held monthly going forward. Discussion took place and it was agreed that a hybrid approach was best in respect of attendance. The Chair to link with Caroline around room availability for the next meeting.

DATE AND TIME OF NEXT MEETING:

People Committee Meeting:
Monday 28 November 2022, 13:30–15.30, in the Boardroom, WGH and via MS Teams.

Minutes of the Meeting held on 28 November 2022, 09:45 – 11:00 via Microsoft Teams

Present:	Karen Deeny Liz Sedgley Chris Adcock Jane McNicholas Bridget Lees	Non-Executive Director (Chair) Non-Executive Director Chief Financial Officer Chief Medical Officer Executive Chief Nurse
In attendance:	Leanne Cooper Helen Cobb Suzanne Hargreaves Andy Wicks Dr William Lumb Melanie Waszkiel (Item 96) Sarah Hart (Item 96) Janet Manning (Item 96) Sarah Maguire (Item 98) Mark Wilkinson (Item 98) Ian Lacey Tim Povall Richard Sachs Becky Hogan Nicola Crossman	Deputy Chief Operating Officer Director of Finance Assoc. Director of Strategy & Transformation Chief Information Officer Clinical Chief Information Officer Assoc. Director of Nursing – Surgery & Critical Care. Head of EPR Programmes Chief Nurse Information Officer I3 Clinical Lead / Urology Specialty Doctor Respiratory & Critical Care Consultant Acting Deputy Director of Finance Operational Director of Finance Director of Governance Assistant Director - RSP Minute Secretary

22/93	**Welcome and Introductions** In preparation for today's meeting a message was conveyed to request high quality papers with a clear focus on the issues, purpose, and recommendations of reports submitted and KD thanked contributors for their diligence in this regard. In addition, a proposal to review committee effectiveness in Q4 was signalled. The Company Secretary will provide a more detailed proposal to the Committee on 19 December 2022. **Apologies for Absence** Scott McLean (Leanne Cooper Deputising), Jane McNicholas & Joanne Myers. **Declarations of Conflicts of Interest** None.
22/94	**Minutes of the Meeting held on 24 October 2022** It was confirmed that alerts to the Board of Directors for items 22/81 financial implications of the nurse safer staffing review, and 22/86 winter contingency business case were made as described. **Decision:** That the Minutes of the meeting held on 24 October 2022 be agreed as an accurate record.
22/95	**Action Sheet and Matters Arising from the Meeting held on 24 October 2022**

	Item 22/82: HC confirmed additional scrutiny on financial governance in relation to safer staffing had taken place and would be included in relevant budgets. The reviewed process would be brought back in December to be ratified by the Committee. **Decision:** The Committee considered the action sheet and noted the actions taken.
22/96	**Electronic Patient Record (EPR) Deep Dive** The Committee considered a report and detailed presentation of the Hospital Electronic Patient Record (EPR) and a request to the support of the Committee for an Integrated Care Board (ICB) Strategic Outline Case (SOC) for a shared Core EPR. The shared core EPR SOC supports local & national business strategies, is a key enabler for system and process convergence, and further collaboration and merging of digital teams in line with the Provider Collaborative Board. The SOC is a shared ICB case, however each organisation will be required to develop a full business case considering financial and economic benefits specific to each Trust. The Committee noted that the financial context of the ICB for the next five years was still unclear and therefore our understanding of that would need to be updated as this develops. It was confirmed that three risks had been created through the EPR Procurement Board, including a specific risk of the impact of not meeting the timeline for the implementation and Lorenzo ending. This was also due to be considered by the Trust's Risk Committee in December. **Decision:** The Committee agreed to recommend support for the SOC to the Board of Directors, noting caveats around ensuring effective capture of risks on risk registers; further detailed work ongoing; and to continue to be mindful of the developing ICB financial context.
22/97	**Investment & Priorities Group 3As Report** The Committee received the report from the Investment and Priorities Group for information. The number of prior approval and business cases coming through would require further discussion and enhanced rigour in line with the financial recovery plan. **Decision:** The Committee noted the report for information.
22/98	**Outreach Acute Care Team** The Committee received a business case for a Critical Care Outreach team. Significant benefits articulated, especially in the context of the infrastructure shortcomings at RLI in respect of enhanced care areas (for example respiratory and surgical care) and a relatively small ICU which these proposals help to mitigate. The benefits identified, although not immediately cash releasing, are consistent with the work being led by the Chief Operating Officer to establish the optimal models and capacity for the organisation and therefore the Committee supported approval of this proposal based on:

	• The demonstration of affordability through the 23/24 planning round. • The inclusion of costs within the Trust's submitted financial recovery plan. • Confirmed annual revenue costs less than £1m. **Decision:** The Committee approved the Outreach Acute Care Team business case
22/99	**Financial Recovery Plan** The Committee received a presentation detailing the Trust's Financial Recovery Plan. Following a Month 6 review process, the ICB asked provider organisations to give a forecast of the financial risk that needs to be mitigated in the second half of the year and subsequently, each ICB provider with financial forecast risk was asked to produce a Board approved Financial Recovery Plan (FRP) to be submitted to the ICB by 25 November 2022. The ICB were meeting with members of the national team on 30 November 2022 to consider the output of the ICBs current financial position and the content of any recovery actions. From there, discussions about any residual deficits against the balanced target would take place. The Trust's position set out in the presentation was broadly in line with positions presented by other organisations as part of the ICB review and a meeting was scheduled to discuss consolidated submissions and next steps required ahead of the meeting on 30 November. Agreed actions required to comply with the latest enhanced control environment were outlined noting that these were all mandatory but would be implemented in ways that support the Performance Accountability Framework. However, it was recognised that there may be a point where the Trust is no longer allowed to take decisions, particularly around consultancy and agency costs without referral to the ICB or regional teams. The Executive Team were working to ensure effective controls were in place to enable ICB sign-off which was likely to happen alongside Month 9 forecast change process. The Committee would receive assurance against the financial recovery plan actions and controls for the remainder of the financial year. The committee raised the following points in consideration of the item: 1. In relation to a query raised on business cases, it was confirmed that a provision was made on the winter bank rate card based on a pilot that had been undertaken. 2. The Committee were assured that the QIA processes were being reviewed as the application of robust QIAs with input from clinical execs, would be critical to ensuring the impacts were objectively stated against business cases, particularly in relation to CQC recommendations. The Committee requested updates on the QIA process be provided alongside ongoing iterations of the Financial Recovery Plan. 3. In terms of funds available for education, it would be important to clarify what funds would be available next year as challenges around recruitment, retention and competency would remain and the need to develop education had been clearly identified within the organisation. CA clarified that £1.6m subject to funding available from Health Education England next year was not in doubt and outlined continuing work on deferred income.

	4. The Committee noted the importance of ensuring the current forecast position is delivered including replacing non-recurrent with recurrent savings and identifying the CIP gap of circa £4m. In summary, the Committee noted the recovery plan, particularly highlighting the importance of thorough QIA associated with decisions and will continue to take updates with those controls in mind and reflected in future papers. Decision: The Committee noted the Financial Recovery Plan.
22/100	**23/24 Planning Approach & Assumptions** The Committee received the planning approach and assumptions set out in the report noting collaboration work with Care Groups, Workforce and Finance to ensure triangulation from the start. The important next step would be to develop our top-down theoretical position and work back to the validated baselines. Workshops were in place at the beginning of December with each of the Care Groups and this will be shared with the committee in December ahead of national guidance being issued in late December 22. **Decision:** The Committee noted the content of the report.
22/101	**M7 Financial Performance Report** The Month 7 position was covered in the financial recovery plan presentation but it was noted that the element of stretch funding had been included after this report was produced. In addition, CA noted that the 42% assumption of contribution of stretch target had since reduced from £14.3m to £1.8m which meant the majority was slippage from the system meaning the Trust had mitigated over 50% of the stretch target as well as delivering the financial position. **Decision:** The Committee noted the content of the report.
22/102	**Operational Performance Report** The four key areas brought to the attention of the Committee included Urgent care, Cancer, Diagnostics and BMA rate card. Urgent care remained under pressure with sustained deterioration. September saw the lowest performance to date, however some improvement was noted in the 4-hour standard throughout October and November, with November at 78%. Key actions remain as part of the Urgent and Emergency Care Plan. SDEC activity was currently just over 45% and on course for the aspirational target of 50%, and it was also noted that the not meeting criteria to reside had started to reduce following previous alerts to the Committee. Cancer performance for two-week waits was 83% with particular improvement in breast which had been a concern previously. However, the Committee were alerted to risks created within the BMA rate card impacting cancer performance, particularly in relation to the cancer 62-day target.

	In terms of diagnostics, an ICS performance improvement plan had been compiled to align with national requirements in the planning guidance to get to 5% by March 2025. The Trust aspired to the constitutional standard of 1% included in the pack and current performance in November had improved significantly to around 7.5% in line with trajectory. The Committee were alerted to the significant impact of the BMA rate card and its impact on activity and the provision of patient care. A significant reduction in the elective recovery fund (ERF) position was also reported as a potential risk. The Committee was advised that ERF income claw back had not been incorporated into the latest year end forecast. The patient safety element of the impact will be overseen by the Quality Assurance Committee, with a full report scheduled for January 2023. The Committee agreed to reflect the alert position in its update to the Board of Directors with cross reference to the Quality Assurance Committee. **Decision:** The Committee noted the content of the report.
22/103	**Performance Accountability Reviews Output Report** The Committee received the first report showing outputs of performance reviews for noting and feedback on content. The output report would evolve over next 6 months following work of the data metrics library and the implementation of care group level IPRs. LS commended the report for providing a direct connection to the Care Groups. A particular area of concern highlighted was in relation to the 30% Consultant vacancy rate in Medicine. It was noted that concern with regard to the vacancy rate and assurance around the Performance Accountability Framework Progress would be included in the Committee's report to the Board of Directors. In addition, CA noted the RSP report to the Board would make reference to work to establish alignment between quality and financial governance in preparation for exit criteria meetings at the end of the year. **Decision:** The Committee noted the content of the report.
22/104	**New Hospitals Programme Flash Report** The Committee received the report for information. **Decision:** The Committee noted the content of the report.
22/105	**Attendance Monitoring Register** Noted.
22/106	**Schedule of Business** The schedule of Business would be reviewed as part of the Review of Committee Effectiveness in Q4 signalled at the beginning of the meeting.
22/107	**Urgent Business** None.
22/108	**Date, Time and Venue of Next Meeting** It was noted that the next meeting of the Committee would be held on19 December 2022 via Microsoft Teams.

Minutes of the Meeting held on 21st November 2022

Present:	Hugh Reeve (HR) Sarah Rees (SR) Karen Deeny (KD) Bridget Lees (BL) Jane McNicholas (JM) Richard Sachs (RS) Scott McLean (SMc)	Chair & Non-Executive Director Deputy Chair & Non-Executive Director Non-Executive Director & Board Safety Champion for Maternity Chief Nursing Officer Chief Medical Officer Director of Governance Chief Operating Officer
In attendance:	Danny Bakey (DB) Georgina Barber (GB) Sue Bishop (SB) Simon Bradley (SB) Kim Crabtree (KC) Tamsin Cripps (TC) Bongi Gbadebo (BG) Rebecca Hogan (RH) Ameeta Joshi (AJ) Sarah Maguire (SM) Amy Mbuli (AB) Gregg Peers (GP) Paul Smith (PS) Donna Southam (DS) Dan West (DW) Lynne Wyre (LW) Mel Woolfall (ML)	Clinical Lead, S&CC Executive Assistant to the CNO Head of Quality, Integrated Care Board Quality and Performance Manager, ICB Associate Director of Nursing, ICC Head of Midwifery, Obstetrics and Gynaecology Associate Director of Operations Assistant Director, RSP Deputy Medical Director Associate Director of Nursing Head of Infection Prevention Governance Business Partner, S&CC Clinical Lead, Medicine Quality, Safety & Assurance Lead Midwife Deputy Director of Nursing Deputy Director of Nursing Associate Director of Nursing

22/169	**Welcome and Introductions** **Apologies for Absence** Apologies were received from Janet Pitman. **Declarations of Conflicts of Interest** None.
22/170	**Minutes of the Meeting held on 17th October 2022.** A number of amendments were requested: 1. Under agenda item 148 the initials SL to be changed to SR 2. Under agenda item 156 the timescales referenced to be edited to read 23/24 3. Under agenda item 166 it should be clarified that Niche commenced their Case Review on (17/10/2022)

	KD-NED requested that her name be listed under the Member's section on the Committee minutes. HR confirmed that the change would need to be formally requested through the Trust Board (action HR/PJ). Until the change had been agreed KD would remain listed under the attendance section of the minutes. **Decision:** 1. That the Minutes of the meeting held on 17th October 2022 be agreed as an accurate record following the amendment of the items listed above. 2. That HR & PJ formally request KD be made a committee member for the meeting. NB Clarified after the meeting that the Board had approved this change at the last meeting
22/171	**Action Sheet and Matters Arising from the Meeting held on 17th October 2022** The Chair reviewed the action tracker and noted the following: - 4 actions were overdue (RS) - 6 actions had been completed and closed - 7 actions were scheduled beyond the date of the meeting RS & AP provided an update on action 18, data related to Trust Never Events. It was confirmed that an issue with the algorithm had been identified and that a fix was being worked through with the I3 department. KD-NED questioned confidence in a fix being in place prior to Trust Board with AP noting relative confidence now that the error had been identified; papers for Trust Board would be sent in 48 hours. RS would provide updates on the remaining three actions at the December meeting. **Decision:** The Quality Assurance Committee considered the action sheet and noted the actions taken.
22/172	**Integrated Performance Report** Consideration was given to the report which was presented by Bridget Lees. It was noted that the IPR was still in its original format, the new fully integrated version was expected to be in use by March 2023. Key items highlighted included: - Rates of C-Diff reported were higher than anticipated. Further clarity was requested for the December report to assure that the incidences were not related in time and place - Positive work around pressure ulcers had continued with particular emphasis on ulcers developed within the Trust's care. Despite the effort being undertaken, it was noted that the expected progress was not yet being seen. Three main areas for improvement had been identified and would be a focus for the ongoing work. - Positive work related to falls was being demonstrated. Falls with harm was an area of focus - VTE would be covered in greater detail in a report further on the agenda - Patient experience rates were discussed; the information from the Patient Experience Group assured that the Trust were doing all possible. Response rates would be provided in the next report

	- Improvements had been reported against open incidents; the success of the improvements in light of ongoing pressure was highlighted - Progress on the Ward to Board dashboard continued. The dashboard would help clearly identify areas that required more work, and it would be demonstrated at a future performance review The following points were raised in consideration of the report: HR-NED felt a demonstration of the Ward to Board dashboard would be beneficial for the Committee. SR-NED discussed the improvement work detailed including Ward to Board dashboard, pressure ulcers, ED bundle, and safer staffing. BL advised that SM and MW would provide further information on the ED bundle later in the agenda under the Care Group update, confirmed that the dashboard would provide the assurance requested and that active recruitment was in place to mitigate the acknowledged gap in Clinical Support Worker posts across the sites. SR-NED discussed the data related to the increase in C. Diff infections with AM providing assurance that all cases identified within 28 days of each other had typing analysis applied and in the year to date there had been no connections identified. C Diff data was confirmed to be monitored closely and included in monthly report updates. A national call had confirmed that C. Diff rates had increased across England, work was underway to understand possible trends and themes. KD-NED noted the improvement in consistency around incident reporting, but queried control limit review, if the reasons for the improvement were known and if the current improving trend was likely to be sustained. AP advised that the sustainability of improvement had been the initial focus and that controls would now be reviewed. Executive Review Group meetings were being held three times a week for Executive oversight and reporting via a monthly Chair's reports was submitted to the Committee. HR noted errors under *Patient Safety per Thousand Days* and in *Open Incidents*, both would be corrected before submission to the Board of Directors meeting. An increase in the number of StEIS reportable incidents was highlighted by HR-NED. It was also noted that the chart detailed within the report showed no comparative data. The increase was attributed to a better understanding of what should be classified as StEIS reportable and improved scrutiny. **Decision:** 1. That the report be noted. 2. That the report be approved for submission to the Board of Directors following the requested amendments to data.
22/173	**Progress Report on Care Quality Commission Improvement Plan** Consideration was given to the report which was presented by Richard Sachs. The report was accepted as read and highlights only were discussed. Key items highlighted included: - The report had been modified to allow a greater emphasis on the distinction between actions and recommendations for finer granularity of detail - Care Group positions had been articulated within the report

	- Outstanding action completion dates had been spread out and would have ongoing reviews - Review and Support panels continued to be held, and Sarah Rees had an open invitation to attend in order to sense check The following points were raised in consideration of the report: HR-NED was pleased to see the inclusion of risk stratification, which had been requested at the last meeting; the change in priorities had been welcomed. Confidence in the November and December dates were questioned, and it was confirmed that the work remained challenging but was considered to be achievable. Care Group engagement and the assistance of Lynne Wyre were highlighted. SR-NED noted assurance of timed completions leading into December. KD-NED questioned if, within the new prioritisation of actions, consideration had been given to the organisation risks and pressures of the Trust that may have an impact on progress. RS discussed the multi-faceted risk stratification but acknowledged that possible BMA rate card impact had not been considered; RS would review, and action as required. SB confirmed Commissioners were supportive of the approach of re-prioritisation and noted the usefulness of the continued invitations to support the panels. **Decision:** 1. The Committee received and noted the update. 2. RS would review the risk stratification to include possible impact from the BMA rate card concerns.
22/174	**CQC Single Assessment Framework** Consideration was given to the report which was presented by Angela Parfitt. The paper was accepted as read and highlights only were discussed. Key items highlighted included: - New CQC methodology would be introduced on 01/01/2023 along with an updated framework related to the Key Lines of Enquiry - Standards would be assessed against set questions, which would provide greater consistency - Risk and target-based inspections would be undertaken going forwards and ratings would be changed more frequently without the need for further inspection - The process of gathering evidence would be reviewed and mapped against requirements - A report to the Board of Directors would be submitted for the December meeting The following points were raised in consideration of the report: SR-NED queried where oversight would be with AP confirming via the Quality Assurance Committee to Board as required, with regular updates to TMG. KD-NED queried how the Committee could be assured that the Trust had the IT capabilities to deliver the clinical and specialist validation required. AP confirmed that a meeting with IT had been held and an initial assessment had confirmed that it should not be a significant challenge to get IT ready. Data quality would be

	mapped out. Further information on key metrics and reporting lines was expected to be received shortly. **Decision:** 1. The Committee received and were assured by the report.
22/175	**Actual and potential consequences of reduced activity (due to a withdrawal of reduced activity sessions) as they relate to patient safety, quality, elective activity, cancer, and finance.** Consideration was given to the report which was presented by Jane McNicholas, supported by Scott Mclean and Bridget Lees. The report was accepted as read and highlights only were discussed. Key items highlighted included: - The proposed revision to the BMA Rate card, received earlier in 2022, had been rejected by both the Trust and regionally due to suggested rates being more than double the existing - A significant risk had been identified and there was a possibility that many staff would refuse to undertake additional activity work, particularly in breast, maxillo facial and anaesthetics - At the time of the report a stalemate had been reached - In the intervening time progress had been made to mitigate the risk of losing a significant number of sessions, which would have severely impacted on patient appointment and treatment times. It was noted that, despite the agreement, many sessions had already been impacted and it would take many months to recover - An agreement was confirmed as being reached with an agreed rate of £150 per hour. Further meetings to finalise details would be arranged - Further areas of mitigation detailed in the report would continue to be progressed - Work would be undertaken to risk review patients on the waiting list - Work would be undertaken to ensure as much activity as possible was carried out within working hours to help minimise any further impact The following points were raised in consideration of the report: SMc highlighted prior discussions had been held at Finance and People Committee (26/09/22 & 24/10/2022), Private Trust Board (28/09/2022) and Public Trust Board (26/10/2022). SR-NED queried the financial impact of the agreed increase. JM confirmed that the provisions made had been estimated to be £60,000 to the end of the financial year and £2,000 000 for the following year. The increase would be offset against conversion of locum to substantive roles, and in ensuring as much activity as possible was within baseline hours along with robust, effective job planning. SR-NED and KD-NED discussed the risk impact, particularly for the breast cancer pathway which was already in the recovery process. JM confirmed some external support had been agreed to see new patients. JM also advised that all breast referrals (including routine referrals) were treated as a two-week wait. KD-NED and BL discussed the risk aspect in relation to people of detriment and the need to ensure that their increased risks were considered. Oversight of the risk was highlighted along with a need for detailed analysis of clinical risk and social

	deprivation factors. SMc confirmed that this would form part of a broader piece of work that would look at those on waiting lists and patients beyond their follow updates; a report would be brought to the Committee in due course. SMc discussed the need for more collaborative working with the other ICB Trust's and a meeting was diarised for 22/11/2022. LCC advised ensuring that patients were informed why they may be asked to attend services at different locations. **Decision:** 1. The Committee received and noted the report. 2. The Committee should receive a further update to include information on risks for patients on waiting lists or awaiting follow up appointments in January 2023. 3. The Committee would receive a further update on PCB collaborative working by the end of quarter 4.
22/176	**Niche External Investigation Assurance** Consideration was given to the report which was presented by Richard Sachs. The report was accepted as read. Key items highlighted included: - Niche scores over time were demonstrated on page 78 of the pack. The chart had been updated and new versions would follow in future reports - Niche were expected to respond within the week on their Case Note review. It was expected that the report would be positive with areas of improvement identified The following points were raised in consideration of the report: KD-NED discussed the interfacing of urology with other specialties. RS confirmed that all recommendations would be considered in the wider context of other services. **Decision:** 1. That the report be received and noted.
22/177	**Royal College of Surgeons Trauma & Orthopaedic Closure Report** Consideration was given to the report which was presented Danny Bakey and Gregg Peers. The report was accepted as read. Key items highlighted included: - The closure report had been submitted in October 2022 and therefore it was only the addendum that the Committee were asked to review The following points were raised in consideration of the report: SR-NED discussed the recommendations for MDT Minuted discussions for complex cases and consent sticker form use, querying how compliance would be monitored and assured. DB confirmed that re-audit of consent stickers would be undertaken, and that E-Consent would be rolled out in due course which would ensure 100%

	compliance. HR-NED confirmed that further assurance would be available to the Committee via the quarterly care group reports. KD-NED discussed ongoing assurance, querying how the Committee would be alerted if progress were to go off-track. DB confirmed that concerns would be raised through the usual governance reporting structure and via the Performance Reviews. HR confirmed that improvements and progress would now be embedded as business as usual and could be closed from the tracker. **Decision:** 1. That the Committee received and noted the update. No further action from the Committee would be required and the item was closed.
22/178	**Fractured Neck of Femur Update** Consideration was given to the report which was presented by Danny Bakey. The report was accepted as read. Key items highlighted included: - An increase in the administration of Fascia Iliac Blocks had been seen (around 83% at RLI) but was still below target and further work was planned to address - Time to Theatre had seen marginal improvements but had been impacted by peak periods of trauma admissions. This remained a key area of focus - The FGH Trauma Co-ordinator was now in post - Notable improvements in mobilisation of patients - Consistently high compliance with patients receiving a nutritional risk assessment during admission - Consistently high compliance with patients receiving a delirium risk assessment within 7 days of surgery - The Abbey Pain Tool had been rolled out with training being provided by Pain Champions - Two Advanced Clinical Practitioners were being trained at both acute sites to support the pathway - Development of the E Whiteboard continued - Improved ward round data capture - Next steps included a focus on the delirium workstream, time to ward, early anaesthetic review to continue, ED attendance at the #NOF steering group to be further encouraged, retrospective backfill exercise to address data quality The following points were raised in consideration of the report: On the request of BL, further information related on time to theatre issues were provided: - Fewer theatre sessions across all sites had negatively impacted - The number of trauma cases at any one time was a factor - Struggles to get early anaesthetic review (now improved) - Delays were now being incident reported, which would highlight the issues - The new theatre timetable had gone live, it had increased the access to theatres and prevented delays by stopping the swap of clinicians from theatre into clinics through the day - A longer-term plan included looking at an emergency 24 hours a day trauma theatre and weekend trauma list **Decision:**

	1. That the report be received, and the update noted. 2. That a further update on progress be brought to the February meeting.
22/179	**VTE Update** Consideration was given to the report which was presented by Ameeta Joshi. The report was accepted as read. Key items highlighted included: - VTE compliance was on an upward trend but was not yet at the required 96% - There had been some issues with data collection, with T&O inpatient data missing. The report would be updated for the next submission - Debate concerning the inclusion of some paediatric data continued - Hospital thrombosis data would be included in the next report - A number of incidents were detailed in the report - An action plan was ongoing - Further support from CD's was required to continue the push for full VTE compliance The following points were raised in consideration of the report: DS and AJ discussed data related to maternity. DS would pick up the low compliance for obstetrics and paediatrics. AJ confirmed that outliers were counted within the speciality they were being treated under not the ward they were being treated on. KD-NED discussed analysis of the data, querying of patterns of compliance could be analysed by clinician or team to identify root causes. AJ advised that a chart within the report showed the assessments site by site for day case and that it had been identified that work across all sites was required to increase compliance but in particular on the WGH and FGH sites. It was also confirmed that doctor and nurse VTE champions were being planned for the wards, where they could encourage doctors to complete the assessments; the support of CD's, DMD's and all senior decision makers was stressed. PS discussed the clinical challenge, noting that the ward computers were slow and that multiple systems were required to complete the data needed on each ward round. PS queried the data related to different specialties that was included in the report and felt a general tidying up of data would be useful. BL requested that the IPR needed to include further information on VTE, AP would meet and work with AJ outside of the meeting. HR-NED asked for a further review to be submitted and would advise the date outside of the meeting, following a planned review of the schedule of business. **Decision:** 1. The Committee received the report and noted the update. 2. A further update should be submitted to the Committee, HR to provide the date.
22/180	**Quarterly Care Group Report – Medicine** Consideration was given to the report which was presented by the Care Group Triumvirate. Paul Smith introduced the report and Mel Woolfall and Bongi Gbadebo provided the update on key issues.

	The report was accepted as read. Key items highlighted included: - Triangulation of information confirmed a reduction in falls, attributed in part to work done around enhanced supervision and the encouragement of patients to use the day rooms - Cohorting of single sex and management of safeguarding concerns in medical unit 2 had been undertaken - The stroke Section 31 had been removed from FGH; improvements would be monitored to ensure they were sustained - Actions related to workforce remained a key focus - An acute and general medical conference had been attended to attract staff - Actions continued to improve corridor care, ambulance handover time, elective recovery plans, maximisation of virtual wards and flow through ED, with an Urgent Treatment Centre planned before the end of year - Continued progression of CQC Must and Should Do actions The following points were raised in consideration of the report: HR-NED noted that the impact of Criteria to Reside would need to be discussed in greater detail at the Committee to allow a better understanding of the issues and their impact. **Decision:** 1. The Committee received and noted the update.
22/181	**Quarterly Care Group Report – Women and Children** Due to pressures within the care group, the report was deferred to the December meeting of the Committee.
22/182	**Monthly Maternity Assurance Report** Consideration was given to the report which was presented by Donna Southam. Key items highlighted included: - Learning from the perinatal mortality review was starting to be seen, as historical reports were being closed and themes drawn out - Moderate harms and deaths were reported on in the paper - The increase seen in harms that had occurred (not caused) in maternity were now plateauing - Learning from serious incidents and RCAs were detailed in the report - There had been an increase in training compliance in relation to PROMPT and the Care Group were on target to achieve in all staff groups - An update on the workforce funding bid had been detailed in the report - The rolling stillbirth rate demonstrated special cause variation for improvement. National data had shown an increase in stillbirth throughout the pandemic. Figures were reported in October 2022 and an update would be brought in the next report. It was assured the Trust was not an outlier for stillbirths, neonatal deaths, or perinatal deaths for period 2020 – 2021 - CNST year One evidence had been submitted and the care group were awaiting feedback following a sense check - The service was on track to achieve 7 out of 10 safety actions for CNST year 4 with the remaining three unlikely to be met. All on track actions were expected to be completed by the 5th of December. A presentation would take place in January of the 10 safety actions for full sign off of the evidence to submit by the deadline of 2nd February.

	- A new maternity support programme advisor was in post - Engagement work continued within maternity services including a developmental day and engagement events with the consultants - Maternity support worker to receive an award from the Chief Midwifery Officer for continuously demonstrating NHS values - An update related to Kirkup had been included in the report which detailed next steps. A more detailed report would follow in December. A single plan on a page for maternity and neonatal care was expected in early 2023; this would bring together a range of actions The following points were raised in consideration of the report: HR-NED commended the helpfulness of the Kirkup report summary, noting wider applicability of the key themes for the Trust. **Decision:** 1. The Committee received and noted the update.
22/182i	**PMRT Report** Consideration was given to the report which was presented by Tamsin Cripps. Key items highlighted included: - A total of 30 healthcare records were identified for review but, due to one set of records not being able to be obtained, 29 notes were reviewed - The external review found that in 22 cases there was evidence of parents being informed, in 6 cases parents had received feedback from the reports, clear evidence of compassionate bereavement support and care, with follow up appointments related to their bereavement. - Where root cause investigations had been subject to multi-disciplinary reviews, it was found that the reviews were written in a sensitive nature; issues seemed to be in those reports written without a MD review - Following the review, a recommendation was to advise that in 4 cases the grading of care would be changed from A to C, highlighting concerns in the care that may have changed the outcome for the baby. The report shared today had details of the individual cases removed for all of the 29 cases - A number of cases had been identified for StEIS reporting and the service would work with the families to undertake the required reviews - The service had been in contact with 26 families regarding their reports - Specialist bereavement support had been arranged by the Trust and families were being invited to access it - All communication with families had been followed up by letters and a named contact in the Trust had been provided to ensure the process was a smooth as possible - Follow-up with 12 families out of the 26 had been completed so far, it was estimated that the remaining would be completed by the end of December, but this was dependant on the work with families The following points were raised in consideration of the report: HR-NED clarified for the minutes that the report had been a national ask for all organisations. HR queried the Trust's position in relation to others nationally. DS confirmed that it was not an outlier in terms of deaths, but issues had been identified with no evidence available to demonstrate communication and collaborative working with the families involved had taken place. DS highlighted the changes in

	working practise 2018 to date, noting that many Trusts were likely to have experienced similar situations. KD-NED thanked the team for a thorough, systematic, and challenging piece of work and confirmed that staff support had been built into the process. KD-NED questioned ongoing assurance, with DS confirming she was the lead in maternity services for the PMRT team and would provide a quarterly report to Womens Health Quality Board, a copy of which would be brought to the QAC on a quarterly basis. It was noted that this had been a requirement for the previous three years but not actioned; this had been added to the Maternity forward schedule. **Decision:** 1. The Committee received and noted the report.
22/182ii	**CNST Midwifery Workforce Report** Consideration was given to the report which was presented by Tamsin Cripps. The report was accepted as read. Key items highlighted included: - Bi-Annual paper submitted as required by CNST - The paper covered May to October 2022 - A Full Birthrate Plus review had taken place last year and it was concluded that the Trust required 160 whole time equivalent midwives. At Board in December 2022, it was agreed to have 179 due to the geography, size of units, peaks and troughs and additional capacity - There had been changes in activity since the last review and a further full review was required, which was scheduled for November - Work was ongoing with the MSSP to do a tabletop review and a visit from the Regional Chief Midwife was planned for December to carry out a review of the figures - A reassessment of needs, training requirements and community caseloads was required - The Trust now had access to the Birthrate Plus App which provided more robust data on real time data and red flags. It was embedded at RLI and in the process of roll out at FGH - Attention was drawn to the number of midwives in the Trust who were nearing retirement age; this would be factored into the workforce review The following points were raised in consideration of the report: SR-NED asked for further information on the community caseloads, the need for realignment, and the high sickness rates referenced in the report. TC confirmed that the community caseload reassessment was required due to a rural uplift and a shift in where women are booking, with a big increase at WGH and a decrease at FGH. With regards to sickness, it was confirmed that it was not covid or work related but mostly musculoskeletal and was expected to resolve. TC also confirmed that further training was not required to address the issue. **Decision:** 1. The Committee received and noted the report.
22/182iii	**CNST Neonatal Workforce Report** Consideration was given to the report which was presented by Nicola Askew.

	The report was accepted as read. Key items highlighted included: - The service had declared themselves non-compliant with medical establishment at RLI on the tier one rota, confirming that they did not have a dedicated doctor overnight. A deeper dive would be carried out by the end of December to address the gap - A full workforce review from a nursing perspective would be undertaken and due in draft form by the end of November, coming back to the Committee once it had been through the care group reporting structure The following points were raised in consideration of the report: HR-NED confirmed that the outcome would be discussed at the next meeting of the Committee. It was not known if the issue currently sat on the risk register, but this would be considered when the outcome of the deep dive had been received. KD-NED queried if there had been any concerns connected with the non-compliance. NA believed not but assured that the planned deep dive would highlight any issues. BL highlighted that the review would need to go through the sign off process via the Chief Nursing Officer office. BL discussed the tables related to RLI and FGH activity and asked for further details to be applied to the update in December. **Decision:** 1. The Committee received and noted the report. 2. The outcome of the deep dive into medical establishment at the RLI for the tier one rota to be updated at the December meeting. 3. Further information on RLI and FGH activity charts to be included in the December update
22/182iv	**CNST Obstetrics Anaesthetic Workforce Report** Consideration was given to the report which was presented by Donna Southam. Key items highlighted included: - The service was compliant and met CNST requirements **Decision:** 1. That the Committee received and noted the report.
22/182v	**Maternity Voices Partnership** Consideration was given to the report which was presented by Tamsin Cripps. The report was accepted as read. Key items highlighted included: - National service user group - Paper detailed progress around safety action 7 of CNST - The annual work plan, which had been presented in July 2022, had been fully signed off at a meeting earlier in the day. An additional piece of work related to the cost-of-living crisis and support for those affected was also undertaken and signed off

	- An action within the report related to invites to the Chair was discussed and it was confirmed that invites had been extended but due to clashes they had been unable to attend. The dates of the meeting would be reviewed and rearranged if possible - A previous funding issue was confirmed to have been resolved The following points were raised in consideration of the report: In response to a query from SR, TC confirmed that an extraordinary meeting had been held earlier in the day and the workplan had been signed off ready for Board. The meeting also covered the required discussion on equity and equality and terms of reference. **Decision:** 1. The Committee received and noted the report.
22/183	**Safeguarding Children and Adults Annual Report** Consideration was given to the report which was presented by Lynne Wyre. Key items highlighted included: - The paper reported on last year, looking at practise during covid and the return to normal practise - A training matrix had been developed to ensure that training was tailored for different groups of staff - Challenges and good practise highlighted **Decision:** 1. The Committee received and noted the report.
22/184	**Children Looked After Annual Report** Consideration was given to the report which was presented by Lynne Wyre. Key items highlighted included: - The paper highlighted clearly how the Trust worked to keep Children Looked After safe, tracking them both as inpatients and once discharged with collaborative work with other agencies undertaken to co-ordinate care **Decision:** 1. The Committee received and noted the report.
22/185	**Chaperone Update Report** Consideration was given to the report which was presented by Lynne Wyre. Key items highlighted included: - A number of audits had been carried out with good overall compliance - If concerns were raised at ward level, then the number of chaperones were proactively increased The following points were raised in consideration of the report: HR-NED noted the encouraging improvements demonstrated in the report and taken in line with the Safeguarding report, the Committee were assured. **Decision:** 1. The Committee received and were assured by the report.
22/186	**Quality & Safety of Inpatient Services for patients with Mental Health issues, Learning Disabilities and Autism**

	Consideration was given to the report which was presented by Lynne Wyre. Key items highlighted included: - There was an ask for assurance from the organisation following receipt of a letter from Claire Murdoch (National Director for Mental Health) - A response had been provided, a copy of which had been included in the reference pack. The response would be strengthened before final submission, especially in relation to identification of harms, the appropriate use of MCA, DoLs and restraints, compliance with safeguarding training, increased visibility of senior nurses, additional information of Freedom to Speak Up, weekend senior nursing cover, NED walkaround, tea and talk sessions and wider service user engagement The following points were raised in consideration of the report: SR-NED suggested that the out of hours service provision should be included in the update. LW to action. In response to SR, LW confirmed that triangulation of patient experience and feedback had been included in the updated report. Circulation of the final version of the report was requested by SR. KD-NED queried if there was a plan to understand in a more measurable way how outcomes and experience of care for people within the organisation for people with mental health challenges, learning disabilities and autism, if a baseline could be established and what improvement would look like. KD felt the data referencing would be very important assurance. BL confirmed that the final version of the report would be submitted for the Board of Directors (30th November 2022) and would also be submitted to the ICB. How the changes would be made business as usual were discussed and it was agreed that a further discussion at a future meeting would be beneficial. **Decision:** 1. The Committee received and noted the report.
22/187	**Serious Incident Panel Chair's Report** The Committee received the report. **Decision:** 1. That the report be received and noted.
22/188	**Executive Review Group Chair's Report** The Committee received the report. **Decision:** 1. That the report be received and noted.
22/188	**Executive Review Group Terms of Reference** Consideration was given to the ERG terms of reference which had been submitted for approval. **Decision:** 1. The updated terms of reference were reviewed and accepted.
22/190	**Quality Governance Chair's Report** No report was available.

22/191	**Patient Safety Group Chair's Report** The Committee received the report. **Decision:** 1. That the report be received and noted.
22/192	**RSP Chair's Report** The Committee received the report. **Decision:** 1. That the report be received and noted.
22/193	**H&S Committee Chair's Report** The Committee received the report. **Decision:**
22/194	**Chair's Report to Board of Directors** The Committee agreed on the contents of the Chair's report to the Board of Directors. HR to complete the Chair's report outside of the meeting. **Decision:** 1. Chair's report to be completed and submitted to the Board of Directors.
22/195	**Attendance Monitoring Register** Noted.
22/196	**Schedule of Business** Noted.
22/197	**Urgent Business** No urgent business was received
22/198	**Date, Time, and Venue of Next Meeting** It was noted that the next meeting of the Quality Assurance Committee would be held on Monday 19th December 2022 via Teams.