Wirral University Teaching Hospital
NHS Foundation Trust

Public Board of Directors

5 May 2021

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Wirral University Teaching Hospital
NHS Foundation Trust

Meeting of the Board of Directors
10.30am - Wednesday 5 May 2021
via Microsoft Teams

AGENDA

Item	Item Description	Presenter	Verbal or Paper	Page Number
21/22-031	**Apologies for Absence**	Chair	Verbal	N/A
21/22-032	**Declaration of Interests**	Chair	Verbal	N/A
21/22-033	**Patient Story**	Chief Nurse	Video	N/A
21/22-034	**Minutes of Previous Meeting – 07 April 2021**	Chair	Paper	1
21/22-035	**Board Action Log**	Chair	Paper	12
21/22-036	**Chair's Business**	Chair	Verbal	N/A
21/22-037	**Key Strategic Issues**	Chair	Verbal	N/A
21/22-038	**Chief Executive's Report**	Chief Executive	Paper	13
Performance & Improvement				
21/22-039	**Quality and Performance Dashboards & Exception Reports**	Chief Operating Officer, Medical Director, Director of Workforce & OD and Chief Nurse	Paper	19
21/22-040	**Month 12 Finance Report**	Chief Finance Officer	Paper	44
21/22-041	**Trust Response to COVID-19**	Chief Operating Officer	Paper	60
21/22-042	**Financial and Operational Plan 2021/22**	Chief Finance Officer	Presentation	118
21/22-043	**NHS Staff Survey 2020 Results – Response and OD Plan**	Director of Workforce	Paper	137
Governance				
21/22-044	**Freedom to Speak Up (FTSU) Annual Report.** (***Sharon Landrum to attend***)	Director of Workforce	Paper	157
20/21-045	**Monthly Safe Staffing Report**	Chief Nurse	Paper	167
20/21-046	**CQC IPC Focused Inspection**	Chief Nurse	Paper	172
20/21-047	**Change Programme Summary, Delivery & Assurance**	Director of Strategy and Partnerships	Paper	188
20/21-048	**Chair's Report – Audit Committee**	Committee Chair	Paper	211
20/21-049	**Chair's Report – Finance, Business, Performance Assurance Committee**	Committee Chair	Paper	216

20/21-050	**Report of Trust Management Board**	Chief Executive	Paper	220
20/21-051	**Communications and Engagement Report**	Director of Communications and Engagement	Paper	229
20/21-052	**Any Other Business**	Chair	Verbal	N/A
20/21-053	**Date of Next Meeting – 2 June 2021, 12.30 via MS Teams**	Chair	Verbal	N/A
20/21-054	**Exclusion of the Press and Public** To resolve that under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.			

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF MEETING HELD IN PUBLIC

07 APRIL 2021

VIRTUAL MEETING VIA MICROSOFT TEAMS

Commencing at 12.30 and Concluding at 15.00

Present

Sir David Henshaw	Chair
John Sullivan	Non-Executive Director/Vice Chair
Chris Clarkson	Non-Executive Director
Steve Igoe	Non-Executive Director
Steve Ryan	Non-Executive Director
Mrs Jayne Coulson	Non-Executive Director
Mrs Sue Lorimer	Non-Executive Director
Janelle Holmes	Chief Executive
Nicola Stevenson	Medical Director / Deputy CEO
Claire Wilson	Chief Finance Officer
Anthony Middleton	Chief Operating Officer
Matthew Swanborough	Director of Strategy and Partnerships
Jacqui Grice	Director of Workforce

In attendance

Tracy Fennell	Deputy Chief Nurse
Christine Griffith-Evans	Deputy Director of Patient Safety and Gov
Oyetona Raheem	Interim Deputy Trust Secretary
Sally Sykes	Director of Communications & Engagement
Sharon Landrum*	Diversity and Inclusion Lead
Mike Ellard*	Deputy Medical Director
Eileen Hume	Public Governor
Alison Owens	Public Governor
Ann Taylor	Staff Governor

Apologies

Hazel Richards	Chief Nurse / DIPC
Jonathan Lund	Associate Medical Director
Chris Mason	Chief Information Officer

*Denotes attendance for part of the meeting

Reference	Minute	Action
21/22 001	**Welcome, Apologies for Absence**	
	The Chair recognised the presence of governors in attendance. Apologies for absence were noted as reported above.	
21/22 002	**Declarations of Interest**	
	No new interests were declared.	
21/22 003	**Patient Story**	
	The Board viewed a video of Mr Jackson whose mum had been admitted to Ward 22 for suspected head injury following a fall at home. His mum had also tested positive for COVID-19. He described the experience of her mum to be great and that staff members had done everything possible to make her comfortable during her stay in the hospital. He expressed special gratitude to the staff members at Ward 22 and Discharge lounge for their professionalism and compassion.	

Reference	Minute	Action
	The Chair expressed appreciation of the Board to Mr Jackson for sharing his story.	
21/22 004	**Minutes**	
	The minutes of the meeting held on 03 March 2021 were approved as an accurate record subject to the following amendments. Item 245 para 14: Change '**underlining**' to '**underline**'. Item 249 last line: Change '**will be presented by end of summer**' to '**will be presented in Q3**'.	
21/22 005	**Board Action Log** The Board reviewed the actions log noting that items had either been actioned or were on the agenda.	
21/22 006	**Chair's Business**	
	The Chair reported that there had been discussions at regional level on progress on the Integrated Care System (ICS) development. There had been delayed progress due to the requirement for the NHS Reform Bill to pass through both Houses of Parliament and the potential impact this could have on the workforce across the region owing to uncertainties around future structures. The Board requested that the message be passed to the centre of the importance of having a clear and timely directive on the future of NHS reorganisation. **RESOLVED:** **That the Board NOTED the Chair's Business** **That ICS Development will be an item for the next Private Board.**	MS
21/22 007	**Key Strategic Issues**	
	There were no additional strategic issues to report.	
21/22 008	**Chief Executive's Report**	
	The Chief Executive presented her report and highlighted that the 2021/22 recovery plan was underway with a focus on restart, recovery and transformation in line with national planning guidance. She also highlighted the continuing COVID-19 vaccination programme including the commencement of the second dose vaccination. The CEO also highlighted the outcome of the 2020 NHS staff survey which represented a stabilised and improving picture for the Trust in spite of the additional work pressure due to COVID-19 pandemic, and for which action plans had been developed to address areas of concerns. Other issues highlighted by the CEO included the arrival of new cohorts of international nurses; the celebration of the Day of Reflection on 23rd March at which members of staff had participated; and the delivery of a number of capital projects including £1.4m upgrade of the Higher Dependency Unit (HDU) at Arrowe Park Hospital; the construction of a Post-Operative Care	

Reference	Minute	Action
	Unit (POCU) at Clatterbridge General Hospital and the refurbishment of orthopaedic theatres at Clatterbridge General Hospital. There had been five serious incidents in the month of February 2021 including one Never Event under the category of wrong site surgery, an infection control incident, a hospital acquired pressure ulcer, a CT incident and a patient fall during admission. All the incidents were being investigated under the Serious Incident Framework to identify opportunities for learning and actions to drive improvement and reduce future risk. The Chair asked when there would be sufficient level of confidence on the reset and recovery plan. The CEO gave explanations on the assumptions upon which the reset and recovery plan had been developed and how these were connected to the system across the Cheshire and Mersey region. It was anticipated that confidence in delivery and funding would be evidenced before end of Q1 2021. The Chair sought clarification on the cost of COVID-19, in delivery and funding reset and recovery plans, to the Trust in terms of throughput. The CEO and COO gave explanations on the expectations for Trusts to manage 85% of activity against the 2019/20 performance levels and how meeting the trajectories would be incentivised. There was however a requirement for every Trust within the region to achieve a minimum target before the incentives could be realised. **RESOLVED:** **That the Board RECEIVED and NOTED the report.**	
21/22-009	**Quality and Performance Dashboard and Exception Reports**	
	The Executive Directors briefed the Board on the content of the Quality & Performance Dashboard up to end of February 2021 for their respective areas. The COO gave explanations on how February 2021 had seen the peak of third wave COVID-19 impact which led to some rapid ward configuration changes being made in order to provide safe COVID and non-COVID separation. The COO also gave an overview on the restart and recovery of planned and unplanned care services. He added that A&E 4-hour performance and Ambulance Handover data had shown an improvement year on year. It was also reported that despite pressures throughout the third wave of the pandemic, no patient had been delayed longer than 12 hours in A&E from the decision to admit. The Medical Director drew attention to the slight dip in VTE assessment performed within 12 hours which was being monitored closely. It was 94.9% in February 2021 against the set target of 95%. She advised that the national standard of VTE assessment during admission was maintained above threshold. The Medical Director added that WUTH contributions to research activities had been progressing well. The Director of Workforce advised that there had been focus on absence level which had started to come down at the beginning of March but still higher than it should be. She added that there had been focus on what was driving high absence level with a view to determining appropriate support mechanisms. Conversations had been held with other Trusts around issues	

Reference	Minute	Action
	of mental health in particular and on how to provide support pro-actively. The Vice-Chair asked if any particular themes had been noticed from the exit interviews for those leaving the Trust that the Board needed to be aware of. The Director of Workforce advised that exit interviews had not been done consistently mainly because many of the leaving staff members did not wish to formalise their reasons for leaving. The Board directed that a consistent approach should be devised for exit interviews which could be anonymised to encourage participation. The Board recognised the challenges in obtaining accurate information in some instances. Steve Ryan commented on the recent modification to doctors' appraisal by the GMC to take account of doctors' well-being and wanted to know if the good practice could be adopted by the Trust. He also wanted to know if there was opportunity during appraisals to recognise those that had developed new skills and how those skills were being taken forward. The Director of Workforce advised that effort was underway to extend the good practice to the medical and other staff areas as well. The Medical Director advised that medical appraisals had previously been paused nationally and that a more compassionate appraisal approach had commenced in October 2020. WUTH's appraisal method had started in September 2020 and was similar to NHSE's approach. She added that the appraisals were not linked to job planning and formal themes were not collected as the meetings were confidential. Jayne Coulson advised that the Institute of Directors had highlighted a drop in staff loyalty by 28% across the industry and that these were driven by multiple factors including recognition, appraisals, return to work assessments and having the right leadership support. She was pleased to note that some of the points had been picked up by the Director of Workforce. Tracy Fennell commented on the mandatory safeguarding training which had been suspended to allow staff to care for patients. The suspension had led to deficit in compliance but this had started to improve slowly. She added that a risk reduction methodology had been introduced by way of perfect ward audit which enabled increased visibility of areas flagging as a concern and to provide targeted training support. Tracy Fennell advised that there had been a reduction in complaints in the month of February 2021 but the number of complaints were still above the trajectory. She highlighted some of the steps that had been taken to reduce complaints with a greater focus on early informal resolution. Tracy Fennell drew attention to the Family and Friends Testing which had been suspended by a national directive. The testing had recommenced in December but the sample collected so far was very small. The Chief Nurse had suggested that the internal target should be reviewed as not in line with national guideline. **RESOLVED:** **That the Board of Directors RECEIVED and NOTED the Quality and Performance Dashboard for the period to 29 February 2021**	

Reference	Minute	Action
21/22-010	**Reset and Recovery Plan**	
	The COO made a presentation on the Wirral Recovery Activities during which he highlighted the approaches that had been taken in the reset and recovery plan. He gave detailed explanations on the waiting list management approach. The next steps highlighted by the COO include rework plan and timescales against an expected 30% growth in referrals; operational planning guidance 2021/22 released on 25th March. The Chair commented on the mutual aid approach within the Cheshire and Mersey region and hoped that the approach would not affect the service provided to Wirral patients. The CEO gave explanations on two main concerns across Cheshire and Mersey region in relation to cancer backlog and size of organisations. There was need to understand how much of the backlog had been caused by COVID-19 and how much was attributable to system change. In answer to a question by Steve Ryan, the COO advised that there was no change to the choice agenda and that 98/99% of the work done by the Trust was for Wirral residents. The COO explained that the only thing that could affect choice was in the use of independent sector capacity to manage backlog. The Trust had been working well with the CCG to ensure that where independent sector capacity was commissioned, that the Trust's waiting list backlog would be prioritised rather than new referrals, in line with the national mandate for the recovery period. **RESOLVED:** **That the Board NOTED the presentation.**	
21/22-011	**Learning From Deaths**	
	Mike Ellard presented the Learning from Deaths report for Q2 and Q3 including Dr Foster's report up to the end of Q2. He highlighted that the main findings by the Medical Examiners had included issues with CPR documentation which had also been identified by the Trust. The team had continued to progress the action plan to address all identified issues. Steve Ryan commended the detailed report which had highlighted the progress that had been made to SHMI rate within difficult circumstances including the improvement to the quality of data. He noted that the report was about learnings which would facilitate further improvements. Sue Lorimer asked if the Medical Examiners (MEs) were medical consultants from other Trusts. The Medical Director explained that MEs could be GPs as well. Further assurances had been obtained from having two of the MEs as those working for other organisations and were able to share experience of good practices elsewhere. The Medical Director drew attention to the significant progress that had been made by Mike Ellard and the team on SHMI rates, and added that SHMI rates may increase as COVID-19 admissions fell (as deaths from COVID-19 are not included in SHMI) The Vice-Chair also commended the progress that had been made to reduce SHMI rate in spite of work pressures. He however asked if the team was	

Reference	Minute	Action
	confident that the record would stand up to scrutiny if there were enquiries in the future on COVID-19 related deaths. The Medical Director replied in the affirmative. **RESOLVED:** **That the Board RECEIVED and NOTED the report.**	
21/22-012	**Month 11 Finance Report 2020/21**	
	The Chief Finance Officer (CFO) presented the Month 11 finance report and highlighted the year to date deficit of £3.530m with a movement of £5.4m in Month 11 largely attributable to the in-year increase in annual leave accrual of £4.975m. She gave a year end deficit forecast of £5.054m which would have been £0.059m but for the annual leave accrual. It was recognised that this was a very positive position which reflected the hard work across the Trust during a challenging year. The CFO reported on the planning and approval process for funding of NHS Trusts for the 2021/22 financial year. Submission of the Trust's plan was due to take place before the next Board on 5th May. The CFO requested that authority be delegated to the Finance, Business, Performance and Assurance Committee (FBPAC) to approve the plan prior to submission. **RESOLVED:** **That the Board NOTED the report.** **That the Board granted delegated authority to the FBPAC to review and approve the financial plan for 2021/21 prior to submission.**	
21/22-013	**2021/22 Capital Allocation Report**	
	The Director of Strategy and Partnerships made a presentation on the 2021/22 capital allocation and highlighted the significant risks around infrastructure of the two campuses that needed to be addressed. He also provided details of the capital projects budget and commitments including for the proposed car park, ongoing development work with critical care and the changing facility area for domestic staff. He added that the methodology that had been adopted was in line with NHSE capital assessment criteria. The Vice-Chair and Sue Lorimer welcomed the methodology and the transparency demonstrated in the capital bid process and noted that the large divisional bids comprised both 'must haves' and 'good to haves'. The Director of Strategy and Partnerships advised that there was need to move to a 3-year programme rather than annual programme. This would be facilitated when the planned recruitment to the capital division had been completed in the summer of 2021. Steve Ryan also expressed that the capital programme had been well thought through and that it provided some confidence that the programme would be delivered. **RESOLVED:** **That the Board NOTED the report.**	

Reference	Minute	Action
21/22-014	**International Nurse Staffing**	
	The CFO presented the report which provided an update on the Trusts international nurse recruitment and sets out the non-recurrent costs associated with the campaign. The CFO highlighted the work that had been done with the nursing team to agree the modelling and identify costs relating to the recruitment exercise. In answer to a question by the Vice-Chair, Tracy Fennell gave explanations on the support mechanisms that were in place for the international nurse recruits. It was noted that the report had been reviewed by the FBPAC which had recommended it to the Board for approval. **RESOLVED:** • **That the Board APPROVED the additional Trust contribution of £519k which will be funded from non-recurrent revenue funding.** • **That the Board NOTED the costs of the programme across the 3 cohorts of nursing recruits and the associated external funding.** • **That the Board NOTED the proposal for benefits review in 12 months.**	
20/21-015	**NHS North West BAME Advisory Report *(Sharon Landrum to attend)***	
	Sharon Landrum presented the report during which she highlighted the work of the Strategic Advisory Committee established by the NW NHS comprising of over 70 NHS leaders from different backgrounds. The Advisory Committee had requested to know what the Trust had done to support the BAME community and patients and what it planned to do going forward. The paper presented to the Board contained details of the response by the Trust to that request. The Chair acknowledged the active part being played by the Trust within the BAME community and thanked Sharon Landrum and her team for their hard work. **RESOLVED** **That the Board NOTED the BAME report.**	
21/22-016	**CQC Compliance and Action Plan**	
	Christine Griffith-Evans presented the report and highlighted the progress that had been made against the recommended actions from the inspection published in March 2020. 70% of the actions had been completed and two of the 'must do' actions had been given a revised date for completion. She also highlighted management actions to ensure that all completed actions were fully embedded into practices. The Board noted from the quarterly updates against the CQC action plan that there were currently 3 'must do' actions overdue; 9 'should do' actions overdue; and 24 actions embedded. Jayne Coulson commented on the information that wellbeing and stakeholder feedback would feature more prominently in future CQC reviews and wanted	

Reference	Minute	Action
	to know how the Trust had been preparing for that. The Director of Workforce gave explanations on the established set standards that would enable the Trust to gather evidence of compliance in relation to staff well-being and stakeholder feedback. **RESOLVED** **That the Board NOTED the report.**	
21/22/017	**CQC Consultation on Strategy for Regulation**	
	The paper was presented by Christine Griffith-Evans during which she highlighted the Trust's response to the consultation paper by CQC on future regulation. The consultation proposed a new approach to regulation and inspection with more focus on feedback from patients and stakeholders as a driver to monitor compliance with the fundamental standards and quality and safety. Christine Griffith-Evans advised that the Trust was well placed to comply with the new inspection criteria. Jayne Coulson asked for specific steps that had been taken to improve on positive feedback from patients and stakeholders and how feedback collected could be representative of the entire community. The CEO advised that discussions had been held by the Executives on how to make staff and patients experience better. Discussions had been held with colleagues from other hospitals as well and both quantitative and qualitative surveys would be adopted to make the feedback more robust. The CEO added that the Executives were conscious that this was a key piece of work in line with NHS Patient Safety Strategy. **RESOLVED** **That the Board NOTED the report.**	
20/21-018	**Monthly Safe Staffing Report**	
	The Deputy Chief Nurse presented the safe staffing report and highlighted that there had been a reduction in CSW vacancies and improvements in RN and CSW sickness rates. There had also been a positive reduction in the number of RN red shift impacts on care that had been reported during the period via the Safe Staffing Oversight Tracker (SSOT). The Trust had remained on track with the International Recruitment Programme and was expecting another set of 107 RNs to arrive before end of April 2021. The Deputy Chief Nurse also highlighted that during Q1 of 21/22 CSW vacancies was expected to reduce to zero. Band 5 RN vacancies were expected to reduce to 4% by July once all the international RNs have passed their exams and have their UK pin numbers. The Board found the report as a good source of assurance on nursing staff vacancies. **RESOLVED:** **That the Board NOTED the report.**	

Reference	Minute	Action
20/21-019	**Change Programme Summary, Delivery & Assurance**	
	The Director of Strategy used the previously circulated presentation slides to highlight the progress on the Change Programme and the current areas of focus. Attentions were drawn to one of the previously tracked Digital Enabler projects that had been completed and no longer subject to assurance. Governance ratings for March 2021 had seen two of the three programmes rated Green, with one attracting Amber rating (no change from the February ratings). For the Digital Enabler and Service Improvement projects, three were Green rated with the remaining three Amber Delivery ratings for March 2021 had seen two programmes Green rated with just one Amber rated (this was an improvement from the February ratings where two had been rated Amber with just one Green). For the Digital Enabler and Service Improvement projects, two had been Green rated, four Amber (two of which were to flag milestone extensions which had now been approved by the SRO). **RESOLVED:** **That the Board NOTED the report.**	
20/21-020	**Review of Register of Interests and Annual F&PP Declaration.**	
	The Interim Deputy Trust Secretary presented the report and highlighted steps that had been taken to comply with the requirements on Managing Conflicts of Interest and the annual fit and proper person checks. **RESOLVED:** **That the Board NOTED the report.**	
20/21-021	**Review of Non-Executive Director Independence**	
	The Interim Deputy Trust Secretary presented the report on NED independence assessments and highlighted the searches that had been conducted before arriving at the recommendation. **RESOLVED:** **That the Board AGREED that the Non-Executive Directors were independent.**	
20/21-022	**Chair's Report – Quality Assurance Committee**	
	The Committee Chair highlighted the key issues discussed at the Committee held on 22 March 2021 including Learning from Deaths report; CQC compliance and action plan; Q3 CLIPPE report; digital patient safety checklist in the Emergency Department; report on potential harm from extended waiting times; and a review of the Board Assurance Framework on PR4 – 'Catastrophic failure in standards of safety and care'. **RESOLVED:** **That the Board NOTED the report.**	

Reference	Minute	Action
20/21-023	**Chair's Report – Finance, Business, Performance Assurance Committee**	
	The Committee Chair highlighted the key issues discussed at the Committee held on 31st March 2021 including a review of the Month 11 finance report; report on financial planning for 2021/22; costs relating to international nurse recruitment which was reviewed and recommended for Board approval; review of the quality performance dashboard; and a the Wirral Elective Recovery Plan. **RESOLVED:** **That the Board NOTED the report.**	
20/21-024	**Chair's Report – Workforce Assurance Committee**	
	The Committee Chair highlighted the key issues discussed at the Committee held on 24th March 2021 including discussion on future committee business in line with new WUTH workforce strategy that was being developed; a review of reports from Workforce Steering Boards held on 17 Dec 2020 and 17 Feb 2021; workforce performance report, international nurse recruitment; and other workforce priorities. **RESOLVED:** **That the Board NOTED the report.**	
20/21-025	**Chair's Report – Safety Management Assurance Committee**	
	The Committee Chair highlighted the key issues discussed at the Committee held on 22 March 2021 including rescheduling of SMAC meetings to bi-monthly meetings; the RMC Chair's report had been reviewed and the Committee had noted the report that there had been an increase in RIDDOR events as a result of the impact of COVID-19; divisional exception reports had been presented to ensure risks were being acted upon and monitored appropriately and that work had continued to ensure appropriate PPE and fit testing as necessary. The Committee Chair added that discussion had taken place on the number of assaults on staff members and how these were being managed, as well as on the number of staff members requiring individual COVID-19 Health Assessments. The Committee had also received updates on the Health and Safety Performance activity and Dashboard; reviewed the H&S improvement plan and a high-level summary of the matters being managed at a Divisional level. **RESOLVED:** **That the Board NOTED the report.**	
20/21-026	**Report of Trust Management Board**	
	The CEO presented the TMB Chairs report and highlighted some of the key issues discussed at the meeting held on 30 March 2021 including a review of quality performance dashboard; finance update, workforce dashboard, Wirral Recovery Activity and divisional performance updates. **RESOLVED:** **That the Board NOTED the report.**	

Reference	Minute	Action
20/21-027	**Communications and Engagement Monthly Report**	
	The Board received the report on the Trust's communications and engagement activities since the last Board meeting, including media relations, campaigns, marketing, social media, employee communications and staff engagement. The Board noted the updates and expressed appreciation for the immense work by the Communications and Engagement team. **RESOLVED:** **That the Board NOTED the report.**	
20/21-028	**Any other business**	
	It was noted that the Chair had to leave the meeting at 2pm, following which the meeting was directed by the Vice-Chair.	
20/21-029	**Date of Next Meeting** Wednesday 5 May 2021, via MS Teams	
20/21-030	**Exclusion of the Press and Public**	
	RESOLVED: That under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.	

……..……

Chair

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Date

Board of Directors Action Log
Updated – 07 April 2021
Completed Actions moved to a Completed Action Log

No.	Minute Ref	Action	By Whom	Progress	BoD Review	Note
Date of Meeting 07.04.21						
1	BM21-22/006	ICS Development to be included on the agenda items for the next Private Board.	**MS**	This item has been added to the Private Board agenda for May 2021	Complete	
Date of Meeting 04.11.20						
2	BM20-21/174	Update the Board on progress regarding work on the new strategy on Culture and Leadership	**JG/MS**		May '21	The Trust strategy has a clear timescale for when each supporting strategy will be addressed. An outline OD strategy and draft plan is being developed in response to the survey results and the draft plan will be tabled before the Board in May.
3	BM20-21/175	Seek clarification on the status of the additional license condition that was imposed by NHSI in 2018.	**JH**		May '21	Work underway as part of the System Improvement Board (SIB) to be removed from the 'Challenged Provider Programme'. Evidence pack to be submitted in April '21 with a regional decision in May '21.

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: 21/22-038

BOARD OF DIRECTORS
5 May 2021

Title:	Chief Executive's Report
Responsible Director:	Janelle Holmes, Chief Executive
Presented by:	Janelle Holmes, Chief Executive

Executive Summary
This is an overview of work undertaken and important announcements for the month of April 2021

Recommendation: (e.g. to note, approve, endorse)
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	No
Continuous Improvement: Maximise our potential to improve and deliver best value	No
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
N/A
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
N/A
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
N/A
Specific communications and stakeholder /staff engagement implications
N/A

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/A		
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)		
N/A		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees	Trust Board	
Background papers / supporting information	N/A	

BOARD OF DIRECTORS
5 May 2021

Chief Executive's Report

Purpose

This report provides an overview of work undertaken and any important announcements in April 2021.

Introduction / Background

1. COVID-19 Update

There are fewer than five patients with COVID-19 currently in the Trust, and there are no patients with COVID-19 within Critical Care. The community prevalence in Wirral continues to decrease. The 7 day prevalence was 10 per 100 000 at the time of this report. COVID-19 safe pathways and infection prevention and control measures remain active throughout the Trust. LAMP testing is available to all staff for weekly COVID-19 surveillance.

2. Reset and Recovery

The Phase 3 national expectation previously reported upon ended at February, with new expectations now published from April onwards.

As such there was no clear expectation for March as systems phased their restart and recovery during March following the 3rd wave of the COVID pandemic.

The following table sets out the delivery against the Trust internal trajectories:

Activity - February	Trajectory	Actual	Variance
Outpatients	95%	108%	+13%
Daycase	83%	83%	0%
Inpatients	62%	72%	+10%

It should be noted that the delivery levels in March are already in excess of the national expectation for April.

3. Vaccination Hub

The Clatterbridge Vaccination Centre continues to work closely with local partners to ensure that our local population is vaccinated at the earliest opportunity. Currently the national programme requires 1st vaccinations to be for patients 44 years old and over, health and social care staff and those classed as clinically extremely vulnerable and clinically vulnerable.

The Pharmacy team continues to co-ordinate the vaccination of hospital inpatients where they fall within cohort. Also on behalf of the Wirral Healthcare Partners

accelerated courses of vaccination required for patients who are commencing immunosuppressive treatments and specialist allergy sessions with on hand anaesthetic support for patients who have suffered an allergic response to their first dose of the COVID-19 vaccine.

The Arrowe Park “pop up” clinic for both the Oxford Astra Zeneca and Pfizer clinics finished on 23rd April and the Boardroom and dining room is in the process of being returned to use.

The Trust Chief Pharmacist continues to provide pharmaceutical support to the Cheshire and Mersey Vaccine Silver Command and Control structure and the WUTH hosted Medicine Delivery Driver continues to move vaccine across Cheshire and Mersey footprint to support the national mutual aid process to avoid vaccine wastage.

4. Serious Incidents

In March four serious incidents were declared; one relating to clinical management, one relating to imaging follow up and two medicine management; one of which relates to administration, the other prescribing.

All incidents are being investigated under the Serious Incident Framework to identify opportunities for learning and actions to drive improvement and reduce future risk.

5. RIDDOR Update

In March there were 2 incidents reported to the Health & Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Both events were slips trips and falls.

One incident occurred in ED where a member of staff reported slipping whilst helping a patient to mobilise. One occurred in ITU where a member of staff tripped over a box whilst moving items out of the storeroom to the clinical area.

6. Equality, Diversity & Inclusion

April was Autism Awareness month and NHSE/I provided a range of awareness events for the health and social care workforce. We ensured all divisions had access to the events.

7. Ramadan – 12th April to 11th May

Ramadan has started (12 April to 11 May) and the Trust is supporting its staff by providing food boxes. Our chaplaincy team are planning a feast to celebrate Eid. In addition we have promoted a range of events run by the NHS Muslim Network to celebrate Ramadan and Eid.

8. Covid-19 resources

A huge amount of work has been done and continues to be done around tailoring vaccine information and reaching out to our ethnic minority staff and communities. There is still a lot of misinformation circulating and we have used national communication materials and videos featuring our own staff to encourage take up of the vaccine.

9. Wellbeing

NHS England and Improvement have launched the Wellbeing Guardians platform designed to support all Wellbeing Guardians on a personal level and as a community to ensure they have all the support to shape and deliver their portfolios.

The Department of Health have recently launched the development of a Women's health strategy which aims to create a positive agenda on women's health. The HR Director is collecting Trust feedback on the work. The closure date for feedback is 30.5.2021.

NHSEI have launched an Islamic mental health and wellbeing service. It is a free faith based mental health counselling service provided in conjunction with trusted partners. The Trust is promoting this via the Occupational health and the Chaplaincy service.

10. Health Watch Wirral Feedback

Health Watch Wirral has collated feedback from members of the community who have visited our Clatterbridge Vaccination Centre. Our staff members have continued to provide excellent patient care, which is reflected in the report.

We want to thank all staff involved again for their hard work and dedication to keeping our community safe and for playing a vital role in the fight against COVID-19.

11. Award by the High Sheriff of Merseyside

We were delighted this month when Wirral University Teaching Hospital received an award from The High Sheriff of Merseyside. The honour has been given in recognition of the Trust's 'great and valuable services to the community' and the High Sheriff, who is the Queen's judicial representative on Merseyside, praised the efforts of staff across the whole team.

The High Sheriff Award also recognises the appreciation of the residents and people of the community of the County for activity and contribution in enhancing the life of the community. His Honour John Roberts DL, immediate past High Sheriff of Merseyside, said that it was a 'great pleasure to present the Trust with a High Sheriff Award in recognition of the wonderful work that it has done for the community in the last 12 months'.

He added that what has been achieved these last twelve months in terms of addressing the Trust's normal workload and coping with the COVID-19 pandemic would not have been remotely possible without everybody working as one big team and in a totally committed and selfless way. He commented that the work had 'been nothing short of amazing'.

12. Capital Programme Delivery

The Trust's is concluding the delivery of the 20/21 capital programme in early April 2021. At year end, the programme had a total capital expenditure of £17m, which focussed on new campus infrastructure, refurbishments, clinical equipment and information technology. This included:

- A&E Majors Refurbishment
- Cath Lab upgrade

- HDU Refurbishment (Stage 1)
- A&E ventilation and doors
- Vaccination Hub at CGH
- CGH Orthopaedic Theatres expansion and ventilation
- POCU at CGH
- Theatre ventilation at APH
- Radiology C-Arms
- Clinical monitors

In April, the Board approved the £13m capital allocation for 21/22. The Trust has commenced delivery of the 21/22 Capital Programme, in line with plans. This is being tracked on a monthly basis through the Capital Management Group and weekly by the Executive Team. Major projects within the programme include:

- Two ward refurbishments
- Restaurant upgrades and wellbeing areas
- Staff change rooms
- Patient showers and bathrooms
- Carpark preliminary works
- CT scanner
- Endoscopes
- X-ray equipment

13. System Improvement Board

The Wirral healthcare system is currently subject to enhanced monitoring by NHS Improvement in the form of a System Improvement Board (SIB). This was established 3 years ago to provide enhanced regulatory focus and a joined-up system wide response to the performance and quality issues.

As previously discussed with the Board of Directors, the Trust recently submitted its evidence in support of the proposal to stand down this enhanced SIB regulatory monitoring given the trajectory of sustained improvements made over recent years.

The system has demonstrated significant progress across each domain under consideration. Whilst it is acknowledged that in some areas, further improvement will be required, we believe that the leadership, relationships and governance processes now in place within the Wirral system means that it can now revert back to business-as-usual monitoring and scrutiny processes with NHSE/I as regulator. We expect to get feedback within the next month and in the meantime, the System Improvement Board has been stood down whilst the decision is made.

Conclusions

N/A

Recommendations to the Board

The Board is requested to note the Chief Executive's report.

Agenda Item: 21/22–039

Meeting of the Board of Directors
5 May 2021

Title:	Quality & Performance Dashboard
Author:	J Halliday Assistant Director of Information
Responsible Director:	COO, MD, CN, DoW, DoF
Presented by:	COO, MD, CN, DoW, DoF

Executive Summary
Contextual and background information pertinent to the situation / purpose of the report.

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of March 2021.

Of the 45 indicators that are reported for March (excluding Use of Resources):
- 20 are currently off-target or failing to meet performance thresholds
- 25 of the indicators are on-target

Please note during the current Covid-19 pandemic some metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included.

The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion and the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

Recommendation:
(e.g. to note, approve, endorse)

For noting.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
Quality and Safety of Care. Patient flow management during periods of high demand.		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
The dashboard Includes NHSI Oversight Framework metrics, considered as part of provider segmentation.		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
N/a		
Specific communications and stakeholder /staff engagement implications		
N/a		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/a		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
N/a		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/a	
Background papers / supporting information	N/a	

Quality Performance Dashboard

April 2021
Upated 20-04-21

	Indicator	Objective	Director	Threshold	Set by	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.31	0.25	0.14	0.29	0.13	0.18	0.21	0.00	0.11	0.21	0.15	0.11	0.16	0.16	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	95.8%	96.2%	96.4%	95.8%	95.1%	95.3%	95.4%	95.1%	95.3%	94.7%	94.2%	94.9%	94.0%	95.20%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	97.5%	97.8%	97.8%	97.6%	97.2%	97.2%	97.4%	96.8%	96.9%	96.9%	96.5%	96.6%	96.2%	97.1%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	96.9%	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	4	3	4	1	4	4	2	3	2	4	4	5	4	40	
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium difficile (healthcare associated)	Safe, high quality care	CN	≤88 WUTH maximum from 2019-20 retained, with a varying trajectory of a max 6 to 8 cases per month	SOF	3	6	5	5	1	4	1	5	10	8	4	7	6	62	
	Gram negative bacteraemia	Safe, high quality care	CN	Maximum 77 for financial year 2020-21, with a varying trajectory of a max 6 or 7 cases per month	WUTH	1	7	4	6	8	5	3	7	3	1	3	6	6	59	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	1	0	1	0	0	0	0	0	0	0	0	2	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	100.0%	100.0%	99.1%	99.0%	99.5%	99.0%	99.6%	100.0%	100.0%	100.0%	99.3%	98.9%	100.0%	99.5%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	2	0	2	0	4	0	0	1	0	1	0	0	10	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	96%	96%	91%	95%	95%	98%	96%	94%	91%	93%	Not avail	Not avail	96%	95%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	90.2%	90.4%	88.7%	71.6%	79.3%	75.9%	72.9%	73.2%	75.1%	76.6%	77.9%	79.1%	79.9%	78.4%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	82.8%	80.6%	71.4%	71.8%	73.5%	72.1%	73.9%	74.5%	77.6%	81.3%	82.9%	84.1%	82.3%	77.2%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	79.9%	51.5%	19.7%	19.0%	42.0%	48.3%	53.2%	54.7%	60.9%	77.8%	79.0%	80.1%	67.0%	67.0%	
	Attendance % (12-month rolling average)	Safe, high quality care	DHR	≥95%	SOF	94.05%	94.14%	94.20%	94.25%	94.35%	94.41%	94.40%	93.58%	93.61%	93.66%	93.48%	93.42%	93.48%	93.48%	
	Attendance % (in-month rate)	Safe, high quality care	DHR	≥95%	SOF	94.90%	94.78%	95.04%	95.01%	94.92%	94.63%	94.41%	93.81%	94.04%	94.14%	92.30%	93.91%	94.71%	94.31%	
	Staff turnover % (in-month rate)	Safe, high quality care	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.90%	0.42%	0.43%	1.17%	1.17%	1.79%	0.97%	0.64%	0.97%	0.82%	0.98%	0.67%	0.77%	0.90%	
	Staff turnover (rolling 12 month rate)	Safe, high quality care	DHR	≤10%	WUTH	11.1%	10.9%	10.7%	11.1%	11.7%	11.1%	12.7%	12.6%	13.2%	13.3%	13.7%	13.9%	13.0%	13.0%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	9.9	8.0	8.5	10.1	9.5	8.1	8.9	9.0	9.0	

Quality Performance Dashboard

April 2021
Upated 20-04-21

	Indicator	Objective	Director	Threshold	Set by	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	98.7%	93.6%	96.5%	96.4%	99.1%	99.0%	96.8%	97.4%	97.5%	96.2%	94.1%	95.3%	98.0%	96.7%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	95%	93%	98%	97%	98%	98%	96%	96%	98%	97%	95%	97%	97%	96.6%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	19.8%	20.7%	19.6%	19.5%	18.8%	18.6%	17.8%	17.7%	18.5%	17.9%	18.4%	18.9%	18.0%	18.7%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	383	174	209	210	202	239	309	305	279	319	371	354	341	341	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 52 (revised Sept 2020)	WUTH	108	35	54	48	53	59	92	95	86	112	98	106	88	88	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	4.9	6.8	5.5	6.2	3.6	3.8	4.8	3.9	4.1	3.4	2.8	3.2	3.1	4.3	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	9.9	6.9	4.7	4.7	4.2	4.5	5.4	5.8	5.4	4.3	4.7	4.4	4.2	4.9	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	827	667	870	941	1016	1012	1014	1007	992	1020	1027	938	1097	967	
	Delayed Transfers of Care	Safe, high quality care	COO	Maximum 3.5% of beds occupied by DTOCs	WUTH	3.3%	2.3%	3.3%	2.3%	2.1%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	82.0%	71.4%	69.7%	65.4%	70.9%	75.6%	79.3%	79.2%	81.3%	77.7%	71.9%	81.3%	84.9%	77.5%	

Quality Performance Dashboard

April 2021
Upated 20-04-21

	Indicator	Objective	Director	Threshold	Set by	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	4	2	0	2	3	5	1	0	0	3	2	0	0	18	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	87.0%	84.0%	87.0%	85.0%	85.8%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	TBC	92.0%	91.0%	92.0%	91.7%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	95.0%	94.0%	95.0%	95.0%	94.8%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	80.0%	100.0%	67.0%	94.0%	85.3%	

Quality Performance Dashboard

April 2021
Upated 20-04-21

	Indicator	Objective	Director	Threshold	Set by	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2020-21	SOF	72.7%	85.5%	93.7%	90.0%	90.4%	85.0%	76.9%	71.6%	76.2%	71.8%	64.6%	76.8%	77.8%	77.8%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	21	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	TBD	National	75.2%	74.8%	80.1%	76.4%	78.0%	71.4%	64.8%	64.9%	71.4%	69.6%	65.3%	77.8%	78.8%	72.8%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	TBD	National	6.8%	0.7%	0.4%	0.6%	0.6%	0.7%	2.7%	4.2%	3.1%	4.3%	6.6%	2.3%	1.6%	2.3%	
	Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed	Safe, high quality care	COO	TBD	National	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH		7.8%	3.8%	3.5%	3.2%	4.2%	8.3%	13.8%	9.2%	13.2%	18.0%	8.7%	9.1%	8.6%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	75.01%	64.88%	54.05%	43.29%	41.67%	51.30%	59.76%	65.66%	69.16%	69.81%	68.40%	67.89%	69.26%	69.26%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,750 for WUTH by March 2021	National	22,350	21,284	21,288	21,383	23,034	24,486	24,212	22,945	21,633	21,792	21,880	21,955	23,444	23,444	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	15	56	200	413	616	733	806	777	704	666	899	1108	1168	1168	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	96.8%	45.2%	46.5%	74.9%	78.8%	83.5%	88.8%	90.5%	93.7%	94.9%	94.0%	94.3%	97.4%	81.9%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	96.9%	70.6%	97.2%	98.3%	95.5%	89.3%	92.6%	94.9%	90.5%	97.2%	96.0%	97.6%	98.9%	93.2%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	93.4%	–	–	90.2%	–	–	92.48	-	-	94.20	-	-	97.67		
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	98.5%	100.0%	98.3%	97.1%	90.7%	94.8%	92.1%	98.0%	97.4%	97.2%	98.0%	93.0%	94.6%	95.9%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	97.6%	–	–	98.6%	–	–	92.44	-	-	97.55	-	-	-		
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	86.0%	87.4%	86.2%	82.1%	80.7%	78.6%	82.6%	82.9%	85.3%	85.4%	80.9%	82.1%	82.8%	83.1%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	85.9%	–	–	85.3%	–	–	80.68	–	–	84.60	-	-	-		
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	125	74	99	119	143	124	183	178	161	150	196	165	170	147	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	2.70	1.30	1.50	2.80	2.10	3.40	4.20	3.80	3.20	1.32	3.80	3.56	4.07	2.92	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	86%	88%	100%	100%	100%	100%	100%	94%	100%	97%	100%	95%	97%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	1	0	1	5	1	0	2	1	4	2	2	4	4	2	

Quality Performance Dashboard

April 2021
Upated 20-04-21

	Indicator	Objective	Director	Threshold	Set by	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	CN	100%	National	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 20/21 (ave min 59 per month until year total achieved) - target retained from 19/20)	National	117	329	181	152	86	31	126	329	215	163	599	206		2417	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	83.0%	82.9%	85.1%	77.9%	81.3%	84.3%	76.3%	73.0%	74.1%	76.2%	72.9%	74.7%	77.0%	77.0%	

	Indicator	Objective	Director	Threshold	Set by	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	2.377	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.7	0.5	-0.2	-5.4	3.5	0.0	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-0.589	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.5	0.3	-0.1	-5.4	3.9	-0.4	
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	4	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance	Effective use of Resources	CFO	On Plan	WUTH	-17.7%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	
	NHSI Agency Performance (monthly % variance)	Effective use of Resources	CFO	On Plan	NHSI	53.3%	9.8%	25.9%	27.4%	25.0%	34.5%	22.3%	12.1%	0.5%	10.2%	18.5%	-22.5%	-21.9%	11.8%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-30.4	-97.4	-98.4	-98.2	-98.0	-97.9	-16.3	-15.0	-15.6	-17.4	-28.0	-17.8	-16.9	-16.9	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	74.8%	101.0%	100.4%	61.1%	53.0%	44.6%	42.1%	41.8%	46.2%	66.3%	67.5%	-74.8%	100.0%	100.0%	

(*) Updated Metrics

Responsive - Time to initial assessment for all patients presenting to A&E - % within 15 minutes

Responsive - Proportion of patients spending more than 12 hours in A&E from time of arrival

Responsive - Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed

Metric Change

New draft metric reflecting the changed focus for Urgent Care standards - no national threshold published yet

New draft metric reflecting the changed focus for Urgent Care standards - no national threshold published yet

New draft metric reflecting the changed focus for Urgent Care standards - reliant on ECDS v3 being implemented at WUTH from July 2021

(**) Updated Thresholds

Threshold Change

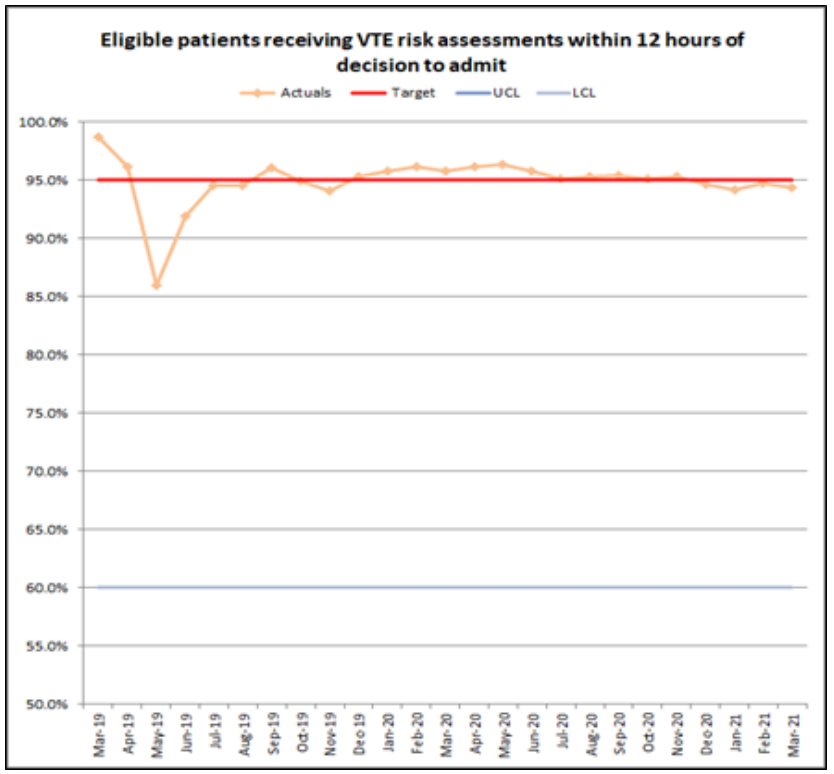
Wirral University Teaching Hospital NHS Foundation Trust

WUTH Quality Dashboard Exception Report May 2021

Safe Domain

Eligible patients having VTE risk assessment within 12 hours of decision to admit

Executive Lead: Medical Director
Performance Issue: A WUTH target has been set that at a minimum 95% of eligible patients will have a VTE risk assessment performed within 12 hours of the decision to admit. March performance was slightly below at 94.4%. The nationally reported standard of all patients receiving a VTE risk assessment on admission to hospital has been consistently met.
Action: No action needed at present, but performance will continue to be monitored to ensure that there is not a significant nor sustained deterioration in assessment and that there are no patient safety issues.
Expected Impact:



Protecting Vulnerable People Training - % Compliant Level 1

Executive Lead: Chief Nurse

Performance Issue:

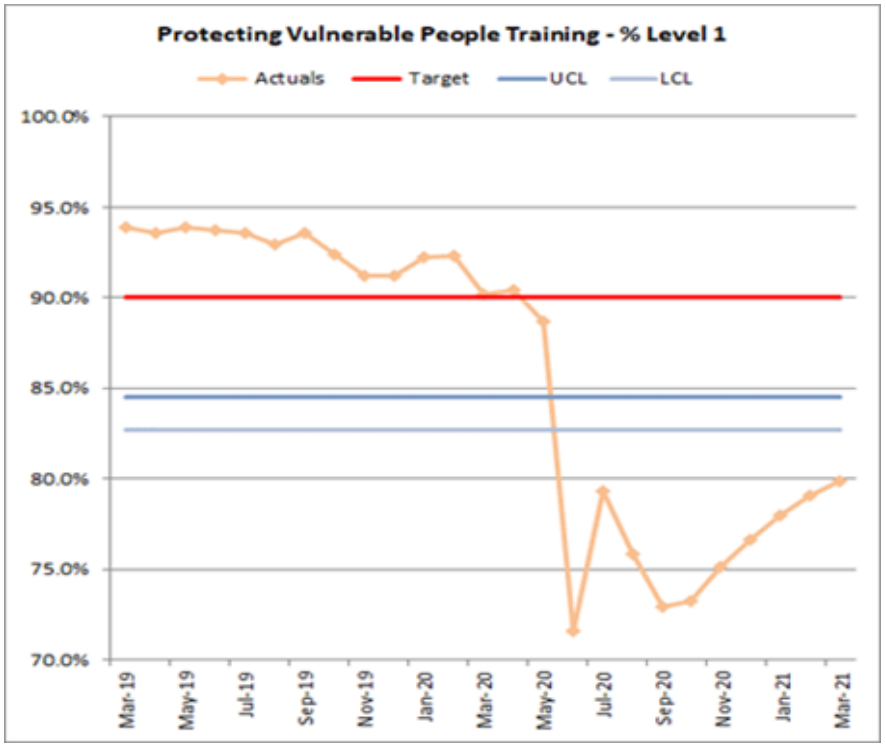
WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard has been improving in recent months, with March at 79.9%.

Action:

PVP training compliance is monitored at Safeguarding Assurance Group (SAG). In April 2021 SAG noted month on month improvement although this improvement was not in line with the agreed trajectory due to the known impact of the COVID pandemic. Divisions provided oversight of plans to address noncompliance including targeted induvial conversations and protected time to complete online training. The Trust Safeguarding Team are monitoring staff knowledge via the perfect ward audits and are offering additional support and training in wards with identified risks.

Expected Impact:

There is an expectation that PVP level 1 training compliance will continue increase further during Q1.



Protecting Vulnerable People Training - % Compliant Level 2

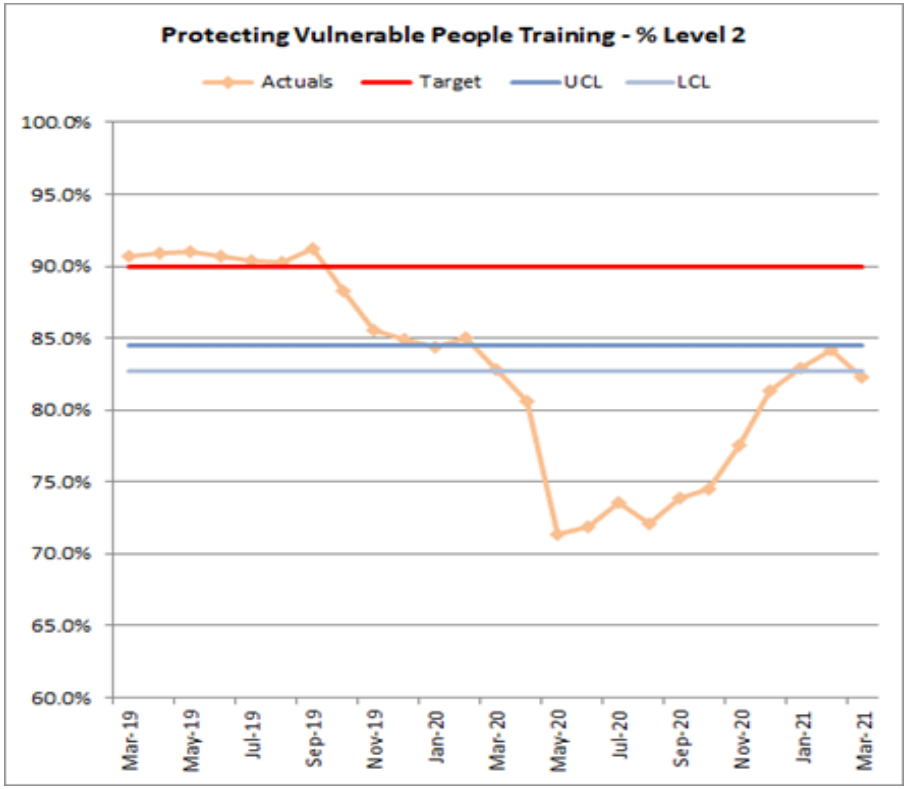
Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard had been improving, though is slightly down in March 2021 at 82.3%.

Action:
PVP compliance is monitored via the Safeguarding Assurance Group (SAG). SAG were assured in April by the divisions although a drop had been seen in March this was due to the planned release of more staff to undertake level 1 PVP training to ensure basic level awareness was understood by larger volumes of staff. The divisions provided plans to support staff with protected time to undertake online level 2 training throughout Q1. Wards are monitored via perfect ward audits any wards identified as a risk are supported with bespoke training and practical support from the Trust Safeguarding Team.

Expected Impact:
PVP level 2 training compliance is expected to increase further in Q1



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse

Performance Issue:

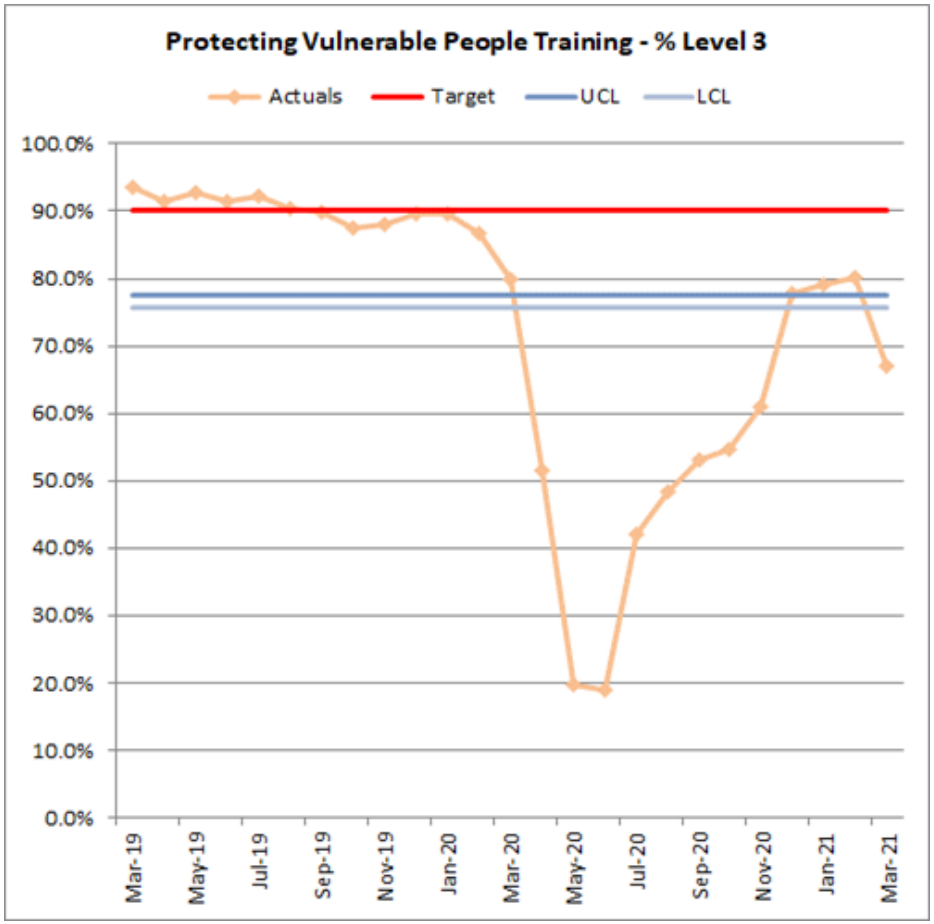
WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard had been steadily improving, though March 2021 experienced a deterioration to 67%.

Action:

The Trust continues to host face to face sessions for the face to face component of the training (Level 4) alongside the E-Learning element of the course, These remain limited to 33 staff per session due to social distancing requirements and the limited availability of large venues. Due to the ongoing staffing pressures noted in March, a large number of Did Not Attends (DNA) were reported. Divisions provided assurance via Safeguarding Assurance Group (April 2021) that training has been rebooked and staff are being provided protected time to attend. Particular focus and support is being offered to ensure the Integrated Discharge Team and doctors are supported to undertake training as they were noted to have lower than expected compliance by SAG.

Expected Impact:

PVP level 3 training compliance will increase month on month moving to full compliance in Q1 2021/ 22.



Staff attendance % (in-month rate)

Executive Lead: Director of HR / OD

Performance Issue:

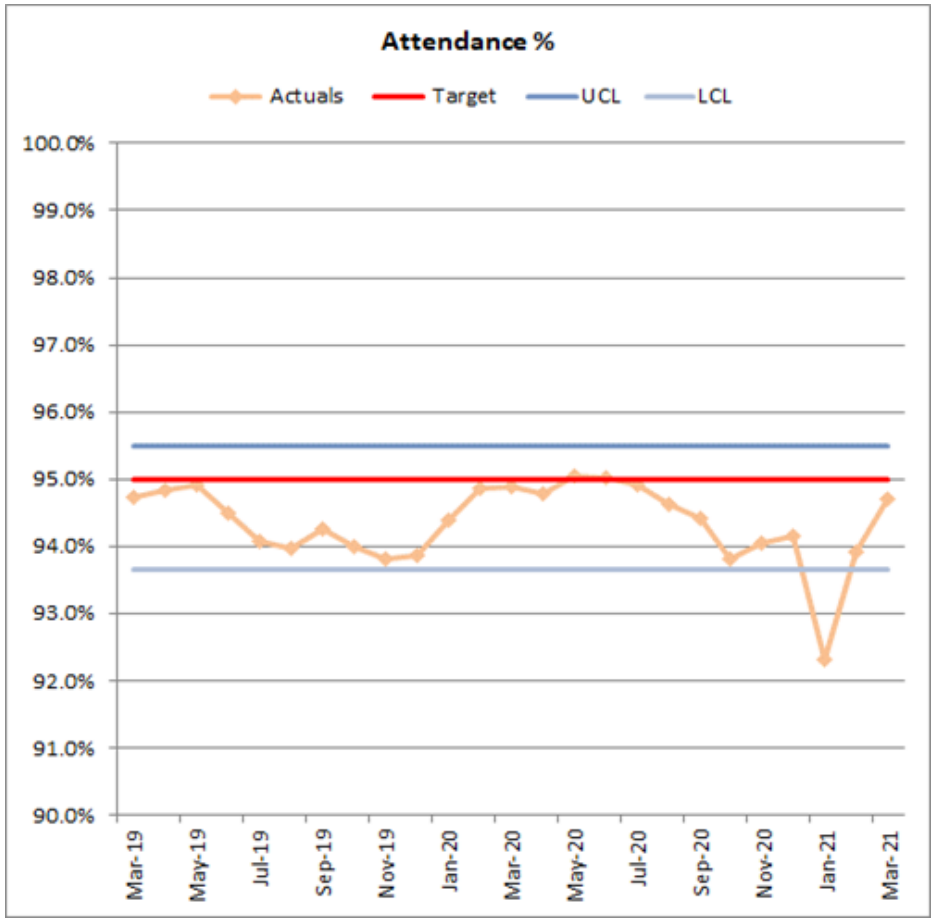
The Trust compliance threshold for sickness absence is 5%, both for in-month sickness and over a rolling 12-month period. Throughout 2020 sickness absence rates have been outside the tolerated threshold however there is a trajectory of improvement between January and April 2021. In month sickness for March 21 was 5.29% and the rolling 12-month rate for the same month was 6.52%. There is an improvement when comparing to February 21 in-month sickness which was 6.09%. Similarly, the 12-month rolling rate improved from 6.58%.

It is important to provide the context however of the unprecedented Pandemic in 2020. Therefore, when examining the split between Covid and non-Covid related absence to provide a true comparison to 2020 and 2019 figures, sickness in March 21 in month is 4.78% and rolling absence is 5.24%. The same period last year was 6.08% and 5.95% respectively. This demonstrates a reduction in like for like sickness absence across the two periods.

The split between long term and short-term absence is as follows; long Term absence split is reported as 1.71% in March 21, whilst short term sickness is reported as 3.58%.

Typically, short term absence is more difficult to manage; sourcing cover to fill gaps at short notice is difficult and can feel unsettling to other members of the team. Managers are strongly encouraged to complete return to work discussions following every episode of sickness absence to offer a balance of support and challenge. It is proven that this valuable conversation is one of the main drivers of improved sickness absence in an organisation.

Data evidences the variation in compliance with completion of return to



work discussions across the organisation which is being mitigated by provision of regular weekly reports to Executive Directors and Divisional Triumvirates to provide check and challenge to improve the position. Performance with return to work discussions is improving as part of reset and recover.

Historically, Musculoskeletal (MSK) problems have been significantly higher than tolerated thresholds and additional interventions have been put in place to improve the support offering to staff including access to fast physio provision. This absence reason equates to 7.55% of the overall absence figure for March 2021 which shows an improvement in absence levels from the previous month for this reason (8.97% in February 21). Overall, there is a pattern of significant improvement when compared to last year's data however there is still significant work to do in this area to sustain improvement.

Sickness absence due to Anxiety or Mental Health has always been a large proportion of the overall absence in the Trust. This worsened significantly over the summer months in 2020, following the first wave of the pandemic. In January and February 2021 this position started to improve however has sadly deteriorated again in month at 30.35%. This mirrors previous patterns linked to the Covid-19 Pandemic waves and resultant impact on staff. When viewed overall it means approximately one third of staff absence is reported as being due to mental health issues.

The Trust Employee Assistance Programme has been widely and regularly communicated to staff as a reminder of the support available. Additional in-house Psychology support has also been sourced as well as referrals available to Red Poppy so staff can be referred for specialist intervention. Information available to staff via the Intranet has been produced in the form of hard copy handbooks to enable access to awareness of support for staff who do not readily have access to PC's or laptops at work.

Action:

Across the divisions, managers are working with support from the HR

Services Team to progress complex sickness absence cases with a number of long-term cases referred to management hearings for resolution including conclusion of employment. Career breaks have been offered in some instances to staff following end of national Shielding.

Management of additional challenges in relation to misconduct due to non-compliance with policy is managed robustly on a case by case basis with support from the HR Services Team.

HR Business Partners are working with Divisional triumvirates and Workforce Information Hub colleagues to identify and target hot spots with a view to undertaking departmental audits and progressing recovery plans to support an improvement in sickness absence.

A star chamber approach is in place to review long term sickness absence cases <4 months on an individual basis. This seeks to map an action plan to either support staff back to work or to conclude employment in line with policy where a return to work within a reasonable timescale is not anticipated. Particular success is reported from facilities in relation to use of this approach.

Staff wellbeing continues to be a key area of focus for the Workforce directorate with a number of initiatives in place including management coaching, wellbeing hubs/ wobble spaces for staff and debrief sessions to support staff psychological safety.

The absence management programme continues within the HR Services Team with resource dedicated specifically to a Trust wide deep dive and review of approaches currently in place across the Trust together with examination of the policy, processes and gap analysis to support a strategy for improvement. Divisional engagement meetings are in place to support improvement in absence levels.

The staff vaccination programme continues to be a success and we continue to strongly encourage all staff to have the vaccine to protect our teams and our patients.

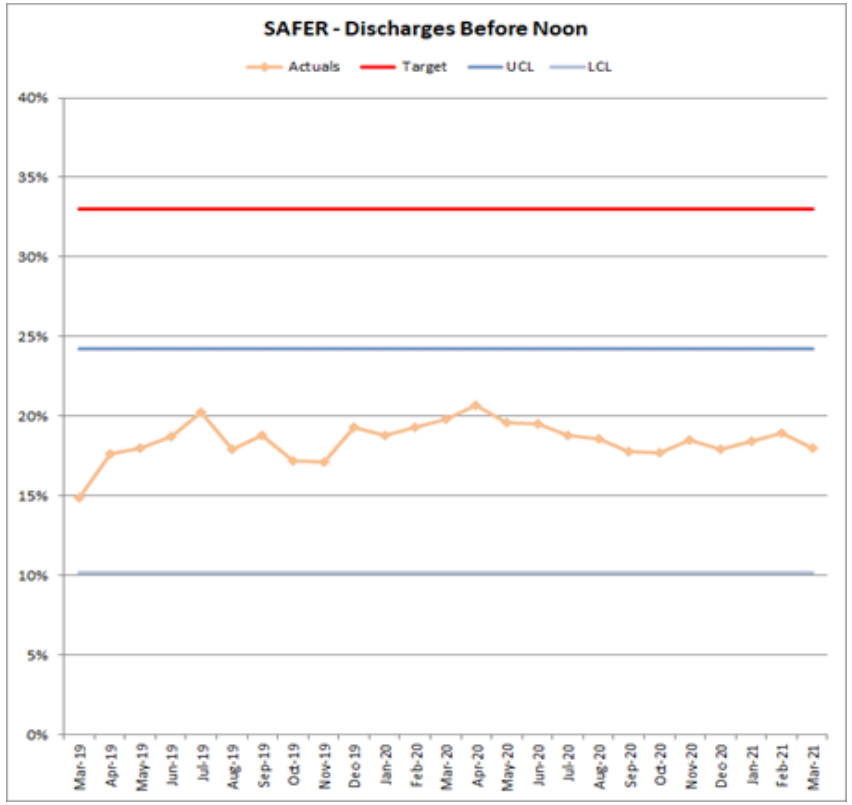
The Lateral Flow Test has been superseded by the Lamp (loop-mediated

isothermal amplification) test. Lamp Test Kits have gone live within Women and Children's and have been rolled out to Medicine and Acute and Surgery. So far more than 2,000 kits have been delivered to staff. WUTH is also taking part on a North West piece of work to improve workforce health and wellbeing, including how to tip the balance of investment of resource to genuine rehabilitation rather than non-compliance with policy. This includes work with RAND (funded by NHSEI) to agree regional actions to drive a positive culture in relation to Health &Wellbeing and support sustained changes in the health of our workforce across the North West.
Expected Impact: Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over the next quarter.

Effective Domain

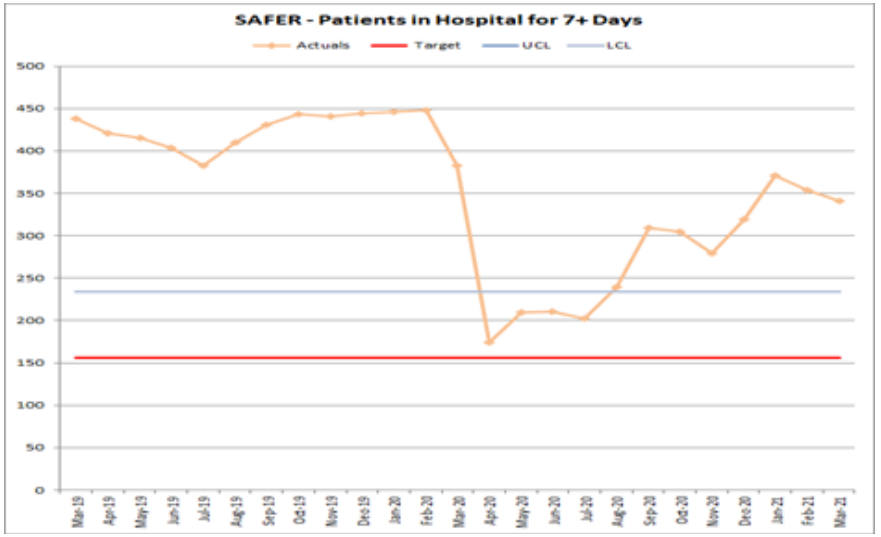
SAFER bundle: % of discharges taking place before noon

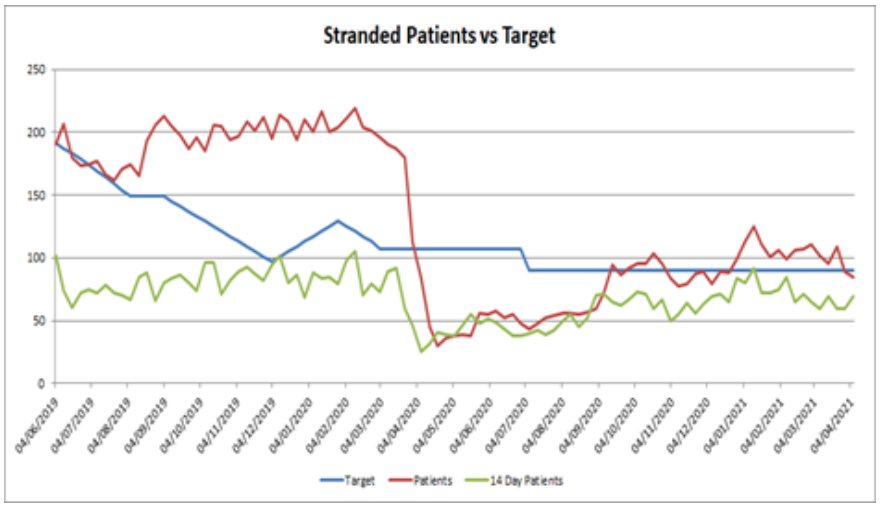
Executive Lead: Medical Director / Chief Operating Officer
Performance Issue: A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. The pattern of delivery has improved over the long term but is short of the optimum figure of 33%.
Action: The patient flow improvement programme contains a key workstream around ward processing and has been implemented across a number of medical wards and has begun roll out in surgery. Operational controls have been put into place to ensure ward rounds have commenced as planned and is comprehensively staffed by senior decision makers.
Expected Impact: During March 33% of discharges were delivered by 2.07pm.



SAFER bundle: average number of patients in hospital for 7 days or more and 21 days or more

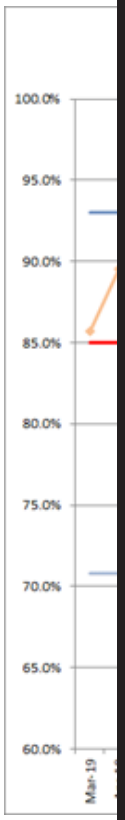
Executive Lead: Medical Director / Chief Operating Officer
Performance Issue: A WUTH target had been set to reduce the number of patients in hospital for seven days or more to a maximum 156. The internal target for 21 days or more has been set at the outset of Covid to a revised maximum 52.
Action: During the third wave of covid the Wirral system enhanced its governance of complex discharges which resulted in increased discharge rates. Within the Trust, as wards have reverted to specialty management there is focus on instilling safer standards and processes once again. The Patient flow improvement group oversees the effectiveness of these interventions.
Expected Impact: The aim is to achieve no more than 90 LLOS patients.





Theatre in session utilisation %

Executive Lead: Chief Operating Officer
Performance Issue: The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised. During the first wave of COVID 19 urgent planned care activities were maintained by throughput reduced. Following this the recovery and reset phase increased the rates, only to be impacted again by the third wave of Covid in January 2021. March has again shown improvement, with utilisation only just below the target at 84.9%.
Action: Throughout the 3rd wave of Covid non urgent procedures were clinically deferred which impacted on this indicator. From March 8th the Trust has restarted its non-urgent elective programme in a phased manner.
Expected Impact: Utilisation rates have increased markedly since the restart and the expectation is that the objective will be attained during April.



Responsive Domain

4-hour Accident and Emergency Target (including Arrowe Park Walk in Centre)

Executive Lead: Chief Operating Officer

Performance Issue:

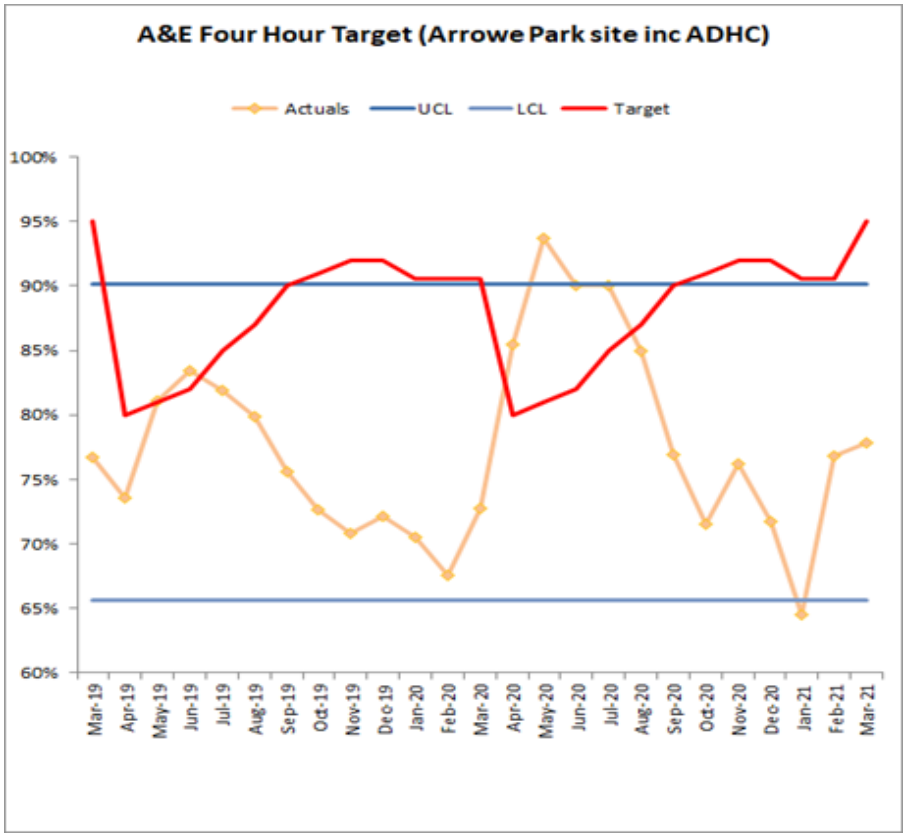
Performance during the first wave of COVID resulted in much reduced attendances, lower bed occupancy due to faster discharge and reduced elective activities creating better flow. During the third wave of Covid from January 2021, ED attendances again reduced but the number of Covid inpatients were greatly increased and so occupancy levels remained high despite the elective programme again being reduced. Since late March attendances have now exceeded pre-covid levels

Action:

There have been demonstrative improvements in breaches related to bed availability and the focus is now on delays within the ED itself.
A focus on triage times and the time taken for initial assessment is the focus of the improvement plan and is tracked through the transformation agenda.
The weekly performance framework is now focused on ED and there are weekly Exec led meetings with the Department and a further trust wide meeting to address issues and track progress.

Expected Impact:

The above measures are targeted to improve performance and maintain a zero approach to 12-hour trolley waits.



Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust has a trajectory agreed with NHSI for 2020-21 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks.

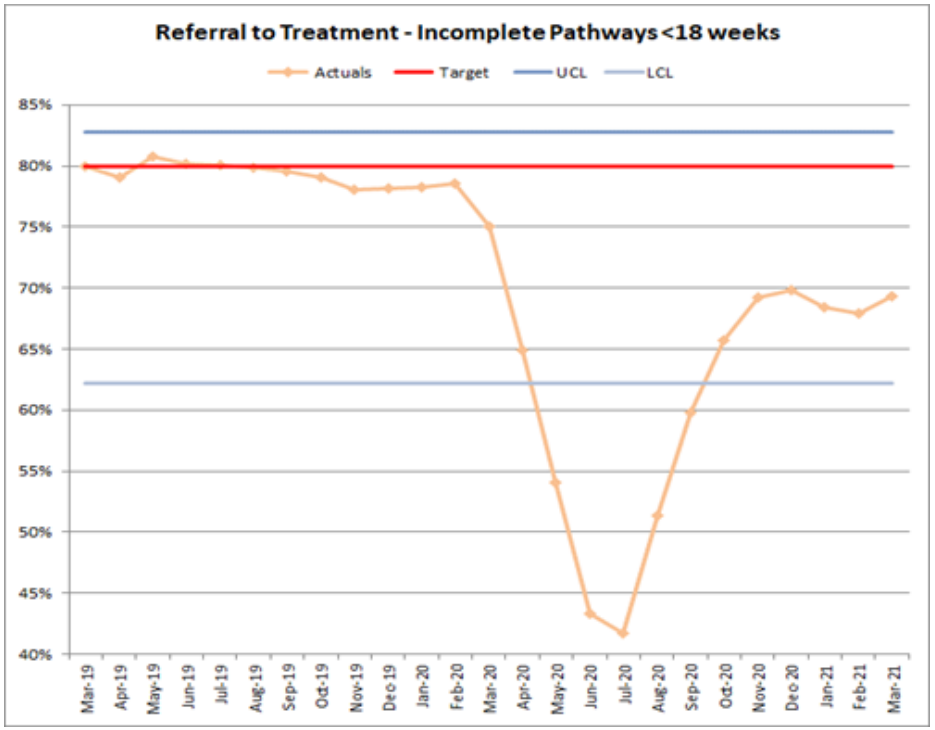
Following the directive to cease all non-urgent elective activities as part of the COVID response this metric sharply declined. The subsequent resumption of elective activity from saw performance improve, until the onset of the Covid third wave from January 2021.

Action:

From March 8th the Trust has restarted non urgent activities and has developed activity and performance trajectories.

Expected Impact:

It is expected that the performance will improve moderately month on month but scenario's around referral growth will be monitored closely.



Diagnostic Waiters, 6 weeks and over

Executive Lead: Chief Operating Officer

Performance Issue:

There is a national standard that patients awaiting diagnostic investigations should wait a maximum of six weeks. This is measured based on a specific subset of investigations, and with an expected tolerance that 99% or more patients waiting will be under six weeks.

The position at the end of March 2021 was 97.4%. The improvement previously seen from Summer 2020 is now picking up again following the third Covid wave experienced at the beginning of 2021.

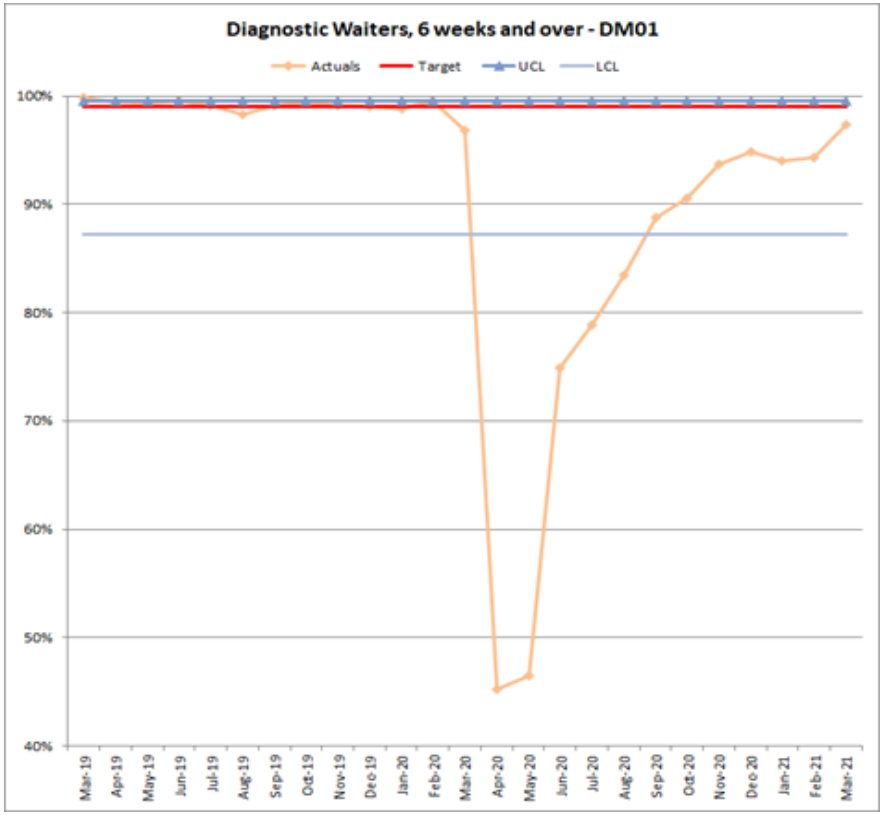
Action:

During the third wave access to diagnostics was clinically prioritised with a negative impact on clinically triaged routine waiting times.

The recovery of diagnostic backlogs is part of the overall reset and recovery programme and trajectories

Expected Impact:

An improvement in routine referral waiting times, and a subsequent increase in this indicator.



Number of complaints received in month per 1000 staff

Executive Lead: Chief Nurse

Performance Issue:

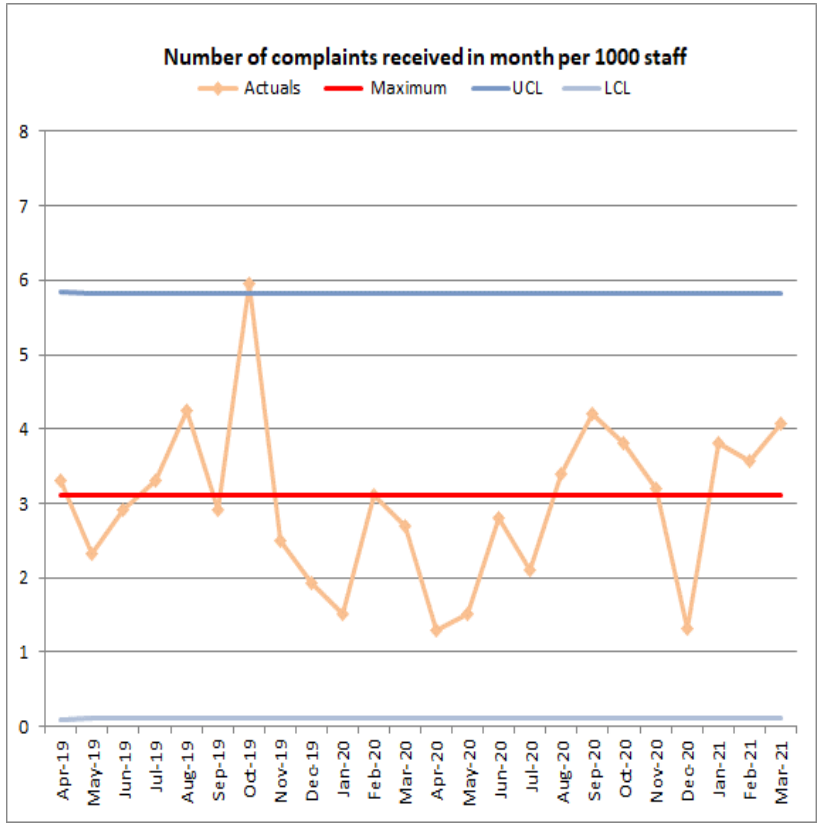
WUTH has set a maximum threshold for the number of complaints received in month at less than or equal to 3.1 per 1000 staff. The rate for March 2021 was 4.07.

Action:

The number of complaints received can vary according to the season and it would be usual to see an increase in the first few months of the year. In addition, there is a need to consider the impact of pressure and associated delays caused by the pandemic. During 2020/21, there was an immediate and dramatic dip in complaints at the, which then began to pick up again to more usual levels as the year progressed. Some of the increase in complaints being seen now (14 received in March 2021 compared with 10 received in March 2020) is explicable, as complaints that might have been deferred due to the pandemic: five of the complaints logged relate to events in earlier quarters of 2020. Overall, the average number of complaints received each month during 2020/21 (eight) is unchanged from last year.

For complaints received in March 2021, communication remains the largest component of complaints and has risen from last month (14 complaints compared to 9 last month). These include poor communication from wards, including difficulty in contacting wards and staff attitude. Difficulty in contacting wards and departments is also a key driver of the level 1 concerns being logged. As we start to ease visiting restrictions, it is hoped that communication with patients and families will reduce. Divisions continue to work with their teams to improve this area.

There has been a rise in complaints involving 'treatment and procedure' (11 complaints compared to 5 last month), however on initial analysis



there is no identified trend. Concerns and complaints involving lost property continue to be received however there has been a 52% reduction from February 2021, the work of the Task and Finish group is continuing to consider this matter.
Expected Impact: The work of Lost Property Task and Finish Group should continue to reduce complaints and concerns relating to this area.

Well-led Domain

Appraisal compliance %

Executive Lead: Director of HR / OD

Performance Issue:

The target for staff having an annual appraisal is 88%. This standard has not been achieved since March 2019.

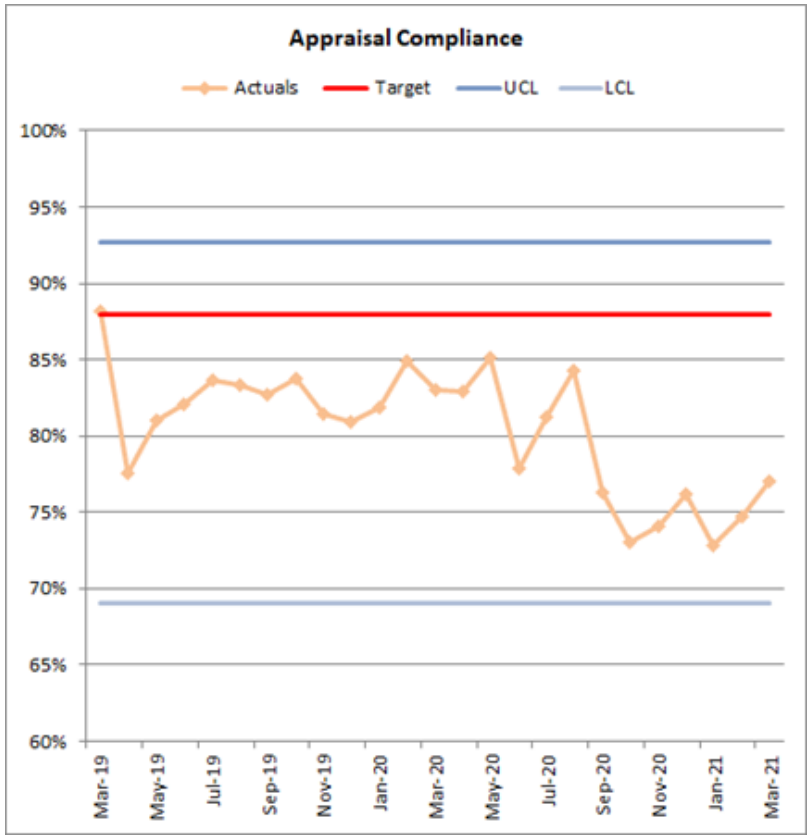
In March 2021 no division achieved the trust KPI of 88%. All areas except for Corporate and Surgery have seen an increase in compliance this month. Since January there has been a steady rise in compliance to 77.01% which is 10.99% below the trust KPI.

Although over the last 12 months there have been significant sustained improvements within divisions; Women's and Children's and Clinical Support have shown an ongoing improvement in their appraisal trajectories (72.77% in Jan 21 to 84.01% in Mar 21 for W&C and 68.25% in Jan 21 to 75.14% in Mar 21) however both are still some distance from achieving compliance in line with the trusts KPI.

Areas of concern sit within corporate functions (68.78% overall) and Surgery which has deteriorated in month to 71.06%

The impact of this is that circa 23% of staff have not had the opportunity to review their performance, objectives, and development needs with their manager as a protected conversation within the expected timeframes.

It is fair to note that the operational impact of COVID-19 has significantly contributed to this reduction, which includes the number of staff who took annual leave after the first wave, the second and third waves of the pandemic and the continuation of elective activity with subsequent inability to release staff to support COVID areas.



Action:

Workforce compliance data is available to Divisions and the HR Services team to enable them to manage non-compliance for their areas. A data cleansing exercise has been identified to ensure correct selection of key drop down boxes to allow for fullest reporting of appraisal compliance.

The OD team and HR Business Partners continue to work with the Divisional Management teams to confirm Divisional actions being taken to address low levels of compliance in specific areas, and seek the support of the HR Business Partner and OD Team in delivering against these. Check and challenge discussions take place at a divisional triumvirate. Exec level check and challenge is due to recommence as part of divisional performance review meetings as part of reset and recovery. Team appraisals continue to be promoted as an option for those areas with low levels of compliance and high levels of operational pressure.

Risks associated with non-completion of appraisals include impact on performance and finance by effective use of resources. Staff may not have clarity regarding their roles, responsibilities, personal objectives and skills and knowledge development may not be achieved to enable effective delivery of their roles. This is likely to impact on the outcome of the national staff survey in terms of the extent to which staff feel valued and supported and overall staff engagement score.

Recovery plans are developed and being monitored within divisional board meetings and during ongoing workforce discussions with their teams.

Expected Impact:

Improvement in trajectory following data cleanse exercise and ongoing recovery plan progress.

Agenda Item: 21/22-040

BOARD OF DIRECTORS

5th May 2021

Title:	Month 12 Finance Report
Authors	Robbie Chapman, Julie Clarke, Jillian Burrows
Responsible Director:	Claire Wilson, Chief Finance Officer
Presented by:	Claire Wilson, Chief Finance Officer

Executive Summary
The Trust is reporting a deficit of £0.05m at the end of the financial year, with a movement of £3.5m in M12. This brings us in line with our previous forecast to NHSE/I. Total income was £425.3m as at the end of M12. NHS income reflects the reduced activity in respect of patient care but is offset by the income guarantee funding arrangement totalling £78.4m. We received a further £37.6m in non-recurrent top-up funding. Total operating expenditure excluding COVID was £400.1m at the end of M12, this represents an overspend against plan of £3m but includes the cost of the annual leave accrual (£4.9m), which we anticipate will be funded in full. The Board of Directors are asked to note the contents of the paper.

Recommendation: (e.g. to note, approve, endorse)
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	No
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Regular monitoring and assurance of financial performance supports risks associated with

<table>
<tr><td colspan="3">financial sustainability.</td></tr>
<tr><td colspan="3">Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)</td></tr>
<tr><td colspan="3">Financial sustainability supports licence conditions</td></tr>
<tr><td colspan="3">Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)</td></tr>
<tr><td colspan="3">Reports financial performance against revenue and capital budgets.</td></tr>
<tr><td colspan="3">Specific communications and stakeholder /staff engagement implications</td></tr>
<tr><td colspan="3">N/A</td></tr>
<tr><td colspan="3">Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)</td></tr>
<tr><td colspan="3">N/A</td></tr>
<tr><td colspan="3">Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)</td></tr>
<tr><td colspan="3">N/A</td></tr>
<tr><td>FOI status</td><td>Document may be disclosed in full</td><td>Yes</td></tr>
<tr><td></td><td>Document includes FOI exempt information</td><td>No</td></tr>
<tr><td></td><td>Entire document is exempt under FOI</td><td>No</td></tr>
<tr><td>Previous considerations by the Board / Board sub-committees</td><td colspan="2">Reviewed by Finance, Business Performance Assurance Committee on a bi-monthly basis.</td></tr>
</table>

Contents

1. Executive Summary

Table 1: Financial position – M12

1.1 The Trust is reporting a deficit of £0.05m at the end of the financial year, with a movement of £3.5m in M12. This brings us in line with our previous forecast to NHSE/I. The biggest movement since the month 11 position relates to:

(i) confirmation of £4.9m of income relating to our annual leave accrual of which £1.2m has already been received in cash in March 2021, as a payment on account.

(ii) Additional £1.6m allocation to support the loss of non-NHS income experienced by the Trust this year as a result of COVID e.g. car-parking, private patients etc

(iii) Additional costs of £1.6m recognised in the position in relation to potential liabilities relating to bank payments following a national legal dispute ('Flowers').

Month 12 Financial Position	Forecast (Mth 12) £'000	Actual (Mth 12) £'000	Variance £'000	Year To Date Actual £'000
NHS income - patient care	27,319	30,780	3,461	257,291
Income Guarantee	0	2,638	2,638	78,385
National Top-up	3,213	3,230	17	34,632
Additional top up	0	0	0	2,923
Covid 19 income	2,188	8,129	5,941	18,719
Non NHS income - patient care	250	373	124	4,408
Other income	2,165	5,712	3,547	28,929
Total Income	**35,135**	**50,862**	**15,728**	**425,287**
Employee expenses	(22,787)	(27,570)	(4,783)	(280,252)
Operating expenses	(12,001)	(11,937)	64	(119,894)
Covid 19 costs	(1,486)	(7,147)	(5,661)	(20,856)
Total expenditure	**(36,274)**	**(46,654)**	**(10,380)**	**(421,002)**
Non Operating Expenses	(326)	(128)	198	(3,845)
Actual Surplus / (deficit)	**(1,466)**	**4,081**	**5,546**	**439**
Remove capital donations / grants I&E impact	23	(732)	(755)	(619)
Remove net impact of consumables donated from other DHSC bodies	0	(582)	(582)	(582)
Add back all I&E impairments/(reversals)	0	712	712	712
Surplus/(deficit) - Control Total	**(1,443)**	**3,479**	**4,921**	**(50)**

1.2 Total income was £425.3m as at the end of M12. NHS income reflects the reduced activity in respect of patient care but is offset by the income guarantee funding arrangement totalling £78.4m. We received a further £37.6m in non-recurrent top-up funding.

1.3 We received £18.7m in respect of COVID against expenditure of £20.9m. This included a technical adjustment for the £6m of PPE we have received in year. We have received a further £0.9m in respect of the vaccination programme against expenditure of £1m. The difference relates to IT equipment for which we were not reimbursed.

1.4 Total operating expenditure excluding COVID was £400.1m at the end of M12, this represents an overspend against plan of £3m but includes the cost of the annual leave accrual (£4.9m), which should be funded in full. Remaining employee expenses can be broken down as follows:

1. Executive Summary

Pay analysis (exc Covid)	Forecast (Mth 12) £'000	Actual (Mth 12) £'000	Variance £'000	Year To Date Actual £'000
Substantive	(20,687)	(24,971)	(4,284)	(257,540)
Bank	(860)	(1,090)	(230)	(9,379)
Medical Bank	(450)	(492)	(42)	(5,543)
Agency	(707)	(929)	(221)	(6,848)
Apprenticeship Levy	(83)	(88)	(4)	(943)
Total	(22,787)	(27,570)	(4,783)	(280,252)

1.5 Cash balances at the end of M12 were £21.3m. The early payment of block income ended in February 2021 so cash balances reduced in March 2021.

1.6 The Trust has recorded capital spend of £17.055m which has exceeded forecast for the year but within our original plan. This spend includes £737k of donated assets from the Department of Health.

1.7 The Board of Directors are asked to note the contents of the report

2. Dashboard and risks

2.1 Month 12 Performance Dashboard

	Indicator	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21
Use of Resources	I&E Performance (monthly actual)	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.7	0.5	-0.2	-5.4	3.5	0.0
	I&E Performance Variance (monthly variance)	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.5	0.3	-0.1	-5.4	3.9	-0.4
	NHSI Risk Rating	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2
	CIP Performance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
	NHSI Agency Performance (monthly % variance)	9.8%	25.9%	27.4%	25.0%	34.5%	22.3%	12.1%	0.5%	10.2%	18.5%	-22.5%	-21.9%	11.8%
	Cash - liquidity days	-97.4	-98.4	-98.2	-98.0	-97.9	-16.3	-15.0	-15.6	-17.4	-28.0	-17.8	-16.9	-16.9
	Capital Programme (cumulative)	101.0%	100.4%	61.1%	53.0%	44.6%	42.1%	41.8%	46.2%	66.3%	67.5%	-74.8%	100.0%	100.0%

2.2 Risk summary (as per risks identified in risk register)

2.2.1 Risk 1 – Failure to manage financial position

- We achieved the required control total control total of a break-even position.

2.2.2 Risk 2 – Failure to deliver CIP

- Due to the COVID-19 waves CIP was paused for this financial year. Planning has begun for 2021/22 CIP but the programme is unlikely to commence until Q2.

2.2.3 Risk 3 – Failure to complete capital programme

- We achieved forecast at the year end, with spend of £7m in March 2021.

3. Financial Performance

3.1 Income

3.1.1 The Trust has received £425.3m for the full financial year.

Table 3: Income analysis for M12.

	Forecast (Mth 12) £'000	Actual (Mth 12) £'000	Variance £'000	Year To Date Actual £'000
Elective & Daycase	4,192	3,310	(882)	27,382
Elective excess bed days	82	41	(41)	621
Non-elective	8,409	7,626	(783)	81,166
Non-elective Non Emergency	970	829	(142)	11,535
Non-elective excess bed days	355	188	(166)	1,523
A&E	1,273	1,285	12	13,102
Outpatients	3,014	2,699	(314)	25,317
Diagnostic imaging	187	311	124	1,869
Maternity	480	488	8	5,346
Non PbR	7,045	6,036	(1,009)	70,209
HCD	1,258	1,749	490	16,212
CQUINs	189	189	0	2,274
National Top up	3,213	3,230	17	34,632
Income Guarantee	0	2,638	2,638	78,385
Sub-Total Board Clinical Income	30,667	30,620	(48)	369,574
Other patient care income	61	1,900	1,839	2,857
COVID-19 Income	2,188	8,129	5,941	18,719
Non-NHS: private patient & overseas	12	5	(7)	60
Injury cost recovery scheme	42	106	64	761
Total Patient Care Income	32,970	40,760	7,790	391,970
Other operating income	2,165	10,102	7,938	33,311
Other non operating income		0	0	5
Total income	35,135	50,862	15,728	425,287

3.1.2 Clinical income in M12 was in line with forecast. The lower patient care activity income across elective, non-elective, outpatients and non-PbR is offset by the income guarantee of c£2.6m in M12. For the full financial year this income guarantee is £78.4m.

3.1.3 Top up income above the block allocations is a further £3.2m in M12 and £34.6m YTD.

3.1.4 COVID-19 income is a further £5.9m in M12 and £18.7m YTD. In M12 there is £6m for centrally procured PPE offset in cost and stock.

3.1.5 Other Operating income is £7.9m above forecast and includes the following one-off year end technical adjustments; annual leave funding of £4.8m and the assumed funding for the potential legal 'Flowers' case impact of £2.9m - both of which are offset in expenditure.

3. Financial Performance

Expenditure: Pay

3.1.6 The Trust has spent £280.3m on pay costs for the full financial year. Table 4 details pay costs by staff group and Table 5 details pay costs by pay category type.

Table 4 Pay costs by staff type (excluding COVID-19)

Pay analysis (exc Covid)	Forecast (Mth 12) £'000	Actual (Mth 12) £'000	Variance £'000	Year To Date Actual £'000
Consultants	(3,904)	(5,945)	(2,040)	(46,237)
Other medical	(2,504)	(2,785)	(281)	(30,165)
Nursing and midwifery	(6,100)	(7,358)	(1,259)	(73,879)
Allied health professionals	(1,298)	(1,729)	(431)	(15,941)
Other scientific, therapeutic and technical	(515)	(593)	(78)	(6,155)
Health care scientists	(1,039)	(1,180)	(141)	(12,546)
Support to clinical staff	(4,234)	(4,639)	(405)	(50,209)
Non medical, non clinical staff	(3,109)	(3,252)	(143)	(44,177)
Apprenticeship Levy	(83)	(88)	(4)	(943)
Total	(22,787)	(27,570)	(4,783)	(280,252)

Table 5: Pay analysis by pay type

Pay analysis (exc Covid)	Forecast (Mth 12) £'000	Actual (Mth 12) £'000	Variance £'000	Year To Date Actual £'000
Substantive	(20,687)	(24,971)	(4,284)	(257,540)
Bank	(860)	(1,090)	(230)	(9,379)
Medical Bank	(450)	(492)	(42)	(5,543)
Agency	(707)	(929)	(221)	(6,848)
Apprenticeship Levy	(83)	(88)	(4)	(943)
Total	(22,787)	(27,570)	(4,783)	(280,252)

3.1.7 In M12 there was a £4.8m movement in pay with the full year expenditure of £280.3m detailed in the table above by staff cost category and pay cost type.

3.1.8 A number of technical adjustments have been included in M12. The annual leave accrual of c£5m M11 has now been allocated across staff category based on the latest information from HR for the leave staff has been unable to take during this COVID-19 pandemic.

3.1.9 Further provisions for a number of HR issues including employment tribunals and other provisions have been included in M12.

3.1.10 Pay cost in the Medicine division were £0.4m higher than forecast – further details are in the divisional section of the report.

3. Financial Performance

Expenditure: Non-Pay

3.1.11 The Trust has spent £119.9m on non-pay operating expenditure for the full financial year.

Table 6: Non-pay analysis (excluding COVID-19 costs)

Non Pay Analysis (exc Covid)	Forecast (Mth 12) £'000	Actual (Mth 12) £'000	Variance £'000	Year To Date Actual £'000
Supplies and services - clinical	(2,838)	(2,209)	629	(29,930)
Supplies and services - general	(388)	(409)	(21)	(4,308)
Drugs	(1,930)	(2,307)	(376)	(23,257)
Purchase of HealthCare - Non NHS Bodies	(880)	(31)	850	(4,397)
CNST	(1,079)	(1,079)	(0)	(12,947)
Consultancy	0	41	41	43
Other	(3,976)	(4,340)	(364)	(33,757)
Sub-Total	(11,092)	(10,333)	758	(108,553)
Depreciation	(910)	(899)	11	(10,635)
Impairment		(712)	(712)	(712)
Total	(12,001)	(11,944)	58	(119,900)

3.1.12 In M12 there was a marginal overall movement with the full year expenditure of £119.9m detailed in the table above by cost category.

3.1.13 In M12 there was a £0.9m reduction in spend with the independent sector due to the nationally agreed contract funded directly by NHSE.

3.1.14 In M12 the drugs spend is higher in the clinical divisions reflecting the higher clinical activity in some specialties – further details are in the divisional section of the report.

3.1.15 In M12 there is a £0.7m technical adjustment for asset impairment which is not included in the control total calculation. In other the movement is largely due to an increased bad debt provision as part of the year end position.

3. Financial Performance

3.2 Expenditure: COVID–19

3.2.1 The Trust spent £20.9m on Covid-19 costs for the full financial year.

Table 9: YTD COVID-19 revenue costs

Month 12 Covid Total Cost (£k)	Apr (M1) £'000	May (M2) £'000	Jun (M3) £'000	Jul (M4) £'000	Aug (M5) £'000	Sep (M6) £'000	Oct (M7) £'000	Nov (M8) £'000	Dec (M9) £'000	Jan (M10) £'000	Feb (M11) £'000	Mar (M12) £'000	Year to Date £'000
Medical Staff	(263)	(386)	(204)	(199)	(37)	(165)	(84)	(52)	(64)	(103)	(107)	(149)	(1,812)
Other Clinical Staff	(367)	(626)	(574)	(560)	(126)	(293)	(272)	(470)	(305)	(788)	(541)	(590)	(5,513)
Non Clinical Staff	(182)	(52)	(47)	(105)	(37)	(58)	(32)	(44)	(89)	(86)	(195)	(34)	(962)
Total Pay	**(812)**	**(1,065)**	**(824)**	**(863)**	**(200)**	**(516)**	**(388)**	**(566)**	**(457)**	**(978)**	**(843)**	**(773)**	**(8,286)**
Clinical Supplies	(189)	(591)	70	(99)	(122)	(68)	(42)	(207)	235	(232)	(101)	(5,519)	(6,867)
Other Non Pay	(556)	(140)	(333)	(627)	(233)	(273)	(395)	(153)	(43)	(494)	(183)	(468)	(3,900)
Total Non-Pay	**(746)**	**(731)**	**(263)**	**(726)**	**(355)**	**(341)**	**(437)**	**(361)**	**192**	**(727)**	**(285)**	**(5,987)**	**(10,766)**
Total Covid Expenditure	(1,558)	(1,796)	(1,087)	(1,589)	(555)	(857)	(825)	(927)	(266)	(1,704)	(1,128)	(6,760)	(19,052)
Vaccination & Testing Costs									(691)	(363)	(363)	(387)	(1,804)
									TOTAL				(20,856)

3.2.2 In M12 COVID-19 costs was £6.8m with £0.8m on pay and a further £6.6m on non pay.

3.2.3 In M12 there is an adjustment of £5.4m for centrally procured PPE in clinical supplies that is offset in income.

3.2.4 The vaccination costs were £0.2m in M12 and £1m YTD which was in line with forecast and is funded centrally so offset in income.

3.2.5 The testing costs were £0.2m in M12 and £0.8m YTD and is funded centrally so offset in income. An additional £0.1m has been received for lateral flow testing.

4. Financial Position

4.1 Statement of Financial Position (SOFP)

4.1.1 The movement in total assets employed at M12 is the movement trade and other liabilities offset by the movement in cash and cash equivalents.

Statement of Financial Position (SoFP)

Actual as at 31.03.20 £'000		Actual as at 28.02.21 £'000	Actual as at 31.03.21 £'000	Variance (monthly) £'000	Month-on-month movement
	Non-current assets				
161,492	Property, plant and equipment	161,986	163,560	1,574	⇧
14,029	Intangibles	12,922	12,864	(58)	⇩
723	Trade and other non-current receivables	547	869	322	⇧
176,244		**175,455**	**177,293**	**1,838**	⇧
	Current assets				
3,991	Inventories	4,114	4,788	674	⇧
24,375	Trade and other receivables	14,006	16,849	2,843	⇧
0	Assets held for sale	0	0	0	⇨
5,931	Cash and cash equivalents	52,408	21,294	(31,114)	⇩
34,297		**70,528**	**42,931**	**(27,597)**	⇩
210,541	**Total assets**	**245,983**	**220,224**	**(25,759)**	⇩
	Current liabilities				
(41,874)	Trade and other payables	(44,942)	(44,124)	818	⇩
(3,000)	Other liabilities	(35,170)	(4,622)	30,548	⇩
(85,234)	Borrowings	(1,180)	(1,090)	90	⇩
(2,926)	Provisions	(4,538)	(7,256)	(2,718)	⇧
(133,034)		**(85,830)**	**(57,092)**	**28,738**	⇩
(98,737)	**Net current assets/(liabilities)**	**(15,302)**	**(14,161)**	**1,141**	⇩
77,507	**Total assets less current liabilities**	**160,153**	**163,132**	**2,979**	⇧
	Non-current liabilities				
(2,588)	Other liabilities	(2,489)	(2,479)	10	⇩
(6,274)	Borrowings	(5,706)	(5,193)	513	⇩
(7,304)	Provisions	(7,156)	(7,318)	(162)	⇧
(16,166)		**(15,351)**	**(14,990)**	**361**	⇩
61,341	**Total assets employed**	**144,802**	**148,142**	**3,340**	⇧
	Financed by Taxpayers' equity				
80,106	Public dividend capital	167,122	171,121	3,999	⇧
(65,492)	Income and expenditure reserve	(69,046)	(65,020)	4,026	⇧
46,727	Revaluation reserve	46,727	42,041	(4,686)	⇩
61,341	**Total taxpayers' equity**	**144,803**	**148,142**	**3,339**	⇧

5.1.2 Cash and other liabilities (deferred income) reduced in March 2021 as funding flows returned to their usual timings.

4. Financial Position

4.2 Capital Expenditure – March 2021

Capital Programme - 31 March 2021

	Full Year Budget			Full Year Forecast		YTD
	NHSI plan	Mvmnts	Trust Budget[1]	Forecast	Variance	Actual
	£'000	£'000	£'000	£'000	£'000	£'000
Funding						
Total Internally Generated Funding	10,740		10,740	10,740	0	10,382
PDC (Public Dividend Capital) - UTC	500		500	300	200	0
PDC - COVID-19	0	925	925	925	0	1,204
PDC - Critical Infrastructure Repair	0	1,434	1,434	1,434	0	1,434
PDC - Urgent & Emergency Care	0	2,141	2,141	2,141	0	2,141
PDC - Restoration of Cancer Services	0	792	792	792	0	793
PDC - Critical Care	0	664	664	664	0	664
PDC - Cyber Security	0	40	40	55	(15)	40
PDC - Mammography Scanner	0	831	831	820	11	831
PDC - Transport Ventilator	0	19	19	19	0	19
PDC - COVID-19 IT	0	6	6	6	0	6
External Funding - donations/grants	0	140	140	140	0	140
Total funding	**11,240**	**6,992**	**18,232**	**18,036**	**196**	**17,654**
Expenditure						
Prior year(s) capital commitments	3,526	(180)	3,346	3,167	179	3,005
Estates	4,383	(372)	4,011	64	3,947	788
Informatics	575	457	1,032	1,316	(284)	1,879
Medicine and Acute	300	186	486	736	(250)	677
Clinical Support and Diagnostics	369	306	675	906	(231)	892
Surgery	1,363	256	1,619	1,442	177	1,426
Women and Children's	0	67	67	410	(343)	289
Other	0		0	0	0	0
Contingency[2]	224	(228)	(4)	0	(4)	0
COVID-19 response	0	925	925	981	(56)	979
Critical Infrastructure Repair	0	1,434	1,434	1,509	(75)	1,459
Urgent & Emergency Care	0	2,141	2,141	2,349	(208)	2,253
Restoration of Cancer Services	0	792	792	789	3	766
Critical Care	0	664	664	757	(93)	841
Cyber Security	0	40	40	55	(15)	48
Mammography Scanner	0	831	831	820	11	820
Transport Ventilator	0	19	19	19	0	19
Donated assets	0	140	140	176	(36)	177
DHDC Donated Assets	0	0	0	0	0	737
Total expenditure (accruals basis)	**10,740**	**7,478**	**18,218**	**15,496**	**2,722**	**17,055**
Capital programme funding less expenditure	**500**	**(486)**	**14**	**2,540**	**(2,526)**	**599**
Capital expenditure	10,740	7,478	18,218	15,496		17,055
NBV asset disposals	0	0	0	0		0
Donated assets	0	(132)	(132)	(176)		(914)
CDEL impact	**10,740**	**7,346**	**18,086**	**15,320**		**16,141**

[1] This is the NHSI plan, adjusted for approved business cases including additional donated, leased and PDC funded spend.
[2] Funding is transferred as business cases are approved.

5.2.1 The Trust has recorded its highest ever capital spend of £17m. This includes nationally donated assets which have been accounted for at the year end in line with the guidance. Spend in March 2021, excluding these assets, totalled almost £7m.

4. Financial Position

5.3 Statement of Cash Flows – March 2021

Detailed cash variances through SoCF

	Month Actual £'000	Year to date Actual £'000
Opening cash	**52,408**	**5,931**
Operating activities		
Surplus / (deficit)	4,081	440
Net interest accrued	19	228
PDC dividend expense	106	3,361
Unwinding of discount	(1)	(14)
(Gain) / loss on disposal	4	93
Operating surplus / (deficit)	4,208	4,108
Depreciation and amortisation	899	10,652
Impairments / (impairment reversals)	712	712
Donated asset income (cash and non-cash)	(761)	(902)
Changes in working capital	(34,320)	12,458
Investing activities		
Interest received	0	13
Purchase of non-current (capital) assets [1]	(4,108)	(14,931)
Sales of non-current (capital) assets	0	0
Receipt of cash donations to purchase capital assets	761	902
Financing activities		
Public dividend capital received	3,999	91,016
Net loan funding	(508)	(84,900)
Interest paid	(114)	(492)
PDC dividend paid	(1,877)	(3,207)
Finance lease rental payments	(6)	(67)
Total net cash inflow / (outflow)	**(31,114)**	**15,363**
Closing cash	**21,294**	**21,294**

[1] Outflows due to the purchase of non-current assets are not the same as capital expenditure due to movements in capital creditors.

5.3.1 We have received £3.999m of PDC in month relating to Critical Infrastructure Resilience and Repair (£2.117m), Winter Pressures Funding (£700k), Diagnostics (£831k) and High Consequence Infectious Diseases (£351k).

5.3.2 Cash balances reduced in month as the early payment of block contract income came to an end.

4. Financial Position

5.4 Treasury

Borrowings summary March 2021

Borrowings summary

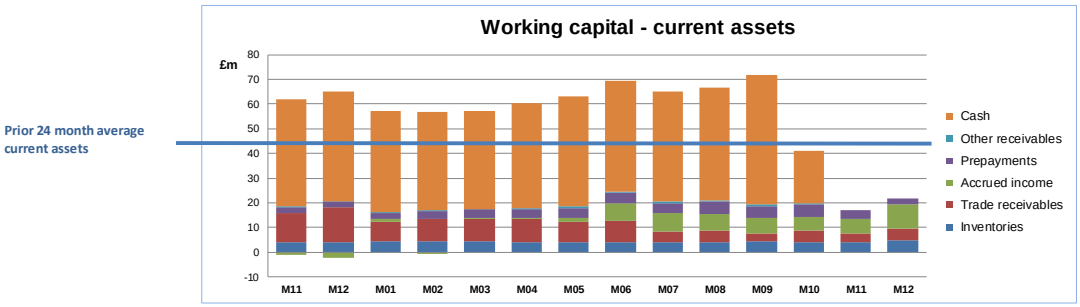
	Initial Loan Value	Loan Term	Interest rate (fixed)	Loan Balances Mar20	Conversion to PDC Sept20	Forecast Repayment 20/21	Forecast Closing Balance Mar21
	£'000	Years	%	£'000	£'000	£'000	£'000
1. ITFF capital loan	7,500	10	1.96	3,375	0	(750)	2,625
2. ITFF capital loan	6,500	25	4.32	3,848	0	(265)	3,583
3. Interim revolving working capital support	23,289	5	3.50	23,289	(23,289)	0	0
4. Uncommitted interim revenue support	40,389	3	1.50	40,389	(40,389)	0	0
5. Uncommitted interim revenue support	20,206	3	3.50	20,206	(20,206)	0	0
	97,884			91,107	(83,884)	(1,015)	6,208

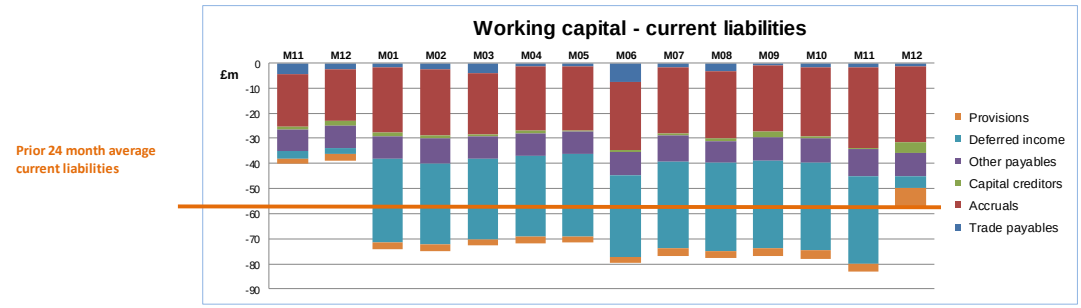
5.4.1 As part of reforms to the NHS cash regime, £83.9m of interim revenue support and working capital loans were repaid in September by the issue of additional Public Dividend Capital. Interest charges on these loans prior to repayment have also been waived in year.

5.4.2 The Trust's remaining borrowings, comprising capital loans, will remain on existing terms and will be repaid at a level of £1m per year.

5.5 Working capital profiles by month

5.5.1 2020/21 working capital shows the impact of early NHS Block receipts. The profiles below show March 2021 (M12) working capital balances in the context of the previous 12 months, compared with an average of the previous 2 financial years. The credit risk associated with aged debt is monitored quarterly by the Audit Committee.





4. Financial Position

5.6 Single oversight framework: Use of Resources (UoR) rating (financial) summary table

Use of Resources (UoR) Rating

	Metric	Description	Weighting %	Year to Date Plan		Year to Date Actual		Full Year Plan		Forecast Outturn	
				Metric	*Rating*	*Metric*	*Rating*	*Metric*	*Rating*	*Metric*	*Rating*
Financial sustainability	**Liquidity (days)**	Days of operating costs held in cash-equivalent forms	20%	-30.4	4	-16.9	4	-30.4	4	0.0	0
	Capital service capacity (times)	Revenue available for capital service: the degree to w hich generated income covers financial obligations	20%	2.5	2	3.5	1	2.5	2	0.0	0
Financial efficiency	**I&E margin (%)**	Underlying performance: I&E deficit / total revenue	20%	0.9%	2	0.4%	2	0.9%	2	0.0%	0
Financial controls	**Distance from financial plan (%)**	Show s quality of planning and financial control : YTD deficit against plan	20%	0.0%	1	-0.5%	2	0.0%	1	0.0%	0
	Agency spend (%)	Distance of agency spend against cap	20%	0.0%	1	3.0%	2	0.0%	1	0.0%	0
	Overall NHSI UoR Rating				**2**		**2**		**2**		**0**

5.6.1 The liquidity rating of 4 remains unchanged from 2019/20. The capital service capacity metric remains at 2 and has been significantly improved from a 4 in 2019/20 as a result of the year to date surplus position and the cessation of interest charges on all but capital borrowings. The M12 UoR rating is 2 and is in line with plan.

6. Appendices

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 21/22-041

Board of Directors
5th May 2021

Title:	Trust Response to COVID-19
Responsible Director:	Anthony Middleton Chief Operating Officer
Presented by:	Anthony Middleton Chief Operating Officer

Executive Summary *Contextual and background information pertinent to the situation / purpose of the report.*
This report provides the Board of Directors with a high level summary of the Trust's COVID-19 response over the last 12 months.

Recommendation: (e.g. to note, approve, endorse) *What action / recommendation is needed, what needs to happen and by when?*
The Board of Directors is asked to note this report.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
None
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
None
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
None
Specific communications and stakeholder /staff engagement implications
None
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
None
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)
None

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	Trust Management Board 22/04/21	
Background papers / supporting information	None	

Wirral University Teaching Hospital
NHS Foundation Trust

WUTH's COVID-19 Response

March 2021

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Contents

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Introduction

Wirral University Teaching Hospital NHS Foundation Trust

- The **COVID-19 pandemic in the United Kingdom** is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- The virus reached the UK in late January 2020
- This report outlines the Trust response to the pandemic aimed at providing optimum safety to both patient and staff
- The report is structured to provide an overview of response along the timeline of the past 12 months, with topic specific detail

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Key Timeline

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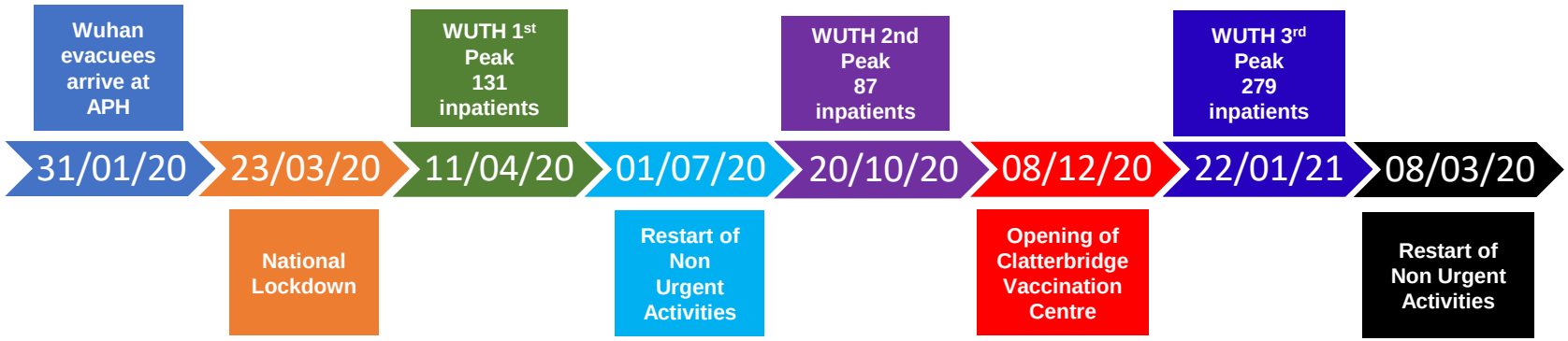
NHS Foundation Trust



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Wuhan & ‘Diamond Princess’ Quarantine

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

- At Wirral University Teaching Hospital NHS Foundation Trust (WUTH), the impact of COVID-19 was realised sooner than the clinical impact on the NHS when in January 2020 the Arrowe Park site was designated as the countries first quarantine unit to host British Citizens repatriated from Wuhan in China where the virus was first detected
- The initial arrival of guests were quarantined in the accommodation block on the Arrowe Park Hospital site for two weeks
- This was followed by a further group of guests repatriated from the ‘Diamond Princess’ cruise liner from Japan, who were similarly quarantined for two weeks
- The quarantine situation resulted in media interest nationally and internationally, as well as a huge amount of coordination from WUTH staff. All guests left with a clean bill of health

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National Lockdown: Strategic response

Wirral University Teaching Hospital
NHS Foundation Trust

- In early March 2020, in response to the spread of the COVID-19 virus across the world, the NHS declared a Level 4 incident. As such the NHS was placed in a “command and control” environment, where all activity was directed from NHSE / NHSI Incident Management Team
- At Regional and Trust level incident command structures were established to co-ordinate the response to the pandemic and oversee all daily functions
- The repatriation of British Citizens from Wuhan was similarly managed through incident control structures, and this had provided a great deal of insight and experience for the Trust. The command structure employed by the Trust was adapted from that of the Wuhan incident
- The command structure has included the centralisation of governance, the development and delivery of a COVID clinical models, the reconfiguration of wards and beds, the expansion of staff wellbeing systems, the reduction of elective surgery and transformation of outpatients

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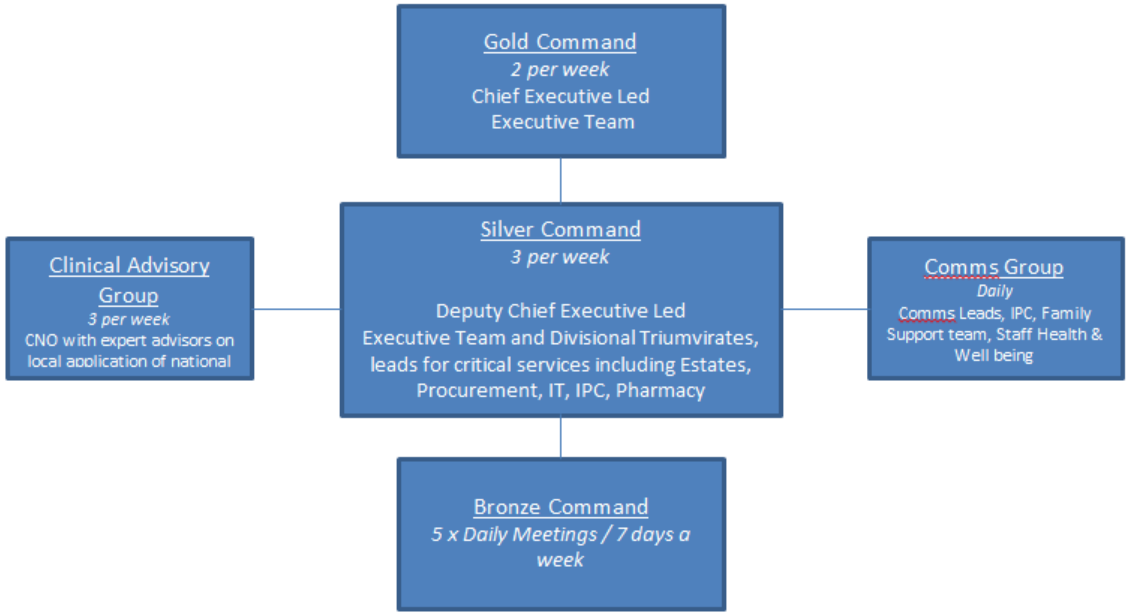
National Lockdown: Command & Control Structure

Wirral University Teaching Hospital NHS Foundation Trust



The Command Groups and Advisory Groups increased frequency dependent on need at the time, increasing to daily, including weekends for Bronze and Silver Command, during the 3rd wave

To support the system response to COVID-19 there was a further Chief Executive's Strategic Command Call that takes place throughout the week. It was chaired by the Chief Officer, WHCC and NHS Wirral CCG, in their capacity as Strategic Commander for the Wirral Health and Care System

This meeting ensured that the system was linked to developments in regard to the NHS, Wirral Council and Merseyside LRF at a strategic level and provided direction to the System Health and Social Care Cell

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National Lockdown #2

Wirral University Teaching Hospital
NHS Foundation Trust

- In line with national guidance all non-urgent elective activity, as well as all outpatient activity was postponed
- Visiting restrictions were implemented
- We moved to remote working for 600 staff
- Social distancing signage, floor markers and screens were erected trust wide
- Environmental and individual staff health risk assessments were initiated
- Health and wellbeing hubs were established to offer practical and emotional support for staff
- The Family support Team was created to keep patients connected with their families

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Wave 1:
Clinical & Operational Model

Wirral University Teaching Hospital NHS Foundation Trust

Rapid adaptations to the clinical model were implemented to provide an environment suited to the clinical needs of patient and safety for those staff providing direct patient care. Wards were re-designated according to Covid status rather than pure specialty management and Infection protection controls were tailored stringently to the environmental purpose

The initial designation of wards was as below:

Red Wards	COVID-19 confirmed
Amber Wards	High suspicion of COVID-19
Purple Wards	Step-down medically fit positive patients (from red wards)
Green Wards	Low suspicion of COVID-19
Silver Wards	No clinical suspicion of COVID-19 infection Elective only

The medical staffing model for the wards was adapted to ensure additional Consultant presence on each ward every day, which included Surgical Consultants and junior medial staff 'buddied up' with physicians to improved overall cover and provide extra resilience

The designation of base wards was continually reviewed during the course of the pandemic and as access to greater and faster testing became available the necessity for purple and amber wards was removed or reduced

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Wave 1:
Clinical & Operational Model #2

Wirral University Teaching Hospital
NHS Foundation Trust

Emergency Medicine Department

The Emergency Medicine Department implemented a number of changes to manage Covid and Non Covid demands, as well as structural changes and layout:

- The ED layout was split into COVID-19 and Non-COVID-19 areas
- The minor injuries unit was relocated to the fracture clinic site in the outpatients department for all Non-COVID-19 minor injuries (Supported by the Trauma and Orthopaedics clinical team)
- The creation of a "Respiratory Receiving Unit (RRU)" outside of the ED footprint to fast-track patients clinically suspected as having COVID-19 infection
- Moved from the traditional paper based 'Casualty Card' system to Electronic Patient Record (EPR)
- Extensive physical modifications across the clinical footprint and waiting rooms to provide increased IPC management

Critical Care

In line with national guidance and modelling, all critical care units were asked to develop surge plans to increase their capacity in response to the expected increase in demand for this level of care

A surge plan was produced to provide capacity from the units capacity of 18 beds up to 42 beds should it be required. This would be achieved by the expansion of the unit into the main theatre complex, as well as recovery and ophthalmic theatres. Additional equipment requirements were managed via regional incident command and staff were upskilled from theatre environment to provide care in the event of surge and redeployment to the core critical care beds

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Wave 1:
Clinical & Operational Model #3

Wirral University Teaching Hospital
NHS Foundation Trust

Assessment areas

The medical and surgical assessment services were combined into a single footprint and purposed for non covid patients. Suspected covid patients were seen and assessed in the Respiratory Receiving Unit area

Respiratory Medicine

As COVID-19 is primarily a respiratory illness the respiratory physicians were cohorted to provide care on two wards where patients most severely affected outside of critical acre were managed. The respiratory physicians continued to provide clinical advice for patients in other ward areas, with particular focus on those with the highest NEWS scores. A Respiratory Medicine consultant on call rota was been established to ensure patients had senior specialty cover on a 24/7 basis

Elective & Emergency Surgery

In line with national guidance:

- Routine elective surgery was suspended
- Urgent and Emergency Service provision was maintained thought designated theatre's and Wards
- Diagnostic services were maintained to support ED, Inpatients, cancer and clinical urgencies
- All patients were clinically reviewed against the new national categories for urgency (Initially a 3 tier rating, later adapted to 4)
- Patients on cancer pathways were clinically reviewed to consider if delay was risk appropriate
- Use of the independent sector was utilised under the new national contract

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Wave 1:
Clinical & Operational Model #4

Wirral University Teaching Hospital
NHS Foundation Trust

Outpatients

Following national guidance all outpatient activity was initially ceased, whilst clinicians reviewed all lists to determine an outcome of either discharge, reschedule (defer), remote consultation or face to face consultation

Daily Situation Reporting

The provision of management information was reviewed and prioritised to meet the needs of national, regional and local command and control structures on a 7 day basis

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Wave 1:
Trend analysis

Wirral University Teaching Hospital
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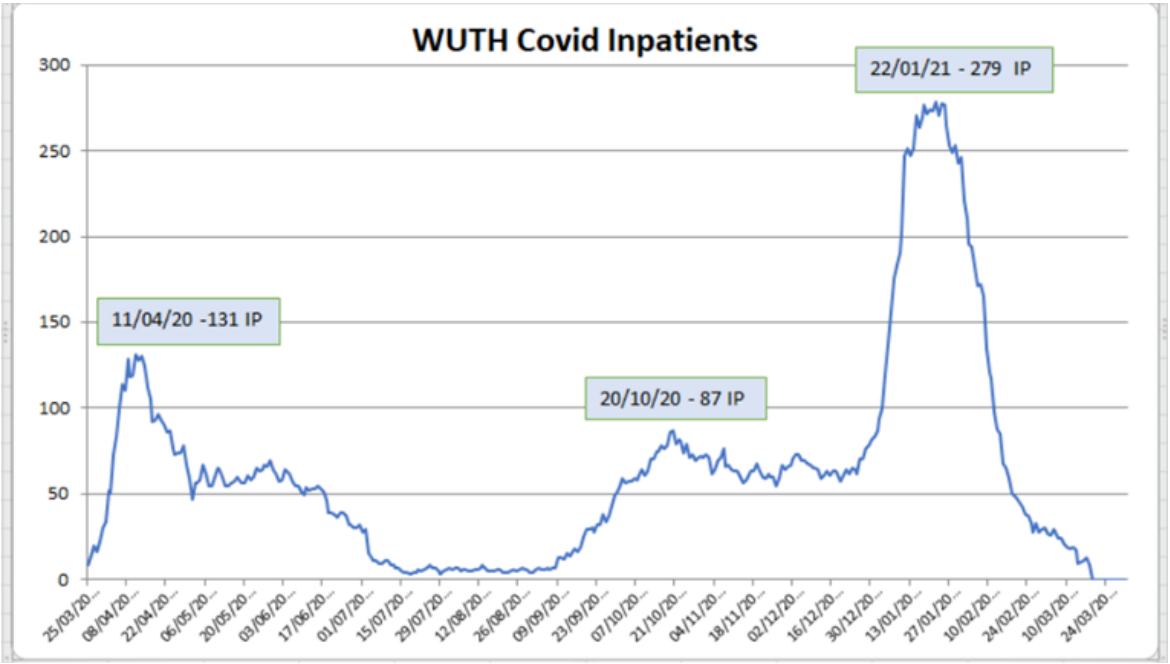

- At the peak of wave 1 the Trust had 131 inpatients cared for in Red ward settings, although with non covid urgent care demands much lower than expected and following the national directive to suspend all non urgent elective surgery the Trust did not require its full ward complement

Peaks	No. Red beds	No. closed beds (due to lack of demand)
Peak 1 11/04/20	**147**	**141**
Peak 2 20/10/20	72	0
Peak 3 2/01/21	274	0

PLEASE NOTE: +ve result; patient may not have moved to a red ward at the point of counting

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Wave 1 - Restart & Recovery

Wirral University Teaching Hospital NHS Foundation Trust

Following national guidance in July the Trust began to plan the restart of non urgent planned care activities:

- All clinical specialities and functions were risk assessed against:
  - Patient Care / Experience / Harm
  - Workforce
  - Access standards
  - Financial
  - Environmental
  - Strategic Priorities

- Action plans were produced for each specialty and an Executive check and challenge workshop was held to ensure a safe and effective restart to the services

- Recovery trajectories were produced for a return to 100% of pre covid activity levels, and timescales for the eradication of backlogs for cancer, clinical urgencies and long waiters

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Wave 1 - Restart & Recovery #2

Wirral University Teaching Hospital NHS Foundation Trust

- Plans were discussed with NHSE/I and system partners and tracking of delivery was achieved through enhanced performance meetings and reporting through to Board of Directors.
- By November Outpatient and Elective activity had returned to 100% of pre –covid levels with daycase activity (primarily diagnostics) running at 96% by December
- All cancer backlog trajectories were met for both national access and cancer alliance standards
- Long waiting patients over 1 year peaked at September and was falling steadily month on month

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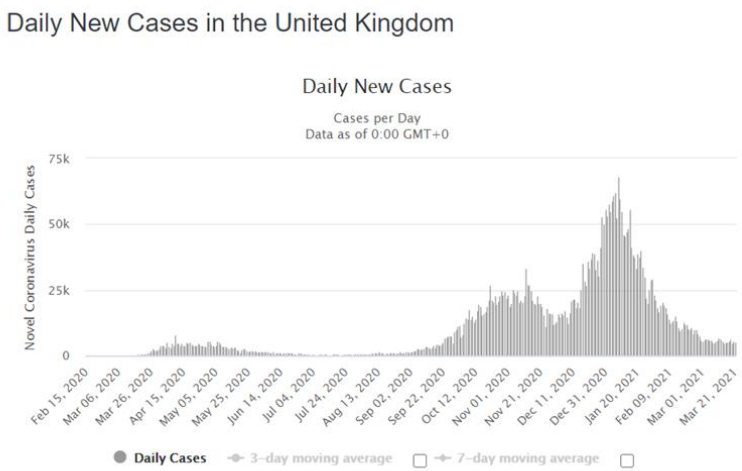
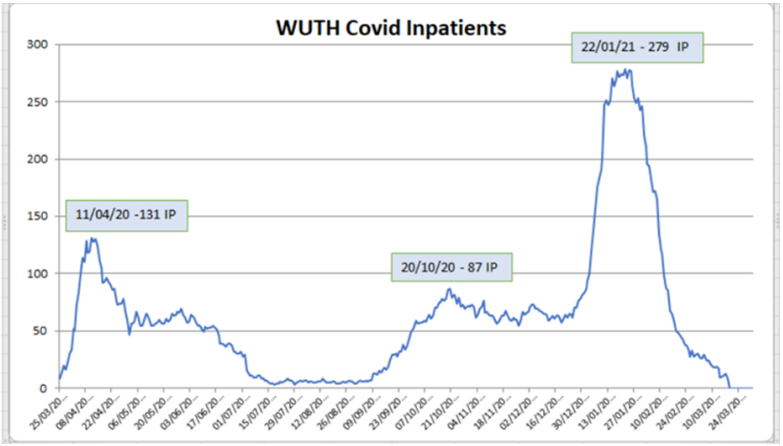
Wave 2

Wirral University Teaching Hospital
NHS Foundation Trust





- October 12, 2020: The Prime Minister launched a three-tier system of local alert levels for England, with the Liverpool City Region being the only area to be placed in Tier 3 – very high – category
- Localised decisions around Elective activity programmes were allowed, as opposed to the national directive under wave 1

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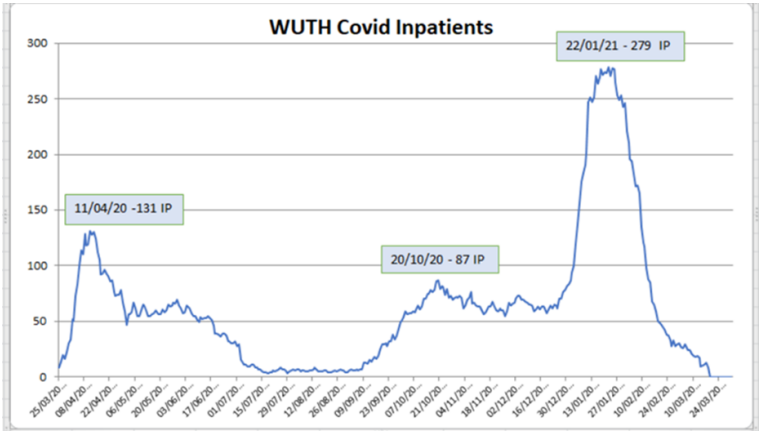
Wave 3

Wirral University Teaching Hospital NHS Foundation Trust

- At the peak of wave 3 the number of covid positive inpatients was more than double wave 1 at 279
- To maintain cancer services the ward care for both male and female was re-provided in the women & children's hospital with suitable separation

Peaks	No. Red beds	No. closed beds (due to lack of demand)
Peak 1 11/04/20	147	141
Peak 2 20/10/20	72	0
Peak 3 22/01/21	**274**	**0**



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Wave 1- 3 Analysis

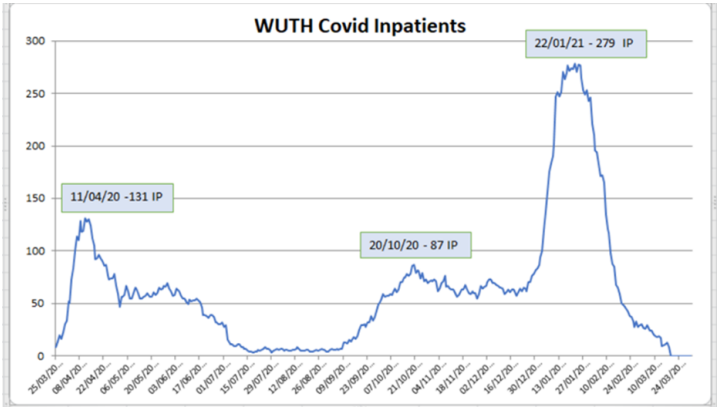
Wirral University Teaching Hospital NHS Foundation Trust

The table below shows how in April 2020 A&E attendances fell to only 56% of 2019 activity levels following the national lockdown

By December 2020 demand on A&E services had increased to 93% but then fell once again as the 3rd wave impacted and lockdown was once again enacted

By March 2021 attendances have increased and to a level in excess of the same period 2019/20 – The approach to restart and recovery is relevant to urgent care and the Trust is working with the wider Wirral system to restart alternatives to ED as well as the continued development of national initiatives such as NHS 111

WUTH Arrowe Park ED Attendances					
Month	**2020/21**	**2019/20**	**YoY Variance**	**% Var**	**% of 19/20**
April	4,311	7,585	-3274	-43.2%	56.8%
May	5,867	7,696	-1829	-23.8%	76.2%
June	6,387	7,455	-1068	-14.3%	85.7%
July	7,164	7,813	-649	-8.3%	91.7%
Aug	7,074	7,407	-333	-4.5%	95.5%
Sept	7,042	7,691	-649	-8.4%	91.6%
Oct	6,689	7,948	-1259	-15.8%	84.2%
Nov	6,622	7,665	-1043	-13.6%	86.4%
Dec	6,855	7,345	-490	-6.7%	93.3%
Jan	6,160	7,187	-1027	-14.3%	85.7%
Feb	5,697	6,694	-997	-14.9%	85.1%
March	7,316	5,845	1471	25.2%	125.2%
April to Mar	**77,184**	**88,331**	**11,147**	**12.6%**	**87.4%**



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Wave 1- 3 Analysis #2

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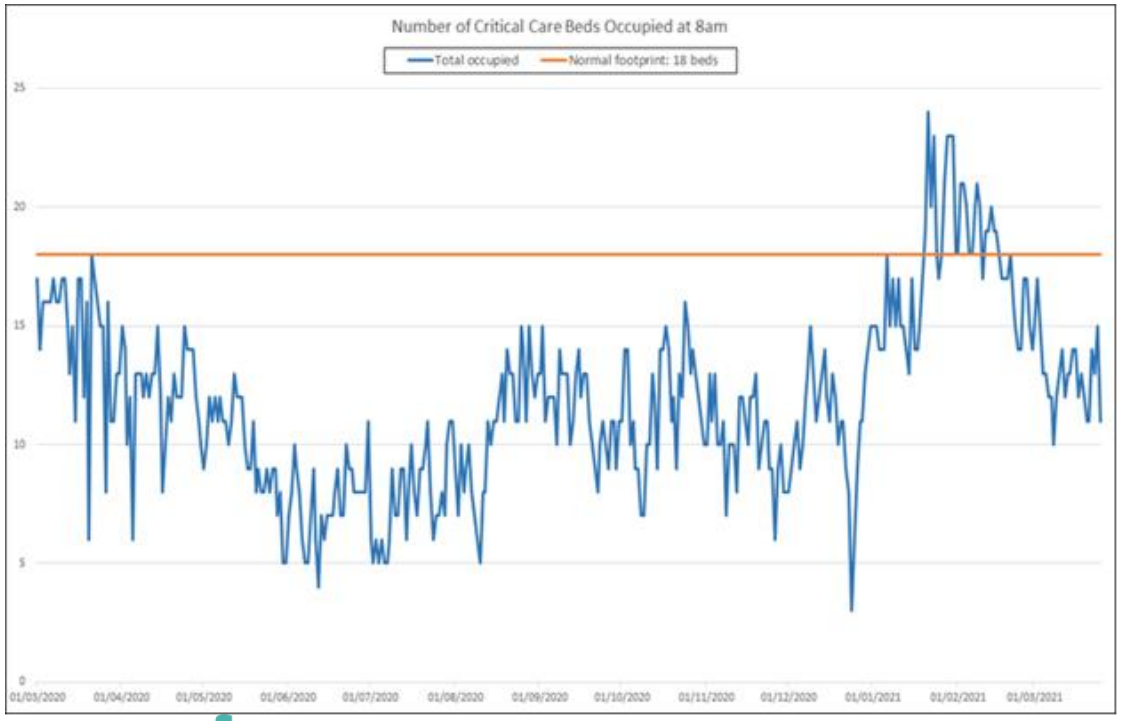
NHS Foundation Trust



- The number of patients requiring critical care during wave 3 exceeded the core capacity of 18 beds for both covid and non covid
- The units were reconfigured to allow the separation and the planned surge capacity of theatre recovery and ophthalmic theatres was utilised

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Restart & Recovery - Wave 3

Wirral University Teaching Hospital NHS Foundation Trust

- March 8th 2021 saw the staged restart of the Planned care programme
- The national expectations for the first 6 months of restart are able to met by the Trust's plan
- The Trust is part of wider and collaborative approach to restart across Cheshire & Merseyside which differs from the local approach following wave 1
- The use of independent sector is included as part of the plan
- The adoption of mutual aid is integral to the C&M approach
- Transformational approaches to outpatients will continue to aid recovery of the backlogs created by the pandemic response

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Restart & Recovery - Wave 3

Wirral University Teaching Hospital NHS Foundation Trust

From June the Trust expects to restart 100% of its outpatient activities compared with the 2019 actual

Activity Type	March	April	May	June	July	August
Outpatient (New)	91 %	94 %	97 %	100%	100%	100 %
Outpatient (Follow up)	97 %	96 %	96 %	100%	100%	100 %
Total	**95 %**	**96 %**	**96 %**	**100%**	**100%**	**100 %**

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Restart & Recovery - Wave 3

Wirral University Teaching Hospital NHS Foundation Trust

From August the Trust expects to restart 100% of its day case and inpatient activities and continues to develop its longer term plan to address the increase in waiting times created by the pandemic response

Activity Type	March	April	May	June	July	August
Daycase (incl Endoscopy)	83 %	94 %	94 %	96 %	98 %	100 %
Inpatients	62 %	67 %	77 %	86 %	95 %	100 %
Total	**79 %**	**90 %**	**92 %**	**95 %**	**97 %**	**100 %**

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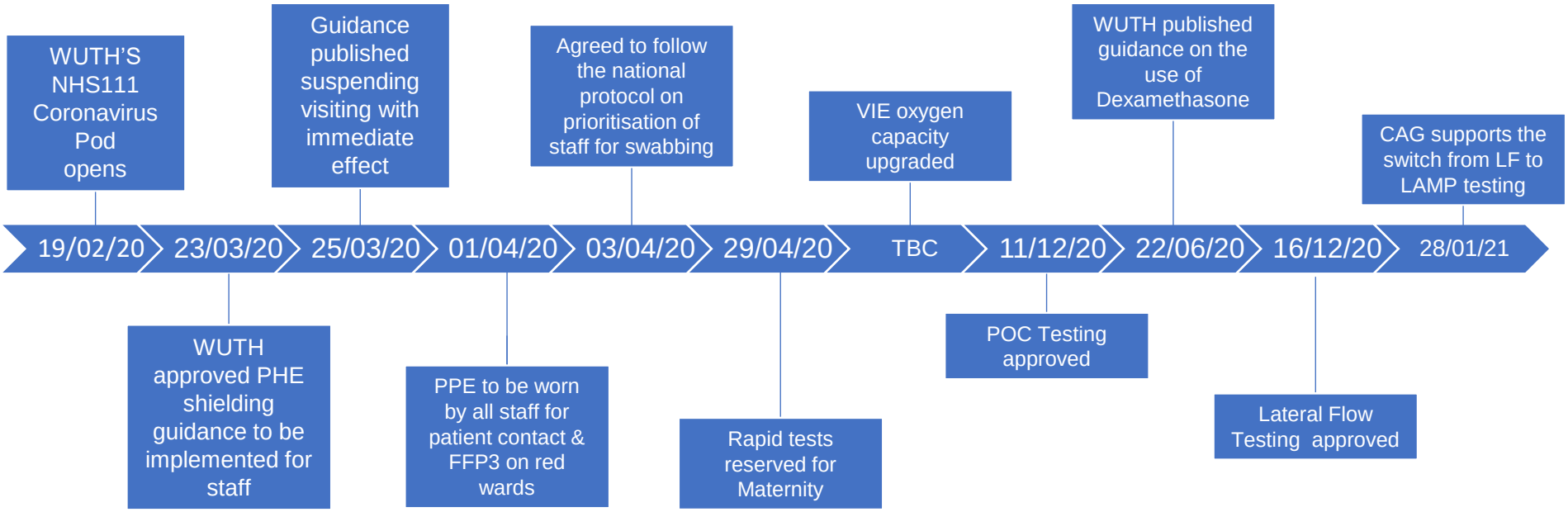
Key Timeline #2

Wirral University Teaching Hospital
NHS Foundation Trust



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Theatres & Critical Care

Wirral University Teaching Hospital NHS Foundation Trust

To support the potential increase in demand for critical care beds during wave one and subsequent waves, mutual aid processes between Theatres and critical care took place in order to identify and support Level 2 and 3 critical care nursing (both in critical care footprint) and also in theatre recovery as a surge area.

Over the pandemic over 20 core theatre staff moved to critical care for 4 week periods, along with daily allocation of support staff (registered nurses, clinical support workers, educators, medics, anaesthetists) to provide proning teams, intubation teams and patient care teams.

Working in both covid and non covid areas the teams brought together a wealth of clinical expertise and skill to care for patients in all areas of surge capacity which included the use of main theatre recovery and at times eye theatre recovery.

Anaesthetists were deployed from anaesthetic duties to critical care duties to support the medical cover.

Training and education provided by both education teams in critical care and perioperative medicine supported the establishment of additional support to tier one, two and three level workforce in order to cope with demands of the covid pandemic.

Daily staffing and safety huddles were optimised to ensure close cross divisional and directorate working to deliver the best care to those patients.

During the first wave a maximum of 6 patients were identified in covid surge capacity with the third wave escalating to max 12 patients at any one time in theatre recovery with plans to escalate into the theatres themselves. Fortunately this wasn't required.

Staff from perioperative medicine including CGH theatre staff, SEAL staff, APH theatre staff and W&C staff provided critical care support over 24 hour periods during the waves of the pandemic.

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Theatres & Critical Care #2

Wirral University Teaching Hospital NHS Foundation Trust

To support management of the COVID pandemic from both an emergency response (ED, Trauma and Resus) and to support urgent and emergency perioperative pathways several processes took place over a relatively short period of time:

- Development of checklists to support safe management of the patient in full COVID protection for both emergency intubation and surgical work
- Development of Red pathways (COVID positive or highly likely), Blue – Medium risk of transmission and green pathway (low risk) for both elective and semi urgent/emergency work
- Education and competency framework for delivery of training in donning and doffing, pathways etc
- Critical Care Escalation, health care workers tier 1 and 2 staffing development

Once developed there was a period of testing and then wider team working

Theatre teams worked with the Orthopaedic team initially to “test” and tweak pathways for their surgical delivery which was the benchmark for other services to provide wider MDT focussed training

Online resources and a central drive in the first week of the pandemic was set up and maintained to support easy access across specialism. Pathway development required changes in locations including development of a blue pathway recovery (to protect silver pathway patients) and also blue admission area on SEAL

At CGH was identified as a COVID lite site risk assessments were performed to allow delivery of elective cancer and urgent work through all stages of the pandemic. At APH an urgent elective session was identified for delivery of P2 urgent cases including cancer across all specialists. An MDT process was set up, consisting of lead clinicians across varying specialisms including anaesthetics and nursing teams within theatre to plan and deliver safe perioperative services to patients identified on P2 pathways. This MDT approach was restarted during the third wave in an attempt to deliver cancer and urgent diagnostics across the organisation. This was also developed further by utilising theatre assets across the estate and deliver care in new ways

Pharmacy

Wirral University Teaching Hospital
NHS Foundation Trust

- The Pharmacy workforce was remodelled to support key areas of demand in WUTH and across the PCNs to maintain patient safety. Staff were deployed across the system to the point of greatest need at critical points in the pandemic
- Medicines e-learning was developed for all clinical staff who required upskilling in the use of critical care, respiratory renal and palliative care medicines
- 24/7 deployment of new medicines stocklists occurred throughout the pandemic to meet the ever changing ward configuration whilst maintaining safety and access
- Oxygen demand and capacity modelling was a significant feature of phase 1 which highlighted the need for additional VIE capacity. This work involving pharmacy, estates, EBME, respiratory and critical care staff and secured a sufficient oxygen supply throughout periods of surge
- The Pharmacy procurement team ensured that national medicines shortages did not impact on the Trust through daily review, robust planning, liaison with clinicians and developing a real time critical medicines dashboard to support the medicines governance framework
- The Aseptics Services Unit prepared new products to enhance patient safety when staff working in new areas were less familiar with medicines preparation. This also released nursing time and medicines wastage at times of short supply
- System wide meetings were held twice weekly throughout phase 1 and 2 to ensure that required medicines changes transcended our health economy
- Clinical and medicines supply support was deployed to the primary care hubs to support out of hospital care where possible
- Palliative care guidance and a hospital supply service was implemented for the wider system to support end of life out of hospital care
- Structured medication reviews were undertaken in care homes across the Wirral to reduce admission risk and optimise care in place of residence
- Over 100 pieces of medicines guidance have been developed to date during the pandemic
- Electronic prescriptions services were implemented with system partners to reduce footfall into GPs and community pharmacy
- A WUTH hosted system wide medicines delivery service was established to deliver medicines form the Trust and community pharmacy to support the virtual clinics and stay at homes guidance

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Maternity Services

Wirral University Teaching Hospital
NHS Foundation Trust

- Hotline set up for women to contact for advice and support
- Facebook Platform put in place to enhance communications with women, with over >2700 members
- Parent craft material including videos and virtual tours made available for women via the internet to access in their own homes and at their leisure
- Live Sessions for women to join twice a month introduced collaboratively with Maternity Voices Partnership and also posted for wider viewing
- Routine antenatal and scanning schedule maintained throughout
- Support person being able to attend 20 week scans introduced Summer 2020 and all scans in December 2020
- From April 2021 support person to be able to attend all appointments with the appropriate testing in place
- Supported birth partners to attend labour and through the postnatal period on the ward including the opportunity to stay throughout
- All four birth places continued to be offered: Home, Free-standing at Seacombe, Midwifery Led Unit and Labour Ward

Maternity service supported a guest in quarantine with the provision of antenatal care and remained on standby with a full comprehensive plan should a transfer to the labour ward be required at any time

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Infection Prevention & Control

Wirral University Teaching Hospital NHS Foundation Trust

- In the context of managing a pandemic, Personal Protection Equipment (PPE) is equipment that protects staff against the risk of infection. The Department of Health & Social Care has released the Technical Specifications of various PPE during the COVID-19 outbreak to ensure any procurement meets the appropriate specification

- During the COVID-19 outbreak, The World Health Organisation (WHO), Public Health England (PHE) and the Health & Safety Executive (HSE) have given advice of the type of PPE that is required to protect Health Care workers treating COVID-19 or Suspected COVID-19 Patients. These include facial masks, gowns/coveralls, plastic aprons, eye protection and gloves

- In the event of a pandemic, the procurement and distribution of PPE moves under national command. The significant global demand, fixed supply and international constraints on movement, means that the availability of supply to NHS organisations is constrained. To manage this, distribution is being managed on a 'push' basis, where deliveries are determined nationally rather than the usual 'pull' system where Organisations order the levels of stock that they need. The 'Just in Time' approach means that stock is delivered in small quantities based upon projected levels of demand. The Trust has little influence on the levels and nature of stock delivered and no visibility of future distribution until a few hours before delivery. Typically we are receiving 24 to 48 hours of stock in a single delivery. Some of the clinical and operational issues this is presenting are as follows:

    - Stock levels for key items often run very low which needs constant management and contingency planning between procurement, operational and clinical teams on a daily and hourly basis
    - Our inability to secure reliable and consistent levels is an understandable source of anxiety for staff who are concerned that supply may run out
    - No control over types of equipment being delivered can sometime cause operational difficulties. For example, changing the models of FFP3 masks being delivered means that separate fit tests for every staff member need to be undertaken before they can be used

Infection Prevention & Control #2

Wirral University Teaching Hospital NHS Foundation Trust

Managing the risks relating to PPE

Given the issues described above, the Trust proactivity pursued a number of strategies to ensure that our staff were fully protected at all times. These included:

- Development of a daily stock management dashboard reviewed by Bronze, Silver and Gold Command to ensure risks are visible and mitigation strategies adopted in real time
- The Trust became actively engaged in the daily Cheshire and Merseyside Supply Resilience Cell which coordinated and managed PPE issues across the system, linking in with the Ministry of Defence (MOD) and escalated through Regional command structures as required
- The Trust used the emergency COVID-19 supply chain in place to support critical shortages (where stock <24-48 hours). This supported us on a small number of occasions where gown supply was critically low
- Exploited all non-traditional routes of supply where possible, we were able to source small stocks of items from industry, schools and other volunteer groups (e.g. goggles from high schools and gowns from Vet practices)
- Mutual aid systems were in place across Cheshire and Merseyside (and beyond where necessary) allowing stock to be shared between Trusts when required
- Participated in a number of bulk orders placed outside national processes which were coordinated via C&M Supply Resilience group, this included bulk orders being placed for gowns, surgical masks and body bags. Scope to do this was limited as orders were coming from overseas and often fell through as the supply was diverted to other government agencies
- The Infection Prevention Control Team worked closely with operational and procurement teams to enact new guidance published where alternative items were approved for substitution when stocks were limited. For example, use of coveralls in place of gowns when used with waterproof apron

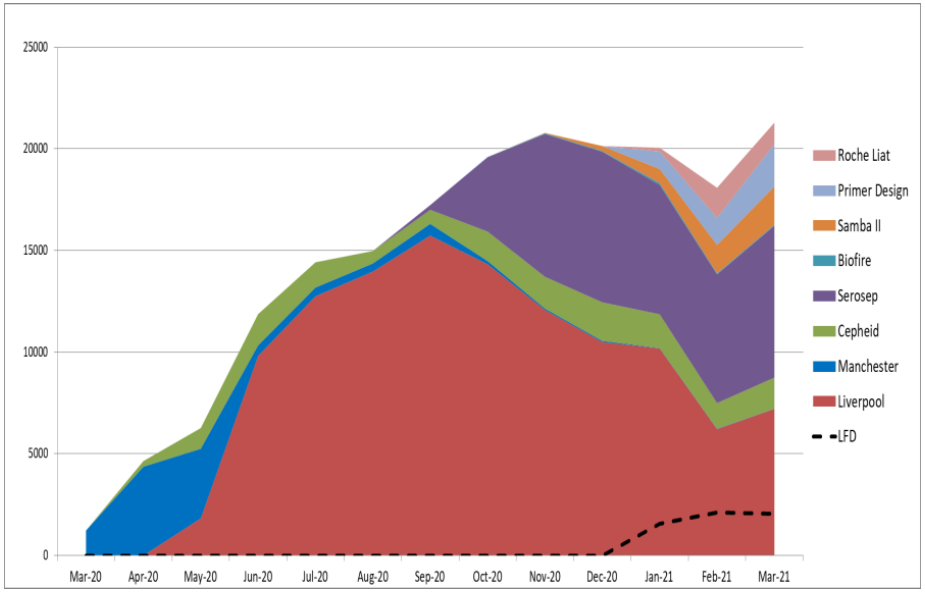
Infection Prevention & Control #3

Wirral University Teaching Hospital NHS Foundation Trust

The Microbiology service has processed >200,000 COVID-19 PCR samples received since the beginning of the pandemic. This was in response to a rapid requirement for high volumes of timely Covid tests for patients and staff, to support patient treatment as well as staff and patient isolation and patient flow.

The need for rapid adoption of new testing methodologies, changing working practices and accommodation of an entirely new workload required a flexible approach from the Laboratory service and staff. This included adoption of 24/7 working within the Microbiology Laboratory in March 2020, ahead of planned date of October 2020.

The graph shows testing monthly volumes by testing platform. It reflects the high volume of testing along with the range of testing platforms validated and implemented to meet the Trust's testing needs from point of care solutions to high volumes laboratory based tests.



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Infection Prevention & Control #4

Wirral University Teaching Hospital NHS Foundation Trust

Other developments by the Pathology Service to support Covid testing include :

- Regionally validated the use of Lateral Flow Device, first Region in country to use
- Local validation for Department of Health & Social Care procured PCR assay (testing method) included in national instruction roll out
- Stood up IT links (National Pathology Exchange) and physical transport routes with Public Health England (PHE) Manchester and Liverpool Clinical Laboratories in a matter of weeks to enable the electronic flow of COVID-19 PCR reports
- Set up mobile phone messaging result notification for staff and community antibody and PCR testing.
- Daily reporting to Pathology Laboratory Activity & Capacity Electronic Returns System (PLACERS) for COVID-19 testing 365 days a year, feeds in to Ministerial brief
- 24 hour email notification to our hospital and system partners including the Countess of Chester Hospital
- Enabled mandatory reporting of LFD / POCT (COVID testing) diagnosed COVID-19 notifiable disease to PHE via Telepath lab system.
- Stood up 5 methods of COVID-19 PCR testing locally, 3 to provide 'Rapid' (giving result within 2 hours) testing capacity.
- Supporting two SIREN studies (COVID research) now given 1A urgent public health status
- Upskilled workforce to process complex PCR assays
- Contribution to Cheshire and Merseyside Pathology Network Weekly COVID-19 Meeting.
- Service has responded to ever changing demand, prevalence rates, variable supply of kits and staff shortages

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Infection Prevention & Control #5

Wirral University Teaching Hospital NHS Foundation Trust

The COVID swabbing service was developed to support the timely screening of patients initially to the division of surgery but increased to organisation wide.

Initially absorbed into pre-operative assessment activity it was soon expanded to deliver a wider service to allow patients to attend the CGH site for swabbing for elective and urgent surgery across the organisation (Medicine and Endoscopy) followed by their requirement to isolate prior to their surgery.

March 2021 saw the implementation of a standard operating procedure and external porta cabin to support an increase in demand for the swabbing of patients. The swabbing service was also supported by SEAL staff to support the demands on urgent and semi urgent swabbing across the organisation. Currently run as a seven day service the availability for COVID swabbing provides 132 swabbing slots.

Due to the ongoing requirement to provide pre-operative COVID screening swabs further work is being developed to support the continued screening of these patients including home swabbing, providing a better perioperative patient journey and experience .

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Infection Prevention & Control #6

Wirral University Teaching Hospital NHS Foundation Trust

Covid Testing

- Managed the Arrowe Park swabbing Pod, which performed over 6,000 PCR tests, around 23% of which were positive
- Tests were available for Trust staff or members of their households with symptoms, and also for agency and NHS Professionals staff working on our sites
- We also swabbed the entire staff of several wards and departments at short notice when there were local outbreaks, sometimes testing over 70 people at a time
- Co-ordinated the initial distribution of over 5,000 lateral flow kits for routine self-testing by asymptomatic staff

Contact Tracing

- Established an internal contact tracing process and team at a week's notice, to manage exposures to Covid-19 among staff in the workplace
- Risk-assessed over 1,000 positive cases among staff and household members
- Identified and managed 1,500 contacts of positive cases, instructing over 400 high-risk contacts to self-isolate
- Responded to 40 local outbreaks within the Trust
- Worked with the local authority, Public Health and NHS partners, through daily intelligence hub meetings
- Supported contact tracing of Covid-positive inpatients in the hospital

Shielding

- Completed individual occupational health assessments for over 350 staff who had been shielding and gave individual specific advice regarding their safe return to work
- Worked with Workforce colleagues to develop and implement the Individual Health Risk Assessment process that all employees are required to complete

Wellbeing

- Set up Drop-in Wellbeing Hubs for staff at Arrowe Park and Clatterbridge, with approximately 1,000 staff visits between November 2020 and the start of April 2021
- Provided targeted psychotherapy support for Critical Care staff
- Provided Psychological Wellbeing Practitioner based at Arrowe Park

Providing advice and information

- Responded to over 500 information requests and queries about Covid-19 from managers and employees

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Infection Control & Infection #7

Wirral University Teaching Hospital
NHS Foundation Trust

Nosocomial Infections

Effective monitoring and surveillance is central to understanding COVID-19 transmission within our hospital, providing transparency on performance and supporting a focus on continuous improvement.
Definitions for Nosocomial COVID-19 infections were released within the 'North West Hospital Onset COVID Infection Standard Operating Procedure on 5th June 2020

There are three categories for determining Hospital Onset COVID-19 infections:

- Hospital-Onset Indeterminate Healthcare-Associated (HO-iHA) – First positive specimen date 3-7 days after admission to trust
- Hospital-Onset Probable Healthcare-Associated (HO-pHA) – First positive specimen date 8-14 days after admission to trust
- Hospital-Onset Definite Healthcare-Associated (HO-dHA) – First positive specimen date 15 or more days after admission to trust
- From 5th June onwards probable (HO-pHA) and definite (HO-dHA) cases were to undergo a rapid Root Cause Analysis (RCA) to establish how the transmission has occurred and whether there are any other linked cases that might indicate ongoing transmission within an area

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Infection Prevention & Control #8

Wirral University Teaching Hospital NHS Foundation Trust

The Trust's Environmental Matron and Environmental Group ensured that national guidance was in place to keep staff and patients safe on the wards. This included:

- All wards measure >2m between bed centre
- Clear curtains in all assessment areas and wards
- Signage, floor markers, room responsibility posters, face mask posters
- All patient-facing staff to be fit tested
- Safe ventilation in place supported by the Ventilation Group

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Infection Prevention & Control #9

Wirral University Teaching Hospital NHS Foundation Trust

Goods Distribution Centre

- The stores across both sites were manned 7 days per week throughout lockdown due to:
    - Clipper delivers at CGH (ended March 2021)
    - PPE deliveries (24/7)
    - NHS Supply Chain delivery change in schedules
    - Extended opening from 4pm to 6pm

Scrubs

- 59% increase in scrub usage and an additional 4600 pairs of scrubs purchased to deal with increased demands. £17,868 spent in 2020 against £8,845 spent in 2019

Porters and domestic service provision

- 30 extra staff provided per week to support the Covid pandemic, we operated 24/7 across both sites
- 45 red wards and areas requiring enhanced cleaning.
- IC and HPV cleans we used 5,259 hours above our base line or 8 staff covering both supervisory and the team
- Used more 240 tubs more than we usually use of “Chlor-Clean” usage 100 tablets in a tub – 1 tablet diluted per litre

Vaccine roll out

- Recruited, trained the team of porters and domestics to support the creation and service provision to CGH/APH Vaccination Centres within 4 weeks.
- 10 porter chairs purchased to support the vaccine centre at CGH

Transport

- Additional lab runs from Blood Sciences to Microbiology for covid swabs
- Collections of PPE and other items from ECHO arena
- Deliver collect mutual aid items to other Trusts in the region

Catering

- 70K additional catering for staff, patients and unexpected guests (Wuhan) over the pandemic period
- 3.7K free vending for Critical Care staff
- 100K on continental breakfasts provided free of charge to ward based staff in December
- Provision of 1000 snacks items for patients and staff in January
- Provision of 1000 snacks items distributed by the Charity office
- 58K of patient treats whilst patients did not get visitors – chocolate bars and cakes

Clinical Waste

- 27% increase from 19/20 to 20/21

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Workforce

Wirral University Teaching Hospital
NHS Foundation Trust

The Trust took a very focused approach to COVID-19 in relation to our workforce, ensuring that staff were supported and looked after during the pandemic. This approach concentrated on the following areas:

- Training and upskilling existing and new workforce
- Health & Wellbeing
- Workforce supply
- Sickness absence
- Communication & Engagement

A significant amount of training has was undertaken, ensuring that our Medical, Nursing and Allied Health Professional workforce had the necessary skills to deliver care to patients suffering from COVID-19. The training was cross referenced with the frameworks in the secondary care preparedness, to identify any gaps

The Trust also developed and deployed a robust and comprehensive health risk assessment to ensure that vulnerable staff in the 'very high risk' and 'high risk' groups, as defined by Public Health England, were identified, and mitigation plans implemented with immediate effect. The risk assessment tool was adapted to take account of recent guidance on splenectomy and employees from a BAME background

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Workforce #2

Wirral University Teaching Hospital
NHS Foundation Trust

In addition, the Trust has created a wide range of Health and Wellbeing support which includes:

- Counselling
- Debriefing
- Physical activity webinars
- Bike hire
- Access to food and rehydration
- Access to accommodation to protect staff member's family or to allow them to continue working

Campaigns to attract volunteers, temporary staff and retire and return have been undertaken. The workforce supply also included the receipt of 40 medical students and 30 third year student nurses. High volume recruitment campaigns for international registered nurses, healthcare clinical support workers, SAMBA testing support staff, vaccination hub and estates and facilities staff have all been invaluable to support the Covid-19 response In addition, a skills questionnaire that assists in the re-assignment of the existing workforce has been developed

A robust approach was taken to capture and tracking of staff sickness absence, as well as ensuring strong links with the staff swabbing team and Occupational Health to ensure swift support. A Pandemic Incident Workforce Procedure held rapidly changing national, regional and local guidance for staff and managers in one document to ensure a fair and consistent approach to management of staff during this unprecedented time. Partnership working has been maintained via regular staff side and workforce meetings and alignment to regional partnership MoU working

Occupational Health support has been enhanced throughout the Pandemic including access to in-house test and trace, on-site counselling support, access to wellbeing and psychology support locally and regionally. Additionally, specialist support was made available for staff supporting from PTSD via Red Poppy

The Trust has ensured that it continues to engage and inform the workforce through daily bulletins, which include good news stories as well as operational information. There has been work to improve our social media and to build positive relations with our local media through the use of our charity funds. Learning from feedback from communications and support mechanisms has been implemented following intelligence from floor walkers and staff debrief exercises

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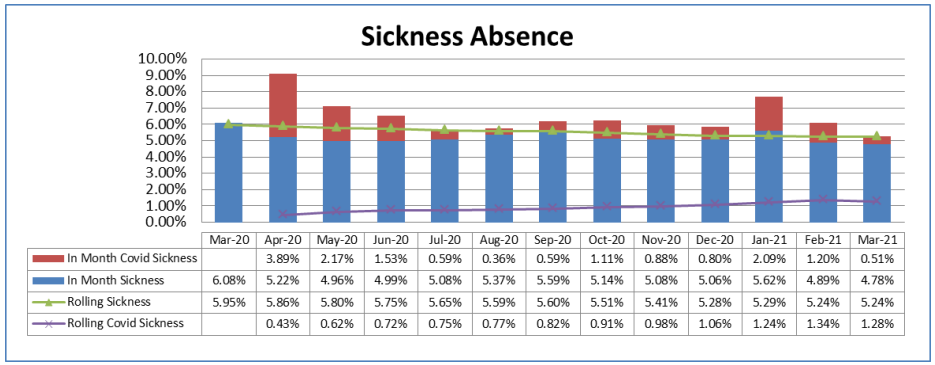
Workforce #3

Wirral University Teaching Hospital
NHS Foundation Trust



	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
In Month Covid Sickness		3.89%	2.17%	1.53%	0.59%	0.36%	0.59%	1.11%	0.88%	0.80%	2.09%	1.20%	0.51%
In Month Sickness	6.08%	5.22%	4.96%	4.99%	5.08%	5.37%	5.59%	5.14%	5.08%	5.06%	5.62%	4.89%	4.78%
Rolling Sickness	5.95%	5.86%	5.80%	5.75%	5.65%	5.59%	5.60%	5.51%	5.41%	5.28%	5.29%	5.24%	5.24%
Rolling Covid Sickness		0.43%	0.62%	0.72%	0.75%	0.77%	0.82%	0.91%	0.98%	1.06%	1.24%	1.34%	1.28%

This graph illustrates sickness absence over the last 12 months – March 2020-21. It splits out Covid sickness absence each month (red bar) from non Covid sickness (blue bar). It reflects the sweep of the pandemic across the Trust and highlights the peaks in April'20 & January'21.

Sickness absence levels over the last few years have been an outlier at WUTH (over 5%) & above the target set by the Trust. This graph highlights the challenges of COVID-19, high abstraction rates, alongside winter pressures which has exacerbated our efforts but equally it showcases the improvements that have been made each month (green rolling sickness line) & that non-Covid sickness absence has reduced (5.95% in March'20 to 5.24% in March'21). This graph shows that back in April'20 during the first wave of Covid-19 pandemic WUTH was hit hard with 3.89% Covid & we experienced high abstractions rate over 9% due to sickness & Covid sickness combined. It's clear from the graph that last year was far from ordinary.

The graph also shows a rise in absences covering the second wave of the pandemic in Jan'21, when the Trust and its staff were under considerable pressure & fatigue from the first wave. However, it suggests that some lessons from the first wave, more access to effective personal protective equipment and better infection control have helped keep staff safer. This was also supported by key workforce decisions such as the introduced of the new staff reassignment process and Workforce Information Tool (Bob) in Feb'21 which helped bolster and best utilise staff.

The current strategic & operational approach to sickness absence incl the new Attendance Management Strategy & associated work streams are helping to drive down sickness & support our people. The new Attendance Management Policy, which strikes the balance between providing support to help employees stay in & return to work & taking firm action is taking effect. Sickness absence levels continue to be above 5% over the rolling 12 month period however, this is reducing 5.95% in March'20 to 5.24% in March'21. The graph showcases the epic journey & improved trajectory. In-month sickness has reduced from 6.08% in March 2020 to 4.78% in March'21. We need to continue our focus on effective sickness management & timely, quality RTW Interviews.

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Bereavement

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The mortuary has had considerable surges due to COVID and at these times of the surges in Spring 2020 and Winter 2021 the department was 75% busier than normal, which put significant pressure on capacity and staff

The department responded by increasing the staff in the mortuary by redeploying additional staff from histopathology to assist the mortuary staff

The Mortuary in conjunction with bereavement service, funeral directors and the crematorium put in place a 7 day service at times of increased pressure to ensure the flow of the management of deceased patients was maintained to ensure the mortuaries capacity was not breached

Additional support was arranged from the Merseyside Resilience forum in terms of surge capacity to ensure we had the facilities to care for every deceased that required the service of the mortuary during the pandemic

Communication during this time was critical and as well as the Merseyside Resilience forum death management cell an additional group was set up and met regularly for the Wirral which included all council elements of death management on the Wirral to ensure the system was working effectively and all contingencies were in place

All staff during the pandemic worked tirelessly to ensure the service could deal with the demand during this time and that every deceased patient had the highest level of service and dignity

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Bereavement #2

Wirral University Teaching Hospital NHS Foundation Trust

- The department responded by increasing their hours covering weekends and late finishes (sometimes 12 hour days)
- The Bereavement Services Office had an increase in deaths due to COVID. The department was 75% busier than normal
- The Bereavement Services Office, in conjunction with mortuary, funeral directors and the crematorium put in place a 7 day service at times of increased pressure to ensure the flow of the management of deceased patients was maintained to ensure the mortuaries capacity was not breached
- All patient property from the wards was brought to the office, this included property from Covid wards and special consideration was given to the property which may have been contaminated. The property had to be stored and organised and distributed to our families. In 2021 a delivery service was set up to people's homes across the Wirral and this is now streamlined and continues to be used
- Dealing with all families who had lost a loved one and not been able to see them before death, and not being able to come into the office for further help. This was a very distressful time for all concerned
- New processes put in place for registration of deaths with the Registrars in Birkenhead town hall as they were closed to the public
- The team had to complete a pro-forma for families with all details so they were able to register over the telephone
- COVID positive test results within the last 28 days of life had to be reported to CPNS (National database) on a daily basis which meant staff had to cover a 7 day period

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Family Support Team

Wirral University Teaching Hospital
NHS Foundation Trust

wirralview

Marg's story

The Family Support Team have been helping patients and relatives to stay connected throughout the pandemic.

The Family Support Team has played a vital role in helping to keep patients connected with their families throughout the pandemic. It was set up in April 2020 to ensure patients could keep in contact with their loved ones when important visiting restrictions were put in place

It was set up to be a liaison between the family and the next of kin; team members also acted as a case worker to keep families informed about a patient

Duties also included passing on belongings for patients; they also provided mobile phones and tablets for people that don't have them, to keep in touch with their families

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Information Technology

Wirral University Teaching Hospital NHS Foundation Trust

- Networking and Wi-Fi provision for Wuhan Visitors in accommodation block and setup of Command centre both on site and for the boardroom for multi organisation approach including use of secure data sharing storage – (Jan / Feb 20)
- Install of 180 TV's connected to Trust network (Jan / Feb 20)
- Over 100 clinical changes made to the Trust EPR to improve clinical care for COVID patients. (From March 2020)
- Over 500 laptops and desktops rolled out to the organisation and provision of the Always on VPN solution to 1500 users to enable home working. (March / April 20)
- Over 120 iPads and iPhones rolled out enabling relatives to talk to patients remotely over video calling (April / May)
- Installation of 80+ secure networked camera's to allow remote monitoring of patients and PPE utilisation (March – May 20)
- Roll out of Microsoft Teams – including video conferencing facility to facilitate remote meetings. (currently over 2500 active users) – (March to May 20 – rollout of over 1000 headsets and over 500 additional monitors and webcams)
- Roll out of Attend Anywhere solution allowing remote patient consultations for essential OP appointments during the pandemic – (April – September 20)
- Upgrade of HSCN infrastructure datalinks and core firewalls to support the increased network estate (Jun – July 20)
- Rollout of over 1000 additional IP telephony handsets and Jabber soft clients to support remote and socially distanced working in clinical areas. (April – October 20)
- Deployed network provision to Spire Murrayfield – remote desktop services to enable remote location connectivity to the Trust. (Jun 20)
- Setup of socially distanced training room capability in education centre – board room / dining room (Apr 20)
- Roll out of over 600 infection control keyboards (Apr – May 20)
- Roll out of over 50 blood label printers and 150 + scanners to support blood transfusion services. (Jun – Oct)
- Upgrade of over 600 Wi-Fi access points to support bedside monitoring and point of care delivery. (May 20)
- Hardware / network provision for Cedar House Vaccination Centre. (December 2020)
- Deployment of Vaccination appointment booking software and Immunisation Management System to help manage COVID vaccination provision. (December 2020)

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Finance

Wirral University Teaching Hospital
NHS Foundation Trust

The local and national health and care response to COVID-19 was supported through a package of measures, announced in the March 2020 budget, to support public services, individuals and businesses through the pandemic

Within this, was a COVID-19 response fund, which was created for:

- The NHS to treat Coronavirus patients, including maintaining staffing levels
- Local Authority actions to support social care services and vulnerable people
- Ensuring funding was available so other public services were prepared and protected

The Trust was required to make significant changes to its infrastructure over a very short timeframe (days rather than weeks) and it was critical that our clinical and operational teams were able to respond quickly in situations where decisions had to be made, such as the need to increase our critical care capacity to five times its previous capacity within 2 weeks

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Finance #2

Wirral University Teaching Hospital
NHS Foundation Trust

The Trust had to balance this need for speed and flexibility alongside the need to ensure that our financial decisions were robust and met external audit and public scrutiny and therefore a revised set of governance arrangements were implemented in March 2020 and approved by the Board on 1 April 2020

All COVID-19 related expenditure at the Trust was tracked separately and regularly reported to NHS Improvement for review and reimbursement. There were clear guidelines which set out the types of expenditure which are eligible for reimbursement and the Trust was ensuring that we were able to supply appropriate information to support any claims.

It is important that the Trust was able to respond quickly and flexibly to the changing requirements of our Services whilst also ensuring that we maintain strong financial control during this time. All COVID-19 related expenditure was approved through the Trusts incident command structures and reviewed by the Executive Team on a regular basis, as set out in the Trust's interim financial governance arrangements. Finance reports for 2020/21 included a separate analysis on COVID-19 related expenditure to ensure that the Board of Directors was fully sighted.

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Charity Support

Wirral University Teaching Hospital
NHS Foundation Trust

COVID-19 Appeal

- Stewardship of donations generated through continued Wirral Globe support
- Supporting fundraisers in their personal challenges (over 200) e.g. Will Ritchie and family,
- Charity Team personally raised over £1000 by completing the Virtual London Marathon

Staff support

- Co-ordinated the Salute the NHS meal scheme (Over £1/2 million in value)
- Gifts in Kind (sourcing and distributing £115,00) of items
- Christmas 2020
    - 7000 gifts to staff
    - 800 inpatient gifts distributed
    - 220 staffroom hampers sourced and delivered
    - 2 x free breakfasts delivered to all wards
    - Virtual magic show and bingo organised
- Second Wave - Regular supply of refreshments to all wards, the Emergency Department and Critical Care

Corporate Volunteering (improved outdoor spaces)

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Charity Support #2

Wirral University Teaching Hospital
NHS Foundation Trust

£150,000 raised locally via

- Wirral Globe partnership and continued support
- Charity Team activity including
  - Supporting 200 individual challenges
  - Wirral Rainbow Flower /Challenge 100
  - Grants from Freemasons, Trusts funds and corporates
  - Team completed Virtual London Marathon

£182,000 in successful grants from National COVID urgent appeal

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Nightingale Hospitals

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NHS Foundation Trust

- The NHS Nightingale Hospitals are seven critical care temporary hospitals established by NHS England as part of the response to the COVID-19 pandemic in England

- On 27 March, Simon Stevens announced that a 1,000-bed hospital was to be provided in the Manchester Central Convention Complex
- The hospital was ready to receive patients on Easter Sunday, 13 April 2020. The official opening, by Duchess of Cornwall in a recorded speech, took place on 17 April 2020
- On 12 October 2020, amidst a rise in cases in Northern England, the hospital was placed on standby to admit COVID-19 patients
- In the event, almost all of the increased demand for critical care was met by expanding capacity in existing hospitals. By June 2020, all the temporary hospitals had been placed on standby. Only two had admitted patients: 54 were treated at NHS Nightingale Hospital London (all of them in April 2020) and just over 100 at Manchester
- During wave 3 a number of patients requiring step down from the Trust were identified but were unable to be accepted at the Nightingale after clinical review
- The Wirral economy commissioned its own solution for Covid patients as an alternative

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Vaccination Programme

Wirral University Teaching Hospital
NHS Foundation Trust

The Clatterbridge Vaccination Centre opened on the 8th December 2020 and worked closely with GPs within the local Primary Care Networks and other secondary and tertiary care organisations across the system to ensure that our local population was vaccinated at the earliest opportunity. This programme of work was coordinated by Wirral Health and Social Care Commissioning Group (WHCCG) and was managed in line with national Joint Committee for Vaccination & Immunisation (JCVI) guidance

- The first vaccine made available to the Trust was the Pfizer BioNTech vaccine which was complemented with the provision Oxford Astra Zeneca (AZ) vaccine from February 2021
- In addition to staff vaccination, the programme was extended to include the vaccination of hospital inpatients with the AZ vaccine and accelerated courses of vaccination required for patients who were immunocompromised or commenced on immunosuppressive treatments
- Specialist allergy sessions were facilitated by the team with on hand anesthetic support for patients who had suffered an allergic response to their first dose of the COVID-19 vaccine or had experienced other vaccine allergies
- The ambition from the Secretary of State for Health to offer all over 16's a vaccination by July 2021 followed by the need for second doses and possible future boosters meant that it was likely that the vaccination centre will continue to operate for the next 6-9 months. To support this, more sustainable management arrangements were established for the next phase of the programme

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Fundraising in the community – over 2000 people donated

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Marathons in many ways

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Salute the NHS – 76,000 meals delivered May-July 2020

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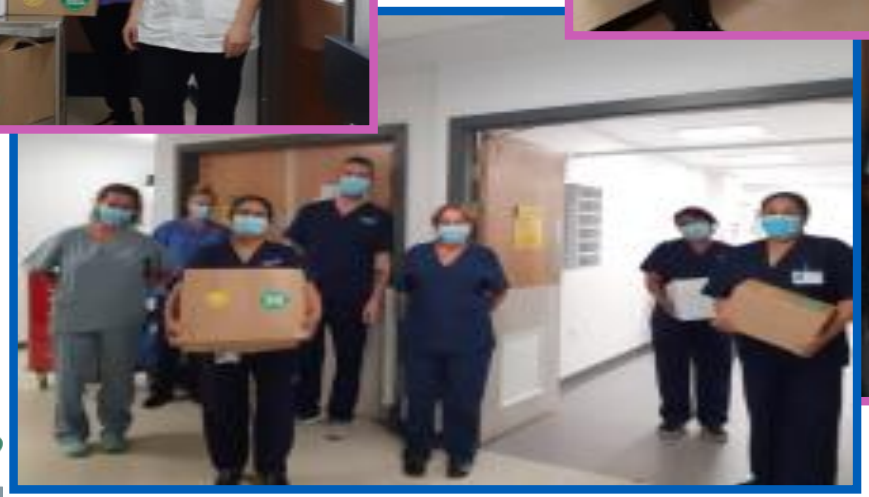

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Local businesses responded in force with over £115,000 of donated items for staff

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Improved outdoor spaces from SPEN and Magenta Living corporate volunteering

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You said, we did – post covid Debrief

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A series of staff COVID-19 debriefing sessions were held during the months of Autumn 2020

Staff were consulted and they provided feedback on WUTH's response to the COVID-19 pandemic and what they would like to see improved moving forward

A booklet was produced highlighting the key themes discussed and how we as a Trust have acted on the comments made by staff; including staff support and wellbeing, processes, communications, environment and resources, teamwork, leadership, behaviours, quality and safety and training

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March 23rd 2021
Day of reflection lighting

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Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: 21/22-042

BOARD OF DIRECTORS

5th May 2021

Title:	Operational and Financial Planning Update (H1)
Authors	John Halliday, Robbie Chapman, Victoria Robinson-Collins,
Responsible Director:	Claire Wilson, Chief Finance Officer Anthony Middleton, Chief Operating Officer
Presented by:	Claire Wilson, Chief Finance Officer

Executive Summary
This paper provides an update on the Trusts operational and financial planning process for the first half of 2021/22 (H1) in response to recently issued guidance from NHSI. In April 2021, Board of Directors delegated approval of the draft operational and financial plan to the Finance Performance and Business Assurance Committee (FPBAC). On 28th April 2021, the FPBAC reviewed and endorsed the approach and assumptions used to construct the plan and supported its draft submission on the 30th April 2021. The paper provides a summary of the draft submission made and sets out the next steps which will enable the final plans to be agreed in line with the May 2021 deadlines. The Board of Directors are asked to approve the plans presented.

Recommendation: (e.g. to note, approve, endorse)
For approval

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No

Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Robust operational and financial planning supports the management of risks associated with operational delivery, financial sustainability and elective recovery.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Financial sustainability supports licence conditions
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Reports financial plan for Q1 and Q2
Specific communications and stakeholder /staff engagement implications
N/A
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/A
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)
N/A

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No

Previous considerations by the Board / Board sub-committees	Reviewed and endorsed by the Finance, Business Performance Assurance Committee

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WUTH 2021-22 H1 Plan Submission

5th May 2021

Contents

Wirral University Teaching Hospital NHS Foundation Trust

- Activity plan
- Workforce plan
- Financial plan
- Next steps

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Activity plan H1

Draft submission 23 April 2021

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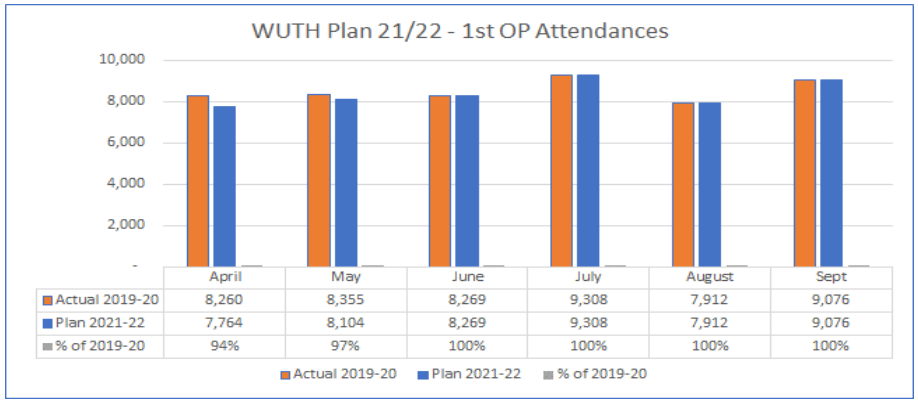
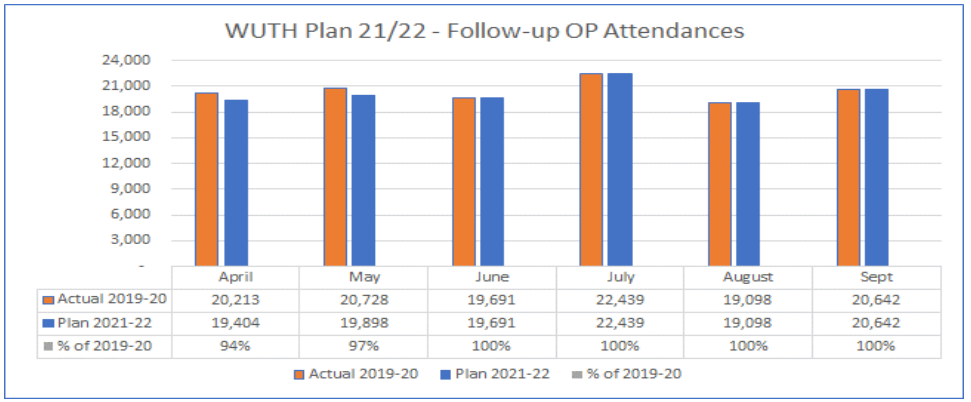
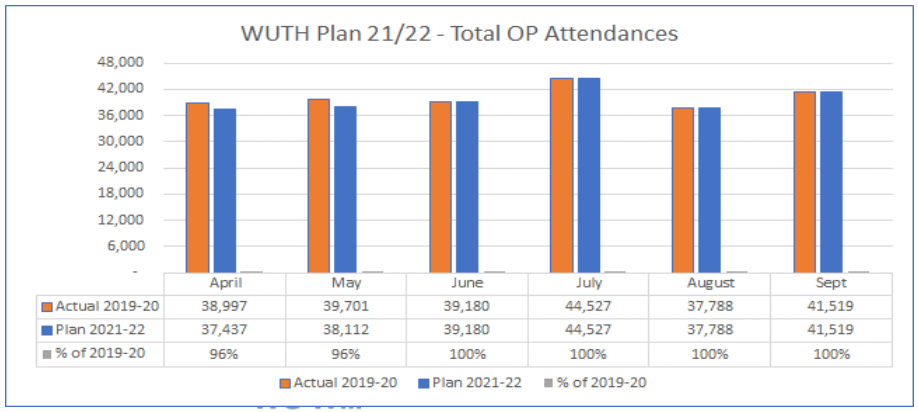
Plan Figures - Outpatient Attendances

Wirral University Teaching Hospital NHS Foundation Trust





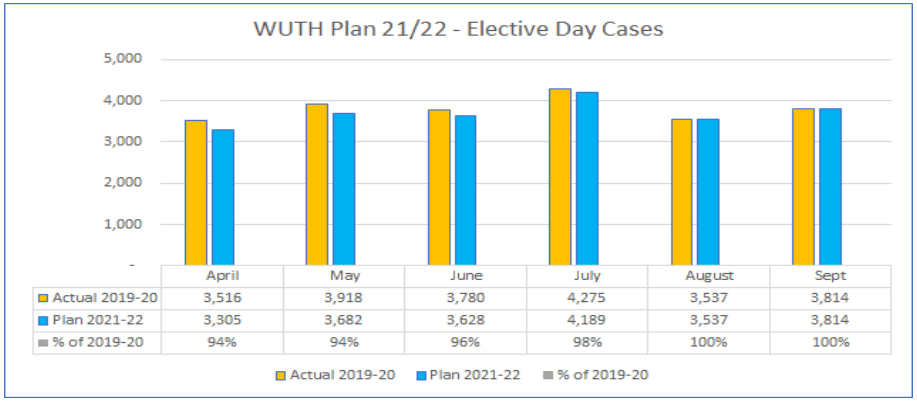


WUTH Trajectory Percentages of 2019 Activity Levels

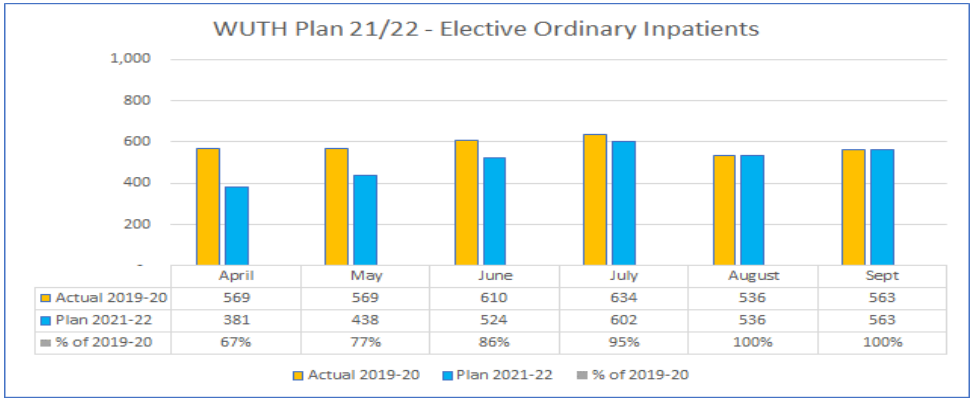
Outpatients	April	May	June	July	August	Sept
1st OP Attendances	94%	97%	100%	100%	100%	100%
Follow-up OP Attendances	96%	96%	100%	100%	100%	100%
Total OP Attendances	96%	96%	100%	100%	100%	100%
Elective Recovery Framework	*70%*	*75%*	*80%*	*85%*	*85%*	*85%*

Plan Figures - Elective Spells

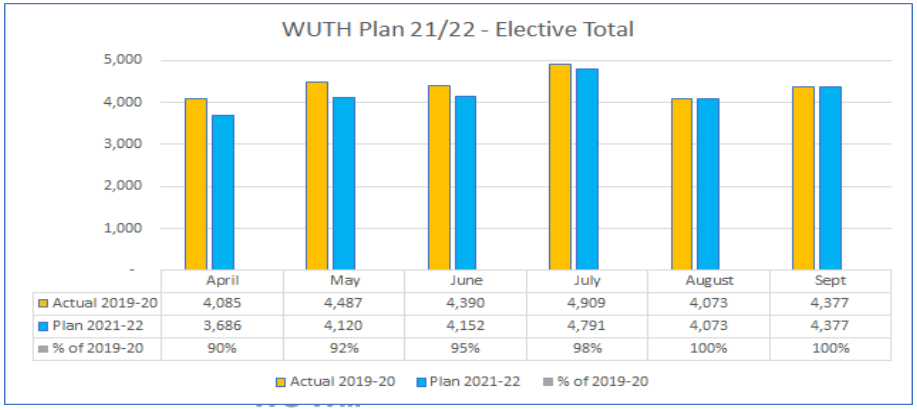
Wirral University Teaching Hospital NHS Foundation Trust



	April	May	June	July	August	Sept
Actual 2019-20	3,516	3,918	3,780	4,275	3,537	3,814
Plan 2021-22	3,305	3,682	3,628	4,189	3,537	3,814
% of 2019-20	94%	94%	96%	98%	100%	100%



	April	May	June	July	August	Sept
Actual 2019-20	569	569	610	634	536	563
Plan 2021-22	381	438	524	602	536	563
% of 2019-20	67%	77%	86%	95%	100%	100%



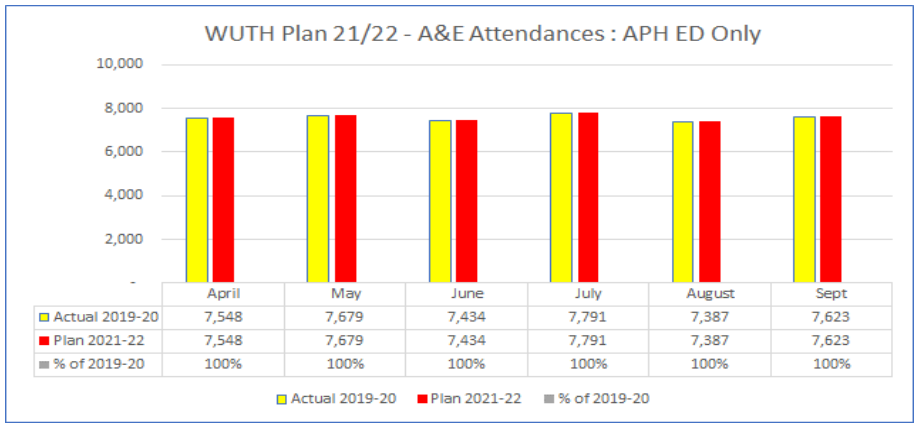
	April	May	June	July	August	Sept
Actual 2019-20	4,085	4,487	4,390	4,909	4,073	4,377
Plan 2021-22	3,686	4,120	4,152	4,791	4,073	4,377
% of 2019-20	90%	92%	95%	98%	100%	100%

WUTH Trajectory Percentages of 2019 Activity Levels

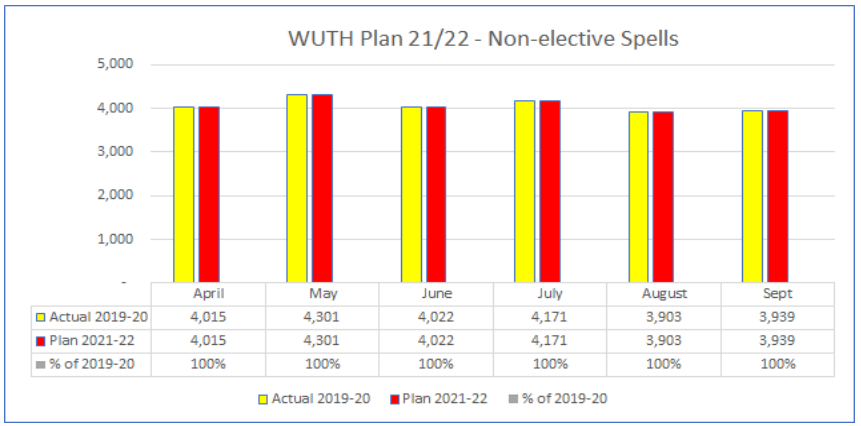
Elective Spells	April	May	June	July	August	Sept
Day Cases	94%	94%	96%	98%	100%	100%
Ordinary Inpatients	67%	77%	86%	95%	100%	100%
Total Elective	90%	92%	95%	98%	100%	100%
Elective Recovery Framework	*70%*	*75%*	*80%*	*85%*	*85%*	*85%*

Plan Figures - Urgent Care

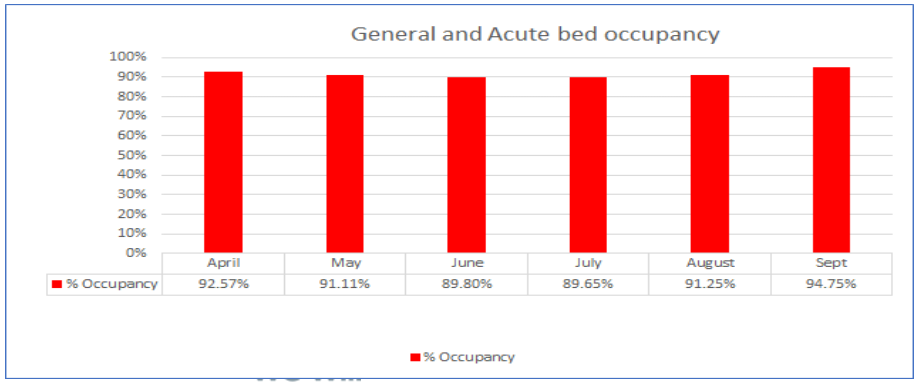
Wirral University Teaching Hospital NHS Foundation Trust



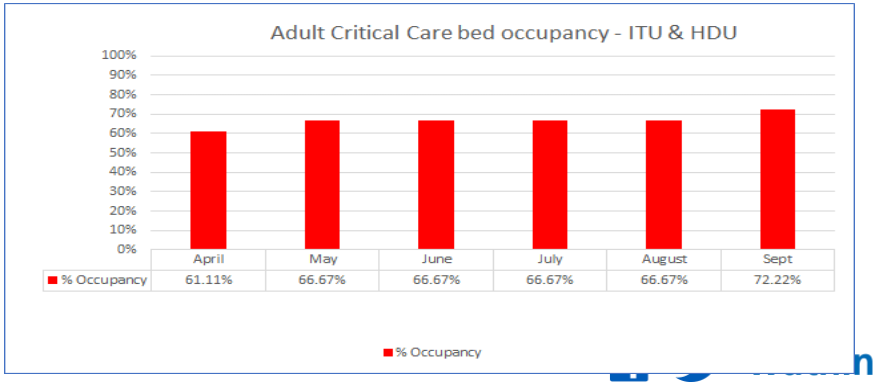
	April	May	June	July	August	Sept
Actual 2019-20	7,548	7,679	7,434	7,791	7,387	7,623
Plan 2021-22	7,548	7,679	7,434	7,791	7,387	7,623
% of 2019-20	100%	100%	100%	100%	100%	100%



	April	May	June	July	August	Sept
Actual 2019-20	4,015	4,301	4,022	4,171	3,903	3,939
Plan 2021-22	4,015	4,301	4,022	4,171	3,903	3,939
% of 2019-20	100%	100%	100%	100%	100%	100%



	April	May	June	July	August	Sept
% Occupancy	92.57%	91.11%	89.80%	89.65%	91.25%	94.75%



	April	May	June	July	August	Sept
% Occupancy	61.11%	66.67%	66.67%	66.67%	66.67%	72.22%

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Workforce plan H1

Draft submission 23 April 2021

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Workforce Planning Profile 21/22

Wirral University Teaching Hospital
NHS Foundation Trust

Workforce (WTE)	Establishment 31st Mar 21	Baseline Staff in Post Outturn 31st March 21	Q1 Plan 30th June 2021	Q2 Plan 30th Sept 2021	* Q3 Plan 31st Dec 2021	* Q4 Plan 31st Mar 2022	Establishment 31st Mar 22
Substantive	5785.44	5662.96	5733.96	5848.96			5785.44
Bank		462.27	391.27	276.27			
Agency		70.24	70.24	70.24			
Total Workforce (WTE)	**5785.44**	**6195.47**	**6195.47**	**6195.47**			**5785.44**
Registered Nursing, Midwifery and Health Visiting Staff	1647.48	1498.01	1519.01	1634.01			1647.48
Allied Health Professionals	374.5	386.37	386.37	386.37			374.5
Other Scientific, Therapeutic and Technical Staff	138.27	177.85	177.85	177.85			138.27
Health Care Scientists	135.38	130.52	130.52	130.52			135.38
Support to Nursing Staff	1036.96	970.6	1020.6	1020.6			1036.96
Support to allied health professionals	52.94	56.4	56.4	56.4			52.94
Support to STT & HCS Staff	178.75	201.65	201.65	201.65			178.75
Total Non-Medical - Clinical Staff Substantive	**3564.28**	**3421.4**	**3492.4**	**3607.4**			**3564.28**
Consultants (including Directors of Public Health)	270.1	258.16	258.16	258.16			270.1
Career/Staff Grades	84.32	94.43	94.43	94.43			84.32
Trainee Grades	253.24	315.06	315.06	315.06			253.24
Total Medical and Dental Staff Substantive	**607.66**	**667.65**	**667.65**	**667.65**			**607.66**
NHS Infrastructure Support	1606.5	1566.91	1566.91	1566.91			1606.5
Any Others	7	7	7	7			7
Total Non-Medical - Non-Clinical Staff Substantive	**1613.5**	**1573.91**	**1573.91**	**1573.91**			**1613.5**

* Q3 and Q4 completion not currently required

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Workforce Assumptions

Wirral University Teaching Hospital NHS Foundation Trust

Establishment	• Triangulated with financial planned establishment due to a mismatch of 66.06 WTE Budgeted Establishment in ESR and the ledger so added 50 WTE to the Support to Nursing Staff ESR Data and 16.06 WTE to Career Staff Grade Drs ESR Data. Ensures overall Budgeted Establishment Aligns at 5764.20. • Vaccination Hub is built into an increase in the Establishment by 21.24 WTE to ensure that the establishment reflects the need for this going forward. • Establishment for International Nurses or HCSW is NOT increased as the exercise to fill them is to reduce the vacancy gap, so they are already in the establishment, this is reflected in phased increased to Staff In Post (SIP) to reflect where they are expected to drop in • Trainee doctors figure aligned to PWR data due to numbers from Lead Employer and own staff to fill gaps
Baseline	• The SIP in post in ESR at 31/3/21, not the PWR for March, due to a mismatch in WTE in post of circa <40 in ESR. • Relates to timing of PWR Data pull from ESR and relates to new starters added later that month • This figure includes Vaccination Hub Staff. • The Bank and Agency figure is taken from PWR m12 to lines 22 and 23.
Plan Jun 21	• This is the planned SIP figure and is arrived at by using the March SIP and adding known campaigns i.e. international nurse and HCSW campaigns to close vacancy gap • This closure of vacancy gap is reflected in numbers of bank being utilised
Plan Sept 21	• The Planned SIP figure, generated via June SIP plus further international nurses commencing • This closure of vacancy gap is reflected in the numbers of bank being utilised
Establishment 21/22	• Repurpose of Establishment Figure from column C due to budgeted establishment for 21/22 still pending

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Financial plan H1

Draft submission 23 April 2021

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Financial planning principles

Wirral University Teaching Hospital NHS Foundation Trust

- C&M as a system needs to deliver a balanced plan for H1
- No additional funding other than that identified in guidance
- Initial submission 23rd April 2021 with further submission by 30th April 2021.
  - Initial plan submission maintains last years system level funding allocations for 'top up' and COVID funding but this will change 30th April submission.
  - Opening C&M system deficit starts at £38.5m and needs to be addressed for submission on 30th April, together with any new pressures identified in 23rd April draft of submission.
  - Funding will be redistributed from those organisations expected to make surplus
- Organisational 'plan' suggested by NHSI equates to Q3 (2020/21) multiplied by 2 for both income and expenditure.
- We are expected to reconcile between our submission and these indicative organisational 'plan' figures.

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Financial planning H1 - Assumptions

Wirral University Teaching Hospital NHS Foundation Trust

- **Expenditure**
  - Initial bottom up costing exercise based on Exit Run Rate Analysis
  - Worked with divisions and HR to cost agreed activity levels and identify all service pressures
  - Incorporates known increases in cost, e.g. incremental drift, and inflationary uplift of 0.5%
  - Excludes cost of pay award – to be funded separately
  - Includes continued cost of CV-19, albeit reduced
  - Does not include any CIP
- **Income**
  - C&M have confirmed income in respect of block contracts, system top up funding and specialist & direct commissioning
  - C&M have only provisionally confirmed system CV-19 funding, system growth funding and support for lost non-NHS income. Will be redistributed between first and second submission.
  - HEE have confirmed LDA monies.
  - Income within divisions not all confirmed but assumed to continue at 20/21 levels.
  - Assumptions made regarding non-patient income, e.g. catering
  - Position reflects reduced income from SLAs with Clatterbridge
  - Currently excludes any Elective Recovery Income, Vaccination and Testing income

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Financial Planning H1 : Summary

Wirral University Teaching Hospital
NHS Foundation Trust

- Initial draft submission shows £4m surplus but this is before expected redistribution of C&M system allocations
- Expected that revised plan will be breakeven
- Tables (right) show detailed reconciliation to 2019/20 reported out-turn for Expenditure and Income

EXPENDITURE	£m	
19/20 Outturn	**392,560**	
Pay Pressures	12,649	1
Non-Pay Pressures	3,151	2
COVID-19	-1,004	3
20/21 Exit Run Rate	**407,224**	
Pay Pressures	709	4
Non-Pay Inflation & Pressures	1,030	5
Service Pressures	3,636	6
COVID-19 Costs	2,826	7
Increase in Depreciation	756	
21/22 Baseline Expenditure	**416,181**	
Profile for H1	**207,557**	8
Premium Cost to Recovery Trajectory	578	9
CIP	-584	10
21/22 H1 Expenditure	**207,551**	
H1 Expenditure Per C&M Allocation	**208,463**	
Improvement	**912**	

1. This includes all pay awards in 20/21, including incremental drift, CEA, etc.
2. This includes all non-pay inflation in 20/21.
3. The Exit Run Rate excluded all CV-19 expense bar recurrent measures for IPC.
4. This only includes incremental drift and other known increases in pay, not the pay award.
5. This includes known increases and 0.5% of non-pay costs as per the guidance.
6. This includes all documented service pressures within the Divisions.
7. This is an estimate of recurrent CV-19 costs in 21/22.
8. This is the expected profile of expenditure in H1, adjusting for winter pressures.
9. This is the expected additional cost of achieving agreed levels of activity.
10. This is the value of the required CIP per the national guidance.

Income	£m	
19/20 Outturn for other income	**32,066**	
Technical Adjustments	-782	1
Non Recurrent Income	-907	2
SLA Changes & Other	-1,803	3
20/21 Exit Run Rate	**28,574**	
Non Recurrent Income Pressures in H1	-1,007	4
21/22 Baseline Income	**27,567**	
Profile for H1	**12,965**	5
BLOCK Income	197,350	6
Non Block Clinical Income	1,849	7
21/22 H1 Income	**212,165**	
H1 Income Per C&M Allocation	**212,524**	
Reduction	**-359**	

1. Adjustments made for technical financial accounting purposes.
2. Non-recurrent income, mainly education and training.
3. Reductions in SLAs and recharges, mainly charges to Clatterbridge CC.
4. Reductions in catering, car parking income, etc.
5. Profile of annual income into first half of the year.
6. Provisionally confirmed block income per C&M.
7. Non-English NHS funding and intra-system funding.

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WUTH Planning Exercise – Reconciliation to Q3 Actuals

Wirral University Teaching Hospital NHS Foundation Trust

Narrative	Income	Expenditure	Surplus/ (Deficit)	Comments/explanation/workings
	£000	£000	£000	
H1 derived from Q3 actuals	212,524	(208,463)	4,061	
Removal of 20/21 system monies	(30,055)		(30,055)	
Removal of 20/21 support monies to CCG			-	
Removal of 20/21 non recurrent income & expenditure	(794)		(794)	Removal of non-recurrent income, mainly in respect of education and training
FYE of 20/21 local cost pressures & investments			-	
21/22 pay and prices		(355)	(355)	in-year impact of non-funded pay increases, i.e. increments and CEAs etc
21/22 local cost pressures & investments		(1,226)	(1,226)	Internal service pressures
21/22 activity	258	467	725	Increase in non-patient income from Q3.
21/22 covid costs		2,404	2,404	Expected reduction in COVID spend from Q3 actuals
21/22 service changes	(636)		(636)	Reduction in recharges and SLAs from other NHS bodies, including clatterbridge CC.
21/22 funded service developments	201		201	Increase in charges for palliative care
21/22 system monies	30,814		30,814	As notified to us by C&M ICS
21/22 other	(148)	(378)	(526)	Reductions in RTA income from Q3. Increase in depreciation in H1.
H1 plan 21/22	**212,164**	**(207,551)**	**4,613**	
Less: £4,613m reduction as a redistribution estimate (not yet confirmed)			(4,613)	
Expected revised H1 plan for May 2021 submission (breakeven)			-	

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Next steps

Next Steps

Wirral University Teaching Hospital
NHS Foundation Trust

- Submission to C&M 23rd April – **complete**
- FPBAC review and approve initial submission 28th April 2021 - **complete**
- Resubmission of plans following system wide review and reallocation of covid funding – 30th 2021 - **complete**
- Board of Directors review and approve submission – 5th May 2021
- Further work to finalise our internal operational plan
  - Finalise activity plans at speciality level for month 4 to 6 (and spell/attendance level activity for m1 to 3 with working day adjustment)
  - Develop PBR income plan at speciality & POD level
  - Capacity planning including bed model
  - Divisional level budget review of pressures and sign off

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Timetable

Wirral University Teaching Hospital NHS Foundation Trust

Date	Activity	Recipient:	Responsibility of:
5 April	1. Finance templates available via FutureNHS platform.	• Provider & CCGs	• Provider & CCGs
14 April	2. Confirm H1 Block Payments.	• HCP	• CCGs
	3. Circulate estimated Provider Income summary.	• Provider	• HCP
16 April	4. Issue I&E bridge template to Providers and CCGs.	• Provider & CCGs	• HCP
23 April	5. Submit 1st cut organisational Finance Plan* and I&E bridge.	• HCP	• Provider & CCGs
	6. Submit 1st cut organisational MH Finance Plan.	• HCP	• CCGs
30 April	7. Submit 2nd cut organisational Finance Plan* and I&E bridge.	• HCP	• Provider & CCGs
	8. Submit 2nd cut organisational MH Finance Plan.	• HCP	• CCGs
4 May	9. Final organisational Finance Plan* submissions	• HCP	• Provider & CCGs
	10. Final MH Finance Plan submissions.	• HCP	• CCGs
5 May	11. Submit System Finance Plan by 17:00	• NHSE/I Central	• HCP
	12. Submit System MH Finance Plan by 17:00	• NHSE/I Central	• HCP
6 May	13. NHSE/I deadline for Finance Plan submissions.	• NHSE/I Regional	• HCP
24 May	14. Submit full organisational Provider Finance Plans by 9:00 am	• NHSE/I Regional	• Providers

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Agenda Item: 21/22-043

BOARD OF DIRECTORS
5 May 2021

Title:	NHS Staff Survey 2020 Results for WUTH
Responsible Director:	Jacqui Grice, Executive Director, Workforce
Presented by:	Jacqui Grice, Executive Director of Workforce

Executive Summary

This report provides the Board of Directors with a high level summary of the results of the Trust's performance in the NHS Staff Survey for 2020 and refers to a draft, corporate response, to improve aspects of the themes measured as part of the Trust OD plan which is presented today in an accompanying paper. There is further work and consultation to take place on it in order to ensure all divisional responses and corporate management teams have fully contributed.

An OD strategy is being developed and the final plan will sit behind that strategy.

Quality Health has been unable to provide directorate level results and inform us a 5 week delay is likely. Therefore our HRBP's are we utilising other ways of obtaining information to allow for a timely response at divisional and corporate team level.

The staff survey results were published nationally on 11 March 2021 and have been presented in various forums to staff and to the Council of Governors.

Recommendation:

The Board of Directors are asked to note the survey summary and attached presentation.

Which strategic objectives this report provides information about:	
Compassionate Workforce – be a great place to work	Yes
Outstanding Care	Yes
Continuous Improvement	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
PR 2 – Critical shortage of workforce – staff survey provides metrics on intentions to leave

the Trust; and an indication of several measures that contribute to overall staff engagement.

PR 4 Catastrophic failure of standards of care -Staff Survey provides data on whether staff would recommend WUTH as a place of treatment to friends and family. The data also provide aggregate measures in the Staff Survey theme scores for Quality of Care and Safety Culture, providing assurance data and acute sector comparability.

PR 6 Fundamental loss of stakeholder confidence – Staff Survey provides Level 1 assurance on staff freedom to speak up, safety culture and positive advocacy for the Trust and is part of the ongoing triangulation of data to provide an overall picture of issues and progress.

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

CQC use the Staff Survey data as part of their inspection regime under 'Responsive', Caring, 'Well led', staff engagement and safety culture. NHSE/I use the data in their provider oversight on safety culture.

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

None directly in respect of the survey, but an OD plan to deliver further progress will need to be costed. The Trust allocates resource for a wide range of activities encompassed in the supporting plan.

Specific communications and stakeholder /staff engagement implications

Programme of employee communications and involvement in action planning will be developed to enable staff voice to be part of action planning and follow up.

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)

The Staff Survey provides important monitoring of self-reported staff equality and diversity data plus an annual insight into staff perceptions of safety culture with regards to incidents of violence against staff by patients and other staff members.

Council of Governors' implications / impact (e.g. links to Governors statutory role, significant transactions)

None directly

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No

Previous considerations by the Board / Board sub-committees	The raw data were reviewed by The Workforce Advisory Committee (WAC) on 17 February 2021 ahead of the embargoed final results coming to private section of the Board of Directors on 3 March 2021. The results were publicly shared on 11 March 2021 and presented to the Trust's Council of Governors on 19 April 2021.

Background papers / supporting information	Two presentations are available via the link below for last year and then against the 61 NHS acute Trusts in our benchmark comparator group. WUTH-staff-survey-results-2020-by theme Staff Survey - Quality Health-staff-survey-corporate-question-level-detail

Wirral University Teaching Hospital
NHS Foundation Trust

BOARD OF DIRECTORS
5 May 2021

Results of the 2020 NHS Staff Survey for Wirral University Teaching Hospital and our draft response

Purpose

This report provides the Board of Directors with a high level summary of the results of the NHS Staff Survey for 2020.

Introduction / Background

The NHS Staff Survey, undertaken by independent external organisation, Quality Health, took place between September and November 2020. Surveys were issued to 6217 staff via email and paper version. 131 returned surveys were excluded as ineligible. The usable sample was 6086 of which 2,492 were completed and returned. The response rate was 40.9% (rounded to 41%) which is an improvement on the 2019 survey, which saw a response rate of 38% (2,265).

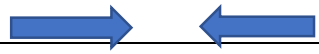
The final results were published from the National Coordination Centre on 11th March 2021 on the NHS National Co-ordination Centre website and the Trust's website. WUTH 2020 NHS Staff Survey Results

Findings of the 2020 NHS Staff Survey

The results from the Quality Health report are highlighted below based on comparisons to 61 Acute or Acute and Community organisations in the NHS. There are 10 themes within the survey, based on groups of questions that feed into the themes, including overall staff engagement. The following table provides more detail regarding each theme, in ranked order for the 2020 survey.

Positive headlines include increases in areas where we have taken proactive steps to deliver meaningful actions and also to raise awareness amongst staff. These areas, shown in green highlight below, indicate positive changes to staff perceptions of our performance in Equality, Diversity and Inclusion (EDI) and Safe Environment, Bullying and Harassment, which is very encouraging to see.

Theme	WUTH 2019 score	WUTH 2020 score	2020 Sector Average	Statistically Significant Change
Safe Environment - Violence	9.4	9.55	9.49	↑
Equality, Diversity & Inclusion	9.2	9.31	8.96	↑
Safe Environment Bullying & Harassment	7.8	8.15	8.0	↑
Quality of Care	7.4	7.5	7.5	↑
Staff Engagement	6.8	6.88	7.0	→ ←

Immediate Managers	6.7	6.66	6.8	
Safety Culture	6.5	6.61	6.76	
Team working	6.3	6.31	6.5	
Morale	6.1	6.16	6.23	
Health and Wellbeing	5.7	5.97	6.07	

Changes in the 10 themes since 2019 survey compared to the sector

- 2 have scored significantly better than the sector - Equality, Diversity and Inclusion and Safe Environment (Bullying and Harassment)
- 7 show no significant difference to the sector average
- 1 scored significantly worse than the sector - Team working (shaded red)

Changes in the 10 themes compared to the previous survey in 2019

- 2 themes have scored significantly better in the 2020 survey (Safe Environment Bullying and Harassment and Safe Environment – Violence)
- There are no significantly worse themes

The majority of the theme scores for the 2020 NHS Staff Survey for Wirral University Teaching Hospital show no significant difference compared to the sector scores for similar organisations surveyed by Quality Health.

Survey Question Level Score Changes Since 2019

There are 78 core questions in the survey. From these:

- 16 questions have shown significant improvement
- 3 questions have declined
- 59 questions show no significant change

Compared to the benchmark sector:

- 5 questions are in the top 20% of Trusts benchmarked
- 46 questions are in the middle 60%
- 27 questions are in the bottom 20% of Trusts in the benchmark

The most significant improvements for the Trust (above 5%) at specific question level are:

- 6.51% increase in % of staff who feel that there are enough staff at the organisation for them to do their job properly
- 10.65% improvement in % of staff coming to work feeling they are not well enough to perform their duties (59% saying this in 2019, falling to 48% in 2020)
- 5.4% of staff reporting that the organisation takes action when errors, near misses or incidents

occur to ensure they don't happen again

3 questions show significant decline which are:

- 2% fewer staff (86%) know what their work responsibilities are
- 4% fewer staff (50%) have a choice in deciding how they do their work
- 4.5% more staff (45%) have felt unwell in the previous 12 months due to work related stress.

Additional questions are included in the survey around values, background information, carer responsibilities and COVID-19. The questions around awareness and demonstrating values have all significantly improved, but remain below sector scores. The progress and trend though is significant and reflects our increased focus and visibility of the vision and values.

The questions similar to the Staff Friends and Family Test have shown improvement since 2019 with 63% of staff recommending the Trust as a place to work and 72% who would be happy with care at the Trust if a friend or relative needed treatment. However, these are both still below the comparative sector.

Quality Health have noted that it is important to bear in mind that 2020 has not been business as usual for the NHS workforce and the COVID-19 Pandemic has had a profound impact. However, in measuring staff experience in a consistent way to previous years, the 2020 survey provides a unique opportunity to understand the impact of COVID-19 on staff experience and should be considered when reviewing the results.

Conclusions

The data from Quality Health has indicated there has been little change since the last survey with the exception of improvements in the scores related to Equality, Diversity and Inclusion and Safe Environment (Bullying and Harassment) which are both above the sector.

The areas the Trust needs to focus on are improving team working, immediate line managers and residual bullying behavior. We need to continue our focus on health and wellbeing to support staff further through what has been the most challenging time in the history of the NHS.

We recognise the impact of COVID-19 and that the results could have been worse, sustaining the level the Trust has, during the pandemic- and not declining on themes, is a positive. Some are also understandably likely to be affected by the pandemic impact on staff not being able to meet together eg for team meetings, or working remotely However, we need to remain focused on this important agenda and continue to work to improve overall staff engagement and experience.

From the presentations attached, it is also clear that whilst WUTH has stabilised and improved theme areas – in a very challenging year and with a higher response rate and employee base in this year's survey, the sector comparators give insight and direction to where we need to improve to fulfil our strategic aims to be sector leading.

The Workforce divisions and the Communications and Engagement teams will work alongside corporate teams and divisions to ensure that the key areas of focus are identified and incorporated into the Trust workforce plan and fully represented in divisional people plans.

Next Steps

The following steps will now take place:

- Analyse the detailed results and identify areas for improvement. This will include:

- New Management Development Framework to develop our managers
- Focus Organisational Development on teamwork and developing teams
- Deliver the wellbeing actions identified in the NHS England People Plan for 2020/2021 and People Promise to improve staff wellbeing, particularly with a focus on stress
- Review the questions that have fallen over time or score low, and develop improvements around these areas
- Improve awareness of our Freedom to Speak Up policy and process so that staff feel safe to do so and understand the wide range of actions that can be taken to support them
- Continue our work on cultural sensitivity

- Divisional Triumvirates and Corporate Heads of Service have recently received more detailed information relating to their areas in order for plans to be developed to address the issues identified within their areas
- These will be discussed at the internal Workforce Steering Board and where appropriate, monitored via the Divisional Performance Reviews
- The final results and action plans will be reported via workforce governance meetings, Divisions and to Trust Board in Julyb2021. It is expected that corporately we will focus on a small number of high impact deliverable actions such as line manager training and development, employee wellbeing, including investment in staff breakout and rest facilities, continued focus on behaviours that represent Trust values and cultural sensitivity

Recommendations to the Trust Management Board

The Board of Directors is asked to:

Note the contents of this report and next steps, including the development of action plans.

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 21/22-043a

BOARD OF DIRECTORS
5 May 2021

Title:	WUTH Response to Staff Survey in the context of the Draft OD Plan 21-24
Responsible Director:	Jacqui Grice, Executive Director, Workforce
Presented by:	Jacqui Grice, Executive Director of Workforce

Executive Summary

This report provides the Board of Directors with an overview of the Trust draft OD Plan for 2021-24. The plan captures the actions required in order to provide focus to several areas of work that the 2020 NHS Staff Survey highlighted as requiring further action in order to reach sector average and beyond.

The Trust draft plan is set within the context of the NHS national priorities as outlined in the NHS People Plan and the 2021 Planning & Priorities Guidance and demonstrates how Trust priorities and actions are aligned.

Further work is taking place at divisional and corporate team level during April and May to capture their priorities and the final plan and accompanying OD strategy (which is also being developed) will be presented to WAC and then to the July Board of Directors.

Recommendation:

The Board of Directors are asked to note the draft plan and on-going work to deliver a 3 year OD Strategy and supporting action plan, and discuss areas of priority they believe essential to focus on in order to continue developing a culture that delivers the Trust Strategy and ensure WUTH is a great place to work.

Which strategic objectives this report provides information about:	
Compassionate Workforce – be a great place to work	Yes
Outstanding Care	Yes
Continuous Improvement	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)

PR 2 – Critical shortage of workforce –recruitment and retention is a key indicator of several measures that contribute to overall staff engagement and how the Trust is perceived as a great place to work.

PR 4 Catastrophic failure of standards of care –The results of the staff survey provides data on whether staff would recommend WUTH as a place of treatment to friends and family. The data also provide aggregate measures in the Staff Survey theme scores for Quality of Care and Safety Culture, providing assurance data and acute sector comparability. These are key measures for the culture and environment we seek to create.

PR 6 Fundamental loss of stakeholder confidence – Staff Survey provides Level 1 assurance on staff freedom to speak up, safety culture and positive advocacy for the Trust and is part of the ongoing triangulation of data to provide an overall picture of issues and progress to implement our values and behaviours.

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

CQC use the Staff Survey data as part of their inspection regime under 'Responsive', Caring, 'Well led', staff engagement and safety culture. NHSE/I use the Trust strategies and plan alongside supporting data in their provider oversight.

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

An OD Plan to deliver further progress will need to be fully costed for internal purposes. The Trust allocates resource for a wide range of activities encompassed in the supporting plan, both staffing and non- pay expenditure.

Specific communications and stakeholder /staff engagement implications

Programme of employee communications and involvement in action planning is being developed to enable staff voice to be part of planning and follow up.

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)

The Board of Directors regularly receives ED&I information to give an insight into progress against this key issue. The Trust has active networks and continues to make progress via cultural reviews and planned training/education for 2021.

Council of Governors' implications / impact (e.g. links to Governors statutory role, significant transactions)

None directly

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No

Previous considerations by the Board / Board sub-committees	Staff Survey results have been presented at Private Board although the response to those results and the subsequent draft OD plan has not previously been considered.
Background papers / supporting information	WUTH Next Steps- Our Cultural Improvement Plan 21-24

BOARD OF DIRECTORS
5 May 2021

Wirral University Hospital Trust Response to the 2020 Staff Survey Results, set in the context of our draft OD plan

1. Purpose

To inform the Board of the National People Priorities and the Trust response both to the NHS People Promise and the Trust 2020 staff survey results.

2. Introduction/Background

The People priorities in the planning guidance for 2021/2022 build on the People Plan 2020/2021 – embedding, growing and sustaining. By 2025 it is expected that the NHS will see all aspects of the People Promise implemented and making a difference. The nationally-led programmes of work are designed to support and align with the system and employer-led priorities. It is envisaged that over the next year the framework for the national staff survey will begin to reflect the People Plan and People Promise and enable NHS organisations to ensure true alignment across their planning and delivery of key areas of work across OD and Health and Wellbeing. The Trust has engaged with the National and North West People Planning processes and ensured our draft OD plan is aligned to those priorities as well as ensuring it reflects the areas for improvement based on the 2020 staff survey results.

This paper is designed to take the Board through the national priorities and put the improvements in the context of the overall planning for the Trust OD Plan.

Whilst recognising that there is still much more to be done to improve the staff survey metrics in recognising the impact of the COVID-19 pandemic on the workforce, it should be noted that all themes or questions above have shown improvement for WUTH or sustained above average levels. The 2021 survey begins in September this year and already the staff have spent 4 months working with yet another wave of the pandemic and are now busy preparing for reset and recovery in all areas of the Trust.

It is particularly noteworthy that the Trust's focus on EDI has seen an above average and above sector score result for this theme. This recognises the intensive work undertaken with our networks and the cultural reviews undertaken over the last 18 months. With further work planned on cultural awareness, we intend to ensure we remain above the sector average.

Across the next 12 months we intend to improve our scores to at least sector average in Health and Well Being, Staff Morale and Engagement, and Immediate Line Management. In respect of Health and Well Being, within 2 years we would see ourselves in the top quartile nationally. The engagement of our staff is critical to this journey so feedback, as well as actions arising from the staff survey, is recognised as key to improvement. Divisional action plans are being developed in partnership with divisional triumvirates, workforce colleagues and other staff members to address the challenges.

The Trust has a clear organisational strategy for 2021-26 and within this, investment is earmarked for substantially upgrading work environments as well as planned investment in staff wellbeing and rest facilities. We expect this work to have an impact on overall morale.

The NHS People Plan provides a further set of ambitions for improving employee experience and modernising managerial and workplace practice. The Trust aims to work with a wide range of partners, adopt good practice and become an employer of choice. The actions necessary to achieve this will not only improve staff survey results but allow us to achieve the aims and ambitions in the Trust strategy and as such are key actions in our OD plan.

Culture change does not happen in one year cycles but takes several years to change and embed. As such we propose to move away from significant yearly changes on the back of staff survey results, but as long as the progress is positive, we see the Trust actions as being firmly embedded in a 3 year cycle represented in the Trust OD strategy and plan.

3. National Priorities

The summary of priorities for 21/22 can be grouped under 4 headings:

- Looking after our people
- New ways of working and delivering care
- Belonging in the NHS
- Growing for the future

Both the Trust strategy and the draft OD Plan reflect the above.

After significant consultation with the workforce, medical, clinical and operations professions, NHSE have set the priority areas for their focus. They are:

- Health and Wellbeing
- Retention
- Workforce Planning and Transformation
- Data and Analytics

4. Health and Wellbeing

Considerable work has been undertaken across the North West by a research consultancy, Rand (linked to Cambridge University) and HRD's. This has been funded by NHSE and is designed to gather data, ideas and views to allow us to understand our workforce, the drivers for good and ill health and agree on a small range of measures all Trust could take to improve the wellbeing of their workforce.

Nationally, Dr Steve Boorman has been supporting NHSE by looking at the impact of Occupational Health and advising on a way forward within the NHS. We expect those findings and recommendations soon. The Trust is mid-way through recruitment for a new Head of Occupational Health and Wellbeing and once in post this person will contribute to the new Health and Wellbeing Strategy that is being developed.

5. Retention

''People generally do not leave their jobs, they leave their boss", is a quote often used as a result of research into why staff leave their organisation. Nationally the drive is to make the NHS a welcoming culture with compassionate managers who create inclusive teams and environments.
In addition to using the toolkits being developed at national level, the Trust intends to target management development at middle and junior levels as we seek to build on the work undertaken with senior managers in 2019/20.

Pay and reward will be an area closely looked at with non- pay benefit such as flexible/home working and staff recognition playing as much a part in the overall offer as salary and pension provision.

The Trust will look to provide electronic exit interviews to collect information that we can act upon and enable us to make positive changes in our workforce practices. Our OD Plan outlines practices such as coaching, buddying and supervision as these interventions make a difference to the retention of new staff.

6. Workforce Planning and Transformation

It is recognised nationally that the NHS has struggled to train and develop expertise in this area of work. The direction of travel is to plan across sectors and co-develop with HEE and DHSC. Locally the Trust will engage with NW programmes and ensure where possible additional training is made available.

7. Data and Analytics

There has been a rapid shift towards the use of analytics to drive policy and strategy. Nationally there is recognition that we all are working from a different baseline and this makes measurement difficult at present.

NHSE are rapidly strengthening national and regional teams and locally we can expect benchmarking data to support us to drive change and improvement. Locally we will need to ensure we can develop the skills to provide metrics across priority areas such as Health and Wellbeing as there will be expectations in 2021 that Trusts measure and report on the key priorities.

8. National Development

The NHS Academy, a key part of many development programmes has been somewhat dormant during Covid and has taken the opportunity for a stocktake and a reset.

They are rewriting the Leadership Strategy for the NHS and that will define the standards against how we judge conduct, reward performance, hire effectively and develop our future talent.

Not only will they consider the skills our leaders need today in order to deliver current strategy and planning guidance, but they will outline the expectations of leaders for the future, those that will deliver the Long Term Plan and make the ICS's work.

Whilst the Trust 2021/22 OD Plan is focused on developing our managers of today to make the Trust operate effectively, in 2022 and beyond we need to align our work to the national direction of travel in order to create interesting roles for our staff and ensure our people have successful career paths.

Inclusivity and access is a key priority across the NHS with the Leadership Academy acknowledging they are not reaching out to those most disadvantaged. At Trust level we have successful internal networks and have undertaken consider ED&I work, but we will closely support our networks to ensure all our staff access the development they need. We also intend to work closely with Wirral Change and educational partners such as Wirral Met to allow us to reach in to communities who have not easily accessed NHS opportunities.

9. WUTH Draft OD Plan

The plan has been developing over several months in conjunction with discussions at Workforce Steering Board, Staff Side and through analysis of data from the 2020 staff survey, FTSUG reports and national discussions about the People Plan. We conducted a gap analysis against existing actions and provision and following the high level 2020 survey results we discussed additional actions that were required to progress our cultural journey.

Our priorities, as seen on the accompanying slides at Appendix 1 are:

- Development of People and Wellbeing Strategies
- Health and Wellbeing, encompassing a safety culture and the developing Women's Health Strategy

- Staff engagement, starting with a temperature check via a cultural barometer exercise and enhanced communications
- A renewed focus on supply, retention and a truly flexible work offer
- Reward and recognition
- Team working to drive improvements at every level
- All supported by a compassionate and culturally sensitive culture

The programme is a challenging one and covers a full range of measures from employee health and wellbeing actions, to leadership development plans and aims to ensure we create a leaning organisation.

10. Next Steps

The Workforce Team will meet with Divisions and clinical teams to understand their priority actions to support delivery of progress against the 2020 NHS survey results. Further discussion will take place with other stakeholders such as Staff Side and our ED&I networks to ensure all priority actions and aspirations are captured.

It is envisaged the final plan will be ready for presentation to the July 2021 Board of Directors, although many actions contained in the plan are, and will be going during consultation in order to gain and keep traction against priority areas.

11. Conclusion

The Trust has made considerable progress to capture priority OD actions that not only align to national priorities, but support the areas of work in the NHS staff 2020 survey results that require action.

12. **Recommendation**

The Board is asked to note the progress made and support the direction of travel.

WUTH Next steps – Our OD Cultural Improvement Plan 2021-24

People Strategy, OD Strategy, Education Strategy

Health & Wellbeing, Safety culture Women's health strategy

Supply & retention, Agile & flexible working, Review of older workforce and their

Team Working internally and externally

Staff engagement agenda, Cultural Barometer, morale, QI, Communications

Staff Reward & Recognition

Compassionate leadership, cultural sensitivity, Respect at Work, embedding our values

Enabling the achievement of our vision, values an goals

Together We Will

DRAFT Organisational Development Plan Summary 2021-24 – Making WUTH a great place to work
Alignment with the NHS People Plan and Trust Strategy

National People Plan 2020/21	Trust Strategy 2021-26	WUTH People Plan Priorities 2020/21	Measures of Success	CQC KLOE
Theme 1 Health and Wellbeing				
Health and Wellbeing • Effective IPC • Vaccinations • Homeworking • Risk assessments • Physical activities • Psychological support • Culture of respect and civility • Wellbeing guardian • Sickness absence management • Wellbeing conversations	**Compassionate Workforce - Be a great place to work** Develop and maintain a healthy organisational culture based on our values. Support our staff to enjoy the best health and wellbeing.	**IPC Training Plan, Vaccinations, OH Transformation, Absence management** **Wellbeing Guardian, Champions, and WB Conversations** **Physical & Psychological wellbeing, Homeworking and staff support** **Respect at Work, Tackling Bullying and Harassment**	Staff wellbeing is proactively supported and staff recognise and feel this as identified in the Wellbeing indicators in the national staff survey ie equal to or above average benchmark for health and Wellbeing and above average % staff recommending the Trust to Family and Friends as a place to work. Wellbeing physical and psychological resources and facilities available for staff. Vaccination Programme in place. IPC training plan in place and accessed. Sickness absence in line with Tolerance level 5%. Reduction in employee relations cases. Above average scores in national staff survey re % staff reporting bullying and harassment at work via incident reporting, FTSU Guardian or national staff survey and Safety Culture Theme	
Theme 2 - Equality, Diversity and Inclusion				
Equality and Diversity • Recruitment & promotion practices reflecting community diversity. • Publish progress against Model Employer goals to ensure workforce leadership is representative of BAME workforce. • Eliminated ethnicity gap when	**Compassionate Workforce - Be a great place to work** • Develop and maintain a healthy organisational culture based on our values	**E,D&I Strategy** **Robust Equality, Diversity and Inclusion Monitoring** **E,D&I training, including unconscious bias and Cultural Sensitivity Awareness**	Achieve EDI vision for patients and staff where the principles of equality legislation are fully embraced and where people feel respected, valued and treated with dignity. Accessible services for all members of our community, delivered equally, regardless of any differences Staffing reflects the communities we serve.	

entering into a formal disciplinary process.		**Diverse leadership representation and diverse representation across the workforce**	Positive feedback from staff and Trust recognised as an organisation that respects and values diversity and inclusion. Positive WDES/WRES indicators Equal to or above the national average in the National Staff Survey for Equality, Diversity and Inclusion Theme.	
Theme 3 - Leadership Culture				
Culture and Leadership Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes	**Compassionate Workforce - Be a great place to work** • Develop and maintain a healthy organisational culture based on our values	**Leadership and Management Development** **Management Competencies, coaching** **Board Development, leadership visibility** **Talent and succession planning**	• Career progression • Policies and procedures enable talent management to flourish and policy KPI's demonstrate improvement and progression • Talent matrix is actively used to identify talent at individual, department and service level • Improvement in staff survey questions related to leaders and managers • Equal to or above the national average of acute Trusts in the national staff survey re immediate managers	
Theme 4 – Culture, Values and Behaviours				
Health and Wellbeing Prevent and tackle bullying, harassment and abuse against staff, and a create a culture of civility and respect.	**Compassionate Workforce - Be a great place to work** • Develop and maintain a healthy organisational culture based on our values • Invest in our staff's continuous learning, education and innovation.	**Values and Behaviours, Bullying and Harassment, Respect at Work, Just Culture** **Effective Speaking up Culture/Psychological Safety** **Cultural Intelligence and interventions, team-working** **Quality Improvement Culture**	• Reduction in employee relations cases • Reduction in % staff reporting bullying and harassment or violence at work via incident reporting, FTSU Guardian or national staff survey • Improved Retention • Increase in % Staff Recommending the Trust as a place to work via national staff survey and staff FFT • Improvements in national staff survey Theme Safety Culture equal to or above national average • Quality Improvement Strategy	

Theme 5 – Employee Engagement/Morale				
Retaining Staff • Maximise use of skills, experience and fit with needs and preferences • Mid career conversations	**Compassionate Workforce - Be a great place to work** • Retain, attract and recruit high calibre and skilled staff • Invest in our staff's continuous learning, education and innovation.	**Effective communications including Team and CEO Briefing** **People Promise, Reward & Recognition, Career engagement** **Staff Survey, Pulse Checks and improvement plans**	• Improvement in all themes from the national staff survey related, especially staff engagement score, Morale, Team-working, Safe Environment, immediate managers in national staff survey equal to or above national average • Increase in % Staff Recommending the Trust as a place to work via national staff survey and staff FFT	
Theme 6 Workforce Supply and Retention				
Recruitment & Retention • Increase recruitment to roles such as clinical support workers and career pathways to other registered roles • Increase range of apprenticeship. • International recruitment • Return to Practice • Career conversations, talent management and succession planning • Pension annual allowance awareness.	**Compassionate Workforce – Be a great place to work** • Retain, attract and recruit high calibre and skilled staff. • Invest in our staff's continuous learning, education and innovation. **Supported by Workforce and Education enabling strategy**: • To ensure we have the right number of staff with the required skills to be successful, through effective recruitment, retention, education, recognition & reward.	**Strategic Recruitment approaches** **NHS Ambassadors, Nurse and CSW apprenticeships** **Talent Management and Succession Planning**	• Equal to or above national average in annual staff survey for overall staff engagement and Morale • Equal to or above national average in annual staff survey for % staff recommending the Trust as a place to work in the staff friends and family test and national staff survey • Improvements in local surveys /reviews • Reduced vacancies • Employer of choice	
Theme 7 – Learning Organisation				
New ways of delivering Care • Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression. • Use HEE's e-Learning for Healthcare programme and a	**Compassionate Workforce - Be a great place to work** • Invest in our staff's continuous learning, education and innovation. **Supported by Workforce and Education enabling strategy**: • To ensure we have the right	**Education & learning that meets organisational need & future workforce needs** **Collaborative working and Strategic Partnerships with external education providers**	• Equal to or above national average in annual staff survey for overall staff engagement score and Morale • Equal to or above national average in annual staff survey for % staff recommending the Trust as a place to work in the staff friends and	

new online Learning Hub, which was launched to support learning during COVID-19. **Growing the Workforce** • Fully integrate education and training into restart plans releasing time of educators and supervisors; supporting expansion of clinical placement capacity and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response. • Ensure people have access to continuing professional development, supportive supervision and protected time for training. • For medical trainees, employers should ensure that training in procedure based competencies for medical trainees and are redesigned to sustain the pipeline of new consultants in hospital specialties.	number of staff with the required skills to be successful, through effective recruitment, retention, education, recognition & reward. **Continuous Improvement - maximise our potential to improve and deliver best value** • Embed a culture of improvement and transformation • Create the condition for clinical research to flourish	**Quality assured education & skills development for employees, students and volunteers.** **Review Preceptorship & Mentorship. Clinical Placement Capacity and learning environment**	family test and national staff survey • Education quality measures achieved with positive ratings and feedback eg Library QA Framework, Education quality visits	

DRAFT Organisational Development Plan Summary 2021-24 – Making WUTH a great place to work						
Measures of Success: Achieve above average themed scores in the national staff survey for staff engagement, immediate managers, safety culture, team-working, morale and health and wellbeing. Increase in % staff who recommend the Trust as a place to work. Reduction in leavers, improved attendance, compliance with mandatory training and appraisals, achieved improvement in Trust Strategy 2021-26.						
Employee Health and Wellbeing	**Diversity and Inclusion**	**Leadership & Management Development**	**Culture, Values and Behaviours**	**Staff Engagement Morale**	**Workforce Supply**	**Learning Organisation**
Health and Wellbeing Plan OH Transformation	Implement Diversity and Inclusion Strategy	Leadership and Management Development Framework focused on management capability Discussions with Wirral Met re competency based quals/apprenticeships routes to target Soft and Hard FM as pilot programmes	Culture of respect and civility, embedding our values and behaviours. Zero tolerance of Violence, Bullying & Harassment	National Staff Survey, Medical Engagement survey and improvement plans. Quarterly Pulse checks Consider Wellbeing checks	Strategic Recruitment including International Recruitment, Clinical Support Workers, Doctors Assistants, nurse apprenticeships "growing our own and future workforce" Strategy to focus on the positives of working for WUTH	Quality assured education & skills development for employees, students and volunteers. Development of enhanced OD skill sets Implementation of national standards of development for all professional groups
Physical & Psychological and Environmental wellbeing. Focus on stress, rest and shower facilities, post COVID support & flexible working	E&D monitoring is compliant with legislation, regulation and adds value to the Trust	Board /Executive Development	Cultural intelligence via workshops, integration of best practice into policies and procedures Just Culture adopted across all aspects of work- Respect at Work relaunch	Reward, Recognition and celebration of achievements Opportunities to share good practice across teams	Career Pathways Greater offer of Education and CPD opportunities Talent Management Succession Planning	Practice Education, Review clinical supervision, Preceptorship & Mentorship. Clinical Placement Capacity and learning environment.
Vaccination Programmes & New IPC Training Programmes	Continued investment in E,D&I agenda, integrating workforce and patient objectives. Core member of NW ED&I working groups Focus on staff networks and remits	Management competencies linked to performance appraisal	Create an effective speaking up culture Respect at Work Group Speak Up Guardians Celebrate effectiveness of the above	Communications Strategy and Plan Team Briefing CEO Weekly message- Podcasts instead of written communications where possible	New Retention Approaches Learning from starters and leavers via electronic leaver questionnaires Ensuring senior manager stake accountability for implementing changes responding to any recurrent themes	Education & learning that meets organisational need & future workforce needs. Yearly review of needs and development of costed plans to support in line with Trust strategy and NHS planning priorities

Wellbeing Guardian, Champions and Wellbeing Conversations Wellbeing Standards/KPI's for measurement	E,D&I staff training unconscious bias and cultural sensitivity awareness training.	Management styles self awareness analysis tools and 360 feedback. Coaching for middle managers	Values based effective team-working Development Cultural Barometer planned	Engaging with local community, NHS organisations and education providers re NHS careers and recruitment,	Employment opportunities, work experience, traineeships and apprenticeships. NHS Ambassadors	Maximise benefits of University Teaching Hospital. Work collaboratively with external education providers
Absence management and support Engaging with local community and using BI to understand PH drivers of absence within communities from where we recruit staff	Diverse leadership representation and diverse representation across the workforce	Leadership visibility	Quality Improvement Culture Relevant training offered to all staff	Embed the People Promise Greater celebration of multi-faith festivals to show case our diversity and staff involvement	Engagement with wider community to promote WUTH as a great place to work. Re-introduce school visits and offers of work experience translated into paid employment	Best use of technology enabled learning. HEE e-learning for healthcare. Develop research capacity and capability.

Agenda Item: 21/22-044

Board of Directors
[5 May 2021]

Title:	Freedom to Speak Up Annual Report (inc Q4)
Responsible Director:	Jacqui Grice, Executive Director of Workforce
Author:	Sharon Landrum, FTSU Lead Guardian
Presented by:	Sharon Landrum

Executive Summary
The purpose of this report is to provide members with a review of Freedom to Speak Up (FTSU) matters and associated issues across the Trust and incorporates data for Q1-Q4 2020/21.

Recommendation: (e.g. to note, approve, endorse)
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Concerns raised may identify potential or actual risks, however these are managed on an individual basis and escalated to appropriate management representatives as necessary.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Required as part of CQC standards and in line with best practice from the National Guardians Office.
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
None
Specific communications and stakeholder /staff engagement implications
Further engagement work required to review the effectiveness of the FTSU service
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
Reference is made to patient and staff safety concerns and allegations of discriminatory behaviour which would contravene the Equality Act 2010. Individual cases are not highlighted within the report and are raised with appropriate management representatives as necessary.
Council of Governors implications / impact (e.g. links to Governors' statutory role,

significant transactions)		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information		

Board of Directors
5 May 2021

Freedom to Speak Up (FTSU) Annual Report (including Q4 data)

Purpose

The purpose of the report is to update members on the work undertaken towards improving the speak up culture within WUTH and to provide data on the number of people, speaking up via the FTSU Guardians and any themes and trends identified.

Introduction / Background

Guidance issued by the National Guardians Office (NGO) in July 2019 ("Guidance for Boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts") states that regular updates, should be provided regarding the Freedom to Speak Up (FTSU) agenda and should be presented by the FTSU Guardian. Updates have been presented through the workforce governance structure and Trust management Board on a regular basis and therefore this report provides an annual overview for 2020/21 along with data specific for Q4.

Data is presented in a way that maintains the confidentiality of individuals who speak up.

Data

1.Number of People Speaking Up via FTSU Guardians

The number of people speaking up to FTSU Guardians has significantly increased in Q4, with the highest number of reporters seen since commencement of the FTSU service in 2015. 59 people have spoken up in Q4 as opposed to 29 in Q3 2020/21 and 29 in the same period last year (Q4 2019/20).

6 concerns are however related to the same work area.

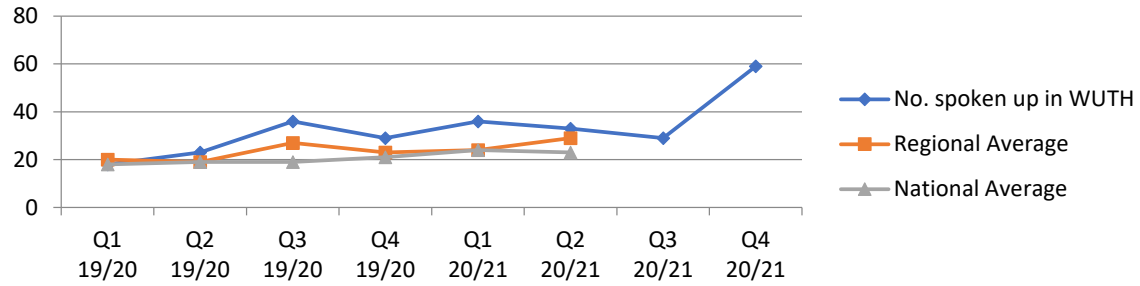
The number of people speaking up for 2020/21 has increased by 48% from last year with a total of 157 people speaking up compared to 106 in 2019/20.

Data is submitted to the National Guardians Office (NGO) on a quarterly basis and the charts below allow comparison between the overall number of people speaking up against regional and national Trusts of similar size.

The number of people speaking up is slightly higher than regional and national averages however as we have a multiple Guardian approach and network of FTSU Champions, this is seen as a positive sign that more staff feel able to come forward and speak up.

Speaking Up Quarterly Data										
	Q1 19_20	Q2 19_20	Q3 19_20	Q4 19_20	Total 19_20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Total 20/21
No. spoken up in WUTH	18	23	36	29	106	36	33	29	59	**157**
Regional Average	20	19	27	23	89	24	29	Awaiting data		
National Average	18	19	19	21	77	24	23			

No. of cases received at WUTH compared to regional and national averages - Q1-Q4 2020/21



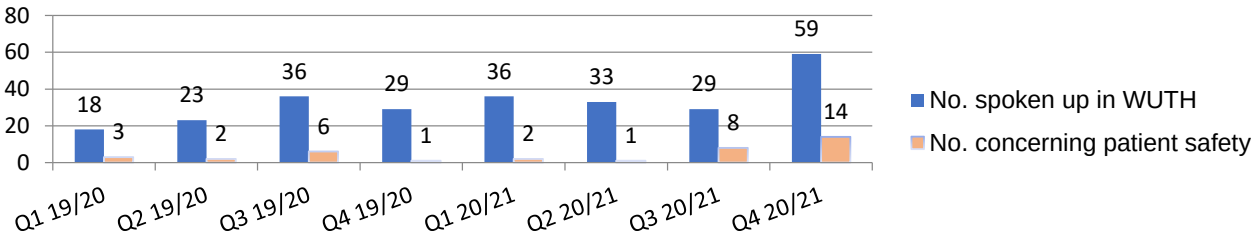
2 Patient Safety Data

The following chart highlights the number of cases concerning patient safety, which has unfortunately increased significantly to 14 in Q4.

- 6 concerns were linked to the same area and specifically staffing levels and patient acuity
- Staffing levels / availability of staff to support the service also featured as part of 4 other concerns
- 1 concern was linked to a particular patient and their care
- 3 concerns linked to the performance of a colleague(s)

Management teams have been involved as appropriate and action taken as necessary.

No. of cases related to patient safety data - Q1-Q4 2020/21

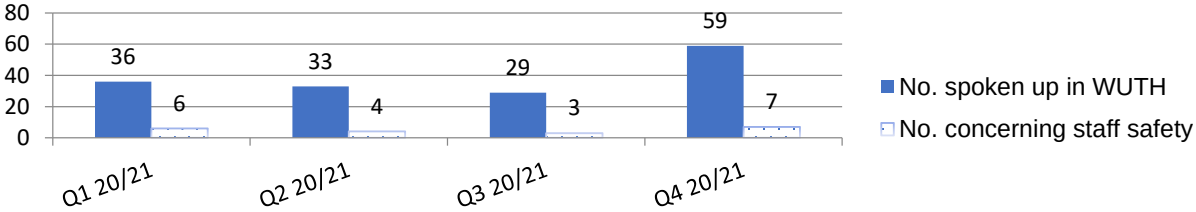


3 Staff Safety Data

Following recommendations during last year's annual report, staff safety was added as a new monitoring theme. This was therefore introduced from 01/04/20 and data is highlighted below.

Concerns regarding staff safety have increased this quarter, with 5 related to PPE.

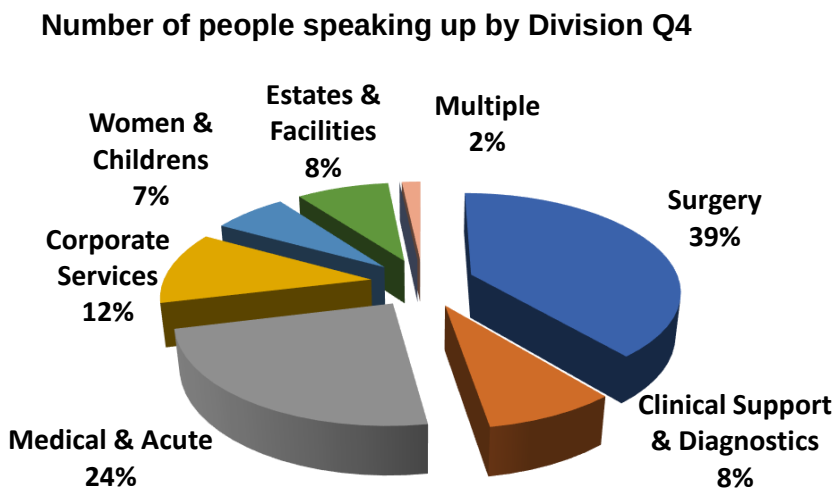
No. of cases related to staff safety - Q1-Q4 2020/21



All concerns raised have been shared with those deemed necessary and action taken as appropriate.

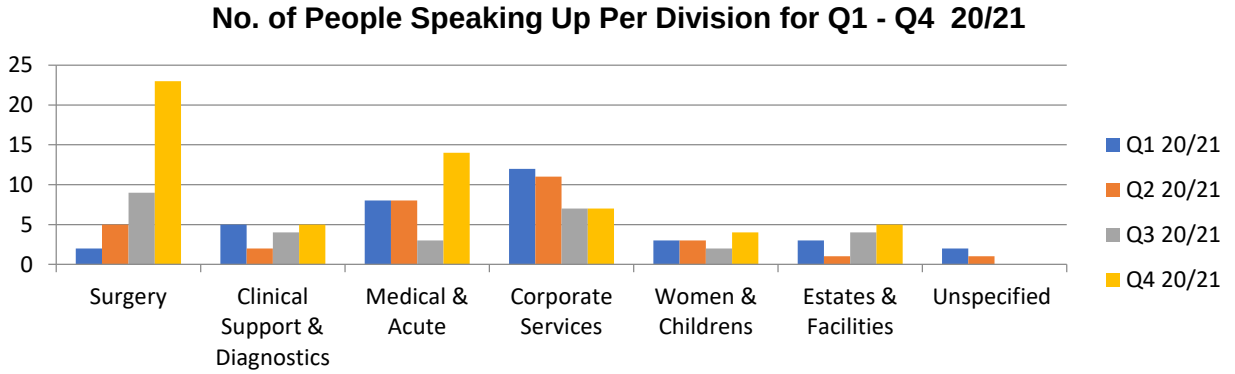
4 Speaking Up Data by Division for Q1-Q4 2020/21

The chart below shows the number of people speaking up for Q4, broken down by division:



The following charts highlights annual comparative data for the number of people speaking up, broken down by Divisions:

Division	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Total 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Total 20/21
Surgery	3	4	5	6	18	2	5	9	23	**39**
Clinical Support & Diagnostics	9	4	22	3	38	5	2	4	5	**16**
Medical & Acute	5	4	4	10	23	8	8	3	14	**33**
Corporate Services	0	4	3	9	16	12	11	7	7	**37**
Women & Childrens	0	3	1	1	5	3	3	2	4	**12**
Estates & Facilities	0	3	1	0	4	3	1	4	5	**13**
Unspecified	1	1	0	0	2	2	1	0	0	**3**
Multiple	0	0	0	0	0	0	0	0	1	**1**
External	0	0	0	0	0	1	2	0	0	**3**
Total	**18**	**23**	**36**	**29**	**106**	**36**	**33**	**29**	**59**	**157**



Surgery were the highest reporters in Q4 with 6 concerns linked to one area. Management have been involved in all cases raised and steps taken to address or reduce concerns. Surgery have also been the highest reporters for the year, with 39 staff speaking up from Q1-Q4 20/21.

Medicine and Acute have also seen a significant increase in numbers this quarter, with 14 people speaking up in Q4 as opposed to only 3 in Q3.

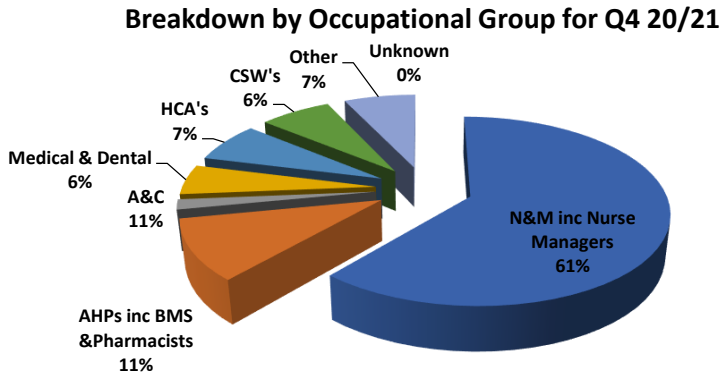
Corporate Services have also had a high number of people speaking up this year with a total of 37.

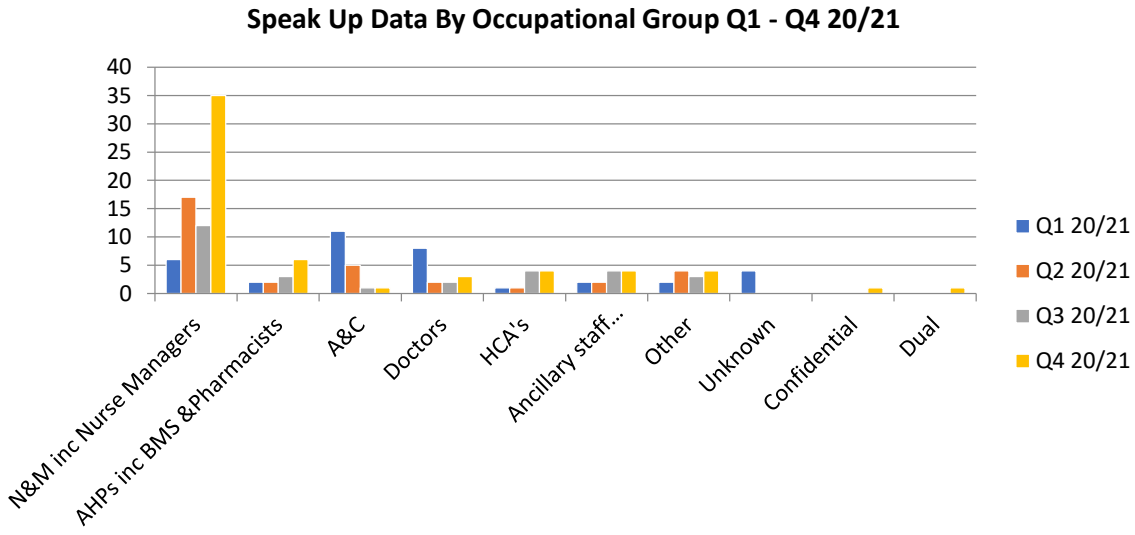
Concerns have been raised from all Divisions with awareness of the FTSU service spread across the Trust.

FTSU Guardians are primarily based within Corporate Services and Surgery and therefore this could result in the higher reporting numbers in these areas. FTSU Champions are also in place across the Trust, and particularly active within key areas e.g Medicine & Acute although further work is required to promote the FTSU team across all areas.

5 Speak Up Data by Occupational Group

The chart to follow highlights the number of people speaking up, broken down by occupational group for Q4, followed by an annual comparison for Q1 – Q4 2020/21. Nursing staff continue to be the highest reports however the Trust continues to see concerns raised from across different occupational groups, albeit in small numbers.





6 Protected Characteristics

9 of the 59 people speaking up in Q4 identified with having a protected characteristic including race and disability (including mental health). Reporters are not currently asked to identify if they hold a protected characteristic and is therefore only recorded if conversations or concerns raised identify this.

7 Anonymous Reporting

No anonymous concerns were received during Q4 and only 3 have been received in total for 2020/21. This is therefore a really positive sign that staff feel able to either share their information in aiming to resolve the situation or are comfortable and trusting of the FTSU team to retain confidentiality when needed.

8 Themes

Q4 continues to see attitudes and behaviours as the highest reported theme. Concerns regarding the effects on staff health and wellbeing continue too.

Significant increases can also be seen in the number of concerns raised regarding policies, procedures and processes, with a number of concerns unhappy with how local management have dealt with processes locally.

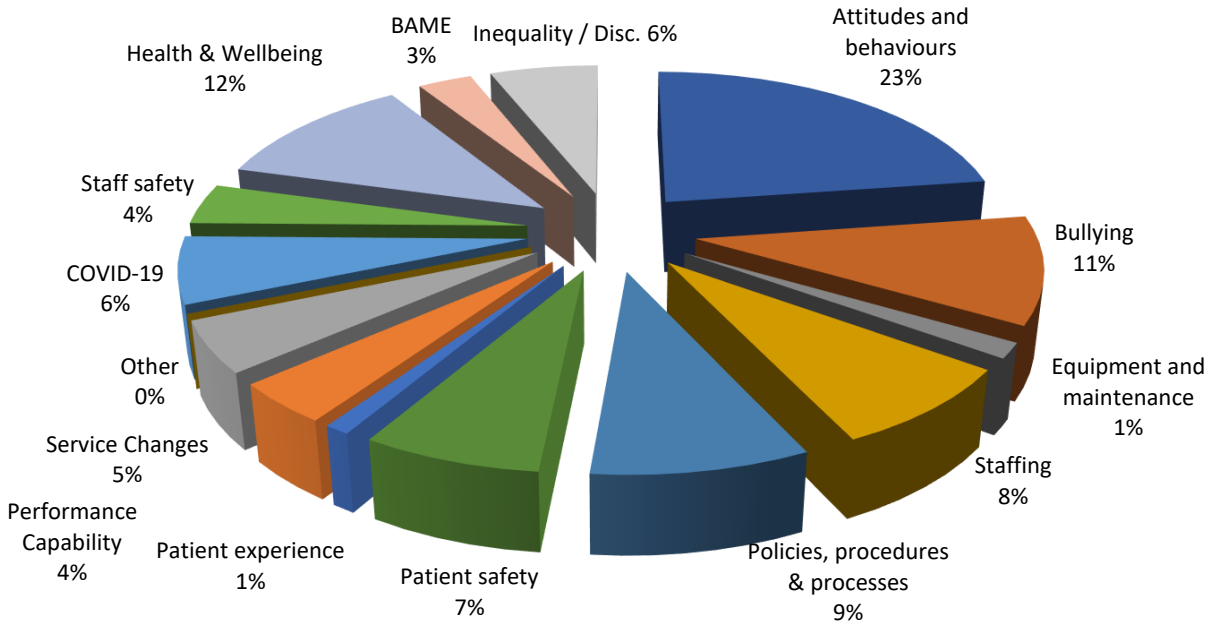
An additional theme has also been added this quarter, with a number of concerns relating to inequality and also discriminatory behaviours being displayed.

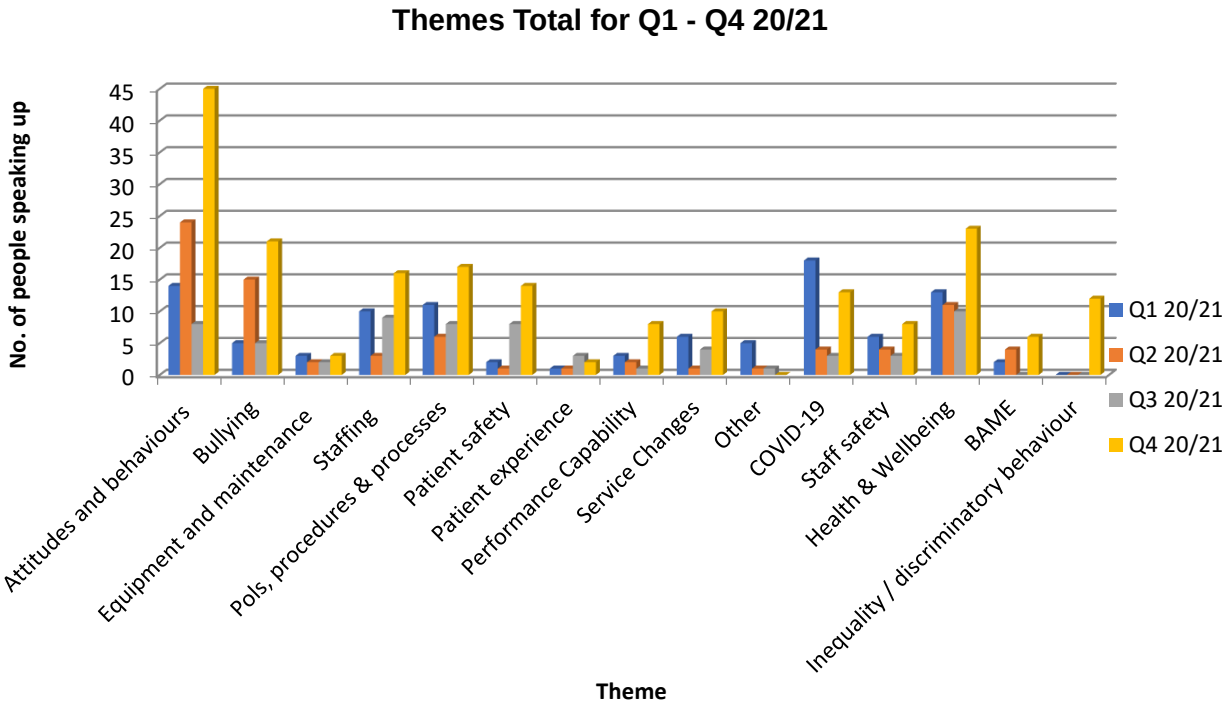
The chart opposite and to follow, highlight the full breakdown of each category for Q4, followed by an overview chart for Q1 – 4 2020/21.

Q4 20/21 Themes	Total
Attitudes and behaviou	45
Bullying	21
Equipment and mainter	3
Staffing	16
Policies, procedures an	17
Patient Safety	14
Patient Experience	2
Performance Capability	8
Service Changes	10
Other	0
COVID-19	13
Staff Safety	8
Health & well being	23
BAME	6
Inequality / Discriminatory behaviour	12
Total	198

Note: Many concerns have more than one theme so the numbers in the chart will not correlate with the number of cases raised

Themes Total for Q4 20/21





Additional themes in Q4 were:

- Signfiicant increase in staff speaking up
- Surgical Division

9 Action Taken

All concerns raised to the FTSU Guardians have been referred to the appropriate level of management for action, along with Human Resources, staff side colleagues and any additional support services as appropriate. In some cases the Guardians have been asked by the individual not to take any action and have asked the Guardian for advice only.

In some cases, issues have been resolved by explaining or clarifying issues to the individual, such as points of policy for example. Often cases just require signposting the individual for advice or support from a specialist, or expert.

All cases relating to patient and staff safety are escalated to management and necessary Trust wide colleagues as soon as possible.

7 cases raised this quarter have required Board level intervention. A number of concerns from previous quarters have also required further escalation to Board members.

Additional referral pathways have been created with members of the Trust's wellbeing team, whereby staff attending wellbeing hubs are now being signposted to FTSU Guardians as necessary and also referrals are being made from and to the Trust's new Psychological Wellbeing Practitioner. A number of successful outcomes can be seen from these links, with staff feeling able to avoid going on sick leave or have felt able to resume quicker than hoped and also feeling more confident and able to share concerns directly with management teams.

Whilst it is also pleasing to see an increase in the number of BAME staff speaking up and also staff identifying unacceptable and discriminatory comments and behaviours, it has been pleasing to see an increased number of conversations relating to raising awareness, education and also links to disciplinary processes as necessary.

As the Lead FSTU Guardian is also the Trust's D&I Lead, links have been made with staff support networks and enhanced support offered to individuals and links to continue to made with the D&I agenda for 2021/22.

Cultural awareness development programmes are under consideration and departmental D&I education is being planned as a result of concerns being raised. The Trust will be working more to highlight a greater awareness and understanding of the "lived experience" of others and appropriate responses that should be taken when faced with inappropriate scenarios.

Lessons learned as a result of speaking up will be shared via Trust communications as far as practicable.

9 Additional Updates

9.1 FTSU Training

New level 1 and 2 e-learning programmes have been developed by the National Guardians office – Speak up and Listen Up.

Level 1 is now up and running for staff to access vis ESR with compliance at 79.05% as at 31/03/21. Level 2, for managers and team leaders has been launched, however it still remains inaccessible via ESR. This has therefore been raised with the national support team and a resolution is awaited imminently. Face to face role specific training was postponed due to COVID, therefore compliance levels for level 2 are lower than expected at 42.06% however have unfortunately been unable to progress as yet.

The Trust is still at the forefront with the inclusion of FTSU training and therefore any progress made to date is seen as positive by the National Guardians Office.

Level 3 is currently under development and will hopefully be released later this year.

9.2 FTSU Guardians and FTSU Champions

The Trust was successful in recruiting 2 new FTSU Guardians, however one has unfortunately since left the Trust. Three FTSU Guardians therefore remain:

- Sharon Landrum, Diversity and Inclusion Lead
- Margie Davies, Lead Nurse for Patient Safety and Family Support
- Andrew Bradley-Gibbons, Charge Nurse, SEAL / Ward 1

The Trust currently has 19 FTSU Champions identified and details available on the speak up section of the website.

The Trust have identified three black, Asian and ethnic minority (BAME) staff to act as FTSU Champions specifically for fellow BAME staff and a new FTSU Champion for staff with disabilities.

Further development and promotion of the FTSU Team is required however and to be focussed on in 2021/22.

9.3 National Guardians Office (NGO), National and Regional Updates

The Trust continues to be part of the regional FTSU network and meets regularly with regional FTSU Guardians and NGO representatives so as to ensure not only support is in place for FTSU Guardians, but to that best practice and national guidance are adhered to.

Conclusions

The Trust continues to make excellent progress in improving the number of people speaking up with:

1) A sustained increase in the number of staff speaking up,
2) A sustained variety of occupational groups accessing the FTSU service
3) A sustained reduction in the number of anonymous reports received
4) People speaking up from all Divisions

Whilst excellent progress has been made, the significant increase in demand in Q4 has unfortunately resulted in a further delay of the review of the FTSU service and processes. The additional variety of concerns raised within Q4 and involvement of wider stakeholders may however provide an opportunity for wider feedback opportunities.

Any members wanting to contribute to providing specific feedback on their experiences of the FTSU process should please contact Sharon Landrum, for inclusion within the impending review.

Due to the increase demand, a review is also required of accessibility to the service and to ensure support continues to be effective.

Plans are already under way to improve the Trust's FTSU Guardian provision.

Recommendations to the Board

1. Members are asked to note the significant increase in staff speaking up this quarter and the themes identified
2. Review of the FTSU service remains outstanding due to capacity constraints within Q4, therefore this will be scheduled for completion in Q2 21/22.
3. Level 2 e learning programme to be launched as soon as compatible with ESR and managers supported to complete.

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: 21/22-045

Board of Directors
5 May 2021

Title:	Monthly Safe Nurse Staffing Report
Author :	Tracy Fennell - Deputy Chief Nurse Johanna Ashworth Jones – Programme developer, Corporate Nursing Team
Responsible Director:	Hazel Richards - Chief Nurse and Director of Infection Prevention and Control (DIPC)
Presented by:	Hazel Richards - Chief Nurse and Director of Infection Prevention and Control (DIPC)

Executive Summary

The Trust has seen a reduction in RN band 5 vacancies. Currently CSW vacancies remain static however the Trust remains on track with sufficient active CSW offers to reduce vacancies to zero during Q1 2021/22.

In M12 the number of shifts that fell below minimum staffing levels for RNs increased by 30. This was due to planned reduced capacity in 3 areas and a lower number of COVID patients in the Trust that allowed an intentional reduction staffing numbers in line with acuity.

In other areas the Trust saw an increase in episodes where care standards fell below expected levels. Patient safety, quality and experience metrics are monitored continuously through both reactive and proactive assurance processes, including incidents and complaints, Ward Accreditation (WISE), Perfect Ward audit monitoring, Ward and Corporate reviews and locally the use of information via the BI portal.

The Trust remains on track with its International Recruitment programme and CSW recruitment programme against plan.

Recommendation: (e.g. to note, approve, endorse)
To note

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes / No

Infrastructure: improve our infrastructure and how we use it.	Yes / No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)	
BAF references 1,2,4,6. Positives. • The Trust has seen a reduction in the number of RN Vacancies • The Trust approved a number of Quality Improvement projects at Patient Safety Quality Board in April 2021. • 44 international nurses have arrived in the Trust a further 61 are expected to arrive before 21 May 2021. • 11 international nurses have passed their OSCE and are now working on wards. Gaps. • A greater number of shifts were reported in M12 where care standards dropped below expected levels. • RN fill rate for night duty has decreased slightly	
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)	
NHSI – developing Workforce Safeguards , CQC Essential Standards	
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
Nursing expenditure	
Specific communications and stakeholder /staff engagement implications	
Stakeholder confidence	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
NMC Code , NHS Constitution, NHS People Plan	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
NA	
Previous considerations by the Board / Board sub-committees	Monthly safe nurse staffing report to Board since October 2020
Background papers / supporting information	

Board of Directors
21 March 2020

Monthly Safe Nurse Staffing Report.

Purpose

This report provides the Board of Directors with information regarding safe nurse staffing and the actions to improve the vacancy rates.

1 Current position: areas to note

1.1 Vacancies

The Trust has seen a reduction in RN band 5 vacancies to 17.92% (M12) from 19.01% (M11). CSW vacancies remain static this month but are expected to decrease to zero by June 2021 when all new recruits have undergone employment checks and commenced in the Trust.

1.2 Sickness

RN sickness continues to reduce to 6.01 % (M12) from 7.14% (M11).
CSW sickness has also seen a reduction to 8.11% (M12) from 9.47% (M11).

1.3 Safe Staffing Oversight Tracker (SSOT) review

During M12 the SSOT reported the number of shifts that fell below minimum staffing levels for RNs increased by 30 to 460. This increase was due to planned reduced capacity in 3 areas (MSSW, UMAC and W38) and a lower number of COVID patients in Ward 25 that allowed an intentional reduction staffing numbers in line with acuity. Due to this were no “red” shifts when assessed using professional judgement. Wards where shifts have reduced levels due to on day absence appropriate controls and mitigations were put in place.

1.4 Impact on Care

In other areas where staffing levels were not planned to be reduced, reduced staffing due to on the day absence and vacancies has resulted in a higher number of reported episodes where care standards fell below expected levels. A number of these are related to medications and MNEWs scores being delayed. A quality improvement focus led by the Critical Care Outreach Team around these areas may be a contributor to increased levels of reporting. However, this is being explored further.

There was a reduction in the number of falls occurring on shifts where staffing levels were less than expected. This reduction was seen after the introduction of motion sensors in bathrooms following a themed review identified high numbers of falls were happening in this area. The numbers of falls in Elderly Medicine Wards has also reduced following targeted work in these areas.

2. Actions to mitigate risks

The Trust remains on track with the International Nurse Recruitment project. 44 nurses have arrived at the Trust. 11 nurses have passed their OSCE and are now working on wards. The remaining 61 nurses are expected to arrive in the Trust before 21 May 2021.

The Trust remains on track with sufficient active CSW offers to reduce vacancies to zero during Q1 2021/22.

In April PSQB approved the quality improvements programmes for 21/22. The number one priority that will follow a Breakthrough Series Collaborative approach is "Deteriorating Patients". The Medical Director will be the Executive Sponsor of this programme, and the faculty is being established over the coming weeks. A number of QI Coaching programmes have already commenced and build on existing improvement work. These are: infection prevention and control, falls, nutrition and tissue viability.
These proposals will be presented to Quality Assurance Committee in May 2021.

3. Conclusions

During M12 the SSOT reported the number of shifts that fell below minimum staffing levels for RNs increased. This increase was due to planned reduced capacity in 3 areas and a lower number of COVID patients in the Trust that allowed an intentional reduction staffing numbers in line with acuity.

In other areas there has been an increase in the number of episodes where care standards fell below expected levels. Patient safety, quality and experience is monitored closely through reactive and proactive assurance processes, including incidents and complaints, Ward Accreditation (WISE), Perfect Ward audit monitoring, Ward and Corporate reviews and locally the use of information via the BI portal

4. Recommendations to the Board

The Board of Directors are requested to note the contents of report

Appendix 1 – Safe staffing dashboard July 2020- February 2021

	Safe Staffing Board Assurance Dashboard 2020 /21										
Data Source	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Spark line
Corporate Nursing	Care Hours Per Patient Day - Total		9.6	8	8.5	10.1	9.5	8.1	8.9	9	
Corporate Nursing	Care Hours Per Patient Day - Registered Nurses		4.8	3.8	4.1	5.2	4.8	4	4.3	4.4	
Corporate Nursing	Care Hours Per Patient Day - CSW's		4.2	3.5	3.7	4.1	3.8	3.4	3.7	3.8	
Corporate Nursing	National Fill rates RN Day		79%	76%	83%	84%	85%	79%	81%	83%	
Corporate Nursing	National Fill rates CSW Day		76%	86%	89%	94%	88%	86%	91%	91%	
Corporate Nursing	National Fill rates RN Nights		94%	72%	79%	81%	82%	77%	84%	78%	
Corporate Nursing	National Fill rates CSW Nights		97%	90%	104%	100%	99%	95%	71%	101%	
Informatics	Trust Occupancy Rate	57.20%	66.90%	79.50%	79.50%	76.10%	79.30%	83.50%	80.20%	80.80%	
Informatics	Occupancy Rate - APH	63.10%	72.10%	81.50%	79.10%	76.00%	80.30%	82.30%	80.30%	83.50%	
Informatics	Occupancy Rate - CBH	16.00%	24.90%	51.90%	46.10%	39.00%	37.90%	50%	50%	52%	
Workforce	Vacancy Rate (Band 5 RN's)	18.46%	18.05%	16.94%	16.61%	17.66%	18.10%	19.42%	18.81%	18.57%	
Workforce	Vacancy rate (Band 5 inpatient wards)	20.57%	20.16%	18.73%	17.11%	17.72%	18.49%	19.89%	19.01%	17.92%	
Workforce	Vacancy Rate - All RN (All grades)	9.81%	9.90%	9.40%	8.67%	9.79%	9.57%	10.79%	10.03%	9.69%	
Workforce	Vacancy Rate (CSW's)	5.89%	5.86%	7.86%	7.77%	8.11%	6.28%	6.79%	5.94%	5.97%	
Workforce	Sickness Rate - RN	5.69%	6.12%	6.38%	6.80%	6.95%	6.49%	9.17%	7.14%	6.01%	
Workforce	Sickness Rate - CSW	10.46%	9.58%	10.09%	8.82%	7.59%	8.18%	12.34%	9.47%	8.11%	
Workforce	Absences Rate - RN	4.84%	2.36%	2.60%	1.55%	1.76%	1.50%	2.39%	1.78%	2.24%	
Workforce	Absences Rate- CSW	4.96%	3.33%	3.17%	1.55%	2.17%	1.56%	2.64%	2.71%	2.47%	
Corporate Nursing	Number of Professional Judgment Red Shifts		1	0	0	0	0	0	0	0	
Corporate Nursing	Number of RN Red Shifts		359	445	454	243	499	689	430	460	
Corporate Nursing	RN Red Shift Impact : Number of Falls		7	9	17	4	19	26	36	16	
Corporate Nursing	RN Red Shift Impact : Number of Falls with Harm		0	1	1	0	0	0	1	1	
Corporate Nursing	RN Red Impact : Meds Errors / Misses		3	0	7	1	27	2	1	27	
Corporate Nursing	RN Red Impact : Patient relative complaints		2	0	3	0	0	1	2	0	
Corporate Nursing	RN Red Impact : Staffing incident submitted		6	16	18	7	23	33	6	14	
Corporate Nursing	RN Red Impact : Special 1:1 (uncovered)		3	7	9	0	26	38	2	3	
Corporate Nursing	RN Red Impact: Missed Breaks		14	26	26	10	107	119	34	41	
Corporate Nursing	RN Red Impact: Delayed / Missed Obs		10	19	122	1	287	278	31	126	
Corporate Nursing	RN Red Impact: Delayed / Missed nMEWS		12	33	12	31	239	237	72	286	
Corporate Nursing	RN Red Impact: Delayed / Missed Pressure Care		3	14	24	23	145	46	23	58	
Corporate Nursing	RN Red Impact : Delayed Meds		8	20	127	6	582	299	88	193	
Governance support	Number of SI's where staffing has been a contributing factor	0	0	0	0	0	1	1	0	1	
Corporate Nursing	Total Number of staffing incidents	30	53	80	75	25	90	102	42	57	
Complaints team	Formal complaints in relation to staffing issues	0	0	0	0	1	0	0	1	0	
Complaints team	Informal Concerns raising staffing levels as an issue	0	0	0	1	0	0	1	0	1	
Corporate Nursing	Patient Experience feedback raising staffing levels as a concern	0	0	0	0	0	0	0	0	0	
Corporate Nursing	Staff Moves		232	329	140	164	172	TBC	TBC	TBC	
NHS Professional	Number of RN hours requested	19909	22878	24734	28432	31103	28638	43952	35299	34182	
NHS Professional	Number of CSW hours requested	20155	25196	25007	32505	28386	30651	42759	33056	30218	
NHS Professionals	% of requested filled RN's	67.80%	62.80%	61.70%	60.20%	72.70%	58.90%	57.50%	54.60%	62.80%	
NHS Professionals	% of requested CSW filled	86.30%	80.20%	76.50%	71.10%	85.30%	68.10%	62.80%	68.00%	75.00%	
NHS Professionals	% of Agency staff used RN	3%	3%	3%	2%	6%	1%	2.30%	7.00%	7.00%	
NHS Professionals	% of Agency staff used CSW	0%	0%	0%	0%	0%	0%	0%	0%	0%	

Agenda Item: 21/22-46

Board of Directors
5th May 2021

Title:	CQC Focussed Inspection of Infection Prevention and Control
Responsible Director:	Hazel Richards, Chief Nurse and Director of Infection Prevention and Control
Author:	Hazel Richards
Presented by:	Hazel Richards

Executive Summary
The CQC carried out a focussed inspection of infection prevention and control practices in February 21. This was an unannounced inspection, following a series of interviews with the DIPC, Deputy DIPC and Pharmacy team. Written evidence was requested post inspection and the Trust was able to comply. There were no major concerns identified, no "must do's" and three "should do's". The report identified our "Keep it SIMPLE" IPC campaign as an area of outstanding practice, that staff were able to discuss in detail and describe how it supported their work to reduce infections. The report highlighted a number of fundamental positives, including an open culture, effective governance processes, use of reliable data and a clear understanding of the challenges and priorities for the Trust in relation to IPC.

Recommendation:
To note the report

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
No high scoring risks
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
CQC

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Specific communications and stakeholder /staff engagement implications		
Communications Plan already activated for publication on 21 April 21		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Patient safety		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
FOI status	Document may be disclosed in full	✓
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	IPC BAF and IPC update reports throughout 2020/21.	
Background papers / supporting information	IPC BAF and IPC update reports throughout 2020/21.	

1. Purpose

The purpose of this report is to present the findings of the recent CQC Focussed Inspection Report of Infection Prevention and Control (IPC).

2. Introduction / Background

On the 23 February 2021 the CQC carried out an unannounced inspection of our IPC procedures at Arrowe Park Hospital. Prior to the visit, interviews were conducted with the Chief Nurse/ DIPC, the Deputy DIPC and the Pharmacy team who lead our antimicrobial stewardship programme. After the on-site inspection, a number of documents were requested and submitted.

On the day of the visit we were informed that there were no majors concerns and this was confirmed in a letter to the Trust on 26 February 2021.

Following a factual accuracy check, the final report was published on 21 April 2021 (see Appendix 1).

3. The findings of the inspection

3.1 The CQC reported outstanding practice for our “Keep it SIMPLE” infection prevention and control campaign.

3.2 Areas for improvement had no “must do’s” (these are actions needed to comply with legal requirements).

3.3 Three “should do’s” were identified.

3.3.1 Develop an IPC Strategy: The Trust explained that the draft strategy from 20/21 had been adapted into an annual plan that was relevant during the COVID-19 pandemic. The annual plan had been approved, implemented and monitored by the Board via its governance arrangements. The IPC Strategy will be completed during Q1, as was always the plan.

3.3.2 Assess the risk for patients who have an infection and are nursed in side rooms: The inspectors found six patients across two wards that had the side room door left open, in spite of them having an infection. These patients had all had a dynamic risk assessment undertaken which had shown that closing the door presented a greater risk to their safety. To ensure such risk assessments are documented reliably, we have developed a standard operating procedure and shared this with the teams.

3.3.3 Ensure staff are aware of PPE requirements in relation to eye protection: The inspectors visited a ward that was in the process of

stepping from a COVID to a non Covid ward (meaning all patients were beyond the 14 days since screening positive for COVID 19 and deemed not infectious) and reported that two members of staff were not wearing eye protection but said they would if there was a risk of splashing or body fluids; which is in line with national guidance. We have since updated our guidance to provide additional clarity on this.

4. Overall Summary

The report summarised their findings during the unannounced inspection as:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The Trust had a clear vision and plan for continuously improving practices related to infection prevention and control, and an action plan to meet identified goals. The action plan was aligned to local plans within the wider health economy.
- Staff felt respected, supported, and valued. The Trust had an open culture where staff could raise concerns without fear. They were focused on the needs of patients receiving care.
- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities. Governance structures and the communication within them were effective to ensure that changes and learning supported patient safety across the Trust.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.
- Leaders and staff collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

5. Conclusions

The COVID 19 pandemic could not have presented a greater challenge to infection prevention and control. The Trust had significant IPC issues in 2019. During the last year the leadership, expertise and competence of staff has resulted in transformed and sustained infection prevention and control practices. The Trust's creativity, ability and willingness to respond quickly during the pandemic has undoubtedly contributed to the good practice described in the CQC report.

6. Recommendations to the Board

The Board of Directors is asked to note the report and the outstanding work of its staff.

Wirral University Teaching Hospital NHS Foundation Trust

Quality Report

Arrowe Park Hospital
Arrowe Park Road
Wirral
Merseyside
CH49 5PE
Tel: 01516 785111
www.wuth.nhs.uk

Date of inspection visit: 15 to 23 Feb 2021
Date of publication: This is auto-populated when the report is published

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Overall Summary

Wirral University Teaching Hospital NHS Foundation Trust serves a population of about 400,000 people across Wirral, Ellesmere Port, Neston, North Wales and the wider North West area.

We carried out a focused inspection of infection prevention and control procedures at Arrowe Park Hospital. We did not rate the service at this inspection, and all previous ratings remain.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We found:

- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The trust had a clear vision and plan for continuously improving practices related to infection prevention and control and an action plan to meet identified goals. The action plan was aligned to local plans within the wider health economy.
- Staff felt respected, supported, and valued. The trust had an open culture where staff could raise concerns without fear. They were focused on the needs of patients receiving care.
- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities. Governance structures and the communication within them were effective to ensure that changes and learning supported patient safety across the trust.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.
- Leaders and staff collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

However:

- The infection prevention and control strategy was in draft; we were told this was due to the pressures of the COVID-19 pandemic. The draft three-year strategy had been adapted to be an annual plan, which was approved, implemented and monitored by the board.
- Doors to patient side rooms in some areas, where patients were nursed due to their infection status, were left open increasing the risk of spreading infection. However, the trust provided information to show all risks had been assessed and the decision to leave doors open was based on patient safety risks.
- Not all staff in areas caring for COVID-19 positive patients were clearly able to articulate personal protective equipment requirements in relation to the wearing of eye protection.

How we carried out the inspection

Prior to a site visit, we carried out interviews with key leaders and clinicians, to assess the trust's response to the hospital transmitted outbreaks of COVID-19 infections and infection prevention and control practices.

We visited the trust on 23 February 2021, to observe infection prevention and control (IPC) measures and to speak with staff, patients, and the public about IPC practices.

We visited the adult and children emergency departments, acute medicine unit, urgent medical assessment centre, discharge hospitality centre and wards 11, 22 and 33. We also visited public areas and staff rooms to observe social distancing practices.

We spoke with 16 staff of all disciplines including senior leaders, nurses, ward clerks, environmental matron, student nurse, pharmacy technician and domestic staff. We spoke with nine patients. We observed practice and reviewed nine sets of electronic patient notes to assess compliance with national guidance.

You can find further information about how we carry out our inspections on our website:

www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of findings

Services we did not inspect

Due to the increased patient demand, we did not inspect areas where aerosol generating procedures were carried out and we did not attend the intensive care unit. We continue to monitor these areas in line with our methodology.

Is this organisation well-led?

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Leaders understood the challenges to quality and sustainability and could identify actions needed to address them. The Director of Infection Prevention and Control (DIPC) was also the Chief Nurse and had been in post since January 2020. They described early actions taken to address infection prevention and control (IPC) challenges at the start of the COVID-19 pandemic. For example, setting up a quarantine facility for repatriated British nationals from Wuhan and recruitment to support improvement in estates and facilities leadership. The DIPC was supported by an Associate Director of Nursing for Infection Prevention and Control / Deputy DIPC and an IPC team.

The IPC team managers maintained oversight of IPC measures and performance across all divisions. There had been recent staff turnover within the IPC team, but the trust was addressing this through recruitment.

The Chief Pharmacist had recently been seconded to lead the setting up and running of the trust's vaccination hub, however their deputy had stepped up into the Chief Pharmacist role.

Leaders we spoke with showed an understanding of the most significant IPC challenges the trust faced and had taken action to address these. For example, leaders identified staff compliance with wearing the correct personal protective equipment, especially in non-ward areas, as an area for improvement. They had improved signage throughout the hospital and ensured mandatory IPC donning and doffing training was completed by staff.

Leaders had worked to decrease the number of healthcare associated infections and improve the monitoring of surgical site infections as they had recognised this as an area of concern. They reported an improvement against targets for methicillin-susceptible staphylococcus aureus, clostridium difficile and gram-negative infections. Gram-negative bacteria cause infections including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis in healthcare settings.

The trust had assessed itself against the health and social care act – code of practice on the prevention and control of infections and related guidance and this was reflected in the IPC annual plan. We reviewed the IPC board assurance framework and saw it had been regularly reviewed by the trust board and was last reviewed and updated at Board in January 2021.

Staff we spoke with were aware of who the IPC leads were and told us leaders carried out regular IPC walk rounds.

Vision and strategy

The trust had a clear vision and plan for continuously improving practices related to infection prevention and control and an action plan to meet identified goals. The action plan was aligned to local plans within the wider health economy.

The trust had a clear vision and plan for continuously improving practices related to infection prevention and control (IPC). We saw the trust had a three-year IPC strategy for 2020 to 2023, however this was at draft stage at the time of our inspection. Senior leaders told us the draft strategy had been adapted to be an annual plan, which was approved, implemented and monitored by the board. The trust had evaluated what was most appropriate for the needs of the trust at the time and concluded that due to the pandemic an annual plan would better support and guide activities relevant to the pressures faced.

The annual plan was aligned to local and national priorities. It was aligned with strategies in other departments and the wider healthcare system, including the health and social care act – code of practice on the prevention and control of infections and related guidance. An example of this was the aim to establish a surgical site infection surveillance group to develop a surgical site infection surveillance programme. Leaders

told us the three-year IPC strategy would be developed in 2021/2022. The actions in the IPC annual plan were monitored through the IPC group and patient safety and quality board.

The trust had a strategy for safe antimicrobial prescribing. Antimicrobial guidance was available on the intranet and kept up to date. A structured antimicrobial audit program was in place, led by the pharmacy team. Findings from these audits were normally reported to the antimicrobial stewardship group. However, during the pandemic this group had struggled to be quorate. To overcome this, key documents required by the board, such as antimicrobial audit reports, were sent directly to the Infection Prevention Control Group (IPCG). This meant the board could be assured that antimicrobial stewardship was maintained.

Progress on achieving infection prevention and control improvement actions was monitored and reviewed. These were overseen by the IPC group which included representation from all divisions, appropriate specialisms and external bodies.

During our inspection, the trust provided information that showed they monitored healthcare associated infections (HCAI) and submitted mandatory reports as required. They reported a decrease in most HCAIs in 2020/21 from 2019/20. For example, they told us there was a 40% reduction in clostridium difficile infections by month ending January 2021 compared to the same period in 2019/2020.

Staff were aware of and understood their role in achieving the vision and infection prevention and control priorities.

The trust clearly communicated IPC priorities to staff through the 'Keep it Simple' campaign. This was a trust-wide campaign focused on six key areas including surveillance, invasive devices, multi-disciplinary groups, personal protective equipment, lessons learnt and environmental cleanliness. Staff we spoke with were aware of the campaign and understood their role in keeping the hospitals clean and stopping the spread of infection.

The trust had risk assessed the environment in all areas and reported weekly compliance to silver command with updated risk assessments and any issues and actions. Due to the estate, the trust had limited single rooms and had identified challenges with spacing between beds. However, they had completed risk assessments for all these areas, installed Perspex curtains between each bed and introduced enhanced cleaning. The trust also had patient risk pathways in place and cohorted patients who were on the same risk pathway.

Culture

Staff felt respected, supported, and valued. The trust had an open culture where staff could raise concerns without fear. They were focused on the needs of patients receiving care.

The trust had internal processes to raise safety concerns relating to infection prevention and control (IPC). Staff we spoke with described daily huddles to discuss IPC including responsibilities, any problems identified and recent incidents. Staff were able to outline several routes for raising IPC concerns including escalation to the environmental matron, lead nurse or IPC team.

The trust used a variety of ways to gain staff feedback and allow staff to raise concerns. This included staff support groups, 'floor walkers' who were staff identified through high visibility body warmers who went around all ward areas twice per week and a crib sheet for staff to use to raise concerns.

Leaders told us all concerns were reviewed by managers through bronze command meetings and described an open and honest culture with staff encouraged to raise issues.

Staff received training in safe infection prevention and control procedures in line with national guidance. The trust target for IPC training compliance was 90%. They provided information that showed trust-wide compliance with level one was 87.18% and level two was 85.45%. In some areas such as surgery the compliance was above the trust target. Staff we spoke with confirmed they had received IPC training and training in the donning and doffing of personal protective equipment (PPE).

The trust provided donning and doffing training by video, face to face training and through resources available on the trust intranet. The trust provided information that showed they monitored the number of staff completing donning and doffing training.

The trust had specific arrangements to promote the physical and mental wellbeing of staff during the COVID-19 pandemic. There was a staff health and

wellbeing support hub located in the main reception. This provided information to staff in how to access different support services. The trust had an in-house occupational health service and psychological support which could be accessed by all staff.

The trust had supported staff with 'face fit testing' for FFP2 and FFP3 masks as staff had expressed anxiety regarding this. Face fit testing was available for staff seven days a week. FFP stands for filtering facepiece respirator and give protection against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

The trust offered risk assessments to all staff including black and minority ethnic (BAME) and vulnerable staff. They reported most eligible staff had completed a risk assessment. The trust had a documented, robust approach to reducing risk for the BAME workforce, which was aligned with guidance from the British Association of Physicians of Indian Origin and NHS England.

The trust had taken measures to reduce the risk to staff, including those at higher risk of COVID-19. For example, allowing staff to work from home, where appropriate.

The trust had a target to give all staff their first COVID-19 injection by the end of January 2021. At the time of our inspection they reported 74.4% of staff had received their first dose of vaccination by 2 March 2021 and 9.1% of staff had received their second dose. The trust offered all staff a seasonal influenza injection and in December 2020 82.8% of staff had received their influenza injection.

The trust had a culture that promoted the delivery of high quality and sustainable care. Pharmacy based activity was maintained and even extended in some circumstances during the pandemic. Additional pharmacy support was provided to ITU. Also, pharmacy increased production of CIVAS (central intravenous additives) to save nursing time at ward level.

Antimicrobial stewardship (AMS) activity and audits had been maintained throughout the pandemic. Antimicrobial stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing and use is critical to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance.

The culture was centred on safe IPC practice for staff, visitors and patients. Visiting restrictions had been introduced at the beginning of the COVID-19 pandemic and were still in place during our inspection. Staff and patient entrances were separated. Trust volunteers were at the main entrance explaining the personal protective equipment requirements to all visitors and patients as they entered. Relatives and carers were able to provide items for inpatients; these were dropped off at the front door and delivered by volunteers to minimise the risk of spread of infection. The trust had developed a COVID-19 safety bag. This was a paper bag, including masks, wipes and hand gel, which was given to all patients. The trust told us this had been received well by patients and visitors.

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities. Governance structures and the communication within them were effective to ensure that changes and learning supported patient safety across the trust.

There were clear responsibilities, roles, and systems of accountability to support infection prevention and control, and these were regularly reviewed. These were outlined in the IPC annual report and annual plan which identified the governance structure for IPC. This showed a clear structure for IPC information and performance to flow from clinical areas through relevant committees to the executive team and trust board. The trust Infection Prevention Control Group (IPCG) reported to the Committee of the Patient Safety and Quality (PSQB) and developed and monitored the core IPC strategic objectives. The core objectives were agreed by the Trust Board based on organisational priorities.

We reviewed the minutes of the monthly IPCG from July 2020 to January 2021. We saw the group was attended by representatives of all relevant departments and disciplines, including executive directors and representatives from external bodies and partners. We saw detailed minutes which showed the group had oversight of relevant IPC issues and challenges such as estates, pharmacy, occupational health, outbreak reports, issues for escalation to the PSQB and key performance indicators.

Summary of findings

There were effective processes and accountability to support standards of infection prevention and control including managing cleanliness and a suitable environment.

We reviewed incident reports and saw 450 incidents relating to IPC were reported. A risk rating and impact was assigned to each incident reported. We saw seven incidents were reported as moderate harm and one as a patient death. There were 17 incidents rated as moderate risk. The trust had completed rapid reviews for four incidents and reported one as a serious incident and conducted an incident investigation. We reviewed a rapid review following an incident and saw it identified problems with patient care, immediate actions taken, lessons learnt and identified the people involved and actions relating to staff skills and competency.

The trust had appropriate policies and operating procedures related to infection prevention and control. However, we saw some policies had not been reviewed recently. Senior leaders told us they had planned for this as a consequence of the COVID-19 pandemic and the governance team had a process to risk assess out of date policies with the authors or lead person. This was still in place at the time of our inspection and executive directors received regular updates as to progress on clearing the backlog of reviews.

Ward 33 was the only ward, apart from ward 25 (infectious diseases that included aerosol-generating procedures [AGP's]) that had COVID-19 positive patients. At the time of inspection, there were 10 patients, located in two bays. During our inspection, the ward was in the process of being changed from a ward for COVID-19 positive patients to a non COVID-19 ward. It was expected that the patients would either be discharged or transferred to ward 25 the following day. Other parts of the ward were being cleaned, including two bays. All bedding and curtains had been removed. The ward domestic staff had cleaned the bays and opened windows. The bays were awaiting 'deep cleaning' including fogging. We observed side rooms awaiting the same process although awaiting removal of curtains. The windows did not open in some side rooms. This meant that rooms could feel uncomfortably warm. We did not see fans being used during our inspection. However, following the inspection the trust told us fans were available if required and there was a standard operating procedure in place for their use. We were told that all windows had been coated with a film to help control the heat particularly during summer months.

The doors to enter the hospital were automatic. There were separate entrances for staff and patients. We were told that hospital staff were expected to travel to work in their own clothes and change in designated areas, allowing for social distancing, where they worked. There were security staff who monitored compliance.

Patients and visitors were greeted by volunteers on a reception desk that was protected with a clear screen. They were expected to use the hand sanitiser provided and wear a clinical mask. They were then directed as appropriate.

There were circular signs on the floor, in public corridors, to remind people to keep to the left. There was prominent signage regarding COVID-19 measures throughout the hospital.

The staircases were narrow, however; we observed that all staff were aware when they needed to wait, in an appropriate place, to allow one person at a time on the stairs.

The lifts were clearly marked with only one person allowed in a lift unless another person was from their social 'bubble'. There was an additional lift for transfer of patients on trolleys that was much bigger. We observed two occasions where there were greater numbers than the instructions. There were three members of staff, dressed in 'scrubs' and another occasion with two members of staff (one had a chair).

There were posters on doors, both clinical and non-clinical to indicate how many staff could safely mix. There were two versions of posters that we saw. One poster was simply text, whereas the other was colourful with a box in the middle that clearly showed the number. We observed that staff were generally adhering to the numbers instructed with clear screens to protect staff and visitors as needed.

All areas we visited were visibly clean and dust free. Touch free hand washing sinks were available throughout the hospital with soap dispensers. Soap dispensers

included hand washing instructions. In the emergency department majors area hand washing sinks were situated outside of each patient cubicle. All clinical bins were operated by foot pedals.

In the children's emergency department chairs had been removed to allow social distancing as well as toys. Clear screens were in place at the reception desk and had been painted with animated figures.

Patients we spoke with, told us they were satisfied with the cleanliness of the wards and staff adherence to infection prevention and control measures. In the patient led assessment of the care environment (PLACE) for December 2020, 99% of patients were satisfied with the cleanliness of the hospital. Staff cleaned equipment after patient contact and labelled equipment with 'I am clean' labels to show when it was last cleaned.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

There were clear and effective processes to manage risks, issues and performance relating to infection prevention and control (IPC).

Risks related to IPC were recorded on the trust risk register. We reviewed the risk register related to IPC and saw all risks had a rating, a lead assigned and controls and actions. Risks and actions were regularly reviewed and had clear review dates and deadlines. The risks aligned with those leaders and staff described during our inspection.

Performance against national key performance indicators related to IPC was reported using the quality performance dashboard to the trust board monthly. We reviewed the quality performance dashboard presented to board in January 2021 and saw good compliance with measures related to IPC. For example, compliance with hand hygiene was reported as 100% in December 2020.

Staff told us IPC staff visited wards on a daily basis although this could be different people each time and this included senior staff. The trust also had an environmental matron who supported staff with any estates concerns.

The trust had a process to audit infection prevention and control (IPC) practices. There were processes to ensure learning was identified from the audit outcomes to improve IPC quality.

IPC audits using the perfect ward application were conducted by nurses. Any risks identified from the audits were fed into the local and trust risk register and actions identified. Results from audits were used to make improvements. For example, the environmental matron audited patients' use of fluid resistant surgical face masks across all areas weekly and found patient compliance had improved due to the introduction of posters and ward manager checks. The wards allocated named staff each day to encourage patients to change masks after every meal and as needed.

Matrons completed a weekly safety assurance checklist that was submitted to the Divisional Nurse Director. We reviewed the check lists for the week prior to our site visit and saw it identified any gaps and actions taken to address these.

Ward managers completed daily COVID-19 action cards which ensured ward managers checked adherence to key actions to keep the ward as COVID-19 secure as possible.

The trust had processes and systems to identify and treat people who had or were at risk of developing an infection, so they did not infect other people.

Patients were tested for COVID-19 on admission or presentation to the trust and streamed appropriately. The trust had a clear pathway which defined the test to be used on patients admitted via the emergency department, respiratory receiving unit and acute medical short stay ward. The pathway outlined the type of test to be used and when to manage patients as though they were COVID-19 positive.

Senior managers told us no patient was admitted to a ward from the emergency department before having a test for COVID-19. Staff we spoke with could describe the pathway for patients who were potentially positive for COVID-19.

The trust conducted COVID-19 tests for all inpatients on day three of their admission and streamed or cohorted patients based on test results. Cohorting is placing patients with infections in the same area to prevent the spread of infection to other patients. Patients with

Summary of findings

COVID-19 were placed in 'red' wards or bays. Ward 25 was a designated infectious diseases ward. All patients in the ward had an infectious disease or COVID-19 and were cared for in single rooms and bays.

At the time of our inspection, only ward 25 and one other 'red' ward were open to COVID-19 positive patients. Ward 33, the 'red ward', was due to be stepped down during our inspection.

The trust had admission and transfer pathways in place for patients with stroke and acquired brain injuries which outlined the testing, streaming and suitability for transfer of the patient in relation to their COVID-19 status. There was a clear pathway for the management of previously positive COVID-19 patients readmitted to the hospital.

Patients being discharged to care homes were given a card to indicate negative to COVID-19. Any patient who had tested positive to COVID-19 was discharged directly from the ward and did not enter the discharge lounge.

However, during our inspection we saw six patients on wards 11 and 22, nursed in side rooms due to their infection status, where the door to the room had been left open. This is a risk because it reduces the isolation of patients, which prevents the spread of disease to others. We raised this with senior managers during our inspection and they explained those patients had other associated risks which required the door to be left open such as high risk of falls or dementia. They told us staff conducted dynamic risk assessments for each patient and recorded this in the patient record. At the time of our inspection, the trust produced a standard operating procedure which outlined key actions to be taken when nursing a patient in a side room where the door needed to be kept open. However, managers did not have assurance that the dynamic risk assessment was always recorded in the patient notes. Senior managers told us wards 11 and 22 were identified as an area of concern and under enhanced senior leadership scrutiny.

The trust had oversight of risks in all the department and buildings including corporate and public areas.

Senior leaders had recognised the need to upgrade ward facilities and had plans to improve the ward environment starting in March 2021. Temporary units had been procured to move wards to whilst upgrades took place.

All hospital bays included clear plastic curtains, as well as privacy curtains, to help with social distancing compliance. We were told these were cleaned daily. Cleaning had increased particularly for 'high-touch' areas. There was a standard operating procedure for the changing of textile curtains. Cleaning tasks were clearly specified in the housekeeping daily, weekly and monthly job plans. Staff followed frequency and standards for cleaning of equipment such as catheter stands, blood gas machines, commodes and bed rails as laid out in the trust's 'nondomestic cleaning and mattress checklist standards.

The trust had increased the number of cleaning staff and created cleaning checklists which were audited three times a day. Staff told us finance had not been a barrier to providing sufficient cleaning staff and cleaning staffing numbers could be adjusted to accommodate patient moves.

The wards were situated over three levels in the hospital. All the windows had a film applied to assist with heat issues particularly in the summer. We were told that staff were encouraged to open windows if possible, for ventilation purposes, however; there had been recent cold weather. The windows in the side rooms did not open. This meant that, if the doors were shut, at times, patients had complained it was too warm. Senior managers told us air purifiers had been purchased. However, there were no units seen during our inspection visit.

The macerator, in the sluice on the acute medical unit, was awaiting repair. However, there was signage to indicate it was out of order. There were temporary alternative arrangements in place to dispose of the clinical waste.

The emergency department entrance for 'walk in' patients included a seating area with screens to allow social distancing between patient spaces. The reception desk had clear screens between staff and patients.

There were effective processes to use equipment, including personal protective equipment (PPE) to control the risk of hospital transmitted infections. We observed all staff wearing masks, at all times and adhering to social

distancing in public areas. Staff applied aprons and gloves when attending to patients then disposed of the PPE after. Masks were worn sessionally. There were adequate supplies of PPE in all areas we visited.

In the emergency department there was a dedicated donning and doffing area. Staff told us the area was normally staffed with a staff member who assisted staff with donning and doffing. However, on the day of inspection there was no staff member present due to sickness.

On ward 33, a 'red' ward, we observed a staff member enter a bay to respond to a patient. PPE was donned; gloves, apron and mask (sessional), however, they did not wear eye protection. A second nurse was also donning PPE in order to assist the first nurse. When asked about eye protection we were told that they could carry out care if expected to be less than 15 minutes. If there was a chance of splashing, then eye protection would be applied. We spoke to senior managers who also confirmed this. Following our inspection, the trust provided the 'PPE and Alternatives for Respiratory Protection for COVID-19' policy. This clarified the use of PPE in different areas to reduce the risk of infections and referenced appropriate national guidance. The document showed that eye protection (goggles) was recommended for staff in red wards where there was exposure of less than 15 minutes with patients and no aerosol generating procedures were taking place. We spoke to senior leaders who told us at the time of our inspection the ward was in the process of being stepped down and all patients discharged to 'green' wards or home. This meant that all patients on the ward during our inspection were on low or medium risk pathways and therefore, eye protection was not required. This was in line with national guidance. They explained all staff risk assessed the use of eye protection and would use this where there was a risk of bodily fluid contamination or splashing.

The trust had effective systems to manage and eliminate nosocomial transmission of COVID-19. Nosocomial transmission of an infection is transmission which occurs in hospital. The number of nosocomial infections peaked in the week ending 10 January 2021 and had significantly reduced since then. The proportion of patients with COVID-19 in hospital beds also reduced in the same period as did the number of patients dying from COVID-19.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.

Information was processed effectively, challenged, and acted upon. Senior leaders told us they had reviewed data systems prior to the COVID-19 pandemic to ensure the data received by the board and executive team was accurate and timely. The intelligence team sent daily reports on nosocomial outbreaks to the senior leadership team. These were shared with the board and Public Health England. All nosocomial outbreaks were investigated, and lessons learnt shared with staff.

The trust had implemented systems to ensure staff were kept up to date with new guidance. For example, ward managers created checklists when new guidance was issued which were completed each day to ensure staff followed the most recent guidance and process.

Pharmacy teams were kept up to date on all changes to IPC guidance. New systems, such as television screens installed in the department, were used to support quick information sharing.

We saw adequate signage and posters to remind people regarding social distancing throughout the hospital.

We reviewed nine patient records. Staff recorded the patients' COVID-19 test results and status in the electronic patient records system. The system flagged if a patient tested positive for COVID-19 in the last 90 days. The electronic system prompted staff when a patient's COVID-19 test was due and when the last test was completed, this included a flag for the day three COVID-19 test. Records were clear, accurate and up to date with regards to COVID-19 testing and results were documented in a timely manner. The infection history of the patient was clearly recorded, where appropriate, in patient notes we reviewed. Use of antibiotics was reviewed in all patient records we checked.

Staff shared appropriate information on the patients' infection status and history on admission and discharge from the hospital. When patients were admitted an alert was placed on the electronic patient record system for COVID-19 or other infection indicators. This alert stayed on the patient record as they moved around the hospital

or when discharged. Staff from the infection prevention and control (IPC) team called other providers such as hospitals and care homes to update them on the patient's infection status prior to transfer. Senior leaders told us the trust followed national guidance on COVID-19 testing for patients discharged to care homes. The trust provided a care package, which included personal protective equipment, for patients discharged to care and nursing homes and informed the community IPC team of the patient's discharge.

Leaders gave an example of a case where information regarding the patient's COVID-19 status was not shared with the trust in a timely manner and this contributed to a nosocomial outbreak. They stated the trust had learnt from this to improve communication with nursing and care homes.

Engagement

Leaders and staff collaborated with partner organisations to help improve services for patients.

Staff and external partners were engaged and involved to support sustainable services. The trust attended the monthly system improvement board, which brought together system partners including the clinical commissioning groups, public health and neighbouring community trusts to address challenges across the healthcare system. Through this they engaged with system partners to escalate and address key challenges including financial sustainability, emergency department performance, quality, improvement and safety and culture and organisational development.

Senior leaders outlined work with Public Health England and local public health to improve care of urinary tract infections catheters in the community. Prior to the COVID-19 pandemic the trust met regularly with Public Health England to review and share learning from infection cases.

The trust worked with suppliers to ensure supplies of personal protective equipment and cleaning equipment was fit for purpose. Managers gave an example of working with a supplier to quickly change the type of cleaning wipes used in response to the COVID-19 pandemic.

The trust took account of the views of staff, patients, and the public to improve infection prevention and control (IPC) practices. For example, they hosted a forum for domestic staff to discuss issues or concerns. They had also engaged with the union to address staff concerns regarding personal protective equipment.

The trust had created a family support team, who were part of the patient experience team. Staff referred patients to the family support team who supported patients to have contact with their families and carers through video conferencing and phone calls. They also printed pictures and letters for inpatients, as well as supplying knitted hearts which relatives could send to someone in hospital.

Staff and volunteers engaged with patients and visitors at the front door to explain infection prevention and control measures and support patients to wear the correct personal protective equipment.

Managers told us they had taken feedback from patient complaints at the outset of the pandemic on board and improved communication and support to patients about IPC measures required.

The trust ensured information on infection prevention and control performances, including information related to outbreaks of infection, were available to staff and to the public. The trust submitted daily 'sitrep' data which outlined performance on infection prevention and control and nosocomial infections to Public Health England. The trust published information on performance against IPC standards and the IPC board assurance framework in the monthly board papers available on the trust website. The trust website included information for patients and the public on COVID-19, which was available in other languages.

Staff received regular bulletins from the clinical advisory group and fortnightly Chief Nurse bulletins. These shared information with staff about nosocomial outbreaks and IPC issues and any lessons learnt.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There were systems and processes for learning, continuous improvement, and innovation. The trust had added a COVID-19 specific category to the incident reporting system to ensure all COVID-19 related incidents were identified including themes and trends.

Summary of findings

The trust promoted a continuous improvement culture around infection prevention and control. Senior staff told us they encouraged an open, honest environment where staff could report incidents and concerns so learning and improvements could be made. Senior leaders checked in weekly with ward managers to share updates and learning and for concerns from wards to be raised.

The fortnightly chief nurse bulletin shared updates learning from incidents or concerns with staff. The Chief Nurse attended team meetings to get a better idea of current issues or concerns, this helped to provide information to staff on relevant infection prevention and control issues.

We saw examples of innovation regarding management of infection prevention and control, such as the 'Keep it Simple' campaign and came up with innovative ideas for engaging staff in IPC awareness activities. For example, there was a competition for staff to design and name a 'bug' to engage staff in the 'Keep it Simple' campaign.

The trust had a ward accreditation programme called 'WISE'. WISE stood for Wirral Individual Safe Care Every time and wards achieving consistent high scores within the accreditation process would receive WISE ward status. The scoring was based on 14 key indicators including adherence to IPC measures. The trust had also created a mini WISE accreditation to focus on IPC during the COVID-19 pandemic, to reduce the burden on wards and provide assurance against key standards, including IPC. The outcomes of these and quality assurance visits were reported to the Patient Safety and Quality Board.

The trust sought to learn from internal and external reviews, they conducted root cause analysis investigations into all infection outbreaks. A root cause analysis is a collective term that describes a wide range of approaches, tools, and techniques used to uncover causes of problems. Learning from root cause analysis investigations was shared with staff through the clinical advisory group bulletins.

Outstanding practice and areas for improvement

Outstanding practice

We found the following outstanding practice:

- The trust used a campaign called 'Keep it Simple' to communicate key messages about infection prevention and control to staff, patients and visitors.

Brightly coloured posters and information leaflets were available throughout the hospital and staff could clearly articulate the key priorities outlined in the campaign.

Areas for improvement

Action the trust MUST take to improve
These are actions needed to comply with legal requirements. We found none at this inspection.

Action the trust SHOULD take to improve:

We told the trust that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

Trust wide

- The trust should ensure it develops an IPC strategy and monitors identified actions to improve practices related to infection prevention and control in line with local and national priorities at the relevant forums. (Regulation 17)
- The trust should ensure staff assess the risk of, and take action to prevent, the spread of infections through compliance with standard operating procedures and dynamic risk assessment with regards to the use of single rooms for patients with identified infections. (Regulation 12)
- The trust should ensure staff are aware of the personal protective equipment requirements, and adhere to appropriate national guidance, in relation to the wearing of eye protection when caring for COVID-19 positive patients. (Regulation 12)

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 20/21- 047

BOARD OF DIRECTORS
05 May 2021

Title:	**Change Programme Summary, Delivery & Assurance**
Author:	Clare Jefferson, Head of Service Improvement
Responsible Director:	Matthew Swanborough, Director of Strategy and Partnerships
Presented by:	Matthew Swanborough, Director of Strategy and Partnerships

Executive Summary
Contextual and background information pertinent to the situation / purpose of the report.

The Programme Board of 21st April 2021 received the assurance evidence and that evidence (coupled with attendance at the programme meetings) forms the basis of this assurance report to the Board of Directors.

One of the previously tracked Digital Enabler projects (Attend Anywhere – Outpatients Programme) has been completed and no longer subject to assurance; this project was reporting Green ratings for both Governance and Delivery in March. A new Digital Enabler project has been introduced in April (Pre-Op Assessment – Perioperative Programme) attracting Green for Governance and Amber for Delivery due to the project initiation milestones being exceed.

Two Service Improvement projects have been introduced in April

- Barriers to Discharge – Phase 1: attracting Green ratings for Governance and Delivery
- Advice & Guidance – Phase 1: attracting Green for Governance and Amber for Delivery due to the benchmarking phase taking longer than anticipated

The table below give a summary of the assurance ratings in April in comparison to March.

	Governance				Delivery			
Month	Red	Amber	Green	Suspended	Red	Amber	Green	Suspended
Mar-21	0	4	5		0	5	4	
Apr-21	1	2	8		0	6	5	

The ratings for the 3 priority programmes have remained the same as March with two attracting both Green for Governance and Delivery.

Recommendation:
(e.g. to note, approve, endorse)

For noting

Which strategic objectives this report provides information about:	
Outstanding Care: Provide the best care and support	**Yes** / ~~No~~
Compassionate workforce: Be a great place to work	~~Yes~~ / **No**
Continuous Improvement: Maximise our potential to improve and deliver best value	**Yes** / ~~No~~
Our partners: Provide seamless care working with our partners	**Yes** / ~~No~~
Digital future: Be a digital pioneer and centre for excellence	**Yes** / ~~No~~
Infrastructure: Improve our infrastructure and how we use it	~~Yes~~ / **No**

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)	
N/A	
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)	
N/A	
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
N/A	
Specific communications and stakeholder /staff engagement implications	
N/A	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
N/A	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
N/A	
Previous considerations by the Board / Board sub-committees	
Background papers / supporting information	

BOARD OF DIRECTORS MEETING IN PUBLIC
05 May 2021

Change Programme Summary, Delivery & Assurance

Purpose

To inform how the Transformation Programmes and the Projects that support them are progressing and to indicate the confidence level for delivery.

Introduction / Background

At the Programme Board of 21st April 2021, the members received a presentation updating on the implementation of the recommendations following the Bed Bureau review undertaken by Service Improvement September 2021. Members, as usual, received full update presentations on the priority programmes of Patient Flow, Perioperative Medicine and Outpatients Transformation. The Programme Board also received the assurance evidence and that evidence (coupled with attendance at all the programme meetings) forms the basis of this assurance report to the Board of Directors.

Eleven assurance reviews were undertaken for April 2021 *(nine in March 2021)*; this includes the 3 Priority Transformation Programmes along with four Service Improvement projects and 4 Digital Enabler projects, all of which are attached to one of the Priority Programmes.

One of the previously tracked Digital Enabler projects (Attend Anywhere – Outpatients Programme) has been completed and no longer subject to assurance; this project was reporting Green ratings for both Governance and Delivery in March. A new Digital Enabler project has been introduced in April (Pre-Op Assessment – Perioperative Programme) attracting Green for Governance and Amber for Delivery due to initiation milestones being exceed.

Two Service Improvement projects have been introduced in April

- Barriers to Discharge – Phase 1: attracting Green ratings for Governance and Delivery
- Advice & Guidance – Phase 1: attracting Green for Governance and Amber for Delivery due to the benchmarking phase taking longer than anticipated

Conclusions

1.1. Governance Ratings

For April, two of the three programmes were Green rated for Governance, with one attracting an Amber rating (no change from the February ratings). For the Digital Enabler and Service Improvement projects, six were Green, one Amber and one Red rated.

1.2. Delivery Ratings

April saw two programmes Green rated for Delivery with just one Amber rated (no change from the February ratings). For the Digital Enabler and Service Improvement projects, three were Green rated, five Amber (mainly due to project Milestones being overdue).

The assurance ratings are leading indicators of whether the desired grip and pace are being achieved, resulting in a more significant 'shifting of the dials' in terms of the desired improvement.

2. Programme Assurance - Ratings

The attached assurance report has been undertaken by the Head of Service Improvement and provides a detailed oversight of assurance ratings per programme / project. The report provides a summary of the assurance as a gauge of the confidence in eventual delivery and the actions needed to improve those confidence levels are described in the assurance statements for each.

Recommendations to the Board

The Board of Directors is asked to note the Trust's Change Programme Assurance Report and consider the following recommendation:

That the Board of Directors requests Senior Responsible Owners / Executive Sponsors to direct their Programmes to escalate any delays in milestone achievement promptly to ensure confidence in delivery.

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

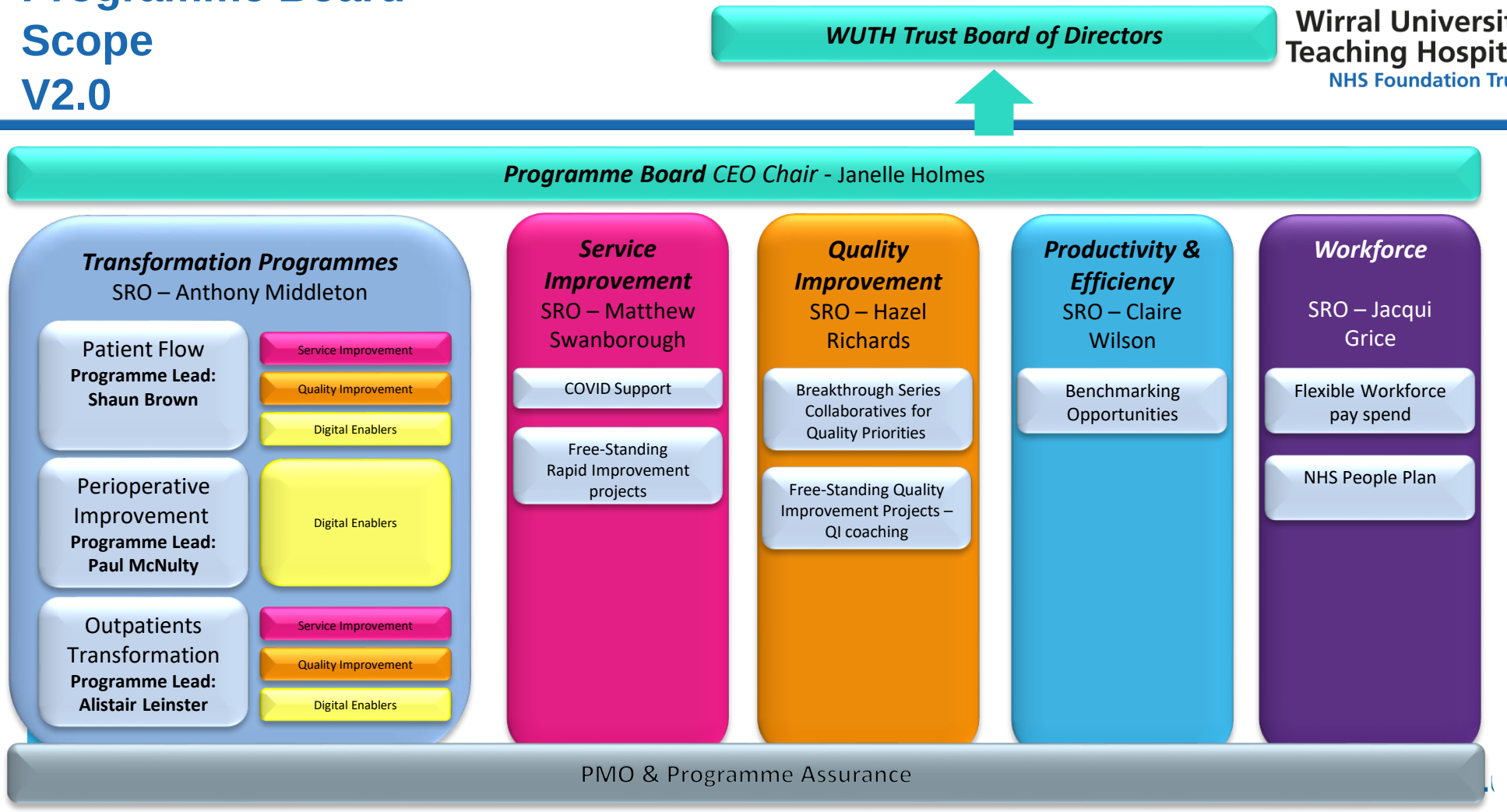
Change Programme Summary

Programme Assurance
April 2021

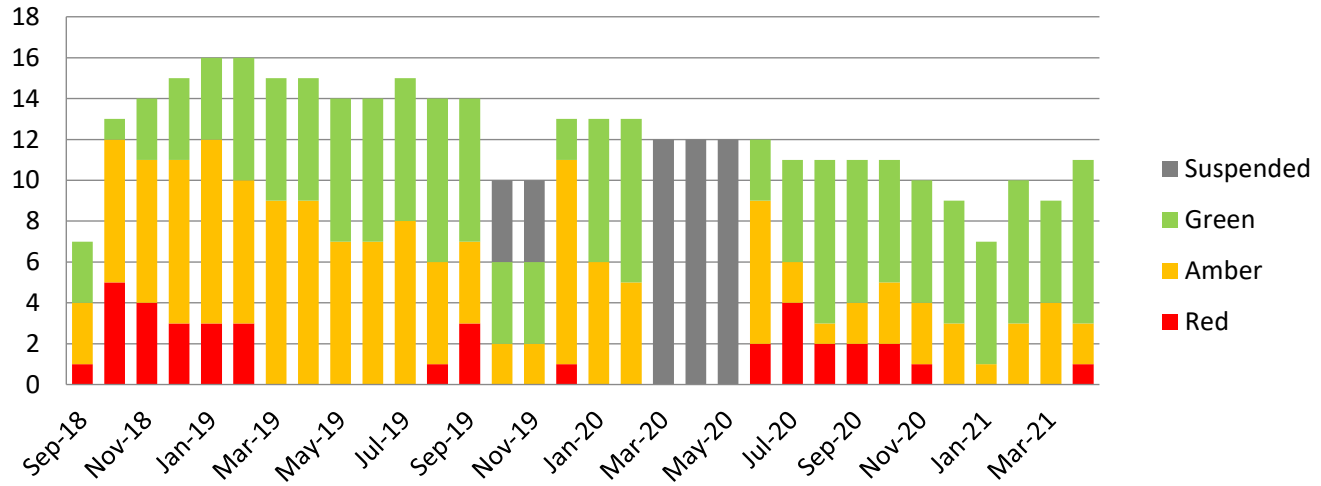
wuth.nhs.uk

Programme Board Scope V2.0

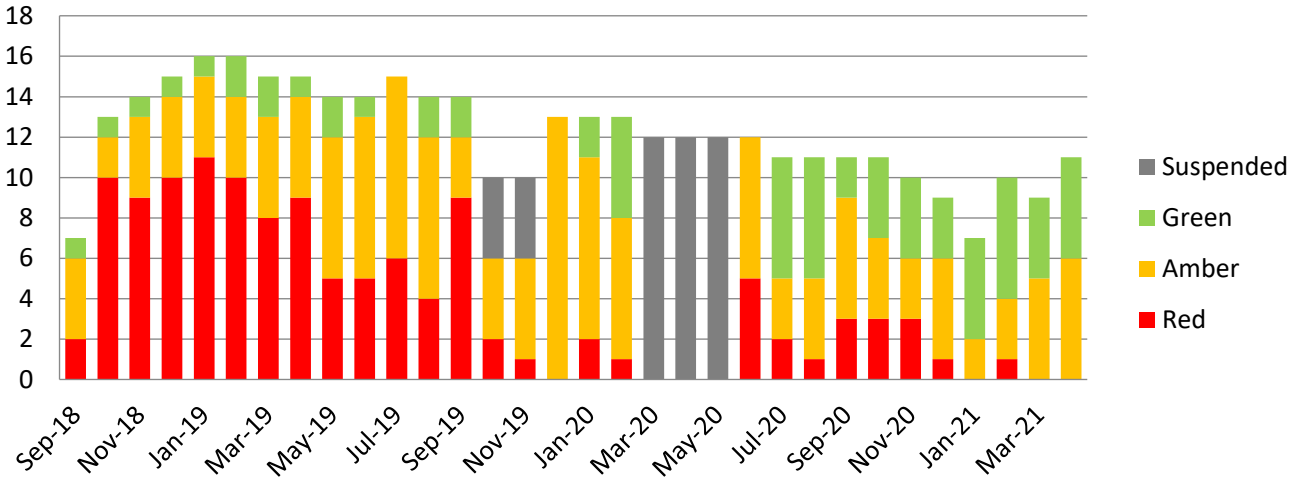
Wirral University Teaching Hospital NHS Foundation Trust



Assurance - Governance ratings



Assurance - Delivery ratings



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NHS Foundation Trust

Programme Assurance Ratings

16 April 2021

together we will

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Change Programme Assurance Report -
Trust Board Report - April 2021 - Top 3 Priority Projects - Summary

Programme Assurance

Wirral University Teaching Hospital NHS Foundation Trust

Improving Patient Flow	Governance	Amber	Delivery	Amber

- The scope of the Patient Flow Programme has been narrowed to focus improvement work on a small number of key standards in the Flow Vision during Q1 21/22.
- The reported Metrics will be those directly linked to active improvement projects: Discharge Before Midday, ED Triage within 15 Minutes, Bloods & ECG in ED within 30 minutes.
- **Plans are in place for improvement projects which will contribute to an increase in the number of Discharges before Midday and the ED Performance KPIs as described above, including the associated benefits to staff and patients. Trajectories have been developed to show *what will improve, by how much and by when*. This will be tracked by those accountable for delivery and assurance.**

Perioperative Medicine Improvement	Governance	Green	Delivery	Green

- The revised PID v1.0 dated 3 Mar 20, as approved by the Programme Board - including an extensive schedule of benefits and measures - remains extant. The programme has devised revised trajectories and these are now being monitored.
- Only Digital Enabler projects remain within the Scope of this Transformation Programme; therefore Programme Management responsibility transferred from Service Improvement to Informatics as of 01/04/2021 *(approved by Programme Steering Group 08/03/2021)*
- **The KPIs declared by the programme, as agreed by the Programme Board, continue to be monitored through the Programme Board.**

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Change Programme Assurance Report -
Trust Board Report - April 2021 - Top 3 Priority Projects - Summary

Programme Assurance

Wirral University Teaching Hospital
NHS Foundation Trust

Outpatients Improvement	Governance	Green	Delivery	Green

Overall Aim: The aim of the Outpatients Transformation Programme is to contribute towards and act as an enabler for whole system transformation of elective Outpatient services. Building on the substantial amount of evidence and best practice available nationally we have aligned the transformation programme to the NHS long term plan around the following key themes:

- First Contact Services - services accessible through self-referral in primary/community setting
- Advice & Guidance - for primary care and health professionals
- Standardised Referral Pathways & Templates across the Wirral System
- Virtual Assessment and Virtual Appointments – video/telephone consultations & virtual care
- Deliver Outpatient care in the right place with the most appropriate health care professional
- Patient Initiated Follow Up (PIFU) – self-management and patient empowerment

Overall Progress: The Programme is achieving the total non-f2f target for February (25%) at 37%, but not achieving follow-up target (60%) at 37%. Following on from the 2021/22 Operational & Financial Guidance these targets were discussed at Programme Steering Group 12 Apr 21 and it was agreed that the 60% target should be withdrawn and replaced with: Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (equivalent to c.40% of outpatient appointments that don't involve a procedure)

Compliance and Exceptions: The programme team is in the process of setting up a Non -F2F project group to identify barriers to Non-F2F consultations and increase the adoption of Video Consultations

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VISION FOR OUTPATIENTS @ WUTH

Outpatients Transformation – *Supporting you to deliver the 'Right **Care**, Right **Time**, Right **Place**'*

Patient experiences onset of new non-urgent symptoms and seeks help

Advice & Guidance

Specialist advice and guidance to support primary care and/or pre-investigation with continuous access to specialist clinical advice

Referral Triage

Referrals triaged electronically by clinical systems and clinicians to ensure appropriateness ordering diagnostics and feeding back plans to patients

First Contact Services

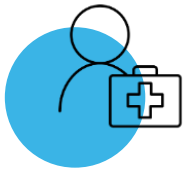
Services accessible through self-referral in primary/community setting as a result of pathway re-design

Patient Initiated Follow Up

Patient able to access clinical teams when they need to in response to their symptoms or condition, rather than regularly scheduled appointments which may be low value

Virtual Consultation

Support from Secondary Care clinicians via video/telephone consultations and virtual care improving accessibility and experience for patients



Patient discharged to Primary Care

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Enablers

NHS Wirral University Teaching Hospital NHS Foundation Trust

Pathway Re-design

Support for re-design of care pathways which are both innovative and improve outcomes and efficiency in healthcare

One Patient Record

A single and complete Electronic Health Record will be in place for every WUTH patient

Digital Patient Portals

Allows patients to interact with their medical records and with teams to support patient centered, coordinated care – allowing functionality such as use of patient questionnaires.

Digital Dictation

A comprehensive Digital Dictation will be implemented, increasing dictation accuracy and turnaround times

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BM2122-047 Change Programme Summary Delivery & Assurance

Improving Patient Flow - Programme Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Jane Hayes-Green	Implementation	Amber	Amber

1. The Approved 'Vision for Patient Flow' is uploaded to PM3. PSG 12 Apr 21 approved the revised Programme Scope v3.3 on the condition that the 'ED Dr Response Time' inactive project is removed as no active project work will take place in Q1. The Scope focuses on the delivery of 4 KPIs from the Flow Dashboard.
2. Action Tracker available up to meeting of 6 Apr 21. **3.** ToR updated Oct 20 is uploaded to PM3. **4.** There is a Comms Plan in PM3; milestones have been added to the Programme Project in PM3 to track delivery. **5.** QIA for the Programme was approved at the Patient Flow Steering Group meeting 5 Jan 21 and is awaiting Exec sign off.
6. Programme and associated Projects are effectively managed in PM3 however there are a number of missed milestones relating to the Bed Bureau Recommendations Divisional project, a report with revised timescales is to be presented to Programme Board 21 Apr 21 (any delays in the RI projects: '111 First Phase 2' and 'Barriers to Discharge' are RAG rated separately for that project line). **7.** The Programme has chosen 4 KPIs from the Flow Dashboard to Focus and report on for Q1; they have a revised dashboard for these and have developed trajectories for each which will be reviewed by Programme Board 21 Apr 21.
8. & 9. Programme risks and issues are managed in PM3 and were reviewed by the Patient Flow Steering Group 6 Apr 21.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2.1	**Patient Flow Programme**	The Flow programme will work to ensure that all patients receive care and treatment in accordance with the standards within the Trust Flow Vision V2.0 The Flow programme will implement and monitor projects to support the delivery of specific flow standards in the Flow Vision	Anthony Middleton		●	●	●	●	●		●	●	●	●

SERVICE IMPROVEMENT: 111 First Phase 2 - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Change Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Jane Hayes-Green	Implementation	Green	Green

Independent Assurance Statement

1. Project proposal revised following restart and exception report to extend project by 2 weeks to encompass a 111 Phase 2 workshop approved at steering meeting 06 Apr 21.
2. The Project team is defined; evidence of weekly project team meetings from 12 Mar 21 up to 09 Apr 21.
6. Milestone plan has been updated to reflect revised timescales and is on track.
7. There are National '111 Sitrep' metrics and 'ED Sitrep' metrics. The '111 First Local Metrics' report and a Benefits & Controls report were uploaded on 7 Mar 21.
8 & 9. System identified risks have been added to PM3 and have been reviewed by the Project Team. No issues have been recorded in PM3.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2.1a	**111 First Phase 2** (Service Improvement Project)	Expand and refine the offer from Phase 1 of 111 First: Offer slots and set up direct booking into assessment units and specialty clinics by the 111 and the Wirral CAS service Review of "111 First" phase 1 using information from bespoke reports/ patient feedback	Anthony Middleton		●	●					●	●	●	●

SERVICE IMPROVEMENT: Barriers to Discharge: Phase 2 - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Change Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Shaun Brown	Jane Hayes-Green	Implementation	Green	Green

Independent Assurance Statement

1. The project is defined by the Proposal which has been uploaded to PM3.
2. The Project team is defined; evidence of meetings up to 08 Apr 21.
6. Milestone plan in PM3 shows all to be on track.
7. Discharge by Midday KPI is defined and being tracked as part of the Programme.
8 & 9. Project risks have been added to PM3 and have been reviewed by the project team. No issues have been recorded in PM3
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EAIQuality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
2.1b	**Barriers to Discharge: Phase 1** (Service Improvement Project)	Bed Occupancy in the Trust is running at around 96% which makes it difficult to manage the flow of patients. This problem is intensified by the current situation with the need to place suspected and confirmed covid patients in appropriate locations. There are internal delays to discharge which are within the control of the Trust . There are patients in acute beds who do not meet the Criteria to Reside and whose needs would be better serviced in a community setting. Wards routinely carry out morning Board Rounds and some wards hold afternoon Huddles. The SAFER care patient flow bundle is not systematically adhered to and monitored. Wards do not categorise red and green days for patients and therefore the Trust is missing an opportunity to identify, escalate and unblock discharge delays.	Anthony Middleton		●	●					●	●	●	●

Perioperative Medicine Improvement – Programme Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Paul McNulty	Sarah Towey	Implementation	Green	Green

Independent Assurance Statement

1. The revised PID v1.0 dated 3 Mar 20 was signed-off by the Proj. Steering Group (and is updated by the Oct 20 'Scope' slide). The Exception Report and Re-start Plan (post-COVID Wave 1) was approved by the Prog. Board in June 2020. PSG 8 Mar 21 approved the revised Programme Scope - this is the current scope.
2. Action Tracker available up to Steering meeting of 06 Apr 21. **3.** The Perioperative Steering Group has ToRs revised in Jan 20 in supporting documents which are currently being reviewed and will go for sign off to the May steering group meeting. **4.** There is a Comms Plan in place which is tracked last updated Jan 2021 - this has been added to the May steering group agenda. **5.** The renewed QIA signed off Dec 20 is evidenced in PM3. **6.** Programme and associated Projects are effectively managed in PM3 however there are a number of overdue Milestones across the three active DE projects; as this is the totality of the Programme scope the delivery status has been rated Amber (previously Green).
7. KPIs are defined and on track; presented at PSG 12 Apr 21.
8 & 9. Programme risks and issues are managed in PM3 (all reviewed in Apr Steering Group).
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EAQuality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3.1	**Perioperative Programme**	The specific focus/brief of the Theatre Productivity Group, to achieve our objectives, was to: Reconfigure the Theatre Schedule; Enable the planning of theatre staff and anaesthetics; implement a system to track and monitor 45 week usage; reduce specialty level variation so that all lists are achieving 85% utilisation target; implement a weekly process to enable prospective and retrospective assessment of session utilisation.	Anthony Middleton		●	●	●	●	●		●	●	●	●

DIGITAL ENABLEMENT: Electronic Booking Form- Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Technology Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Paul McNulty	Katherine Hanlon	Implementation	Green	Amber

Independent Assurance Statement

1. PID v1.0 approved at steering meeting 6 Apr 21
2. The Perioperative Digital Enabler projects are discussed at the Perioperative Digital Enablers Project Meeting, evidence of meetings on 23 Mar 21.
6. Milestone plan on PM3 shows one of the three open milestones to be overdue, with one showing a revised date.
8. & 9. Project Risks and Issues are managed in PM3; 1 open risks recorded and reviewed 16/04/2021. 2 open issues last updated 16/04/21 .
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3.2b	**Electronic Booking Form** (Digital Enablement - Perioperative Care)	Revise processes to enable clinicians to order procedures directly in Millennium in the patients record Remove paper request forms for surgery. Perioperative processes have been recognised by the Trust as a Transformational priority. Following work by the transformation team over the past year and the introduction of improvement managers within the Division a number of issues have been identified with the perioperative processes. Requests have been made to Informatics to review and develop the IT systems to help support process improvement. This project forms a part of this work.	Anthony Middleton		●	●					●		●	●

DIGITAL ENABLEMENT: Electronic Consent - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Technology Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Paul McNulty	Nickee Smyth	Initiation	Red	Amber

Independent Assurance Statement

1. PID approved at Steering meeting 06 Apr 21. However this has not yet been reviewed by the project team and is therefore subject to change.
2. Electronic Consent is discussed as part of the Perioperative Digital Enablers meeting, evidence this meeting took place 23 Mar 21. However there is not yet an effective project team with clinical representation in place.
6. The milestone plan has been updated in PM3 to reflect revised dates for the initiation stage.
8. & 9. Project risks and issues documented in PM3 updated by project manager in Mar 21; however all require review by project team once established.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EAQuality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is definedon track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3.2c	**Electronic Consent** (Digital Enablement - Perioperative Care)	This project aims to deliver an electronic consent solution within Wirral University Hospital Trust, one which does not rely on paper. Currently the consent process is paper based, forms are scanned into the patients electronic medical record, these are then viewed and verified electronically at the point of visit. Whilst the current process is fully mapped out it is not without risks, it has yet to have a SOP formally signed off by the Trust Consent Lead. This project will deliver a clear consistent process for consent which will minimise clinical risk and ensure that patients are well informed about their procedures.	Anthony Middleton											

DIGITAL ENABLEMENT: Pre-Op Assessment - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Technology Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Paul McNulty	Katherine Hanlon	Initiation	Green	Amber

Independent Assurance Statement

1. PID approved at Steering meeting 06 Apr 21 - this should now be attached to PM3.
2. The Pre-op Assessment project is discussed as part of the Perioperative Digital Enablers meeting, evidence this meeting took place 23 Mar 21 .
6. The project imitation milestones are now overdue as per the milestone plan in PM3.
8. & 9. Project risks are documented n PM3 all reviewed Mar/Apr 21. No Issues have been recorded in PM3.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EAQuality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
3.2d	**Pre-Op Assessment** (Digital Enablement)	To deliver IT improvements to support more effective management of the preoperative assessment stage. Specifically, to improve tracking of the patient's readiness for surgery in order to ensure that the process is as efficient as possible and optimise utilisation of surgical resources by minimising late cancellations of surgical procedures. The project includes the display of such information within theatres to provide detail of daily operating lists but also patient level detail to support 'safety huddles' prior to surgery.	Anthony Middleton		●	●					●		●	●

Outpatients Improvement - Programme Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Service Improvement Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Jordon Bailey	Implementation	Green	Green

Independent Assurance Statement

1. The PID v4.0 was agreed by Outpatients Transformation Steering Group (OTSG) on 30 Nov 20. The key benefits are defined therein. PSG 12 Apr 21 approved the revised Programme Scope now v6.0. **2.** Action Tracker available up to steering meeting held 1 Apr 21, Divisional workshops were also held in 17 Mar 21. **3.** Programme ToR v3.0 and Divisional Workshop ToR v1.0 approved at steering meeting 01 Apr 21. **4.** There is a tracked Comms Plan in place and a supporting stakeholder matrix. **5.** Programme EIA/QIA signed off at Clinical Executive Level. **6.** Programme and associated Projects are effectively managed in PM3 (any delays in the assured Digital Enabler or Service Improvement projects are RAG rated separately for that project line). **7.** The Programme is achieving the total non-f2f target for February (25%) at 37%, but not achieving follow-up target (60%) at 37%. Following on from the 2021/22 Operational & Financial Guidance these targets were discussed at Programme Steering Group 12 Apr 21 and it was agreed that the 60% target should be withdrawn and replaced with: Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation (equivalent to c.40% of outpatient appointments that don't involve a procedure). **8. & 9.** Programme risks and issues are managed in PM3 (all reviewed in steering meeting 1 Apr 21).

Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
4.1	Outpatients Programme	The primary focus of the programme is to ensure Value at Every Encounter. This is value to the patient, the Clinician(s) and the Trust. To the patient, the aim is to ensure that they are provided with the diagnosis, treatment, or information that they need. To the clinician, the aim is to ensure that every time they see a patient, they have the information and time they need to provide a quality clinical encounter. For the Trust, the aim is to ensure a high quality, clinical encounter, with no waste of resource and which results in positive patient experiencefeedback.	Anthony Middleton		●	●	●	●	●		●	●	●	●

DIGITAL ENABLEMENT: Outpatients One Patient Record - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Technology Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Nickee Smyth	Implementation	Amber	Amber

Independent Assurance Statement

1. The project is defined in the PID v2.0 dated 3 Jul 20.
2. Project meeting held 25/02/2021 (agenda and action log evidence). ToR updated DRAFT v3.0 and circulated to reflect change in frequency of meetings and that the Operational Lead post is currently vacant; post is still vacant and was discussed at PSG 12 Apr 21. Last 2 meetings have not been quorate.
6. The PM3 milestone plan has been updated with the revised dates accepted by PSG 8 Mar 21; there is one overdue Milestone 'Finalise and sign off rollout plan - Electronic Observations' due 02/04/2021.
8. & 9. Project risks and issues are managed in PM3; all reviewed by IT project manager and escalated as appropriate, to Programme where they were reviewed at steering meeting 1 Apr 21.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
4.2a	**Outpatients One Patient Record** (Digital Enablement - Outpatients Improvement)	The key deliverables from this project are: - Removing Case Notes from Outpatients - Reducing the amount of paper produced within the Outpatient environment - Solutions to make unavoidable paper available electronically.	Anthony Middleton		●	●					●		●	●

SERVICE IMPROVEMENT: Electronic Referral Triage: Phase 2 - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Change Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Jordan Bailey	Implementation	Green	Green

Independent Assurance Statement

1. The project is defined by the Proposal that has been uploaded to PM3.
2. A 'core team' is listed on PM3 and there is an Action Log and Attendance Tracker for project meetings to 15 Apr 21.
6. An 6-week project extension was approved at PSG 08 Mar 21; the milestone plan has been updated to reflect this and is on track.
7. Project progress metrics have been uploaded which show good progress towards achieving the "picture" described in the Lean Canvas: At the end of this Rapid Improvement Project the Trust will have an identified Electronic Referral Triage System for each specialty with an associated implementation date defined.
8. & 9. All risks logged in PM3 were closed 08 Apr 21; no issues recorded.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
4.3a	**Electronic Referral Triage - Phase 2** (Service Improvement Project)	Adoption of standardised Electronic Referral Triage system within the Trust. All referrals will be electronically triaged by Clinicians to maximise the benefit from the first consultation and direct patients accurately along the most appropriate Clinical Pathway. This will reduce unnecessary new and follow-up visits and thereby improve patient experience.	Anthony Middleton		●	●					●	●	●	●

SERVICE IMPROVEMENT: Advice and Guidance: Phase 1 - Project Assurance Update – 16 April 2021

Exec Sponsor	Programme Lead	Change Lead	Stage of Development	Overall Governance	Overall Delivery
Anthony Middleton	Alistair Leinster	Jordan Bailey	Implementation	Green	Amber

Independent Assurance Statement

1. The project is defined by the Proposal that has been uploaded to PM3.
2. A 'core team' is listed on PM3 and regular catch ups have taken place during the benchmarking process.
6. Project is effectively managed in PM3; however a number of tasks are now overdue.
7. Part of the project is to identify how activity can be tracked. Consultant Connect data is being collated and is evidenced.
8. & 9. There are 2 open risks logged on PM3 and these were last reviewed on 8 Apr 21. No issues have been raised to date.
Most recent assurance evidence submitted 16 Apr 21.

PMO Ref	Programme Title	Programme Description	SRO/Sponsor Assures	OVERALL GOVERNANCE	1. Scope and Approach Defined	2. An Effective Project Team is in Place	3. Proj. Governance is in Place	4. All Stakeholders are engaged	5. EA/Quality Impact Assessment	OVERALL DELIVERY	6. Milestone plan is defined/on track	7. KPIs defined / on track	8. Risks are identified and being managed	9. Issues identified and being managed
4.3b	**Advice and Guidance - Phase 1** (Service Improvement Project)	The purpose of this project is to implement a standardised Advice & Guidance process within Wirral University Teaching Hospital. Advice and Guidance services will provide primary care with continued access to specialist clinical advice, which will enable a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity. Phase 1 will identify which Options the Trust wish to utilise moving forwards whilst Phase 2 will specifically oversee implementation.	Anthony Middleton		●	●					●	●	●	●

Agenda Item: BM21/22 – 048

BOARD OF DIRECTORS
5th May 2021

Title:	Report of Audit Committee
Author:	Steve Igoe, Chair of Audit Committee
Responsible Director:	Claire Wilson, Chief Finance Officer
Presented by:	Steve Igoe, Chair of Audit Committee

Executive Summary *Contextual and background information pertinent to the situation / purpose of the report.*
To update the Board on the Audit Committee meeting held on 22nd April 2021

Recommendation: (e.g. to note, approve, endorse)
To note

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Across all BAF priorities
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
NA
Specific communications and stakeholder /staff engagement implications
NA
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
NA
Council of Governors implications / impact (e.g. links to Governors statutory role,

<table>
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<tr><td colspan="3">NA</td></tr>
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<tr><td>Document includes FOI exempt information</td><td>No</td></tr>
<tr><td>Entire document is exempt under FOI</td><td>No</td></tr>
<tr><td colspan="2">Previous considerations by the Board / Board sub-committees</td><td></td></tr>
<tr><td colspan="2">Background papers / supporting information</td><td></td></tr>
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BOARD OF DIRECTORS
5 May 2021

Report to the Board on the Audit Committee meeting held on 22 April 2021

1. Introduction

This report updates the Board on the details considered at the Audit Committee meeting on 22 April 2021. As usual at this time of the year much of the work was done in preparation for the completion of the Financial statements to 31 March 2021 and the consideration of the associated External and Internal Audit work and opinions accompanying the accounts and references in the Annual Governance Statement (AGS).

2. Internal control and risk Management

The Committee received reports on losses and special payments and a summary of outstanding debts. It also received the most recent quarterly report on procurement spend controls and waivers through Q4 2021. 55 cases of waiver were reported amounting to 3.478m in Q4. This compared with the previous quarter of 34 cases and £1.038m. In this final quarter, 70% of the waivers are from 12 transactions of which one of the largest was for the multi-year contract with External Auditor, Azets.

The Committee at an earlier meeting asked for an update to the Trust's credit control procedures and a detailed bad debt policy to be presented which they were at this meeting and they were approved.

An update to the Going Concern considerations to be included in the accounts based on the updated guidance from NHS (I) / (E) was discussed. The new guidance states that:

"While management in NHS bodies will still need to document their basis for adopting the Going Concern basis, their assessment should solely be based on the anticipated future provision of services in the public sector. This means that it is highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose."

"This also means that auditors' work on Going Concern is now equally straightforward with limited audit work necessary ".

The revised Going Concern statement was approved as was an updated schedule of accounting policies which were in line with the latest guidance in the Department of Health and Social Care Group Accounting Manual.

As in all accounts the issues of judgement and valuation are always the most difficult issues for auditors to deal with. In this year's set of accounts there are two material estimates impacting the results.

Firstly as previously discussed at Audit Committee and the Board, the impact of the pandemic has meant that individuals are carrying forward significantly increased levels of leave having been unable to take their time off during the pandemic. A detailed exercise has been undertaken to cost this out and based on a substantial sample size

and extrapolated across the entire workforce , this gives an accrual of £4.975 million. The Committee were comfortable both with the estimation methodology and the amount and were therefore content to approve the inclusion in the accounts.

Secondly, the Trust has made provision for a specific set of circumstances relating to the resolution of claims linked to overtime payments in respect of holiday pay, the so called “Flowers” case. Whilst funding from the centre to cover this liability has been made available for two years of the liability period, the Trust has made a prudent assessment of any potential liability at 6 years reflecting the statute of limitations on claims at a figure of £2.9m. This will reduce in future years as the years fall away at c: £450k pa.

3. Internal Audit

This section of the agenda covered a range of both business as usual reporting i.e. on ongoing audit reports and also annual reporting matters such as the Head of audit opinion, Internal Audit report for 2021/22, Anti-Fraud Work plan and Anti-Fraud annual report.

Audit reports were received and discussed for:

Sickness and absence - Limited Assurance
Key financial systems – Substantial Assurance
Data protection & security toolkit – No opinion was given. A detailed audit will be undertaken in Q1 (2021/22).
Managing conflicts of interest – No opinion given but in terms of system design, 4 areas of 5 rated fully compliant and 1 rated partially compliant. In relation to operating effectiveness 3 areas (of 5) rated fully compliant and 2 rated partially compliant.

Follow up of recommendations previously raised – A detailed report was presented of issues previously raised in Internal Audit reports. It was noted by the Audit Committee that there had been some slippage in resolving these issues during the pandemic and it was agreed that efforts would be re doubled to clear these outstanding issues as a matter of urgency

Internal Audit annual report and head of Audit opinion – “The overall opinion for the period 1 April 2020 to 31 March 2021 provides moderate assurance that there is an adequate system of Internal Control.”

This is at the lower end of substantial assurance. The Committee discussed the nature of the Opinion and were informed that this was due to 2 issues. Firstly, the slippage in resolving previous issues raised (see above) and secondly due to the limited assurance reports received in year, specifically related to the Workforce issues of which the Board is aware. The Committee was clear that it was vital that where issues are identified by the Executive they should be fully investigated and resolved regardless of the potential impact on the annual opinion.

A draft Internal Audit plan for 2021/22 was received and approved by the Committee as was the Anti-Fraud Work plan for the same period.

A positive Anti-Fraud annual report was received and in terms of self-assessment against the standards for providers the following ratings were included in the report:

Strategic Governance -7 Green ratings out of 7
Inform and Involve-3 Green ratings out of 4 and 1 Amber rating
Prevent and Deter -10 green ratings out of 12 and 2 ratings of Neutral

4. External Audit

A copy of the Auditor's letter of engagement was noted given that the appointment of Auditors is a matter for the Board of Governors.

The Auditors presented their Audit strategy and plan for the Audit of the Financial Statements for the year to 31 March 2021.

Key audit risks were highlighted as follows:

Fraud in revenue recognition – A Technical Auditing requirement
Management override of controls - A Technical Auditing requirement
Valuation of Land and Buildings – An annual valuation consideration
Going Concern-See earlier
Impact of COVID 19 -Specific to current and previous period circumstances
Employee Remuneration – Technical disclosure requirement
Holiday pay accrual -See earlier

5. Annual Governance statement

A draft of the AGS was discussed. It was recognised that at this time it is a work in progress and that whilst comments are welcome now, the Board will get a number of opportunities over coming weeks to review the detail in advance of the signing of the Financial Statements.

6. Governance matters

The Committee received reports in relation to:

- Tracking the resolution of recommendations from previous Internal Audit reports (see earlier).

- Register of interests and declarations of gifts and hospitality (report noted).

- Audit Committee self-assessment – A number of helpful suggestions were made through the self-assessment process to enhance the work of the Committee over the coming year. The Interim Deputy Trust Secretary was asked to prepare a brief action plan and amend the Committee work schedule as necessary to enable the Committee to respond to the items raised.

7. Risk management

It was agreed that all key risk areas discussed in the meeting are already being dealt with either through the Risk Management Committee or in the BAF and the Board is therefore sighted on them.

8. NED's meeting with Internal and External Auditors

NED's met in private session with both External and Internal Audit. There is nothing specific to report from that meeting.

Steve Igoe
Chair of Audit Committee
28th April 2021

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 21/22-49

Board of Directors

5th May2021

Title:	Report of the Finance Business Performance and Assurance Committee
Responsible Director:	Claire Wilson, Chief Finance Officer Sue Lorimer, Non-Executive Director
Presented by:	Sue Lorimer, Non-Executive Director

Executive Summary
This report provides a summary of the work of the FBPAC which met on the 28th April 2021. The Committee recommends that the Board of Directors approve the submission of the draft financial and operational plans.

Recommendation:
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
No new risks identified.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
Supports assurance processes in relation to financial performance.	
Specific communications and stakeholder /staff engagement implications	
NA	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
NA	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
NA	
Previous considerations by the Board / Board sub-committees	Paper reports on the activities of Board sub-committee.
Background papers / supporting information	NA

Report of the Finance, Business, Performance and Assurance Committee (FBPAC)

This report provides a summary of the work of the FBPAC which met on the 28th April 2021.

1. Finance Report for the period ending 28th April 2021

The Committee received the month 12 finance report and noted the overall position of a £0.05m deficit noting that the Trust has now submitted its annual accounts for the year to its external auditors. This broadly 'breakeven' position brings us in line with our previous forecast to NHSE/I. The committee noted this as a very positive position which reflected the hard work across the Trust during a challenging year.

The Trust is reporting a deficit of £0.05m at the end of the financial year, with a movement of £3.5m in M12.

2. Operational and Financial planning for 2021/22 (H1)

The Chief Finance Officer and Chief Operating Officer shared a presentation which updated the Committee on the approach to operational and financial planning for 2021/22 and provided a summary of the draft plans submitted on 23rd March 2021.

The committee reviewed the activity assumptions for the first 6 months of 2021/22 together with the trajectories it expects to deliver in order to address its waiting lists following the COVID-19 pandemic.

The draft financial plan was presented by the CFO with detailed analysis to support reconciliation from both the 2019/20 financial out-turn and 2021/22 expenditure run rate (estimated as Q3 levels).

It was noted that the planning process was a fast-moving process with review and assurance being undertaken by the C&M ICS prior to final submission in early May 2021. The CFO described the likely changes being considered in relation to efficiency levels and system funding allocations and noted that an updated position would be presented to the Board of Directions on 5th of May 2021. The committee supported the approach being adopted and were happy to recommend this to the Board.

3. CIP Planning 2021/22

The NHS will be required to deliver on efficiency requirements again in the second half of 2021/22. As requested at the Committees last meeting, Hope Lightfoot, Head of Productivity at the Trust, provided an update on the approach being taken on CIP planning for implementation from 1 October 2021.

The presentation provided an overview of the governance, accountabilities and reporting which will be in place over the next 6 months to ensure that the Trust is in the best place to deliver its CIP requirements in the second half of the year. It was noted that the NHS efficiency requirement is not yet known but an internal planning target has been set at 2% for clinical areas and will be higher than this for corporate areas.

The committee considered the information to be produced regarding CIP planning and delivery would provide a good source of assurance for the committee.

4. Board Assurance Framework (BAF)

The committee reviewed the relevant sections of the BAF and a number of points of clarity were requested for consideration at the next meeting

5. Risk Register

The committee felt that there were no new risks identified during the meeting.

6. Recommendations to the Board

The Committee:

- Reviewed the approach to operational and financial planning on behalf of the Board of Directors
- Recommends that the Board approve the submission of the draft financial and operational plans.

Agenda Item: 21/22-50

BOARD OF DIRECTORS
05 MAY 2021

Title:	Report of the Trust Management Board
Responsible Director:	Nikki Stevenson, Medical Director and Deputy Chief Executive
Author:	Oyetona Raheem, Interim Deputy Trust Secretary
Presented by:	Nikki Stevenson, Medical Director and Deputy Chief Executive

Executive Summary
To provide a summary of the Trust Management Board held on 22 April 2021 via Microsoft Teams.

Recommendation: (e.g. to note, approve, endorse)
To note the Report of the Trust Management Board.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Across all BAF priorities.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
N/A
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Specific communications and stakeholder /staff engagement implications
N/A
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/A
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)

N/A		
FOI status	Document may be disclosed in full	✓
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information		

BOARD OF DIRECTORS MEETING IN PUBLIC
5th May 2021

REPORT OF THE TRUST MANAGEMENT BOARD

Purpose

To provide a summary of the Trust Management Board held on 22nd April 2021 via Microsoft Teams.

Introduction / Background

A summary of the topics covered is provided below:

1. Workforce Dashboard

TMB received the Workforce Dashboard which showed staff absence level to be reducing and noted the programme of work for reducing the absence rate to an acceptable level. A small number of staff members were shielding. Conversations had been taking place at divisional level and managers were being supported to resolve the issue. Return to work interviews had seen positive movements and managers were asked to continue with the return to work conversations to ensure that staff members were supported through sickness. With the implementation of Patchwork, Bank and Agency staff usage has shown some improvements.

TMB noted the position of the Trust on the Workforce KPIs for Trusts within the Cheshire and Wirral area. Explanations were received on the variation in the way some Trusts were reporting on the type of sickness. This matter had been flagged up with Cheshire and Wirral and directive was awaited on a unified method of reporting by Trusts.

TMB received clarification on the vaccination data which showed that ~70% have been vaccinated. The denominator for vaccination rates is determined by both substantive staff registered on ESR and non-ESR staff (such as Bank and Agency staff). A piece of work was underway to understand differences in reported rates across the region, and focussed conversations are being held with staff to answer any issues around vaccine hesitancy.

2. NHS Staff Survey for 2020

TMB received a summary of the Staff Survey results and noted that the next step was to analyse the detailed results and identify areas for improvement including a new management development framework to develop line managers and a focus on organisational development on teamwork and developing teams.

TMB also noted the plan to deliver the wellbeing actions identified in the NHS People Plan to improve staff wellbeing; work with divisions and directorates on culture change; and to build on progress in bullying and harassment and staff experiencing discrimination.

3. Trust's Response to COVID-19

TMB received a presentation which outlined the Trust's response to the COVID-19 pandemic, aimed at providing optimum safety to both patient and staff. The report had a timeline of the past 12 months starting with the arrival of quarantined British Citizens repatriated from Wuhan in China where the virus was first detected.

TMB noted details of steps taken by the Trust during the first, second and third waves of the pandemic including introduction of Command and Control Structure, changes to clinical operational model, reset and recovery, PPE, workforce issues and the vaccination programme.

Divisions were requested to provide comments or additions to the paper by Tuesday 27 April, to facilitate a comprehensive COVID-19 response report to the 5th May Trust Board.

It was suggested that staff feedback and work in the community should be added to the report. The Director of Communications offered to assist with compilation of the response into a future document.

4. Clinical Services Strategies – Surgery

TMB reviewed and considered the Clinical Service Strategies for the Surgery Division. Priorities for each of the services were outlined against the six strategic priorities contained in the Trust Strategy.

TMB approved the seven clinical service strategies from the Surgery Division.

TMB discussed the need to equally recognise the services that had been delivered by the divisions and to keep the momentum. All divisions were asked to come up with ideas of how to celebrate success and put achievements into proper perspectives similar to the report on COVID-19 response. As part of recognition of the achievements of the workforce, it was agreed that Staff Awards which had been suspended due to COVID-19 pandemic should be resumed as soon as it was possible to do so.

TMB noted the recent appointment of a Research and Innovation Manager in order to drive the profile of research in the Trust.

TMB discussed the need to fully utilise the support provided by the BI team by all divisions.

TMB formally recorded its appreciation to Mr Darren Smith, Interim AMD for Surgery, for his support during the COVID-19 pandemic. Dr Kathryn Brodbelt has been appointed as the substantive AMD for Surgery.

5. Finance Update

TMB received the month 12 finance report and noted the financial position of the Trust for the period ending 31st March 2021. It was noted that the Trust had a deficit of £0.05m at the end of the financial year with a movement of £3.5m in month 12.

The CFO explained that operating expenditure excluding COVID-19 was £400.1m at the end of month 12, which represented an overspend against plan of £3m but includes the cost of the annual leave accrual (£4.9m), which should be funded in full.

TMB discussed the need for the divisions to start work on their CIPs and that a formal request to identify areas of savings would be coming from the CFO soon.

6. 21/22 Capital Allocation

TMB received a presentation on the approach for the development, prioritisation and allocation of capital funding for the 21/22 financial year, along with the management and delivery of the capital programme across the financial year.

TMB noted the current capital challenges as well as maintenance and replacement challenges which required substantial sums and which represented significant risks to the Trust.

TMB noted the capital funding estimate of £13.05m for the 2021/22 year out of which there was a capital commitment of £6.16m.

TMB received clarifications on what would happen to the bids that were not successful this year. The bids would need to be resubmitted next year but there was emergency fund for dealing with equipment break-downs and similar emergency situations.

7. Trust Strategies Development

TMB received a presentation on the approach for the development of the enabling strategies for the Trust, following the development and launch of the 2021- 26 Trust Strategy in January 2021.

TMB noted the next steps including development of Estates Master Plans starting at CGH, working in conjunction with campus partners. TMB also noted that Patient Experience, Quality and Safety Strategy development was due to start soon.

8. ICS Development – White Paper

TMB received a presentation which summarised key content from the government's White Paper on *Integration and Innovation: working together to improve health and social care for all – Department of Health and Social Care's legislative proposals for a Health and Care Bill.*

TMB noted that the new legislation will significantly change the way NHS operates including a centralised responsibility for strategic commissioning and financial allocation.

TMB had detailed discussion on the ICS development particularly around the uncertainties and its effect on staff members.

9. PSQB Report

TMB reviewed the report of the Patient Safety and Quality Board (PSQB) held on 8th April 2021 and noted the key issues discussed including:

- Divisional Oversight Reports - D&CS and Surgery
- Serious Incidents Exec Summary Reports
- Quality Improvement Priorities Proposal

- Cervical Screening update
- Review of Ockenden Report and Assurance of Maternity Services
- Ophthalmology actions to mitigate risk of harm caused by delay
- Transfusion/HTC Compliance
- Recommencement of WISE Inspections, Perfect Ward Inspection Schedule and Process for Wards Under Corporate Review

10. Risk Management Committee – Key Issues

The meeting reviewed the report of the Risk Management Committee held on 6 April 2021 summarising the key quality initiatives.

TMB noted that there were currently 477 live risks on the Risk Register with an increase of 8 since the previous meeting. The number of significant and high risks had reduced, with a corresponding increase in the number of moderate risks (291) which represented 61% of all risks.

TMB also noted that there were currently 23 risks with a risk scoring of 15 or above and that some amendments were due to be made to the risk descriptions and risk scoring. It was further noted that work was ongoing to review and revise the Estates Risk Register. The IPC risks relating to Nosocomial Infections (COVID-19) had been reduced to a risk score of 15.

11. Operational Performance Committee

TMB reviewed the report of the Operational Performance Committee meeting held on 15 April 2021 summarising the key quality initiatives.

TMB reviewed and approved two Business Cases for the appointments of a Substantive Consultant Cover on Ward 33 and a Consultant Obstetrician. It was noted that both Business Cases had been reviewed by the OPC and recommended for TMB approval.

12. Divisional Updates

The TMB noted the key issues in the previously circulated updates from each Division including:

Surgery

- There had been a continued heavy focus on Reset & Recovery following the 3rd wave.
- Ophthalmology Service Risks are being reduced weekly, through thrice weekly reassurance meetings and patient level validation.
- Prostate Cancer Surgery waits had further increased to 12 weeks from decision to operate from 6 weeks. Urology are willing to undertake additional operating through conversion of New OPD (4 week wait routine) and WLIs. Demand (Backlog and weekly) requested from all Robot uses so capacity can be allocated accordingly.
- Approx £700k of capital monies had been allocated to the Division for 21/22 which the planning of the spend will be co-ordinated with respective parties via the monthly Divisional Capital meeting

Medicine

Quality & Safety

- Division had seen a reduction in HA pressure ulcers having no more than 3 HA pressure ulcers per month since October 2020
- IPC Improvements: 38% reduction in C diff- 67 HA c diff in year 19/20 to 42 20/21. Reduction in all other HA infections
- Barrier to discharge improvement programme commenced on Ward 22 and 36.

Restart/recovery:

- Divisional plan for delivery of local activity trajectories and national activity standards OP new, f/up and electives target for April.
- Cancer: On plan to deliver access targets for skin, lung and haem for Q1-mth1.
- Endoscopy: 2nd lowest waiting list (now back to pre-COVID levels) and long waiters in C&M; activity levels 2nd highest in region (behind LUFT).
- Respiratory Support Unit had opened on ward 25.
- Meridian performing 3 week baseline assessment of Endoscopy from w/c 26/04.

Capital

- Endoscopy decontamination washers' replacement work due to start 26th April for three months.
- Approvals received for 21/22 capital priority submissions- Divisional beginning process for procuring approval items for equipment and planning ward refurbishment for wards 26 and 31 in conjunction with Estates.

Recruitment

- Cardiologist interviews w/c 12/04- appointed to vacant position.
- Interviews for vacant consultant haematologist post w/c 19/04.
- Application for GMTS trainee for next cohort (Sept 21) submitted to NHS Leadership Academy

IT

- Two Divisional projects being worked on with dedicated IT developer time in April:
  -Ward 1 scheduling system.
  -Diabetic foot ulcer pathway referral form.

Strategic

Draft Divisional and specialty 21/22 operational priorities had been developed.

Acute

- Significant improvement in length of stay on AMU to 1 day
- LOS reduced OPAU from 9 to 4 days
- Triage target was on trajectory
- COVID-19 demand significantly reduced across the Trust but attendance in ED high 20% increase on 2019
- NWAS handover improvement continue
- 3 week consistent improvement in 4 hour standard in March
- Zero 12 hour trolley breaches throughout this period
- Live patient flow dashboard now implemented and on BI Portal

Women and Children's

- Reset and Recovery detailed planning to deliver 100 % of 19/20 activity by August 2021
- Gynae 52 week breaches had reduced from 143 to 107 since the start of reset and recovery as at the end of March. Plans to use insourcing at weekends

through 18week support from May (subject to approval) and outsourcing to SPIRE (from April) to reduce waiting lists.

- Planning guidance published for 2021-22 has a specific focus on maternity services.
- CYP Board within C&M was evolving with the 5 key priorities being the focus including Diabetes; SEND; Obesity; Mental Health (CAMHS);Learning Disabilities. Leads from the Division to be part of the C&M work.
- SEND - W&C Division will be lead Division for the Trust – with Divisional Director leading a gap analysis review working with other Divisions and Central Governance Team. Plan for paper to PSQB in May 2021.
- Phase 2 of the 111 implementation is underway to offer slots and set up direct booking into specialities by the 111/Wirral CAS service. Gynae Assessment Unit had been shortlisted as a pilot service to implement within the Trust.

Diagnostics and Clinical Support

- CT1 repair started 16th April, aim for scanner working on 20th April. Mobile scanner still in-situ with plans to use 4 x scanners where staffing allows (mobile scanner provided free of charge by manufacturer until confidence in repair of CT1). Work ongoing with manufacturer on compensation for costs incurred as part of downtime. Procurement work for new CT scanner (to replace older scanner) has commenced.
- Critical care upgrade – HDU had moved to temporary facility created in the Physio gym, with 12 weeks works started on upgrading of the HDU facilities.
- Confirmation of replacement accommodation for Physio gym was required. Therapy Team had confirmed space / facilities requirements and had documented impact of loss of space. Team are working with the Capital Team on identification of potential temporary gym facilities as well as longer term solutions.

COVID-19 testing:

- The Pathology service continued to provide high levels of COVID-19 testing to meet demand for all emergency admissions, elective workload and repeat testing of inpatients at day 1, 3, 5 and then weekly.
- Proposals being developed to determine ongoing staffing and non-pay costs of continued covid-19 testing. The Pathology Team continued to liaise with suppliers and the regional team to maximise the number of test kits available to the Trust, update of rapid capacity was being produced on up to date volumes of tests available.
- Continued to work through activity recovery whilst also providing staff to support inpatient wards.
- DCS Outpatients delivered 89% of February activity.
- Radiology delivered 89% of previous February's activity. X Ray demand as high volume workload was down on previous year, reducing overall numbers, with numbers being seen to increase in last 3 weeks.

Estates and Facilities

Key updates:

- The Security Department continued to experience a high demand for attendance in ED to manage challenging behaviours, patient being accompanied, staff, patient and visitor's entry and exit through department and to stop smoking outside the entrance.
- The Operational Estates department was experiencing a significant change in personnel at a senior level with a recruitment drive underway to replace leavers.

Conditional offers had been made to a Maintenance Manager and Office Manager to lead the function. A new post of Compliance & Performance Manager will soon be advertised and Senior Estates Officer (Electrical) vacancy was at interview stage.

- Independent and external Authorised Engineers had been appointed to assist and support the Operational Estates Department in Fire Safety, Ventilation, Water Safety, High Voltage, Low Voltage, Lifts, Medical Gasses and Decontamination Services. Annual audits and risk assessments for the specific services will be carried by the engineers and will inform the departmental risk register going forward.

IT & Information

- Receipt of Cerner contract for review and sign off.
- PACS Project progressing. Viewer to be decommissioned by end of March.
- Strategy development continues, collaborative workshop organised for Digital Intelligence.
- DD+ Procurement progressing, Supplier presentations undertaken.
- ICE system in Early Support Stages. Clean up of remaining WROCS accounts prior to decommissioning
- Move to off-site storage for case notes to release prime APH & CGH locations in progress. Nursery vacated in April – ahead of schedule.
- Medical Records staffing review nearing completion – to be presented at April Programme Board.
- MSK Portal Questionnaire Live.
- Data Security Protection Toolkit assessment progress report published.
- Discussions to be held with NHS digital regarding “National Digital Leader” status.

Recommendations to the Board

The Board of Directors is requested to review and note this report.

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 21/22-051

BOARD OF DIRECTORS
5th May 2021

Title:	Communications and Engagement Report
Responsible Director:	Jacqui Grice, Director of Workforce
Presented by:	Sally Sykes, Director of Communications and Engagement

Executive Summary *Contextual and background information pertinent to the situation / purpose of the report.*
The report covers the Trust's communications and engagement activities to date in April 2021, including media relations, campaigns, marketing, social media, employee communications, WUTH Charity and staff engagement.

Recommendation: (e.g. to note, approve, endorse) *What action / recommendation is needed, what needs to happen and by when?*
To note the progress in communications and engagement this month.

Which strategic objectives this report provides information about:	
Providing the best care and support	Yes
Be a great place to work	Yes
Maximise improvement and deliver best value	Yes
Digital pioneer and centre for excellence	Yes
Work seamlessly with partners to deliver care	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Board Assurance Framework risks PR2 (staff engagement) and PR 6 (stakeholder confidence)
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Workforce Risk 133 – reputation and loss of stakeholder confidence
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
None
Specific communications and stakeholder /staff engagement implications
Fundamental purpose of the team's activity is to ensure positive relations are maintained
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
Patient confidence and staff engagement are influenced by communications, media relations, campaigns, issues management and positive engagement.
Council of Governors' implications / impact (e.g. links to Governors' statutory role, significant transactions)
None, unless reputation risks manifest in an unforeseen way

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees	Monthly reports to Board and Workforce Assurance Committee	
Background papers / supporting information	Report attached with appropriate links embedded.	

BOARD OF DIRECTORS
5th May 2021

Report of the Director of Communications and Engagement

Purpose

To advise the Board of significant progress in communications, marketing, media relations, employee communications, patient communications, awareness campaigns and stakeholder and staff engagement.

Introduction / Background

This is the report of the Director of Communications and Engagement, providing an update on the team's work to generate proactive media and social media coverage of WUTH, to keep staff informed of critical matters to help them work safely and to keep patients safe.

Campaigns, media, social media, internal communications, staff engagement and stakeholder relations

Campaigns

- The team supported a number of national campaigns and events like disease awareness days, months and weeks. These provide important opportunities to inform the public on healthcare topics and issues like mental health and equality, diversity and inclusion.
- These included World Health Day 2021 , Stress Awareness Month, Autism Awareness Week, 'Get on your feet Britain day', MS Awareness Week (here), Lesbian Visibility Week 2021, Earth Day and International Transgender Day.
- We supported staff observing Ramadan and promoted awareness, along with the Chaplaincy and EDI, amongst Trust colleagues as to its significance to Muslims. The Trust made free Iftar food and soft drinks/water boxes available to staff working and fasting for Ramadan, for the times in work when they were able to break their fast- for example during the evening or at the end of shifts.
- The Vaccination Hubs continued to require campaign and communications support whether for changes to advice and guidance or to communicate to staff and the public the availability of booking slots and the opening up of vaccine for new eligible cohorts.
- This was intensified owing to the need to communicate and set the context for new emerging, very low, blood clotting risks for some patients, and with some types of vaccines. We also sought to address particular vaccine hesitancy matters, such as having the vaccine when pregnant or breast feeding. We continue to work with system partners to promote the vaccine and our hub has received excellent feedback, such as this independent survey shows from Healthwatch. COVID-19 Vaccination Feedback (wuth.nhs.uk)
- As our Emergency Department began to experience significantly increased demand again, we increased the frequency and focus on the NHS 111 First campaign to ensure that the public are signposted to alternative options to ED. We expect these challenges to increase and need communications support as COVID-19 patients decrease, but more normal activity resumes together with our reset and recovery focus.

Media

The team has continued to produce proactive news stories from the wealth of positive work being done by staff, volunteers, clinicians and fundraisers.

- The positive outcomes and learning from the CQC themed inspection into infection prevention and control at Arrowe Park were reported locally following media releases from both the CQC and ourselves (CQC media release and WUTH media release.
- Media coverage of the CQC Report: https://www.liverpoolecho.co.uk/news/liverpool-news/inspectors-impressed-arrowe-park-hospital-20435513 https://www.wirralglobe.co.uk/news/19248731.praise-wirral-university-teaching-hospital-trust-cqc/
- WUTH was also honoured to receive an award for all our staff from the High Sheriff of Merseyside (Read more about this here and in the Wirral Globe High Sheriff's award for Wirral University Teaching Hospital | Wirral Globe
- Easter donations were featured in The Globe -Tesco donation as local businesses continued their support of our hospitals.
- Radio Clatterbridge celebrated its 70th birthday and won a national award in the Hospital Broadcasting Association awards, with a Silver for 'Best Station Promotion' for its promotion featuring the actor Rocky Tomlinson Radio Clatterbridge wins award with help from Jim Royle | Wirral Globe
- Local people continued to express their thanks and support not just in direct messages to the hospital and our staff, but also via The Globe letters, such as this example here Covid survivor praises "life-saving" Arrowe Park Hospital ICU | Wirral Globe

Internal Communications and staff engagement

- We maintained a schedule of two or more staff 'In Touch' Bulletins a week with important information on PPE, patient feedback and thanks, clinical guidance, staff wellbeing and support; and charity updates.
- We produced and published the Trust's 'In Touch' magazine in-house featuring capital investments, a focus on cardiology and our research work.
- We have placed significant emphasis in communications to encourage staff to have the COVID-19 vaccination including an all staff survey to enable clinical colleagues to address staff concerns individually by identifying colleagues who may need more information to support their choice.
- We received the national Staff Survey results, **2020 NHS Staff Survey** on 11th March 2021. Communication of the results and action planning followed the publication of the survey results.All staff were invited to a briefing with Quality Health, the provider of WUTH's NHS Staff Survey and the results have been shared at key Trust meetings.
- We recognise the many challenges our staff are facing during the COVID-19 pandemic. We regularly promote the range of staff support available along with some national services on the health and wellbeing website pages. We produced a payslip leaflet, wellbeing posters and a wellbeing services directory folder for every ward and key departments in the hospitals. This was also printed in booklet form for wide distribution to Hotel Services.
- We have also been fortunate to be able to access the services of our local partner mental health trust, Cheshire and Wirral Partnership (CWP) who have teamed up with two organisations to provide wellbeing support to key workers across Cheshire and Wirral. They are working with Healthbox (a registered Community Interest Company (CIC) and a not-for-profit organisation) and Insight Wellbeing at Work, which is part of Insight IAPT, a national non-profit organisation www.insightiapt.org. These services are available to our staff and are promoted on the health and wellbeing pages of the intranet and in wellbeing folders on every ward and department.
- We also signposted the Cheshire and Merseyside Resilience Hub for health and wellbeing. The CMRH website has a wealth of self-help resources, information, support links and free wellbeing apps to support staff. It helps users to access the most applicable local psychological support service and supports staff to self-refer to the hub and the details can be found **here.**
- Further cohorts of new international nurses were publicised within the Trust and WUTH charity provided wellbeing welcome gifts in their rooms. Some 50 international nurse recruits have joined us so far.
- We supported to roll out of the new system for Declarations of Interest, staff vaccinations and

overcoming vaccine hesitancy in staff and the community; and communicated the roll out of the new LAMP testing for staff.

- Communications and awareness were also key to the roll out of a new system, Patchwork, for medical staff booking shifts.
- Communicating estates moves and capital investment is also important to engender staff pride confidence that the Trust is supporting them with the tools and materials to do their jobs. This month's topics have included the decant of HDU to alternative location prior to refurbishment and Clatterbridge master planning developments.
- We fulfilled a CQC action plan deliverable by installing two public facing photo panels of the Executive Team in Arrowe Park Hospital and we are working on new ward information boards in the Trust's branding. We promoted the new Quality Improvement (QUIP) Boards on wards displaying quality and safety data at ward levels, too.

WUTH Charity update

The team has been focussing planning future events and resuming some activity safely and in line with restrictions.

- We are working on our revised and re-phased fundraising strategy for consideration by the Charity Committee. This reflects the intention to resume direct fundraising events and fund specific activities egg Tiny Stars Appeal.
- New promotional banners for both Arrowe Park and Clatterbridge have been designed to increase visibility at both sites. In addition new resources to promote the Charity lottery, community collection cans and other marketing materials have also been sourced.
- As restrictions of non-essential retail have eased the Charity team organised the first Charity stall outside the main entrance of Arrowe Park hospital Thursday 15th April.
- Arrowe Park Abseil – Provisionally booked dates of the 9th/10th September 2021.
- Charity Golf Day – 15th September 2021. Early preparation for the event is underway with Carden Park Hotel and Golf Resort. The proposed event has the support of Club Holidays Ireland and PGA golfer John Singleton. Further details about the event will be available shortly.
- The BIG Tea (celebrating the 'birthday' of the NHS) will return this July with a main focus being 3pm on the 5th July. WUTH Charity will launch this on the 10th May alongside NHS Charities nationally and will be asking supporters to raise a cuppa and support their local NHS Charity.

Stakeholders

- We shared Healthwatch's Bulletin with our staff and continue to work collaboratively with them. They have also shared key Trust developments like our recent CQC infection prevention and control themed inspection as well as providing great feedback on the vaccination hubs.
- We promoted Wirral Council's new local campaign around the easing of local lockdown restrictions Health update: Be Patient, Be Kind, Be Safe | Wirral view

Conclusions:

To note Staff Survey Action Planning that will be the subject of a further paper for the Board.

Recommendations to the Board

The Trust Board is asked to note the report.