Wirral University Teaching Hospital
NHS Foundation Trust

Public Board of Directors

3 November 2021

together we will

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Meeting of the Board of Directors in Public

Wednesday 3 November 2021
12 noon – 2.00 pm
Via Teams

Item	Item Description	Presenter	Verbal or Paper
1	Apologies for Absence	Chair	Verbal
2	Declaration of Interests	Chair	Verbal
3	Patient Story	Interim Chief Nurse	Video
4	Minutes of Previous Meeting - 06 October 2021	Chair	Paper
5	Board Action Log	Chair	Paper
6	Chair's Business	Chair	Verbal
7	Key Strategic Issues	Chair	Verbal
8	Chief Executive's Report	Chief Executive	Paper
9	Chief Operating Officer's report	Chief Executive	Paper
10	Quality and Performance Dashboards & Exception Reports	Chief Operating Officer, Medical Director, Director of Workforce & OD and Interim Chief Nurse	Paper
11	ED Inpatient Survey	Interim Chief Nurse	Paper
12	Finance Report for Month 6 incl. CIP	Chief Finance Officer	Paper
13	Freedom to Speak Up – Quarter 2 Update	FTSU Lead Guardian	Paper
14	Monthly Safe Staffing Report	Interim Chief Nurse	Paper
15	Board Assurance Framework	Interim Director of Corporate Affairs	Paper
16	CQC Statement of Purpose	Interim Director of Corporate Affairs	Paper
17	Annual Board of Directors Fit and Proper Persons Checks Report	Interim Director of Corporate Affairs	Paper
18	Chair's Report – Finance, Business Performance & Assurance Committee	Committee Chair	Verbal
19	Change Programme Summary, Delivery and Assurance	Director of Strategy and Partnerships	Paper
20	H2 Priorities for the Trust	Director of Strategy and	Paper

		Partnerships	
21	Communications and Engagement Report	Director of Communications and Engagement	Paper
22	Questions from the Public	Chair	Verbal
23	Any Other Business	All	Verbal
24	Date of Next Meeting – 1 December 2021	Chair	Verbal
25	**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

MINUTES OF MEETING HELD IN PUBLIC

06 OCTOBER 2021

VIRTUAL MEETING VIA MICROSOFT TEAMS

Commencing at 10.00 am
Concluding at 12.19 pm

Present

John Sullivan	Non-Executive Director/Vice Chair
Chris Clarkson	Non-Executive Director
Janelle Holmes	Chief Executive
Steve Ryan	Non-Executive Director
Sue Lorimer	Non-Executive Director
Claire Wilson	Chief Finance Officer
Janelle Holmes	Chief Executive
Nicola Stevenson	Medical Director / Deputy CEO
Debs Smith	Interim Director of Workforce
Matthew Swanborough	Director of Strategy and Partnerships

In attendance

Chris Mason	Interim Chief Information Officer
Jonathan Lund	Associate Medical Director
Molly Marcu	Interim Director of Corporate Affairs
Sally Sykes	Director of Communications & Engagement
Sheila Hillhouse	Public Governor
Charlotte Williams	Digital Multi-media manager
David McGovern	Director of Corporate Affairs
Craig McGuire	Interim Board Secretary
Debbie Edwards	Director of Nursing and Midwifery

Apologies

Sir David Henshaw	Trust Board Chairman
Steve Igoe	Non-Executive Director
Jayne Coulson	Non-Executive Director
Mags Barnaby	Interim Chief Operating Officer

*Denotes attendance for part of the meeting

Reference	Minute	Action
21/22-125	**Apologies for Absence**	
	Apologies for absence were noted as reported above. As Sir David Henshaw was absent John Sullivan acted as Chair. The Chair acknowledged the presence of Sheila Hillhouse as a governor in attendance.	
21/22 -126	**Declarations of Interest**	
	No interests were declared at the meeting.	
21/22- 127	**Patient Story**	
	The Board viewed a version of the Patient Story video, featuring Mr G a man of seventy one who recently had an Accident and Emergency admission in the Arrowe Park Hospital. Mr G's general experience was very positive, but he highlighted an area where improvements could be made in relation to making available more choice of food for vegetarians since he was a	

Reference	Minute	Action
	vegetarian. He reported that he was on a motorcycle tour with his brother touring as much of the United Kingdom as they could manage. Whilst touring away from his home he felt that his body system was collapsing and went to A and E which then led to having a stint inserted in a kidney. He reported that he experienced a palpably high standard of care, with a very caring compassionate service with his dignity maintained at every stage of his clinical pathway. He also liked the sense of humour displayed by staff whilst being confident in terms of their technical ability. He commented that he was delighted with and appreciated the quality of nursing which he received. He made an observation, which was not to be inferred as a criticism of the nursing, that in his view a nurse that dealt with him was constrained and not empowered by the system in relation to the preparation of documentation for his insurer to say that he was not fit to go home; whilst e contrasting this with a recognition that moreover the nurse was correctly empowered to prevent his discharge from him leaving the hospital and riding his motorcycle 300 miles to his home. The Medical Director commented that the story resonated with the topics and themes to be utilised with ongoing work on patient experience. The Deputy Chief Nurse identified that the story made her incredibly proud since the story encompassed the 6 C's underpinning nursing – Care, Compassion, Competence, Communication, Courage and Commitment. She reported that the Trust had taken some learning on the back of the patient's comments and that in particular work was going through the nutritional steering group to facilitate the development of specialist diets. The Chair reported that it was overall a positive story and compellingly that the patient had reported that he felt as if he had mattered. The Chair commented that it was important in a big organisation that a personalised approach could be experienced and felt by the individual patient. The Chair wished Mr G well. **The Board NOTED the patient story**	
21/221-128	**Minutes**	
	The minutes of the meeting held on 01 September 2021 were approved as an accurate record.	
21/22-129	**Board Action Log** The Board reviewed the actions log noting that items had either been actioned or were on the agenda.	
21/22-130	**Chair's Business**	
	The Chair reported that there was no Chairs business to consider at this time. **RESOLVED:** **That the Board NOTED the Chair's Business**	
21/22- 131	**Key Strategic Issues**	
	The Chair offered the view that taking into account reports encompassing the entire NHS system and multiple Acute Trusts that the pressures which the Trust was experiencing were not a unique feature of the Trust. The Chair identified that there were no additional strategic issues to report.	

Reference	Minute	Action
	RESOLVED: **That the Board NOTED the update**	
21/22 - 132	**Chief Executive's Report**	
	The Chief Executive presented her report which gave an overview of work undertaken in September and important announcements for the month of October 2021. The Chief Executive presented her report and highlighted that the Covid inpatient position remained largely stable; at the time of presentation there were 40 Covid positive inpatients. Of these 23 were not admitted due to Covid symptoms but were found to be positive on screening. There has been a reduction in the number of Covid positive patients requiring critical care support. The community prevalence was reported as increasing with a weekly rate of 309.9 per 100,000 population. The largest proportion of cases remained in children and young adults (32% aged 10-19). The vaccination programme has now been extended to cover this section of the population. The Trust has also been closely monitoring the rates of Respiratory Syncytial Virus (RSV) in children due to an anticipated spike in cases. This has not yet impacted on hospitalisation but there are robust escalation plans in place if this does occur. The Trust has delivered ahead of plan on its internal trajectory for Outpatients and Day cases during September with Outpatient combined activity exceeding the 100% National Target. It is behind plan for Inpatients primarily because of staffing due to sickness and supporting the Emergency Department. There is also a reduced amount of Waiting List Initiatives (WLIs) additional sessions being picked up and an increase in patients testing positive at their 3 day TCI COVID swab or on the day meaning there is no time for the patient to be backfilled on operating lists due to the isolation period. The Trust declared 6 serious incidents (SI) in the month of August 2021; this was an increase of one on the previous month. The Serious Incident panel report and investigate under the "Serious Incident Framework" so that learning can be identified. There were no common themes or areas identified from the 6 reported incidents, which spanned areas of the Trust, including the Women's and Children's (1), Diagnostics and Clinical Support (1) Surgical Services (3) and Medicines and Acute (1). Duty of Candour was been commenced in line with applicable legislation and national guidance. It was reported that the Covid-19 vaccination programme continues across the local health economy. To 28th September 2021, 453,593 vaccinations (234,717 1st dose and 218,876 2nd dose) have been given across Wirral place in GP practices, PCN local vaccination sites, the WUTH vaccination centre, in pop up clinics and using the vaccination bus. The national data states this currently equates to 84% and 78% of the local eligible population respectively. As of 26th September 2021, the Trust service had delivered 90,866 vaccinations to patients and staff. This includes 5,598 (84.8% of WUTH employees (those on ESR) who have had their first vaccine and 5,406 (81.9%) who have had both doses. This is a small rise since the previous month.	

Reference	Minute	Action
	All 16 and 17 year olds, alongside clinically vulnerable 12 to 15 year olds, and those age 12 to 15 years who are household contacts of clinically extremely vulnerable family members continue to be vaccinated at the Clatterbridge Vaccination Centre. The guidance remains that this group are only eligible for one dose. The centre remains part the National Grab a Jab scheme for this cohort where vaccination candidates are permitted to arrive without an appointment. The Trust Pharmacy Team was currently supporting our Community Trust with the school's immunisation programme and the Trust Chief Pharmacist continues to provide pharmaceutical support to the Cheshire and Mersey Vaccine Silver Command and Control structure. The first allocation of flu vaccines has also been received in the Trust and was being administered in an Arrowe Park pop up clinic, via roaming vaccinators and co vaccination of Covid-19 and flu vaccination at our Clatterbridge Centre. Vaccine supply would be intermittent between now and November. As of 22nd September, 729 flu vaccinations had been delivered which equates to 10.94% of Trust staff. In relation to the Millennium Downtime incident (which did not lead to patient harm) an improvement plan based on the debrief recommendations is in development. It was reported that the contested governor elections were completed on the 29th of September and the results for the contested seats for public constituencies resulted in the appointment of Tony Cragg, Andrew Tallents, Alan Morris, Eileen Hume and Paul Ivan who were congratulated on their election success. In addition, the Trust also had one seat successfully filled in the medical and dental seat by Anand Kalanathan. It was reported that these governors will be inaugurated at the next Annual Members Meeting on the 18th of October 2021. The Deloitte Well Led review continues at pace, and to date significant progress has been made with board member interviews, staff surveys, governor focus groups and Board Committee observations. In addition, Deloitte had agreed to observe a future Board meeting, and will be commencing the external stakeholder engagement aspect of the review in the same period. The Trust has continued to work with system partners to support the development of the Integrated Care System for Cheshire and Merseyside, aligning with the recent NHSE guidance for integrated care development and the emerging legislation. This has included the development of 'Place' governance and functions for Wirral, working with Wirral Council, Wirral Community Health and Care NHS Trust and the Wirral Primary Care Networks. These arrangements at 'Place' are expected to be finalised and operational by April 2022, following approval by the respective NHS organisation boards across Wirral. The Trust has continued to work with Campus partners, including Clatterbridge Cancer Centre NHS Foundation Trust (CCC), to develop the master plan for the Clatterbridge Hospital Campus. This planning has been coordinated by BDP Architects and Archus Ltd and has focussed on options to integrate and co-locate clinical services across WUTH and CCC along with the redevelopment of hospital facilities across	

Reference	Minute	Action
	the campus. The planning also examines options for surplus land across the campus. This master planning exercise is expected to be finalised in October and presented to the WUTH and CCC Boards in November 2021. **RESOLVED:** **That the Board RECEIVED and NOTED the report.**	
21/22-133	**Chief Operating Officer Report**	
	The Chief Executive outlined the paper as previously circulated. The paper was taken as read. This paper highlighted an overview of the Trust's current performance against the Re-set and Recovery Programme for Planned Care and standard reporting for Unscheduled Care. For Planned Care activity volumes, it highlighted the Trust's 4 week average for weeks concluding 12/09/21 and the current September performance (snapshot at 29.9.21) as well as providing comparative data nationally, across Cheshire & Merseyside (C&M) and the North West. For Unscheduled Care, the report detailed performance and highlights and the ongoing challenges around increase in attendances and long length of stay patients and the impact this has on 4 hour performance. The report also highlighted the percentage number of patients who remain in the department for longer than 12 hours since arrival. This is in preparation for the proposed new National standards. Whilst progress against elective plans remained strong, achievement of the 95% ED 4 hour performance remains significantly challenged especially as we move into the winter period. The CEO categorically assured the Board that the ED improvement plan was not dependant on one person. The Medical Director confirmed that at PSQB assurances had been received in relation to how the Trust manages patient flow. The CEO reported that 90 % of patients in ED trial to get services elsewhere in the system. The impact of non-elective demand will compromise elective recovery if the Trust & system capacity is not actively managed over the next half of the year. Improved performance is heavily reliant on the Trust working with the Wirral system to achieve the trajectory submitted as part of the overall Wirral Urgent Care Improvement Programme. The Trust winter plans are being finalised to support achievement of the trajectory and to meet the increased demand the Trust will be challenged with this winter. From March 2020 the Trust saw the first large scale cancellation of all but the most urgent elective activities in accordance and in alignment with the National Emergency Preparedness Resilience & Response (EPRR) to the COVID 19 pandemic. Over the last 18 months elective activity has been re-started and suspended during the 2nd and 3rd COVID19 waves alongside general disruption due to ongoing COVID19 pressures during this period. This has impacted negatively on both waiting list numbers and waiting times for treatment.	

Reference	Minute	Action
	The delivery of reset & recovery elective activity commenced in earnest in 2021 with the main focus areas being on treating the most clinically urgent patients first followed by the long waiters. To do this all Trusts were asked to: • Clinically prioritise their waiting list into 6 categories (P1 – P6) based on how long it was deemed clinically safe to wait for treatment. P1 being the most urgent e.g. cancer through to P6 least urgent. National focus has been on P2 performance with these patients requiring to be treated within 1 month. • Increase elective activity to an agreed proportion of the 19/20 rates (taking into account the productivity impact of the COVID environment on managing electives) as a sliding trajectory back to 95% • Work as a system of providers within their Integrated Care System (ICS) establishing mutual aid, green site working and shared waiting lists. • Reduce cancer waits to pre pandemic levels • Minimise / Eradicate 104+ week waiters by the end of March 2022 • In terms of unscheduled care once the lockdown was fully released the numbers of attendances to ED have continued to increase far surpassing the 19/20 levels. In addition the numbers of patients who occupy a hospital bed but no longer meet the criteria to reside (deemed fit for discharge) continues to increase with acute bed occupancy over 95%. This is a national picture and is recognised as such, being driven in part by changes in patient behaviour, access to face to face GP appointments, increasing levels of acuity in the population based on previous ability to access services during the pandemic, COVID restrictions & a fragile out of hospital care market. The level of demand experienced is putting increased pressure into the system across all points of delivery. This is further compounded by a number of workforce issues which include: Higher than average sickness absence rates & continued COVID isolation. • Fatigued staff who are reluctant to work additional shifts • Recruitment to domiciliary care to support the out of hospital care sector The National Standard was to achieve 95% of 2019 comparable month's activity across all Points of Delivery (PODs). However 3 things were highlighted: 1. The actual is based on the value of the activity with activity numbers used as a proxy 2. The threshold has been revised for H2 21/22 to 89% of closed RTT pathways not activity value for access to the Elective Recovery Fund (ERF) 3. To clear backlog systems need to be undertaking in excess of 100% It was reported that planned activity levels continue to be over achieved. Unplanned activities are dependent upon referrals from Unscheduled Care so lower performance is based on demand not activity There remain significant risks to elective recovery which included: • Staff shortages & fatigue impacting on uptake of additional sessions; • Movement of theatre and anaesthetic staff to support critical care; • Balancing clinical priority against long waiters;	

Reference	Minute	Action

	• Winter non elective surge; and
	• Increased cancer referrals
	
	Recognising these risks it was identified that there were a number of mitigations in place which include:
	
	• Full participation in the C&M elective recovery programme which is supporting the coordination of
	  ○ Use of the independent sector
	  ○ Regional/National capital, revenue & technology bids to increase capacity and throughput.
	  ○ Regional review and agreement around staffing requirements to maximise qualified staff utilisation, particularly in critical care
	  ○ Introduction of HVLC (High Volume Low Complexity) surgical pathways including theatre lite alongside organisational bench marking.
	  ○ Green site working
	• Divisional Director deep-dive of planned Cancer treatments during Q3.
	• Appraisal of robot usage by non-CA specialities/patients along with full service and staffing review.
	• Patient level tracking & active management in place monitored by the Divisional Directors via the weekly operation delivery group (ODG)
	• Full participation in regional performance governance arrangements
	
	It was reported that there was full participation with the Cheshire and Merseyside elective programme. SL commented that the Trust was doing well on elective recovery.
	
	It was reported that the ED is at risk of over-crowding due to the way it had previously been constructed.
	The CEO categorically assured the Board that the ED improvement plan was not dependant on one individual person. The Medical Director confirmed that at PSQB assurances had been received in relation to how the Trust manages patient flow.
	
	The CEO reported that 90 % of patients in ED attempt to get services elsewhere in the health system and which in many cases probably could have been delivered or supported elsewhere in another part of health system.
	
	RESOLVED:
	That the Board RECEIVED and NOTED the report.	

21/22-134	**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 2021 for their respective areas. 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 August 2021.	

Reference	Minute	Action
	Of the 46 indicators that were reported (excluding Use of Resources): - 22 are currently off-target or failing to meet performance thresholds; and - 24 of the indicators are on-target It was highlighted that 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. The Deputy Chief Nurse drew attention to cover Protecting Vunerable People ("PVP""). It was reported that the Trust had achieved level one now, which is excellent, and we run steady trajectory it and meet level 2 and Level 3 by the end of quarter three in terms of levels three, there is a face to face element that might be a challenge because of obvious reasons of staffing vacancies and other prevailing circumstances. But it was identified that the Trust was prioritizing the E learning element to make sure that everyone got baseline knowledge of safeguarding. Then, with the risk management profile, the quality of safeguarding knowledge at ward level can be assesses and additional resource is allocated from the safeguarding team at ward level to support any presented risks. The Interim Head of Workforce reported that her report has been previously circulated and was taken as read. She drew the Board's attention to staff attendance which continued to be challenging and which was likely to continue to be challenging throughout the Winter period. She then highlighted the mitigations which were in place to deal with staff absence challenges and which the Board had already been briefed on. In terms of managing attendance, work was highlighted which was linked to the NHSEI Northwest work stream and a review of the Trust attendance management policy. The Trust has areas and opportunities with which to enhance learning from some of the Trusts which experienced lower sickness absence. Review and revisions of the Trust attendance policy was important but may be contentious. The Board was further updated on a wellbeing workshop that was held across the Northwest in September 2021 for HRD's Chairs and Chief Execs, and the workshop was really focused on discussions around different ways of work, as there has been an acknowledgement that within the NHS, in the Northwest, that for a number of years there's been a high level of sickness absence which has been associated with the entire North West region which as a whole was a statistical outlier. In the workshop it was identified that methods utilised previously had not sustainably affected sickness absence and so now it was necessary to look at a different approach. Going forwards Boards will be asked to make a	

Reference	Minute	Action
	commitment to work and differently around wellbeing and having a holistic focus to wellbeing at the time of writing. The output from the workshop when received will be shared with the board. Work on the workforce well –being plan was being finalised with a view to integrating that into the Winter plan, which the Executive team have identified as absolute key priority. SL asked why is the Northwest different in terms of sickness absence and what are the key drivers? It was commented that it may or not be linked to factors such as demographics, the age profile of the population, areas of comparative deprivation and the high number of GP's in the North West issuing sick notes. Action: Interim Director of Workforce To ascertain why the North West has a higher than average level of sickness absence and propose effective mitigations Action: Interim Director of Workforce To separate the junior doctors in rotational posts from the overall Staff turnover metric. It was highlighted that there hasn't been a huge change in in appraisals in months and in the month of October. The lowest performing area is the corporate division and a mini-review has been arranged to understand what was impeding progress with a view to providing recommendations and actions. The CEO reported that there has been an increase in 12 hour trolley weights which was specifically related to mental health access. The position arose due to some of the current national challenges around access to inpatient mental health beds. The Chief Operating Officer's report reported on work around mitigations for mental health inpatients. The Medical Director reported that the only thing that was not covered in the Chief Operating Officers report was complaints which were being closely monitored through both PSQB. Which receives an annual complaints analysis and a quarterly report on complaints. In PQSB each division presents their individual response to complaints. Looking at themes most of the complaints are related to communication issues and there's been a focus on that which had been compounded by the fact that we are still restricting visiting. Restrictions on visiting is reviewed weekly through the clinical advisory group, but in the context that we've had no zirconium COVID and transmission within the Trust, presently the Trust had decided not to change visiting restrictions, and considered that consistency was important. To monitor with regards to the new planning guidance, it was received and that will form part of probably one of our seminars so that we've got broad agreement about those metrics. The Chair considered that in summary what stood out to him from the Key Performance Indicator ("KPI") area is the level of risk that we have work in the workforce area and the wellbeing of staff presented a large risk to the organisation. He awaited the regional analysis of why the North West region experienced as a whole higher levels of sickness and considered that there was a need for fresh thinking to address the issue in order to support a step	

Reference	Minute	Action
	change. **RESOLVED:** **That the Board of Directors RECEIVED and NOTED the Quality and Performance Dashboard and the Exception Reports for the period to 31 August 2021**	
21/22-135	**Learning from Death's : Quarterly Update (Mortality Dashboard & Report)**	
	The Deputy Medical Director outlined the paper which had been previously circulated which was taken as read. The period covered was April to June of this year. The following key points were highlighted: the medical examiners continue to provide 100% scrutiny of adult deaths; SHMI remains within expected range on the latest available data; analysis of Dr Foster data has led to focused work in areas with potential for improvement; mortality review process has been reviewed to align it with the SI process; and this report has been presented at Patient Safety and Quality Board (Aug 21) and at Quality Committee (Sept 21) **RESOLVED:** **That the Board NOTED the report.**	
21/22-136	**Quarterly Maternity Update**	
	The Head of Midwifery outlined the report as previously circulated which was taken as read. It was reported that the last quarterly update to Trust Board was presented in July 2021 which provided an update on Trust compliance with the Maternity Incentive Scheme (MIS) 10 Safety Actions, this included a summary of the evidence supporting the declaration with Year 3 requirements. The report provided an update and further oversight of the quality and safety of maternity services at Wirral University Teaching Hospital NHSF Trust (WUTH) and focused on a staffing review undertaken by Birthrate+ (a specific midwifery staffing tool used nationally to assess midwifery staffing requirements within maternity services). In addition a further update on the Continuity of Carer model of care and the proposal for WUTH to implement this model of care for all women was provided. The report also includes reference to the challenges recently experienced in maternity services given the extreme pressures with maternity staffing regionally and nationally. It was stressed that the continuity of care was important and the Trust was doing well in this regard. Furthermore that digital funding was in place to develop maternity services. **RESOLVED:** • **That the Board NOTED the report**	
21/22-137	**Month 5 Finance Report**	
	The Chief Finance Officer presented the report as previously circulated which was taken as read. The Chief Financial Officer highlighted some of the key points and the financial position to the end of month 5, which displayed a slight positive variance against where we plan to be 100 and 25,000 pounds. It was reported that the Trust was expecting to break even by the end of month six.	

Reference	Minute	Action
	And so, so that's a positive picture overall for H1 and we are within that. There are some variants, is just to be aware of, so we've got ERF funding. The Elective Recovery Funding ("EFR") of just short of £6 million is reflected within that year to date position and a significant amount of that is obviously funding the premium costs of delivering elective activity and the ability to recover that funding is as a result of the strong performance on the elective recovery work which the CEO described earlier, but it is non recurrent so the Trust was very mindful of checking the impact of our recurrent expenditure run rate. And secondly, and this is something we gave quite a bit of attention to and focus within the Finance Committee last week. It was highlighted that there had been an overspend within acute medicine, predominantly ED, which arose as a result of the pressures that had previously been outlined on volumes of activity and the need to facilitate and support safe levels of staffing. There had been broadly £2 million overspend on Ed staffing. It was identified that the Trust was paying premium costs in many cases for staffing, some of that related to difficulties associated with getting staff on a permanent basis. It was reported that the Trust had made good progress on the capital programme at this point in the year, and the Trust was currently broadly in line with plan. The Trust expected to deliver the full program by the end of the financial year. The Finance Committee look at the Capital Programme in detail each month. It was also reported that the Trust hoped to be successful in a number of elective capital bids that it had been working on recently one of which was looking at gaining some further theatre capacity over at the Clatterbridge site with a sum bid for in the region of £10 million; it was reported that would hopefully put it in a strong position in the new financial year and the end of this financial year to support additional elective work. Furthermore there was a bid for some elective IT capital funding of over a million pounds which was to support inter connectivity and how technology might help the Trust in certain areas such as the elective programme. It was highlighted that any such funding would need to be spent by the end of the financial year The Trust was endeavouring to secure approval in principle on the bids prior to the 11th of November 2021. It was reported that the Trust had now received the H2 planning guidance and the finance team was considering it from a finance point of view. But the wider executive team, more broadly, will be looking at the operational financial impacts of that. A paper on the subject will be taken to the next FPBAC committee. **RESOLVED:** **That the Board NOTED the report.**	
21/22-138	**Risk Management Strategy**	
	The Interim Director of Corporate Affairs highlighted the key points of the Risk management strategy. The fundamental change to the Trust's governance since the last time the Board discussed the BAF risk monitoring which was that the Risk Management Committee was now proposed to be the main committee of the Board, with oversight of risk within the trust on behalf of the board. This did not mean in any way, shape or form that the Board would loses sight of its responsibilities. It just means the Risk Management Committee is the committee that's been delegated the	

Reference	Minute	Action
	responsibility of overseeing risks. It was proposed, subject to acceptance by the Board, that the Risk Management Committee: will formally become the Committee of the Board and be chaired by the Senior Independent Director; and will merge the role of this committee with Safety Management Assurance Committee ("SMAC") so that there is a streamlining of the functions. The associated terms of reference will be reviewed for the November committees and December board. Then establish if there's agreement amongst board members. It was reported that the Chair and the SID are both in support of this. CC commented that the focus on safety management over the last couple of years had been really good and he was worried that by doing this that we might weaken that. His view was that the Board need to really think about the terms of reference and how we maintain the momentum on safety management. The Interim Head of Corporate Affairs commented that she agreed that the Trust won't lose sight of what's the role of safety management assurance committees and that the key focus is to maintain that risk based analysis that safety management Assurance Committee has done, but also make sure that we're streamlining the functions of risk as the two work very well together; and the health and Safety Committee will also report into this merged committee. So I don't think that we're going to lose sight of what the committees do, but I do think we need to streamline the work and make sure the cycle of business is focused on what the committee should be achieved. CC commented that he looked forward to seeing the terms of reference for further consideration. Action: Interim Director of Corporate Affairs To review terms of reference for risk management committee and SMAC, and ensure that the significant aspects of the role of SMAC are maintained **RESOLVED:** **That the Board NOTED the report.**	
21/22-139	**Monthly Safe Nurse Staffing Report**	
	The Deputy Chief Nurse presented the report as previously circulated which was taken as read. She reported that it had been another challenging month for staffing both in adult and maternity services due to increased patient acuity, sickness, and staff absence due to staff isolating because of the increase in COVID community prevalence. Despite this the Trust had seen some positive improvements on the metrics which were displayed on the dashboard. It was highlighted that there had been a delay that was mentioned last month because of the flight restrictions from India relating to international recruitment and it was confirmed those nurses have now landed and they've passed their relevant examinations, but they haven't actually got the PIN numbers yet. There are currently 30 international nurses (IR) working in band 4 posts that are awaiting NMC registration that will be deducted from the vacancy figure in the forthcoming months. It was reported that the Trust will start to see that improvement on the RN vacancy figure and there was also a further reduction on CSW vacancies to 0.21% (M5) from 0.49% (M4).	

Reference	Minute	Action
	There was also the talent pool with staff waiting to join the organisation once vacancies arose. In terms of sickness, the Trust had seen a further reduction in RN sickness. This had led to a reduction in the number of shifts which fell below minimum staffing, although it's still a significant number at 545. However this was a lower number than the Trust had recently seen, and as a result that has meant that fewer staff had to move from Ward to Ward, which has been positive. It was reported that despite this, the Trust still had six shifts that were assessed with a professional judgement of red - which meant that there was a risk of standards of care dropping below expected levels. Four of these were on Ward 26. In line with developing workforce safeguards, which is the NHSEI guidance to undertake 6 monthly acuity studies and the establishment reviews and as a result, there will be a slight increase in workforce on Ward 26, but it will be cost neutral because staffing will be taken from another area that doesn't need as many staff. This will be further detailed in a report will go through Workforce Assurance Committee in November and then be seen at the Board thereafter. The report demonstrated a reduction in red flags and less impact on care standards which was a positive move forward and the MIC mitigations remain in place. It was reported that there had been a slight increase in agency staff used to bridge workforce gaps, and once the Trust get the remaining international recruitment nurses in the Trust, we do expect that to resolve, and so we're aiming to have all the 180 international nurses in place by mid-January and the Trust were on target to achieve that. Workforce Assurance Committee has been assured that resilience planning is in place locally, linking into regional work streams, to ensure plans are in place ahead of the predicted pressures over the forthcoming months. It was identified that was covered further in the Interim Director of Workforce's report. It was further reported that Maternity had completed their pilot and evaluation of the Birth Rate Plus (BR+) app which will be adapted for use regionally to provide staffing and acuity data. The Chair commented to the Deputy Chief Nurse that she had done well and that Wirral looked forward to seeing all of the benefits of that successful recruitment in the coming months and years and timely, with winter pressures that would be expected. **RESOLVED:** **That the Board NOTED the report.**	
21/22-140	**EPRR Statement of Compliance and Action Plan**	
	The Medical Director presented the report as previously circulated. The NHS England Core Standards for EPRR are the minimum standards which NHS organisations and providers of NHS funded care must meet and are included in the NHS standard contract. The director level Accountable Emergency Officer and/or governing body in each organisation are responsible for making sure these standards are met. This was a brief report about our assurance that we are compliant with the NHS England core standards for emergency preparedness, resilience and response, and for this year. And there was a revised core standards, and the Trust was asked to self-assess against 46 Core standards for EPRR. The Trust was fully compliant with 44 of those. The Trust rated itself as Amber for two, which was around	

Reference	Minute	Action
	decontamination as well as in the emergency department. The Trust do have staff trained in decontamination services regarding chemical decontamination but in order to make sure that that's resilient and not dependent on a small number of staff, the Trust want to broaden access to decontamination training which is provided by Northwest Ambulance Service. Upon the Trust having secured training the trainers, then those trainers can train more people in DD. So that was s the two actions in one, but relating to single area. The Medical Director reported that she had signed as Accountable Officer for the EPRR Statement and that it had been submitted to NHS England. **RESOLVED:** **That the Board NOTED the report.**	
21/22-141	**Fit and Proper Persons Policy**	
	The Interim Director of Corporate Affairs presented this policy to the Board. This presentation had the aim of enhancing the Trust's arrangements for compliance; and also in light of the continuous improvements journey which the Trust was on it chiefly and concurrently demonstrated the Trust's arrangements for and compliance Fit and Proper Persons Regulations. So it was very much in that context that this was policy presented to the board. It was proposed that this policy was adopted by the Board with effect from October, taking into account that the Trust had already started taking steps to put this policy in motion, including, amongst other things, undertaking checks on board members as previously agreed. It was noted that in respect of Section 4 of the Regulations that the Trust have a lot more detail around what constitutes a breach. Furthermore the Trust was, probably one of a few Trusts, if not the first, trust who actually offer a specific tailored training module on this to make sure that individuals are not only supported, but, guided on how to implement the requirements. It was highlighted that this policy extended to interims. The Interim Director of Corporate Affairs reported that she could provide confirmation to the board that not only does this policy meet all the regulatory requirements that it should do at this point in time, but that if implemented and staff are trained that this mitigates risk considerably over breach. The Chair confirmed that it was a very comprehensive approach. **RESOLVED:** **That the Board APPROVED the proposed Policy.**	
21/22-142	**Chair's Report – Workforce Assurance Committee**	
	John Sullivan reported that the Workforce Assurance Committee met on 22 September 2021. Positive progress was reported in a number of areas. However, higher than target sickness absence levels remain a significant Trust and NW Region risk. Progress made in a number of Workforce Assurance areas and there was continued support for the proposed reorganisation of the Workforce Directorate. It was reported that the revamp of the trust workforce and education strategy was starting shortly if it had not already started and the Committee were hoping to bring some of that work back in terms of a progress report at their November meeting. It was noted that there's often a seasonal peak in short term absence in July and August, which had been a seasonal feature for some for some time now and probably reflected some of the child care and other challenges of school holidays. The	

Reference	Minute	Action
	Chair thanked the people responsible for the excellent results in the curb support worker recruitment drive where we've seen a massive reduction in vacancy rates from around 10% to less than half a percent. The Chair commented that was an excellent example of the teamwork at the Trust. He considered that the Trust had made some significant progress on its diversity and inclusion agenda, as well as excellent progress on the external recruitment of registered nurses. **RESOLVED:** **That the Board NOTED the report.**	
21/22-143	**Chair's Report – Finance, Business Performance & Assurance Committee**	
	Sue Lorimer reported on the work carried out by the Finance & Business Performance Assurance Committee in its meeting on 23rd September 2021. It was reported that the financial position had previously been covered. The Trust continued to deliver a strong financial performance in the current financial year, but it is recognised that strong Elective Recovery Funding (ERF) was supporting this position non-recurrently. The CIP programme continues to make steady progress through each stage of scheme maturity. In response to Committee questions, members were assured that several schemes would move to the final gateway at the next meeting. The Committee noted the need to keep focussed on maturing and embedding the Trusts Cost Improvement Plan (CIP) to support longer term sustainability. The Committee received an update on all key areas of operational performance with A&E being the biggest area of concern. The Committee had asked for assurances needed on the impact and pace of A&E improvement work. The Committee asked for assurance that the Quality Committee reviewed the quality impact of increased waiting times for our patients which were waiting for elective procedures; The Medical Director reported that a number of reports had already gone through PQSB and QAC. **RESOLVED:** **That the Board NOTED the report.**	
21/22-144	**Chair's Report – Quality Assurance Committee**	
	SR provided a summary of business conducted during a meeting of the Quality Assurance Committee held on 30th September 2021. It was identified that most of the agenda meetings had been discussed. Two key areas for focus and improvement were: the Identification and response to patient deterioration: and the prevention of never events. **RESOLVED:** **That the Board NOTED the report.**	
21/22-145	**Chair's Report – Audit Committee**	
	SI updated the Board on the details considered at the Audit Committee meeting on 13th September 2021. Of note was the final piece of work from Azets our external auditors in relation to their value for money statement which was delayed when we signed the Trust accounts earlier this year. Their report was positive confirming that their work uncovered no significant weaknesses in the trust's arrangements for securing value for money. The	

Reference	Minute	Action
	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. A detailed risk management strategy was presented and discussed with members being asked to feedback any further comments in advance of the document coming to the Board in due course. Audit reports were reported on Data Quality (Limited Assurance); Recruitment (Substantial Assurance) – The committee welcomed this positive report given the previous issues with the area. Clinical Negligence Scheme for Trusts /CNST (No opinion) – Positive report overall although some improvements in control required; COVID-19 Expenditure claim review (Substantial Assurance); The Committee considered a report following up previous recommendations made by Internal Audit which in the main was positive with most actions recommendations accepted being followed up and resolved satisfactorily; The Anti-Fraud progress report was received, and noted. In summary for External Audit Azets regarding confirmed: the Financial statements give a true and fair view of the financial performance and position of the Trust; they confirmed that the Governance statement had been prepared in line with DHSC requirements; and they found nothing indicating significant weaknesses in the Trust's arrangements for achieving value for money. They confirmed that they had nothing to report in this regard. The NED's met in private session with both External and Internal Audit and there was nothing specific to report from that meeting. **RESOLVED:** **That the Board NOTED the report.**	
21/22-146	**Chair's Report – Safety Management Assurance Committee**	
	Steve Igoe provided a summary of business conducted during a meeting of the Safety Management Assurance Committee on 17th September 2021. This covered a detailed update on Fire Safety issues across the Trust as a result of works done in relation to risks identified and reported by Merseyside Fire and Rescue Service (MFRS) . A detailed review has been commissioned by Capita which will report towards the end of the year however in the meantime the Trust has developed a fire safety programme. A further progress report will be discussed by SMAC at its next meeting. It also encompassed a GAP analysis of a HSE spot inspection of 17 other acute trusts. As a result of the gap analysis 9 detailed recommendations were identified. These will be discussed and agreed with key stakeholders and an improvement plan developed to address the gaps identified. Delivery of the plan and the resolution of these issues will be monitored by the Health and Safety Management Committee. The Committee received an update on Health and safety performance and activity alongside relevant data actions taken in connection with previous recommendations. Six RIDDOR incidents were reported which is lower on a monthly basis than the previous year. A detailed report on the Health and Safety work plan was received and discussed. The Committee received and discussed the reports from the Health and Safety Committee Chair meetings on 21st July 2021 and 18th August 2021. **RESOLVED:** **That the Board NOTED the report.**	

Reference	Minute	Action
21/22-147	**Chair's Report – Trust Management Board**	
	The CEO presented a summary of the topics covered at the Trust Management Board of 27 September 2021: highlighted was the approval of asthma business case; review and approval of Trust escalation policy; review of Millennium downtime incident; review of Risk Management Committee report; review of the Patient Safety and Quality Board (PSQB) held in August 2021; review of safeguarding annual report; review of Sepsis & Deteriorating Patient Quarterly Report; review of Risk Management Strategy; review of Fit and Proper Persons Policy; review of Deloitte Well Led Review; and reviewed and noted Divisional Updates. **RESOLVED:** **That the Board NOTED the report.**	
21/22-148	**Communications and Engagement Monthly Report**	
	The Director of Communications and Engagement presented the report as previously circulated 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 report was taken as read. **RESOLVED:** **That the Board NOTED the report.**	
21/22-122	**Any other business**	
	There was no other business conducted during the meeting.	
21/22-123	**Date of Next Meeting** 03 November 2021 via MS Teams	
21/22-124	**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 is 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

……..

Date

PUBLIC Board of Directors Action Log
3 November 2021
Action Log

No.	Minute Ref	Action	By Whom	Action status	Due Date
1	**21/22-109** Digital Strategy August 2021	To provide the Board with projected costings associated with the strategy after an assessment of divisional requirements has been undertaken	Chief Information Officer	Open	December 2021
2	**21/22-134 M4 Finance Report September 2021**	Investigate the risk of a new cost base-line in excess of 20% as well as a cost base-line review for the Board	CFO	Open	December 2021
3	**21/22-134 M4 Finance Report September 2021**	Consideration of the risks aligned with these areas of demand and finance at the October meeting and then update them for a seminar session in November[CW to provide specifics and timeline]	Interim Director of Corporate Affairs	Completed, this action is incorporated within the November Board seminar agenda	November 2021
4	**21/22-135 Guardian of Safe Working Report**	GOSW to look at engaging junior doctors to facilitate communications via different media that would support recruitment of the future workforce	GOSW	Open	December 2021
5	**21/22-138 Board assurance Framework September 2021**	With effect from November 2021 any new risks since the last meeting, any changes in risk ratings, any updates on the delivery of actions, any updates on external assurances and triangulation with items elsewhere on the agenda	Interim Director of Corporate Affairs	Complete, this is incorporated in the version of the BAF submitted to the November Board	November 2021

6	**21/22-138 Board assurance Framework September 2021**	To ensure a process is in place for all BAF risks to be either aligned with specific papers on annual board cycle or as exception reports to the Board	Interim Director of Corporate Affairs	Completed, this action is incorporated within the programme for Board seminar agendas	November 2021
7	**COO report**	To identify and propose solutions addressing the root causes of patient flow in unscheduled care	COO	This action is incorporated within the November Board seminar agenda	November 2021
8	**Quality and Performance Dashboards & Exception Reports**	To ascertain why the North West has a higher than average level of sickness and propose	Interim Director of Workforce	Open	December 2021
9	**COO report**	To separate the junior doctors in rotational posts from the overall staff turnover metrics	Interim Director of Workforce	Open	December 2021
10	**Risk Management Strategy**	To review terms of reference for risk management committee and SMAC, and ensure that the significant aspects of the role of SMAC are maintained	Interim Director of Corporate Affairs	Open	December 2021

Agenda Item: 8

BOARD OF DIRECTORS

3rd November 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 November 2021.

Recommendation: (e.g. to note, approve, endorse)
The Board is asked to note and receive the Chief Executive's report.

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)
This report incorporates narrative on an update on the governors' elections as well as the Annual Members Meeting

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

November 2021

Chief Executive's Report

Purpose

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

Introduction / Background

1. COVID-19 Update

There are robust escalation and site plans in place for the management of all infectious respiratory conditions, including Covid, Respiratory Syncytial Virus (RSV) and flu. The number of Covid positive cases is currently rising in the community and in the Trust. The weekly rate is 412 per 100 000 population. As noted previously, the largest proportion of cases (33%) are in children and young adults, aged 10-19 years. Covid inpatients are now managed within two designated wards, compared to one at the time of the last Board report, as well as in the critical care footprint where clinically appropriate. The Trust continues to monitor cases of RSV in children but have not yet experienced any anticipated surge. All flu cases are being closely monitored with a small number of flu positive admitted as inpatients.

2. Serious Incidents

The Trust declared 4 serious incidents (SI) in the month of September 2021; this is a decrease on the previous month. The Serious Incident panel report and investigate all serious incidents in line with the "Serious Incident Framework" so that learning can be identified and shared.

There were no common themes or areas identified from the 4 reported incidents, which spanned areas of the trust, including the Surgical Services (1) Women's and Children's (1) and Medicines and Acute (2)

Duty of Candour has been undertaken in line with legislation and national guidance.

RIDDOR

There were no RIDDOR reportable incidents in September 2021.

3. Covid -19 Staff Vaccination programme

The Covid-19 vaccination programme continues across the local health economy. To 21st October 2021, 458,219 vaccinations (236,964 1st dose and 221,255 2nd dose) have been given across Wirral place in GP practices, PCN local vaccination sites, the WUTH vaccination centre, in pop up clinics and using the vaccination bus. The national data states this currently equates to 80% and 75% of the local eligible population respectively.

As of 18th October 2021, the Trust service had delivered 99,610 vaccinations to patients and staff.

Booster vaccines can be administered 26 weeks after the second dose of the primary vaccination course. As of 24th October 2021, 2,538 booster vaccines have been given to eligible staff since the start of the campaign which is approximately 53% of those

who can be vaccinated currently. A publicity campaign is in progress to encourage eligible staff to come forward for their booster.

The Clatterbridge Vaccination Centre are starting to vaccinate 12- to 15-year-olds to support the Wirral Community Trust School Immunisation Service week commencing 25th October 2021.

The first allocation of flu vaccines has also been received in the Trust and are being administered in an Arrowe Park pop up clinic, via roaming vaccinators and co vaccination of Covid-19 and flu vaccination at our Clatterbridge Centre. As of 24th October, 2906 flu vaccinations had been delivered which equates to 44% of Trust staff. This will continue to increase in line with the flu vaccine supply roll out

4. Deloitte Well Led review

The Deloitte well led review is now entering its final phase, with a significant amount of progress having been made by the end of October.

At the time of writing, Board and senior manager interviews had been completed, as well as stakeholder engagement events internal and external to the Trust.

The Trust Board meeting observation originally scheduled for the October meeting was rescheduled to November 2021.

At the time of writing, informal feedback is due to be delivered to the Trust in mid-November 2021, with a full report anticipated at the end of the same month.

Areas of improvement will be implemented from December 2021, with assurance feeding through to the Board, leading up to the annual report submission in May 2022.

5. Integrated Care System

Further to NHS England's release of the Guidance on the development of the place-based partnerships, in late September 2021, the Trust has continued to work with NHS organisations across Wirral and Wirral Council to develop the future 'Place' based governance arrangements.

This has included a number of workshops with Wirral NHS and council executives and Cheshire and Merseyside Integrated Care System leaders to review the emerging legislation and guidance and debate the future governance arrangements. This includes roles and responsibilities at Place, working in partnership and leadership.

It is expected that an outline of these future governance arrangements will be presented to Trust Board in early 2022, with an aim for these arrangements to be implemented from April 2022.

6. Clatterbridge Health Park Expression of Interest submission

The Trust has been working with Clatterbridge Cancer Centre NHS Foundation Trust (CCC) and other campus partners in the development of a capital master plan for the Clatterbridge Health Campus, with the support of BDP Architects and Archus Health Planners. This master plan is in its final stages and expected to be presented to Boards in November 2021.

In mid-July 2021, the Department of Health and Social Care (DHSC) announced an Expression of Interest (EOI) process for NHS Trusts to bid for capital funding for one of eight new hospitals, with bids due in September 2021.

WUTH and CCC decided to develop and submit an Expression of Interest for the Clatterbridge Health Campus redevelopment, using the emerging master plan as a basis for the submission. The submission includes a new integrated hospital building

incorporating an elective centre with 9 theatres, a breast surgery centre, outpatient and ambulatory care facilities, rehabilitation wards, chemotherapy and FM services.

NHS England and the Department of Health and Social Care have indicated that the review of EOIs this will be undertaken through a two stage process, with the aim to make a final decision on the successful bids in the spring 2022.

7. Arrowe Park Hospital master planning

The Trust has commenced the procurement process for architectural and health planning specialist support in the development of the campus master plan for Arrowe Park Hospital.

The Trust is aiming to complete the master planning exercise by the summer of 2022, with a focus on short and medium term capital improvements and developments to the hospital campus as well as the longer term redevelopment of the hospital site.

8. Workforce Wellbeing Winter Plan

At the October meeting, the Workforce Assurance Committee received a comprehensive presentation on the Workforce Wellbeing winter plan, due to be rolled out during the winter months to promote our staff wellbeing. This proactive approach is specific to the Wirral University Teaching Hospital Trust.

The purpose of the Workforce Wellbeing Winter Plan is to build upon our current health and wellbeing tools, resources and initiatives. The current workforce wellbeing provisions have been reviewed through staff engagement, use of evidence and national best practice guidance to implement further support for staff during the winter period. The plan will launch in November 2021 until 31 March 2022. The plan is focussed on physical health, mental health, building resilience and morale boosters. All of the wellbeing provisions within the plan will be funded via charitable funds, funding available via a successful bid to NHS England or existing OD resource.

On-going monitoring, evaluation and adjustment of the plan are essential and form a key part of implementation and roll out. One of the key risks to achieving improvements in health and wellbeing via this plan are barriers to access. The Workforce Wellbeing Winter Plan Lead will therefore undertake a specific piece of work with staff to understand those barriers and implement appropriate solutions, including delivering the plan differently where required.

A full evaluation of the plan will take place in April 2021, to inform the Trust's wellbeing approach going forward. Progress updates will be given to the Workforce Assurance Committee and Board as appropriate.

9. CQC Unannounced Inspection

An unannounced CQC inspection was undertaken at WUTH in October focusing on the Emergency Department, Acute and Medical Services. Initial Feedback was provided to members of the Executive Team noting staff were open, welcoming and kind, showing caring interactions with patients throughout all areas. This was validated during the inspection by patients who praised all the staff for their caring attitude. CQC confirmed they had no immediate patient safety concerns.

CQC initial feedback described additional focus being given to the effectiveness of streaming in the Emergency Department and the suitability of the environment in the Mental Health Suite located in the emergency department. The discharge lounge was found to be an example of positive practice that worked well to support patient discharge in an appropriate environment. Areas of outstanding practice included the

use of telemedicine to support quick access to stroke thrombolysis and staffing levels for patients who required non-invasive ventilation and tracheostomy support.

The CQC are concluding their inspection with a series of staff focus groups before their final report is drafted and submitted to WUTH for factual accuracy. It is anticipated this will be with the Trust in January 2022.

10. Recommendation

The Board is asked to note and receive the Chief Executive's report.

Agenda Item: 9

BOARD OF DIRECTORS
November 2021

Title:	Chief Operating Officer's report
Responsible Director:	Chief Operating Officer
Author:	Director of Operations Planned Care Director of Operations Unscheduled Care
Presented by:	Chief Executive Officer

Executive Summary
This report provides the current Organisational performance data for Planned (Elective) and Unscheduled (Non Elective) Care. The report covers the performance against the reset & recovery planned trajectories which includes: ▪ Outpatient New & Follow Up ▪ Day case & Elective Inpatients ▪ Diagnostics (Planned and Unplanned) ▪ Priority 1(P1) & Priority 2 (P2) Elective patients ▪ 52 & 104 week waiters ▪ Waiting list size ▪ Cancer The report also provides performance against the following Unscheduled Care standards: ▪ Emergency Department (ED) Performance ▪ Ambulance Conveyances ▪ Long Length of Stay

Recommendation: (e.g. to note, approve, endorse)
To note performance, risks and mitigations.

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)		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
Essential Standards: NHSI CQC		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
-		
Specific communications and stakeholder /staff engagement implications		
-		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
-		
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		
Background papers / supporting information		

BOARD OF DIRECTORS MEETING IN PUBLIC
November 2021

Chief Operations Officer Report to Trust Board

1.0 Purpose

This paper provides an overview of the Trusts current performance against the Re-set and Recovery Programme for Planned Care and standard reporting for Unscheduled Care.

For Planned Care activity volumes, it highlights the Trust's 4-week average for weeks concluding 26/09/21 and the current September/October performance (snapshot at 03.10.21) as well as providing comparative data nationally, across Cheshire & Merseyside (C&M) and the North West.

For Unscheduled Care, the report details performance and highlights the ongoing challenges around increase in attendances and long length of stay patients and the impact this has on 4 hour performance. The report also highlights the percentage number of patients who remain in the department for longer than 12 hours since arrival. This is in preparation for the proposed new National standards.

The report also highlights current risks in the Trust's ability to return to pre-Pandemic activity levels and general Emergency Department (ED) performance overall on a sustainable level together with associated mitigations underway to manage these.

2.0 Introduction / Background

March 2020 saw the first large scale cancellation of all, but the most urgent elective activities aligned to the National Emergency Preparedness Resilience & Response (EPRR) to the COVID 19 pandemic. Over the last 19 months elective activity has been re-started and suspended during the 2nd and 3rd COVID19 waves alongside general disruption due to ongoing COVID19 pressures during this period. This has impacted negatively on both waiting list numbers and waiting times for treatment.

From an unscheduled care perspective at the start of the pandemic & during subsequent lockdowns non COVID19 emergency attendance & admission numbers declined significantly. However since the summer these numbers have continued to increase and have surpassed 19/20 pre pandemic activity by around 20%.

The delivery of reset & recovery elective activity commenced in earnest in 2021 with the main focus areas being on treating the most clinically urgent patients first followed by the long waiters. To do this all Trusts were asked to:

- Clinically prioritise their waiting list into 6 categories (P1 – P6) based on how

long it was deemed clinically safe to wait for treatment. P1 being the most urgent e.g. cancer through to P6 least urgent. National focus has been on P2 performance with these patients requiring to be treated within 1 month.
- Increase elective activity to an agreed proportion of the 19/20 rates (taking into account the productivity impact of the COVID environment on managing electives) as a sliding trajectory back to 95%
- Work as a system of providers within their Integrated Care System (ICS) establishing mutual aid, green site working and shared waiting lists.
- Reduce cancer waits to pre pandemic levels

Since the last meeting as part of H2 planning for Reset and Recovery, Trust's are now requested to:

- Eradicate 104+ week waiters by the end of March 2022 excluding P5/P6 patient choice waiters
- Hold 52-week breach numbers to be no greater than end September 2021 position at the end of March 2022.
- Hold waiting list size numbers to be no greater than end September 2021 position at the end of March 2022.
- The number of 62-day cancer pathways not to be greater than 57 each month (locally agreed).

In terms of unscheduled care once the lockdown was fully released the numbers of attendances to ED have continued to increase far surpassing the 19/20 levels. In addition, the numbers of patients who occupy a hospital bed but no longer meet the criteria to reside (deemed fit for discharge) continues to increase with acute bed occupancy over 95%. This is a national picture and is recognised as such, being driven in part by changes in patient behaviour, access to face-to-face GP appointments, increasing levels of acuity in the population based on previous ability to access services during the pandemic, COVID restrictions & a fragile out of hospital care market. The level of demand experienced is putting increased pressure into the system across all points of delivery. This is further compounded by a number of workforce issues which include:

- Higher than average sickness absence rates & continued COVID isolation.
- Fatigued staff who are reluctant to work additional shifts
- Recruitment to domiciliary care to support the out of hospital care sector

3.0 Elective Performance

The elective performance to date is outlined below

Activity

The National Standard was to achieve 95% of 2019 comparable month's activity across all Points of Delivery (PODs). However, 3 things to note:

1. The actual is based on the value of the activity with activity numbers used as a proxy
2. The threshold has been revised for H2 21/22 to 89% of closed RTT pathways not activity value for access to the Elective Recovery Fund (ERF)

3. To clear backlog systems need to be undertaking in excess of 100%

The table below summarises the 4-week average for weeks concluding 26/09/21

POD	National	North West	Cheshire & Mersey	WUTH
OP New	91%	96%	87%	92%
OP FU	95%	101%	93%	109%
Day Case	87%	84%	72%	90%
Elective IP	83%	87%	87%	93%

Diagnostic Activity

Planned & Unplanned activity levels are in line with trajectory.

Diagnostics			
Planned		UnPlanned	
Actual	Div Trajectory	Actual	Div Trajectory
98	100	**101**	100

Priority 2 Performance (P2)

The Trust continues to over achieve against the P2 month end trajectories with September's position better than plan at 31 open pathways against a month end plan of 39 open pathways.

October's position is on plan against a trajectory of no more than 49 open at month end.

There are currently 286 patients at WUTH that have an assigned P2 category of which 70% having date scheduled for their procedure (TCI). This compares to 2791 P2 patients across the Cheshire & Mersey ICS with 66% having a TCI in place.

52 Week Wait Performance

The 52 weeks wait number is 636. This position is an improvement on last month and remains below the 873 trajectory. Across C&M there are currently 13,282 52 + week waiters.

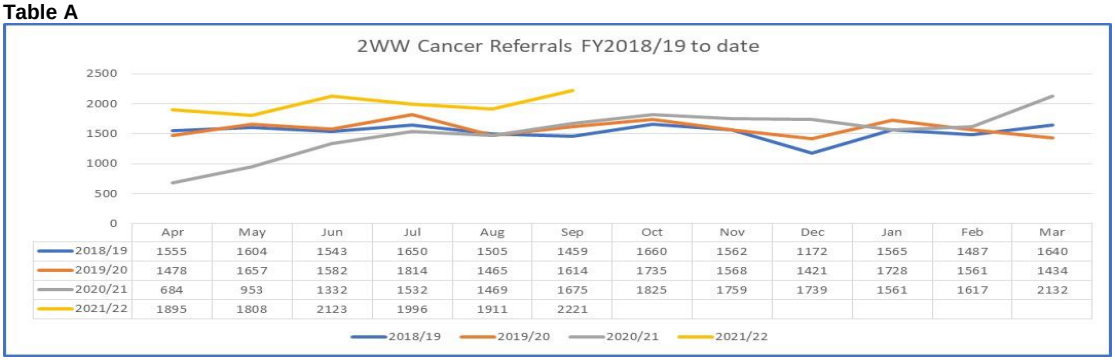
104+ Week Wait Performance

As of 03.10.21, the Trust had a total of 7 104+ week patients, of which 3 remain untreated (2 under review and 1 P6 patient delay) with the remaining 4 having TCI dates. This compares to 335 across C&M.

Cancer Backlog Performance

The 62 and 104 day cancer backlogs have returned to pre-Pandemic levels, despite an increase in TWW referrals as demonstrated in Table A below. Cancer performance for Q1 and Q2 has been achieved as illustrated in table B. However, Q3 performance will not be achieved due to the number of Urology and Colorectal breaches which is driven by increase in referrals & capacity constraints. Recovery actions are underway to reduce this risk in Q4

Table A



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1555	1604	1543	1650	1505	1459	1660	1562	1172	1565	1487	1640
2019/20	1478	1657	1582	1814	1465	1614	1735	1568	1421	1728	1561	1434
2020/21	684	953	1332	1532	1469	1675	1825	1759	1739	1561	1617	2132
2021/22	1895	1808	2123	1996	1911	2221						

Table B

2WW performance	Q2 (21/22)	
2WW performance	Q3 (21/22)	
28 day performance	Q2 (21/22)	
28 day performance	Q3 (21/22)	
31 day performance	Q2 (21/22)	
31 day performance	Q3 (21/22)	
62 day performance	Q2 (21/22)	
62 day performance	Q3 (21/22)	
Long waiting patients (maintaining pre-pandemic levels)	Ongoing	
Third wave recovery projection	Ongoing	
Outstanding harm reviews	Ongoing	

Risks to Recovery

There remain significant risks to elective recovery which include:

- Staff shortages & fatigue impacting on uptake of additional sessions
- Movement of theatre and anaesthetic staff to support critical care
- Balancing clinical priority against long waiters
- Winter non elective surge
- Failure to deliver agreed activity levels (Insourcing)
- Increased cancer referrals

Mitigations

Recognising these risks there are a number of mitigations in place which include:

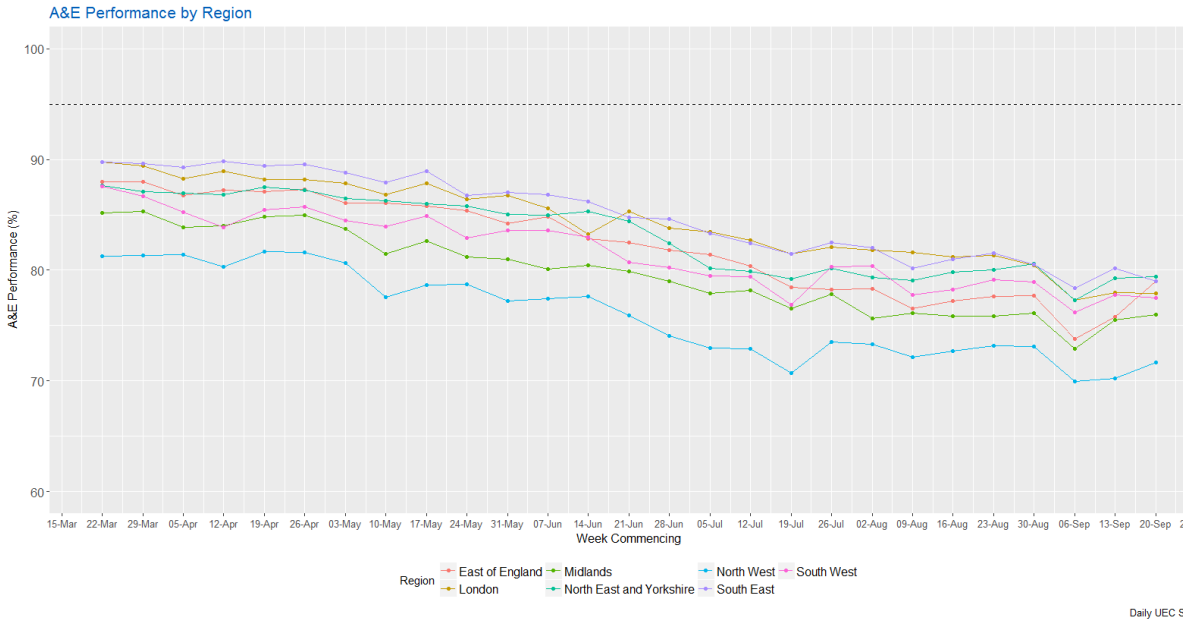
- Full participation in the C&M elective recovery programme which is supporting the coordination of:
    - Use of the Independent Sector
    - Regional/National capital, revenue & technology bids to increase capacity and throughput.
    - Regional review and agreement around staffing requirements to maximise qualified staff utilisation, particularly in critical care
    - Introduction of HVLC (High Volume Low Complexity) surgical pathways including theatre lite alongside organisational bench marking.
    - Green site working
- Divisional Director led cancer remedial action plans to recover in Q4 for

Urology and Colorectal.

- Appraisal of robot usage by non-CA specialities/patients along with full service and staffing review.
- Patient level tracking & active management in place monitored by the Divisional Directors via the weekly operation delivery group (ODG)
- Full participation in regional performance governance arrangements

4.0 Unscheduled Care

Performance against the 4 hour standard remains challenged in Wirral, across C&M and the North West as can be seen below



Performance for APH site type 1 for September was 51.44% and YTD 62.82%, for the APH site; including UTC this was 63.44% and YTD 70.78%. The All-type Wirral Performance for September was 75.08% and 78.92% YTD.

The Trust saw average daily attendances of 276 which is an increase compared to the average of 244 for the same period in 19/20. Total attendances for September were 8268 against 7691 for same period in 19/20 an increase of 7.5%, a 17.4% increase for the same period in 20/21.

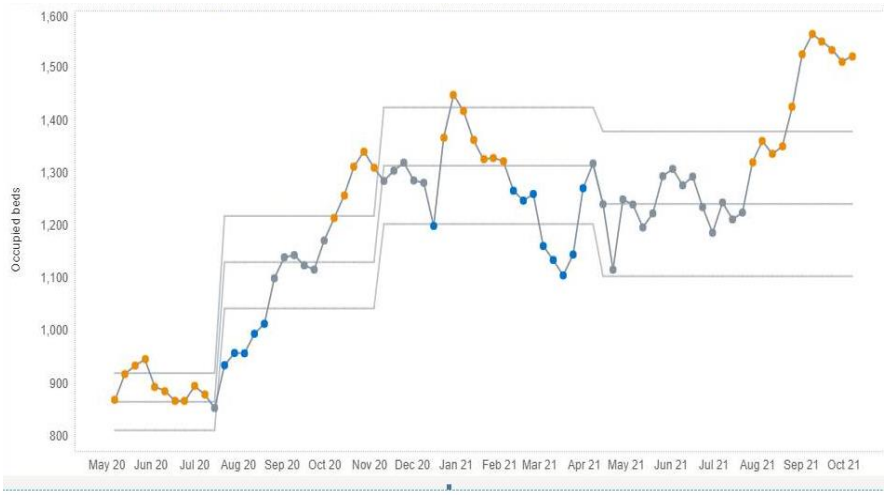
The proportion of patients waiting more than 12 hours in the department from time of arrival was 9.3% in September compared to 4.9% in August. This compares favourably both within C&M & Northwest where the range is from 1% to 15%.
There was a total of 11 formal 12 hour breaches from DTA in September which are reportable to NHS E/I. This brings a total of 21 reportable 12 hour trolley breaches between April - September 2021. All breaches were due to the challenges in accessing timely mental health beds, which is mirrored nationally.

Total ambulance turnaround time was not achieved in September 2021 with a mean time of 42.01mins against the 30minute standard. Mean time for handover to Trust

was 29.84 against the 15 minute standard. There were a total of 2009 ambulance conveyances in September, accounting for 24.3% of ED attendances. There were 241 ambulances that had a greater than 60mins handover in September compared to 105 in August.

The average number of super stranded patients (>21days LOS) in September was 132 compared to 117 in August. Work is ongoing both internally and externally with system partners to improve the current position.

This is mirrored in the Cheshire & Mersey position outlined in the graph below.



Cheshire and Merseyside STP Days Occupying Beds 14+

Risks to Unscheduled Care Performance

There are a number of risks to improving performance as outlined below:

- Increased attendances at ED is significantly compromising capacity in ED
- Physical environment is compromised during periods of overcrowding
- Increasing mental health activity and significant increases of attendances under S136
- The fluctuation in Covid attendances and admissions, alongside nosocomial infections compromise flow as a result of closed hospital beds
- Flu attendances have started to impact on bed capacity
- Staff shortages across the Trust impacting on patient flow and reduces the ability to open additional escalation areas
- Increase in delayed transfers of care resulting in patients staying in hospital longer than required.
- The lack of domiciliary care provision in the community is impacting on overall hospital occupancy and resulting in reduced patient flow through the Trust.
- T2A (Transfer to Assess) beds availability in the Wirral system as new providers have not been able to come online within agreed time frames due to staffing challenges in the community.
- Availability of Mental health inpatient beds
-

Mitigations

There are a number of mitigations in place which include

- System wide Winter plan in line with the National UEC Recovery Action Plan
- Full participation in the unscheduled Care transformation programme which includes Working with Wirral Community Trust to improve streaming and reduce the numbers of patients attending the ED department who can have their care needs met away from ED.
- Trust level Winter resilience director in place from November 2021 until April 2022
- Onsite support from Wirral Community Trust with the Chief Operating Officer focusing on admission avoidance and supporting early and timely discharge
- Monitoring of ED improvement plan and Wirral system urgent care plan by systems Chief Operating Officers including Director of Adult Social care 3 times weekly.
- Health Economy CEO Oversight of discharge cell.
- Additional spot purchase care home beds in place
- Participation in C&M winter room including mutual aid arrangements
- NWAS Divert Deflection policy
- Rapid improvement programme to support increased streaming at the front of ED to deflect non-urgent demand to other services away from ED
- Communications out to primary care and to Wirral residents around only use A+E for urgent care and from 25th Oct streaming away from ED is to be increased.

4.0 Conclusions

Whilst progress against elective plans remains strong, achievement of the 95% ED 4 hour performance remains significantly challenged especially as we move into the Winter period. The impact of non-elective demand compromises elective recovery if Trust & system capacity is not actively managed over the next half of the year.

Improved performance is heavily reliant on the Trust working with the Wirral system to achieve the trajectory submitted as part of the overall Wirral Urgent Care Improvement Programme. The Trust Winter plans are being finalised to support achievement of the trajectory and to meet the increased demand the Trust will be challenged with this winter.

5.0 Recommendations to the Board

To note performance, risks and mitigations.

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: 10

Meeting of the Board of Directors
3 November 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 September 2021.

Of the 46 indicators that are reported (excluding Use of Resources):

- 25 are currently off-target or failing to meet performance thresholds
- 21 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)

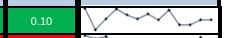
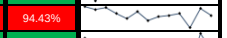
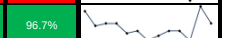
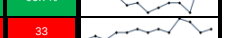
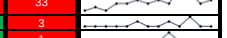
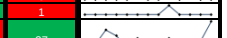
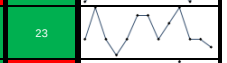
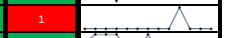
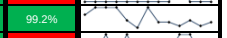
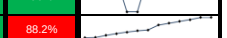
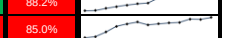
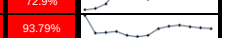
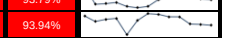
For noting

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	

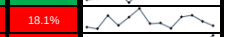
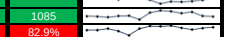
Quality Performance Dashboard

October 2021
Upated 19-10-21

	Indicator	Objective	Director	Threshold	Set by	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021/22	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	0.21	0.00	0.11	0.21	0.15	0.11	0.16	0.10	0.20	0.05	0.05	0.10	0.10	0.10	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	95.4%	95.1%	95.3%	94.7%	94.2%	94.9%	94.0%	94.4%	94.5%	94.7%	93.3%	95.2%	94.5%	94.43%	
	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	97.4%	96.8%	96.9%	96.9%	96.5%	96.6%	96.2%	96.4%	96.6%	96.6%	96.2%	97.6%	96.9%	96.7%	
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	2	3	2	4	4	5	4	5	4	8	7	4	5	33	
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	0	0	1	0	0	1	0	2	0	0	3	
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Clostridium difficile (healthcare associated)	Safe, high quality care	CN	Maximum 79 cases for 2021-22, with a varying trajectory of a max 6 to 8 cases per month	WUTH	1	5	10	8	4	7	6	5	7	5	1	6	13	37	
	Gram negative bacteraemia	Safe, high quality care	CN	Maximum 63 for financial year 2021-22, with a varying trajectory of a maximum 5 or 6 cases per month	National	3	7	3	1	3	6	6	3	5	7	3	3	2	23	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	99.6%	100.0%	100.0%	100.0%	99.3%	98.9%	100.0%	99.2%	99.2%	99.0%	99.3%	99.0%	99.2%	99.2%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	1	0	1	0	0	0	0	1	1	0	0	2	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	96%	94%	91%	93%	Not avail	Not avail	96%	96%	96%	95%	96%	96%	96%	96%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	72.9%	73.2%	75.1%	76.6%	77.9%	79.1%	79.9%	84.3%	85.9%	87.5%	89.1%	91.0%	91.1%	88.2%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	73.9%	74.5%	77.6%	81.3%	82.9%	84.1%	82.3%	83.0%	83.6%	83.9%	86.1%	85.9%	87.2%	85.0%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	53.2%	54.7%	60.9%	77.8%	79.0%	80.1%	67.0%	69.5%	70.8%	72.3%	74.3%	75.5%	75.0%	72.9%	
	Attendance % (12-month rolling average)	Safe, high quality care	DoW	≥95%	SOF	94.40%	93.58%	93.61%	93.66%	93.48%	93.42%	93.48%	93.79%	93.90%	93.95%	93.88%	93.83%	93.79%	93.79%	
	Attendance % (in-month rate)	Safe, high quality care	DoW	≥95%	SOF	94.41%	93.81%	94.04%	94.14%	92.30%	93.91%	94.71%	94.62%	94.32%	94.32%	93.52%	93.47%	93.38%	93.94%	
	Staff turnover % (in-month rate)	Safe, high quality care	DoW	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.97%	0.64%	0.97%	0.82%	0.98%	0.67%	0.77%	0.95%	0.72%	0.79%	1.22%	1.86%	1.09%	1.11%	
	Staff turnover (rolling 12 month rate)	Safe, high quality care	DoW	≤10%	WUTH	12.7%	12.6%	13.2%	13.3%	13.7%	13.9%	13.0%	13.5%	13.2%	13.3%	13.0%	12.6%	12.9%	12.9%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	8.0	8.5	10.1	9.5	8.1	8.9	9.0	8.7	8.3	8.8	8.5	8.4	8.2	8.5	

Quality Performance Dashboard

October 2021
Upated 19-10-21

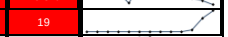
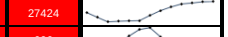
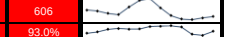
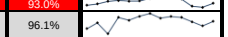
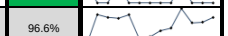
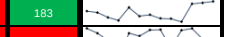
	Indicator	Objective	Director	Threshold	Set by	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021/22	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	96.8%	97.4%	97.5%	96.2%	94.1%	95.3%	98.0%	98.4%	98.3%	98.3%	95.9%	96.7%	96.4%	97.3%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	96%	96%	98%	97%	95%	97%	97%	99%	98%	98%	98%	97%	96%	97.7%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	17.8%	17.7%	18.5%	17.9%	18.4%	18.9%	18.0%	18.0%	17.7%	18.4%	18.5%	18.1%	17.9%	18.1%	
	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	309	305	279	319	371	354	341	323	329	318	319	368	393	393	
	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	92	95	86	112	98	106	88	96	85	99	95	126	132	132	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	4.8	3.9	4.1	3.4	2.8	3.2	3.1	3.6	3.3	3.5	3.8	3.8	3.6	3.6	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	5.4	5.8	5.4	4.3	4.7	4.4	4.2	3.8	4.0	4.0	4.1	4.2	4.4	4.1	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	1014	1007	992	1020	1027	938	1097	1149	1131	1084	1115	1018	1010	1085	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	79.3%	79.2%	81.3%	77.7%	71.9%	81.3%	84.9%	84.5%	85.5%	82.5%	79.8%	82.0%	83.4%	82.9%	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021/22	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	1	0	0	3	2	0	0	2	2	3	4	1	2	14	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	87.0%	84.0%	87.0%	85.0%	84.0%	83.0%	82.0%	76.0%	76.0%	71.1%	78.7%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	TBC	92.0%	91.0%	92.0%	94.0%	95.0%	95.0%	95.0%	96.0%	94.0%	94.8%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	95.0%	93.0%	94.0%	93.2%	94.0%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	80.0%	100.0%	67.0%	94.0%	99.0%	95.0%	93.0%	97.0%	98.0%	94.1%	96.0%	

Quality Performance Dashboard

October 2021
Upated 19-10-21

	Indicator	Objective	Director	Threshold	Set by	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021/22	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory 2020-21, and Q2 21-22	SOF	76.9%	71.6%	76.2%	71.8%	64.6%	76.8%	77.8%	76.1%	73.5%	78.0%	67.8%	66.2%	63.4%	70.8%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	0	0	0	0	1	7	11	19	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	TBD	National	64.8%	64.9%	71.4%	69.6%	65.3%	77.8%	78.8%	73.4%	68.1%	73.4%	57.7%	66.7%	48.1%	64.6%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	TBD	National	2.7%	4.3%	3.1%	4.3%	6.7%	2.3%	1.6%	1.7%	2.6%	2.3%	7.9%	4.9%	9.2%	4.8%	
	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	8.3%	12.8%	9.2%	13.2%	18.0%	6.6%	6.8%	8.2%	10.4%	7.6%	14.5%	14.3%	23.5%	13.1%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	59.76%	65.66%	69.16%	69.81%	68.40%	67.89%	69.26%	69.61%	72.57%	75.64%	75.13%	74.14%	72.88%	72.88%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,980 for WUTH by March 2021	National	24212	22945	21633	21792	21880	21955	23444	24774	25873	26671	26979	27306	27424	27424	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	806	777	704	666	899	1108	1168	874	633	526	507	560	606	606	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	88.8%	90.5%	93.7%	94.9%	94.0%	94.3%	97.4%	97.7%	98.5%	96.8%	87.5%	86.0%	91.3%	93.0%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	92.6%	94.9%	90.5%	97.2%	96.0%	97.6%	98.8%	96.9%	97.6%	97.2%	95.4%	93.7%	95.6%	96.1%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	92.48%	-	-	94.20%	-	-	97.64%	-	-	97.21%	-	-	-	97.2%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	92.1%	98.0%	97.4%	97.2%	98.0%	93.0%	93.5%	94.7%	95.2%	99.2%	96.3%	96.4%	97.4%	96.6%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	92.44%	-	-	97.55%	-	-	94.73%	-	-	96.26%	-	-	-	96.3%	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	82.6%	82.9%	85.3%	85.4%	80.9%	82.1%	84.1%	84.5%	84.1%	85.3%	84.7%	85.9%	89.0%	85.6%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	80.68%	–	–	84.60%	-	-	82.56%	-	-	84.66%	-	-	-	84.7%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	183	178	161	150	196	165	170	157	156	145	209	213	218	183	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	4.20	3.80	3.20	1.32	3.80	3.56	4.07	4.09	2.56	4.04	4.20	3.31	3.29	3.58	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	94%	100%	97%	100%	95%	100%	93%	95%	100%	94%	94%	96%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	2	1	4	2	2	4	4	0	2	1	2	5	2	2	

Quality Performance Dashboard

October 2021
Upated 19-10-21

	Indicator	Objective	Director	Threshold	Set by	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021/22	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 21/22 (cumulative 59 per month until year total achieved)	National	126	329	215	163	599	206	87	19	37	109	281	455	614	614	
	% Appraisal compliance	Safe, high quality care	DoW	≥88%	WUTH	76.3%	73.0%	74.1%	76.2%	72.9%	74.7%	77.0%	81.0%	81.3%	82.7%	82.7%	82.2%	81.2%	81.2%	

	Indicator	Objective	Director	Threshold	Set by	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021/22	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.8	0.7	0.5	-0.2	-5.4	3.5	0.8	-0.5	-0.2	0.0	0.2	-0.2	0.0	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.4	0.5	0.3	-0.1	-5.4	3.9	0.8	-0.4	-0.4	0.0	0.2	-0.1	0.1	
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.02%	6.03%	9.05%	14.50%	14.5%	
	NHSI Agency Performance (monthly % variance)	Effective use of Resources	CFO	On Plan	NHSI	22.3%	12.1%	0.5%	10.2%	18.5%	-22.5%	-21.9%	-50.5%	-27.7%	-32.4%	-40.5%	-11.7%	-5.2%	-28.0%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-16.3	-15.0	-15.6	-17.4	-28.0	-17.8	-16.9	-15.0	-15.5	-10.4	-15.7	-15.4	-15.2	-15.2	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	42.1%	41.8%	46.2%	66.3%	67.5%	-74.8%	100.0%	2.0%	5.0%	12.0%	17.4%	21.8%	23.5%	23.5%	

(*) Updated Metrics

Metric Change

(**) Updated Thresholds

Threshold Change

Safe : Clostridium difficile (healthcare associated)

Internal maximum threshold set at 79 cases for the year 2021-22

Appendix 2

WUTH Quality Dashboard Exception Report November 2021

Safe Domain

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

Executive Lead:

Medical Director

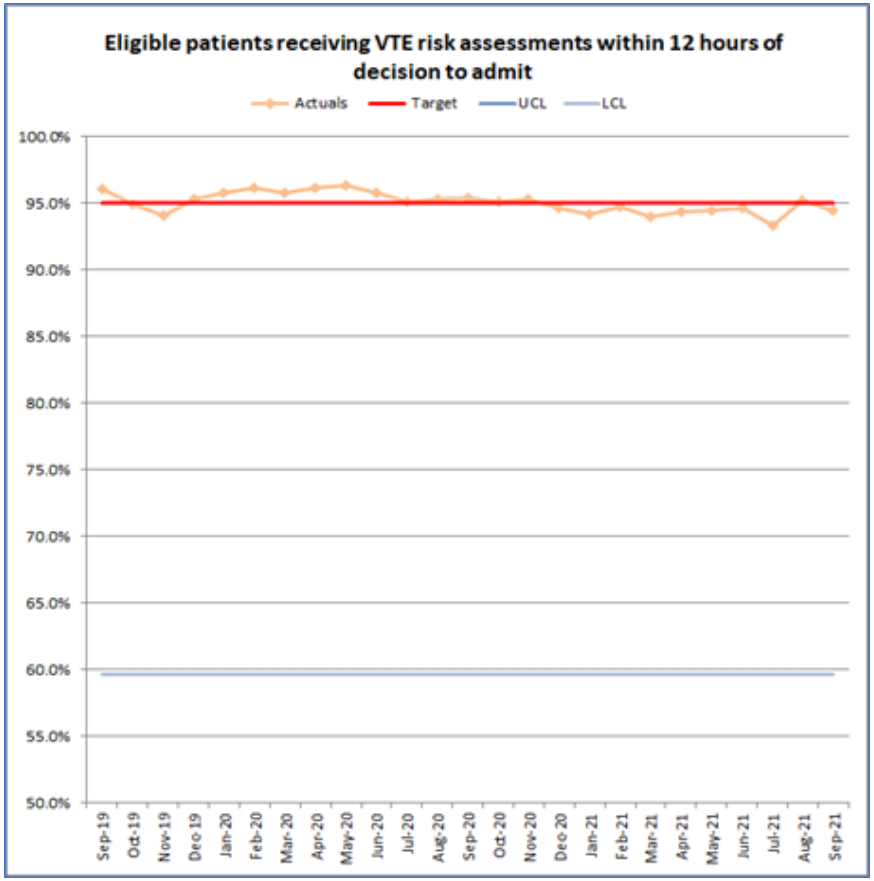
Performance Issue:

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. September performance was slightly below at 94.5%.
The nationally reported standard of all patients receiving a VTE risk assessment on admission to hospital is consistently met.

Action:

VTE compliance in each division is tracked through divisional governance reports to PSQB. A monthly report of all patients who did not receive as 12-hour assessment is now being shared with all AMDs to feedback to clinical teams.
Issues with data quality are being addressed to ensure all patients who do not clinically require a 12-hour assessment are not being inappropriately counted in the performance data.
Performance will continue to be closely monitored to ensure that there is not a significant nor sustained deterioration in assessment and that there are no patient safety issues.

Expected Impact:
Improvement of performance to achieve minimum target value.



Clostridium difficile (healthcare associated)

Executive Lead: Chief Nurse

Performance Issue:

In respect of the COVID pandemic the National objective set for WUTH for healthcare associated *Clostridium difficile* infections (CDI) this year is 115. This is an increase in the previous year and is not reflective of the achievements made in reducing CDI for the last 2 years. To promote continuous improvement an internal threshold has been agreed: a target of 79 healthcare associated CDI cases or less for 2021-2022. This a 10% reduction of last year's objective of 88.

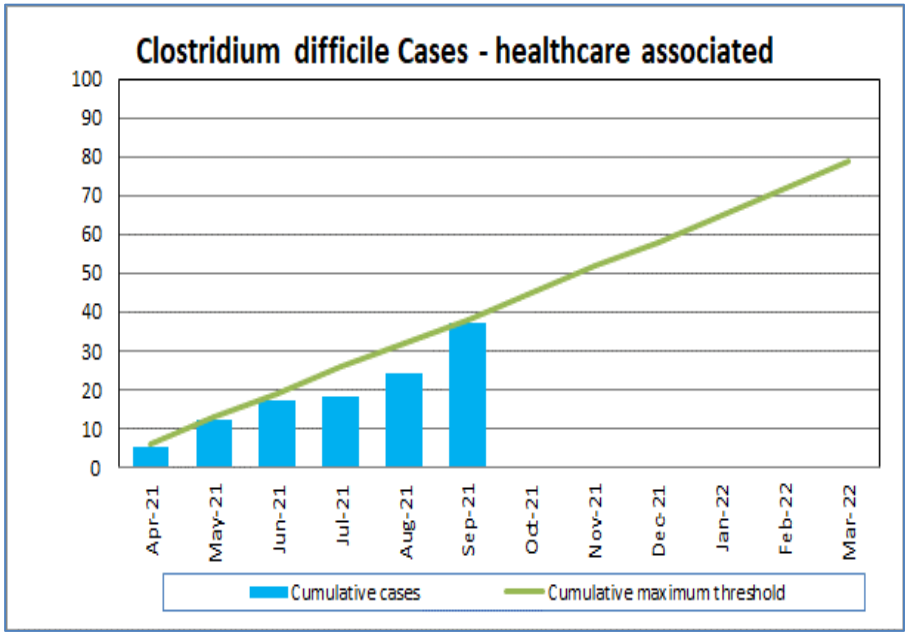
The cumulative position for 2021-2022 at the end of September is reported at 37 cases: this remains below the cumulative threshold for the first six months. The number of cases each month from April 2021 to August 2021 have been below the monthly threshold of 6 – 7 cases. In September 2021 the monthly threshold has been exceeded reporting a total of 13 cases.

Action:

Local improvement plans have been completed by the divisions and a thematic review of healthcare associated CDI will be completed by the end of October 2021. The findings of the thematic review will inform targeted improvement plans. Reviews meetings led by the Associate Director of Nursing for Infection Prevention and Control and Interim Deputy Chief Nurse have been established twice monthly to support and oversee the progress of the identified improvements.

Expected Impact:

Healthcare associated *Clostridium difficile* cases to be below the monthly and annual threshold for 2021-2022.



Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse

Performance Issue:

Compliance target for level 2 training is set at a minimum of 90%. Performance against this standard has been improving since February 2021, with September resuming an upward trend to 87.2% compliance. Overall an increase in compliance since Q1 (83.9%) to Q2 (87.2%) has been achieved.

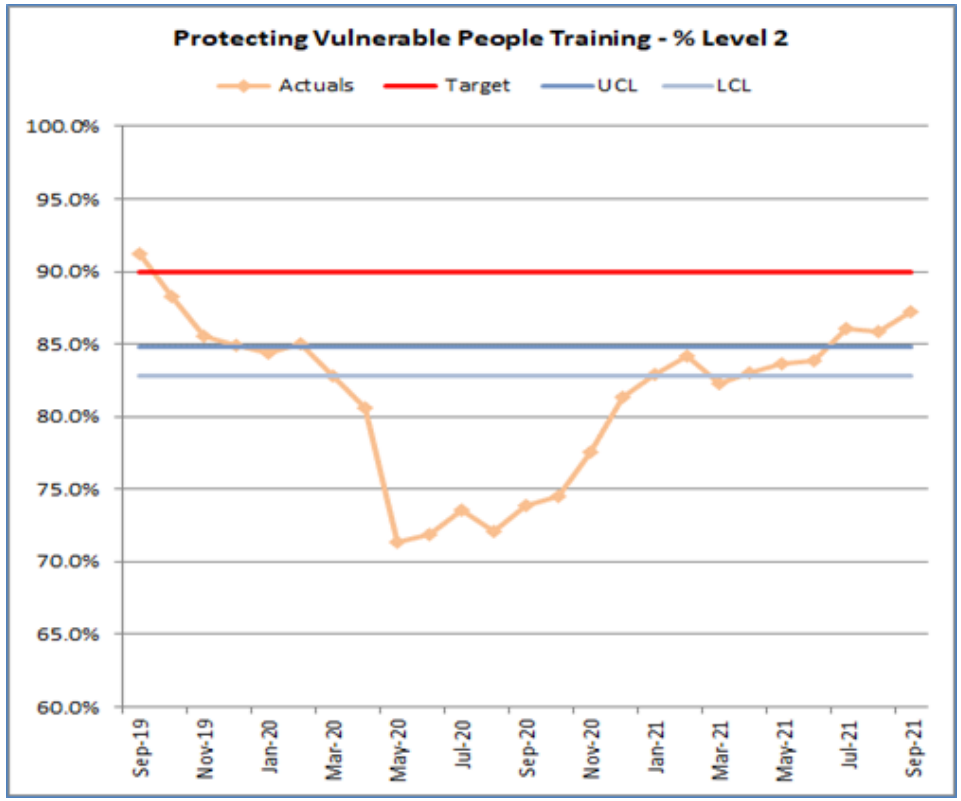
Action:

Divisional triumvirates have provided a trajectory to achieve compliance for level 2 PVP training for all relevant staff; this is monitored via the Safeguarding Assurance Group. Training is available as eLearning via ESR; there are no capacity challenges for delivery of the training.

Associate Director of Nursing for Safeguarding will continue to provide detailed monthly breakdown of compliance to the divisions to enable key areas to be focused upon.

Expected Impact:

Level 2 PVP training is expected to increase to the mandatory 90% compliance and above mark by end of Q3.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse

Performance Issue:

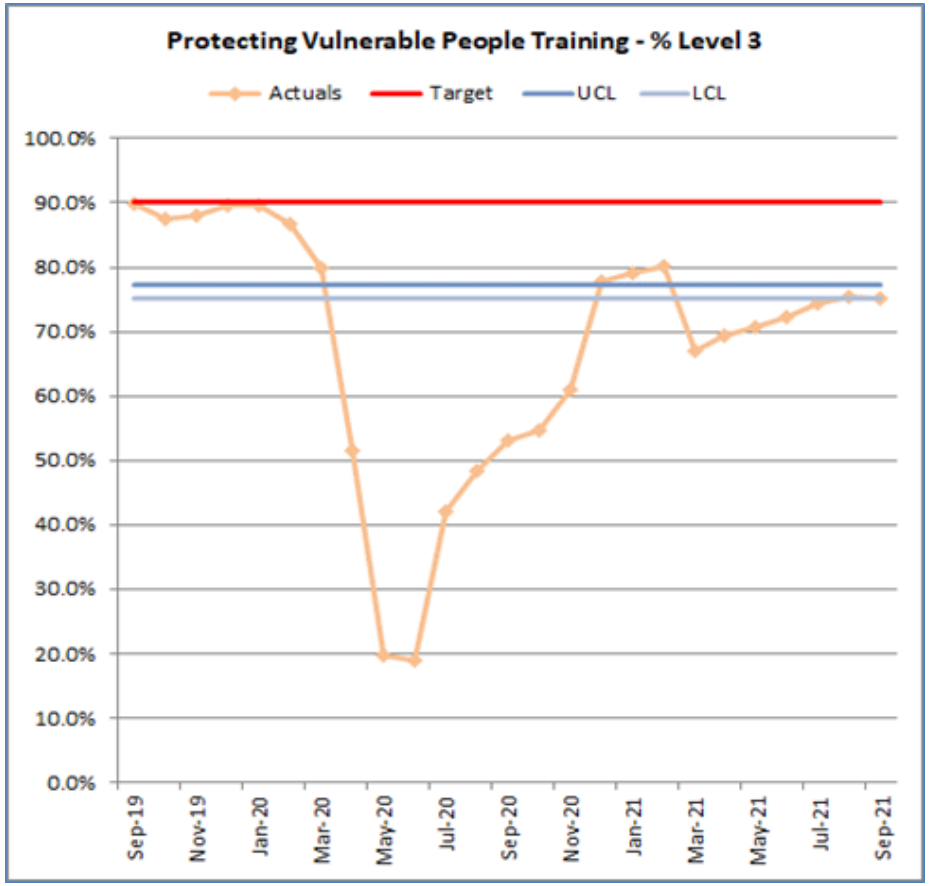
Compliance target is set at a minimum of 90% of relevant staff to have undertaken training every 3 years (available via eLearning). Performance against this standard has improved from Q1 (72.3%) to Q2 (75%). September 2021 compliance remains at 75.0%.

Identified staff need an additional face to face element of level 3 to comply with Working Together Intercollegiate (2019) requirements: this is set at a minimum of 90%. An improvement has been noted - achieving 72.9% at the end of September for Q2 position, compared to 70.9% in Q1.

Action:

Divisional triumvirates have developed trajectories determining when compliance of each aspect of level 3 will be achieved. These are monitored via Safeguarding Assurance Group. The Associate Director of Nursing (ADN) for Safeguarding provides monthly reports to enable triumvirates to target areas of non-compliance. In addition to this the ADN is meeting with the Divisional Nurse Directors to determine how the Safeguarding Team could support a divisional approach to enhance training uptake. Adequate training capacity is available across the year to enable the Trust to meet the requirements.

Expected Impact:
Level 3 safeguarding training is expected to continue to increase to achieve the compliance requirement of 90% and above during Q3 and Q4.



Staff attendance % (in-month rate)

Executive Lead: Director of Workforce

Performance Issue:
The Trust compliance threshold for sickness absence is 5%, both for in-month sickness and over a rolling 12-month period. Sickness absence in September 2021 was 6.62% which is a 0.09% increase from August 2021 and is the highest since January 2021 (7.70%). For context, the most recent benchmarking data shows that the North West region has a sickness rate of 7.1%, compared to a national average of 5.9%. Cheshire & Merseyside has a rate of 7.1%.

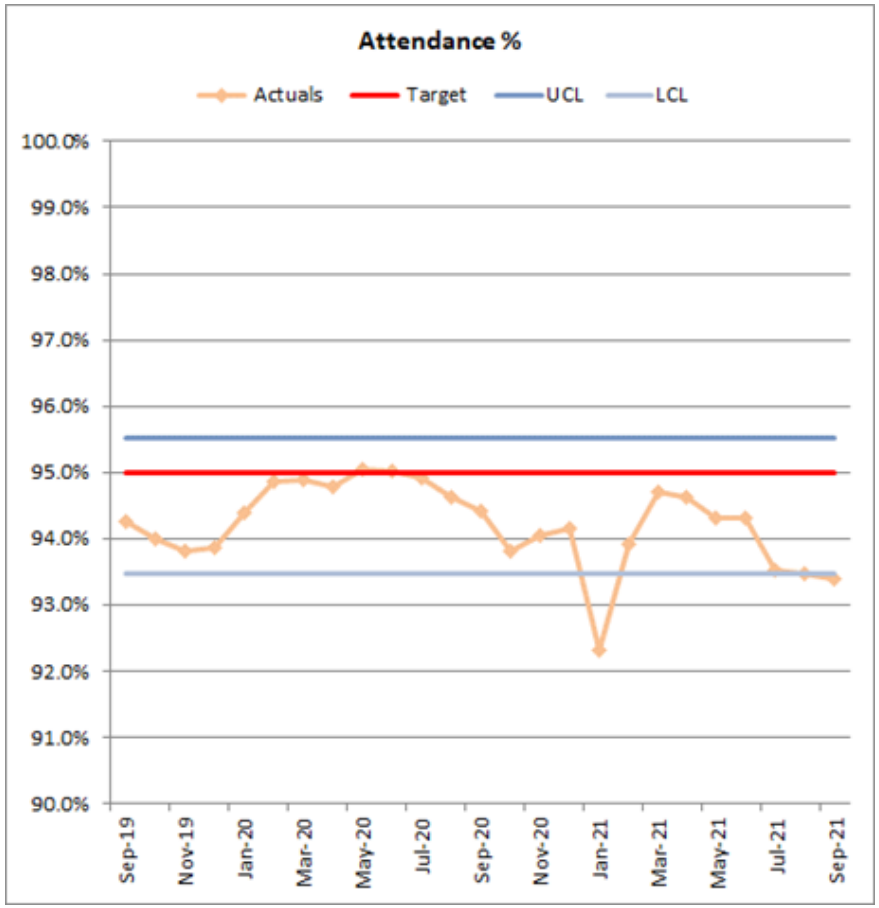
Six Divisions have exceeded the 5% KPI in September 2021:

- Diagnostics & Clinical Support (5.74%)
- Corporate Support (5.16%)
- Estates and Hotel Services (10.97%)
- Medical & Acute (6.62%)
- Surgery (6.29%)
- Women & Children's (6.16%)

Corporate Support and Women & Children's decreased. It is noted that Women & Children's decreased by 0.58% – a significant reduction.

In September 2021 there was an increase in long-term sickness absence as compared to August, although proportionately, short term sickness absence continues to account for the majority (71%) of sickness absence.

Anxiety, Stress and Depression remains the highest reason for long term sickness absence. The 'Cold, Cough, Flu – Influenza' category was the highest reported reason for short-term sickness.



Action:

Work is being undertaken strategically, operationally, and locally. The following are updates on initiatives in place to improve workforce wellbeing

and address sickness absence, over and above the information previously provided to Trust Board.

Managing Sickness Absence

An on-going review is taking place on the Trust Attendance Management Policy, as part of the NHS England and NHS Improvement Deep Dive project. In addition, local audits of policy compliance have been completed by the HR Team and improvement actions are now being put in place.

Mental Health and Wellbeing Support

Following investment into the Occupational Health and Wellbeing Department to enable the appointment of a substantive Psychological Wellbeing Practitioner, a review of the provision of mental health and wellbeing support to the workforce is on-going, with immediate action having been taken relating to the prioritisation and scope of the current Psychological Wellbeing Practitioner.

Workforce Wellbeing Winter Plan

The Workforce Directorate has produced a Workforce Wellbeing Winter Plan. The plan is be based on evidence around wellbeing across the NHS workforce and on the specific needs of the Trust workforce. New wellbeing initiatives have been introduced and previously successful initiatives have been re-established including:

- Further Mental Health First Aider Training
- Mindful Meditation
- Staff Support Team

Further work will be implemented throughout November as the plan goes live. The implementation of the plan will include a specific piece of work with staff groups to explore barriers to access.

Expected Impact:

The impact of high sickness is increased pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance, and safety.

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.

Staff turnover % (in month rate)

Executive Lead: Director of Workforce

Performance Issue:

The Trust target is set as a maximum rolling 12-month turnover threshold of 10%. Turnover in August 2021 spiked significantly however this was due to the planned turnover of foundation year doctors and students. Turnover has reduced to 1.09% in September, although this remains above target.

Actions:

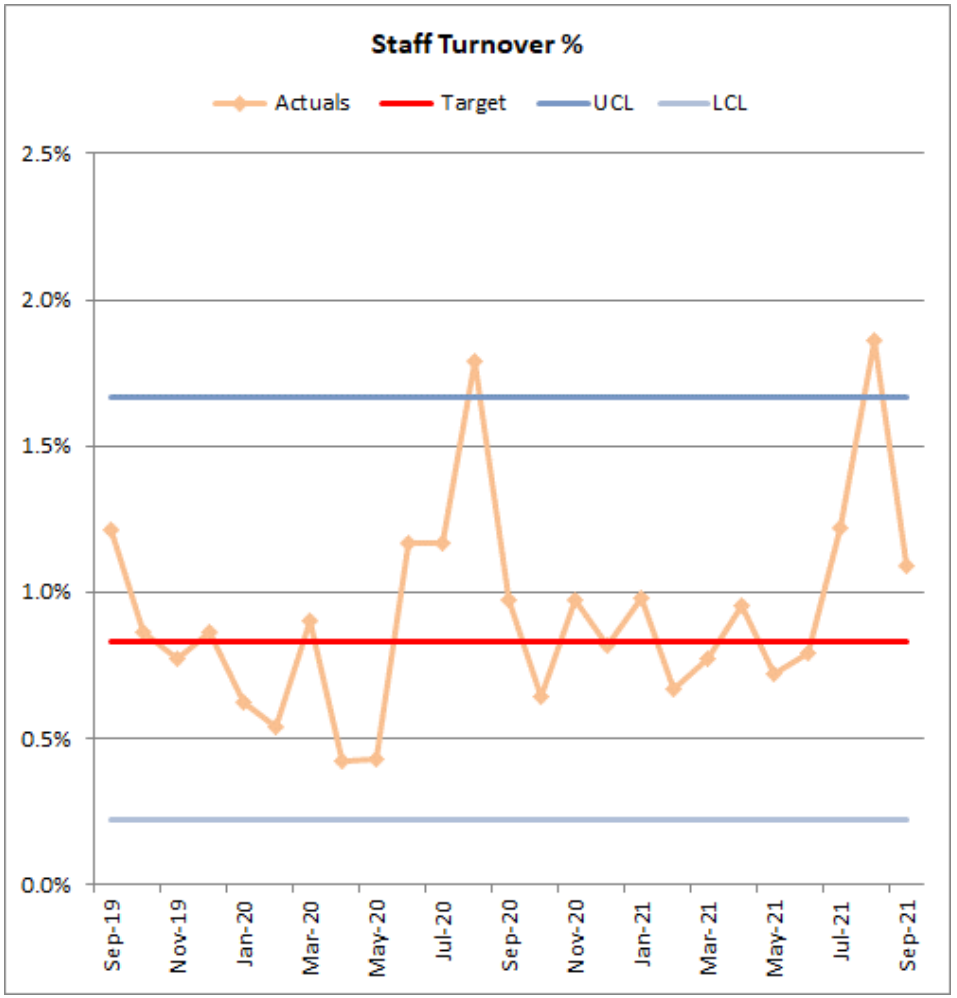
Monitoring of the Turnover KPI is on-going via Divisional Management, Divisional governance infrastructure, and via Divisional Performance Reviews (DPRs).

Exit interviews are carried out as a matter of routine. HRBPs will work with their Divisions to raise Turnover at Divisional Leadership and Board meetings, highlight hotspots, work with local Management to address concerns, and where required, put into place specific action plans to address hotspots.

Positive results on Turnover have been highlighted within Estates and Facilities and so a deep dive will be undertaken to understand drivers and to inform on whether there is good practice that can be shared.

Additionally, operational, clinical and HR staff continue to ensure that attention is focused on retention by reviewing the preceptorship programme, responding at pace to staff feedback via staff side colleagues, the freedom to speak up guardian, and guardian of safe working, and maximising access to wellbeing and staff support initiatives.

Expected Impact:
The impact of high Turnover increases pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff



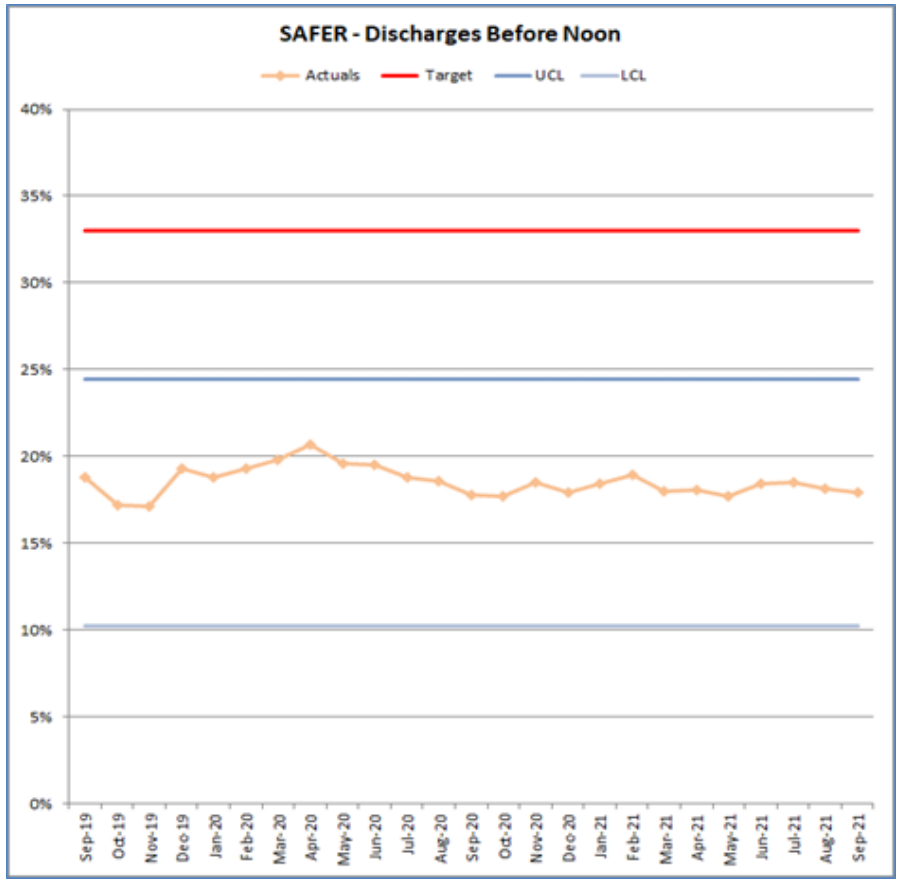
which may impact on quality, performance, and safety.

Risks to Trust financial management, quality, patient safety and operational performance due to the cost of high Turnover and the expense of bank and agency cover will reduce as Turnover improves over the next two quarters with the interventions outlined above.

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 Trust have developed a rolling programme of weekly Multi Agency Discharge Events (MADE) to support focused discussions on discharge plans on a large number of patients between ward MDT and MADE team. Val McGee, COO at Wirral Community Health and Care Trust, has been seconded to WUTH for two months to support developing and implementing improvements in internal flow and discharge processes.
Expected Impact: September data shows we were at 17.9% for patients discharged before midday.



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.

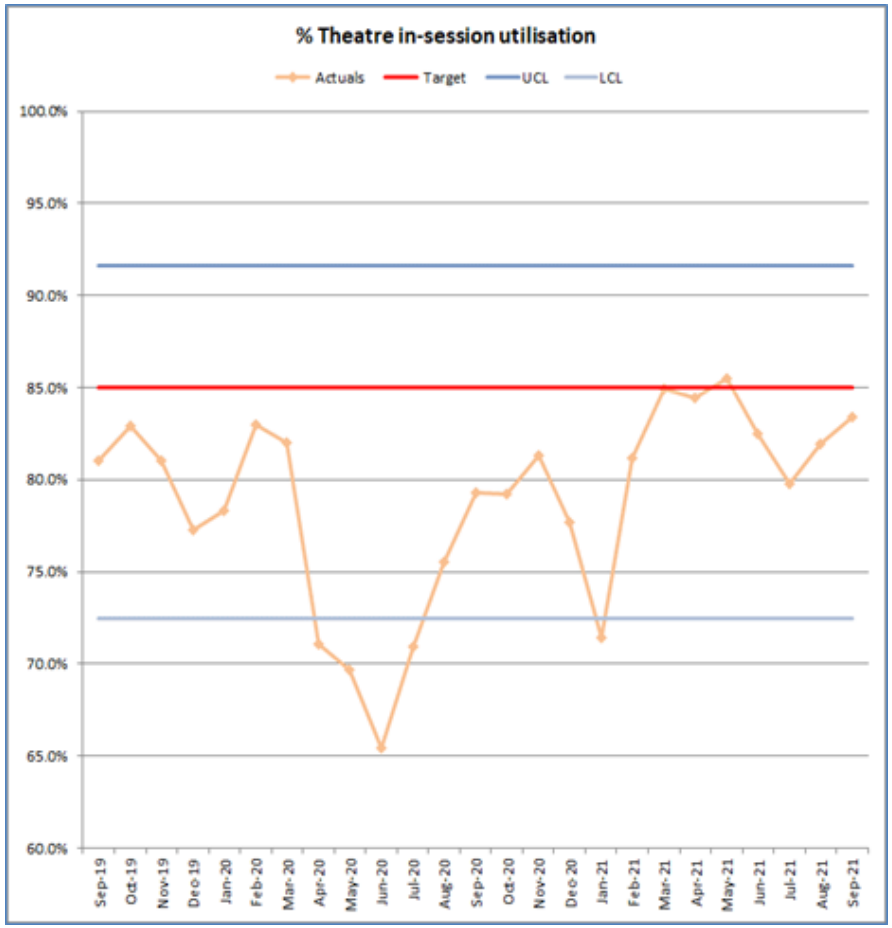
During September additional challenge was put in via the Division to increase the number of cases per session while balancing the likelihood of over-running theatres. This had a positive result with September performance continuing to improve taking in-session utilisation up to 83.04%.

However, COVID prevalence continues to see a direct impact on in-session utilisation due to patients being cancelled if their pre-admission COVID swab was positive and lists are unable to be backfilled at such short notice due to clinical requirements/pathways. This is further impacted as community prevalence continues to increase and with the Trust approach to isolation for a positive or symptomatic household member, lists are being cancelled on the day or curtailed, prioritising the most clinically urgent patients.

COVID measures regarding PPE remain in place.

Staffing issues across the Trust in September remain a concern and have potential impact on theatre utilisation with theatre sessions cancelled to move theatre staff into ED and Critical Care.

Critical Care bed occupancy is starting to impact on EL lists with patients being cancelled on the day.



Action: Close monitoring of lists and a tactical approach to critical care bed requirements being introduced, i.e., minimising CC bed demand on a Monday. Continuation with pilot of increasing the number of cases per session. Winter Plan
Expected Impact: The increase in utilisation rates is expected to continue as activity returns to pre-pandemic levels on a consistent basis. On the day cancellations continue to be a risk due to unplanned absence in both theatres and critical care.

Same sex accommodation breaches

Executive Lead: Chief Nurse

Performance Issue:

The national standard is set that providers should not have mixed-sex accommodation, except where it is considered in the overall best interests of the patient or reflects personal choice.

Mixed sex breaches are largely due to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 2 such breaches in September 2021. These reported breaches did not cause any delays or refused admissions to the Critical Care Unit as sufficient critical care bed capacity was available at this time. Patient's privacy and dignity needs are met whilst in critical care and the team ensures their specialty care is not compromised due to a lengthened critical care stay.

Action:

Joint working continues between Critical Care and Patient flow teams to expedite discharges in response to an increase in acuity of patients and extremely poorly Covid-19 positive patients.

The management of mixed sex breaches is a high priority and is managed via Bed Capacity and Bronze Command Meetings to ensure actions are taken to address these promptly. Critical Care Matron attends the bed meetings to ensure focus remains high on any patients that are at risk or reported as mixed sex breaches.

Expected Impact:
All patients are transferred to their specialty bed within 24 hours of discharge.

Responsive Domain

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

Executive Lead: Chief Operating Officer

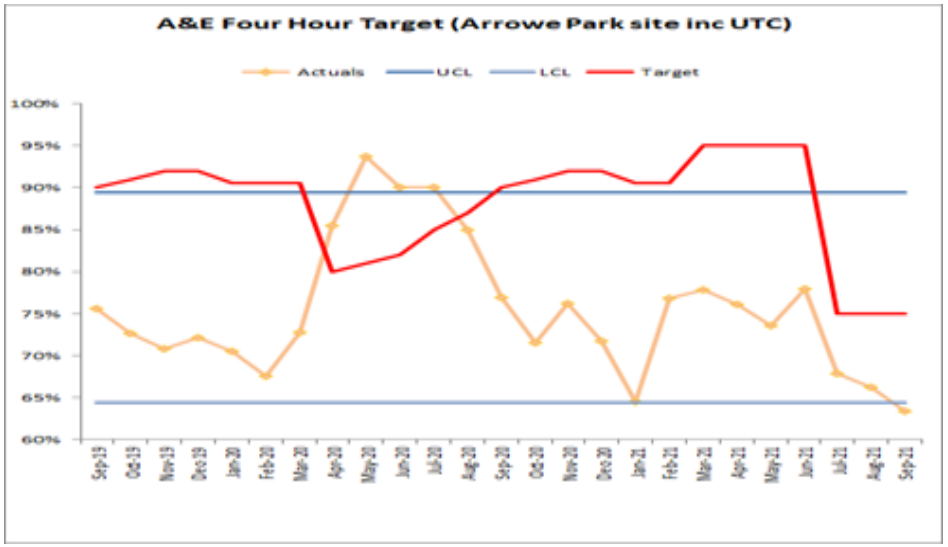
Performance Issue:
Performance for APH site type 1 for September was 51.44% and YTD 62.82%. For the APH site including UTC this was 63.44% and YTD 70.78%.
The all-type Wirral Performance for September was 75.08% and 78.92% YTD.

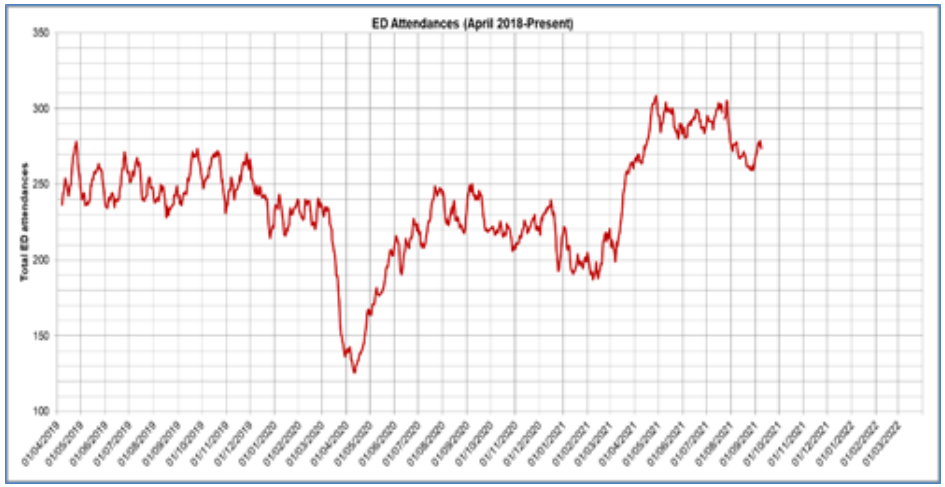
The Trust saw average daily attendances of 276 which is an increase compared to the average of 244 for the same period in 19/20. Total attendances for September was 8,268 against 7,691 for same period in 19/20 - an increase of 7.5%, and a 17.4% increase for the same period in 20/21.

The proportion of patients waiting more than 12 hours in the department from time of arrival was 9.3% in September compared to 4.9% in August.
There were a total of 11 formal 12-hour breaches from DTA in September which are reportable to NHSEI. This brings a total of 21 reportable 12-hour trolley breaches between April and September 2021. All breaches were due to challenges in accessing timely mental health beds, which is mirrored nationally.

Total ambulance turnaround time was not achieved in September 2021 with a mean time of 42.01 mins against the 30-minute standard. Mean time for handover to Trust was 29.84 against the 15-minute standard. There were a total of 2,009 ambulance conveyances in September, accounting for 24.3% of ED attendances. 241 ambulances had a greater than 60 mins handover in September compared to 105 in August.

The average number of super stranded patients (>21 days LOS) in September was 132 compared to 117 in August. Work is ongoing both





internally and externally with system partners to improve the current position.

Action:

There are a number of actions in place which include

- System wide Winter plan in line with the National UEC Recovery Action Plan
- Full participation in the unscheduled Care Transformation Programme which includes Working with Wirral Community Trust to improve streaming and reduce the numbers of patients attending the ED department who can have their care needs met away from ED.
- Trust level winter Resilience Director in place from November 2021 until April 2022
- On-site support from Wirral Community Trust with the Chief Operating Officer focusing on admission avoidance and supporting early and timely discharge
- Monitoring of ED improvement plan and Wirral system urgent care plan by systems Chief Operating Officers including Director of Adult Social care 3 times weekly.
- Health Economy CEO Oversight of discharge cell.
- Additional spot purchase care home beds in place
- Participation in C&M winter room including mutual aid arrangements
- NWAS Divert Deflection policy
- Rapid improvement programme to support increased streaming at the front of ED to deflect non-urgent demand to other services away from ED
- Communications out to primary care and to Wirral residents around only using A+E for urgent care and from 25th Oct streaming away from ED is to be increased.

Expected Impact:

The Trust winter plan and the ED workforce plan is expected to bring the Trust back in line with its ED performance trajectory.

Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust had a trajectory agreed with NHSI for 2020-21 to maintain at an open RTT position of 80%.

Following the directive to cease all non-urgent elective activities as part of the COVID response this metric sharply declined.

Referral to Treatment performance has continued to deteriorate, with September's position at 72.88%.

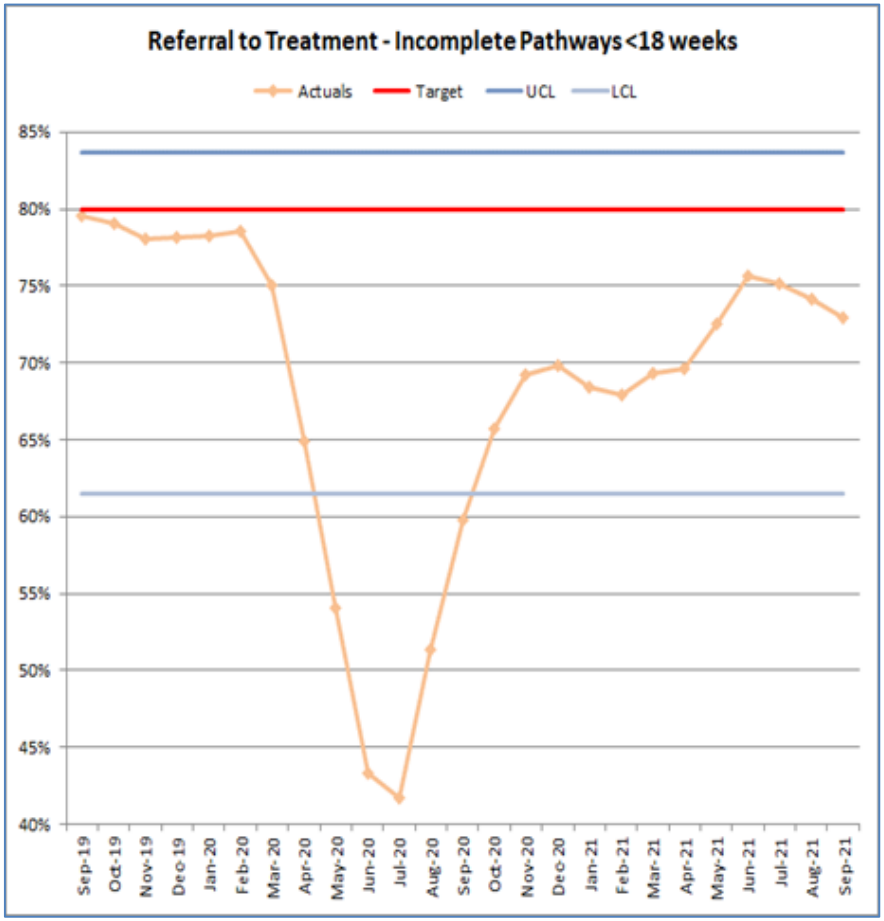
Factors impacting activity delivery:

- Inability to staff extra lists (WLIs)
- Staff sickness/isolation
- Staff moved to support ED demands
- Risks linked to medical admissions and challenges in Domiciliary care is restricting discharges and impacting elective admissions
- Higher A/L than in equivalent months 2019

Activity delivery will continue to be an issue for October 2021.

Actions:

- Continue to offer consultants WLIs and extension of nurse incentive scheme.
- Use the independent sector, Insourcing & Outsourcing where possible
- Establishing High Volume Low Complexity lists at CGH
- Establishing three session operating days at CGH to aid volume throughput



• To open POCU to allow more complex procedures at CGH • Divisional remedial activity plans requested • Robust Winter plan to minimize unscheduled care pressures on planned care activities.
Expected Impact: It is expected that the performance will stabilise over the coming months

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 also includes those patients that become overdue their planned procedure date. 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 September 2021 was 91.3%.

Most modalities have improved since August. The main area of underperformance lies within Endoscopy diagnostics (gastroscopy and colonoscopy).

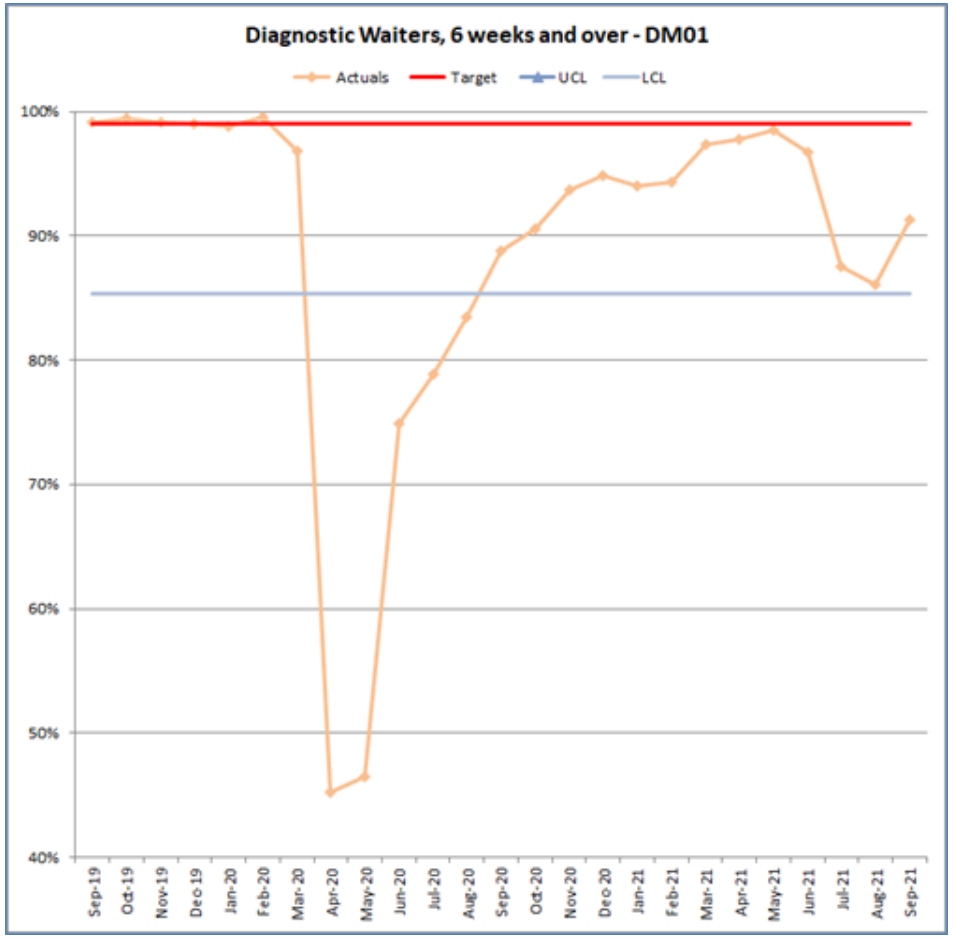
Action:

Remedial action plans requested at modality level which will be tracked at ODG chaired by the COO.
Full overview of DM01 tracking and reporting underway to streamline process and give greater visibility with live daily data.
Endoscopy work force review underway.

Expected Impact:

Endoscopy -:
1) successfully sourced a second insourcing provider to deliver additional activity
2) decontamination washer replacement programme is now fully in place.
This will result in steady improvements in performance.

Modality level tracking against trajectories will result in improved performance over the quarter.



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 September 2021 was 3.29.

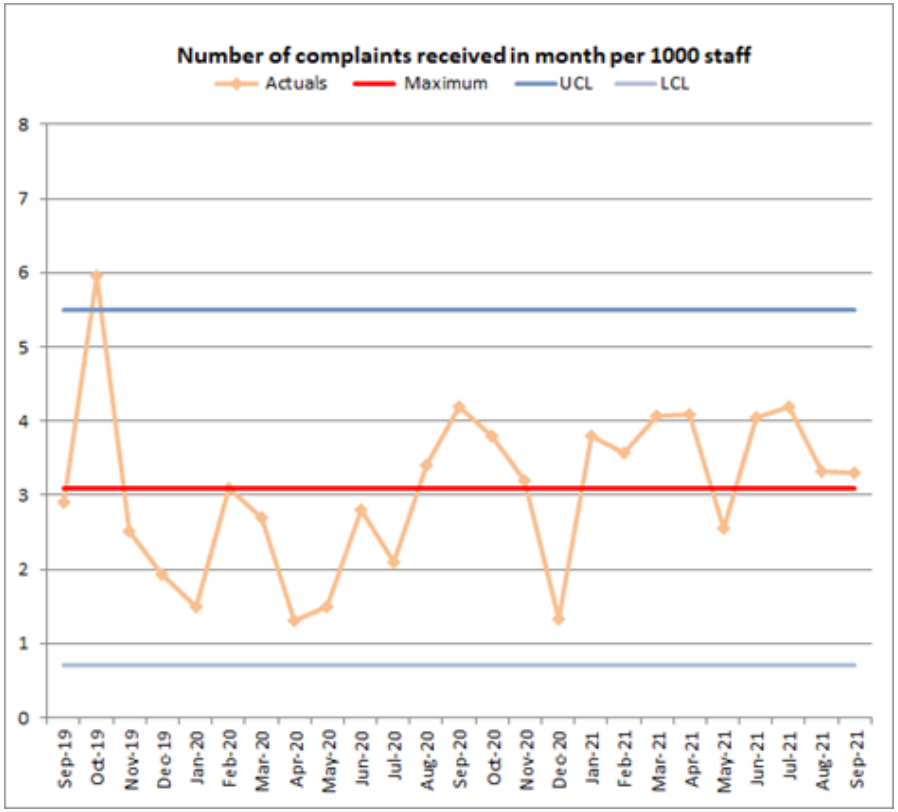
Action:

In September 2021, WUTH registered 18 formal complaints. Although the Trust's threshold has been set at lower, as previously remarked, this performance remains within expected historical parameters. The average for 2021/22 remains 19 complaints per month. In 2020/21, the average was 15, in 2019/20 it was 16, and in 2018/19 it was 23.

The largest thematic category for complaints in September 2021 was 'Communication' which featured in 45% of complaints received. As in previous months this has been a consistent theme, with relatives and patients encountering difficulties in contacting wards and departments or in receiving updates. 'Treatment and Procedure' featured in 26% of complaints and 'Transfer and Discharge' in 8%.
The ED, Maternity Ward and Ward 22 were all involved in more than a single complaint (4, 2 and 2 respectively).

Expected Impact:

It is not practicable to suggest actions to reduce the number of complaints received in month, given that they are still under investigation and actions – if any – are yet to be established. Work is, however, already ongoing to review ED care, while 'Communication' and current divisional strategies to address this was discussed at a September CAG meeting (as it was acknowledged that this problem had been amplified by the restriction on visiting).



Well-led Domain

Appraisal compliance %

Executive Lead: Director of Workforce

Performance Issue:

The target for annual appraisal compliance is 88%. Compliance at the end of September 2021 was 81.17%.

Appraisal compliance has continued to marginally reduce each month over the course of the last 3 months.

From a divisional perspective, all divisions with the exception of Surgery have seen a small reduction in compliance since the end of August 2021. Women's and Children's continue to meet the 88% compliance target, and Surgery's improvement in compliance see them also achieving the Trust's KPI.

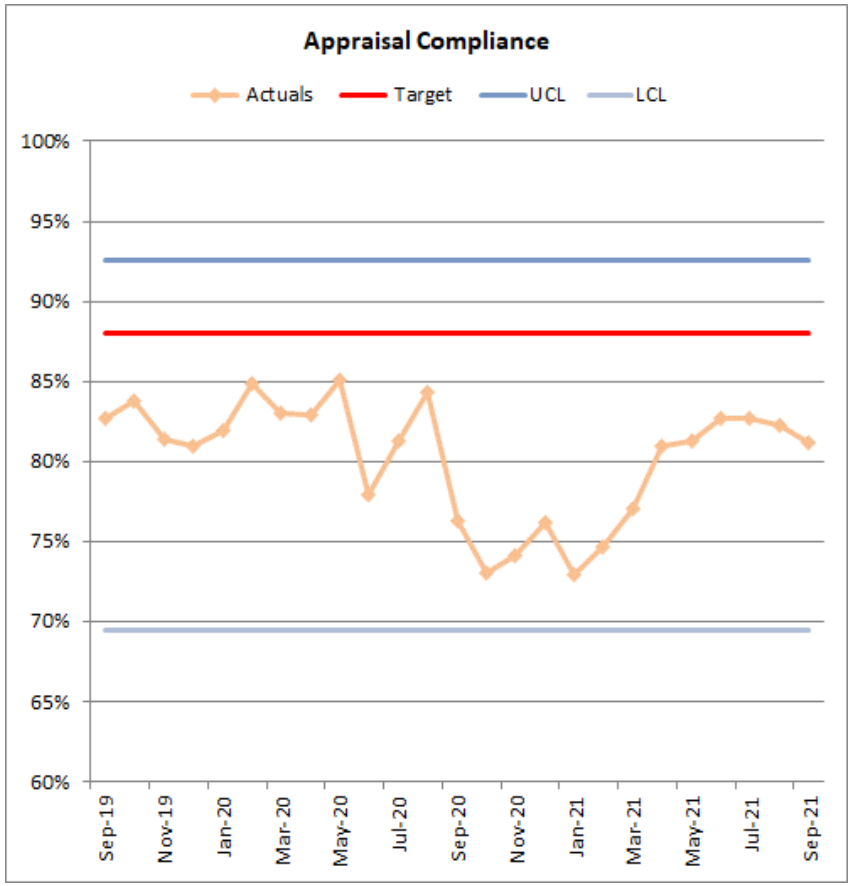
The Corporate Division continues to have the lowest compliance rate which now stands at 68%.

Please note that medical appraisal is currently excluded from the above figures.

Action:

Workforce compliance data is available to Divisions and the HR Services team to enable them to manage non-compliance for their areas and alerts of appraisals due are generated via the ESR system.

Detailed compliance reports are received by the Education Governance Group and the OD Team and HR Business Partners continue to support Divisional Management teams to identify and deliver actions to address low levels of



compliance in specific areas. Targeted action has commenced to alert Corporate Leads of outstanding appraisals in their area and this will continue through the next reporting period. Check and challenge discussions take place at a divisional triumvirate levels and recommencement of divisional performance review meetings will see this challenged further.
Expected Impact: Improvement in performance as the Trust returns to business as usual although it is acknowledged that winter pressures may create some challenges in maintaining appraisal completion rates across clinical areas over forthcoming months.

Agenda Item: 11

Board of Directors
3 November 2021

Title:	Urgent and Emergency Care CQC 2020 Patient Experience Survey Results
Responsible Director:	Tracy Fennell - Interim Chief Nurse
Author:	Tracy Fennell – Interim Chief Nurse Vic Peach -Interim Deputy Chief Nurse Johanna Ashworth-Jones - Programme Developer
Presented by:	Tracy Fennell - Interim Chief Nurse

Executive Summary
NHS UEC services have faced unprecedented challenges in 2020 due to the COVID-19 pandemic. Given the impact of the COVID-19 pandemic on NHS UEC services, It has been agreed the comparability of the 2020 survey with be with the 2018 survey. National Patient Experience Care Quality Commission (CQC) ED Patient Survey was sampled in September 2020. Results were published September 2021. Respondents rated their overall experience as 8.4 out of 10 (Good). The CQC applies a standardisation technique and a banding system to all the data collected nationally to provide a fair and comparative analysis. Wirral University Teaching Hospital Trust were banded as “about the same” for each of the 38 indicators over the nine sections. Three of the nine sections; waiting time, tests, and leaving A&E have been identified as areas of focus for improvement. Actions have been identified and incorporated into the ED Improvement Framework that is monitored via the Patient Safety and Quality Board. (PSQB)

Recommendation:
For information (no items for escalation)

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.	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)

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
CQC monitoring and inspections		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Specific communications and stakeholder /staff engagement implications		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
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	No
	Entire document is exempt under FOI	NA
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information		

Board of Directors
3 November 2021

Urgent and Emergency Care CQC 2020 Patient Experience Survey Results

Purpose

This report provides an overview of the Urgent and Emergency Care (UEC) Care Quality Commission (CQC) 2020 Patient Experience Survey results. The paper describes actions that are being taken as a result and the associated monitoring arrangements that have been defined to ensure improvements are made.

Introduction / Background

During September 2020, CQC completed the National Patient Experience Survey of people who had accessed Urgent and Emergency Care (UEC). This survey is part of the CQC's ongoing patient experience survey programme. The survey was completed by 41,206 respondents across 126 Trusts. The Trust had a total of 347 returns providing a 28.6% local response rate (Regional response rate 30.5%).

NHS UEC services have faced unprecedented challenges in 2020 due to the COVID-19 pandemic. For example, Urgent and Emergency Services were required to separate (i.e. cohorting) patients with COVID-19 or COVID-19 symptoms, from other attendees. Given the impact of the COVID-19 pandemic on NHS UEC services, the 2020 survey has been compared nationally with the 2018 survey.

CQC use the results from this survey in their regulation, monitoring and inspection of NHS acute trusts in England. The data is included in the CQC Insight and Intelligence Tool, which identifies potential changes in quality of care and supports CQC decision making when considering regulatory or monitoring responses. Survey data is also used to inform CQC inspections.

Nationally the themes and results highlighted in the 2020 survey are as follows:

- Most people continue to be positive about many important aspects of their urgent and emergency care.
- People were less positive about emotional support, pain management and availability of staff when they felt they needed attention.
- More people reported a 'very good' overall experience of care and most people were positive about their interactions with staff.
- Information provision when leaving A&E or the Urgent Treatment Centre was an area of concern for people completing the survey.

CQC use a standardisation technique which they apply to each Trust's raw data in order to provide a fair and comparable review, using this standardised data then allows them to "band" the responses into three different categories of "Better" "Worse" and "About the same". If a question is banded as "Better" or "Worse" this demonstrates that statistically this has not happened by chance but is a reflection that performance is significantly outside of the average.

Results

The Trust was banded as “About the same” for all 38 indicators; there were no indicators highlighted as “Better” or “Worse”. These 38 indicators are categorised into 9 sections detailed in table one which shows the corresponding overall section score.

Table 1

Section Heading	Score	CQC Branding
Arrival	8.5	About the same
Waiting time	6.1	About the same
Doctors & Nurse	8.5	About the same
Care & Treatment	8.4	About the same
Tests	7.6	About the same
Hospital Environment and facilities	8.2	About the same
Leaving A & E	7.3	About the same
Respect and Dignity	9.2	About the same
Experience overall	8.4	About the same

Each indicator within the 3 sections highlighted as amber in the above table (Waiting time, Tests, and Leaving A&E) are already identified in current improvement work streams. Where there have been no current work streams identified, or evidence of sustained improvement from previous results have not been seen , actions have been identified and added to existing improvement plans. These have been included in the Emergency Department Improvement Framework and will be monitored via Patient Safety Quality Board monthly reporting to Quality Committee.

It has been widely acknowledged that the whole NHS experienced unprecedented challenges during 2020 due to the Covid 19 pandemic, therefore direct comparisons with the last UEC survey in 2018 are to be considered with caution due to the changes to services that were required. CQC identified two indicators within the Trust’s results that were deemed to be statistically significantly lower in 2020 than in 2018:

- Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?
- How long did you wait before you first spoke to a nurse or doctor?

Time to triage is included within the Emergency Department Improvement Framework this work has noted a 20.65% improvement during October 2020.

The question *“If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?”* was identified as being statistically significantly higher in 2020 compared with 2018. It is recognised that there has been a significant increase in this score, but it continues to be a low scoring indicator.

In addition to the CQC published standardised results, initial analysis of the Trust’ raw data also identified a further 3 areas for improvement based on low scores, comparison with peer organisations and localised patient experience feedback.

These areas are as follows:

- **Arrival:** Continue to look at ways of ensuring that patients have enough privacy when discussing their condition with reception staff.
- **Pain:** Look at why some patients say that hospital staff did not do everything they

could to help control their pain and consider what action can be taken.

- **Hospital Environment and Facilities:** Continue to monitor infection control systems, including cleanliness of the department and availability of tissues. Some patients said that they did not see any cleaning of surfaces or tissues available while they were in A&E. Ensure that adequate provision is made for patients to get something to eat and drink while they are in A&E

These findings and actions required have been incorporated into existing Improvement plans for ED.

Conclusions

People responding to the CQC National Patient Experience Survey of UEC rated their overall experience in the Trust's ED as 8.4 (good). The findings and recommendations have been incorporated into ED improvement programmes.

The Trust has a series of robust patient experience feedback methodologies aligned to the areas identified within this report that will provide a localised measure to monitor improvement actions. PQSB have received the report in October 2020 and supported the actions/monitoring arrangements required to ensure improvements are seen.

Recommendations to the Board

Board of Directors are asked to note the findings of this report.

Agenda Item: 12

Board of Directors

Title:	Finance Report for month 6
Responsible Director:	Claire Wilson, CFO
Author:	Robbie Chapman, Deputy CFO
Presented by:	Claire Wilson, CFO

Executive Summary

The Trust is reporting a surplus of £0.089m at M6, an adverse variance against plan of £0.086m.

No income in was generated through the Elective Recovery Fund in M6, where the value of activity was below 95% of the value of activity of M6 19/20. However, NHSEI have confirmed a net £1.219m of additional ERF funding in respect of previous periods after the regional position improved significantly from initial estimates in M3.

Total employee expenses excluding COVID-19 were £144.808m at M6, this represents an overspend against our budget of £0.801m. However, this figure includes a significant overspend of £3.875m in respect of Medicine and Acute offset by underspends in other parts of the Trust.

The Trust has yet to receive confirmation of its funding for H2 and our plan for the period will not be confirmed until after the completion of M7 reporting.

A detailed Finance report has been received and reviewed by the Finance and Business Assurance Committee (FPBAC). The attached report provides an overview of the key areas for Board focus. The report of the FBPAC is reported separately on the agenda.

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

FBPAC is asked to note the report.

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	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.	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)
PR3: failure to achieve and/or maintain financial sustainability.
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)
Summary of financial performance at M6 with implications for 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	N/A	
Background papers / supporting information	N/A	

Month 6 Finance Report 2021/22

Contents

1. Executive summary

1.1 **Table 1: Financial position – M6**

Month 6 Financial Position	Budget (Mth 6) £'000	Actual (Mth 6) £'000	Variance £'000	Year To Date Budget £'000	Year To Date Actual £'000	Variance £'000
NHS income - patient care	34,853	34,491	(362)	188,801	190,428	1,628
Covid 19 income	1,914	2,074	160	11,449	11,071	(378)
Non NHS income - patient care	409	403	(6)	2,457	2,349	(107)
Other income	2,325	2,498	173	13,108	14,322	1,215
Total Income	**39,502**	**39,467**	**(35)**	**215,814**	**218,171**	**2,357**
Employee expenses	(27,211)	(27,194)	17	(144,007)	(144,808)	(801)
Operating expenses	(11,247)	(11,250)	(3)	(65,799)	(67,624)	(1,826)
Covid 19 costs	(612)	(771)	(160)	(3,721)	(3,474)	246
Total Expenditure	**(39,069)**	**(39,215)**	**(146)**	**(213,526)**	**(215,906)**	**(2,380)**
Non Operating Expenses	(381)	(411)	(30)	(2,288)	(2,240)	48
Actual Surplus / (deficit)	**52**	**(159)**	**(211)**	**0**	**25**	**25**
Control Total adjuestment	29	30	0	174	64	0
Surplus/(deficit) - Control Total	**81**	**(129)**	**(210)**	**174**	**89**	**(86)**

1.2 The Trust is reporting a surplus of £0.089m at M6, an adverse variance against plan of £0.086m.

1.3 Total income was £218.171m at M6. This reflects the revised 'block' contract arrangements with CCGs with the reduced income compared to draft plans, confirmed values in respect of specialist and direct commissioning and ERF income of £7.348m.

1.4 No income in was generated through the Elective Recovery Fund in M6, where the value of activity was below 95% of the value of activity of M5 19/20. However, NHSEI have confirmed a net £1.219m of additional ERF funding in respect of previous periods after the regional position improved significantly from initial estimates in M6. We do not expect to receive significant ERF income in the remainder of the year.

1.5 We have received £14.322m in other income, a positive variance of £1.215m. This is attributable to additional funding we received in respect of our telederm initiative and larger than expected income from Clatterbridge Cancer Centre for SLAs due to their continued use of the site. Both of these are offset by increased expenditure.

1.6 Total employee expenses excluding COVID-19 were £144.808m at M6, this represents an overspend against our budget of £0.801m. However, this figure includes a significant over-spend of £3.875m in respect of Medicine and Acute offset by underspends in other parts of the Trust. Employee expenses can be broken down as follows:

Table 2: Pay cost analysis

Pay analysis (exc Covid)	Budget (Mth 6) £'000	Actual (Mth 6) £'000	Variance £'000	Year To Date Budget £'000	Year To Date Actual £'000	Variance £'000
Substantive	(25,675)	(24,822)	852	(133,067)	(129,864)	3,204
Bank	(558)	(1,141)	(583)	(4,188)	(6,164)	(1,976)
Medical Bank	(444)	(490)	(46)	(2,663)	(3,534)	(871)
Agency	(451)	(651)	(200)	(3,589)	(4,715)	(1,126)
Apprenticeship Levy	(83)	(89)	(5)	(500)	(532)	(32)
Total	(27,211)	(27,194)	17	(144,007)	(144,808)	(801)

1.7 Operating expenses were £67.624m at M6, an overspend of £1.826m. This reflects lower spend against clinical supplies and services than budget offset by increased expenditure on drugs, premises and non-recurrent support in respect of reset and recovery.

1.8 Cash balances at the end of M6 were £15.8m.

1.9 The Trust has recorded capital spend of £3.43m at M6, which is £2.5m behind plan.

1.10 A detailed Finance report has been received and reviewed by the Finance and Business Assurance Committee (FPBAC). This report provides an overview of the key areas for Board focus. The report of the FBPAC is reported separately on the agenda.

2. Background

2.1 M6 marks the end of H1 and the Trust has delivered on the minimum requirement to break-even across the first 6 months of the year. However, H2 will not be treated as a separate accounting period for the purpose of reporting to NHSEI and the Trust will be expected to break-even across the whole of 21/22.

2.2 The financial regime for H2 has now been confirmed, with no material difference from H1 and the continued use of block contracts. However, the funding for each organisation has yet to be confirmed and plans for H2 will not be submitted to NHSEI until 11th November.

2.3 The baseline requirement for CIP has also increased but we are aware that the ask will increase for those Trusts that were historically furthest away from meeting control totals. The exact requirement is unknown but given the Trust's historical deficit we must assume that CIP requirements will be significantly higher than H1.

3. Dashboard and risks

3.1 **Table 3: M4 Performance Dashboard**

Use of Resources	I&E Performance (monthly actual)	CFO	0.8	-0.5	-0.2	0.0	0.2	-0.2	0.0
	I&E Performance Variance (monthly variance)	CFO	0.8	-0.4	-0.4	0.0	0.2	-0.1	0.1
	NHSI Risk Rating	CFO	2.0	2.0	2.0	2.0	2.0	2.0	2
	CIP Performance	CFO	0.0	0.0	3.02%	6.03%	9.05%	14.50%	14.5%
	NHSI Agency Performance (monthly % variance)	CFO	-50.5%	-27.7%	-32.4%	-40.5%	-11.7%	-5.2%	-28.0%
	Cash - liquidity days	CFO	-15.0	-15.5	-10.4	-15.7	-15.4	-15.2	-15.2
	Capital Programme (cumulative)	CFO	2.0%	5.0%	12.0%	17.4%	21.8%	23.5%	23.5%

3.1.1 Agency spend is above threshold. This is discussed in more detail at 4.2.3.

3.1.2 Despite significant improvement over the last year, the Trust's liquidity days measure is below threshold. This is based on net current liabilities compared against operating expenses. Steps are being taken to reduce historic accruals which will serve to improve this measure.

3.2 **Risk summary (as per risks identified in risk register)**

3.2.1 Risk 1 – Failure to manage financial position

- Our ability to operate within the financial envelope is dependent on effective cost management alongside the delivery of activity trajectories, the management of COVID activity and the centrally funded vaccination and testing programmes. This report demonstrates that, as of M6, we are managing this position within envelope.

3.2.2 Risk 2 – Failure to deliver CIP

- The confirmed H1 CIP target is £1m and this has been incorporated into our plans submitted to NHSE/I. This figure will increase significantly in H2 and the current situation is described at section 4.5.

3.2.3 Risk 3 – Failure to complete capital programme

- Our planned capital expenditure for 21/22 is £14.7m which includes UECUP spend of £1.3m and £0.56m of donated assets. M6 performance is £2.5m behind plan due to tendering and procurement delays. There is minimal risk to the overall plan. .

4. Financial Performance

4.1 **Income**

4.1.1 The Trust has received £218.171m at M6.

Table 4: Income analysis for M6

	Budget (Mth 6) £'000	Actual (Mth 6) £'000	Variance £'000	Year To Date Budget £'000	Year To Date Actual £'000	Variance £'000
Elective & Daycase	4,197	3,833	(363)	24,426	22,178	(2,248)
Elective excess bed days	87	58	(29)	509	308	(201)
Non-elective	7,782	7,368	(414)	47,861	48,838	977
Non-elective Non Emergency	1,196	1,221	25	6,655	6,561	(94)
Non-elective excess bed days	227	244	17	2,121	1,045	(1,075)
A&E	1,323	1,332	9	7,917	8,343	425
Outpatients	3,191	3,476	285	18,617	19,876	1,259
Diagnostic imaging	281	167	(114)	1,587	1,256	(330)
Maternity	480	369	(111)	2,784	2,419	(365)
Non PbR	6,081	5,669	(412)	35,773	33,616	(2,158)
HCD	1,245	1,441	196	7,890	9,064	1,174
CQUINs	190	190	(0)	1,140	1,140	(0)
National Top up	2,809	3,455	646	17,255	19,671	2,416
Other	1,018	1,259	241	6,110	6,407	297
Sub-Total Board Clinical Income	30,108	30,084	(24)	180,645	180,723	78
Other patient care income	4,120	3,354	(766)	4,529	4,285	(244)
Elective Recovery Fund (ERF)	942	1,360	418	5,524	7,348	1,824
COVID-19 Income	1,914	2,074	160	11,449	11,071	(378)
Non-NHS: private patient & overseas	29	21	(8)	175	111	(64)
Injury cost recovery scheme	64	77	13	385	311	(74)
Total Patient Care Income	37,177	36,968	(208)	202,706	203,849	1,142
Other operating income	2,325	2,491	166	13,108	14,315	1,208
Other non operating income	0	7	7	0	7	7
Total income	39,502	39,467	(35)	215,814	218,171	2,357

4.1.2 Clinical income in M6 was in line with forecast. The lower elective & daycase and non-elective excess bed days income offset by strong performance in respect of out-patients and non-elective care.

4.1.3 Patient care income exceeded budget by £1.142m. This includes a positive variance of £1.406m in respect of ERF despite not generating any funding in month. This increase is partly attributed to better performance across Cheshire and Merseyside in M3, with income in excess of plans shared according to an agreed mechanism but can also be explained through the prudent expectation of income when originally reported.

4.1.4 Other Operating income was £14.315m at M6, a positive variance of £1.208m. This is attributable to additional funding we received in respect of our telederm initiative and larger than expected income from Clatterbridge Cancer Centre for SLAs due to their continued use of the site. Both of these are offset by increased expenditure.

4. Financial Performance

4.2 **Expenditure: Pay**

4.2.1 The Trust has spent £144.808m on pay costs at M6. Table 5 details pay costs by staff group and Table 6 details pay costs by pay category type.

Table 5 Pay costs by staff type (excluding COVID-19)

Pay analysis (exc Covid)	Budget (Mth 6) £'000	Actual (Mth 6) £'000	Variance £'000	Year To Date Budget £'000	Year To Date Actual £'000	Variance £'000
Consultants	(4,308)	(4,390)	(82)	(23,685)	(23,177)	508
Other medical	(2,958)	(2,626)	332	(16,177)	(16,298)	(121)
Nursing and midwifery	(7,392)	(7,515)	(123)	(38,456)	(39,249)	(793)
Allied health professionals	(1,331)	(1,616)	(285)	(8,060)	(8,444)	(385)
Other scientific, therapeutic and technical	(606)	(624)	(18)	(3,457)	(3,190)	267
Health care scientists	(1,258)	(1,266)	(8)	(6,548)	(6,643)	(95)
Support to clinical staff	(5,058)	(5,247)	(189)	(27,139)	(27,022)	117
Non medical, non clinical staff	(4,217)	(3,821)	396	(19,986)	(20,253)	(267)
Apprenticeship Levy	(83)	(89)	(5)	(500)	(532)	(32)
Total	(27,211)	(27,194)	17	(144,007)	(144,808)	(801)

Table 6: Pay analysis by pay type

Pay analysis (exc Covid)	Budget (Mth 6) £'000	Actual (Mth 6) £'000	Variance £'000	Year To Date Budget £'000	Year To Date Actual £'000	Variance £'000
Substantive	(25,675)	(24,822)	852	(133,067)	(129,864)	3,204
Bank	(558)	(1,141)	(583)	(4,188)	(6,164)	(1,976)
Medical Bank	(444)	(490)	(46)	(2,663)	(3,534)	(871)
Agency	(451)	(651)	(200)	(3,589)	(4,715)	(1,126)
Apprenticeship Levy	(83)	(89)	(5)	(500)	(532)	(32)
Total	(27,211)	(27,194)	17	(144,007)	(144,808)	(801)

4.2.2 Total pay costs at M6 were £144.008m, an overspend of £0.801m. This hides underspends on staff across most of the Trust, with an overspend of £3.875m in Medicine & Acute.

4.2.3 The main driver of this is Medical staffing (£3.531m) both in Acute Care (£1.958m) and Medical Specialties (£1.574m). Medical bank and agency are being used to cover consultant vacancies within the Medical Specialties and support non-recurrent costs of recovery in Haematology & Rheumatology which, along with other costs, is offset by £2.531m income in respect of medical specialities from ERF.

4.2.4 Vacancies, increased activity levels and sickness are driving the pressure within ED and Acute Medicine and Surgery, with escalated rates being paid to increase uptake of shifts and ensure safe staffing levels. Nursing expenditure is (£0.793m) overspent due to high rates of absence in Q2 requiring additional non-core support the extension of the nurse incentive scheme through Q1. It should be noted that due to winter pressures the nurse incentive scheme has been reintroduced in Q3.

4. Financial Performance

4.3 **Expenditure: Non-Pay**

4.3.1 The Trust has spent £67.624m on non-pay operating expenditure at M6.

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

Non Pay Analysis (exc Covid)	Budget (Mth 6) £'000	Actual (Mth 6) £'000	Variance £'000	Year To Date Budget £'000	Year To Date Actual £'000	Variance £'000
Supplies and services - clinical	(2,913)	(2,756)	157	(18,217)	(17,143)	1,074
Supplies and services - general	(410)	(406)	4	(2,500)	(2,283)	217
Drugs	(2,058)	(2,227)	(170)	(11,945)	(13,533)	(1,587)
Purchase of HealthCare - Non NHS Bodies	(1,032)	(937)	95	(5,881)	(5,102)	779
CNST	(1,152)	(1,152)	(0)	(6,909)	(6,909)	(0)
Consultancy	(11)	(103)	(92)	(66)	(338)	(272)
Other	(2,723)	(2,740)	(17)	(14,598)	(16,697)	(2,098)
Sub-Total	(10,298)	(10,321)	(22)	(60,115)	(62,004)	(1,889)
Depreciation	(948)	(932)	17	(5,683)	(5,625)	59
Impairment	0	3	3	0	5	5
Total	(11,247)	(11,250)	(3)	(65,799)	(67,624)	(1,826)

4.3.2 The overspend in respect of non-pay is being driven by pressure in respect of higher than expected costs for high cost drugs, non-capital estates works and increased, non-recurrent costs associated with the elective recovery programme.

4.3.3 Expenditure on high cost drugs was historicaly offset by additional funding from commissioners but this is no longer the case. Increased expenditure on high cost drugs is an issue across all clinical divisions as reported in M5.

4.3.4 The Trust has seen increased costs in respect of estates most notably in respect of support from architects, project management consultants and maintenance costs. It is possible that some of these costs will be capitalised in due course.

4.3.5 Non-pay costs include non-recurrent support from 18 Weeks in Surgery (£0.158m), 4 Ways and Rad Partnerships in DCS (£0.521m), Spire in Women's & Children's (£0.291m) and Totally Healthcare Limited in Medicine and Acute (£0.163m). All of these non-recurrent costs contributed to our elective performance being above trajectory in M1-3 and are fully offset by ERF income .

4.3.6 NHS Improvement are no longer directly funding independent sector spend through the nationally agreed contract. Whilst the the figure has increased in M5 and M6 it is still below budget but we expect this to increase in H2.

4. Financial Performance

4.4 **Expenditure: COVID–19**

4.4.1 The Trust spent £3.474m on Covid-19 costs at M6, with £1.824m on pay and £1.650m on non-pay.

Table 9: YTD COVID-19 revenue costs

COVID-19 I&E	Apr (M1) £'000	May (M2) £'000	Jun (M3) £'000	Jul (M4) £'000	Aug (M5) £'000	Sep (M6) £'000	Year to Date £'000
Total Income	2,313	2,129	1,118	1,796	1,641	2,074	11,071
Medical Staff	(35)	(14)	(24)	(9)	(51)	(6)	(140)
Other Clinical Staff	(343)	(172)	(183)	(229)	(282)	(253)	(1,463)
Non Clinical Staff	(72)	(49)	(22)	(23)	(28)	(27)	(222)
Total Pay	(450)	(236)	(229)	(261)	(362)	(286)	(1,824)
Clinical Supplies	(101)	(207)	(230)	(162)	(151)	(475)	(1,327)
Other Non-Pay	(106)	(129)	(39)	(24)	(15)	(10)	(323)
Total Non-Pay	(208)	(337)	(269)	(187)	(166)	(485)	(1,650)
Total Covid Expenditure	**1,655**	**1,557**	**620**	**1,349**	**1,113**	**1,303**	**7,597**

4.4.2 The vaccination costs were £0.762m at M6 which was in line with plan and is funded centrally.

4.4.3 The testing costs were £1.349m at M6 and is funded centrally so offset in income.

4. Financial Performance

4.5 CIP Performance

4.5.1 The Trust's YTD target for CIP was £0.5m with £1m for the whole of H1. As at M6 the Trust has achieved £1.202m of CIP.

4.5.2 The target for the remainder of the year (H1 and H2) has yet to be confirmed but, as at the 18th October, 309 opportunities have been identified with a recurrent value of £6.852m IYE and £8.281m FYE, this is an increase of £0.483m in month. A break-down by division can be seen in Table 1 below:

Table 10: IYE and FYE breakdown by Division

Division	IYE Identified £m	FYE Identified £m
DCS	2.025	2.122
M&A	1.815	2.404
Surgery	1.455	1.800
W&C	0.327	0.475
Corp	1.230	1.480
Total	**6.852**	**8.281**

4.5.3 63 projects with a value of £1.223m have currently been identified as areas of opportunity and are awaiting sign off from the divisional directors to progress to gateway 2.

4.5.4 36 projects with a value of £0.504m have progressed to design & plan (gateway 2), meaning documentation is now being completed on PM3 with indicative costings.

4.5.5 20 projects with a value of £0.244m have now moved into governance and assurance (gateway 3), meaning the QIA/EA has been completed and is awaiting panel review in October.

4.5.6 180 projects with a value of £3.679m have been approved at QIA panel and are now in the implementation gateway.

4.6 **Divisional performance**

4.6.1 The financial performance of each division is discussed in detail within the appendices but the table below sets out 4 key metrics (forecast H1 CIP no longer relevant) in regard to divisional performance: variance from YTD budget, variance from budgeted establishment including bank but excluding agency, agency spend and YTD CIP:

Table 11: IYE and FYE breakdown by Division

Division	Budget Variance (£000)	WTE Variance with Bank (for M6)	Agency spend (£000)	CIP YTD (£000)
M&A	-4,651	-9.70	586	327
Surgery	-628	-3.41	2,782	256
DCS	557	28.28	470	414
W&C	312	-1.29	367	64
EHS	-392	38.49	116	0
Corporate	-57	51.82	395	140

4.6.2 At M5 Medicine & Acute has an adverse variance against budget of £4.651m. The main driver of the adverse position is pay, which is overspent by £3.875m YTD & £0.473m in month. To provide more context we have split out Medical Specialities from Acute Care below.

4.6.3 Within Medical Specialties the overspend is partially driven by increased activity, at least in month (outpatients outperformed against plan by 8% in M6 and inpatients outperformed against plan by 4%) but principally by the premium costs of using agency to fill vacancies, most notably in respect of 10 substantive Consultant vacancies (£1.35m). Premium cost bank and agency have been used to fill vacancies, rota gaps and sickness for Junior Doctors (£0.2m), although the favourable rotation in August saw this reduce in M6, and £0.3m in respect of bonus element of the Nurse Incentive Scheme in place in M1-3. There are, however, 2 additional FTC Consultant posts in Rheumatology and Haematology employed to deal with activity backlogs as part of reset and recovery at a cost of £0.25m YTD. The ERF attributable medical specialities is £2.531m at M6.

4.6.4 Within Acute Care (£1.958m pay overspend YTD) the pressure is being driven by ED. Activity levels have increased by 15% compared to 19/20 and additional staff of 2 junior doctors per shift (which equates to 10 WTE) and 1 additional nurse & CSW per shift (which also equates to 10 WTE) are being rostered on to deal with the increased demand. It should be noted that bank and agency fill rates do fluctuate and as such not all of these shifts will be getting filled. In addition to this there have been 7.70 WTE vacancies at a Junior Medical level up until the rotation in August and medical bank shifts have often been paid at an escalated rate to ensure safe staffing levels. Sickness has been high in the nursing workforce at around 10% contributing to further pressure on bank spend.

4.6.5 CIP performance across M&A has improved from the prior period due to the redesignation of M1 beds and associated reductions in cost and progress continues to made in terms of reducing agency costs and run rate through the permanent recruitment of doctors.

4.6.6 At M6 Surgery has an adverse variance against budget of £0.138m in M6 and £0.628m YTD. This is being driven by oversperformance in respect of outpatient activity (16% YTD), non-recurrent support from 18 Weeks in respect of Opthamology

(£0.158m) and the higher pay costs though Waiting List Initiatives in support of reset and recovery (£0.706m). These costs are more than offset by the £2.758m of ERF income attributable to Surgery. However, the Division is experiencing high bank spend to cover high levels of sickness within Nursing and CSWs (9% YTD compared with 6% in 19/20). CIP in Surgery performance YTD centres around the reduced cost in respect of orthopaedic hip and knee implants.

4.6.7 At M6 DCS has a positive variance against budget of £0.557m. The underspend is largely driven by the large number of vacancies offset by increased spend in respect of HCD and outsourcing in respect of radiology. Outsourcing costs of £0.521m is offset by £0.802m attributable to ERF at M6 as, despite the vacancies the Division has overperformed against activity plans for radiology (5%) and therapies (8%). The Division employed 28.28 fewer people than budget but has paid £0.470m of agency costs YTD. Of the agency cost the majority relates to sickness and maternity cover and are not attributable to reset and recovery but plans for recruitment of vacant substantive posts is underway so we expect a reduction in non-core spend. CIP performance YTD centres around the reduced cost in respect of clinical supplies, reduced bedding costs and increased income in respect of SLAs.

4.6.8 At M6 Women's & Children's has a positive variance against budget of £0.312m, largely as a result of a £0.364m underspend on Non Pay, associated with reduced clinical activity. The Gynaecology Elective and Daycase programme has underperformed by 26% against plan YTD, with correlating underspends seen on Clinical Supplies, particularly a £111k underspend on Gynaecology Robotic Consumables. Breast Elective and Daycase activity has delivered 6% above plan, but reductions in the number of reconstructions has resulted in a £45k Prostheses underspend YTD. Neonatal activity and Paediatric Non-Elective activity have also both underperformed YTD, by 11% and 10% respectively, resulting in underspends on High Cost Drugs - although activity and associated costs have increased in Month 6. Pay is £20k underspent YTD, as a result of Agency costs of £367k, which have largely been incurred covering a Neonatal Consultant vacancy and Specialty Registrar Maternity Leave gaps in Obstetrics and Gynaecology. These premium costs have offset underspends in areas with reduced activity. £92k of the Agency costs incurred YTD were for Registered Nurses required for a Manchester patient – these costs are being recharged to Manchester CCG and are therefore fully offset by additional income.

4.6.9 At M6 Estates and Hotel Services has an adverse variance against budget of £0.392m. The Division employed 38.49 fewer people than budget resulting in savings of £0.225m against substantive pay but as a result has had to rely on external support through Bank (£0.263m) at and £0.116m of premium rate agency costs YTD. The remaining variance is attributable to increased operating costs supporting the Clatterbridge Cancer Centre wards that are being operated by the Community Trust that we agreed to fund in support of the Wirral system in H1. No CIP has been achieved in respect of Estates and Hotel Services YTD.

4.6.10 At M6 Corporate has an adverse variance against budget of £0.057m. Corporate teams employed 51.82 fewer people than budgeted establishment and work is underway to realign these budgets to support frontline services where possible. However, Corporate teams have paid £0.395m of agency costs YTD including cover for vacancies in HR and Finance pending restructure and roles at Executive level. CIP in respect of Corporate achieved £0.140m YTD and identified for the remainder of H1 all relates to procurement. This includes corporate contract reviews and the MSC tender dialysis unit on APH and CGH sites.

5. Financial Position

5.1 **Capital Expenditure – M6**

5.1.1 At month 6 capital spend is behind plan by £2.5m:

Capital programme 2021/22 - Spend	M1	M2	M3	M4	M5	M6	TOTAL
Pre-commitments	297	375	396	437	409	97	**2,011**
Estates	0	0	0	112	94	34	**240**
Informatics	0	0	69	0	14	0	**83**
Equipment - Medicine and Acute	0	93	310	0	17	0	**420**
Equipment - Clinical Support and Diagnostics	0	0	0	118	8	62	**188**
Equipment - Surgery	0	0	101	102	10	58	**271**
Equipment - Women and Children's	0	0	99	0	0	0	**99**
Other	0	0	0	0	0	0	**0**
Donated assets	0	7	0	8	95	(1)	**109**
UEC	9	0	0	0	1	0	**10**
TOTAL	**306**	**475**	**975**	**777**	**648**	**250**	**3,431**
NHSE/I PLAN	**562**	**678**	**511**	**889**	**983**	**2,295**	**5,918**
VARIANCE FROM PLAN	**(256)**	**(203)**	**464**	**(112)**	**(335)**	**(2,045)**	**(2,487)**

5.1.2 Slippage has significantly increased in month as it was anticipated that a small number of estates schemes would commence in M6 as well as the expectation that there would be large equipment purchases in M5 and M6. The estates schemes are now all out to tender and it is anticipated that work will commence in November on most projects. The procurement process for the equipment is ongoing with increases in spend anticipated in M8 and M9.

5.1.3 At this stage there is minimal risk to the achievement of the full programme, however the profile of spend is likely to remain out of line with the plan submitted to NHSE/I in April 2021.

5.1.4 Forecast spend for the year is as follows:

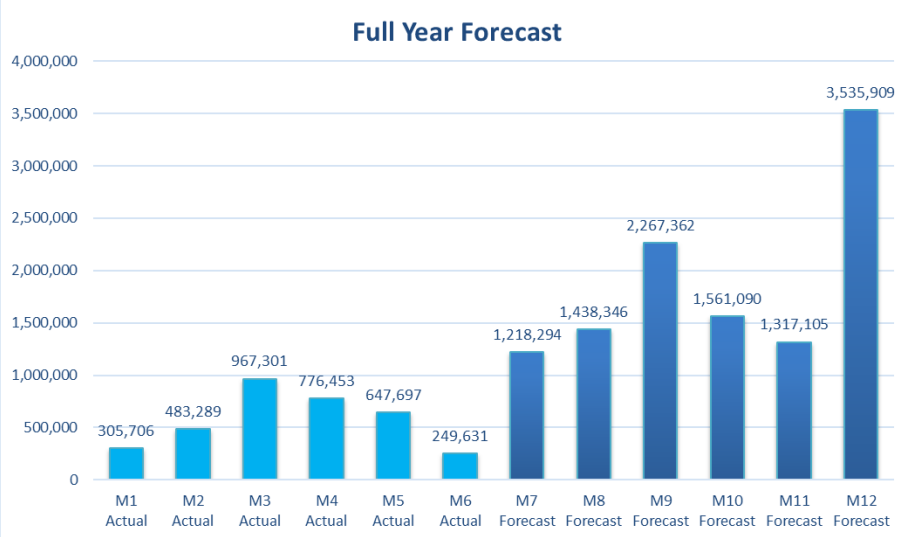
5. Financial Position

Capital Programme - 30 September 2021

	Full Year Budget			Full Year Forecast		Comments
	NHSI plan	Mvmnts	Trust Budget[1]	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	
Funding						
Total Internally Generated Funding	12,738	0	12,738	12,738	0	
PDC (Public Dividend Capital) - UTC	1,300	0	1,300	1,300	0	
External Funding - donations/grants	0	560	560	560	0	
Total funding	**14,038**	**560**	**14,598**	**14,598**	**0**	
Expenditure						
Pre-commitments 21/22	5,007	342	5,349	5,484	(135)	There are a various under and overspends in relation to the pre-commitments. The largest overspends are in respect of Staff Changing Rooms (£288k) and Capital Delivery Resource (£177k) which are offset by the removal from the programme of hot and cold water distribution works of £364k.
Estates	2,671	0	2,671	2,667	5	Although the forecast for estates schemes is broadly in line with plan, there are a number of under and overspends across the programme. The largest overspend relates to the refurbishment of Bowmans restaurant of £224k which is offset by an underspend on the refurbishment of the premises for the relocation of IT of £320k. Additional spend has also been incurred in year on schemes which were not part of the original plan but are operationally critical.
Informatics	784	0	784	784	0	
Medicine and Acute	715	(114)	601	601	0	
Clinical Support and Diagnostics	1,914	166	2,080	2,100	(20)	This overspend relates to the installation of the mammography equipment funded by PDC in 20/21. Costs were higher than originally anticipated.
Surgery	688	75	763	763	0	
Women and Children's	236	11	247	247	0	
Other	90	0	90	90	0	
Contingency[2]	633	(480)	153	153	0	
Donated assets	0	560	560	560	0	
UEC	1,300	0	1,300	1,300	0	
Total expenditure (accruals basis)	**14,038**	**560**	**14,598**	**14,748**	**(150)**	
Capital programme funding less expenditure	**0**	**0**	**0**	**(150)**	**150**	
Capital expenditure	14,038	0	14,038	14,188		
NBV asset disposals	0	0	0	0		
Donated assets	552	0	552	560		
CDEL impact	**14,590**	**0**	**14,590**	**14,748**		

[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.

5.1.5 At this stage there is a total forecast overspend of £0.150m but it is anticipated that there will be some small amounts of slippage within the plan that will counteract this. Forecast spend on a monthly basis for the remainder of the year is as follows:



NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 13

Board of Directors
3 November 2021

Title:	Freedom to Speak Up Q2 Report
Responsible Director:	Debs Smith, Interim 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 an update of Freedom to Speak Up (FTSU) matters, with specific data relating to Q2 2021/2022

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 can be 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 - 3 November 2021

Freedom to Speak Up (FTSU) Q2 2021/22 Report

Purpose

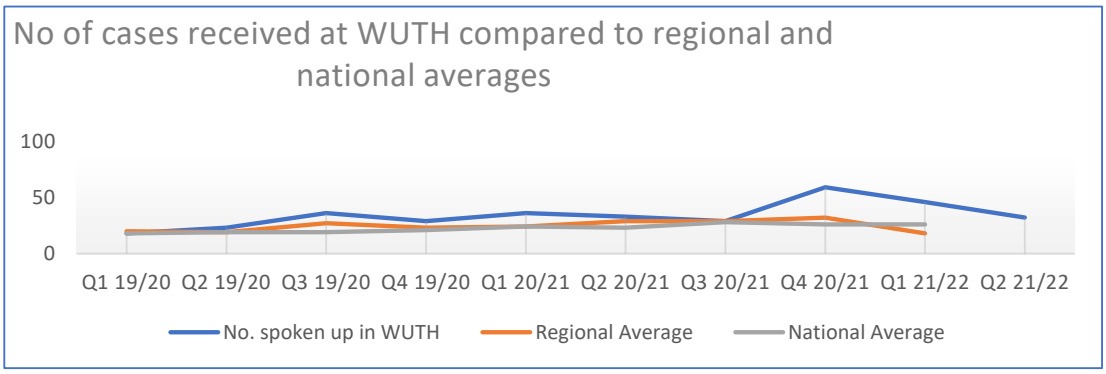
The purpose of the report is to update members on the work undertaken towards improving the speak up culture within WUTH and to provide data on the number of people, speaking up via the FTSU Guardians and any themes and trends identified for Q2 2021/22.

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, Trust Management Board and the Board of Directors on a regular basis and therefore this report provides an update for Q2 2021/22 with comparative data as appropriate.

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 reduced again in Q2, with 32 people speaking up in Q2 2021/22 as opposed to 46 in Q1. It is important to note that 1 of the cases from the Women's and Children's was on behalf of a "group" of staff, who were named by role and as such, cannot be listed individually.

Whilst numbers have reduced, data for the previous 2 quarters were unusually high and so Q2 sees a return to more normative data. Data this quarter is also similar to that of the same period last year (33 people speaking up in Q1 2020/21).

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. Whilst data for Q2 2021/22 is still awaited, comparative data highlights that Q4 2020/21 and Q1 2021/22 were also significantly higher than regional and national data.

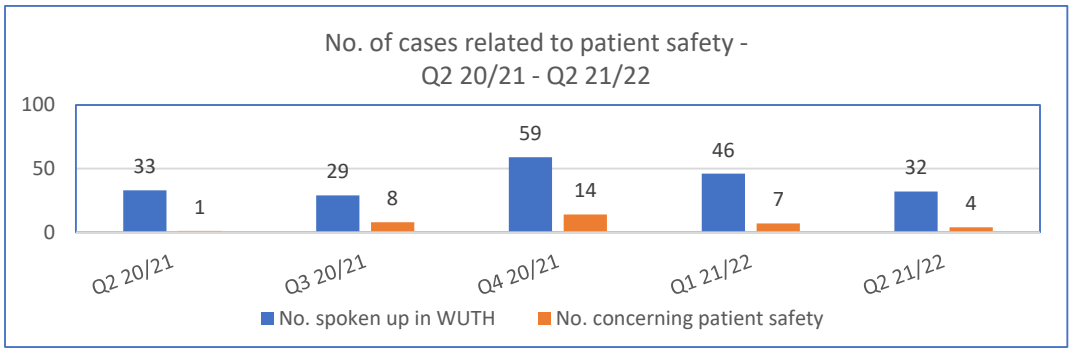
Speaking Up Quarterly Data							
No. of people speaking up	Q1 20/21	**Q2 20/21**	**Q3 20/21**	**Q4 20/21**	**Total 20/21**	**Q1 21/22**	**Q2 21/22**
In WUTH	36	33	29	59	**157**	46	**32**
Regionally	24	29	29	32	**114**	18	**Awaiting data**
Nationally	24	23	28	26	**101**	26	

There is no one underlying theme identified by the FTSU Guardians however is perceived that the additional pressures placed on staff may have played a part in how situations may have been handled.

The Trust does operate a multiple FTSU Guardian approach with a network of FTSU Champions promoting and encouraging staff to speak up. 2 of the FTSU Guardians are longer serving FTSU Guardians and worked within the Trust for 20+ years and therefore awareness of these individuals and continuity of provision may also be a positive contributing factor.

2. Patient Safety Data

The following chart highlights the number of cases concerning patient safety for Q2 21/22, compared with quarterly data from Q2 20/21. 12.5% of the concerns raised in Q2 highlighted areas of patient safety as opposed to 15% in Q1 (7 concerns).

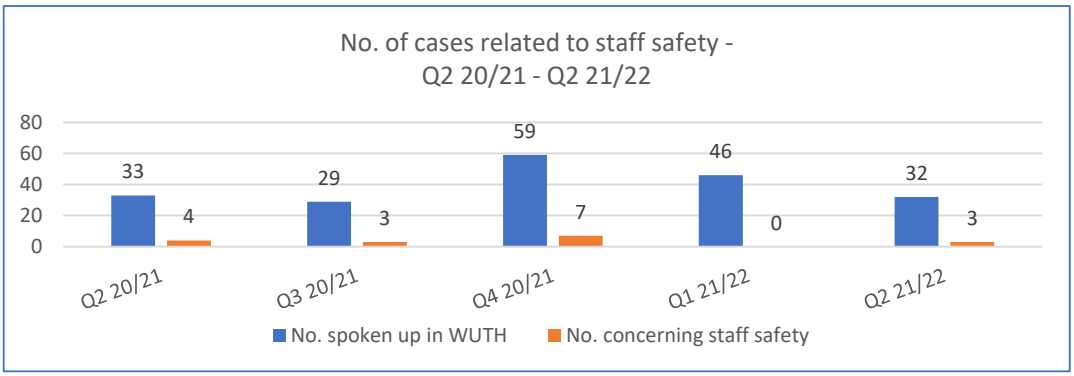


- All were unrelated
- 1 relates to a collective grievance and actions have been taken to address concerns and engage with staff and staff side representatives on a regular basis
- 2 relate to ward areas - intervention has now been undertaken and situation improved
- 1 relates to an individual role / circumstance and steps have been taken to ensure improvements

3. Staff Safety Data

Staff safety was added as a new monitoring theme from 01/04/20 and data is highlighted below.

3 concerns regarding staff safety were raised within Q2 21/22, with 2 from within the same area.



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

4. Speaking Up Data by Division for Q2 2021/22

The chart to follow highlights annual comparative data for the number of people speaking up, broken down by Divisions, compared with quarterly data for 2020/21:

Divisional Breakdowns

Division	Q2 20/21	Q3 20/21	Q4 20/21	Total 20/21	Q1 21/22	Q2 21/22	% of Division for Q2
Surgery	5	9	23	**39**	12	**7**	0.54%
Clinical Support & Diagnostics	2	4	5	**16**	9	**12**	0.86%
Medical & Acute	8	3	14	**33**	10	**2**	0.12%
Corporate Services	11	7	7	**37**	9	**4**	0.78%
Women & Children's	3	2	4	**12**	1	**2**	0.29%
Estates & Facilities	1	4	5	**13**	2	**2**	0.22%
Unspecified	1	0	0	**3**	0	**0**	0
Multiple	0	0	1	**1**	2	**0**	N/A
External	2	0	0	**3**	1	**3**	N/A
Total	**33**	**29**	**59**	**157**	46	**32**	

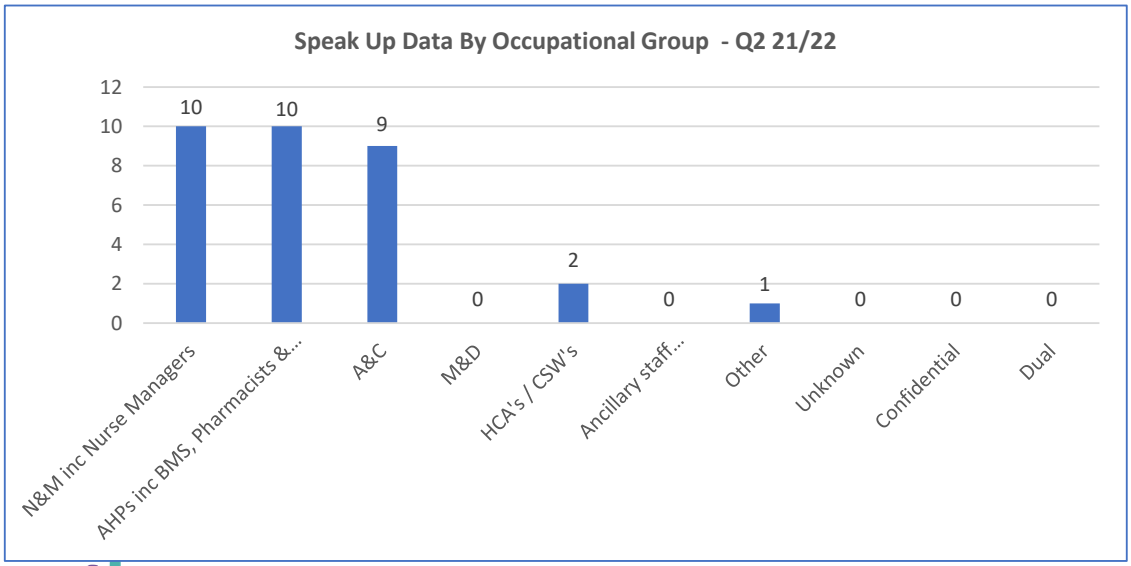
Clinical Support and Diagnostics are the highest reporters in Q2 with 12 people speaking up (equivalent to 0.86% of their workforce numbers). An area of particular emphasis this quarter has been Radiology. Whilst there has been no underlying theme identified, data and concerns have been flagged to appropriate management and HR colleagues so as to ensure greater awareness and triangulation of data as necessary.

3 concerns were raised from external reporters, however working within a particular area and 1 was a former employee.

It is also important to note that whilst data shows 2 from women's and children's, concerns were on behalf of a "group" of staff, who were named by role however unable to be listed as separate individuals.

5 Speak Up Data by Occupational Group

The chart to follow highlights the number of people speaking up within Q2, broken down by occupational group. Nursing and midwifery (N&M) staff and Allied Health Professional (AHP's), (including AHP Support workers) are the highest reporters. Increases could be seen in Q1 of AHP staff speaking up and this has continued to be the case for Q2. There has also been a reduction in the breadth of occupational groups speaking up this quarter, with no medical and dental (M&D) or ancillary staff, however an increase can be seen in admin and clerical staff with 9 this quarter.



6 Protected Characteristics

9 of the 32 people speaking up in Q2 identified with having a protected characteristic including race and disability (which also includes 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.

We continue to monitor the number of our Black, Asian and Ethnic Minority (BAME) staff we have speaking up and the number has increased to 4 people this quarter (12.5% of those speaking up), from 6.5% in Q1 (3 people). Whilst it is positive to see this increase, the Trust's overall BAME workforce representation is 7.6% (as at 31 March 2021) and therefore a further review of these cases and identification of any additional action required or underlying themes will also take place in Q3.

7 Anonymous Reporting

1 anonymous concern was received during Q2, however a conversation was able to be held with the individual and the area of work identified. The individual did however feel unable to share their personal details at that time. This is however the first anonymous report this year.

8 Themes

Q2 continues to see attitudes and behaviours as the highest reported theme, with "bullying" making up 14 of those.

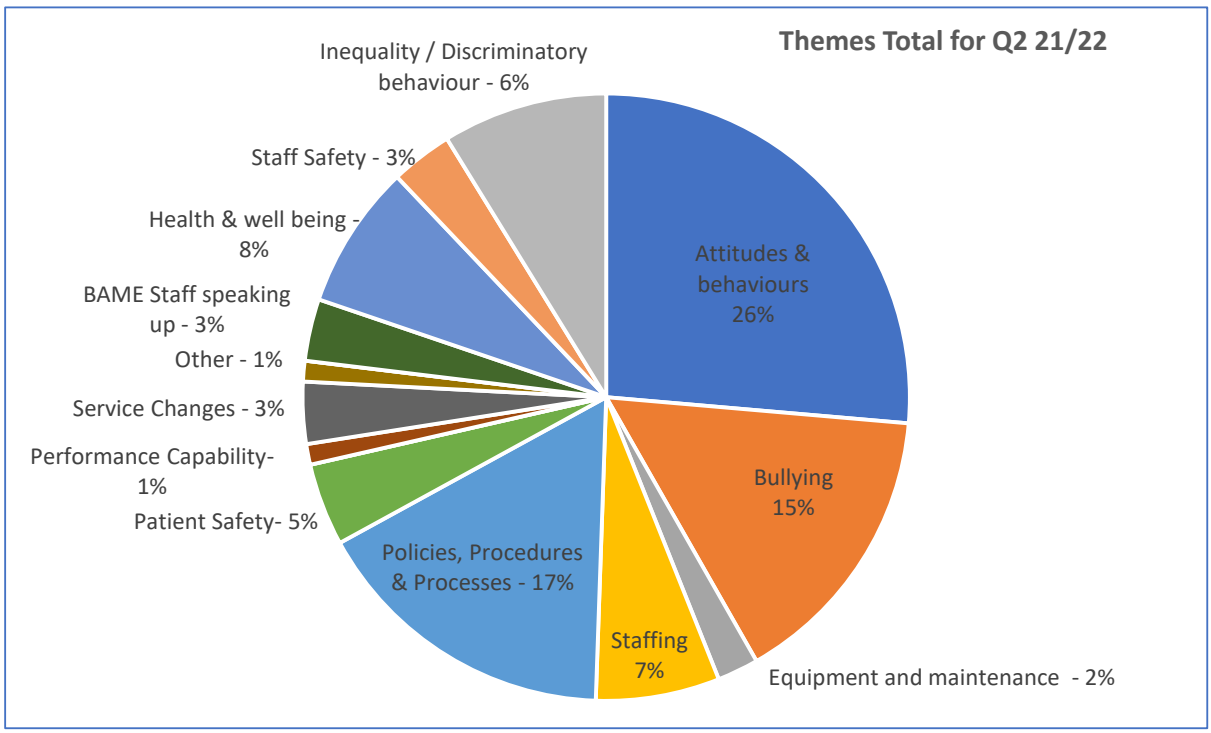
Q2 also continues to see higher numbers of staff raising concerns about policies, processes and procedures (15 people), with staff concerned / unhappy about how local management have dealt with processes locally or that things have not been dealt with at all.

An additional theme of inequality and discriminatory behaviour was added in Q4 and unfortunately this continues to be featured within Q2.

The chart opposite and below, highlight the full breakdown of each category for Q2.

Q2 21/22 Themes	Total
Attitudes & behaviours	24
Bullying	14
Equipment & maintenance	2
Staffing	6
Policies, procedures & processes	15
Patient Safety	4
Patient Experience	0
Performance Capability	1
Service Changes	3
Other	1
COVID-19	0
Staff Safety	3
Health & well being	7
BAME Staff speaking up	3
Inequality / Discriminatory behaviour	8

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



9 Action Taken

All concerns raised to the FTSU Guardians are referred to the appropriate level of management for action, along with Human Resources, staff side colleagues and any additional support services as appropriate, where agreed with the individual speaking up. In some cases, the FTSU 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.

There appears to be an increase in the number of staff who are happy to be linked with management directly to support their concerns being heard directly or are happy to approach management themselves on receiving further advice and guidance from the FTSU Guardian. This is really pleasing to see. Data will be reviewed to identify ways in which outcomes can be themed so as to support greater identification of these aspects moving forwards.

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

The number of cases with Board level contact this quarter was 7 (as opposed to 3 in Q1). Intervention this quarter was:

a) Awareness of collective grievance and concerns within an area
b) Support for staff member and to hear their concerns
c) Awareness and oversight of areas identified as a “theme” or causing concern
d) Continued involvement in listening / feedback events within an area where concerns had previously been raised

Case examples for Q2:

i) Individual with a variety of concerns at work and a number of personal circumstances, mental and physical health difficulties, leading to a period of sick leave.

   Following concerns raised, a number of support options were put in place. This included liaising with management and HR regarding the individual’s concerns; staff side involvement to ensure support for future meetings and psychological wellbeing support established, to support wellbeing and mental health needs. Occupational Health were also involved.

   The role of the FTSU Guardian was critical in ensuring the individual’s voice and circumstances were represented to management as they felt unable to do so themselves at that point. The FTSU Guardian posed questions to management and HR regarding aspects of the process that were being followed, that impacted negatively on the individual, particularly because of their current mental health.

   Due to their mental health, the individual’s circumstances appeared difficult to manage. However, once appropriate support was in place and reasonable adjustments were made, the individual felt able to share their additional concerns about returning to work. As such, these could be addressed and plans put in place to support them back to work.

   Lessons learned: reasonable adjustments may be required, in order to support the needs of the individual and whilst requests may be perceived as not part of “usual” processes, if deemed reasonable, they can make such a difference to the staff member feeling heard and supported.

ii) **Confidentiality and sensitivity -** Some staff still unfortunately feel nervous when speaking up and either asking for help, support or advice or in raising concerns. The main fear of staff is usually the fear of repercussions and so when staff speak up, their confidentiality and sensitivity to addressing this must be maintained.

   Lessons learned: when arranging to meet staff “privately”, particularly when using MS Teams or other virtual platform, it must be remembered that some staff are reluctant to have invites within their calendars as these can be viewed by others or perceived to be viewed. Privacy settings can

be used. This is particularly important too for colleagues who have secretarial / PA support. Some staff are nervous about the involvement of others and alternative options may need to be considered,

Special thanks this quarter to those that may have been involved in such scenarios and worked supportively to facilitate conversations. It is much appreciated by those involved.

iii) Additional support / advice may be required before proceeding -
Concerns may be raised to team leaders / supervisors regarding interactions with colleagues and how circumstances have made them feel. Where concerns relate to the behaviour of colleagues, additional advice and support may be required from others before proceeding, particularly if managers are new into role and where additional circumstances may exist e.g. linked with an individual's disability, ethnicity etc.

Lessons learned - Before raising the concern with colleagues cited, further support on how best to proceed may be available from senior managers, HR and the Diversity and Inclusion Lead in such circumstances as mentioned above.

iv) Communication is key
Staff on one ward identified changes that were made to the ward, that were felt to have been done without due consultation / consideration / information on what was happening and as such, staff are left worried, anxious and frustrated.

Lessons learned - Where service changes are planned, it is crucial that staff in the area are included in the changes as far as practicable and efforts made to engage and update and ensure changes can be made safely and effectively and with support available if required.

10 Time Taken to Close Cases

The average time taken to close cases in Q2 was 4.48 weeks. This is a significant increase from to Q1 (2.45 weeks), however 2 cases closed that had been open circa 20 weeks. Aside from these 2 cases, the average time would therefore have been 2.2 weeks.

11 Detriment

The National Guardians Office (NGO) requires organisations to report data on the number of staff who feel they have suffered a "detriment" as a result of speaking up. This is not specifically to do with those that have spoken up to the FTSU Guardians but seeks to identify this as a potential metric in reviewing how healthy the organisations speak up culture is.

Data is only recorded for those that ultimately contact the FTSU service, however this information is being captured and reported to the NGO on a quarterly basis and will therefore be included in future FTSU reports.

For Q2, 5 staff reported examples of experiencing detriment as a result of speaking up, 4 of which were linked to processes that was undertaken, but in 2 different areas (e.g. 2 staff from one area and the remaining 2 from a different area), the other was an individual scenario.

The Trust must consider its response to those staff that may have suffered detriment as a result of speaking up and a statement regarding this, should be included within the Trust's speak up policy. The Trust's speak up arrangements, including the Trust's policy, is under review and will therefore detriment will be included as part of this review.

12 Additional Updates
12.1 FTSU Training

Level 1 and 2 e-learning programmes, developed by the National Guardians office – Speak up and Listen Up are all fully functional and accessible via staff ESR records, relevant to staff roles.

Level 1 compliance continues to increase and is now 81.81% as at 30/09/21 (from 80.07% as at 30/06/21). Level 2, for managers and team leaders has also increased significantly from 59.41% (as at 30/06/21) to 69% as at 30/09/21. Levels are still lower than expected due to a delay in the launch of the national programme however, progress continues to be made.

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 national development and is expected to be released by the end of this year.

12.2 FTSU Guardians and FTSU Champions

The FTSU Champions network has been refreshed and monthly meetings established to offer additional support for champions to come together, discuss how things are within their localities, meet with FTSU Guardians and here corporate updates too.

There have been some changes to FTSU Champions, with some leaving the Trust and new ones identified and contact details will be updated on the speak up section of the website.

A review of the resources available for the FTSU service has been completed and steps are being taken to ensure appropriate resource is in place moving forwards.

12.3 Speak Up Month – October

The NGO have identified October as Speak Up and as such, are encouraging organisations to promote the importance and significance of speaking up.

The Trust has provided a number of updates through its Trust wide corporate communication channels and this has also included video messages from the CEO and Lead FTSU Guardian. A message from Jayne Coulson, Non-Executive Director and Non-Executive Lead for FTSU has also been shared.

Walkabouts have been undertaken within areas across the Trust and FTSU Champions have been encouraged to accompany FTSU Guardians within their areas and support promotion of speaking up and the support available.

New NGO guidance has been developed to clarify the role of the FTSU Champions and ensure best practice and any managers with additional queries should contact Sharon Landrum for more information.

12.4 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. This ensures support is in place for FTSU Guardians and that best practice and national guidance are adhered to.

12.4.1 National Guardian

The National Guardian, Dr Henrietta Hughes OBE stepped down from her post in September 2021 and plans are in place to recruit a successor.

12.4.2 Trust Self Review

The Trust is planning on conducting its next self-review, using the NGO's self-review toolkit. Plans are underway for the Trust Board to conduct a thorough review of speak up arrangements as soon as possible. Following this and in conjunction with feedback received from the Lead FTSU Guardian's service review, a new FTSU strategy / action plan will be developed.

A FTSU feedback survey was developed and promoted, however has since been postponed due to

concerns regarding potential rater fatigue due to timing of its launch. This will however be repeated as soon as possible.

12.4.3 Blackpool Case Review

The NGO has recently conducted a case review at Blackpool Teaching Hospital. A report has been issued on 14/10/21 and therefore this will be reviewed and gaps identified, will be integrated within the revised FTSU action plan.

Conclusions

The FTSU service continues to work towards improving the Trust's speak up culture by promoting the importance of staff speaking up and encouraging staff to do so.

A number of pleasing areas can be seen within the Q2 data, return to more normative data this quarter, compliance levels with training so as to improve further awareness and also staff happy to link in directly with management.

There has however been a dip in the breadth of staff accessing the service this quarter and therefore walkabouts and promotion within areas, will be undertaken in Q3.

The Trust is in a pivotal position with the FTSU agenda, whereby the impending Trust Board review and preparation of its new FTSU strategy / action plan, combined with plans to ensure adequate resources are in place, should continue to support an effective way forwards.

Recommendations

1. Members are asked to note Q2 data and updates and impending Board review.
2. Consideration of any additional areas requiring further assurance or inclusion in future reports

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item:

Board of Directors
3 November 2021

Title:	Monthly Safe Nurse Staffing Report
Author:	Vic Peach – Interim Deputy Chief Nurse Johanna Ashworth Jones – Programme developer, Corporate Nursing Team
Responsible Director:	Tracy Fennell Interim Chief Nurse
Presented by:	Tracy Fennell Interim Chief Nurse

Executive Summary

Further improvement on the safe staffing position in month 6 (M6) has been achieved. This is evident by:

- 9% reduction in the number of RN (registered nurse) red shifts compared with month 5 (M5).
- 0 professional judgement red status shifts on the adult inpatient wards compared with 6 (M5) and 11 (M4).
- -1.09 % vacancy rate for CSW (Clinical Support Worker).
- 6.1% increase in NHSP RN fill rate.
- Continued success of the International Nursing Recruitment Programme; totalling 118 nurses on the wards as of 15 October 2021.

Staffing challenges do remain however proactive plans to mitigate risks continue. Reduced RN staffing was considered a possible contributing factor for one fall in M6, which resulted in low harm for the patient. Maternity staffing has consistently remained a challenge for the previous six months due to continued regional pressures. This is now supported by a revised Maternity Escalation and Divert Policy with oversight from NHS England through daily Sit Rep reporting.

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

BAF references 1,2,4,6.
Positives.

- The Trust is fully established for CSW's.
- No known serious harm occurred as an impact of reduced staffing.
- 118 international nursing recruits have been deployed across the Trust as of 15 October 2021.
- There have been no formal complaints in relation to patient or stakeholder's perception of reduced staffing received for 4 consecutive months.
- Reduction in the number of shifts falling below minimum safe staffing levels was reported for RN shifts.
- Reduction in the number of shifts where professional judgement was considered as red (at risk of care standards falling below expected levels)

Gaps.

- Staff isolating due to increasing COVID community prevalence continues to impact staffing during M6.
- Reduced staffing may be a contributing factor for 1 fall within Medicine Division.
- 2 shifts had a professional judgement of red in M6 both of which were on the neonatal ward.

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
3 November 2021

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 RN band 5 vacancy rate reduced by 0.78% 13.16% (M6) from 13.94% (M5).

A total of 118 international recruitment (IR) nurses as of the 15 October 2021 have been deployed across the Trust since the implementation of this programme. In M6 there were 25 IR nurses awaiting NMC registration having successfully passed the OSCE; these posts will be deducted from the vacancy figure in M7.

At the Regional Director of Nursing Meeting October 2021 the risk of a regional increase in RN nursing posts across the region (Circa 700 WTE posts) was raised. It was highlighted this may impact on attrition rates within Cheshire and Mersey organisations. In response the Trust will develop a further 2 year IR nurse recruitment plan to ensure the Trust is not at risk from the regional RN WTE increase.

CSW posts are fully established with a vacancy rate of -1.09% (M6). This is a significant achievement for the Trust with previous CSW vacancy rates being as high as 8.11% (November 2020).

1.2 Absence

Sickness, isolation, and absence figures remain static during M6 as displayed in the staffing dashboard (appendix 1). Absence due to COVID continues to provide a pressure on staffing across the Trust.

NHSP fill rates improved for RN shifts from 61.3% (M5) to 67.4% (M6). The previous NHSP nursing pay incentive has also been approved by the Executive Management Team (October 2021) to promote an increase in fill rates to support winter pressures. The incentive scheme will run from 1 October 2021 to 31 December 2021 with additional bonus payment being made to contracted staff completing 34.5 hours in month and NHSP only staff completing 57.5 hours in month. Nurses, midwives, clinical support workers, nursing associates, assistant practitioners, pharmacists, and ODPs irrespective of grade are eligible.

1.3 Safe Staffing Oversight Tracker (SSOT) Review

During M6 495 shifts fell below minimum RN staffing levels as reported on the SSOT. This is a reduction of 50 shifts compared to M5 (545).

To reduce the risks in areas with reduced staffing levels 299 staff were relocated from other areas (M6); this is comparable with M5 (301).

In M6, 2 shifts were assessed by the Senior Nursing Team as a professional judgement of red (high risk of care standards falling below expected levels), which is a reduction of 4 compared to M5 (6). Both shifts were reported on the neonatal ward in the Women's and Children's Division.

Neonatal Ward

On both shifts the acuity determined that the staffing requirements were higher than planned. Ward manager worked clinically, and no external transfers were accepted during these shifts: as per policy all transfers away from the Trust are coordinated by the North West Cot Bureau.

1.4 Impact on Care

22 falls occurred in M6 where staffing levels were less than expected, which is an increase of 5 from the M5 (17). A review indicated that reduced staffing may have been a contributing factor to one of these falls within the Medical Division where the patient sustained low level harm.

There has been a significant increase in the number of red flags for a selection of the following indicators recorded in the SSOT:

- Staff missed break: 89 (M6) compared with 50 (M5).
- Delayed / Missed observations: 223 (M6) compared with 129 (M5).
- Delayed / Missed pressure care: 96 (M6) compared with 64 (M5).
- Delayed / Missed NEWS: 265 (M6) compared with 222 (M5).
- Number of 1:1 specials not covered: 11 (M6) compared with 4 (M5).

The Deteriorating Patient Quality Improvement Project is a priority and continues to be overseen by the Medical Director and Interim Chief Nurse via the QI Faculty. In addition additional initiatives to raise awareness of the Deteriorating Patient Campaign Trust wide specifically raising awareness to NEWS2 have commenced.

2 Actions to Mitigate Risks

NHSP fill rate for RN shifts increased by 6.1% in M6 providing a fil rate of 67.4% compared with 61.3% (M5). The total number of hours requested reduced from 28042 in M5 to 24544 M6.

Recommendations presented by the Interim Chief Nurse to implement releasing time to care initiatives were approved by the Executive Management Team on 12 October 2021. The paper provided recommendations to reduce some audit processes and nursing care requirements to release time to care whilst maintaining assurance for all essential areas. This approach will support safe staffing and quality care during times of unprecedented pressures that are anticipated during the winter.

The Trust remains on track with the IR nurse programme in line with agreed plans to recruit 160 IR nurses before the end of M9. Funding has been sourced to support recruitment of a further 20 IR nurses bringing the total to 180 with the ambition of landing in the Trust by M9.

3 Children's and Maternity Staffing.

3.1 Maternity

Maternity staffing has continued to be challenging in M6 due to continued regional pressures with several Cheshire and Merseyside providers remaining in escalation resulting in women in labour being diverted to other providers. A revised Maternity Escalation and Divert policy is in place following approval on 1 September 2021. Daily and weekly Sit Reps continue to be submitted to NHS England.

There has been 1 local divert / closure of Delivery Suite in M6. The Maternity Unit has been in escalation on a regular basis throughout M6 with support required from the Community Midwifery Service. Weekly staff engagement sessions are in place following concerns raised by the community staff, as a result an improvement plan has been developed which is monitored through Women and Children's Divisional Governance Meetings and the Maternity Safety Champion's meeting.

M6 is the sixth consecutive month that the Delivery Suite has been noted as an area submitting higher numbers of staffing incidents, with 17 reported compared to 15 in M5. Incidents have been consistent with previous months; themes include inability to accommodate in-utero transfers from other hospitals and short notice absence, combined with high patient acuity and numbers. All incidents are reported as low harm. Escalation processes have been instigated when needed, acuity continues to be monitored every four hours using Birth Rate Plus (BR+) Acuity Tool is and is acted upon accordingly.

Maternity staffing risk is recorded on the risk register in response to the current national maternity service demands and the lack of available midwives regionally. Recruitment campaigns have been successful and newly registered Midwives have allocated start dates; a further 2 students are expected to be registered in December 2021. Currently there are 2 WTE band 7 vacancies for the Delivery Suite.

3.2 Children's

There are currently 3 RN WTE vacancies for the Children's Ward. Recruitment has been successful to these posts with further interviews planned later this month. Approximately 10 further students are in the pipeline to recruit as newly registered Children's nurses in March 2022.

Weekly system review meetings regarding anticipated Respiratory Syncytial Virus (RSV) surges are held and plans are in place for the anticipated surge in RSV. RSV is being monitored closely with a Cheshire and Merseyside command structure in. To date RSV numbers have remained relatively low; non-RSV chest related admissions have risen.

There have been no incidences of diverting children out of the organisation.

3.3 Neonates

Following a positive recruitment there are no vacancies within the neonatal unit.

The Neonatal Unit continues to be extremely busy with babies being transferred in from outside the region due to a lack of capacity regionally. In-utero transfers are being managed in accordance with the revised system wide Maternity Escalation and Divert policy.

4. Conclusions

M6 has demonstrated improved staffing levels and reduced vacancies as well as achieving a full CSW establishment.

COVID community prevalence continues to provide challenges in relation to patient acuity, staff sickness, and staff absence due to staff isolation. Mitigations are in place across the Trust; enhanced monitoring, escalation processes, NHSP, agency staffing, and absence monitoring processes.

Resilience planning is on-going locally and regionally to ensure plans are in place ahead of the predicted pressures over the forthcoming months.

4. Recommendations to the Board

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

Appendix 1 – Safe staffing dashboard Sept 2020- Sept 2021

	Safe Staffing Board Assurance Dashboard 2020 /21 - 2021/2022																
Data Source	Indicator	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Spark line
Corporate Nursing	Care Hours Per Patient Day - Total		9.6	8	8.5	10.1	9.5	8.1	8.9	9	8.7	8.3	8.8	8.5	8.4	8.2	
Corporate Nursing	Care Hours Per Patient Day - Registered Nurses		4.8	3.8	4.1	5.2	4.8	4	4.3	4.4	4.1	4.1	4.4	4.1	4.2	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	3.5	3.5	3.6	3.6	3.6	3.4	
Corporate Nursing	Number of ward below 6.1 CHPPD		0	2	0	0	0	1	1	0	1	4	1	3	2	3	
Corporate Nursing	National Fill rates RN Day		79%	76%	83%	84%	85%	79%	81%	83%	84%	83%	84%	82%	83%	82%	
Corporate Nursing	National Fill rates CSW Day		76%	86%	89%	94%	88%	86%	91%	91%	92%	93%	100%	97%	98%	95%	
Corporate Nursing	National Fill rates RN Nights		94%	72%	79%	81%	82%	77%	84%	78%	84%	80%	82%	78%	81%	81%	
Corporate Nursing	National Fill rates CSW Nights		97%	90%	104%	100%	99%	95%	71%	101%	98%	99%	98%	96%	103%	103%	
Informatics	Trust Occupancy Rate	57.20%	66.90%	79.50%	79.50%	76.10%	79.30%	83.50%	80.20%	80.80%	81.40%	83.90%	82.30%	81.50%	84.10%	85.50%	
Informatics	Occupancy Rate - APH	63.10%	72.10%	81.50%	79.10%	76.00%	80.30%	82.30%	80.30%	83.50%	83.90%	86.70%	85.00%	84.80%	87.30%	88.90%	
Informatics	Occupancy Rate - CBH	16.00%	24.90%	51.90%	46.10%	39.00%	37.90%	50%	50%	52%	55%	55%	53%	51%	54%	56%	
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%	15.92%	13.97%	13.10%	13.44%	14.56%	14.41%	
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%	15.35%	12.59%	11.47%	12.31%	13.94%	13.16%	
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%	8.26%	7.47%	7.15%	6.97%	7.69%	7.44%	
Workforce	Vacancy Rate (CSW's)	5.89%	5.86%	7.86%	7.77%	8.11%	6.28%	6.79%	5.94%	5.97%	5.82%	2.99%	3.08%	0.49%	0.21%	-1.09%	
Workforce	Sickness Rate - RN	5.69%	6.12%	6.38%	6.80%	6.95%	6.49%	9.17%	7.14%	6.01%	5.96%	5.92%	5.51%	6.79%	6.01%	6.43%	
Workforce	Sickness Rate - CSW	10.46%	9.58%	10.09%	8.82%	7.59%	8.18%	12.34%	9.47%	8.11%	8.46%	10.04%	9.89%	9.16%	9.68%	9.63%	
Workforce	Absences Rate - RN	4.84%	2.36%	2.60%	1.55%	1.76%	1.50%	2.39%	1.78%	2.24%	0.07%	0.03%	0.30%	1.12%	0.40%	0.35%	
Workforce	Absences Rate- CSW	4.96%	3.33%	3.17%	1.55%	2.17%	1.56%	2.64%	2.71%	2.47%	0.05%	0.14%	0.50%	1.88%	0.67%	0.44%	
Corporate Nursing	Number of Professional Judgment Red Shifts		1	0	0	0	0	0	0	0	0	0	2	11	6	2	
Corporate Nursing	Number of RN Red Shifts *		359	445	454	243	499	689	330	383	323	427	446	614	545	495	
Corporate Nursing	RN Red Shift Impact : Number of Falls		7	9	17	4	19	26	36	16	16	21	19	29	17	22	
Corporate Nursing	RN Red Shift Impact : Number of Falls with Harm		0	1	1	0	0	0	1	1	0	0	3	1	1	4	
Corporate Nursing	RN Red Impact : Meds Errors / Misses		3	0	7	1	27	2	1	27	2	2	1	2	2	3	
Corporate Nursing	RN Red Impact : Patient relative complaints		2	0	3	0	0	1	2	0	0	1	2	2	0	5	
Corporate Nursing	RN Red Impact : Staffing incident submitted		6	16	18	7	23	33	6	14	14	9	4	7	15	13	
Corporate Nursing	RN Red Impact : Special 1:1 (uncovered)		3	7	9	0	26	38	2	3	1	10	2	12	4	11	
Corporate Nursing	RN Red Impact: Missed Breaks		14	26	26	10	107	119	34	41	42	71	57	100	50	89	
Corporate Nursing	RN Red Impact: Delayed / Missed Obs		10	19	122	1	287	278	31	126	75	248	74	198	129	223	
Corporate Nursing	RN Red Impact: Delayed / Missed nMEWS		12	33	12	31	239	237	72	286	90	226	120	367	222	265	
Corporate Nursing	RN Red Impact: Delayed / Missed Pressure Care		3	14	24	23	145	46	23	58	15	43	44	82	64	96	
Corporate Nursing	RN Red Impact : Delayed Meds		8	20	127	6	582	299	88	193	55	199	79	263	248	217	
Governance support	Number of SI's where staffing has been a contributing factor	0	0	0	0	0	1	1	0	1	0	0	0	0	0	TBC	
Corporate Nursing	Total Number of staffing incidents	30	53	80	75	25	90	102	42	57	48	93	80	105	92	134	
Complaints team	Formal complaints in relation to staffing issues	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	
Complaints team	Informal Concerns raising staffing levels as an issue	0	0	0	1	0	0	1	0	1	0	0	1	0	0	0	
Corporate Nursing	Patient Experience feedback raising staffing levels as a concern	0	0	0	0	0	0	0	0	0	0	1	1	1	0	2	
Corporate Nursing	Staff Moves		232	329	140	164	172	606	337	337	288	341	302	407	301	299	
NHS Professional	Number of RN hours requested	19909	22878	24734	28432	31103	28638	43952	35299	34182	24465	24192	24382	27501	28042	24544	
NHS Professional	Number of CSW hours requested	20155	25196	25007	32505	28386	30651	42759	33056	30218	24122	24171	23421	25435	25286	25635	
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%	64.50%	68.22%	65.90%	59.00%	61.30%	67.40%	
NHS Professionals	% of requested CSW filled	86.30%	80.20%	76.50%	71.10%	85.30%	68.10%	62.80%	68.00%	75.00%	77.60%	84.20%	86.20%	84.00%	85.60%	84.10%	
NHS Professionals	% of Agency staff used RN	3%	3%	3%	2%	6%	1%	2.30%	7.00%	7.00%	5.00%	1.70%	4.80%	6.00%	7.00%	3.20%	
NHS Professionals	% of Agency staff used CSW	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

** The National Safe Staffing submission reports the total actual hours filled against the agreed funded establishment. RN Red shifts are defined as shifts that are below both the agreed funded establishment and below the agreed minimum staffing model.*

*Blue text denotes where an amendment to the previous figures has been made following a review of establishment figures. These figures are correct at the time of the divisional sign off process at the beginning of each month for the retrospective month

Board of Directors' Meeting
Board Assurance Framework report
3rd November 2021

Title:	Board Assurance Framework
Responsible Director:	Chief Executive Officer
Author:	Molly Marcu, Interim Director of Corporate Affairs
Presented by:	Molly Marcu, Interim Director of Corporate Affairs

Executive Summary

Following the adoption of the Board Assurance Framework at the September meeting of the Board, the updated risks are now submitted for assurance as part of the agreed bi-monthly process.
The purpose of this report is to enable the Board to review, and if deemed appropriate agree the updates in risk mitigations as put in place by Executive Directors in their capacity as risk owners.

Recommendation:

The Board is asked to:

1. Note and receive the attached assurance update to the Board Assurance Framework for the month of November 2021
2. Note and approve the addition of risk 1.4 onto the BAF document, as highlighted in section 2
3. Note and approve the change in rating of risk 5.2 on the BAF document, as set out in section 3
4. Note and receive the general updates highlighting developments in risk mitigation in section 4

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)

Weak arrangements for monitoring the delivery of strategy and associated risks expose the organisation to gaps in internal control, which may adversely impact on quality of care and reputation

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
The Foundation Trust Code of Governance places specific responsibilities on NHS Board to monitor delivery of strategy and associated risks		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Not applicable at this current stage		
Specific communications and stakeholder /staff engagement implications		
Not applicable		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Not applicable		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
not applicable		
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	Not applicable	
Background papers / supporting information	Not applicable	

1. Background and Purpose

An effective Board Assurance Framework (BAF) provides the Board with a simple, comprehensive tool for effective and focused management of principal risks to meeting its objectives.

It provides a structure for the evidence to support the Annual Governance Statement disclosure. This simplifies Board reporting and the prioritisation of action plans which, in turn, allow for more effective performance management.

BAF reports to the Board are based on the format agreed at the September Board meeting, with the aim of providing assurance on the mitigation of significant risks.
The November version of this report outlines risk movement and assurance on risk mitigations since the September Board meeting.
The updated BAF is attached to this report as appendix A.

2. New risks

Since the September iteration to the Board, it is proposed that one new risk is added to the BAF:

Strategic objective: Outstanding Care
Risk number: 1.4
Risk Title: Failure to ensure adequate quality of care resulting in adverse patient outcomes and an increase in patient complaints

Residual risk rating: 16

Previously the BAF had risks with a partial reference to the quality of care, for example, the gaps in staffing risk, as well as the scheduled and unscheduled care risks.
Risk 1.4 has been added to the BAF on the basis that there is a need to specifically focus on the quality of care and review the mitigations aligned to this from a clinical governance and assurance perspective.
It is recognised that interdependencies will still exist between the other risks aligned to quality of care; however risk 1.4 now affords the Quality Assurance Committee the opportunity to assess and determine the nature and frequency of key mitigations to be reviewed on a routine or ad hoc basis.
In addition, this risk also enables a clinical assurance focus through the oversight of the Medical Director and interim Chief Nurse.
The Board will receive further external assurance on this risk through the outcome of the unannounced focussed CQC inspection on the Emergency Department and medical specialties which took place on the 19th and 20th of November 2021.

3. Proposed changes in risk ratings

One risk is proposed for a reduction in risk rating, since the last report:

Strategic objective: Be a digital pioneer and centre for excellence
Risk number: 5.2
Risk Title: Loss of clinical systems due to a cyber-attack, resulting in an adverse impact on the delivery of care
Current residual risk rating: 20
Proposed residual risk rating: 10

The rationale for this reduction in the rating is on the basis of the cyber security maturity self-assessment, which was presented to the Audit Committee in September. The Chief Information Officer is assured that the outcome of this self-assessment highlights significantly more robust mitigations than previously anticipated. On this basis the Board is asked to approve this risk reduction.

4. General Updates

The purpose of this part of the BAF report is to outline some significant updates on mitigations of key risks due to developments and progress made by the Executive Directors

Strategic objective: Compassionate workforce
Risk number: 2.3
Risk Title: High level of sickness absence (and long term detrimental impact on staff well-being), adversely impacting on the Trust's ability to provide high quality patient care.

Residual risk rating: 16

The Interim Director of Workforce has introduced a Workforce Wellbeing Winter Plan which is aimed at reducing this risk with a particular focus on physical health, mental health, staff resilience and boosting of morale.
One other pertinent aspect of this plan is that it builds on feedback local to the Trust as obtained through staff engagement and best practice.
The Workforce Assurance Committee will continue to receive assurance updates on key milestones of delivery of this plan, which will feed through to the Board as appropriate.
Further detail on this plan is set out in the Chief Executive's report.
Work continues at pace to develop the workforce strategy, which is a key mitigation to this risk as well as risk 2.1, pertaining to recruitment and retention.
The residual rating of this risk remains unchanged at 16.

<u>Cost improvement plan risk assurance</u>

Strategic objective: Continuous improvement - Maximise our potential to improve and deliver best value
Risk number: 3.1
Risk Title: Failure to deliver sustainable cost improvements
Residual risk rating: 16

The October Cost Improvement Plan (CIP) report to the Finance, Business, and Performance Assurance Committee (FBPAC) highlights some positive assurance in relation to the delivery of the target.
This report indicates that the Trust has met the H1 target of £1.2m, with a further £5.650m to deliver in H2. Further work is being carried out to close the gap between the total CIP target and identified schemes. With effect from October 2021, the FBPAC will be scrutinising divisional CIP plans.
The residual rating of this risk remains at 16, until a substantial proportion of the CIP has been delivered in advance of the expiry of the 2021/22 financial year.

5. Recommendations

The Board is asked to:

1. Note and receive the attached assurance update to the Board Assurance Framework for the month of November 2021
2. Note and approve the addition of risk 1.4 onto the BAF document, as highlighted in section 2
3. Note and approve the change in rating of risk 5.2 on the BAF document, as set out in section 3
4. Note and receive the general updates highlighting developments in risk mitigation in section 4

Wirral University Teaching Hospital Trust

November Board Assurance Framework report

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score	Current Risk Score (CxL)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
1. OUTSTANDING CARE - Provide the best care and support													
1.1	Chief Operating Officer	Quality Committee	Failure to effectively manage unscheduled care demand, adversely impacting on quality of care and patient experience	• System wide Winter plan in line with the National UEC Recovery Action Plan • Full participation in the unscheduled Care transformation programme which includes Working with Wirral Community Trust to improve streaming and reduce the numbers of patients attending the ED department who can have their care needs met away from ED. • Trust level Winter resilience director in place from November 2021 until April 2022 • Onsite support from Wirral Community Trust with the Chief Operating Officer focusing on admission avoidance and supporting early and timely discharge • Monitoring of ED improvement plan and Wirral system urgent care plan by systems Chief Operating Officers including Director of Adult Social care 3 times weekly. • Health Economy CEO Oversight of discharge cell. • Additional spot purchase care home beds in place • Participation in C&M winter room including mutual aid arrangements • NWAS Divert Deflection policy • Rapid improvement programme to support increased streaming at the front of ED to deflect non-urgent demand to other services away from ED • Communications out to primary care and to Wirral residents around only use A+E for urgent care and from 25th Oct streaming away from ED is to be increased.	Trust Management Board (TMB) - Assurance Divisional Performance Review (DPR) - Accountability	Health Wirral Urgent Care Improvement Program Weekly Wirral CEO Group A+E Delivery Board	The Trust continues to be challenged delivering the national 4 hour standard for ED performance.	Improved performance is heavily reliant on the Trust working with the Wirral system to achieve the trajectory submitted as part of the overall Wirral Urgent Care Improvement Programme. The Trust Winter plans are being finalised to support achievement of the trajectory and to meet the increased demand the Trust will be challenged with this winter.	20 (4x5)	16 (4x4)	12 (4x3)	There is one overall Emergency Department Improvement Plan in place which is broken down into 4 key areas: - ED Performance Improvement Plan (Reports into OPC) - ED Health and Safety Improvement Plan (Reports into HSC) - Leadership and Culture Improvement Plan (Reports into Workforce SB) - Patient Safety and Quality Action Plan (Reports into Quality Committee)	Mar-22
1.2	Chief Operating Officer	Operations &Performance Group and FHPA Committee	Failure to meet constitutional targets, resulting in an adverse impact on patient experience and quality of care	Clinical harm reviews, management of overdue follow-up appointments, implementation of clinical prioritisation process. Referrals of P2 Status patients to regional hubs and weekly Clinical review every 7 post P2 Breach. Harm review process. Use of the Independent Sector for Outsourcing and Insourcing for pressured specialties where availability exists. Access/choice policy in place. Detailed operational plans agreed annually	Operational Delivery Group (Monthly) 'Operations and Performance Group oversight (Weekly) Divisional Access & performance Meetings (weekly) Theatre Resource Group & Theatre scheduling (weekly) Cancellation Avoidance Decision Group (Daily) Monthly Divisional Quality Board Divisional Performance Reviews	NHSI/E oversight of Trust improvement plan	Substantial challenges remain in delivering elective outpatient activity. There is a gap between capacity and demand in a number of specialties , which has widened since the pandemic	to be confirmed	16 (4x4)	16 (4x4)	12 (4x3)	Continue with delivery of mitigation plans for scheduled care	Mar-22
1.3	Chief Operating Officer	Operations &Performance Group and FHPA Committee	Failure to effectively manage volume of scheduled care demand, adversely impacting on quality of care and patient experience including, RTT 52 and 104 weeks and WL size , DM01, CA 62 and 31 day, Patient harm, H2 planning trajectories not met, Financial risk – ERF	Daily tracking and management of all Trust PTLs, data quality checks, weekly meetings between ops teams and central teams to support dvisions, weekly Operational Delivery Group meeting for oversite of overdue follow-up appointments, overdue planned patients, RTT loing waiters, Cancer Perfromance and implementation of clinical prioritisation process. Review of P2 patients at regional hubs, established Harm Review Process, Insourcing and outsourcing of activity where clinically appropriate, Trust wide training programme for the management of elective care, regular foum between information and B.I.T to ensure data quality and completeness	Operational Delivery Group (Monthly) 'Operations and Performance Group oversight (Weekly) Divisional Access & performance Meetings (weekly) Theatre Resource Group & Theatre scheduling (weekly) Cancellation Avoidance Decision Group (Daily) Monthly Divisional Quality Board Divisional Performance Reviews	NHSI/E oversight of Trust improvement plan	Substantial challenges remain in the delivery of activity at all points of delivery. There is a gap between capacity and demand in a number of specialties , which has widened since the pandemic.	None identified	16 (4x4)	16 (4x4)	16 (4x4)	Implement and monitor the delivery of the Trust DM01 Action Plan	Dec-21
1.4	Medical Director	Quality Assurance Committee	Failure to ensure adequate quality of care resulting in adverse patient outcomes and an increase in patient complaints	•CQC compliance focus on ensuring standards of care are met •Embedding of safety and just culture •Implementation of learning from incidents •development and implementation of patient safety, quality and research strategy •Proactive monitoring and review of quality and safety indicators at monthly divisional performance reviews	Patient Safety and Quality Board oversight and monitoring of quality and clinical governance themes and trends through the Quality and Patient Safety Intelligence Report report at Quality Assurance Committee Review of modified harm review Trust process Mortality Review Group oversight Regular board review of Quality Performance Report, highlighting exceptions and mitigations	CQC focussed reviews of maternity, infection prevention and control services, diagnostics and surgery Cheshire and Merseside CCG oversight of Trust clinical governance, including Sis, never events action plans	Development of research, patient safety and quality strategies is yet to commence	None identified	16 (4x4)	16 (4x4)	16 (4x4)	Develop, finalise and complete the patient safety and quality strategies	Mar-22
2. COMPASSIONATE WORKFORCE- Be a great place to work													
2.1	Interim Director of Workforce	Workforce Assurance Committee	Failure to fill vacancies, resulting in an adverse impact on quality of care and a failure to meet regulatory standards, and a detrimental impact on staff wellbeing	•targeted recruitment initiatives such as recruitment campaigns and international recruitment •Vacancy management and recruitment systems and processes •TRAC system for recruitment •e-Rostering systems and procedures •used to plan staff utilisation •E-rostering and job planning to support staff deployment	Workforce Steering board and Workforce Assurance Committee oversight	None Identified	National shortages in certain roles Full rollout of clinical job planning is pending workforce planning processes	None identified	20 (4x5)	16 (4x4)	16 (4x4)	Monitor impact of retention and recruitment initiatives	Mar-22
2.2	Interim Director of Workforce	Workforce Assurance Committee	Failure to retain sufficient numbers of staff, adversely impacting on the Trust's ability to provide high quality patient care.	•Implementation of staff survey action plans •training and development activity •exit interview process	Workforce Steering Board Workforce Assurance Committee oversight	TBC	Availability of required capabilities and national shortage of staff in key Trust roles. Talent management and succession planning framework is yet to be implemented	Staff turnover rates	16 (4x4)	16 (4x4)	16 (4x4)	Agreement of workforce strategy and sign-off of associated action plan	Quarter 4 2021/22 period
2.3	Interim Director of Workforce	Workforce Assurance Committee	High level of sickness absence (and long term detrimental impact on staff well-being), adversely impacting on the Trust's ability to provide high quality patient care	•Health and safety and attendance management policies •Workforce Wellbeing plan •Staff Survey Action Plans which are heavily focused on Health, Wellbeing and Attendance. •Delivery against the plans is monitored via the Divisional Performance Reviews	Workforce Steering Board Workforce Assurance Committee oversight	TBC	Current barriers to accessing the wellbeing support offers. Residual impact of COVID experience on staff wellbeing	Staff attendance rates	16 (4x4)	16 (4x4)	16 (4x4)	Implementation of People Plan elements pertaining to	Mar-22
2.4	Chief Executive Officer	Trust Board	Constraints in Board capacity and capability due to turnover, lack of succession planning and talent management	•Implementation of Executive Director recruitment plan •Executive Director and Board development plan •Implementation of Board succession planning	Board approval of Board development plan	2021/22 Deloitte Well led review report and action plan	The Trust has licence condition undertakings pertaining to Board capability and capacity The Deloitte well led review action plan will be in place following the completion of the review in early November 2021	The Board leadership and turnover challenges are cross referenced in the Head of Internal Audit Opinion of 2020/21	16 (4x4)	16 (4x4)	16 (4x4)	Implementation of Deloitte well led review and Board d	Mar-22
3. CONTINUOUS IMPROVEMENT - Maximise our potential to improve and deliver best value													
3.1	Chief Finance Officer	Finance and Performance Committee	Failure to deliver sustainable cost improvements	Implementation of Cost Improvement Programme and QIA guidance document	FBPAC receive detailed monthly update from both Finance and Head of Productivity, Efficiency & PMO. Further assurances to be received from Divisions in relation to CIP Board receive update on CIP as part of monthly finance reports.	CIP arrangements subject to periodic review by Internal Audit. Monthly CIP return subject to significant scrutiny by NHSEI	Limited capacity to identify savings within operational teams given ongoing pressures of service delivery.	Limited assurance on delivery as plans are in early stages and timelines for delivery still subject to change	16 (4x4)	12 (4x3)	12 (4x3)	Continue delivery of CIP programme and maintain oversight of divisional progress	Mar-22
3.2	Chief Finance Officer	Finance and Performance Committee	Failure to deliver the financial plan due to uncertainty around the future financial regime	Formal budgets agreed for each Division and team, performance against budget subject to ongoing scrutiny by Finance. Forecast of performance against financial plan updated regularly, with outputs included within monthly reports. CFO and Deputy attend regional and national meetings to learn and interpret all forward guidance on future regime.	Monthly reports to Divisional Boards, TMB, FBPAC and Board of Directors on financial performance.	External auditors undertake annual review of controls as part of audit of financial statements Annual internal audit plan includes regular review of budget monitoring arrangements	Forecasting has proven inaccurate, historically, and further work needed to strengthen arrangements.	N/A	16 (4x4)	16 (4x4)	12 (4x3)	Finalise estates strategy and agree priority programmes	Sep-21
3.3	Chief Finance Officer and Director of Strategic Partnerships	Finance and Performance Committee	Delays/restrictions in accessing capital resources to support the delivery of the Trust's strategies, e.g. digital and estates	Expressions interest submitted where appropriate for any additional national funding available. Implementation of capital programme Ongoing programme of external reviews of the estate the appointment of authorised engineers development and implementation of masterplans for Hospital plans Operational plan for the Digital Strategy Capital Management Group meets on monthly basis with representation from Operational teams, Estates and Finance.	Capital Committee oversight Authorised Engineers annual report	NHS England Premises assurance Model, ERIC database and benchmarking model for trend analysis	funding restrictions, 30% increase in costs for capital on capital schemes, restricted availability of materials	Diagnostic work is ongoing due to new management and lack of visibility of compliance	20 (4x5)	20 (4x5)	16 (4x4)	Finalise estates strategy and agree priority programmes	Jan-22

Wirral University Teaching Hospital Trust

November Board Assurance Framework report

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score	Current Risk Score (CxL)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
3.4	Director of Strategy and Partnerships	Transformation Board	Failure to deliver sustainable productivity gains due to an inability to embed service transformation	Programme Board oversight Service improvement team and Quality Improvement team resource and oversight QIA guidance document implemented as part of transformation process Implementation of a programme management process and software to track delivery Quality impact assessment undertaken prior to projects being undertaken	Quarterly Board assurance reports Monthly Programme Board chaired by CEO to track progress COO monthly tracking of individual projects, with scrutiny at programme board meetings Rotational presentations by divisions to FBPAC meetings with effect from October 2021	MIIA internal audit review of Cost Improvement Programmes, which highlighted an audit opinion of moderate assurance	Lack of protected time due to conflicting priorities in service delivery, particularly in relation to clinical staff . Lack of clarity on H2 arrangements and financial arrangements for 2022/23 period Historic estate infrastructure system working	Lack of clarity on H2 arrangements and financial arrangements for 2022/23 period, limits level of assurance in board and committee reports	16 (4x4)	16 (4x4)	12 (4x3)	Implementation of Cost improvement and Transformation Programmes	Mar-22
4. OUR PARTNERS - Provide seamless care working with our partners													
4.1	Director of Strategy and Partnerships	Trust Board	Risk that ongoing uncertainty regarding the infrastructure of the Cheshire and Merseyside ICS causes material variability in strategic resourcing and planning, resulting in a change in strategic direction	WUTH senior leadership engagement in ICS through Director of Strategy and CEO. Wuth Strategic intentions are aligned with the ICS, for example ensure master plans and decisions are taken as a system to optimise the way we use public estate across Wirral to deliver organisation and ICS objectives.	CEO and Director of Strategy updates to Board and Executive Director meetings	ICS Chair updates, ICS meetings	Lack of clarity on ICS accountability and governance infrastructure Associated legislation is still awaiting approval	Significant change in leadership at ICS may require time	16 (4x4)	16 (4x4)	12 (4x3)	Development of PLACE governance arrangements with Wirral partners Completion of ICS and PLACE governance self assesment	Apr-22
4.2	Director of Strategy and Partnerships	Trust Board	Uncertainty regarding Trust role in PLACE governance arrangements	National guidance on PLACE based partnershps Legislation framework ICS design framework ICS Body governance Input of Trust CEO and Director of Strategy into Outline of the ICP Structure	Monitoring of timeline to development of Target Operating Model for PLACE Secondment of staff member	ICS Self assessment submission	Lack of clarity on ICS accountability and governance infrastructure Associated legislation is still awaiting approval, and the requirement to work with partners whose roles arent defined	Formal Accountability infrastructure will not be in place till April 2022	20 (4x5)	16 (4x4)	12 (4x3)	Development of PLACE operating model	Feb-22
5. DIGITAL FUTURE - Be a digital pioneer and centre for excellence													

1	2	3	4	5
Insignificant	**Minor**	**Moderate**	**Major**	**Extreme**
No effect	External standards being met. Minor impact on achieving objectives	Adverse effect on delivery of secondary objective	Major adverse effect on delivery of key objective. Affects Care Quality Commission rating.	Does not meet key objectives. Prevents achievement of a significant amount of external standards
No harm/near miss	Any patient safety incident requiring extra observation or minor treatment and causes minimal harm.	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm.	Any patient safety incident that appears to have resulted in permanent harm.	Any patient safety incident that directly resulted in one or more deaths.
Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed	Lost time injury or RIDDOR /Agency reportable > 3 days absence	Fractures, amputation, extensive injury or long term incapacity/ RIDDOR reportable	Death or major permanent incapacity
Loss / interruption more than 1 hour	Loss / interruption more than 8 hours	Loss / interruption more than 1 day	Loss / interruption more than 1 week	Permanent loss of service or facility
local management tolerance level	Loss less than 0.25% of budgeted operating income	Loss less than 0.5% of budgeted operating income. Improvement notice	Loss less than 1% of budgeted operating income. Significant claim. Prosecution or Prohibition Notice	Loss more than 1% of budgeted operating income. Multiple claims.
Minor non-compliance with internal standards	Single failure to meet internal standards or follow protocol	Repeated failures to meet internal standards or follow protocols	Failure to meet national standards. Failure to comply with IR(ME)R	Gross failure to meet professional standards
Rumours	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP Concern (Questions in House). Severe loss of public confidence.

1	2	3	4	5
Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Less than 1%	1 – 5%	6 – 20%	21 – 50%	Greater than 50%
Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

		Consequence (C)		
1	2	3	4	5
Insignificant	Minor	Moderate	Major	Extreme
1	2	3	4	5
2	4	6	8	10
3	6	9	12	15
4	8	12	16	20
5	10	15	20	25

Wirral University Teaching Hospital NHS Foundation Trust

Item No: 16

TRUST BOARD

CQC Statement of Purpose
3rd November 2021

Title:	CQC Statement of Purpose
Responsible Director:	Medical Director
Author:	Molly Marcu, Interim Director of Corporate Affairs
Presented by:	Molly Marcu, Interim Director of Corporate Affairs

Executive Summary
The Trust is required under Schedule 3 of the Care Quality Commission (Registration) Regulations to have in place a Statement of purpose that is publicised on the Trust website, and kept up to date as soon as relevant changes occur. In addition, the document is required to be submitted to the CQC in a timely manner once updated This document is therefore now submitted to the Board, in advance of its submission to the CQC, as well as to provide assurance of the Trust's compliance with the CQC Registration Regulations requirements.

Recommendation:
The Board is asked to: • Note and approve the updated Statement of Purpose in advance of its submission to the Care Quality Commission.

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)
Non-compliance with schedule 3 of the CQC Registration) Regulations
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
The CQC can prosecute for a breach of this regulation or a breach of part of the regulation. In practical terms this means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action relating to offences that can be linked to an offence under

section 17.3 of the regulations		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
The CQC may levy a fine for non-compliance with this regulation		
Specific communications and stakeholder /staff engagement implications		
This document is required to be published on the Trust website under the CQC registration regulation requirements		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Not applicable		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
not applicable		
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	None	
Background papers / supporting information	None	

BOARD OF DIRECTORS MEETING
3rd November 2021

CQC Statement of Purpose

1.0 Background and purpose

As a registered provider, the Trust is required to notify CQC of any changes to the statement of purpose and ensure it is kept under review, and notify CQC when there are any changes to the information listed in Schedule 3.

The Statement of purpose has been reviewed and refreshed as part of the process of updating the Nominated Individual details for the Trust's CQC registration which has been extended to the values, strategic objectives, and schedule of services provided by the Trust.

2. Registration compliance assurance

Assurance can be given to the Board that the document meets the statutory requirements of schedule 3, based on the approach taken to confirm the completeness and accuracy of the Trust's disclosure, as well as the use of the statement of purpose documentation recommended for use by the Care Quality Commission
Key mandatory sections are now incorporated within the document such as :

- Aims and objectives in providing regulated activities
- The nominated individual who manages those activities at the location.
- Registered locations and summary of services provided
- Regulated activities provided by the Trust

A comprehensive review has been undertaken with divisional directors and the executive team to ensure that the scope of the document is accurate and complete to enable compliance with these provisions.
This assurance review was also extended to ensuring that the nine regulated activities of the Trust are still valid and complete for the purposes of providing services to the Trust. The outcome of this assessment provided confirmation that the nine regulated activities cover the scope of services provided by the Trust.

The draft Statement of Purpose is attached as **appendix A.**

As part of this process, an additional requirement was identified to register the Seacombe Children's Centre as a registered location, and at the time of writing this process had commenced, with a view to completion for submission by the 30th of November 2021.
In formulating this view, the Trust has followed the CQC's registration of locations guidance, which requires certain criteria to be met in order for a location to be eligible for registration with the CQC.
Firstly the site carries out a wide range of midwifery and maternity services that are managed from the site, including the management of a birthing unit with out of hour's access.

Secondly, Seacombe Children's Centre falls within the scope of the registration on the basis that children's audiology services are provided there, which in itself is classified as a stand-alone site for the provision of diagnostic and screening requirements.
Progress was being made at the time of writing to ensure the submission would be made to the CQC on the 30th of November 2021, with sufficient due diligence

undertaken to ensure CQC compliance assurance would be in place.

4. Recommendation

The Board is asked to:

- Note and approve the updated Statement of Purpose in advance of its submission to the Care Quality Commission.
- Note and approve the addition of Seacombe Children's Centre as a registered location of the Trust with effect from the 30th of November 2021.

Wirral University Teaching Hospital NHS Foundation Trust

Statement of purpose

Health and Social Care Act 2008

Part 1

The provider's name, legal status, address and other contact details

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008

1. Provider's name and legal status							
Full name[1]	Wirral University Teaching Hospital NHS Foundation Trust						
CQC provider ID	RBL						
Legal status[1]	Individual	☐	Partnership	☐	Organisation	☒	

2. Provider's address, including for service of notices and other documents	
Business address[2]	Arrowe Park Hospital Arrowe Park Road
Town/city	Birkenhead
County	Wirral
Post code	CH49 5PE
Business telephone	01516785111
Electronic mail (email)[3]	Molly.marcu1@nhs.net David.mcgovern@nhs.net

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do **NOT** wish to receive notices and other documents from CQC by email	☐

[1] Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

[2] Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

[3] Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Please note: CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

Wirral University Teaching Hospital NHS Foundation Trust

Statement of purpose

Health and Social Care Act 2008

Part 2

Aims and objectives

Please read the guidance document *Statement of purpose: Guidance for providers*.

Aims and objectives
What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose

Principal Purpose

The principal purpose of the Trust is as set out within paragraph 1 of Part 3 of its authorisation as a foundation trust dated 1 July 2007:

"The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England. This does not preclude the provision of cross-border services to other parts of the United Kingdom.'

Vision and Values

As one of the North West's biggest and busiest hospitals our Vision and Values set out what our patients can expect from us.

Our Vision and Values were developed with the feedback of over 2,500 staff, patients and visitors who told us what matters most to them.

Below is a summary of our vision and values

CARING FOR EVERYONE	RESPECT FOR ALL	EMBRACING TEAMWORK	COMMITTED TO IMPROVEMENT
Acting with kindness, compassion and empathy with everyone	Being honest and open, including honesty about what we can and cannot do	Working within and across teams to provide the best possible quality of care and experience for our patients, families, carers and colleagues	Actively seeking new ways of working to enable improvement
Being friendly, welcoming, approachable and remembering the simple things like a greeting and a smile	Being polite and professional with everyone, introducing ourselves by name, saying please and thank you	Communicating effectively within teams	Working together to improve services for our patients, families and carers
Being considerate of the needs of others	Listening to patients, families and colleagues	Recognising the value of everyone's role, contribution, skills and abilities	Taking personal responsibility and ownership of things that need to improve
Listening to ideas, opinions, thoughts and feelings of others	Respecting cultural and individual differences	Supporting colleagues within the team when needed	Being positively receptive to change and improvement
Taking personal responsibility and accountability for the care that you deliver	Ensuring we treat everyone the way we would want to be treated ourselves and dealing with poor behaviour	Engaging in opportunities to develop and grow the team	Celebrating our achievements

Strategic Objectives 2021-2026

Our strategic intention is to provide outstanding care across the Wirral through our hospital sites and units, as a lead provider within the Wirral system. We will be a Hospital Trust that patients, families and carers recommend and staff are proud to be part of.

- We will be a collaborative Healthy Wirral and Integrated Healthcare System (ICS) partner to ensure patients, families, carers, staff and other stakeholders benefit from the value a high performing acute trust can bring to this partnership.
- We recognise that as the Wirral system develops, we and other partners may need to adapt our organisational form to ensure opportunities to improve patient experience and outcomes, staff experience and value for money do not get delayed.
- As part of this collaboration, we will work with partners to develop our infrastructure across Arrowe Park and Clatterbridge Hospitals, working towards the redevelopments of the campuses and well as renewing our equipment. In addition, we will enhance the use of digital across our campuses, using information technology as an enabler to the transformation of clinical and clinical support services
- We will also continue to provide acute and specialist care for residents of Wirral and adjacent counties, improving access to our services and flow across our hospital facilities.
- We will work with our commissioners, providers and clinical networks to partner with other NHS providers, where there is a strong clinical and financial case, to improve the provision of care for the Wirral population
- We want the quality of care we provide to be rated 'Outstanding' by the Care Quality Commission (CQC). We believe that an embedded quality and safety programme will increase our capacity and capability to deliver the best care for our patients and are committed to developing the best way to achieve this.
- We will also invest in our staff, ensuring that they are actively engaged and have the opportunities for training and career progression, as well as access to comprehensive wellbeing programmes. This will support us in reducing absences and improving retention of our staff, in the years ahead.

KINDS OF SERVICES PROVIDED

The kinds of services provided for the purposes of the provision of goods and services for the purposes of the health service in England are as set out in the Trust's directory of services (appendix 1). Please also refer to the link below for further detail:

Our Departments | Wirral University Hospital NHS Foundation Trust (wuth.nhs.uk)

Regulated Activities

The Trust is registered to carry out the following regulated activities:

- Diagnostic and screening procedures
- Family planning services
- Assessment or medical treatment for persons detained under the Mental Health 1983 Act
- Maternity and midwifery services
- Nursing Care
- Surgical Procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

The nominated individual for these services and locations is Dr Nicola Stevenson, Medical Director, contactable on n.stevenson@nhs.net or 01516785111

The schedule below sets out the locations services delivered by the Trust across Arrowe Park and Clatterbridge Hospitals

The addresses of these locations are:

Arrowe Park Hospital
Arrowe Park Road
Upton
Birkenhead
Wirral
CH49 5PE

Clatterbridge Hospital
Clatterbridge Road
Bebington
Birkenhead
Wirral
CH63 4JY

Seacombe Children's Centre
St Paul's Road
Wallasey
CH44 7AN

Overview of Services Provided and Locations

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Acute and Medical Division				
Acute Care				
Acute Medical Unit	✓			The Acute Medical Unit (AMU) is a 23-bed unit located on the first floor of Arrowe Park Hospital. Its primary role is to provide rapid definitive assessment, investigation, and treatment for patients admitted medically from the Emergency Department prior to transfer to a specialist base ward or discharge to an appropriate discharge environment. The AMU admits patients 24 hours a day, 7 days a week. Patients stay on AMU for up to 48 hours, during which time a management plan will have been instigated by the consultant-led acute care medical team.
UMAC (Urgent Medical Assessment Centre)	✓			The Urgent Medical Assessment Centre (UMAC) consists of 14 treatment chairs and 5 treatment trolleys. The unit is co-located with the Acute Medical Unit on the first floor of Arrowe Park Hospital. UMAC brings together a single assessment and treatment area for patients referred to WUTH via their GP and patients who present to the Emergency Department who can potentially be treated via a same day unplanned ambulatory care pathway. Co-located with UMAC is the Acute Care Clinic, which provides follow up support to patients discharged from an inpatient ward in order to support a minimal length of stay in the acute setting.
Emergency Department	✓			Arrowe Park Hospital Emergency Department (ED) is the only type 1 urgent care service in the Wirral. It is a consultant-led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients. It is located on the ground floor of Arrowe Park Hospital and consists of an Initial Assessment facility with 5 ambulance assessment cubicles, 2 triage cubicles, 4 treatment cubicles, and 2 procedure rooms; a resus facility with 8 cubicles; a dedicated resus facility for patients with COVID-like symptoms consisting of 6 cubicles; 13 majors cubicles; a 10-bed Clinical Decisions Unit; and a dedicated Children's ED facility.

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Integrated Discharge Team	✓	✓	✓	The Integrated Discharge Team (IDT) is an integrated multi-disciplinary team of social care professionals, nurses, and discharge trackers who triage patients and provide them with information on accessing services to support their discharge from hospital. This includes support in accessing rehabilitation at home or in a care home environment, care support as part of a re-ablement care package, domiciliary care, and more complex healthcare support following discharge from the acute setting.
Substance Misuse Team	✓	✓		The Substance Misuse Team provides information, advice, care, and treatment for individuals with drug and alcohol problems within the acute hospital setting. Patients are referred to this service as inpatients from hospital wards or the Emergency Department. The aim of the service is to provide appropriate, effective, and safe management of all patients whose misuse of alcohol or drugs is disclosed or discovered during assessment or treatment, and to provide onward referral for community support and care.
Medical Short Stay Ward	✓			The Medical Short Stay Ward (MSSW) is an 18-bed ward co-located with the Acute Medicine Unit on the first floor of Arrowe Park Hospital. The unit provides accommodation for patients presenting with a variety of acute medical illnesses with an estimated inpatient length of stay of less than 72 hours, with resources in place for a multidisciplinary team to facilitate safe early discharge.
Patient Flow Team	✓	✓		The Trust's Patient Flow Team is based on the ground floor of Arrowe Park Hospital and consists of a senior nursing team and a dedicated team of Patient Flow Clerks. The team acts as a single, central authority to manage overall flow through the Trust 24 hours a day, 7 days a week in order to support each patient in accessing the right care in the right setting at the right time, and to prevent delays in accessing care at the 'front door' of the hospital (the Emergency Department, the Acute Medicine department, and the Trust's other assessment units).
Older Person's Assessment Unit	✓			The Older Person's Assessment Unit (OPAU) consists of a 24-bed ward providing specialist assessment to patients over the age of 75 presenting with an acute medical illness. Co-located with OPAU is the Older Persons' Rapid Assessment

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
				Clinic, which provides follow up support to older patients following discharge in order to support a minimal length of stay in the acute setting.
Paediatric Emergency Department and assessment ward	✓			The Children's Emergency Department consists of 5 treatment cubicles and a plaster room for the assessment and treatment of patients under the age of 18 requiring emergency care. Patients under the age of 18 requiring resuscitation are treated in the Emergency Department's main resus facility. The Paediatric Emergency Department is open between 09:00-23:00 Monday-Thursday, and between 10:00-00:00 Friday-Sunday.
General Medical Services				
Cardiology	✓		✓	The department provides inpatient facilities, day case and rapid access and general cardiology outpatient services. The catheter lab provides angiography, cardio-versions, pericardial aspirations, pacemaker implants and implantable loop recorders plus a full cardiac testing service. The service also provides CT Angiography in conjunction with the radiography department. Intermediate services provided at St Catherine's Hospital.
Cardio-respiratory Department	✓	✓		The department is the diagnostic arm of cardiology and respiratory services. The department offers a wide range of diagnostic tests including ECG, Autonomic Function Testing, Pacemaker Follow-up clinics, Peri-operative management of ICDs, Transthoracic Echo, Exercise Tolerance Testing, Tilt Testing, 24 hour ECG, 24 hour BP, Cardiomemo and 7 Day Event recording. There is also support within the ultrasound service for the highly specialist Stress and Transoesophageal Echo procedures. Respiratory testing includes spirometry, full lung studies, Bronchial Provocation Tests, body plethysmography, FeNO assessment, cardiorespiratory exercise testing, , Oxygen Saturation monitoring, Sleep Apnoea service, CPAP Issue and review service.
Wirral Integrated Respiratory Service	✓	✓	✓	The COPD, Home Oxygen, Early Supported Discharge (ESD) and Pulmonary Rehabilitation service provides assessment and treatment to patients with respiratory conditions in the community and supports patients on discharge from

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
				the Trust.
Dermatology	✓	✓	✓	The service has a dedicated purpose built unit housing in patient and day case beds and treatment facilities. Referrals are received from across the Cheshire and Merseyside Cancer Network. Some clinics are delivered at St Catherine's and VCH.
Diabetes and Endocrinology	✓	✓	✓	Outpatient services are provided at APH and CGH sites for patients with a wide range of diabetic and endocrine conditions. Inpatient beds are provided at APH. The diabetic team are supported with both inpatient and outpatient acute podiatry resources. Clinics are held in some community locations, e.g. St George's Medical Centre
Gastroenterology	✓	✓	✓	The bed base for Gastroenterology is on the APH site. Outpatient clinics are held at APH, CBH and VCH. At APH Hospital services include facilities for patients bleeding acutely, as well as an endoscopy unit.
Haematology	✓			Dedicated inpatient, outpatient and day case services are provided. There is a day ward facility for the administration of chemotherapy and other treatment therapies.
Palliative Care	✓	✓		A dedicated hospital Supportive & Palliative Care Team provides 7-day face-to-face multidisciplinary advisory service 0900-1700, with out of hours advice from a Consultant in Palliative Medicine available 365 days per year. In addition, there is an 8-bedded Supportive Care Unit on Ward 30, for patients whose care is most appropriately led by a Consultant in Palliative Medicine. We maintain strong links with hospice and community services, and participate in a Wirral-wide Governance Group and MDT to provide seamless care to patients crossing boundaries.

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Renal Services	✓	✓	✓	Renal services are a specialised service with a hub and spoke model of services delivery. The Trust operates as the 'hub', with Countess of Chester Hospital and Clatterbridge as the 'spokes'. This includes general nephrology/pre dialysis service. Renal dialysis is provided at APH, CBH and Countess of Chester. Peritoneal Dialysis and Home Dialysis is provided. Outpatient services are offered on the APH, CBH and Countess of Chester sites.
Respiratory	✓		✓	The Team provide in and outpatient services for a wide range of respiratory conditions and specialist services including Lung Cancer, Mesothelioma, Asthma, TB, Interstitial Lung Disease, Pleural disease and sleep disorders. Day case provision for diagnostic tests and treatments take place in the respiratory lab. Some clinics also take place at VCH and St Catherine's. A wide range of interventional procedures are offered including bronchoscopy, endobronchial US, LA thoracscopy and indwelling pleural catheter insertion
Rheumatology	✓	✓	✓	Outpatient clinics are provided from APH, CGH and VCH sites for patients with a range of rheumatoid conditions. There are dedicated day case treatment facilities on the APH site.
Medicine for the Elderly				
Acute Elderly Wards	✓			Patients are admitted to these wards are above the age of 74 with multi-organ failure. The specialty has Care of the Elderly Consultants with interests in 1) Movement Disorder, 2) Heart Failure, 3) Orthogeriatrics, 4) Gastroenterology 5) Frailty as well as general elderly services. Community Geriatricians work as part of the Medicine for the Elderly Consultant team ensuring cross boundary working between Community/Hospital services.
Acute Stroke Services	✓			Acute stroke services are provided on the APH site. The service is an approved hyper acute stroke unit with the added benefit of 24/7 stroke nurse coordinators. The service also has 7 day consultant stroke physician working. The dedicated stroke rehabilitation unit is based on the CBH site, with an established early supported discharge team.
Clatterbridge Rehabilitation Centre		✓		

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Elderly Care Outpatient Services	✓	✓	✓	
Elderly Rehabilitation Services	✓	✓		Both inpatient and outpatient facilities are provided.
Movement Disorder Service	✓		✓	Provided at Victoria Central Hospital
Stroke Rehabilitation Services	✓	✓		
Corporate Services (clinical)				
Infection Prevention and Control Team	✓	✓		The team is based at Arrowe Park but operates across both sites;
Tissue Viability Service	✓	✓		The team is based at Arrowe Park but operates across both sites supporting inpatients, and offering advice where needed to those attending out patients and lower limb clinics.
Integrated Safeguarding Team	✓			This team includes Adult Protection, Safeguarding Children, Domestic Violence and Perinatal Mental Health, to ensure that appropriate information sharing and collaboration takes place to protect vulnerable adults and children.
Clatterbridge Vaccination Centre		✓		This service supports the National Vaccination Programme supporting delivery of Vaccinations for residents, patients and staff in line with the national vaccination programme.
Diagnostic and Clinical Support Division				
Allied Health Professionals				
Dietetic Service	✓	✓		Occupational Therapy provides services to all areas of the acute and rehabilitation services for all specialties, age groups and directorates within the Trust. Outpatient services are provided for Gastro, Renal, Dietetic and Paediatric patients.
Occupational Therapy	✓	✓	Schools Millennium Centre	Occupational Therapy provides services to all areas of the acute and rehabilitation services for all specialties, age groups and directorates within the Trust. Children's OT service provided in partnership with Social Services and Education from Clatterbridge, across community settings (satellite clinics, domiciliary and

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
				education settings). Outpatient OT is provided for patients with hand conditions from Arrowe Park and Clatterbridge.
Physiotherapy	✓	✓	VCH SCH Some GP surgeries Schools Home	Physiotherapy provides services to all areas of the acute and rehabilitation services for all specialties, age groups and directorates within the Trust. It also provides children's services in partnership with Social Services and Education. Outpatient physiotherapy is provided for MSK, Neuro, Children's from Arrowe Park, Clatterbridge, Victoria Central, special schools, mainstream schools and the following via sub-contractor: St Catherine's, Victoria Central and some GP surgeries.
Orthotics	✓	✓		Orthotics provides services to inpatients and outpatients.
Speech & Language Therapy	✓	✓	✓	SLT provides services to all acute and rehabilitation areas and outpatient services to ENT patients.
Critical Care (ITU/HDU)	✓			The Critical Care Unit consists of a 6 bedded unit (all side rooms), and a 12 bedded unit of 3 side rooms, 6 beds in bays and a cordoned off area of 3 beds. Both areas take seriously ill patients for ventilation and multi-organ support. Critical Care Outreach team provide a 7 day service delivering critical care support, education and clinical skills to all APH ward areas, they are also part of the MET (Medical Emergency Team).
Laboratory Services	✓	✓	✓	Laboratory Services are a regional centre for HERCEPTIN testing and LBC processing. It acts as a referral laboratory for urology work, autoimmune serology testing, plasma viscosity testing and bile acids. Blood Science and Cellular Pathology services are located at APH. There is a Blood Science satellite laboratory at Clatterbridge. Medical Microbiology is a shared service with the Countess of Chester Hospital, located at 11 Bassendale Road, Bromborough.
Clinical Biochemistry	✓	✓		24/7 service at APH

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Haematology and Blood Transfusion	✓	✓		24/7 service at APH, Transfusion laboratory at APH only
Histopathology	✓			APH site
Medical Microbiology			✓	CWMS: 11 Bassendale Road CH62 3QL. Satellite laboratories are located at Arrowe Park Hospital and Countess of Chester Hospital (out-of-hours work).
Point of Care Testing	✓	✓		Services are supported throughout the APH and UTC.
Mortuary Services	✓	✓		APH site with small capacity of 12 fridges for cold storage at CBH.
OPAT	✓			The Outpatient Parenteral Antibiotic Therapy service is a specialist service which operates from Arrowe Park Hospital. It works in partnership with Wirral Community NHS Trust.
Pharmacy	✓	✓		
Phlebotomy	✓	✓	✓	Services are provided to inpatients and outpatients at both sites as well as in a range of community clinics and patients' own homes.
Radiology	✓	✓	✓	The Radiology Department delivers a service at APH, CBH, VCH; St Cath's and is also the prime provider for diagnostic imaging for Wirral Clinical Commissioning Group. Services are also provided on behalf of other healthcare providers such as Peninsula Health, Clatterbridge Centre for Oncology, and Spire, as well as for the Trust's own patients
Breast Screening and Symptomatic Mammography		✓	✓	CBH, St Catherine's Hospital, Church Road, Birkenhead, CH42 0LQ Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL – WUTH are the contract holder with SLA with COCH
CT Services	✓		✓	Some scans done at CCC for Diagnostics Hub
Dexa			✓	St Catherine's Hospital, Church Road, Birkenhead, CH42 0LQ
Fluoroscopy Services	✓	✓		Services delivered at both APH and CBH sites

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Interventional Services	✓			Vascular network – main IR delivered at APH
MRI Services	✓		✓	Some scans done at CCC for Diagnostics Hub
Plain film imaging service	✓	✓	✓	Outpatient services also provided at St Catherine's and Victoria Central Hospital
Ultrasound	✓	✓	✓	Inpatients and outpatients at APH and CBH; outpatients at VCH and St Catherine's
Wirral Limb Centre		✓		Wirral Limb Centre is a district centre providing services for Wirral and Cheshire residents. It provides a consultant led prosthetic service.
Division of Surgery				
General Surgery and Urology				
Colorectal Services	✓	✓		The service provides support for parenteral nutrition patients on a sub-regional basis.
Upper Gastro-Intestinal (UGI)	✓	✓		
Urology	✓	✓		The Urology service is a tertiary cancer centre for urological cancers in the Northwest (of England and North Wales). The service can provide for radical urological diversion, specialist penile cancer work, laparoscopic renal, bladder and prostate procedures. The Trust has good links with the Countess of Chester, Warrington Hospitals and Betsi Cadwaladr LHB and provides surgical capacity for major cancers for patients from these hospitals with bladder, prostate and kidney cancer.
Head and Neck Surgery				
Audiology	✓	✓		The service is operated on an outpatient basis at CBH and APH.
Ear, Nose and Throat	✓	✓	✓	The service operates on APH, CBH, St Catherine's and VCH on an outpatient basis, and has inpatient and day care beds in APH. The service is also supported by the Audiology department.

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Maxillofacial Surgery and Orthodontics	✓			Our Maxillofacial consultants provide outpatients and a range of Oral, Orthognathic, Dentoalveolar and facial skin cancer surgery. They also work with the Countess of Chester and Aintree Hospital through the provision sessions to support major trauma cases.
Ophthalmology	✓			The outpatient department supports all aspects of ophthalmology including patients suffering from Age related Macular Degeneration, Glaucoma, Diabetic Retinopathy, Corneal etc. It provides an acute service for patients on a walk-in basis and via a triage system for the community Optometrists and GPs. Ophthalmic surgery is provided for elective and emergency cases, and shares a 1 in 2 weekend emergency cover with Countess of Chester Hospital.
Trauma and Orthopaedics	✓	✓	✓	The service operates at APH and CBH for both inpatients and outpatients. It also operates at, VCH on an outpatient only basis. Fracture clinic and soft tissue injury clinic provided from APH. The service is a regional centre for revision surgery.
Vascular	✓	✓		Vascular service are provided out of the regional hub, Countess of Chester, with 24/7 cover for Wirral. Outpatients and Surgery is provided at both APH and CGH
Perioperative medicine	✓	✓	✓	The majority of services are based at APH, including Sterile Service. Perioperative medicine also include Chronic Pain, provided at CGH and Preoperative Surgery which is provided across both sites
Women's and Children's Division				
Breast Services	✓	✓		This is an outpatient breast Unit at CBH. The service provides a one stop diagnostic clinic service and is supported by Radiology, Pathology and Clatterbridge Centre for Oncology. The inpatient service is mainly elective, based at Clatterbridge with some theatre sessions held in APH.
Gynaecology	✓		✓	Gynaecology care is provided at APH only
Colposcopy	✓			**The Colposcopy Service forms part of the National Screening Programme for Cervical Cancer. It is a dedicated outpatient-based diagnostic and treatment service.**

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Early Pregnancy Service	✓			This Unit is an "urgent" clinic for pregnancy related problems, occurring from the point of positive pregnancy test to 16 weeks 6 days gestation. Patients present with a variety of problems including PV Bleeding and abdominal pain, previous Ectopic Pregnancy and previous Molar Pregnancy for reassurance USS.
Fertility Service	✓	✓		**The following services are provided: full fertility investigations (female and male); lifestyle and pre-pregnancy advice; ovulation induction monitoring; and counselling support.**
General Gynaecology Outpatient Clinics	✓		✓	Consultant and Specialist Nurse led clinics are held at APH patients experiencing gynaecological complaints.
Gynaecology Assessment Unit	✓			The service enables assessment of patients referred to the hospital via General Practitioner, WIC, Midwives and A&E and internal tertiary referrals with symptoms of a gynaecological nature such as abdominal pain or menorrhagia, severe pain or bleeding in pregnancy, hyperemesis and post-operative concerns
Gynaecology Oncology	✓		✓	**This service provides clinical diagnosis and support for gynaecological cancer patients. Providing holistic needs assessment and ongoing support through diagnosis and treatment.**
Outpatient Hysteroscopy	✓		✓	**This undertakes investigations and treatment for abnormal uterine bleeding.**
Paediatric Outpatient Clinic	✓			**This clinic offers services to children and young people up to the age of 18 with gynaecological problems.**
Pregnancy Counselling Clinics	✓			This service is no longer delivered.
Urogynaecology	✓	✓	✓	**This service provides specialist advice, treatment and care to women with urinary problems. The outpatient clinic offers specialist investigations and procedures such as urodynamics, bladder installations, training for self-catheterisation, bladder scans, pessary clinics and Botox injections to the bladder. Services are also provided at Port Causeway.**

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Sexual Health and HIV Services	✓	✓	✓	Sexual Health no longer delivered within WUTH. The HIV service is delivered from the Clatterbridge site, offering treatment and support to patients and their families with a multidisciplinary approach including pharmacist input into every clinic. Patients can be referred on to counsellors and dieticians as required
Obstetric and Maternity Services	✓	✓	✓	Obstetric and Midwifery care is provided across both the acute and community footprint. Women are risk assessed during pregnancy and receive Consultant led care / Shared care if identified as high risk. Alternatively if the woman is identified as low risk she will receive care from the midwife. 35% of women currently receive care from a Continuity of Carer team and the remaining women receive care through a traditional model of care. It is anticipated that all women will receive care through a continuity of carer within the next 12 months. Antenatal care is provided both in the Antenatal Outpatients Department and in the community setting within a variety of locations including GP surgeries, community hospitals, the woman's own home and children's centres. For those women requiring hospital admission in either the antenatal, intrapartum or postnatal period this is to the Maternity Unit on the Arrowe Park Hospital site. Women also receive postnatal care in the community including their own home.
Community Midwives			✓	These services are delivered at a range of locations in the community at Brassey Gardens, Birkenhead, Bromborough Children's Centre, Rockferry Children's Centre

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Additional Specialist Services in pregnancy include Medical Disorders Clinic; High Risk Midwifery team (including midwives who scan); Perinatal Mental Health; Smoking Cessation; Substance use; Teenage pregnancy; Bereavement support service.	✓			These services are delivered on the Arrowe Park Hospital site and are supported by Specialist Midwives working within the specialty.
Freestanding Midwifery Led Unit – Seacombe Children's Centre.			✓	Following collaborative working with the local authority, the Freestanding Midwifery Led Unit (FMLU) will be based in Seacombe Children's Centre. Staff working within this unit will provide continuity of care to women throughout pregnancy, the birth and postnatal period. The FMLU will provide facilities for one woman to give birth there at any one time and includes the provision of a birthing pool, labour aids and a birthing chair. Women will be encouraged to go home from the FMLU once they have had their baby, and their care will be followed up by a midwife from the birth team. If a situation arises where there is a need to transfer a woman/baby to an obstetric unit, this will be arranged direct with NWAS to the Wirral Women's and Children's Hospital.
Midwives Shop			✓	This venue, in the Pyramids Shopping Centre in Birkenhead, provides a drop-in facility and the service is currently under review.
Paediatrics	✓	✓	✓	
Paediatric Assessment Unit	✓			**Children's assessment unit accepting referrals from primary care. Co-located with Children's Emergency Department.**
Children's Ward	✓			This provides inpatient accommodation for 0-16 year olds. The ward also houses the children's day case area and a 2 bedded High Dependency Unit facility.

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Children's Outpatients Department	✓		✓	Outpatient clinics in bespoke paediatric settings. Children's outpatient services see referrals from primary care and follow up of children subsequent to hospital admission. They run specialist clinics and joint links with specialist from tertiary centres.
Community Paediatrics			✓	This service provides: • General community paediatric assessment and diagnosis • Assessment, diagnosis and follow up of children with mental health difficulties and emotional and behavioural difficulties associated with developmental disorders • Timely medical assessments for children who may have been abused, initial health assessments of children taken into care, and the health component of statutory assessments of educational special needs, • Detailed assessment reports to other agencies, including family and criminal justice processes. • Through the system of designated and named doctor, advice on health concerns at multi-agency panels for safeguarding, adoption and fostering, and special educational needs • High quality training for paediatric trainees The Service is community focussed and is delivered within settings including schools. It is based at St Catherine's and clinics are held at local clinics throughout Wirral.
Continuing Care Service		✓	✓	**A team of staff who provide care for children and young people with complex health needs within their own home / community settings**
Hospital at Home Service	✓		✓	**An acute based nursing service which facilitates admission avoidance or shortened length of stay. Care takes place in patient's home.**
Neonatal Unit	✓			**The Neonatal Unit at Arrowe Park is designated level 3 and as such provides intensive care to babies born at 23 weeks or above.**

Service	Location			Additional Information / comments (where applicable)
	Arrowe Park (APH)	Clatterbridge (CBH)	Other	
Neonatal Outreach Team			✓	**Specialist nurses who deliver discharge support to babies in the community following discharge from the Neonatal Unit (i.e. oxygen / feeding support).**
Newborn Hearing Screening Service	✓			**This service is offered for all new-born babies.**
Paediatric Audiology		✓	✓	**Clinics are provided at St Catherine's Health Centre, VCH and in the community.**

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item:

TRUST BOARD MEETING
Annual Fit and Proper Persons Compliance Assurance report
3rd November 2021

Title:	Annual Fit and Proper Persons Compliance Assurance report
Responsible Director:	Sir David Henshaw, Trust Chairman
Author:	Molly Marcu, Interim Director of Corporate Affairs
Presented by:	Molly Marcu, Interim Director of Corporate Affairs

Executive Summary
The Trust Board approved the Fit and Proper Persons Policy at the October meeting. As part of this process, it was agreed that the policy would be adopted and implemented in the same period. The attached paper is submitted as part of the associated annual Board members' Fit and Proper Persons' compliance check, and is submitted to the Board for assurance. This report also forms part of the evidence of implementation of the policy.

Recommendation:
The Board is asked to: • Note and receive the Annual Fit and Proper Persons compliance checks for Board members • Note and receive the assurance update on the implementation of the policy

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)
Non-compliance with FPP check requirements constitutes a breach of Regulation 5 and 19 of the Fit and Proper Person Regulations (FPPR)
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Not applicable
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Not applicable at this current stage
Specific communications and stakeholder /staff engagement implications
Not applicable

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Not applicable		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
Not applicable		
FOI status	Document may be disclosed in full	No
	Document includes FOI exempt information	Yes
	Entire document is exempt under FOI	Yes
Previous considerations by the Board / Board sub-committees	Not applicable	
Background papers / supporting information	Not applicable	

BOARD OF DIRECTORS MEETING
3rd November 2021

Annual Fit and Proper Persons check for Board members

1.0 Background and purpose

Under Regulation 5 and 19 of the Fit and Proper Person Regulations (FPPR) the Trust is required as an NHS organisation to carry out fit and proper checks on senior managers on employment, and on an annual basis thereafter.

The Care Quality Commission (CQC) may intervene where there is evidence that proper processes have not been followed, or are not in place for FPPR, as part of a targeted review or a well led inspection.
This report provides the Board with assurance that the annual requirement to complete checks for Board members has been completed, in line with the provisions of the FPP Policy.

2. Scope of Annual Fit and Proper Person checks

Sections 5.1 and 5.2 of the FPP Policy outline the checks that would be undertaken on appointment and as part of the annual compliance check. The latter are applicable to the annual process, and are therefore incorporated below :

- Qualification and professional registration checks (as relevant to post);
- Different types of criminal record check, including the Disclosure and Barring Service (DBS), where relevant to the post and where eligibility criteria are met.
- Search of the insolvency and bankruptcy register by individual's name
- Search of the insolvency and bankruptcy register by individual's company name, where appropriate
- Search of the Companies House Director register
- Search of the disqualified directors register and the removed trustee register

In addition, Board members were requested to update their declarations of interest in order to incorporate them within the process of identifying potential or existing conflicts relevant to FPP status.
These checks have been verified by the Senior Independent Director and Vice Chairman in line with the requirements of section 5.5 of the FPP Policy.
The outcome of these checks is incorporated as **Appendix A** of this paper, and compliance is evidenced.

3.Policy compliance and implementation update

As part of the adoption of the revised policy, the scope of the FPP Checks has been extended to associate and deputy directors, and a process is underway to complete the verification of these checks.
The Good Governance Institute are in the process of devising a virtual learning programme, and will commence the delivery of the individual learning on Fit and Proper Persons responsibilities and obligations with effect from December 2021 onwards.

6. Recommendation to the Board of Directors

The Board is asked to:

- Note and receive the assurance update on actions agreed in relation to enhancing the FPP policy and processes for ensuring compliance.

Appendix A 2021/22 Annual Fit and Proper Persons compliance report for Board members

Board member name	**Compliance Criteria**						**Overall Compliance position**
	Current Disclosure and Barring Service (DBS) disclosure on record	**Relevant qualification verification undertaken**	**Compliant Insolvency and bankruptcy register check**	**Compliant Company House Officer check**	**Completed Fit and Proper Person forms and declaration of interests on file**	**Compliant Company House Disqualified Director check result**	Compliant/Non-compliant
Sir David Henshaw **Chairman**	✓	✓	✓	✓	✓	✓	Compliant
John Sullivan **Vice Chairman**	✓	✓	✓	✓	✓	✓	Compliant
Chris Clarkson **Non-Executive Director**	✓	✓	✓	✓	✓	✓	Compliant
Sue Lorimer **Non-Executive Director**	✓	✓	✓	✓	✓	✓	Compliant
Steve Ryan **Non-Executive Director**	✓	✓	✓	✓	✓	✓	Compliant
Jayne Coulson **Non-Executive Director**	✓	✓	✓	✓	✓	✓	Compliant
Steve Igoe **Senior Independent Director**	✓	✓	✓	✓	✓	✓	Compliant
Janelle Holmes **Chief Executive**	✓	✓	✓	✓	✓	✓	Compliant

Appendix A 2021/22 Annual Fit and Proper Persons compliance report for Board members

Board member name	Compliance Criteria						Overall Compliance position
Dr Nicola Stevenson **Medical Director and Deputy Chief Executive**	✓	✓	✓	✓	✓	✓	Compliant
Matthew Swanborough **Director of Strategy and Partnerships**	✓	✓	✓	✓	✓	✓	Compliant
Margaret Barnaby **Chief Operating Officer**	Pending completion	✓	✓	✓	✓	✓	Compliant, subject to completion of DBS check
Deborah Smith **Director of Workforce**	✓	✓	✓	✓	✓	✓	Compliant

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: 18

BOARD OF DIRECTORS
November 2021

Title:	**Change Programme Summary, Delivery & Assurance**
Author:	Hope Lightfoot, Head of Productivity, Efficiency & PMO
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 15th September 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.

This report contains the current assurance process for the Transformation Programmes.

The current assurance has been adapted to reflect programme delivery.

The Governance ratings for the three priority Transformation Programmes through the adapted assurance are as follows:

- Patient Flow-Red
- Perioperative-Amber
- Outpatients-Green

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
November 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 15th September 2021, the members received an update on all transformation programmes, including a detailed refreshed approach to the Patient Flow Programme. 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.

The new assurance referred to in July's Board report is now fully established across the Transformation Programmes and is embedded within the programme teams.

The assurance is led by the Head of Productivity, Efficiency & PMO.

Conclusions

1. Patient Flow Programme

The Patient Flow Programme has been rated as Red due to under performance of KPI delivery and required refresh of the programme. The barriers to discharge project has been granted an extension to support delivery at Septembers Programme Steering Group. Performance of the individual projects within Patient Flow have been reviewed and assured. Project Managers have updated the narrative in line with decisions throughout July's meetings and are on track to continue with delivery. However, further focus is to be given on Barriers to Discharge following the extension approval.
The patient flow set of programme meetings have taken place during the month of September and the team have developed a new programme plan for Patient Flow. The proposed new approach will allow focus on the specific projects within the programme. The team will produce robust KPIs over the next month and present feedback on their pilot of the new programme plan next month, along with a plan for delivery. This proposed approach includes splitting the patient flow programme into three separate programmes of work:

- ED Admission Avoidance Programme
- Assessment Units Programme
- Discharge Programme

The proposed approach has been approved at Septembers Programme Board on the 15th. Following the review of the pilot next month, the RAG rating of the programme will be reviewed and is expected to increase to amber.

2. Perioperative Programme

The programme remains RAG rated as Amber in line with the delivery assurance and

the knowledge that all projects have asked for extensions over the past few months, impacting on overall programme delivery. The project team continue to progress with delivery and identify solutions to presenting issues within a timely manner.
An exception report was presented at Julys Programme Board for the Electronic Booking Form project and was approved. The report requested a 6 week extension to accommodate the additional changes that have been requested within the project that are not achievable within the current time scale. A further exception report has been presented at Programme Steering Group in September and approved. An exception report for Pre-op has also be presented at Septembers Programme Steering Group where it received approval. The project team have continued to progress the projects and held the week 1 meetings during September. The team will report progress at next month's Programme Steering Group on the extension of timescales and feasibility and report into Programme Board.

3. Outpatients Programme

Performance of the individual projects within Outpatients have been reviewed and assured. Project Managers have updated the narrative inline with decisions throughout August, despite meetings being stood down due to annual leave (in August) and are on track to continue with delivery. Discussion has taken place re the delivery of the 'One Patient Record' project outside of the project group, the concerns raised will be managed within the divisions and extra resource has been identified to support this (as detailed in the project update). A closure report will be produced for Octobers Programme Steering Group.
An options appraisal for the 'Advice and Guidance' project has been written and presented to the Divisional Directors for feedback to support the progression of the project. The Divisional Directors have since chosen the preferred option and work will begin on this over the coming weeks. A pilot of the preferred option will be ran and a progress report will be presented at Octobers Programme Steering Group, including delivery plan and timescales.
An update is also required from the Divisional Directors on 4 specialties where scope for improvements to non F2F can be made:

- Dermatology
- Paediatrics
- General Medicine
- General Surgery

The Outpatients set of programme meetings have taken place during the month of September which facilitated conversations on all projects, specifically advice and guidance. The programme has been RAG rated as Green in line with the delivery assurance and the comments above. The team will focus on implementing solutions over the coming month to progress the projects further.

Recommendations to the Board

The Board of Directors is asked to note the Trust's Change Programme Assurance Report and to recognise the impact the current staffing situation within the organisation and the competing priorities within clinical and operational teams has had on the delivery of key projects.

The Board of Directors is also asked to review the proposed adapted assurance approach with the intention of the adapted assurance being implemented from August onwards.

Programme Assurance

Hope Lightfoot
Head of Productivity, Efficiency & PMO
September 2021

Patient Flow Assurance-1/3

Wirral University Teaching Hospital NHS Foundation Trust

Patient Flow Assurance Report

Aug-21

Plan Name: Patient Flow

Delivery Status	Current	Previous
Sponsor	Mags Barnaby	
Location	Wirral University Teaching Hospital	
Plan Owner	Sarah Towey	
Plan ID	1049	

Key Objectives

High Level
- Bed Occupancy: 93%
- Time spent in ED: 240 mins
- Average Inpatient Length of Stay: 7.1 days
- Number of long stay patients 21 day+: 90

ED
- No corridor waits
- Patients receive ED triage within 15 mins
- Diagnostic orders completed within 60 mins (Bloods, CT, X-ray, MRI)
- Patients Seen by an ED Doctor in 60 mins
- Specialty Dr advice within 2 hours
- ED bed requests made within 180 mins
- Patients leaving ED within 4hrs (National Standard)

Assessment
- Patients assessed by Senior Doctor in Assessment Unit within 3 hours
- 80% of same day discharges in an Ambulatory Setting (trolleys and chairs only)
- Patient LoS within Assessment Unit target (AMU, SEU, GAU = 48hrs, OPAU = 72hrs, CDU= 12hrs)

Ward
- Each base ward pulls one patient from an Assessment Unit by 10am
- 33% Discharges by 12 noon
- Pathway 0, time between RFD to Discharge: 60 mins
- Pathway 1,2,3: Time between RFD to Discharge: 24 hours

Enablers
- CAPMAN: Patients leaving ED (admitted) within 30 mins of ED bed request
- CAPMAN: Bed base reservations occupied within 25 minutes of becoming available (from Assessment wards only)
- CAPMAN: Patients receiving speciality triage on M page in Assessment Unit transferred to Base Ward within 60 minutes
- CAPMAN: Number of beds turned around from Dirty to Clean within 30 minutes

Status	Planned Start	Planned End	Revised End	Period Ending Date	Plan Type
Active	22/09/2020			31/07/2021	Programme

Delivery Status Summary

Barriers to Discharge Phase 2:
- The project currently has a RAG status of Amber, this is due to delays in progress and hitting of key milestones. The project will continue for two more weeks in order to ensure the key themes and trends the project group are identifying are discussed and options developed.
- Some Milestones were missed due to staffing pressures, however progress has been made on the PDSA's and data analysis.
- The future direction of Discharge will be discussed at Flow Steering Group and PSG, which factors in the rollout and education of SAFER along with the key processes and trends identified.

111 First Phase 2 Implementation:
- Project proposal approved. Project initiated. Focus on creation of pre-arrival form and streaming tool, staffing requirements, Communications and Readiness assessment for Assessment Units. Project meetings have been very poorly attended or had to be cancelled due to low numbers in line with pressures in line with other ED projects.

Key Achievements This Period

Barriers to Discharge: Phase 2
- PDSA's designed and run in areas highlighting as delaying Discharge, Pharmacy and Phlebotomy. Recommendations are being gathered.
- Key themes and trends have been gathered from Performance Reviews and data analysis.
- Deep dive data analysis started, with key themes discussed by the project group.
- Work with the Discharge Hospitality Centre has started, including PDSA which is being tracked by the project group.

Phase 2 111 First: Development
- Work has been undertaken on licence agreements for the electronic streaming tool and condition lists for assessment unit referrals

Management Escalation

- New structure and focus for Patient Flow Programme going forward. To be discussed at Patient Flow Steering Group (31st August) for discussion at PSG (6th September).
- Escalation made to PSG regarding staffing resources which impacts on the results and progression of all flow projects. Of particular note this period is the rotation of junior doctors, this has impacted Discharge.
- Pressures in the community care market is impacting on Long Length of Stay in the Trust. This is highlighting the importance of the proposed future direction.

Barriers to Discharge:
- Project to come to a close following Barriers to Discharge Workshop (02/09/2021), this will lead to the future direction of the Discharge Programme for discussion at Flow Steering Group and PSG.

Phase 2 111 First: Development
- Project Lead direction sought, and the issue of the engagement of the project group to be addresse

Assurance Update: 09.09.21

The patient flow programme has been assured against the SIT Assurance Framework.
Project Proposal has been signed off with clearly identified benefits - attached in PM3.
Plan confirmed to be in PM3 with identified communication and engagement milestones. The communication plan is due for review at the end of July and the team will reviewing and updating the plan during Augusts flow steering group. Steering groups have been cancelled and comms plan now outstanding.
QIA approved (as applicable) & EA approved (as applicable) have been signed off by the Medical Director and Director of Nursing.
Milestone Plan in PM3 is defined and on track, however the programme is experiencing delivery issues. The programme has a new programme manager alligned who will undertake a review of the KPI delivery issues to identify a suitable approach to support delivery.
The barriers to discharge project has been granted an extension to support delivery.
Performance of the individual projects within Patient Flow have been reviewed and assured. Project Managers have updated the narrative inline with decisions throughout July's meetings and are on track to continue with delivery. Focus to be give on Barriers to Discharge following the extension approval.
The patient flow set of programme meetings have taken place during the month of September and the team have developed a new programme plan for Patient Flow. The proposed new approach will allow focus on the specific projects within the programme. The team will produce robust KPIs over the next month and present feedback on their pilot of the new programme plan next month, along with a plan for delivery.
Following the review of the pilot next month, the RAG rating of the programme will be reviewed.
The programme has been RAG rated as Red in line with the delivery assurance and the comments above. The team have been asked to focus on improving the KPI delivery to support the programme and ensure measurable outputs are recored in the system and will be reviewing the paused projects at the end of the month. The programme is now in Gateway 4, 'Implementation'.
Over-all Rag Rating: Red
Gateway: Active
Assured by Head of Productivity, Efficiency & PMO, Hope Lightfoot, 09.09.21

Key (End User) Deliverables

Patient Flow Programme:
- Flow Programme Plan
- Flow Project Plans
- Flow Communication Plan
- Clear governance, reporting structure & benefit profile for each standard
- Monthly Flow performance dashboard
- Live Command Centre Flow reports

Project Specific Outputs:
- Barriers to Discharge Phase 2- Delivery of PDSA's around Pharmacy and Phlebotomy. Embed and Sustain Plan for each Ward in scope of both phases. Data analysis on discharges post midday across varying Wards. Overall impact of both projects so far.
- ED RAT - Delivery of PDSA and output report from PDSA.
- Optimal Triage Pathway - Model defined and communicated to staff.
- 111 First Phase 2 Implementation - electronic streaming within ED, direct referrals to assessment units

Patient Flow Assurance-2/3

Wirral University Teaching Hospital

ID	Programme	Plan Name	Plan Owner	Delivery Status Summary	Planned Start	Planned End	Overall	Progress	Risk = />10	Issues = />10	Financial	Decisions	Key Activities Planned Next Reporting Period
1394	Patient Flow	111 First Phase 2	Jane Hayes-Green	Project Closed. Acceptance of 111 First Phase 2 Implementation Proposal at Patient Flow Steering Group (06/07/21) and accepted at PSG (12/07/21). Closure Report has been approved by SRO offline (13/07/21).	15/12/2020	18/06/2021	B	G	G	G	W	W	N/A - Project Closed and 111 First Phase 2 Implementation initiated.
2839	Patient Flow	111 First Phase 2: Implementation	Rob Jewsbury	Lack of engagement from the project team and the Project Lead. Clear direction and commitment are needed. This project is rated at Amber due to this.	07/07/2021	22/10/2021	A	A	W	W	W	W	Clear direction and next steps.
1520	Patient Flow	Barriers to Discharge: Phase 1	Jane Hayes-Green	Project Closed. Closure Report accepted at Flow Steering Group and Programme Steering Group in May 2021.	04/02/2021	28/05/2021	B	G	G	W	W	G	N/A - Project Closed and Closure Report accepted at Flow Steering Group and PSG. Phase 2 of the project currently active.
2022	Patient Flow	Barriers to Discharge: Phase 2	Sarah Towey	• Following the exception report, the project has focused on carrying out PDSA's for the areas identified by wards from phase 1 and 2 as being a barrier for discharge. • Pharmacy PDSA was designed and planned to improve communication and coordination of TTH's to ensure this was not the reason for delay. The PDSA was ran week commencing 19th July, unfortunately due to unforeseen circumstances the PDSA was not completed. The process did appear to have benefits therefore this has been tweaked and will be re-run at a more appropriate time, planned for week commencing 9th August. • PDSA around Phlebotomy was designed and planned to improve the turnaround time for blood tests before discharge. This PDSA is focusing on getting samples to the lab quicker to improve the timings of discharges. Some tweaks have been made to this, this is coming to an end 20th August. • A deep dive is being carried out into use of the Discharge Lounge, the timing of patients going to the discharge lounge and the timing of discharges overall. This will help understand the barriers overall. • Performance Reviews are being carried out to help understand the context around the KPI's coming out of phase 1 and 2 wards. These are helping to shape the next steps of the project. The project is currently amber due to missed milestones around the Phlebotomy and DHC PDSA's. An extension has been requested with further projects to be planned coming out of the key findings and recommendations.	14/06/2021	27/08/2021	A	A	G	G	W	G	• Finalise recommendations from Phlebotomy and Pharmacy PDSA. Ensure scalability. • 'Wash and Go' PDSA with the Discharge Hospitality Centre to take place (w/c 23rd August) and lessons learnt fed in. • Solutions identified and tested for use of Cap Man and Bridge. • Development of options and solutions from data analysis. • Further push on the Wards regarding compliance with EDD and CTR.

Patient Flow Assurance-3/3

Patient Flow	Bed Bureau Recommendations	Jeanette Roberts	Project Closed. Deep Dive into Recommendations went to Programme Board in May 2021.	11/11/2020	19/05/2021	B	G	W	W	W	G	N/A - Project Closed.
Patient Flow	Bloods & ECG within 30 Mins	Jane Hayes-Green	Project Closed. This project has been converted into the 'Optimal Pathway: Triage and Diagnostics', the proposal for this was accepted by Patient Flow Programme Lead. The project started 14/06/21.	05/04/2021	04/06/2021	B	G	W	W	W	G	N/A - Project Closed. This project has been converted into the 'Optimal Pathway: Triage and Diagnostics' which is currently active.
Patient Flow	ED Optimal Pathway Triage and Diagnostics	Ian Lightfoot	The Optimal Pathway for triage and diagnostics has been mapped and agreed. The impact of the model is impacted by staffing resources and periods of high demand in ED Challenges are being faced in getting involvement with ED staff due to pressures This project has been paused in line with the ED RAT project and a request from the project lead to move timescales back to the end of August	14/06/2021	06/08/2021	G	G	G	G	W	W	This project has been paused in line with the ED RAT project due to the current pressures and staffing resource issues. Timeframes have been put back to the end of August. When the project recommences the following tasks apply: To document how the patient slip process would work and to seek agreement from the project team To review the staffing model required to support the process and feed into the ECIST workforce review. The optimal model diagram is to be issued to staff and put on walls in cubicles and staff rooms. A confirmation form will be signed by staff to confirm that they have read and understood the process.
Patient Flow	ED RAT	Ian Lightfoot	Delivery of project milestones on track. First PDSA completed (week commencing 28th June), staffing issues experienced during this . PDSA report prepared and presented. A decision has been made by the project lead to extend the timescales of the project until the end of August due to staffing pressures in ED. The project will be paused until the PDSA can be refined and repeated with greater staffing resource.	18/06/2021	06/08/2021	G	G	G	G	W	W	• Project to be paused - decision required on this. • Plan to rerun the PDSA in a revised form when staffing allows.
Patient Flow	EM Dr Response within 1 Hour	Ian Lightfoot	Proposal in development. Medical Staffing Workforce Group has been established to undertake a workforce review.	28/06/2021		B	W	W	W	W	W	
Patient Flow	Patient Flow Programme Project	Jane Hayes-Green	Covered within the Patient Flow Programme on PM3.	29/09/2020		A	G	G	A	W	G	Covered within the Patient Flow Programme on PM3.
Patient Flow	Triage within 15 mins	Jane Hayes-Green	Project Closed. This project has formed part of the 'Optimal Pathway: Triage and Diagnostics' project, this project is now active.	05/04/2021	04/06/2021	B	G	G	W	W	G	N/A - Project Closed.
Patient Flow	Updated Discharge Operating	Jane Hayes-Green	Project Closed.	29/09/2020	31/10/2020	B	W	W	W	W	W	N/A - Project Closed.

Perioperative Assurance-1/3

Wirral University Teaching Hospital NHS Foundation Trust

Perioperative Assurance Report

Aug-21

Plan Name: Perioperative

Delivery Status	Current	Previous	
Sponsor	Mags Barnaby		
Location	Wirral University Teaching Hospital		
Plan Owner	Nickee Smyth		
Plan ID	1046		
Key Objectives	The perioperative improvement programme will achieve the following high level objectives: 1. Enhancing patient safety and experience 2. Achieving operational excellence KEY BENEFITS:		

Status	Planned Start	Planned End	Revised End	Period Ending Date	Plan Type
Active	22/09/2020			31/07/2021	Programme

Delivery Status Summary

EBF - Exception report completed for Steering Group. Further delays expected.
Engagement was initially good and there have been a number of meetings held with clinical leads. However, there has been delays in receiving OEF changes following the meetings. August annual leave has not helped with engagement.
Pre Op Assessment - Some work has started on the MPages, however, work is still on-going with PACs and delivery will be delayed by approx. 8 weeks. Therefore an exception report has been drafted for submission to project steering group and the milestone dates have been updated to reflect the delay.
Considerable progress has been made on the patient portal questionnaire, with the form, message centre and workflow Mpage all being built in CERT. There are still some issues being identified as the build is relatively unknown and the analysts need to do research and investigation to complete the requirements. Its estimated a further 2-3 weeks of build and testing is required. Milestone dates have been updated.
Patient portal registration issues were escalated via steering group and DPSOC in June. A meeting has been held with clinical leads and a report submitted to DPSOC.
There has been approval for a patient portal project to commence, looking at overall governance and vision for portal. - RAG status to remain at Amber until this project is up and running and a clinical lead has been identified.
There is still a requirement for space to house a patient portal hub to allow the pre-op patients to complete questionnaires at a desktop PC. A list of potential areas with space has been submitted to management for review.
Electronic Consent - All elective consent forms are now being scanned into the patient record. Resource has been identified to back scan consent forms for those specialities who had not been following the correct process.
Cerner solutions for eSignature and forms has been reviewed but will not be available within the UK until the middle of 2022 - decision made to discount this as an option at this point.

Assurance Update: 09./09/21

The Perioperative programme has been assured against the SIT Assurance Framework.
Project Proposal has been signed off with clearly identified benefits - attached in PM3.
Plan confirmed to be in PM3 with identified communication and engagement milestones.
QIA approved (as applicable) & EA approved (as applicable) have been signed off by the Medical Director and Director of Nursing.Milestone Plan in PM3 is defined and on track -plan owner to detail in Delivery Status Summary with reference made to any milestones revised in that period.
Delivery against key performance metrics and benefits-tracking through the use of the benefits tool in PM3.
Performance of the individual projects within Periop have been reviewed and assured. Project Managers have updated the narrative inline with decisions throughout August, despite the meetings being stood down due to annual leave and are on track to continue with delivery.
An exception report was presented at Julys Programme Board for the Electronic Booking Form project and was approved. The report requested a 6 week extension to accomodate the additional changes that have been requested within the project that are not achievable within the current time scale. A further exception report has been presented at PSG in September and approved.
An exception report for Pre-op has also be presented at Septembers PSG where it recieved approval.The project team have continued to progress the projects and held the week 1 meetings during Septmeber.
The team will report progress at next months PSG on the extension of timescales and feasability.The programme remains RAG rated as Amber in line with the delivery assurance and the knowledge that all projects have asked for extensions over the past few months, impacting on overall programme delivery. The project team continue to progress with delivery and identify solutions to presenting issues within a timely manner.The programme is now in Gateway 4, 'Implementation'.
Over-all Rag Rating: Amber
Gateway: Active
Assured by Head of Productivity, Efficiency & PMO, Hope Lightfoot, 09.09.21

EBF

- Engagement continues and majority of leads have attended meetings but overall progress is slow.
- All progress documented in exception report for steering group

Pre Op Assessment

Considerable progress has been made on the build for the patient portal questionnaire.
The referral to anaesthetic workflow has been built and is ready to be used.

Electronic Consent

- Multi phase approach has been approved by the project team
  - Phase 1 - Interim Scanned consent to be adopted by all services for elective procedures.
  - Phase 2 - Electronically documented consent forms for all procedures
  - Phase 3 - Utilise Patient Portal where possible.
- Phase 1 will be live as of 1st July with all new consent forms for elective procedures being scanned into the patients record.
  - Reviewing necessary requirements to back scan those patients who have previously been consented and their consent forms are in the case notes.
- Preparation for Phase 2 has begun.
  - This includes collating a register of consent forms to allow for quantification of clinical time required to review the consent forms

Exception Reports for Electronic Booking Form Project and Pre-Op Assessment Project submitted and approved by Periop Steering Group and Programme Steering Group.

Key (End User) Deliverables

PROGRAMME REFRESH:
- Refreshed PIDs and plans

PRE-OP TRIAGE:
- To-be process and design of the new pre-op triage service
- Implementation of a new triage service
- Service review report

THREE PHASE RECOVERY:
- New building
- New process and procedure for Three Phase Recovery

REDUCE ON THE DAY CANCELLATIONS:
- Standard process for cancelling procedures
- Sustain and review plans

ELECTRONIC CHECK-IN:
- Design and implementation plans

THEATRE SCHEDULING SYSTEM:
- Technical build plans
- Training and communication plans
- Implementation of a live theatre scheduling system

TRAY STANDARDISATION:
- Cost-efficient trays with standardised equipment across the trays for surgical procedures

ELECTRONIC BOOKING FORM:
- Standardised procedure list for all surgical specialties
- Bespoke booking forms for all surgical specialties

DIGITAL OPERATING LIST
- Development and installation of hardware and software for digital operating list
- Implementation of digital operating list

Perioperative Assurance-2/3

ID	Programme	Plan Name	Plan Owner	Delivery Status Summary	Planned Start	Planned End	Overall	Progress	Risk = / >10	Issues = / >10	Financial	Decisions	Key Activities Planned Next Reporting Period
1091	Perioperative	DE - Electronic Booking Form	Katherine Hanlon	Exception report completed for Steering Group. Further delays expected. Engagement was initially good and there have been a number of meetings held with clinical leads. However, there has been delays in receiving OEF changes following the meetings. August annual leave has not helped with engagement.	28/09/2020		R	R	R	A	W	W	• Build work as identified to be completed • Engagement with Clinicians to continue and be built upon • Periop Group to review and sign off Order forms to ensure clinical safety maintained
1087	Perioperative	DE - Theatre Scheduling	Lynn Tarpey	Steering Group have agreed that this project is delivered and there only a small number of outstanding items. As such, GH has drafted a closure report for presentation at programme board. Pippa Ankers to feed back on draft specifically what works outstanding relating to printing.	01/10/2019	31/12/2020	B	G	G	G	W	W	Project Closure
1514	Perioperative	DE- Pre Op Assessment	Katherine Hanlon	Some work has started on the MPages, however, work is still on-going with PACs and delivery will be delayed by approx. 8 weeks. Therefore an exception report has been drafted for submission to project steering group and the milestone dates have been updated to reflect the delay. Considerable progress has been made on the patient portal questionnaire, with the form, message centre and workflow Mpage all being built in CERT. There are still some issues being identified as the build is relatively unknown and the analysts need to do research and investigation to complete the requirements. Its estimated a further 2-3 weeks of build and testing is required. Milestone dates have been updated. Patient portal registration issues were escalated via steering group and DPSOC in June. A meeting has been held with clinical leads and a report submitted to DPSOC. There has been approval for a patient portal project to commence, looking at overall governance and vision for portal. - RAG status to remain at Amber until this project is up and running and a clinical lead has been identified. There is still a requirement for space to house a patient portal hub to allow the pre-op patients to complete questionnaires at a desktop PC. A list of potential areas with space has been submitted to management for review.	01/02/2021	31/08/2021	R	R	A	A	W	G	- Complete build of patient portal questionnaire - Build work continuing on MPages - Go Live plan confirmed
1180	Perioperative	Digital Operating List & Safety Board	Sarah Towey	Project is on to deliver against the project plan.	02/10/2020		B	G	G	G	G	W	Capital business case completed and will be taken to the surgical Capital Management group on 14th January 2021 for approval.
1326	Perioperative	Electronic Consent	Nickee Smyth	All elective consent forms are now being scanned into the patient record. Cerner solutions for eSignature and forms has been reviewed but will not be available within the UK until the middle of 2022 - decision made to discount this as an option at this point.	16/11/2020		G	G	G	G	W	W	Following a review of the perioperative programme and the dedicated clincal time required for each of the projects a decision has been made to roll out consent on a speciality by speciality basis. The project team have made a decision that Gynaecology will be the first speciality, the consent forms are currently being clinically reviewed. Discussions on going with Deputy Director of IT with regards to hardware requirements, including signature pads / a software alternative.

Perioperative Assurance-3/3

1094	Perioperative	Pre-op Triage Service - Phase 1	Sarah Towey	The project milestones are currently on track - the project will be split into 2 phases; Phase 1 - Creation of the Pre-op questionnaire and build into Cerner. Phase 2 - Functionality of the pre-op questionnaire in Cerner and go live. Creation of the surgical mpage is pivotal for the pre-op triage service to be able to go live.	17/02/2020	31/12/2020	B	A	G	G	W	W	Determine the requirements for this project to be able to progress with phase 2 - to make the Cerner pre-op questionnaire functional. Awaiting process mapping session to identify the current workflow and envisaged workflow to identify the work involved to progress.
1174	Perioperative	Review of on the day cancellations RI	Sarah Towey	Project progress is on track against the milestones.	02/10/2020		B	G	G	G	W	W	Sign off processes and supporting documentation and go live with the new process.
1126	Perioperative	Three Phased Recovery	Sarah Towey	This project is on track against the milestones.	02/12/2019	04/12/2020	B	G	G	G	W	W	Sign off closure report and handover benefits realisation to the Division.
1186	Perioperative	Tray Standardisation	Sarah Towey	This project is ahead of schedule.	02/10/2020	16/12/2020	B	G	G	G	W	W	Sign off exception report to hand this project over to the Divisions to remove the project from periop scope and continue to run the project within the Division.

Outpatients Assurance-1/3

Wirral University Teaching Hospital NHS Foundation Trust

Outpatients Assurance Report

Aug-21

Plan Name: Outpatients

Delivery Status	Current	Previous
Sponsor	Mags Barnaby	
Location	Wirral University Teaching Hospital	
Plan Owner	Jordon Bailey	
Plan ID	1044	

Key Objectives

The high level objectives for 2021/22 are as follows:
Continue to transform Outpatients care across the Trust and wider system through implementation of the following:

- Advice & Guidance
- Standardised Electronic Referral Triage System
- Virtual Consultations (Telephone & Video)
- Patient Initiated Follow Up
- One Patient Record

Implementation of these improvements will provide support for re-design of care pathways which are both innovative and improve outcomes and efficiency in healthcare.
An Outpatients KPI dashboard will be produced to identify what each of these elements needs to achieve in terms of performance, and measure whether the Trust is on track to achieve it.

Status	Planned Start:	Planned End:	Revised End:	Period Ending Date:	Plan Type:
Active	22/09/2020	01/11/2021			Programme

Delivery Status Summary

The projects within and the Programme overall continue to make good progress against plan:

- One Patient Record is nearing closure with the closure report and exit strategy being drafted.
- Advice & Guidance Phase 2 proposal to be scoped out following Programme Steering Group and Divisional Workshops w/c 13/09.
- Patient-Initiated Follow Up Phase 2 is underway and making good progress against plan with 3 Specialties due to go live by 01/10/2021.

Key Achievements This Period

Service Improvement

- Advice & Guidance - Options Appraisal approved following no comments returned from Divisions. Discussion has taken place regarding next steps at September Programme Steering Group with actions to be confirmed at the Outpatient Divisional Workshops w/c 13th September.
- Patient-Initiated Follow Up - IT work on building PIFU Outcome in Electronic Outcome Form complete (categorised into PIFU See on Symptoms & PIFU Long Term Conditions. Ophthalmology and MSK Clinic Templates / PIFU request list requirements submitted and currently being worked on by IT. Paediatrics SOP & Clinical Protocol reviewed, signed off and returned. Recording/Reporting issues resolved following work by BI & Patient Services Team. Communications to Primary Care reviewed by CCG & Project Group prior to dissemination.

Digital Enablers

- One Patient Record - Majority of paper based documents have been scoped an electronic solution and build is underway/nearing completion.

Programme Oversight

- Virtual Consultations/Non F2F - speciality benchmarking exercise complete. Analysis has found that Dermatology, Paediatrics, General Medicine & General Surgery could potentially improve their virtual consultation rate.
- Elective Recovery Outpatient Collection (EROC) data input set up. WUTH have submitted for September ahead of it becoming mandatory in October.

Management Escalation

- Clinical Lead Replacement required for Outpatients.
- Electronic Referral Triage - deadline required for outstanding specialties to deliver.

Assurance Update: 09/09/21

The Outpatients programme has been assured against the SIT Assurance Framework.
Project Proposal has been signed off with clearly identified benefits - attached in PM3.
Plan confirmed to be in PM3 with identified communication and engagement milestones.
QIA approved (as applicable) & EA approved (as applicable) have been signed off by the Medical Director and Director of Nursing. Milestone Plan in PM3 is defined and on track -plan owner to detail in Delivery Status Summary with reference made to any milestones revised in that period.
Delivery against key performance metrics and benefits-tracking through the use of the benefits tool in PM3.
Performance of the individual projects within Outpatients have been reviewed and assured. Project Managers have updated the narrative inline with decisions throughout August, despite meetings being stood down due to annual leave (in August) and are on track to continue with delivery. Discussion has taken place re the delivery of the 'One Patient Record' project outside of the project group, the concerns raised will be managed within the divisions and extra resource has been identified to support this (as detailed in the project update). A closure report will be produced for Octobers PSG.
An options appraisal for the 'Advice and Guidance' project has been written and presented to the Divisional Directors for feedback to support the progression of the project. The Divisional Directors have since chosen the preferred option and work will begin on this over the coming weeks. A pilot of the preferred option will be ran and a progress report will be presented at Octobers PSG, including delivery plan and timescales.
An update is also required from the Divisional Directors on 4 specialties where scope for improvements to non F2F can be made:

- Dermatology
- Paediatrics
- General Medicine
- General Surgery

The Outpatients set of programme meetings have taken place during the month of September which facilitated conversations on all projects, specifically advice and guidance. The programme has been RAG rated as Green in line with the delivery assurance and the comments above. The team will focus on implementing solutions over the coming month to progress the projects further. The programme is now in Gateway 4, 'Implementation'.

Over-all Rag Rating: Green
Gateway: Active
Assured by Head of Productivity, Efficiency & PMO, Hope Lightfoot, 09.09.21

Key (End User) Deliverables

Programme Specific:

- Transformational Vision for Outpatients
- KPI Dashboard to underpin the Transformation Vision
- Trust endorsed Outpatient Standards
- Communication Plan

Project Specific:

- Advice & Guidance offering within the Trust
- Standardised Electronic Referral Triage System
- Virtual (Video and Telephone Consultations) embedded Trust-wide with the appropriate capability provided to facilitate them
- Patient-Initiated Follow Up rolled out to Specialties where appropriate
- Single Electronic "One Patient Record"

Outpatients Assurance-2/3

Wirral University Teaching Hospital NHS Foundation Trust

Plan Status

ID	Programme	Plan Name	Plan Owner	Delivery Status Summary	Planned Start	Planned End	Overall	Progress	Risk = / >10	Issues = / >10	Financial	Decisions	Key Activities Planned Next Reporting Period
1686	Outpatients	Advice & Guidance	Jordon Bailey	• Options Appraisal approved at Outpatient Transformation Steering Group (OTSG) in July. The Options Appraisal has also been approved at PSG following the provision of additional time for the Divisions and their staff to review and provide comment.	01/03/2021	10/05/2021	B	G	G	G	W	G	• Close Phase 1 • Divisions to return expressions of interest for specialties to implement A&G eRS • Draft proposal for Phase 2 and begin to scope out implementation approach once specialties identified
1103	Outpatients	DE - Attend Anywhere	Michelle Murray	Project Closure report approved by OTSG on 04/03/2021, awaiting approval from programme board. Awaiting feedback as to who will take forward the production/maintenance of the newly agreed Survey Monkey for Video Consultations.	01/04/2020		B	G	G	G	W	G	• Identify the department to update the Video Consultation Survey and take forward the future maintenance - issue raised at OTSG, awaiting feedback. • Awaiting approval from programme board for the sign off of the project closure report.
1124	Outpatients	DE - Outpatients One Patient Record	Nickee Smyth	All specialties are now following the process of scanning elective consent forms. Additional resource has been made available to allow for the backlog of scanning for Consent forms that were placed into the casenotes for T&O and Urology. Patient lists have been provided to medical records to allow them to begin this process. Testing of integrated scales had made good progress, however, there have been connectivity issues highlighted this week. These issues are being investigated. There are a small number of documents to be made electronic that have not yet been clinically signed off, these have been escalated to the relevant DMs.	16/12/2019	09/04/2021	A	A	G	A	W	G	Continue to implement documents that can be made electronic. Provide steering group with clear guidance on those that cannot be made electronic documenting the reasons why and potential exit plan. Project closure report to be presented to OTSG
1119	Outpatients	Electronic Referral Triage	Jordon Bailey	• Specialties have indicated their preferred options and the Options Appraisal has been signed off at Outpatients Transformation Steering Group 30/11/20, Programme Steering Group 09/12/20 and Programme Board 16/12/20	14/09/2020	04/12/2020	B	G	G	G	W	G	• Project closure
1417	Outpatients	Electronic Referral Triage - Phase 2	Jordon Bailey	• Project closed with Closure Report circulated	04/01/2021	01/03/2021	B	G	G	G	W	G	• Hand over remaining Implementation work to Patient Access Team • Present Closure Report to May Outpatient Transformation Steering Group & Programme Steering Group
1415	Outpatients	Outpatients Vision & KPIs	Jordon Bailey	• Outpatients Vision & KPIs signed off at Programme Steering Group in March. Project closed with draft dashboard to be presented at Outpatient Transformation Steering Group in May. Added as milestone within Outpatients Programme on PM3 for visibility.	04/01/2021	01/02/2021	B	G	G	G	W	G	• N/A - Project closure.

Outpatients Assurance-3/3

1940	Outpatients	Patient-Initiated Follow Up	Jordon Bailey	Project Phase 1 commenced week beginning 12/04 and finished on Friday 28/05 (overran by 4 days)	14/04/2021	24/05/2021	B	G	G	G	W	G	• Set up Phase 2 which includes: • Final sign off of all required documentation • Work with BI to confirm Trust is set up to record and report correctly in line with national framework • Work with Patient Access Team to ensure they are all set up to administrate PIFU processes accordingly • Contact Divisions to assess pilot Specialties • Formalise Project Group as PIFU moves into Implementation phase • Small scale launch
2394	Outpatients	Patient-Initiated Follow Up - Phase 2	Jordon Bailey	• Phase 2 of PIFU has commenced 01/06/2021 and implementation work is currently on track with 3 pilot specialties (Ophthalmology, MSK & Paediatrics). • Following conversations with Clinical Haematology around workflow it has been decided they are not suitable to proceed as Medicine's pilot speciality. Respiratory will replace them and conversations are taking place to bring them up to speed.	01/06/2021	04/10/2021	G	G	G	G	W	G	• Confirm Ophthalmology and MSKs PIFU request queues are built • Confirm any further work required around splitting MSK into MSK Physio/MSK OT • Submit requests for Paediatrics clinic templates / request queues • Receive Respiratory SOP/Clinical Protocol • Disseminate communications to Primary Care / CCG • Begin to draft Trust Comms • Move forwards with implementation within specialties continue to work on administrative requirements
1331	Outpatients	Room Booking	Jordon Bailey	• Summary paper and recommendation submitted to SRO	13/11/2020	18/12/2020	B	G	G	G	W	G	• Project closure

Agenda Item: - 20 a

Public Board
November 2022

Title:	H2 (21/22) Priorities for the Trust
Responsible Director:	M Swanborough, Director of Strategy & Partnerships
Author:	M Swanborough, Director of Strategy & Partnerships H Walker, Acting Head of Strategic Planning
Presented by:	M Swanborough, Director of Strategy & Partnerships

Executive Summary

In January 2021, the Trust launched its 2021-26 Strategy, setting out the strategic objectives and priorities for the next five years. Following this launch, the Trust has developed and published a number of enabling strategies to support the 21-26 Strategy, including the Clinical Service Strategies and Digital Strategy.

Following this work, the Divisional leadership teams used the Trust Strategy and relevant Clinical Service Strategies to develop their annual priorities and support actions, which were collectively approved by Trust Management Board. These are reviewed in a quarterly basis through the Divisional Performance Reviews.

In October 2021, NHS England published the 21/22 (H2) Priorities and Operational Planning Guidance (Oct21-March 22), setting out the key challenges, priorities and actions for NHS organisations over the second half of the 21/22 financial year (appendix 1).

To support the delivery of the NHS England 21/22 (H2) Priorities and Operational Planning Guidance and the Trust's 21-26 Strategy, the Trust Executive developed a H2 Strategic and Operational Action Plan. This plan details the key strategic actions for H2, along with the Executive lead.

This plan will be reviewed and updated by the Executive Team on a monthly basis, with an update presented to Board in March 2022.

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)		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Specific communications and stakeholder /staff engagement implications		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
FOI status	Document may be disclosed in full	x
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information	Attached presentation Attached Appendix – NHS England 2021/22 priorities and operational planning guidance: October 2021 to March 2022	

WUTH Annual Operational and Strategic Action Plan for H2 2021/22 (Q3 & Q4)

October 2021 v4

Introduction and Background

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Our 2021-2026 Strategy launched October 2020. The aim was to provide a clear and concise vision, values and specific strategic objectives.

Engagement on the Clinical Service Strategy commenced summer 2020, with 32 clinical service workshops having been undertaken. The aim was to summarise the current position of the clinical services and to understand what the future could hold by identifying service priorities aligned to our six strategic objectives.

Following the launch of our Clinical Service Strategy May 2021, the Divisions translated their specialty level Clinical Service Strategy priorities into their 2021/22 operational and strategic plans.

This document outlines WUTH's overarching annual priorities for 2021/22, Q3 & 4, aligned to our strategic objectives and NHSE/I published priorities and operational planning guidance for October 2021 to March 2022.

together we will

WUTH Strategic Objectives and Priorities (2021-26)

NHS Wirral University Teaching Hospital NHS Foundation Trust

- Our six strategic objectives demonstrate our intension to provide outstanding care across the Wirral through our hospital sites and units, as a lead provider within the Wirral system.
- For each of these objectives are a range of strategic priorities.

together we will

NHS 2021/22 Priorities and H2 Operational Planning Guidance: October 2021 to March 2022

NHS England and NHS Improvement (NHSE/I) published priorities and operational planning guidance for October 2021 to March 2022 on 30th September 2021.

- The six areas set out in NHSE/I's Priorities and Operational Planning Guidance for 2021/22, published, remain the priorities for the second half of the financial year (H2), following confirmation in the updated guidance published in October 2021. These priorities include:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.

B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patient with COVID-19.

C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

Maximise elective activity and eliminate waits over 104 weeks, taking full advantage of opportunities to transform the delivery of services.

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.

E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.

F. Working collaboratively across systems to deliver on these priorities.

in addition, there will continue to be a focus on the five priority areas for tackling health inequalities and delivering sustained progress against the ambitions of the NHS long term plan.

This document outlines WUTH's overarching annual priorities for 2021/22, Q3 & 4, aligned to our strategic objectives and NHSE/I published priorities and operational planning guidance for October 2021 to March 2022.

NHS Wirral University Teaching Hospital NHS Foundation Trust

Outstanding Care
Provide the best care and support

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
Outstanding Care Provide the best care and support	Empower patients through their care journey	1. Winter plan development and implementation	C, E	COO
		2. Develop an ED specific staffing model, including: cultural review, leadership and team function	A	COO
	Improve patient flow, ensuring the patient is in the right place at the right time	3. Plan and deliver the elective recovery programme	C	COO
		4. Continue to deliver the COVID-19 vaccination centre and provide COVID-19 booster vaccinations	B	MD & CN
	Strive to deliver intimate and personal patient experience	5. Finalise and launch our Work Plan	A	CN
		6. Retain JAG accreditation in Endoscopy	C	MD & CN
		7. Deliver our Infection Prevention and Control Work Plan	C	CN
	Provide services in the most appropriate and accessible setting	8. Maintain safety outside theatres through the use and monitoring of LOCCSIPS	C, E	MD
	Embed a culture of safety improvement that improves outcomes			

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Compassionate Workforce
Be a great place to work

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
Compassionate Workforce Be a great place to work	Develop and maintain a healthy organisational culture based on our values	1. Development of our Workforce and Education Strategy in line with national NHS People Plan 2. Closure of extraordinary audit committee; controls and actions embedded in transactional services 3. Implement and sustain a “just culture” 4. Development and launch of the staff wellbeing winter plan	A A A A	Dir Workforce
	Retain, attract and recruit high calibre and skilled staff			
	Support our staff to enjoy the best health and wellbeing			
	Invest in our staff’s continuous learning, education and innovation			

NHS Wirral University Teaching Hospital NHS Foundation Trust

Continuous Improvement
Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	Embed a culture of improvement and transformation	1. CIP programme delivery	C	CFO
		2. Development and approval of 2022/23 Financial and Operational plan	C	CFO
	Reduce variation in care pathways to improve outcomes	3. Refocus Service Improvement Team resources to focus upon winter plan and patient flow	C, E	DOS
	Use our resources effectively and sustainably, so we can improve our services	4. Completion of CQC must do actions	A, C, E	MD
	Create the conditions for clinical research to flourish			

NHS Wirral University Teaching Hospital NHS Foundation Trust

Our Partners
Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
Our Partners Provide seamless care working with our partners	Integrate care to prevent ill-health, improve wellbeing and meet the needs of the Wirral population	1. Deliver place based partnership system	F	DoSP
		2. Develop ICS relationships	F	DoSP
	Deliver system partnerships which improve outcomes for our patients	3. Undertake service reviews for Neonates, Pathology and HIV	A, C, D, F	DoSP
	Lever our clinical expertise to drive clinical quality and influence system working			
	Build partnerships with academic institutions to develop research and education capability			

Wirral University Teaching Hospital NHS Foundation Trust

Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	Use digital technology to reduce waste, automate processes and eliminate bottlenecks	1. Deliver PACS programme	C, E	CFO
		2. Robust data quality plan and implementation	C, D, E	CFO
	Empower patients with the data and tools to manage their own health and wellbeing	3. Resilient electronic patient record upgrade programme	C, E	CFO
	Allow business intelligence to drive clinical decision making	4. Deliver prioritised DIPSOC programme plan	C, E	
	Use health information to enable population health management for the Wirral			

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Infrastructure
Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
Infrastructure Improve our infrastructure and how we use it	Effectively use our estate to support the delivery of care	1. Completion and submission of FBC and GMP for UECUP programme	D, E	DOSP
	Delineate the role and functions of the hospital sites	2. Deliver the capital programme (existing & elective)	C	DOSP
	Develop the case for the upgrades of the hospital campuses	3. Deliver Estates improvement plan	C	DOSP
	Improve travel and transport to our hospital campuses	4. Develop and complete Estates Master Plans for CGH and APH	C, E, F	DOSP
	Promote sustainability and social value			

NHS
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Additional Actions

WUTH Annual Operational and Strategic Actions 2021/22, Q3 & 4	Alignment to NHS 2021/22 priorities and operational planning guidance: October 2021 to March 2022	Action Ownership
1. Complete Deloitte Well Lead review	A	Director of Corporate Affairs
2. Board development	A	CEO/Director of Corporate Affairs
3. Manage and complete investigations	A	CEO
4. Undertake Executive recruitment	A	CEO
5. Divisional leadership support and recruitment	A	COO

Classification: Official

Publication approval reference: C1400

2021/22 priorities and operational planning guidance: October 2021 to March 2022

30 September 2021

Dear colleague

This updated planning guidance for the second half of the year reflects a positive financial settlement for the NHS that allows us to continue to deliver on the priorities for the year that we set out in March.

As I wrote in my recent message, we have achieved a huge amount over the last six months and I want to thank you all again for the work you have done, and continue to do, in what have been very challenging circumstances.

There are, of course, new challenges that we must meet over next six months, in particular the seasonal pressures over winter that are likely to be intensified by the ongoing impact of the COVID-19 pandemic. We have seen sustained pressure on urgent and emergency care services throughout the summer and managing this is going to continue to be a key focus across the second half of the year.

Looking after staff over this period will be crucial as we also strive to keep up the momentum on recovering services and addressing care backlogs.

Taking a longer term view, the government has announced significant additional funding for the NHS over the next three years. We will spend every pound we have been given wisely and to best effect to deliver for patients, continuing to recover and transform services. While the pandemic has inevitably impacted some delivery trajectories – including speeding some up - we remain determined to deliver the ambitions for improvements in care, treatment and population health set out in the NHS Long Term Plan (LTP), which have stood the test of time well. Our shared goals set out in the LTP continue to be the right priorities over the coming years.

On behalf of myself and the whole of the NHS leadership team I want to say thank you for the way you are rising to the challenges we face.

With best wishes

Amanda

Amanda Pritchard
Chief Executive Officer
NHS England and NHS Improvement

In March we published the 2021/22 priorities and operational guidance setting out our priorities for the year. Since then the NHS has risen to the challenge of restoring and transforming services while continuing to meet the needs of patients with COVID-19 and dealing with increases in urgent and emergency care (UEC), primary and community care and mental health demand. At the time of writing, the NHS has delivered more than 78 million COVID-19 vaccinations to people across England and, as a direct result, there has been a very significant fall in the rate of severe illness and hospitalisation. Thank you to you and your teams for your extraordinary efforts over the last six months that have made all of this possible.

As we look ahead to the second half of the year, the six areas set out in March remain our priorities:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.

B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.

C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.

E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.

F. Working collaboratively across systems to deliver on these priorities.

We will also continue the focus on the five priority areas for tackling health inequalities and redouble our efforts to see sustained progress across the areas detailed in the NHS Long Term Plan, including early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with severe mental illness, continuity of maternity carer, and improvements in the care of children and young people. To support this, we are improving the quality and presentation of health inequalities data and will shortly set out further details of our approach. We are also asking that all NHS Board performance reports include reporting by deprivation and ethnicity.

Government has agreed an overall financial settlement for the NHS for the second half of the year which provides an additional £5.4bn above the original mandate. This includes, £1.5bn funding (£1bn revenue and £500m capital) to support the continued recovery of elective activity and of cancer services. This reflects the challenges that we must meet over the next six months: managing COVID-19 (currently over 5,000 patients with COVID-19 are in our hospitals), the growing backlog of care, and the significant UEC pressures areas are experiencing ahead of the usual seasonal peaks over winter.

Meeting both planned and unplanned patient demand, including that from COVID-19 and seasonal viral illnesses will require a robust whole system plan. It is in this context that we are asking systems to pay particular attention to the areas outlined below.

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention

People continue to be at the heart of all plans for recovery and transformation for the second half of 2021/22. The priorities, based on the pillars of the People Plan, therefore remain as set out in March. Systems are asked to continue to deliver on these commitments as well as those made in local people plans, recognising the pressures on each and every member of staff, line manager and senior leader. The way we honour this commitment to look after staff and keep the 'People Promise' during the winter months will be crucial and will be remembered by them. In this context systems are asked to:

- focus on the delivery of workforce plans that support elective recovery in the second half of the year and winter resilience through increasing workforce availability, and putting in place or scaling up new and more productive ways of working and transformation opportunities
- continue to move to whole system workforce planning to support sustainable delivery against the priorities for the NHS and preparations for the transition to statutory integrated care boards (ICBs) from April 2022.

B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

The Joint Committee on Vaccination and Immunisation (JCVI) has published their advice on booster vaccinations and systems should proceed with vaccinating eligible individuals no earlier than six months after they complete their primary vaccination course. This will continue to be delivered through implementing a mixed model of vaccine delivery using vaccination centre, hospital hub, general practice and community pharmacy capacity. The precise local model will vary according to the needs of the local population and include targeted approaches where these are required to increase uptake, particularly in under-served populations. Primary Care Network (PCN)-led local vaccination services are asked to prioritise older adult care home residents and care home staff. We are asking that all eligible people in this cohort be offered a vaccination by 1 November 2021, and therefore delivery plans should be designed to meet this target.

The JCVI guidance states that “where operationally expedient, COVID-19 and influenza vaccines may be co-administered”. Therefore, systems should consider co-administration wherever eligibility for both programmes, supply and regulation allow. In particular, systems should seek to co-administer in any circumstances where this improves patient experience and uptake of both vaccines, reduces administrative burdens on services or reduces health inequalities (eg in hospital hubs, residential care homes and roving models).

An ‘evergreen offer’ of a first and second dose to those who are unvaccinated or not fully vaccinated remains key to saving lives, reducing the likelihood of increased pressure on the NHS and the spread of COVID-19. The booster campaign will be delivered alongside existing requirements to administer an evergreen offer, a two-dose schedule of vaccinations for at-risk 12 to 15 year olds, and third doses as part of the primary vaccination course for immunosuppressed individuals.

Following the government’s acceptance of the UK Chief Medical Officers’ recommendation to extend the offer of universal vaccination with a first dose of the Pfizer vaccine to all 12 to 15 year olds (who are not already covered by existing JCVI advice), we have asked systems to formally engage with their local school-aged immunisation service (SAIS) providers to operationalise delivery of COVID-19

vaccinations in school settings and make specific provision available for children aged 12 to 15 who are not in mainstream education.

Systems are asked to ensure that all existing SAIS providers are offered the opportunity to provide the COVID-19 vaccination service. They should be supported to work with all local providers to bolster and supplement capacity using existing staff sharing arrangements through lead employers or sub-contracting with partners, if required.

Our objective is to vaccinate children as quickly as is safe and practical, with the majority of school visits completed and vaccinations administered before the October half-term.

Over the last year the NHS has rapidly established 90 specialist post COVID clinics and 14 paediatric hubs. £94 million has been invested in specialist assessment and treatment services and £30 million in an enhanced service to equip primary care to support people with long COVID. From this autumn data on waiting times and activity by provider will be added to the activity data first published in September 2021. Using the additional funding, post COVID commissioning guidance and learning resources, systems are asked to address variation in referrals against expected need and take action to minimise long waits for assessment.

C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

Maximise elective activity and eliminate waits of over 104 weeks, taking full advantage of opportunities to transform the delivery of services

During the first half of the year elective activity started to rapidly recover towards pre-pandemic levels. More recently, non-elective pressures, including a rise in COVID-19 admissions as well as workforce supply constraints due to staff needing to isolate, have slowed this progress.

Children, young people and adults should continue to be treated according to clinical priority. The aim is to return to – or exceed – pre-pandemic levels of activity

across the second half of the year to reduce long waits and prevent further lengthening of waiting lists. The ambition is for systems to:

- eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer ('P5' and 'P6' patients)
- hold or where possible reduce the number of patients waiting over 52 weeks. We will work with systems and providers to agree individual trajectories through the planning process
- stabilise waiting lists around the level seen at the end of September 2021.

To support delivery of these objectives, systems are asked to take full advantage of the elective high-impact changes and transformation opportunities set out in the 2021/22 priorities and operational guidance. In particular, systems are asked to:

- establish and maintain ring-fenced elective capacity at system level for high volume, low complexity (HVLC) procedures, adopting 'hub' models where appropriate
- engage fully in the national clinical validation and prioritisation programme to ensure continued improvement in waiting list data quality with a regular cycle of clinical validation and prioritisation
- work closely with independent sector (IS) providers to maximise the capacity and services available via the IS, including for cancer and over winter
- ensure that approved early adopter community diagnostic hubs (CDHs) deliver against agreed activity trajectories and continue to submit activity returns to the national CDH programme team
- deliver planned capital investments by March 2022 where business cases for Year 1 CDH sites have been approved
- continue to work collaboratively to optimise referrals and avoid asking patients to attend outpatient services unnecessarily. A minimum of 12 advice and guidance requests should be delivered per 100 outpatient first attendances, or equivalent via other triage approaches, by March 2022. All systems are asked to demonstrate monthly increases in referral optimisation, with assessments to monitor the impact on avoiding referrals, and on improving patient experience and outcomes. This should be

evidenced in returns to the Elective Recovery Outpatient Collection (EROC) dataset

- ensure that patient-initiated follow-up (PIFU) is in place for at least five major outpatient specialties, moving or discharging 1.5% of all outpatient attendances to PIFU pathways by December 2021, and 2% by March 2022. All providers are asked to increase the proportion of outpatient attendances they move to PIFU month-on-month, evidenced through returns to the EROC dataset
- continue to grow remote outpatient attendances where clinically appropriate with an overall share of at least 25%
- consider options for digital-first elective care pathways that reduce demand and manage activity differently. NHSX is supporting systems to do this, with digital playbooks and targeted funding for roll-out of the most effective opportunities in key specialties
- continue to ensure health inequalities are considered within elective recovery plans and progress is tracked through board level performance reports.

£1bn revenue and £500m capital funding above that funded within core envelopes has been made available to the NHS in the second half of 2021/22 to support the continued recovery of elective activity and cancer services.

We are making a £700m targeted investment fund (including the additional £500m capital funding) available to support elective recovery. We are asking systems to work with NHS England and NHS Improvement regional teams to propose, by 14 October, a shortlist of targeted investments that can deliver in year and have a material impact on activity in their region either in 2021/22 or in future years. Proposals should focus on delivering the highest priority elective recovery reforms, and / or on systems and providers facing the greatest challenges in restoring activity to pre-pandemic levels.

In addition, systems that achieve completed RTT pathway activity above a 2019/20 threshold of 89% will be able to draw down from the Elective Recovery Fund (ERF). Part of the ERF will also be used to centrally fund IS activity above 2019/20 levels. Further details on the operation of the ERF and targeted investment fund are set out in in the accompanying ‘Guidance on finance and contracting arrangements for H2 2021/22’.

Restore full operation of all cancer services

The number of patients seen following an urgent suspected cancer referral has been at a record high since March 2021, helping to recover some, but not all, of the shortfalls seen during the pandemic. However:

- there remain a significant number of patients who we would have expected to have started treatment during the pandemic, but who have not yet come forward
- diagnostic and treatment volumes are not keeping up with restored levels of demand at a national level, meaning more patients are waiting longer.

The priorities for cancer recovery therefore remain the same as in the first half of the year, with a particular focus on:

- continuing to maximise all available capacity, including by extending hub models and ensuring all system plans reflect the IS capacity needed to meet demand for cancer care
- ensuring sufficient diagnostic and treatment capacity to meet the increased level of referrals and treatment required to address the shortfall in number of first treatments, by March 2022. Breast cancer screening accounts for around a quarter of this shortfall and remains a specific priority
- accelerating the development of rapid diagnostic centre (RDC) pathways for those cancer pathways which have been most challenged by COVID-19. Cancer Alliances should accelerate current RDC implementation to achieve 50% population coverage for non site-specific RDCs and work with colleagues to ensure CDHs support and meet the needs of the RDC programme and patients with suspected cancer.

And the objectives to:

- return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022
- meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests and, where

appropriate, colon capsule endoscopy is expected (to reduce colonoscopy demand and shorten the pathway).

Expand and improve mental health services and services for people with a learning disability and/or autism

We estimate at least 1.5 million people have been accepted for / are eligible for care but are yet to receive it. The ambitions set out in the NHS Mental Health Implementation Plan 2019/20–2023/24, which expand and transform services, remain the foundation for the mental health response to COVID-19, enabling local systems to expand capacity, improve quality and tackle the treatment gap. Systems should continue to make full use of the additional £500m of funding made available in 2021/22 to address the impact of COVID-19 and must continue to meet the Mental Health Investment Standard (MHIS).

For the second half of the year systems are therefore asked to continue to deliver on their 2021/22 Mental Health plan, with a specific focus on:

- delivery against in-year ICS workforce plans, making full use of new roles, and development of a multi-year mental health workforce plan
- accelerating the recovery of face-to-face care in community mental health services and submitting the re-categorisation of community mental health spend over autumn
- reducing out-of-area placements, long lengths of stay and long waits in EDs for mental health patients
- continuing to increase access to:
  - children and young people's NHS-funded community mental health services, including eating disorders, crisis and school-based mental health support teams
  - NHS-funded talking therapies, individual placement and support (IPS) and specialist perinatal mental health services
- advancing equalities, including delivering against the target for physical health checks for people with severe mental illness (SMI) and recovering the dementia diagnosis rate
- delivering actions to enable whole pathway commissioning for provider collaborative front runners from April 2022
- ensuring that digital capabilities are in place across mental health services to drive interoperability and improvements in patient safety. Systems are

encouraged to use resources, developed jointly by NHSX and NHS England, to support digitally enabled pathway redesign and the use of digital services to improve access and personalisation in mental health care.

Systems are also asked to continue to make progress on the NHS Long Term Plan commitments for children, young people and adults with a learning disability, autism or both.

Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review

Systems are asked to continue to prioritise action to make maternity care safer and more personalised in line with the Maternity Transformation Programme, and to implement the emerging findings of the Ockenden review.

In June, NHS England and NHS Improvement and NHSX announced £52m additional funding for 2021/22 to accelerate the transformation of maternity information systems. This will support seamless data sharing and interoperable systems to enable pregnant women to access their own maternity care records digitally. Named digital leads, to work up local plans and guide implementation, should be provided to the NHSX Digital Child Health and Maternity Programme no later than 31 January 2022.

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities

Restoring and increasing access to primary care services

Primary care is under intense pressure. Systems are asked to continue to prioritise local investment and support for general practice as well as PCNs, with a particular focus on GP recruitment and retention and ensuring access for patients. This includes supporting the recruitment under the Additional Roles Reimbursement Scheme (ARRS) to ensure that nationally 15,500 additional FTE are in post by the end of 2021/22. Systems are also asked to support their PCNs to work closely with local communities to address health inequalities.

Systems are asked to support practices with access challenges so that all practices are delivering appropriate pre-pandemic appointment levels, including face-to-face

care as part of a blended access model. We will shortly set out details of continued investment in H2 to support general practice capacity and improve access.

Building on the successful deployment of remote consultation systems during the pandemic, systems are asked to continue to support PCNs and practices to optimise the use of these technologies, including by funding advanced telephony, to improve experience for patients and practice staff.

Systems should support the scaling up of minor illness referrals from 111 and general practice to community pharmacy under the Community Pharmacist Consultation Service as part of a system-wide strategy to manage urgent care demand. Hospitals are asked to refer patients leaving hospital with changed medication into the Discharge Medicines Service which is available in every pharmacy in England. As well as reducing incidences of avoidable harm, this evidence-based service can support winter resilience by reducing emergency re-admissions from medication errors.

E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay

Transforming community services and improving discharge

Government will continue to fund the first four weeks of post-discharge recovery and support services that are provided on or before 31 March 2022 for those with new and additional care needs. The scheme will end on 31 March 2022 and will not fund care delivered after this date - consequently no costs for care delivered in 2022/23 will be funded by this scheme. Working together, health and social care systems are asked to ensure that the Hospital Discharge and Community Support policy and operating model are fully implemented. This will ensure that more people are discharged home and that the length of stay for people in acute care (particularly over 21 days) is reduced.

Joint planning is already taking place across clinical commissioning groups (CCGs), local authorities and providers within the Better Care Fund. The focus on improving people's outcomes following a period of rehabilitation and recovery, reducing the need for long-term care and reducing the time spent in hospital is key. Systems should plan to implement hospital discharge arrangements that are sustainable and

affordable from core NHS and local authority expenditure into April 2022. Further guidance on setting local ambitions for long length of stay is given in the Better Care Fund planning requirements.

Two-hour community crisis response teams are expected to be providing consistent national cover (8am-8pm, seven days a week) by April 2022 across every ICS to prevent avoidable attendance and admissions. Activity must be fully reported into the Community Services Data Set from 1 October 2021.

Managing the increasing pressure within urgent and emergency care and supporting winter resilience

There has been sustained pressure on UEC services throughout the summer because of increasing demand and capacity constraints within non-elective pathways. Seasonal pressures over the second half of the year are likely to be exacerbated by the ongoing impact of the COVID-19 pandemic with the potential for a significant number of COVID hospital admissions.

System leaders should embed the actions in the UEC Action Plan to support recovery of services. In particular, systems are asked to take immediate action that will:

- reduce the number and duration of ambulance to hospital handover delays within the system – keeping ambulances on the road is key to ensuring that patients needing an urgent 999 response are seen within national Ambulance Response standards
- eliminate 12-hour waits in EDs – flow out of EDs ensures that expert clinical resource can be directed to those most in need
- ensure safe and timely discharge of those patients without clinical criteria to reside in an acute hospital, especially individuals on Pathway 0. This should be done in partnership with system colleagues, including community and social care, to ensure a focus on Pathway 1-3 discharges.

Systems are asked to develop effective integrated operational delivery plans underpinned by the UEC Action Plan. These plans must ensure that there are robust and effective assurance and escalation processes to rapidly identify and mitigate against bottlenecks and risks from across the system that may add pressure to UEC services.

To assess pressure in UEC systems and monitor their recovery, systems were asked in Q1 to roll out the Emergency Care Data Set (ECDS) to all services. Systems are asked to ensure that by the end of Q3 they are consistently submitting ECDS data seven days per week.

Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021/22 are currently unknown, but mathematical modelling indicates the 2021/22 influenza season in the UK could be up to 50% larger than typically seen and it may start earlier than usual. The uptake ambitions for this coming season set out in the national flu letter reflect the importance of protecting people against flu this winter and should be regarded as the minimum level to achieve.

Since the lifting of non-pharmaceutical interventions to prevent the spread of COVID-19 in the summer, we have seen earlier than usual increases in a range of respiratory illnesses in children, including respiratory syncytial virus (RSV). Thank you to systems for putting in place paediatric acute care plans to prepare for a rise in demand. Systems are asked to continue to oversee these plans and put in place mitigations as appropriate. We will also support systems to take forward improvements in the management of respiratory conditions in children, such as RSV and asthma, including resources for the workforce and support for families from the voluntary sector.

A response to the consultation on the UEC clinically-led review of standards was published on 26 May 2021. We will work with government to agree next steps.

F. Working collaboratively across systems to deliver on these priorities

Develop ICSs as organisations to meet the expectations set out in Integrating care

ICSs should continue to progress their development and preparation for the statutory establishment of integrated care boards (ICBs), drawing on the guidance on the NHS England website and the ICS Guidance collaboration platform. This guidance includes the ICS design framework and the ICB 'readiness to operate' checklist and assurance process.

Designate ICB CEOs and regional directors will be asked to sign a readiness to operate statement in March 2022, confirming that all relevant preparations and due diligence have been carried out to enable the ICB to fulfil its statutory functions from 1 April 2022.

Financial arrangements

The H2 financial arrangements are broadly consistent with a continuation of the H1 framework. This means that systems will continue to receive a fixed system funding envelope based on the H1 2021/22 envelopes adjusted for additional known pressures, such as the impact of the pay award. H2 envelopes include an increased efficiency requirement from H1 and where systems are able to go further, in preparation for 2022/23, they should take action with any savings re-invested in supporting non-recurrent recovery initiatives.

Block payment arrangements will remain in place for relationships between NHS commissioners (comprising NHS England and CCGs) and NHS providers (comprising NHS foundation trusts and NHS trusts). Signed contracts between NHS commissioners and NHS providers are not required for the 2021/22 financial year.

Further details are set out in the accompanying document Guidance on finance and contracting arrangements for H2 2021/22.

Plan submission

We are asking systems and providers to:

- work with their regional NHS England and NHS Improvement team to rapidly develop and submit by 14 October:
  - elective recovery and capacity plans for the second half of the year
  - a proposed shortlist of investments for the Targeted Investment Fund (TIF) that can be delivered in year
- submit a final set of plans covering the second half of the year by 16 November using the templates issued and covering the key actions set out in this document.

Further details are set out in the accompanying submission guidance.

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This publication can be made available in a number of other formats on request.

Publishing approval reference: C1400

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: 21

Public Board of Directors
3 November 2021

Title:	Communications and Engagement Report
Responsible Director:	Debs Smith, Interim Director of Workforce
Presented by:	Sally Sykes, Director of Communications and Engagement

Executive Summary
The report covers the Trust's communications and engagement activities in October 2021 to date, including media relations, campaigns, marketing, social media, employee communications and engagement, WUTH Charity and staff engagement.

Recommendation
To note the progress in communications and engagement.

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 Risk Framework (new) Risk 1.1 – Unscheduled care demand (communications interventions to support addressing this risk and Trust initiatives like ED streaming, addressing winter pressures and patient flow) Risk 2.1 – Failure to fill vacancies (communications support on recruitment, retention and reputation) Risk 3.4 – Failure of Transformation programmes (communications and engagement, including stakeholders and patients for WUTH Improvement activities for service transformation) Risk 5.2 – Cyberattack (Communications and staff engagement for October as Cyber Security Month) Risk 6.1 – Estates related risks (Communications, stakeholder and staff engagement to support delivery of Estates Strategy, Masterplans and capital programme developments.
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
Fundamental purpose of the team's activity is to ensure positive relations are maintained with staff and stakeholders.

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. Staff engagement supports providing the best patient care.
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, Workforce Steering Group, WUTH Charity Committee and Workforce Assurance Committee.
Background papers / supporting information	Report attached with appropriate links embedded.

Public Board of Directors
3 November 2021
Communications and Engagement Report

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 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 – including younger age groups and the booster COVID-19 vaccine.

- As our Emergency Department, along with others in the region, continued to experience significantly increased demand, we sustained our messaging to 'Keep A&E free for emergencies'. While the key message is to contact NHS 111 in the first instance, face-to-face appointments with GPs have resumed and Walk-in Centres on the Wirral are now fully open, including the Urgent Treatment Centre at Arrowe Park.

- We built on this campaign approach to promote the new pilot work to stream patients on entry to the Emergency Department. Wirral as a health and care system and a 'place' has developed strong partnership working during the pandemic. The CEOs of the NHS organisations in Wirral have developed a joint approach to winter pressures, ensuring that patients are directed to the best place for their care.

- A pilot is being launched in the Arrowe Park Emergency Department on Monday, 25th October, which will see a change to the way patients who attend A&E at Arrowe Park Hospital are cared for, potentially enabling them to be treated faster and closer to home. Any patient attending A&E who needs emergency treatment will receive it. However, anyone attending whose care is not an emergency, could be directed to an alternative service in the community more appropriate for their care, and where it is safe to do so.

- They could be directed to an appropriate service such as an Urgent Treatment Centre, Walk-In Centre, Minor Injuries Unit, a local GP or a local pharmacy.

- The ED streaming pilot further builds on the national NHS 111 First campaign which was launched in December 2020 and aims for people to be seen in the right healthcare setting at the right time. If the pilot is successful, this process will continue. News of the pilot scheme has been reported in the Wirral Globe which you can see here. The Liverpool Echo also featured an article here. Dr Nikki Stevenson was interviewed by Radio City and further interviews with Capital Radio and Radio Merseyside are anticipated.

- We produced a video with CEO Janelle Holmes to communicate how all staff can help alleviate winter pressures and support patient flow through the hospitals.

- To celebrate Allied Health Professionals Day on 14th October, WUTH carried out a virtual Careers day for students at Birkenhead Sixth Form College, via Microsoft Teams. All AHP staff groups were represented and presented at the event educating the students as to the role of each profession, how to get into these professions and how these professions and WUTH services benefit our patients. There were around 100 students in attendance and the feedback from the Students and college was excellent.

- Other campaigns supported in month included Baby Loss Awareness Week and World Menopause Day.

- We highlighted World Mental Health Day and the official theme for this year's event, which was 'Mental Health in an Unequal World', The COVID-19 pandemic has had a major impact on people's mental health and we highlighted the many staff wellbeing and resilience resources available.

- We also promoted that Cheshire and Merseyside Health and Care Partnership's Cyber Security Group launched their annual #BeCyberSavvy campaign, to help staff in health and social care settings across the region, to gain an understanding of the threat of cybercrime and ways to hinder these types of attacks www.be-cybersavvy.co.uk

- October is Black History Month in the UK, and as the NHS is the largest employer of people from black and minority ethnic backgrounds in the country and across Europe, we highlighted a number of activities under the national Race Ahead campaign banner, aiming to tackle workplace discrimination.

- We marked Health and Safety Awareness Week from 11th October, designed to raise the profile of Health and Safety and to increase awareness of key hazards and risks, as well as how these should be managed, The Health and Safety Team ran a number of expert presentations to emphasise the importance of health and safety. Earlier in the year, the Trust was awarded the coveted RoSPA Gold award for accident prevention, for the second year running.

- Speaking up is vital in a healthy and just culture so Speak Up Month in October was an opportunity to raise awareness of how much we value speaking up in our organisation. The theme of this year's Speak Up Month was 'Speak Up, Listen Up, Follow Up'. The campaign aimed to make speaking up business as usual and to communicate that it's essential that when people speak up, they are listened to, and that learning and improvement happens as a result.

Media

In addition to the above campaign-related media coverage, the team has continued to produce proactive news stories from the wealth of positive work being done by staff, volunteers, clinicians and fundraisers. We also seek to inform the public about key

developments at the hospitals.

- We provided context and a response to coverage in the Liverpool Echo about the Millennium Downtime incident in July. Critical incident declared as hospital IT system fails - Liverpool Echo

- We promoted the final rounds of voting for our Patient Experience Vision.

Internal Communications and staff engagement

We maintained a schedule of two or more staff 'In Touch' Bulletins a week with important information on trust matters, patient feedback and thanks, clinical guidance, staff wellbeing and support and charity updates

- We held our first new format Leaders in Touch forum where leaders were encouraged to support the work in patient flow and winter pressures.

- The 2021 NHS Staff Survey was launched and we have continued to communicate how important it is the fill it in and give feedback. We prepared a video with Interim Director of Workforce Debs Smith to promote the survey and an intensive programme of promotion to encourage survey completion is underway.
- **COVID-19 response booklet-** The Trust has produced a document to chart how we dealt with COVID-19 over the last 18 months – starting with the Wuhan and Diamond Process Cruise liner guests and continuing through to highlight the work of many departments and divisions pulling together. The Trust Board commissioned the report after hearing of all the remarkable work our staff have done and the many challenges we have overcome. We've had a small number of hard copies printed and these will be sent to governors, staff and stakeholders.
- The Director of Communications and Engagement presented the Trust's 'Keep it SIMPLE' infection prevention and control campaign at a best practice webinar for NHS North West colleagues in Communications, following the campaign being highly commended in the Leading Healthcare Forward Communications awards

WUTH Charity

Following a successful September, the team have been planning future events for the autumn and winter during October.

- NHS Charities Together (NHSCT) grant – A £30,000 grant to be used on Charity business development has been confirmed for WUTH Charity. It is proposed these funds will support a Donor Stewardship role and other capacity building activity
- Arrowe Park Abseil 10th/11th September. The total raised has now exceeded £32,000. The Charity team plan to hold this event again in September 2022
- Virtual London Marathon 3rd October – 24 people including 18 staff took part in this event. The total raised to date is over £11,000
- Wirral Mayor's Charity of the Year – The first event for the Mayor's Charity the Mayor's Ball, took place on 15th October 2021 at Thornton Hall Hotel. The event, whilst reduced in size, was successful and is estimated to have raised in the region of £5,000. Future events are expected to be announced by the Mayor's Office for the New Year
- Wirral Winter Ball 13th November – Event planning is going well with all 250 tickets reserved. Sponsorship from LMC Legal and Westminster Insurance has also been confirmed. Local actor Daniel Craig has also agreed to donate a signed item of James Bond 007 memorabilia for the auction
- Charity of the Year - LMC legal have agreed to support the Tiny Stars Neonatal appeal for the next 12 months. This will include fundraising activity and an introduction to their clients / prospect supporters

- Hillbark Hotel Christmas reception. Following the postponement of the corporate event in July, a small event at Hillbark for supporters and prospective supporters will take place on Monday 6th December.
- Christmas activity – Further Christmas activity to support staff wellbeing and to fundraise are also currently being planned including a series of collections at Liverpool One, and other retail outlets in the Wirral.

Stakeholders

Annual Members' Meeting

- Members of the public and staff were invited to attend the Annual Members' Meeting of the Trust on Monday, 18th October 2021.We highlighted how this past year, the Trust faced unprecedented challenges of the worsening pandemic last winter. Alongside this, in December 2020, the Trust was established as one of the first Vaccination Hubs in the country, playing a key role in delivering vital vaccinations to frontline staff and the local community.

- At the meeting, an overview of the past year was presented, including discussion of the achievements of the Trust, important updates on major developments and future plans, plus there was a chance to ask questions of the Trust Board and senior team. . Two of the Trust's senior clinicians presented on the work of the Respiratory Team during COVID-19 and the Palliative Care team, which received great feedback .

- You can see the presentations and read the Trust's Annual Report **here**. The Trust's highlights over the past year were presented on a video from CEO Janelle Holmes and information about the role of a governor was presented by Angela Tindall, outgoing Lead Governor. Both videos can be seen **here**.

Conclusions

The Board is asked to note the report.

Recommendations to the Board

To note the completion of a Board action from earlier in the year to develop a publication on the Trust's COVID-19 journey and the work of staff during the pandemic.